

Public Health Plan June 2021





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Introduction

What is public health?

Public health incorporates physical, social, mental and environmental elements that support the health and wellbeing of individuals and communities. Councils play a significant role in creating environments that promote healthy outcomes:



Figure 1: Public Health Elements¹

Importance of public health and wellbeing

Good health and wellbeing is fundamental to us all and contributes to our quality of life on a daily basis. Protecting against ill health reduces the burden of disease and costs to our community. For example, studies have estimated that:

- for every \$1 spent on tobacco cessation programs, the average return is \$1.26.
- for every \$1 invested in food and nutrition education, there is a \$10 return in reduced healthcare costs.
- for every \$1 invested in infrastructure to increase cycling, leads to a \$10-\$25 benefit².

SA Public Health Act

The South Australian Public Health Act 2011 (the Act) aims to promote public health and reduce the incidence of preventable illness, injury and disability. The Act requires councils or groups of councils to undertake public health planning and prepare Regional Public Health Plans. Refer to Appendix A for an excerpt from the Act about councils' obligations.

Council prepared its first Regional Public Health Plan in 2014 and this document represents our second plan under this Act.

State Public Health Plan

Council plans must also be consistent with the State Government's Public Health Plan (2019-2024) which was prepared in accordance with the requirements of the Act.

About this Document

What is the purpose of this document?

This document outlines the health of the Playford community, key council services and health trends. It identifies directions for Council to focus on over the next 5 years and fulfils Council's obligations under Section 51 of the Act.

The State Government's Public Health Plan acknowledges that "[p]ublic health is about everyone working together to achieve our vision for a healthier South Australian community". This document is about how the City of Playford will continue to contribute health and wellbeing in our community.

How was it developed?

This plan was informed by public health data, community feedback received as part of the preparation of Council's new Strategic Plan 2020-2024, and staff input.

How will we monitor progress?

In accordance with the requirements of the Act, Council will provide a report to the Chief Public Health Officer on the progress of our public health directions every two years.

Data Sources

Unless otherwise indicated, statistical data has been sourced from the 2016 Census⁴ or from the Public Health Information Development Unit (PHIDU), June 2020 release⁵.





About Playford

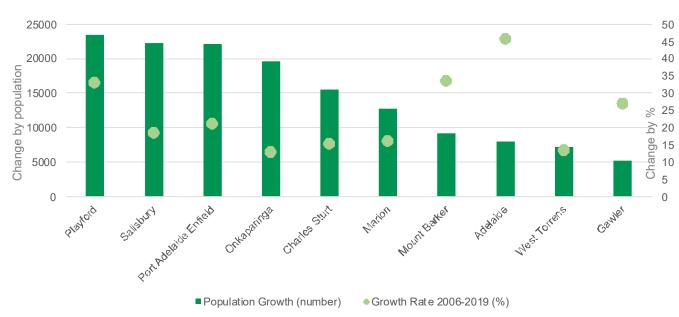


Figure 2: Population Growth Rate (2006-2019) based on ABS

Playford is a comparatively young community

median age in Playford compared with 39 years in Greater Adelaide

Playford has a high representation of First Australians

of Playford's population are Aboriginal and Torres Strait Islander compared with 1.4% in Greater Adelaide.

Playford population is growing in cultural diversity

of the population spoke a language other than English at home in 2016 compared with 7.2% in 2001.

Social Determinants of Health

The social conditions we are born into and live in, as well as personal lifestyle factors and genetic factors influence our ability to realise positive health outcomes.

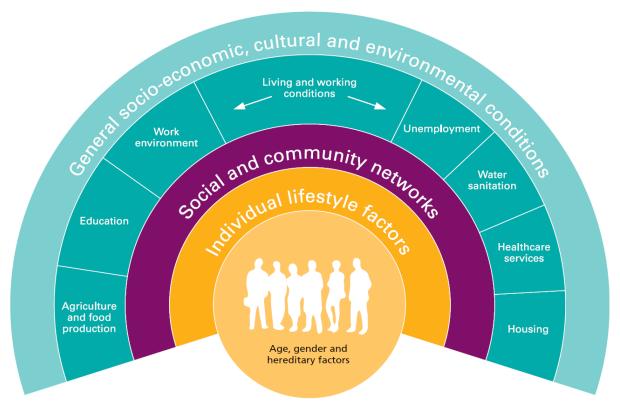


Figure 3: Social Determinants of Health ⁶

Research shows that lower socio-economic status is associated with poorer health outcomes.⁷ The Playford community overall experiences higher levels of disadvantage, although there is a high level of disparity within the population:

- 36.1% of children in Playford were developmentally vulnerable in one or more of the five development domains compared with 23% in Greater Adelaide. The development domains are physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; communication skills and general knowledge.
- ▶ Full time participation in secondary school education at age 16 is 78.8% in Playford compared with 88% for Greater Adelaide.
- ▶ Almost half (45.3%) of all children under 16 years are living in low income, welfaredependent families compared to 23% for Greater Adelaide.
- ▶ Median weekly income in Playford is \$1012 compared with \$1261 in Greater Adelaide.
- ▶ 35.2% of low income households in Playford experience mortgage or rental stress compared with 29.2% in Greater Adelaide.

The Playford community experiences poorer health outcomes overall compared with the Greater Adelaide population, with more disadvantaged areas experiencing worse health outcomes. Refer to Appendix B for a list of indicators and comparison against different areas within Playford, Greater Adelaide and South Australia.

Aside from socio-economic status, there are several groups of people who are particularly vulnerable to poorer health outcomes:

- ▶ People with disability: People with disability are around seven times more likely to assess their health as being 'poor' or 'fair' than people without disability and are more likely to experience mental health conditions, such as anxiety.⁸ Playford has a high proportion of residents who need assistance with core activities compared with Greater Adelaide (7.7% compared with 5.9%).
- ▶ People who are LGBTQIA (lesbian, gay, bisexual, transgender, queer, intersex and asexual): People with diverse sexual orientation, sex or gender identity are more likely to experience poorer mental health and sexual health outcomes as well as higher rates of substance abuse. For example, 32% of people aged over 16 year who are homosexual/ bisexual meet the criteria for anxiety disorder compared with only 14% of heterosexual people. It is estimated that up to 11% of people are LGBTQIA.9
- ▶ Aboriginal and Torres Strait Islanders: Indigenous Australians experience poorer health compared with non-Indigenous Australians and their life expectancy is lower by 10.6 years for males and 9.5 years for females. 10 Playford's Indigenous residents (over 3000 people) are therefore more likely to experience significantly poorer health compared with our non-Indigenous residents.
- Culturally and Linguistically Diverse (CALD) communities: While new migrants tend to experience better health than the Australian-born population, which is attributed to the health requirements that need to be met before being granted a visa, migrants from non-English speaking backgrounds and those on temporary visas who do not have access to the public health system experience barriers to accessing health services. 11 Additionally, those who arrive as refugees experience relatively poorer health, largely due to physical and psychological trauma experienced prior to their arrival in Australia. 12 Playford welcomes a relatively high proportion of humanitarian arrivals, with 3.6% of our population arriving via this migration stream between 2000 and 2016, compared with 1.4% for Greater Adelaide.



Playford's Public Health Themes

Five public health themes have been identified that broadly encapsulate Council's service provision in contributing to community health and wellbeing.

Connecting with Others

addresses the importance of social connections

Physical Health and Wellbeing

addresses healthy eating, being active and mental wellbeing

Learning and Employment

promotes ongoing engagement in learning and local job creation

Connecting to Green Spaces

encourages community connection to green space and natural spaces

Protecting Community Health

addresses foundational health and safety within the community

In the following sections, each of these themes is explained in further detail and includes public health data, related council services and some key trends.



Connecting with Others

Why is this important?

Social isolation and loneliness is known to impact mental and physical health. Social isolation refers to having minimal contact with others whilst loneliness is a subjective feeling of having lower than desirable levels of social connection. The two do not necessarily co-exist: an individual can have minimal social contact and not feel lonely and vice versa.

Social isolation has been linked to a range of poor health outcomes including mental illness, suicide, high blood pressure and undesirable health behaviours, such as smoking. Research has found that the risk of premature death associated with social isolation and loneliness is similar to the risk of premature death associated with health conditions such as obesity¹³.

Connecting people to community is one of the most effective ways to reduce loneliness and research from the United Kingdom has found that for every £1 spent on successful loneliness intervention a £2-3 cost saving was achieved for the community¹⁴.

Current Situation

The Playford community exhibits positive indicators of community connectedness that help to safeguard against social isolation and loneliness, such as a slightly lower proportion of lone households and comparative levels of access to support in times of crisis.

However, fewer people are engaged in employment or volunteering activities, which reduces opportunities for social interaction and there is a significantly higher proportion of residents who do not feel safe walking in their local area after dark, suggesting a level of disconnect and/or lack of trust of others within local neighbourhoods. There was also a lower acceptance of other cultures, which could reduce the ability of people from CALD backgrounds to form social connections with others in our community.



The unemployment rate in Playford was 12.7% compared to 7.7% in Greater Adelaide (2016)¹⁵.



13.1% of people aged 15 years and over who undertook voluntary work for an organisation or group compared with 21.4% in Greater Adelaide (2016)



Estimated 92.7 per 100 people aged 18 years and over who are able to get support in times of crisis from persons outside the household compared with 93.9 in Greater Adelaide (2014)



Estimated 32.5 per 100 people aged 18 years and over who felt safe walking alone in the local area after dark, compared with 51.3 in Greater Adelaide (2014)



Estimated 7.3 per 100 people aged 18 years and over disagree with acceptance of other cultures compared with 4.6 in Greater Adelaide (2014)



In 2016 24.5% of Playford households were lone households compared to 26.2% in Greater Adelaide.

What services does Council provide?

The City of Playford provides a number of different opportunities for people in our community to connect with others in a range of ways. Some examples are provided below:

Council service	Program examples
Libraries	School holiday programs (creative, learning, play-focused) Digital literacy programs Job readiness programs
Community Centres	Northern Sound System (youth and music focussed) Grenville Community Hub (55+ year old, health and wellbeing focussed) Elizabeth Rise Community Centre (all ages, diverse programs) The Precinct @ Coventry (home to the Food Coop, Op Shop, Men's Shed and community garden and learning centre)
Community Events	Christmas Carols Australia Day ANZAC Day Annual Aboriginal Art Exhibition Australia Day Awards
Social Groups	Friends groups for people with disability and culturally and linguistically diverse people Social groups for men Walking and fitness groups Rural programs for older people
Volunteering	Council has around 580 volunteers who assist in many different areas including community transport, graffiti removal and greening activities to name a few. Council's friendly visiting program has volunteers visiting people in their homes to offer friendship and support.

Gabriel Akon (aka DyspOra) is one of the most influential hip hop artists in South Australia who is passionate about connecting to people through the power of

"Northern Sound System...has a strong community culture armed with the resources to help to continue providing for young people."



Trends

Older and younger demographics experience higher levels of loneliness. A 2018 Relationships Australia survey found that 15-19 year olds and 75+ year olds experienced the highest rates of loneliness.¹⁶

People who experience disability are at greater risk of social isolation. People who experience disability report difficulty in developing social connections and high rates of isolation and loneliness. Social and attitudinal barriers are found to be just as limiting as physical barriers in being able to fully participate in community life. 17

Playford is home to a significant number of people who are living with disability. In 2017, 10.8% of people aged 16-64 years received disability support compared with 6.3% for Greater Adelaide.

Difficulty in getting around restricts access to activities that provide for social connection. Lack of transport can reduce access to work, education and social activities as well as the ability of people to take part in other activities that increase social connection.

Ten percent of households in Playford do not have a vehicle compared with 8% in Greater Adelaide. However, there is a lot of variation throughout the council area with 19.3% of households in Elizabeth/Smithfield-Elizabeth North not having access to private transport compared to 1.5% of households in One Tree Hill. 18

Relevant Council Plans



Disability, Access and Inclusion Plan (2020)



Family fun at Council community event.

Physical Health and Wellbeing

Why is this important?

Physical and mental health and wellbeing is the product of many factors and is influenced by the Social Determinants of Health. Poor diet and lack of exercise are contributors to chronic diseases such as cardiovascular disease and diabetes 19 and smoking is the leading preventable cause of death and disease in Australia with two out of three deaths of current smokers being linked to smoking.²⁰

Good mental health allows people to deal with normal life stresses, while poor mental health can lead to social isolation, unemployment, poverty and homelessness.²¹

Long term effects of excess alcohol consumption can result in mental health issues (including increased risk of suicide), increased risk of diabetes, weight gain as well as increased incidence of heart and liver problems, and brain related conditions such as stroke.²²

Current Situation

Playford residents experience higher rates of obesity, smoking and mental health issues compared with Greater Adelaide. However, alcohol consumption is a notable exception, with Playford's consumption levels being lower than the Greater Adelaide population.

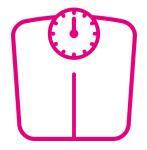
The following statistics apply to adults aged 18 years and over in Playford.



Estimated 78.1 per 100 people undertook low levels/no exercise in the previous week compared with 67.8 for Greater Adelaide (2014-18)



Estimated 21.6 per 100 people are smokers compared with 14.3 for Greater Adelaide (2017-18)



Estimated 47.5 per 100 people are obese compared with 31.6 for Greater Adelaide (2017-18)

Estimated 12.8 per 100 people consumed more than two standard alcoholic drinks per day on average compared with 14.0 for Greater Adelaide (2017/18)



An estimated 20.4 per 100 people aged 18 years or over who experience high or very high psychological distress compared with 14 for Greater Adelaide (2017-18)

What services does Council provide?

The City of Playford provides various health promotion services and supports. Some examples are listed below:

- ▶ Improvements to parks and walking and cycling networks to encourage active lifestyles
- Support for community walking groups
- ▶ Investment in sports infrastructure and support for 81 local sporting clubs
- ▶ Operator of two Food Co-ops that provide low cost food and healthy meal packs
- ▶ Healthy eating programs such as Community Foodies, Cooking with Friends, and Kids in the Kitchen
- ▶ Mental health services such as mindfulness training, various community education forums and the annual Carnival in the North event which creates community awareness about mental illness
- ▶ Member of the Suicide Prevention Network that works to reduce the stigma associated with suicide and to increase knowledge about where to get help
- ▶ Membership of the Northern Local Drug Action Team which delivers awareness programs to young people
- ▶ Provision of alcohol-free and smoke-free Council community events
- ► Working with developers to create liveable neighbourhoods that support healthy lifestyles

Community Foodies is about training community members in the preparation of healthy meals so they can educate others in our community.

Volunteer Joanne Ladham's motivation for becoming a Community Foodie is because "I want to be a good influence to my children and the community when it comes to living a healthy lifestyle".



Trends

- ▶ In Australia, walking for exercise is the most popular recreation activity for 19% of people aged 15 years and over. 'Fitness/gym' the next most popular activity for 17% of people showing the popularity of informal activities.²³
- ▶ Australians are smoking less. In 1991 24% of people aged 14 and over smoked daily with today's rate of 13% being one of the lowest in the world.²⁴ Playford still has a high rate of smoking at 21.6% compared with 14.3% in Greater Adelaide.
- ▶ Australians are experiencing increasing levels of stress with 4.9 million Australians experiencing stress due to factors such as lack of sleep, work pressures, social media, trying to juggle too many things and housing affordability.²⁵
- ▶ Australians are becoming more sedentary. 34% of the population reported sedentary behaviour in 2004-2005, which increased to 41% in 2011-12. There is a general trend for decreased sedentary behaviour as the education attainment increases.²⁶
- Australians are spending more of household income on meals out and fast foods, which increased from 25% of total household food expenditure in 1988-89 to 34% in 2015-16.²⁷
- ▶ Australians consistently do not eat enough fruit and vegetables. Between 2007-08 and 2017-18 the proportion of Australians not meeting fruit and vegetable consumption quidelines remained consistent with around 49-52% of people not meeting the fruit guidelines and 93-94% not meeting the vegetable guidelines. 28 In Playford only 42.8% of the adult population met the daily requirement for fruit consumption (2 serves a day) compared with 49% for Greater Adelaide.

Relevant Council plans



Cycling and Walking Strategy (2014)



Open Space Strategy and Open Space Guidelines (2018)



Sportsground Directions Strategy (2014)



Learning and Employment

Why is this important?

Research consistently shows that education and employment status has a significant impact on health. Education enables people to secure stable employment, attain higher incomes and secure adequate housing. An individual's education level impacts their health but also their dependent children's health. 29

Unemployment reduces income, increases the risk of social isolation and increases stress and unhealthy behaviours.³⁰ Youth unemployment rates are generally higher, which has become more pronounced in the years since the Global Financial Crisis.31

Current Situation



14.8% of residents are unemployed compared with 6.2% for Greater Adelaide (March 2020)



16.1% of 15-24 year olds are not participating in employment or education, compared with 9.1% for Greater Adelaide (2016).



In 2016, 29.3% of the City of Playford's resident workers were employed locally.

is the jobs-to-residents ratio, meaning that there are fewer jobs than resident workers (2018-19) 32

COVID-19 IMPACT

As a result of COVID-19, modelling identified a loss of 1721 local Playford jobs, excluding Job Keeper recipients (at May 2020). The industries most affected were:

- Retail Trade (-597 local jobs)
- Accommodation and Food Services (-431 local jobs)
- ► Education and Training (-311 local jobs)³³

POST-SCHOOL QUALIFICATION

Residents in Playford have lower levels of postschool qualification compared with Greater Adelaide but have experienced an increase in education attainment in line with the broader trend. In 2016:

- ▶ 6.3% of Playford residents had a Bachelor Degree compared with 3.2% in 2001
- ▶ 23.9% of Playford residents had a vocational qualification compared with 15.2% in 2001
- ► 52.8% of Playford residents had no qualification compared with 69% in 2001

What services does Council provide?

The City of Playford has a strong focus on economic development, business support and skill development to help grow local job opportunities and connect people to those jobs. Examples of Council's economic and employment-related services include (but are not limited to):

- ▶ Provision of business support services through the Stretton Centre including start-up and entrepreneurial business support across a range of industries
- ▶ Administration of the Virginia Horticultural Centre and membership of the Northern Adelaide Plains Food Cluster which support the growth of the horticultural and food sector
- ▶ Working with State Government, key stakeholders and utilising Council's land holdings to further develop the Lyell McEwin Health Precinct, Elizabeth Regional Centre and Greater Edinburgh Parks as key employment hubs within the council
- ▶ Provision of council volunteering opportunities that help our community to build job-ready skills eg in libraries, community transport and community centres
- ▶ Provision of IT training and resume and cover letter workshops at our libraries
- ▶ Engagement of young people in training and skills development within Creative Industries
- ▶ Organising the annual Positive Futures Expo which showcases training and employment opportunities for people with disability
- Employment of a 'Pathways to Employment' officer who connects job seekers with council work opportunities and traineeships
- ► Connection of Aboriginal people to services for employment, health, housing and education through the multi-agency Marni Waiendi Centre
- ► Early intervention program for 10 year olds that builds life skills and supports positive educational outcomes through extra-curricular activities.

The Flinders University Foundations studies program is being delivered from Council's Stretton Centre from 2020, reducing the barrier of distance for aspiring university students in the north. When northern suburbs resident, Kelie Deng, completed the course in 2012 it involved a two hour bus journey to get to classes. "University opens new doors for you. I'm glad others living in northern Adelaide won't have to experience the long bus trek to complete their foundation studies like I did".



Trends

- The pattern of employment in Greater Adelaide is changing. Services; information and communications technology; and retail and commercial sectors are replacing manufacturing as key economic drivers.³⁴
- The manufacturing sector, which has been a key employer for Playford residents is declining. In 2016 11.5% of people were employed in manufacturing compared with 21.9% in 2006. By comparison, Greater Adelaide saw a decrease from 12.8% to 7.6% during the same period.
- ▶ The health and social assistance sector is a key growth sector due to Australia's ageing population. This is similarly reflected in Playford where the Health Care and Social Assistance sector is the largest employer providing 6104 local jobs in 2018/19.35

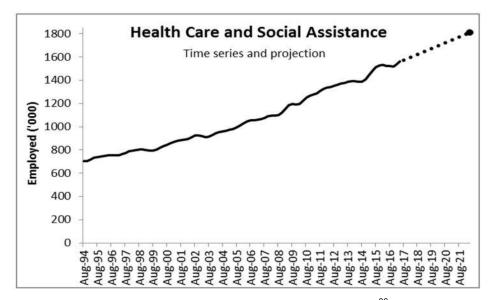


Figure 4: Health Care and Social Assistance³⁶

- ▶ It is estimated that around 15% of Australian workers are underemployed. That is, they would like to work more than they are.³⁷
- ▶ Part-time, casual, contract and gig-based employment has seen rapid growth and is now the norm for over 50% of Australian workers and particularly for young workers.³⁸ In Playford, 51.7% of residents who are employed are full time and 33.7% are part time. However, the data does not reveal the type of work that is being undertaken (contract, gigbased etc).



Connecting to Green Spaces

Why is this important?

Connection to green environments plays an important role in health and wellbeing in a range of ways, such as:

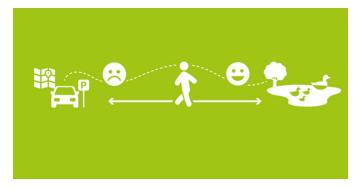
- ► Promoting physical health
- ▶ Reducing stress and promoting positive mental health
- ► Contributing to childhood development
- ► Fostering social interaction
- ► Aiding in healing and patient recovery

Additionally, green spaces help to purify the air, cool urban environments and are a natural noise buffer, which all make neighbourhoods healthier and more pleasant to live in.³⁹

Residents with larger neighbourhood parks within 1600m engage in 150 minutes more recreational walking per week than those with smaller parks.



Walkers exercising in urban parks report greater happiness and lower anger and depression scores.



Adults with a wide range of green spaces around their home report 37% lower hospitalisation rates and 16% lower self-report rates of heart disease or stroke.

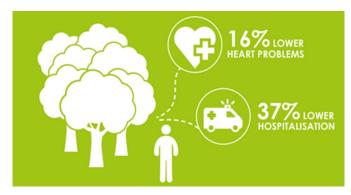


Figure 5: Benefits of Open Space 40

Current Situation

Playford has a good provision of open space that enables people to connect with green or natural environments. However, infrastructure in many of our open spaces is ageing and our tree canopy cover falls short of State Government targets.

- ▶ Playford has over 1000 hectares of open space owned by Council, with around 660 hectares suitable for public recreation purposes. Additionally, Playford is home to the State owned Para Wirra Conservation Park.
- ► Council's annual Resident Satisfaction Survey consistently finds that 'Parks, Reserves and Playgrounds' are amongst our most visited facilities.
- ▶ Council's tree canopy cover is around 20-25%, which is below the State Government's target of 30% for residential areas. Newer residential areas generally have less canopy cover than established areas, at around 10-16% due to smaller block sizes and smaller verge areas. 41
- ► Council distributes 12,000 native plants to our community annually as part of programs such as '10 plants for \$10' or to support community projects such as school gardens.

What services does Council provide?

Council invests in managing its green assets and connecting our community to natural environments in a number of ways, such as (but not limited to):

- ► Allocating \$9.2M annually to the upkeep of parks and reserves (2019/20 financial year)
- ► Allocating \$4.5M annually to tree services for pruning, watering, planting and removal of trees (2019/20 financial year)
- ▶ Undertaking a program of park upgrades, for example between 2016 and 2020 the Secombe Street Reserve, Spruance Road Reserve, Webster Street Reserve and Fremont Park have all undergone significant upgrades
- Working in partnerships with the Playford Greening and Landcare Group, Natural Resource Management and Trees for Life to protect and enhance local biodiversity
- Working with a large volunteer base which supports Council's nursery, seed bank and seed orchard and undertakes planting programs
- Working with developers to provide public parks and establish street trees within new residential subdivisions.

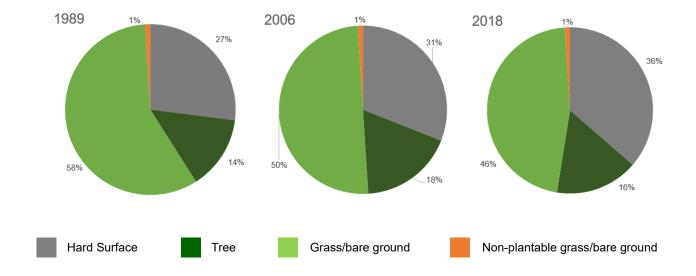
Bill has been Council's revegetation officer for 22 years and is passionate about sustainable environments.

"I believe we are unique among Adelaide councils in using volunteers via the Playford Greening and Landcare community group to provide species for revegetation across the council districts, including in schools and on rural properties".



Trends

- ▶ Children are spending less time playing outside. Research by Planet Ark found a significant decline in outdoor play in just one generation with 73% of survey respondents stating they played outdoors more often than indoors when they were children, compared with only 13% of their children. Research has found that children who play outside every day have better motor coordination and increased ability to concentrate. 42
- ▶ Reducing rainfall is placing plant species under threat. As a result of climate change, a 7.4% decline in annual rainfall is predicted by 2050 which reduces the ability for some plant species to survive.43
- ▶ There was a 2% decrease in tree canopy cover between 2006 and 2018 in Playford's urban areas and a 5% increase in hard surface.44



Relevant Council plans



Northern Adelaide Climate Change Adaptation Plan (2017)

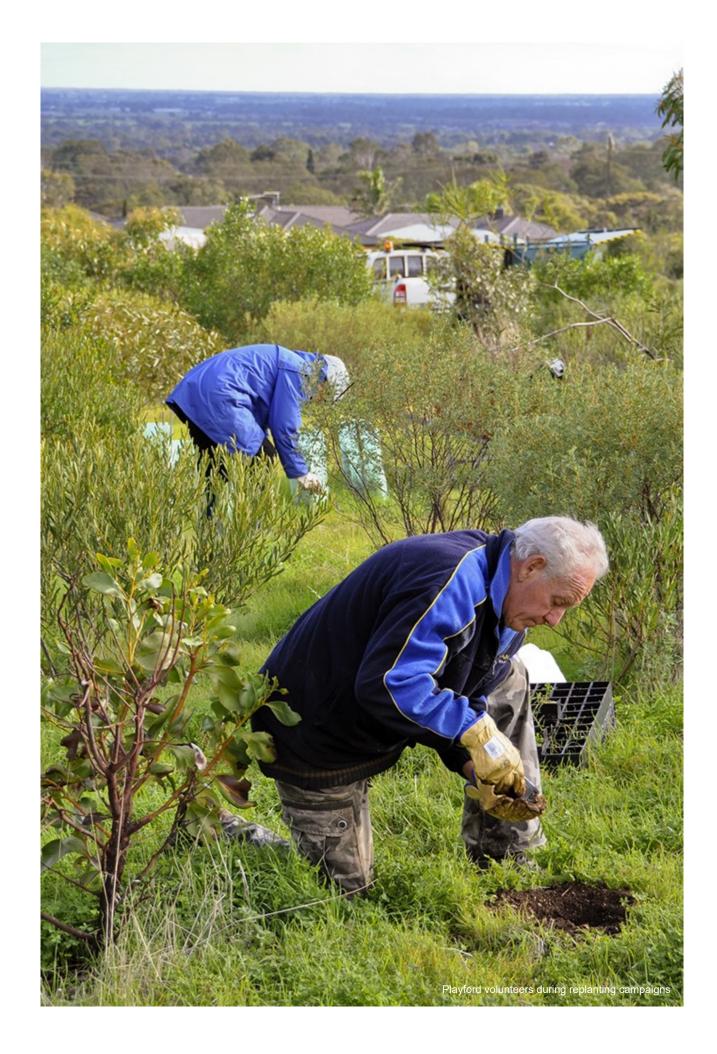


Open Space Strategy (2018)



Draft Biodiversity Plan (2020)





Protecting Community Health

Why is this important?

The State Government's Public Health Plan acknowledges how "State and Local government work together to maintain the infrastructure and systems that protect the community against public and environmental health risks".45

Preventative health measures are associated with economic, social and environmental cost savings: For example, the indirect costs following natural disasters in Australia (e.g. impacts to education, employment, community cohesion, health and wellbeing) cost more than the direct costs such as clean up, business disruption and rebuilding infrastructure. 46 Similarly, another study found that for every \$1 invested in last resort beds for people sleeping rough, \$2.70 worth of benefit is generated for the community (over a 20 year period).⁴⁷

Current Situation

Playford has experienced flood and fire events, including the most recent Gawler River flood event in 2016 which affected between 1000 and 1500 hectares of crops⁴⁸ and the 2015 Sampson Flat Bushfire which affected 12,548 hectares of land and injured 134 people⁴⁹.



95.4% of Playford children aged 5 years were fully immunised compared with 94.4% in Greater Adelaide (2018)



Is Council's clean-up cost each year for removing illegally dumped rubbish.



There are approximately 990 dwellings in Angle Vale and 300 in Virginia that are not connected to mains sewer (2016)

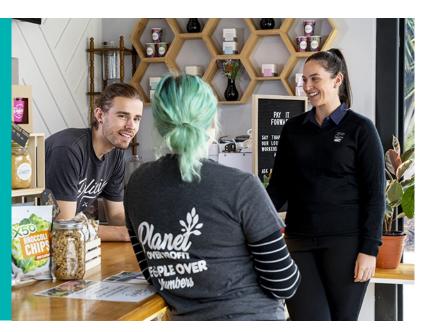
The flatness of much of the land in Playford means that managing stormwater is integral in



planning for residential expansion within our urban growth areas

Kate is one of Council's Environmental Health Officers. Kate's role involves protecting public health and assisting businesses to respond to COVID-19 safety protocols.

"Businesses have, by and large, fully embraced safety and are completely on board with keeping the Playford community safe".



What Services Does Council Provide?

Council provides a wide range of services that seek to protect our community's health, including (but not limited to):

- ▶ Emergency Management, such as supporting agencies and our community in dealing with floods and bushfires as well as the COVID-19 pandemic
- ▶ Fire prevention, such as slashing of grass and requiring private property owners to remove rubbish and long grass that pose a fire risk
- ▶ Provision of immunisation services to local businesses, schools, new arrivals and children
- ▶ Inspecting and working with businesses to ensure health and safety of food premises
- Stormwater management which includes working with developers to identify stormwater infrastructure requirements, maintaining Council's wetlands and planning for city-wide stormwater management solutions
- ▶ Employment of a 'Rapid Response' team which deals with situations that pose an immediate danger, such as sharps in public spaces and fallen trees across roads
- Kerbside waste and recycling service undertaken by Northern Adelaide Waste Management Authority (NAWMA), as well as responding to illegal dumping
- Addressing hoarding and squalor cases in conjunction with health services
- ► Animal management including dealing with roaming dogs and dog attacks
- ▶ Participation in networks with other agencies including the Community Safety Committee (chaired by SAPOL) and Northern Homelessness and Violence Against Women Collaboration (chaired by Housing SA).



Trends

The warming climate poses an increased risk to public health.

- ▶ Bushfire risk is likely to increase. The general fire weather danger in Adelaide is projected to increase by 2030 by 6% or 13% under intermediate or high emissions pathways respectively.⁵⁰
- ▶ People will need to cope with more extreme heat events. By 2050 the number of days over 35 degrees in Adelaide is projected to increase from 17 per year to 23 or 27 per year under intermediate or high emissions pathways respectively.⁵¹ People who do not have access to air conditioning, who are very young or very old, people with disability, those who work outdoors and those with existing health problems are most vulnerable during these events.⁵²

Australia has seen a marked improvement in the percentage of immunisation. The national average for immunisations of 5 year olds was 94.67% as at 2018, up from 74.4% in 2005.⁵³ Playford's immunisation rates exceed the national average.

Waste generation is increasing but municipal waste generation is decreasing. Over the period 2006–07 to 2014–15, total waste generation in Australia increased by 11% from 57 megatonnes to 64 megatonnes. Analysis indicates that less municipal solid waste per capita is being generated, while more commercial and industrial waste, and construction and demolition waste is being generated. The decline in municipal solid waste is linked to the decline in printed paper and glass packaging and the expansion of recycling systems.⁵⁴

Homelessness is on the rise. People who are homeless experience significantly higher rates of death, disability and chronic illness than the general population.⁵⁵ The ABS revealed a 4.6% increase in homelessness between the 2011 and 2016 Censuses. People living in severely crowded dwellings was the greatest contributor to the increase, with young people aged between 20 and 30 years making up a quarter of all homeless people. This increase is reflected in the ABS's estimated homeless numbers for Playford, which rose from 341 in 2011 to 404 in 2016. 56 Moreover, domestic and family violence is one of the leading causes of homelessness.⁵⁷

Relevant Council plans:



Draft City Wide Stormwater Management Plans (2020)



City of Playford Community Emergency Management Plan (2019)

Playford Public Health Directions

The following table identifies Council's Public Health Directions for the coming five years.

The public health directions have been grouped under the following Community Themes that were identified during an extensive community consultation process in July and August 2020 as part of the preparation of Council's new Strategic Plan:



Improving safety and accessibility



Lifting city appearance



Connecting with our community and each other



Supporting local employment opportunities

The Public Health Directions are also aligned with the Public Health Themes identified in this report and the below priorities identified in the State's Public Health Plan:



	F	Playford	l Public		th	SA P	ublic H Priori		Plan		
Playford Public Health Plan Directions	Connecting with Others	Physical Health and Wellbeing	Learning and Employment	Connecting to Green Spaces	Protecting Community Health	Promote	Protect	Prevent	Progress	Lead Team	Resource Needs
Playford Stratogic Plan Community Thoma 1: Improving Safety and	d 10	oossik	ility								

Playford Strategic Plan Community Theme 1: Improving Safety and Accessibility

1.	What: Finalise and endorse the city-wide stormwater management plans and prioritise projects for delivery. Why: Provides for flood mitigation and drainage; helps to protect property; reduces health risks associated with stagnant water.					•		•		City & Corporate Planning	New
2.	What: Improve public lighting and way-finding signage to community destinations e.g. at transport and retail nodes, key sport/recreation areas, key pedestrian/cycling links. Why: Helps the community to feel safe and encourages walking and cycling; encourages activation of community facilities such as parks.	•	•		•	•	•			City & Corporate Planning / Development Services	New
3.	What: Advocate to SA Water for sewering of existing properties in Virginia and Angle Vale and timely connection of new urban areas to the mains system. Why: This is an essential service for areas that are becoming more urbanised and to encourage new commercial development and jobs.			•		•		•	•	Executive Strategic Advisor / Development Services	Existing
4.	What: Advocate to Department of Infrastructure and Transport for appropriate public transport services, especially: • Frequent bus services • Improved bus routes across suburbs (i.e. east-west) • Timely provision of public transport services (or improved services) within new and urban areas. Why: This is an essential service that allows people to access education, employment, medical and social services; acknowledges that in some of our suburbs there are up to 19% of households without a private vehicle.	•		•			•		•	City and Corporate Planning	Existing

		P	layford T	Public hemes		th	SA P	ublic H Priori		Plan		
	Playford Public Health Plan Directions	Connecting with Others	Physical Health and Wellbeing	Learning and Employment	Connecting to Green Spaces	Protecting Community Health	Promote	Protect	Prevent	Progress	Lead Team	Resource Needs
5.	What: Promote the establishment and improvement of cycling and walking infrastructure in accordance with Council's Cycling and Walking Strategy as part of Council-led projects, State-led projects and new urban developments. Why: To gradually build up a network of walking and cycling paths that will encourage non-car based travel and healthier lifestyles.	•	•		•						City and Corporate Planning / Development Services	New
6.	What: Promote Council libraries and community centres as places of refuge during heat events, especially to our vulnerable residents. Why: To ensure that our community has free, safe and comfortable respite options during extreme heat events.					•		•			Libraries, Civic Venues and Stretton / Organisational Development	Existing
	Playford Strategic Plan Community Theme 2: Lifting City Appeara	nce										
7.	What: Increase the number of parks and reserves that are irrigated.										City & Corporate	New

7.	What: Increase the number of parks and reserves that are irrigated. Why: Irrigation is a key element in encouraging people to use our open spaces and connect with others; irrigated spaces help to cool urban environments and improve city appearance.	•	•	•	•			City & Corporate Planning	New
8.	What: Increase tree canopy coverage across the City, with a focus on street trees and open spaces. Why: Increasing tree canopy helps to cool urban spaces; provide habitat, provides shaded places for people to walk or recreate; improves appearance of neighbourhoods.		•	•		•		Health, Environment & Regulatory Services / City Operations	New
9.	What: Upgrade parks in accordance with the Open Space Strategy, Open Space Guidelines and Asset Management Plan, with a focus on improving local and neighbourhood parks. Why: To facilitate improved access to green spaces within walking distance to households and to encourage physical activity and social connections. This is particularly important for the development of young children and for older people to keep active and engaged.	•	•	•	•			City & Corporate Planning / Asset Management	New

		F	layford	l Public		h	SA P	ublic H Prior		Plan		
	Playford Public Health Plan Directions	Connecting with Others	Physical Health and Wellbeing	Learning and Employment	Connecting to Green Spaces	Protecting Community Health	Promote	Protect	Prevent	Progress	Lead Team	Resource Needs
10.	What: Encourage community involvement in improving city appearance. Why: Promotes community pride; can encourage social connections and encourage people to use public spaces (such as parks) more.	•			•		•	•		•	Community Engagement & Experience	New
		ır Cor	nmun	ity an	d Ead	ch Oth	ner			•		
11.	What: Inform and engage with the community in multiple ways including print, social media and face-to-face and through various avenues including householder mail-outs, events, attendance at community meetings and via external service providers.	•					•		•		Community Engagement & Experience	Existing
	Why: Helps the community know what services are available and how to have their say about Council business and proposed changes.											
12.	What: Continue to deliver/promote local programs that facilitate social connections and healthy lifestyles (with a focus on people with disability, young people and older people who are at a higher risk of social isolation). Why: Provides a way to reduce risk of social isolation; contributes to overall	•	•				•		•		Community Services	Existing
13.	wellbeing; encourages healthier lifestyles. What: Promote Council's open spaces through community events, fitness										Community	Existing
	programs (e.g. walking groups) and media platforms. Why: Connects people with our parks; encourages physical activity; provides opportunity for social connection.	•	•		•		•		•		Services / Community Engagement & Experience	
14.	What: Manage Council's community gardens and promote other community gardens run by external parties within Playford. Why: Community gardens and edible landscapes promote exercise, social connections and learning about food.	•	•		•						Community Services / Community Engagement & Experience	Existing

		F	Playford	l Public		th	SA P	ublic H Priori		Plan		
	Playford Public Health Plan Directions	Connecting with Others	Physical Health and Wellbeing	Learning and Employment	Connecting to Green Spaces	Protecting Community Health	Promote	Protect	Prevent	Progress	Lead Team	Resource Needs
15.	What: Improve networks with other service providers in Playford to share information about health, wellbeing and employment services and identify partnership opportunities and service gaps. Why: Helps service providers to work together and reduce service duplication; enables our community to be directed to other services as required.	•	•	•			•			•	Community Services	Existing
16.	What: Provide Council communications in 'Easy Read' formats, audio options and as translations into different languages. Why: Allows people with disability, low levels of literacy or who have English as a Second Language to engage with Council services.	•					•				Community Engagement & Experience	New
17.	What: Deliver staff awareness training to better understand the needs of our Aboriginal, multicultural, disability and LGBTQIA community members. Why: To ensure Council's services are welcoming and accessible for everyone; to encourage participation in community programs by our most vulnerable community members.	•					•		•		Organisational Development	New
18.	What: Prepare a roadmap/strategy to identify how Council can improve services to better meet the needs of our Aboriginal and Torres Strait Islander and CALD communities. Why: Ensure Council's services are welcoming and accessible for people from Aboriginal and Torres Strait Islander and CALD backgrounds.	•					•		•	•	Community Services	New
19.	What: Consider ways to reduce barriers to participation (i.e. cost, transport and literacy) as part of Council service/program planning. Why: We know that these are key barriers that prevent participation in our programs.	•	•	•			•		•	•	Community Services	Existing

		F	Playford	l Public		th	SA P	ublic H Priori		Plan		
	Playford Public Health Plan Directions	Connecting with Others	Physical Health and Wellbeing	Learning and Employment	Connecting to Green Spaces	Protecting Community Health	Promote	Protect	Prevent	Progress	Lead Team	Resource Needs
20.	What: Advocate to SA Health for access to appropriate local mental health services. Why: Playford residents identify as having higher than average psychological stress which can impact relationships, employment and overall health and wellbeing.		•			•		•	•	•	Executive Strategic Advisor / Community Services	Existing
21.	What: Advocate to SA Health and other non-government agencies for mental health supports for people dealing with hoarding and squalor issues. Why: Council staff regularly address health and environmental issues associated with hoarding and squalor but the mental health elements need to be better supported to help people break the cycle.		•			•		•	•	•	Executive Strategic Advisor / Health, Environment & Regulatory Services	Existing
22.	What: Partner with health services to provide outreach/mobile health screenings. Why: Helps to overcome barriers for our local residents to access these important health services.		•			•			•	•	Community Services	Existing
23.	What: Provide opportunity for local residents to assist with planting days in key reserves and landscape corridors and learn about the value of our local biodiversity, flora and fauna. Why: Connects people with local areas of biodiversity; promotes social connections and physical activity.	•	•		•		•			•	Health, Environment & Regulatory Services	Existing
24.	What: Continue membership and participation on the Northern Homelessness and Violence Against Women Collaboration (chaired by Housing SA)". Why: To contribute to awareness, advocacy, information sharing and coordination with respect to homelessness and violence against women in our community.	•					•				Community Services	Existing

	F	Playford	l Public		th	SA P	ublic H Prior		Plan		
Playford Public Health Plan Directions	Connecting with Others	Physical Health and Wellbeing	Learning and Employment	Connecting to Green Spaces	Protecting Community Health	Promote	Protect	Prevent	Progress	Lead Team	Resource Needs



Playford Strategic Plan Community Theme 4: Supporting Local Employment Options

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25.	What: Continue to look for opportunities to encourage economic development through rezoning and policy amendments to Council's Development Plan (to be transitioned into the Planning and Design Code). Why: Appropriate zoning and policies can help promote economic development and job creation.		•		•			City & Corporate Planning / Development Services	Existing
26.	What: Council to work with government and private partners to develop key employment precincts including the Lyell McEwin Health Precinct, Elizabeth Regional Centre, Defence Precinct, Greater Edinburgh Parks and our horticultural areas. Why: These locations are key local employment hubs and it is important that Council supports opportunities to grow local jobs.		•		•		•	Executive Strategic Advisor / City & Corporate Planning	New
27.	What: Increase opportunities for work experience, traineeships and volunteer placements at the City of Playford. Why: Council operations cover a wide range of industries and can provide opportunities for our residents to gain employment-related experience; volunteering provides opportunities for social connections.	•	•		•		•	Organisational Development / Community Services	Existing
28.	What: Provide support for Council volunteers and participants in Council programs to recognise the skills and experience they have gained. Why: Ensure that people are equipped to understand how their volunteering and/or participation in Council programs can be translated into attributes that will help them find paid employment.		•		•			Community Services	Existing

		P	layford T	l Public		h	SA P	ublic H Priori		Plan		
	Playford Public Health Plan Directions	Connecting with Others	Physical Health and Wellbeing	Learning and Employment	Connecting to Green Spaces	Protecting Community Health	Promote	Protect	Prevent	Progress	Lead Team	Resource Needs
29.	What: Continue to support Council programs that connect children and their families and young people to activities that provide positive personal development and wellbeing outcomes, e.g. Playford 10 and Creative Industries programs.	•	•	•			•				Community Services / Playford 10	Existing
	Why: These types of programs help young people stay engaged with learning especially during key transitions from primary school to high school, and from high school to employment or further learning.											
30.	What: Create an education hub at The Stretton Centre that connects our community with education providers (including universities).			•			•			•	Libraries, Civic Venues and Stretton	Existing
	Why: Helps to overcome barriers for our local residents to access a range of education options.											

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Appendix A: Section 51 of the SA Public Health Act 2011

- (ii) correcting an error; or
- (e) in any circumstances prescribed by the regulations.
- (9) The State Public Health Plan, or an amendment to the State Public Health Plan, has no force or effect until published by the Minister in accordance with the regulations.
- (10) The Minister must ensure that copies of the State Public Health Plan are reasonably available for inspection (without charge) and purchase by the public at a place or places determined by the Minister.
- (11) The State Public Health Plan is an expression of policy and does not in itself affect rights or liabilities (whether of a substantive, procedural or other nature).
- (12) A failure of the Minister to comply with a requirement of this section cannot be taken to affect the validity of the State Public Health Plan, or any other plan or instrument under this Act.

Division 2—Regional public health plans

51—Regional public health plans

- (1) A council or, if the Minister so determines or approves, a group of councils, must prepare and maintain a plan for the purposes of the operations of the council or councils under this Act (a *regional public health plan*).
- (2) A regional public health plan must be in a form determined or approved by the Minister.
- (3) If a group of councils are to prepare and maintain a regional public health plan, a reference in this Part to a council is to be taken to be a reference to the group of councils.
- (4) Notwithstanding that a group of councils are to prepare and maintain a regional public health plan, any council within the group may also prepare its own plan that relates to 1 or more matters that are to apply specifically within its area (and then this Part will apply accordingly).
- (5) A plan should be consistent with the State Public Health Plan.
- (6) The Minister may, from time to time, prepare or adopt guidelines to assist councils in the preparation of regional public health plans.
- (7) The Minister should take reasonable steps to consult with SAPHC and the LGA in the preparation of any guidelines, or before adopting any guidelines, under subsection (6).
- (8) A regional public health plan must—
 - (a) comprehensively assess the state of public health in the region; and
 - (b) identify existing and potential public health risks and provide for strategies for addressing and eliminating or reducing those risks; and
 - (c) identify opportunities and outline strategies for promoting public health in the region; and
 - (d) address any public health issues specified by the Minister following consultation with SAPHC and the LGA; and
 - (e) include information as to—

- (i) the state and condition of public health within the relevant region, and related trends; and
- (ii) environmental, social, economic and practical considerations relating to public health within the relevant region; and
- (iii) other prescribed matters; and
- (f) include such other information or material contemplated by this Act or required by the regulations.
- (9) In addition, a plan must—
 - (a) include information about issues identified in any plan, policy or strategy specified by the Minister or SAPHC; and
 - (b) address, and be consistent with, any intergovernmental agreement specified by the Minister.
- (10) Subject to subsection (11), a council may amend a regional public health plan at any time.
- (11) A council must, in relation to any proposal to create or amend a regional public health plan—
 - (a) prepare a draft of the proposal; and
 - (b) when the draft plan is completed, a council must—
 - (i) give a copy of it to—
 - (A) the Minister; and
 - (B) any incorporated hospital established under the *Health Care Act* 2008 that operates a facility within the region; and
 - (C) any relevant public health partner authority under subsection (23); and
 - (D) any other body or group prescribed by the regulations; and
 - (ii) take steps to consult with the public.
- (12) The Minister may require that a council consult with the Minister, or any other person or body specified by the Minister, before a council releases a draft plan under subsection (11).
- (13) Before bringing a regional public health plan into operation, a council must submit the plan to the Chief Public Health Officer for consultation.
- (14) The Chief Public Health Officer may refer the plan to SAPHC or any other body determined by the Chief Public Health Officer for further consultation.
- (15) A council must take into account any comments made by the Chief Public Health Officer, SAPHC, and any other body within the ambit of a determination under subsection (14), at the conclusion of the consultation processes envisaged by subsections (13) and (14).
- (16) A council may then adopt a plan or amend a plan with or without alteration.

- (17) A council may undertake the processes set out in the preceding subsections in conjunction with the preparation and adoption of its strategic management plans under section 122 of the *Local Government Act 1999* (and may, if the council thinks fit, incorporate a regional public health plan into its strategic management plans under that Act).
- (18) A regional public health plan may, by agreement with the public health partner authority, provide for a public health partner authority to take responsibility for undertaking any strategy, or for attaining any priority or goal, under the plan.
- (19) A regional public health plan must be reviewed at least once in every 5 years.
- (20) A council must, in preparing and reviewing its regional public health plan and insofar as is reasonably practicable, give due consideration to the plans of other councils insofar as this may be relevant to issues or activities under its plan.
- (21) A council or council subsidiary must, when performing functions or exercising powers under this or any other Act, insofar as may be relevant and reasonable, have regard to the State Public Health Plan, any regional public health plan that applies within the relevant area and any other requirement of the Minister, and in particular must give consideration to the question whether it should implement changes to the manner in which, or the means by which, it performs a function or exercises a power or undertakes any other activity that has been identified in the State Public Health Plan as requiring change.
- (22) A public health partner authority must, when performing a function that is relevant to the State Public Health Plan or a regional public health plan, insofar as is relevant and reasonable, have regard to the provision of the plans.
- (23) For the purposes of this section—
 - (a) the regulations may provide for an entity to be a public health partner authority for the purposes of this section; and
 - (b) the Minister may, after consultation with the relevant entity, by notice in the Gazette, declare an entity to be a public health partner authority for the purposes of this section (and may, after consultation with the entity, revoke any such declaration by notice in the Gazette).

52—Reporting on regional public health plans

- (1) A council responsible for a regional public health plan must, on a 2 yearly basis, prepare a report that contains a comprehensive assessment of the extent to which, during the reporting period, the council has succeeded in implementing its regional public health plan to the Chief Public Health Officer.
- (2) In a year in which a report is required (a *reporting year*), the report must be provided to the Chief Public Health Officer on or before 30 September in the reporting year.
- (3) The report must relate to a reporting period of 2 years ending on 30 June in the reporting year.
- (4) The Chief Public Health Officer may, from time to time, issue guidelines to assist in the preparation of reports on regional public health plans by councils.
- (5) The Chief Public Health Officer must provide a copy of each report provided under this section to the Minister by 30 October in each reporting year.

Appendix B: Community Health Indicators

Excerpt from Public Health Information Development Unit (2019) Population Health Profile: City of Playford

Table 1: Selected indicators of population health and its determinants, the City of Playford compared with Metropolitan Adelaide

Indicators Population Profile, 2016 (Per cent, Index)	Playford (C)	Davoren Park	Elizabeth East	Elizabeth/ Smithfield - Elizabeth North	One Tree Hill	Playford - West	Metro Adelaide	Regional SA	South Australia	Australia
	10.7	10.4	11.9	13.6	5.4	9.4	17.1	4.7	14.3	17.9
Born overseas in predominantly non-English speaking countries - country 1 of top three for LGA - Afghanistan	0.9	0.9	1.9			0.2	0.5		0.4	0.2
- country 1 of top three for LGA - Alghanistan	0.9	0.9	0.9			0.2	0.8			1.0
1 ''	0.7	0.5	0.9			1.2	1.1		0.7	0.9
- country 3 of top three for LGA - Vietnam Born overseas & reports having poor proficiency in English	2.6	2.1	3.0		0.0	2.1	2.8			2.9
, , , , , , , , , , , , , , , , , , , ,	3.6		3.0		0.0	1.7	1.4			0.9
Permanent migrants entering Australia under the Humanitarian Program	1.2		0.9			0.8	0.5			
- arrived between 2000 and 2006	1.3	1.6	1.4			0.6	0.5		0.4	0.3
- arrived between 2007 and 2011										0.3
- arrived between 2012 and 9th August 2016	1.1	0.3	1.7			0.3	0.4		0.3	0.2
Permanent migrants entering Australia on a Family stream visa	1.9	2.1	2.1			1.7	2.2			2.8
- arrived between 2000 and 2006	0.5	0.4	0.7			0.5	0.7			1.1
- arrived between 2007 and 2011	0.7	0.9	0.7			0.7	0.8			1.0
- arrived between 2012 and 9th August 2016	0.7	0.8	0.8			0.5	0.7			0.7
Permanent migrants entering Australia on a Skill stream visa	1.5	1.3	1.5			2.0	5.7			5.1
- arrived between 2000 and 2006	0.6	0.6	0.6	0.3	0.6	0.8	1.6	0.4	1.3	1.9
- arrived between 2007 and 2011	0.7	0.6	0.6	0.5	0.8	1.0	2.6	0.6	2.1	2.1
- arrived between 2012 and 9th August 2016	0.2	0.1	0.2	0.2	0.0	0.2	1.5	0.2	1.2	1.1
Aboriginal and Torres Strait Islander people	4.3	5.7	4.0	6.1	0.8	2.6	1.7	5.0	2.5	3.3
People who provide unpaid assistance to others	12.7	12.3	13.2	13.4	13.2	12.0	12.2	12.2	12.2	11.3
People with a profound or severe disability and living in the community: all ages	7.4	7.5	8.0	10.5	3.5	5.6	5.2	5.6	5.3	4.7
People with a profound or severe disability and living in the community: 0 to 64 yrs	6.0	6.6	6.3	8.5	2.2	4.3	3.4	3.8	3.5	2.9
People with a profound or severe disability and living in the community: 65 yrs & over	17.9	17.9	16.5	20.0	9.4	17.7	14.1	12.3	13.6	14.3
Index of Relative Socio-economic Disadvantage	855	793	844	718	1081	961	989	945	979	1000
Employment, June 2017 (Per cent)										
Unemployment beneficiaries: total	13.0	15.1	13.9	22.4	2.8	6.9	6.3	8.6	6.8	5.2
Unemployment beneficiaries: six months or longer	11.4	13.2	12.3	19.9	2.4	5.8	5.4	7.5	5.8	4.3
Unemployment beneficiaries: young people	9.2	10.4	8.8	15.7	1.9	5.3	3.8	5.9	4.2	3.4
Education (Per cent)		-						-		
Aged 16 years and not participating in full-time secondary education, 2016	21.2	23.8	20.5	25.8	18.4	15.9	12.0	17.1	13.3	15.9
School leavers admitted to university, 2018	21.1	18.9	18.7			25.2	32.2	18.1	28.9	22.2
Children whose mother has low educational attainment, 2016	28.8	31.5	28.5	38.0	9.3	23.1	13.6	16.8	14.3	17.0
Young people learning or earning, 2016	75.2					82.0	86.6	80.3	85.3	84.3
Income and wealth (Per cent)										
Children in low income, welfare-dependent families, June 2017	45.3	51.9	46.9	68.6	12.2	29.3	23.0	27.6	24.0	20.9
Age Pension recipients, June 2017	79.6					81.5	67.9			63.6
Disability Support Pension recipients, June 2017	10.8					5.6	6.3			5.3
Pensioner Concession Card holders, June 2017	32.7		36.2		14.9	22.4	23.4	30.3		20.3
Health Care Card holders, June 2017	13.4	14.8	14.4		5.8	9.2	8.4			7.3
Household crowding, 2016	3.9		3.8		1.2	2.7	2.8	1.9	2.6	3.7
Mortgage stress, 2016	12.7		12.4		5.3	10.2	8.5	9.4	8.7	9.3
Rental stress, 2016	35.2		35.1			29.6	29.7		29.0	27.3
Rented social housing, 2016	10.6					2.7	6.4		6.3	4.2
Recipients of rent relief from Centrelink, June 2017	30.6				6.3	23.3	15.7			16.2
No motor vehicle, 2016	10.0					3.3	8.0			7.5

Table 1: Selected indicators of population health and its determinants, the City of Playford compared with Metropolitan Adelaide...cont

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				Elizabeth/		D/ (/	N			
Indicators	Diorect (C)	Daymen Dark	Flizabath Foot	Smithfield - Elizabeth North	One Tree Lill	Playford -	Metro Adelaide	Degional CA	Couth Australia	Australia
Forth life and shildhood (Day cont. Data)	Playford (C)	Davoren Park	Elizabetri East	Elizabeth North	One Tree mili	West	Adelaide	Regional SA	South Australia	Australia
Early life and childhood (Per cent, Rate)	0.40	0.75	0.04	0.50	4.00	0.40	4.70	0.40	4.05	4.00
Total fertility rate, 2013-15	2.43					2.40				1.88
Women smoking during their pregnancy, 2012-14	25.2				0.0	16.3	12.3			10.8
Immunisation at 1 yr of age, 2017	93.9				88.9	96.8	94.0			94.0
Immunisation at 5 yrs of age, 2017	95.8					97.0	93.6		+ +	94.0
Obesity: males aged 2-17, 2014-15	10.3				3.9	8.3	6.6			6.7
Obesity: females aged 2-17, 2014-15	10.3		9.5		4.2	8.4	6.7			8.4
Fruit consumption: children aged 4 to 17 years, 2014–05	59.3				73.1	60.8	65.3			66.3
Infant death rate, 2011–15	2.9						2.6			3.5
Children and young people who are clients of CAMHS, 2015/16-2017/18	2,219.2				804.9	1,417.8	1,303.9			n.a
AEDC: Children developmentally vulnerable on one or more domains, 2015	32.5	29.0	39.5	39.2		28.8	23.0	25.3	23.5	22.0
Personal health and wellbeing (Per cent, Rate)									,	
Self-assessed health as fair, or poor, 2014-15	20.7				10.8	17.0	15.6			14.8
High/ Very high levels of psychological distress, 2014-15	22.1	24.4			10.0	18.0	13.9		+ +	11.7
Type 2 diabetes, 2014–15	6.2		5.9		3.4	5.4	4.3			4.4
Mental health problems: males, 2014–15	21.1				14.7	18.6	16.8			15.8
Mental health problems: females, 2014–15	22.0	25.7	20.8	23.1	15.9	20.2	19.0			19.2
Smoking, 2014-15	22.8				10.7	17.9	14.2			16.1
Obese males, 2014-15	35.7					35.7	26.6			28.4
Obese females, 2014-15	40.2					40.1	29.9		31.6	27.5
Physical inactivity, 2014-15	73.4	77.0				73.5	67.0			66.3
Fruit consumption: adults, 2014-15	42.8	39.8	43.2	39.5	50.3	45.7	49.0	46.2	48.5	49.9
Median age at death: males, 2010–14 [†]	75.0	73.0	77.5	74.0	65.0	75.0	80.0	78.0	79.0	78.0
Median age at death: females, 2010–14 [†]	82.0	83.0	83.0	80.0	69.0	82.0	85.0	84.0	85.0	84.0
Premature mortality: males, 2011–15	455.8	507.8	502.4	649.7	227.7	294.6	288.0	332.3	301.1	293.9
Premature mortality: females, 2011–15	270.6	294.3	296.1	319.8	216.6	208.5	181.4	197.9	186.3	182.2
Premature mortality: 15 to 24 yrs, 2011–15	56.8	61.5		87.1	0.0	56.2	29.4	56.2	34.6	37.4
Premature mortality from suicides, 2011–15	18.9	32.7	15.7	22.3	0.0	12.7	12.5	14.0	12.9	11.5
Admissions to hospital: total, 2016/17	38,603.2	39,501.7	37,607.8	42,853.8	35,189.4	34,925.6	36,465.0	34,457.8	35,977.6	39,628.3
Admissions to hospital: potentially avoidable conditions, 2016/17	4,393.9		3,683.2	6,210.3	2,950.7	3,067.8	2,891.6			2,988.4
Difficulty accessing healthcare, 2014	1.4	1.5	1.3	1.4	0.6	1.4	1.2	1.2	1.2	2.0
HACC clients living alone, 2014/15	27.8	25.5	34.0	31.5	20.2	19.7	37.4	31.3	35.8	37.1
HACC: Non-English speaking clients, 2014/15	12.0					15.6	19.4			14.7
Clients of community mental health services, 2015/16-2017/18	2,672.9	2,815.8	3,175.7	4,623.2	1,138.0	1,317.6	1,892.9	3,104.6	2,178.7	n.a.
Residential aged care places per 1,000 population aged 70 yrs & over, June 2016	98.0			48.6			•		+ +	82.6
Community connectedness (Per cent, Rate)		•	•					-		
Able to get support in times of crisis, 2014	92.7	92.7	92.8	90.1	94.9	94.5	93.9	94.1	93.9	94.3
Disagree/strongly disagree with acceptance of other cultures, 2014	7.3					6.3	4.6			4.5
Government support as main source of income in last 2 years, 2014	51.9				21.6	36.7	31.0			27.1
Accessed the Internet at home in the past 12 months, 2016	77.9									83.2
Personal and community safety, 2014 (Rate)										
Feel very safe/safe walking alone in local area after dark	32.5	25.0	29.5	24.8	72.3	39.6	49.7	57.6	51.3	52.4
i our vory ouro, ouro waining alone in local area after dark	1 32.3	20.0	29.0	24.0	12.0	53.0	73.1	57.0	01.0	52.5

[†]Median age is shown in years

Details of abbreviations, calculations etc. are included in the Notes on the data.

Note: Shading for the IRSD has been reversed, with low scores (greater disadvantage) in darker shades.

The indicators for 'Born overseas in predominantly non-English speaking countries', 'Aboriginal and Torres Strait Islander people' and 'Total Fertility Rate' have not been highlighted in this table.

Good outcome	50% or more above metropolitan average	30-49% above metropolitan average	10-29% above metropolitan average	within +/- 10% of metropolitan average	10% or more below metropolitan average
Poor outcome	50% or more above metropolitan average	30-49% above metropolitan average	10-29% above metropolitan average	within +/- 10% of metropolitan average	10% or more below metropolitan average