Better Living Better Health

Regional Public Health and Wellbeing Plan for the EHA Constituent Councils

September 2020-2025

Contents

1.0 Introduction

Better Living Better Health 2020 – 2025 is the regional public health and wellbeing plan for the Eastern Health Authority Constituent Councils of Burnside, Campbelltown, Prospect, Norwood Payneham & St Peters, and Walkerville. This Plan builds on the previous Public Health Plan and will lay foundations for the next Public Health Plan.

This Regional Public Health Plan acknowledges that public health is a key concern for all Constituent Councils and that each Council addresses public health issues across their business. This plan does not detail these individual actions. Instead, it focussed on regional activities that require collaboration between the councils and community partners.

Better Living Better Health 2020 – 2025 is a public health and wellbeing plan that builds on regional strengths and addresses regional challenges. This Plan also considers priority populations identified in South Australia's State Public Health Plan 2019-2024, including Aboriginal people, people experiencing socioeconomic disadvantage and people from culturally and linguistically diverse backgrounds. And it addresses the State's four strategic priorities:

- Promote: Build stronger communities and healthier environments.

- Protect: Protect against public and environmental health risks and respond to climate change.

- Prevent: Prevent chronic disease, communicable disease and injury.

- Progress: Strengthen the systems that support public health and wellbeing.

This Regional Public Health Plan was developed prior to the onset of the Covid-19 pandemic. This pandemic will require regional cooperation and the governance structure for this plan will support this.

2.0 Where we are coming from and where we are going

This is the second Regional Public Health Plan for the region. As such it builds on the last plan, *Better Living Better Health 2014-2018*, and it will be the foundation of the next.
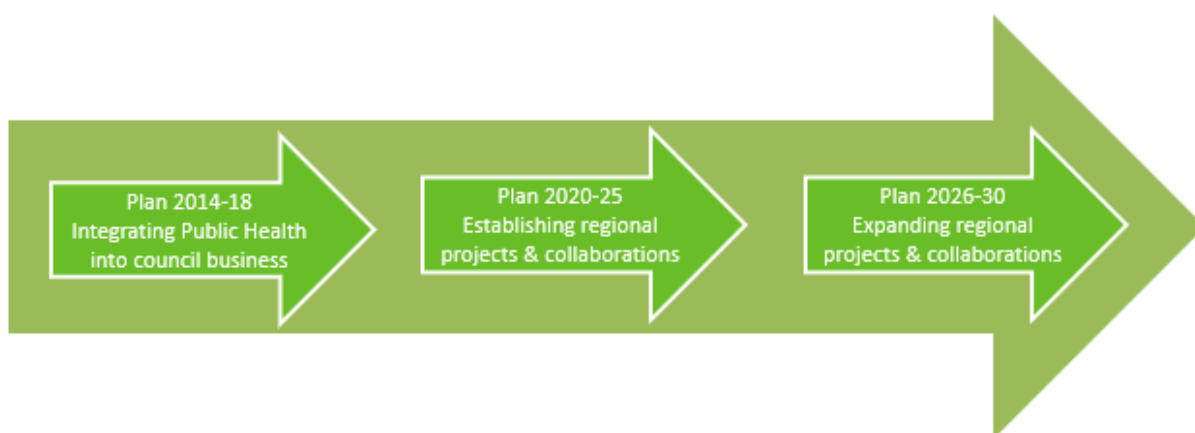
2.1 Long Term Goals

Consultation for the previous Regional Public Health Plan included a stakeholder forum with a focus on key issues, current initiatives and opportunities for promoting health and wellbeing in the region. This consultation helped to define long term strategic directions for public health in the EHA region. These include[1]:

1. Enhanced Environments for Health

The natural, built and cultural environment influences how people live, their interaction with their communities and their ability to adopt active and healthy lifestyles. The State Public Health Plan recognises the important role that Councils play in promoting physical environments for health. Councils are encouraged to consider the CHESS principles for healthy environments: [1]

- **C**onnected Environments.
- **H**ealthy **E**ating Environments.
- **S**afe Environments.
- **S**ustainable Environments.

This priority area recognises the role of the EHA Councils in promoting wellbeing through supportive environments and communities. Promoting environmental sustainability in the region is fundamental to the future health of the community and resilience to environmental impacts such as climate change and water security.

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[1] For more detail refer to *Better Living Better Health 2014-2018[1]*

2. Enhanced Capacity for Health

Non-communicable diseases including heart disease, cancer and diabetes are major contributors to death and ill health around the globe, across the nation and in the local community. These preventable, lifestyle related diseases can be greatly reduced by avoiding being overweight or obese; poor diet and excessive energy intake; insufficient physical activity; tobacco use, and harmful levels of alcohol use. There are no quick solutions to these complex public health problems, but local Councils are in a unique position to partner with a range of stakeholders to address these issues, working towards the vision of healthy and active communities.

3. Enhanced Protection for Health

The region is committed to protecting public health and safety through developing and enforcing public and environmental health performance standards, adopting a risk-based approach to public health management and continuing to provide a high quality immunisation service. The Constituent Councils also protect public safety through prevention and response planning for emergency risks in the region.

2.2 Previous Plan

Better Living Better Health 2014-2018 aimed to integrate public health planning into council business. It articulated projects and activities being undertaken by individual councils and encouraged a public health lens. *Better Living Better Health 2014-2018* reported on regional characteristics that are still relevant to public health and wellbeing planning in the region. It is a valuable resource for understanding the following:

- How the region responds to the public health and wellbeing needs of its community at the council level;
- Who the community stakeholders are;
- What opportunities and challenges exist for the delivery of public health and wellbeing activities.

2.3 This Plan

Better Living Better Health 2020-2025 aims to establish regional projects and foster regional collaborations. This plan will leverage off the strengths of the region, including:

- River Torrens Linear Park, trails and open space
- Range and quality of amenity and opportunities
- Community pride and engagement
- Existing regional initiatives

This plan will also address key challenges, such as:

- Poor continuity of cycling and walking access to linear park and open space
- Residential growth
- Pockets of poor access to open space
- Pockets of social disadvantage
- Isolation and hoarding
- Inadequate volunteering opportunities
- Ageing population
- Youth engagement

2.4   Next Plan

It is anticipated that the next Public Health Plan will be informed by the experience of implementing the regional projects outlined in this plan. It will continue to build on regional strengths and address evolving challenges. It will invest in effective collaborations and partnerships to progress and innovate in areas of particular public health concern for the region.

3.0 Demography and Geography of Public Health & Wellbeing

Planning for public health and wellbeing requires an understanding of regional demography and mapping of relevant community characteristics. The following is provided to assist in the collaborative planning of regional projects outlined in this Plan, and to support individual Councils in the integration of public health planning into Council business.

The history and many characteristics of the region have not changed since Better Living Better Health 2014 – 2018. That Plan remains a significant resource to Councils. Relevant background information is included here along with new data and maps.

3.1 Regional Characteristics to be Considered when Planning

The EHA region comprises well-established inner urban suburbs adjacent to the Adelaide CBD, extending to newer development in the outer and peri-urban areas at the foothills of the Adelaide Hills. Key natural assets are a feature of the region and include the River Torrens and the five watercourses which traverse the region and flow into the river, as well as a number of significant conservation areas and parks.

The EHA region has a rich and diverse history, which contributes to the high quality urban environment. The region contains excellent intact examples of South Australia's residential and commercial built heritage from the Victorian era and beyond. The built environment is largely residential in character with light industrial areas in Magill, Newton, Stepney and Glynde and along sections of the arterial roads in Prospect and bordering the Town of Walkerville.

As an established part of the Adelaide metropolitan area, parts of the region are in the process of, or have undergone, suburban regeneration. There is proposed residential growth in key areas of the region as outlined in the 30 Year Plan for Greater Adelaide. The strategy calls for residential growth, providing housing diversity and catering for mixed-use development along key transit corridors and in targeted regeneration areas. There is increasing recognition by the Constituent Councils of the importance of integrated planning and development for ensuring liveability and vitality.

The EHA Constituent Council region is shown in Figure 1 with each Council area highlighted.

FIGURE 1 - EASTERN HEALTH AUTHORITY REGION

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

EHA boundary	Campbelltown City Council
Main Road	City of Burnside
Watercourses	City of Prospect
Suburbs	City of Norwood, Payneham and St Peters
	Corporation of the Town of Walkerville

Data source: DPTI, DEW

URPS

Population

Population figures for each of the Constituent Councils are provided in Table 1. Overall there has been a slight increase across all Councils since 2011.

Table 1 Populations for EHA councils

Council	2011 population	2016 population	2036 projected population (DPTI Population Projections)
Prospect	19,955	20,527	23,650
Walkerville	7000	7,550	8,622
Campbelltown	48,162	50,154	58,435
Norwood, Payneham and St Peters	34,887	35,362	40,063
Burnside	42,192	43,911	48,059
EHA Region	152,196	157,504	178.829

Source: ABS 2016 Census QuickStats; DPTI population Projections 2016 - 2036

The region has a diverse mix of population, household family types, ages and incomes. Table 2 illustrates the region's cultural diversity at the time of the ABS Census 2016.

Table 2 Culture and Ethnicity 2016

Council	Aboriginal and Torres Strait Islander population (number)	Aboriginal and Torres Strait Islander population (%)	Australian born (number)	Australian born (%)	Speaks a language other than English at home (number)	Speaks a language other than English at home (%)
Prospect	165	0.8%	14,044	68.6%	5,367	26.1%
Walkerville	55	0.7%	5,052	67.0%	1,632	21.7%
Campbelltown	282	0.6%	31,062	61.9%	17,358	33.6%
Norwood, Payneham and St Peters	219	0.6%	22,889	64.9%	9,375	26.5%
Burnside	139	0.3%	28,641	65.3%	10,604	24.1%
EHA Region	860	0.5%	101,688	64.6%	44,336	28.1%

Source: ABS 2016 Census QuickStats

Language

The region had a higher proportion of residents from Culturally and Linguistically Diverse (CALD) backgrounds, compared to Greater Adelaide, particularly in the Cities of Campbelltown, Prospect and Norwood Payneham & St Peters (NPSP). Tables 3, 4 and 5 provide the numbers of people from various linguistic backgrounds across all Councils. Figures 2 - 5 show where these people live across the region.

Table 3 – People who speak Chinese

Council	People who speak Chinese at home (with % of total population)	Proportion of people who speak Chinese at home and speak English not well or not at all
Prospect	605 (3.0%)	125 (0.6%)
Walkerville	389 (5.2%)	92 (1.2%)
Campbelltown	3,426 (6.8%)	733 (1.5%)
Norwood, Payneham and St Peters	2,114 (6.0%)	424 (1.2%)
Burnside	3,723 (8.5%)	752 (1.7%)
EHA Region	10,257 (6.5%)	2,126 (1.3%)

Table 4 – People who speak Italian

Council	Proportion of people who speak Italian at home	Proportion of people who speak Italian at home and speak English not well or not at all
Prospect	677 (3.3%)	79 (0.4%)
Walkerville	185 (2.5%)	18 (0.2%)
Campbelltown	5,596 (11.2%)	826 (1.6%)
Norwood, Payneham and St Peters	2,310 (6.5%)	430 (1.2%)
Burnside	1,060 (2.4%)	107 (0.2%)
EHA Region	9,828 (6.2%)	1,460 (0.9%)

Table 5 – People who speak Indo-Aryan

Council	Proportion of people who speak Indo-Aryan languages at home	Proportion of people who speak Indo-Aryan languages at home and speak English not well or not at all
Prospect	1,136 (5.5%)	112 (0.5%)
Walkerville	191 (2.5%)	9 (0.1%)
Campbelltown	2,068 (4.1%)	163 (0.3%)
Norwood, Payneham and St Peters	1,087 (3.1%)	85 (0.2%)
Burnside	1,050 (2.4%)	50 (0.1%)
EHA region	5,532	419 (0.3%)

Source: ABS 2016 Census of Population and Housing, Community Profiles
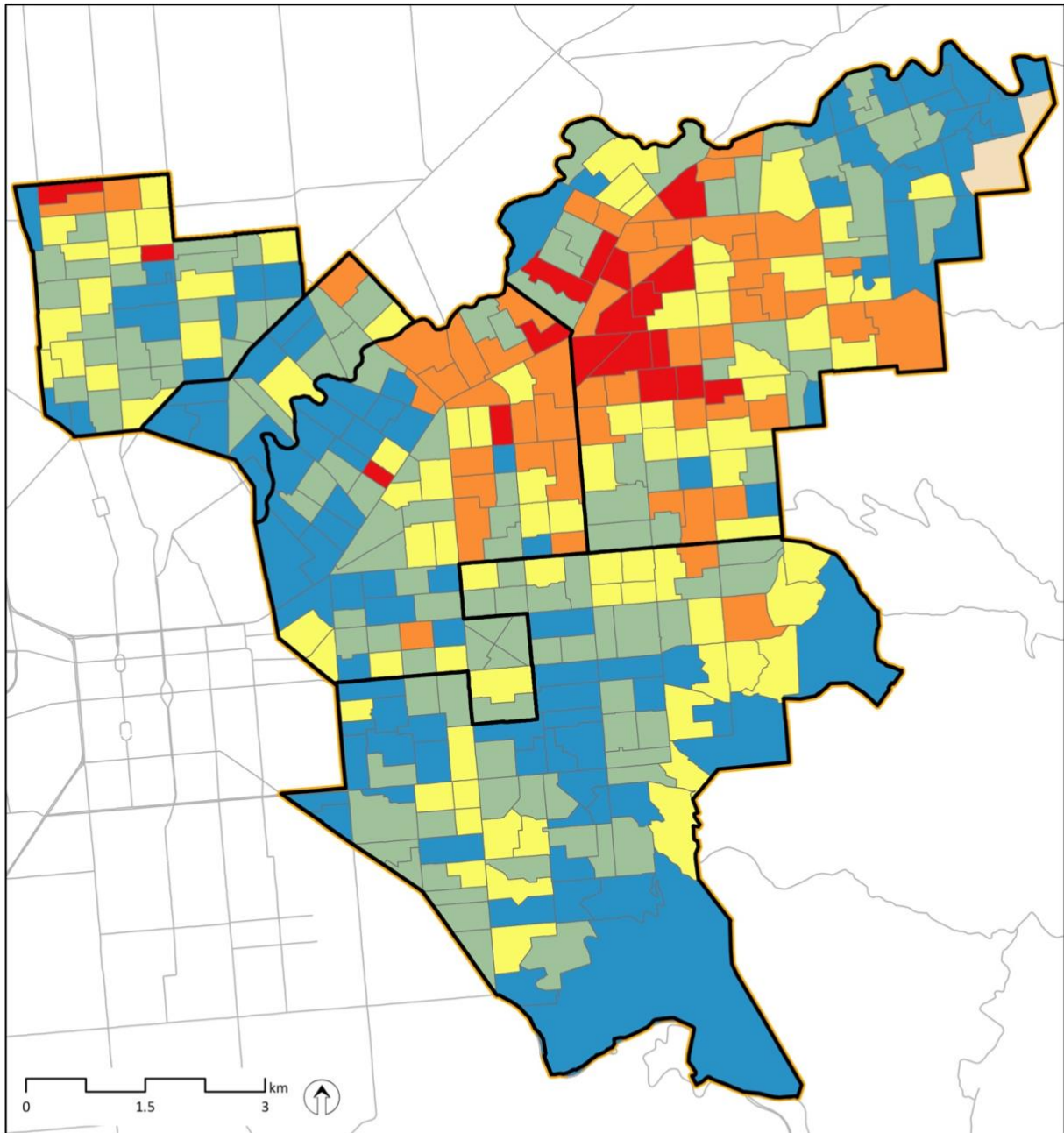
FIGURE 2 - PROFICIENCY IN SPOKEN ENGLISH

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary

— Main Road

% of population that speaks a language other than English and speaks English not well or not at all

- 0 - 2.0%
- 2.1 - 4.0%
- 4.1 - 6.0%
- 6.1 - 8.0%
- More than 8%

Data source: DPTI, ABS (2017)

URPS
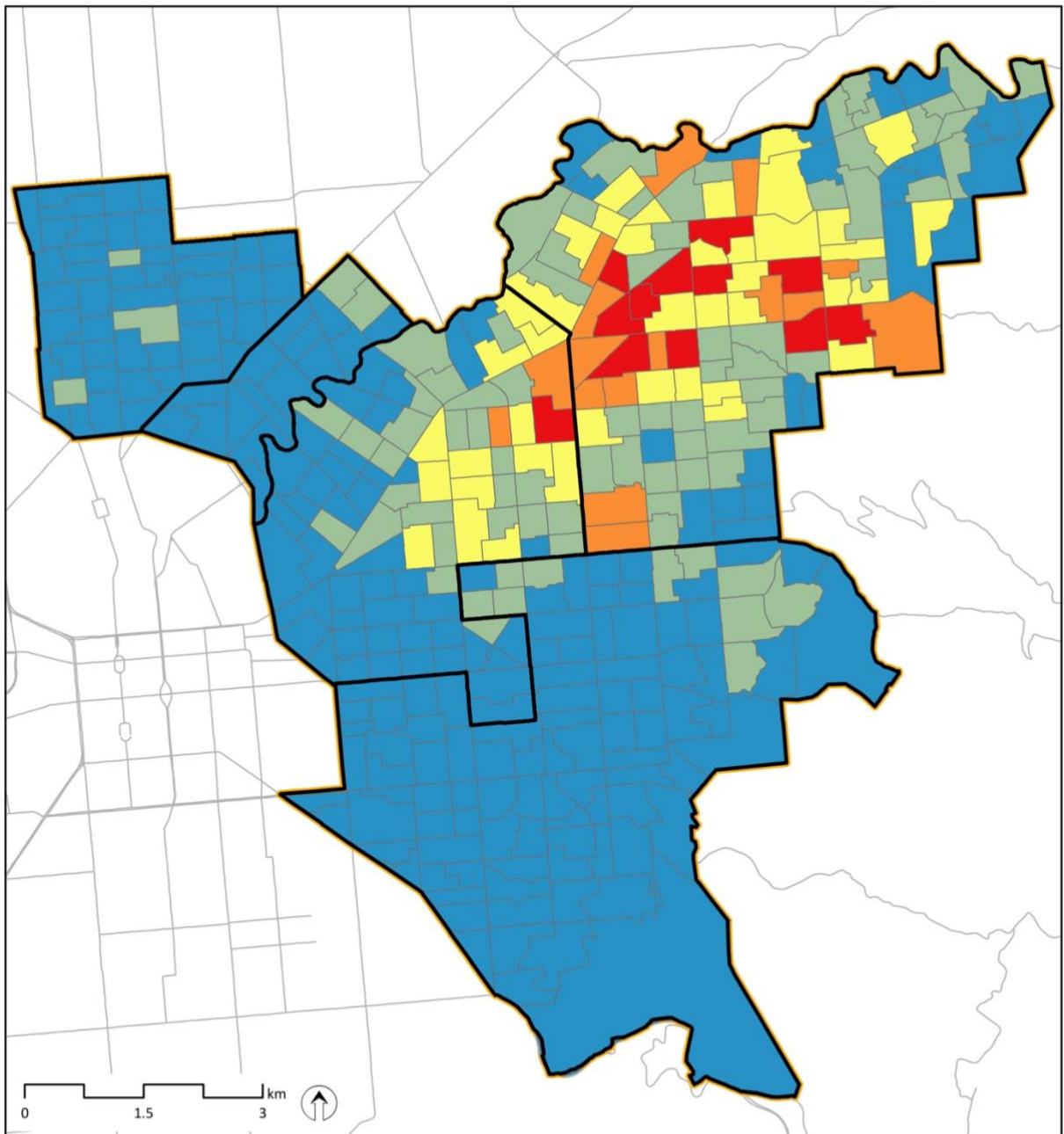
FIGURE 3 - LANGUAGE SPOKEN AT HOME - ITALIAN

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary

Main Road

Proportion of population that speak Italian at home

0 - 5.0%

5.1 - 10.0%

10.1 - 15.0%

15.1 - 20.0%

More than 20%

Data source: DPTI, ABS (2017)

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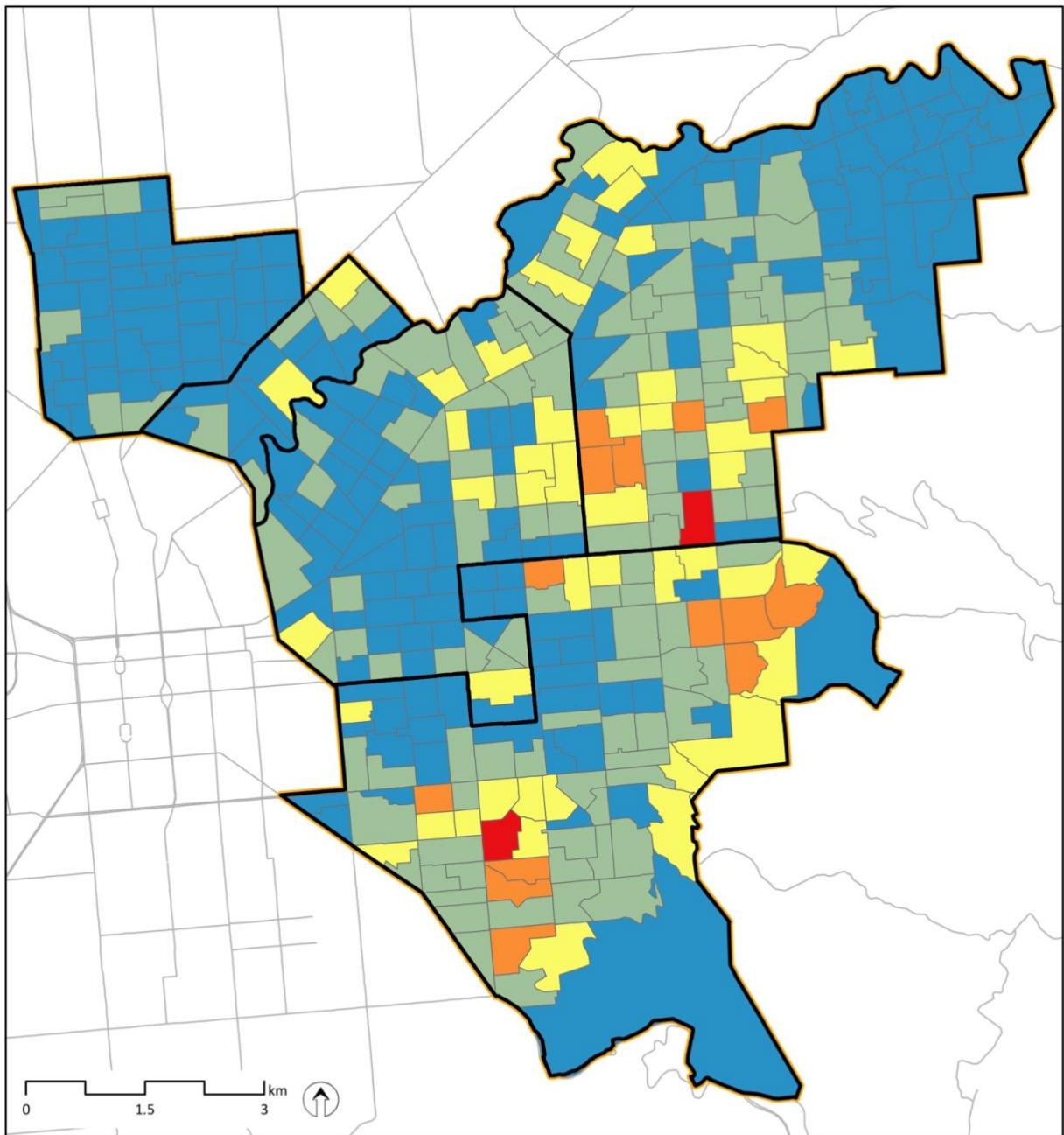
FIGURE 4 - LANGUAGE SPOKEN AT HOME - CHINESE

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary   **Proportion of population that speak Chinese at home**

—— Main Road

■ 0 - 5.0%

■ 5.1 - 10.0%

■ 10.1 - 15.0%

■ 15.1 - 20.0%

■ More than 20%

Data source: DPTI, ABS (2017)

URPS
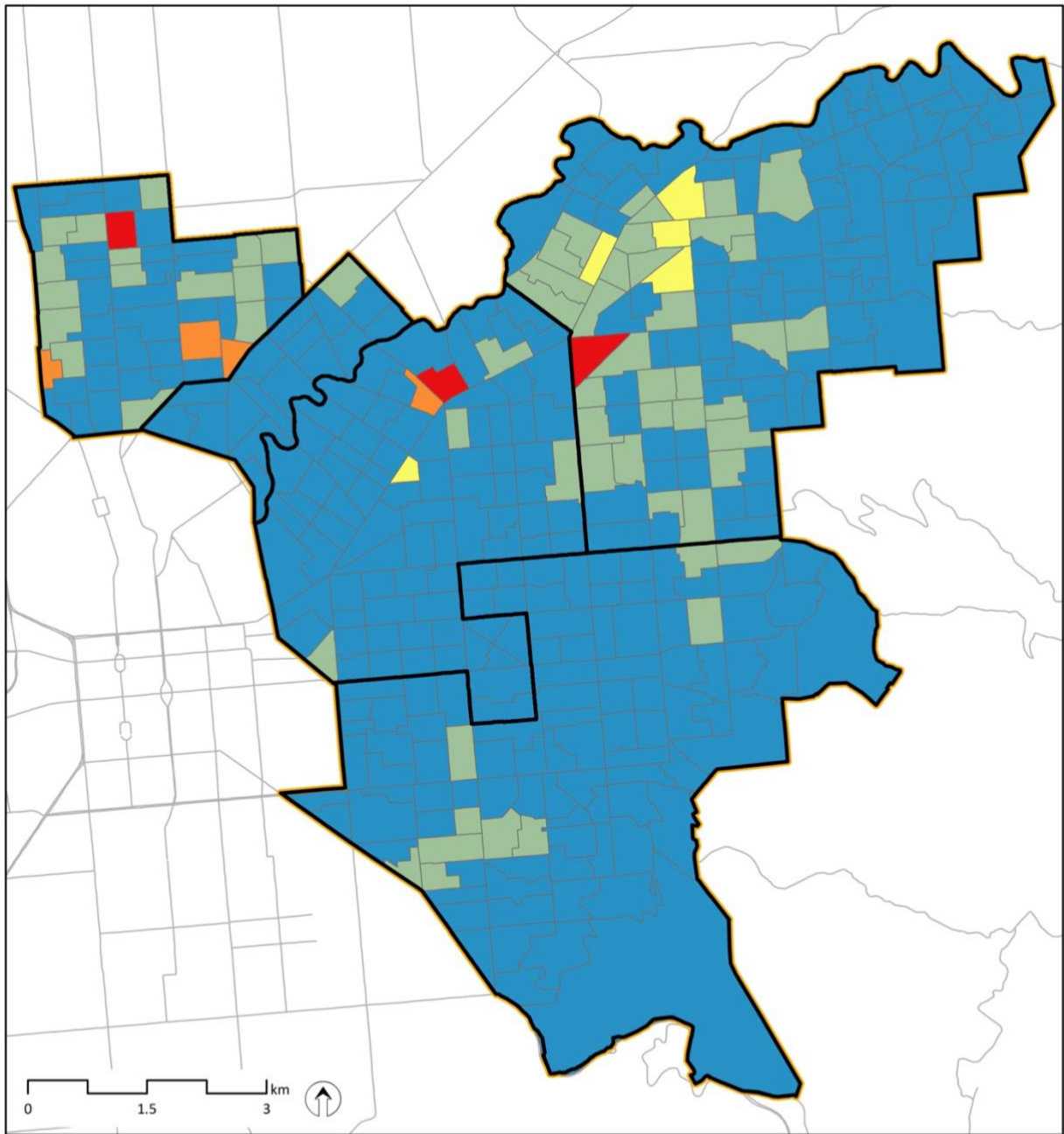
FIGURE 5 - LANGUAGE SPOKEN AT HOME - INDO-ARYAN LANGUAGES

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary   **Proportion of population that speak Indo-Aryan languages at home**

Main Road

- 0 - 5.0%
- 5.1 - 10.0%
- 10.5 - 15.0%
- 15.1 - 20.0%
- More than 20%

Data source: DPTI, ABS (2017)

URPS

Index of Relative Socioeconomic Disadvantage (IRSD)

The region is known as one of relative advantage when compared to Greater Adelaide, and this is reflected in the high IRSD scores across Councils (Table 6). It should be noted, however, that there are pockets of significant disadvantage, particularly in the Cities of Campbelltown, Norwood Payneham & St Peters, and the Town of Walkerville. This is illustrated in Figure 6.

Table 6 – IRDS scores across Council areas

Council	IRSD score	IRSD Decile (SA)
Prospect	1046	10
Walkerville	1072	10
Campbelltown	1012	8
Norwood, Payneham and St Peters	1029	9
Burnside	1081	10

Source: ABS Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016,
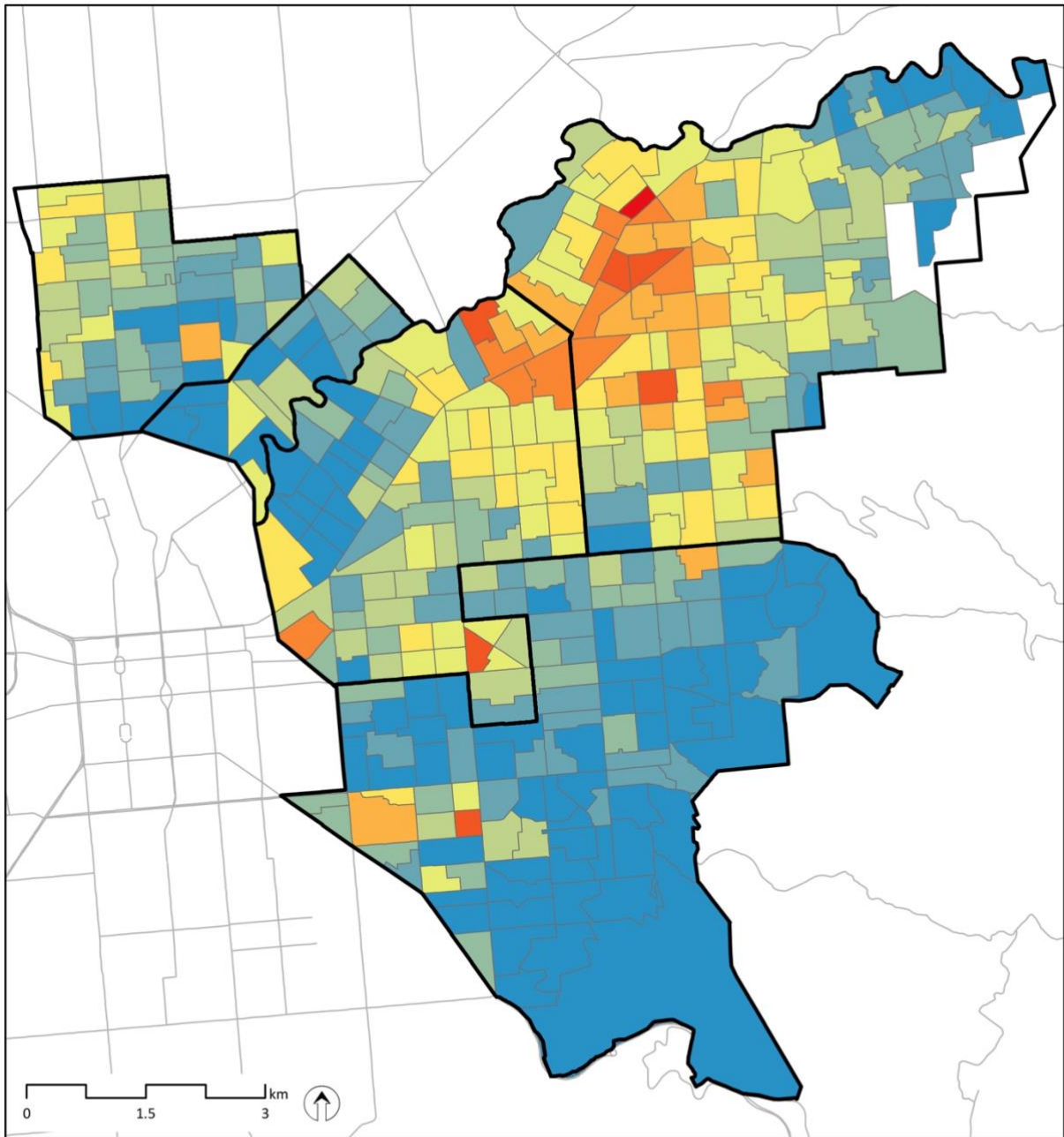
FIGURE 6 - SEIFA INDEX OF RELATIVE SOCIAL DISADVANTAGE

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary · **SA Decile**

Main Road

1 - lowest 10% - most disadvantaged
2
3
4
5
6
7
8
9
10 - highest 10% - least disadvantages

Data source: DPTI, ABS (2018)

URPS
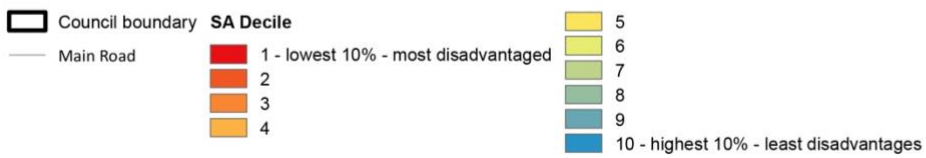
Age and Sex

Figure 7 illustrates the regional population distribution by age and sex. Overall there are slightly more women than men, particularly in older age groups. There are also more older people and fewer children and young people compared to greater Adelaide (figure 8).
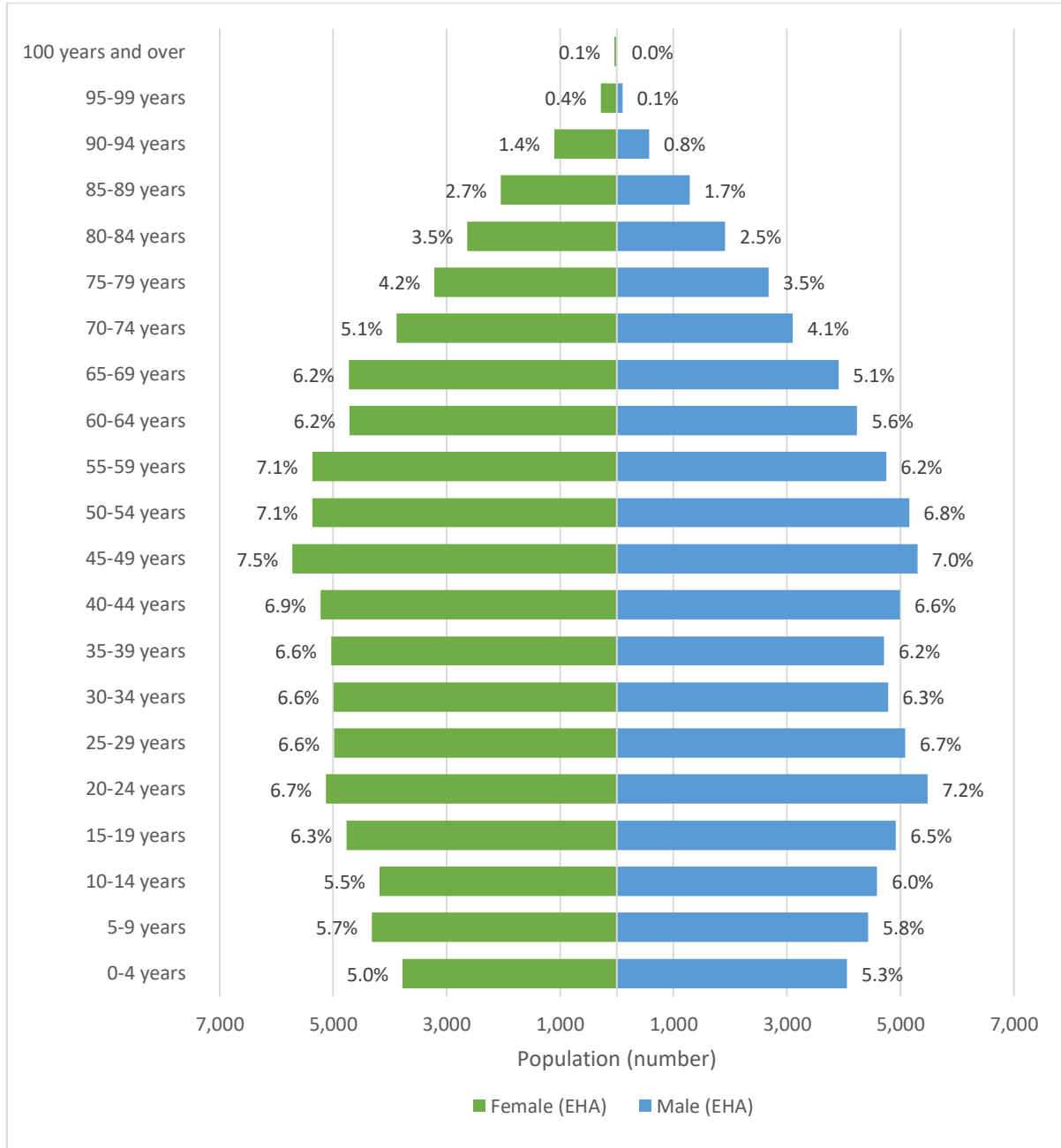
Figure 7 – EHA Population Distribution by Age and Sex
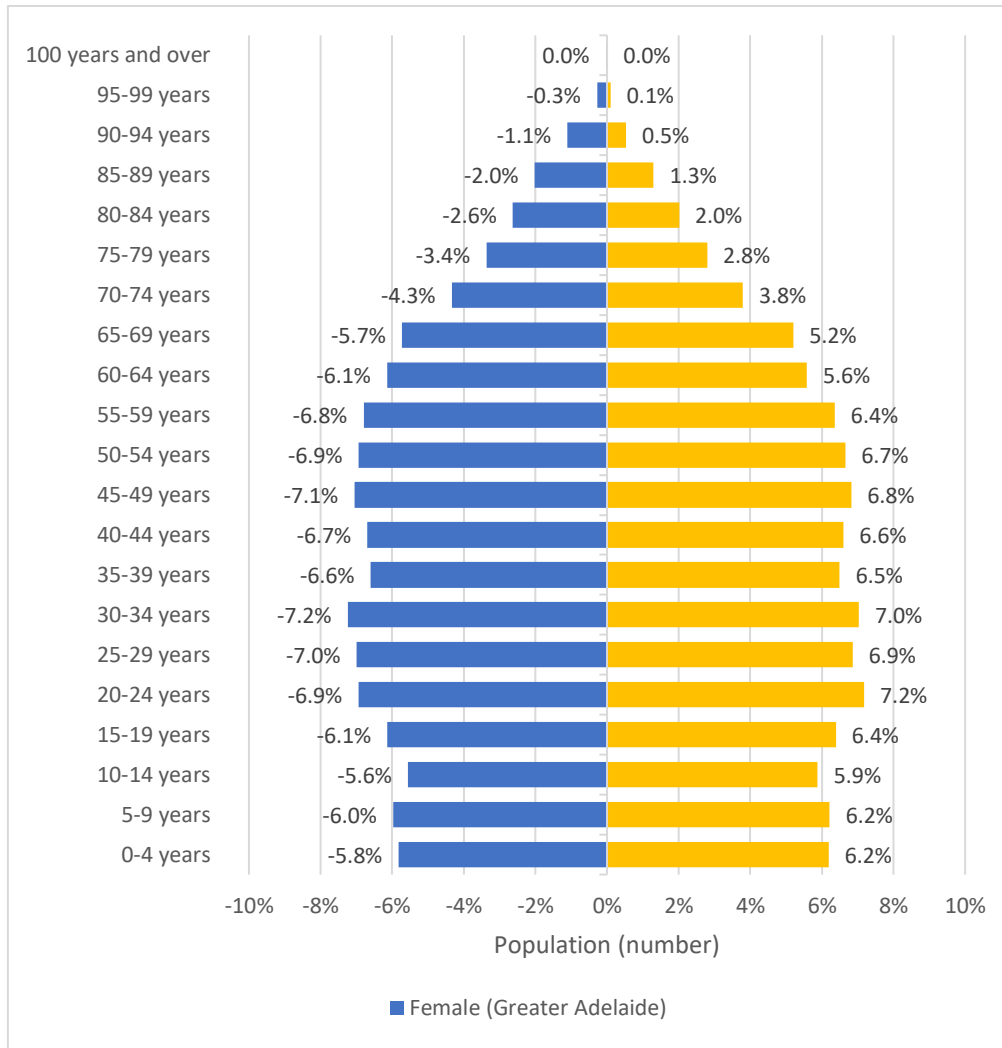
Figure 8 – Age distribution Greater Adelaide

The medial age across all Councils is shown in table 7. Figures 9 and 10 illustrate where there are concentrations of younger and older residents.

Table 7 – Median age across Council areas

Council	Median age
Prospect	37
Walkerville	44
Campbelltown	41
Norwood, Payneham and St Peters	40
Burnside	44
Greater Adelaide	39

Source: ABS 2016 Census QuickStats
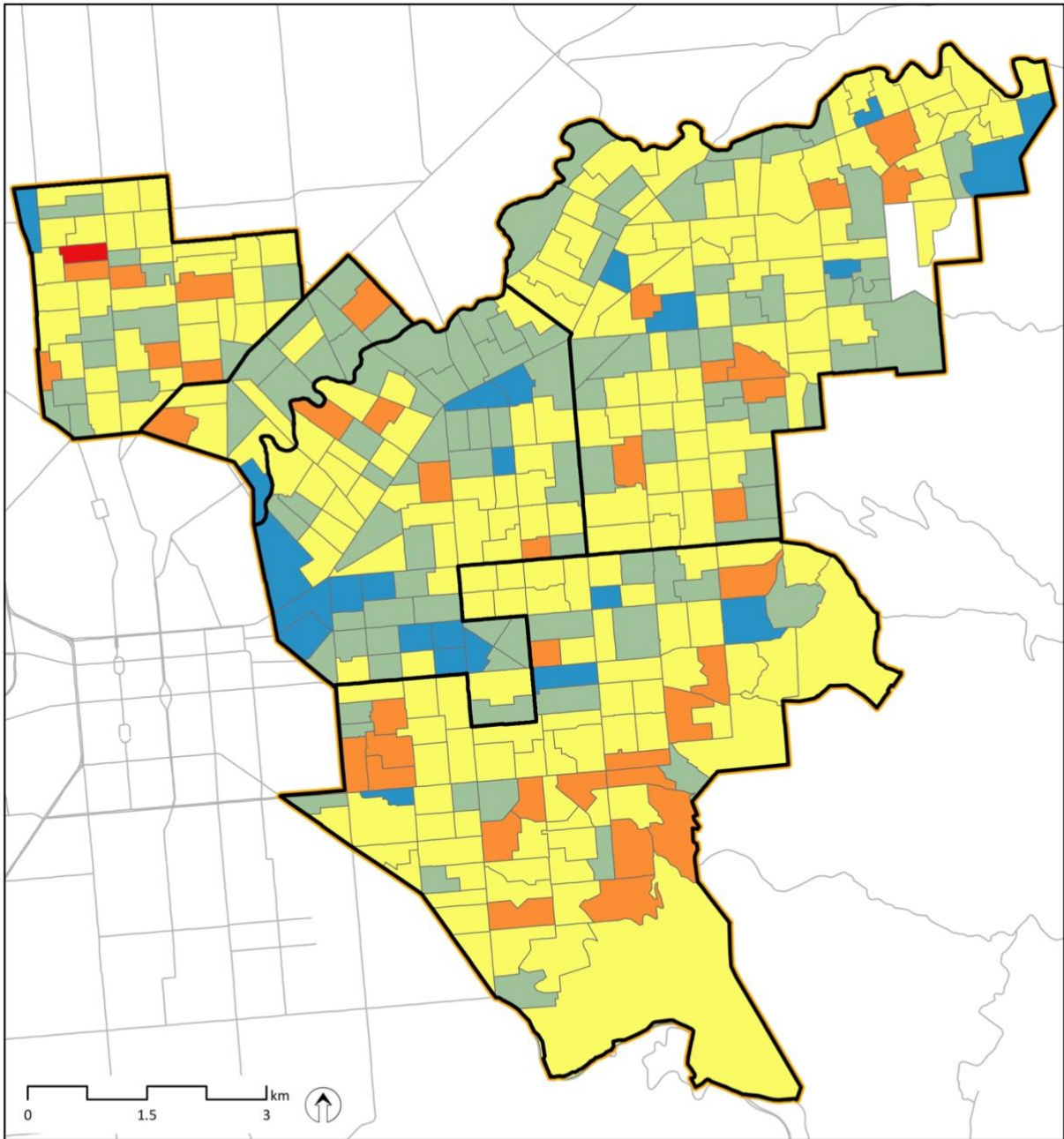
FIGURE 9 - POPULATION AGED UNDER 15

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary **Proportion of population aged under 15 years**

— Main Road

🟦 0 - 10.0%

🟩 10.1 - 15.0%

🟨 15.1 - 20.0%

🟧 20.1 - 25.0%

🟥 More than 25%

Data source: DPTI, ABS (2018)

URPS
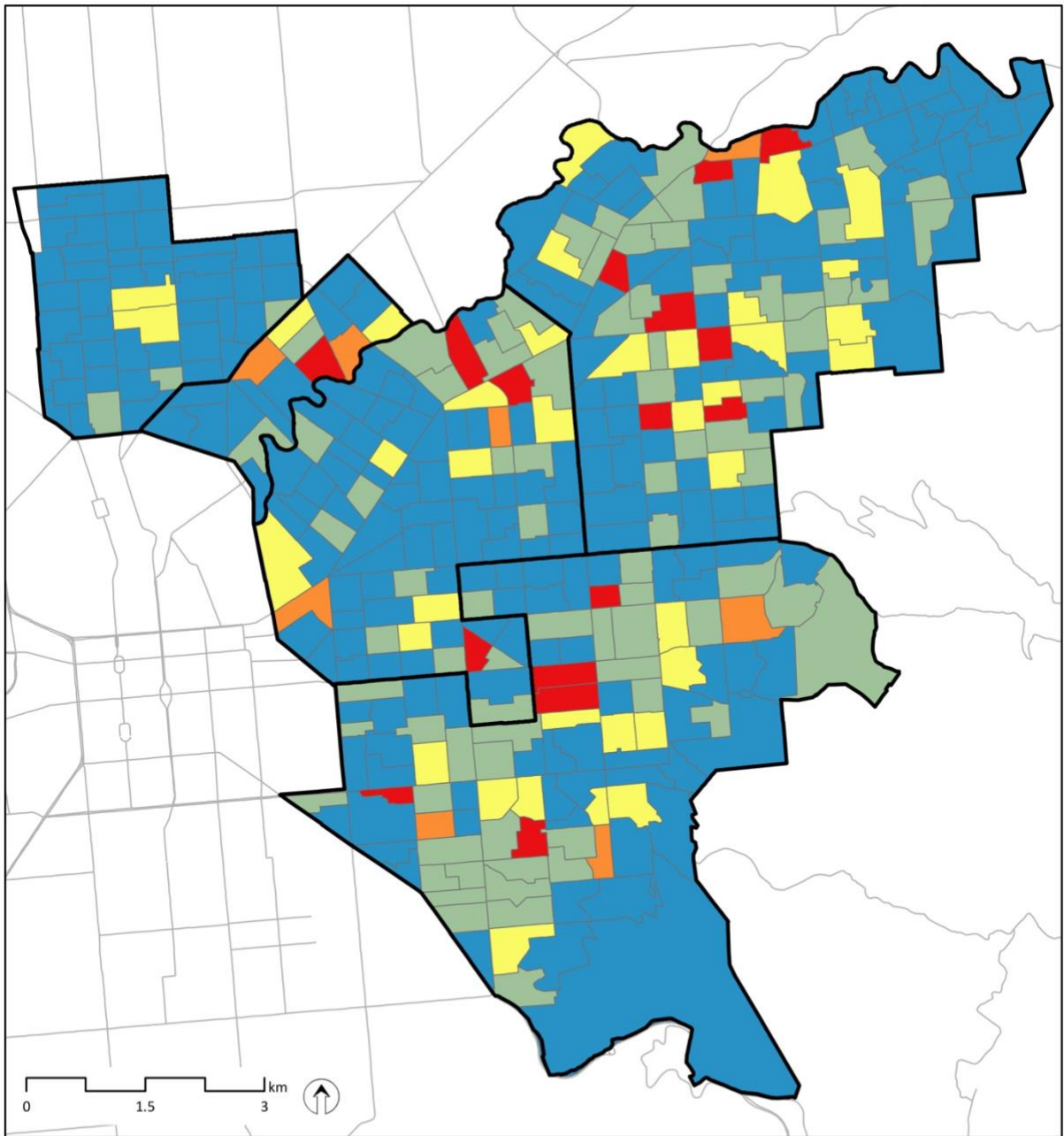
FIGURE 10 - POPULATION AGED OVER 65

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary **Proportion of the population aged over 65 years**
— Main Road
■ 0 - 20.0%
■ 20.1 - 25.0%
■ 25.1 - 30.0%
■ 30.1 - 35.0%
■ More than 35%

Data source: DPTI, ABS (2017)

URPS

Assistance with Core Activities

Table 8 indicates that people requiring assistance with core activities are concentrated in Campbelltown and Norwood. Many of these people are likely to live in retirement or aged care facilities in these areas. Figure 11 illustrates this geographically.

Table 8 – Assistance with core activities

Council	Number of people who require assistance with core activities	Proportion of population (%)
Prospect	977	4.8%
Walkerville	348	4.6%
Campbelltown	3,216	6.4%
Norwood, Payneham and St Peters	2,402	5.8%
Burnside	1,764	4.0%
EHA Region	8,707	5.5%

Source: ABS 2016 Census of Population and Housing, Community Profiles
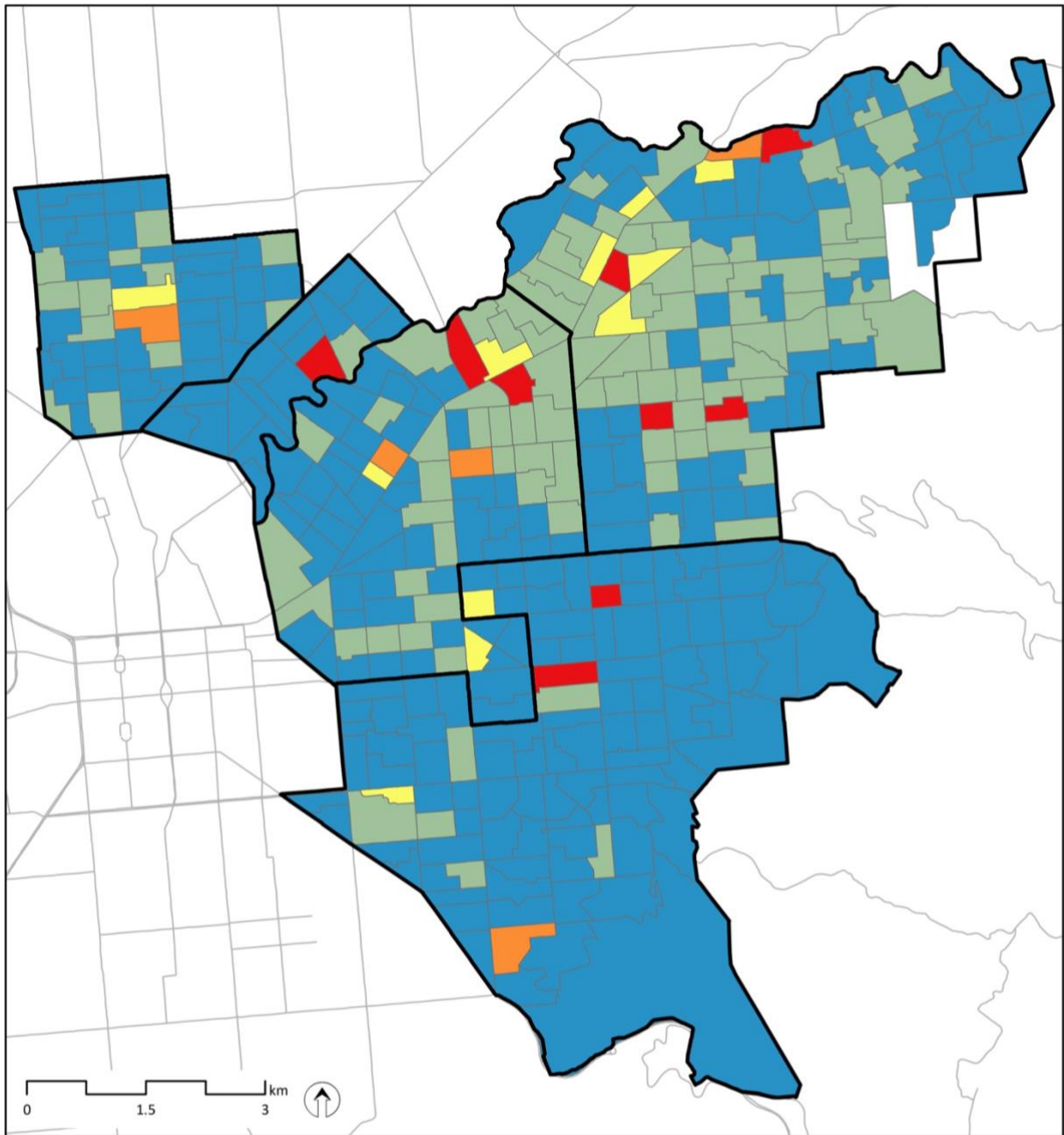
FIGURE 11 - ASSISTANCE WITH CORE ACTIVITIES

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary **Proportion of the population that require assistance with core activities**

— Main Road

■ 0 - 5.0%

■ 5.1 - 10.0%

■ 10.1 - 15.0%

■ 15.1 - 20.0%

■ More than 20%

Data source: DPTI, ABS (2017)

URPS

Year 12 Completion

Table 9 indicates that year 12 completion is relatively high across the region, however there are clear differences between Council areas that may be related to age distribution, cultural background and socio-economic status (Figure 12).

Table 9 Year 12 completion across Councils

Council	Number of people aged over 15 that have completed year 12 or equivalent	Population aged over 15	Proportion of population aged over 15 (%)
Prospect	10,796	17,036	63.4%
Walkerville	4,206	6,430	65.4%
Campbelltown	23,254	41,962	55.4%
Norwood, Payneham and St Peters	19,421	30,319	64.1%
Burnside	25,061	36,425	68.8%
EHA Region	82,738	132,172	62.6%

Source: ABS 2016 Census of Population and Housing, Community Profiles
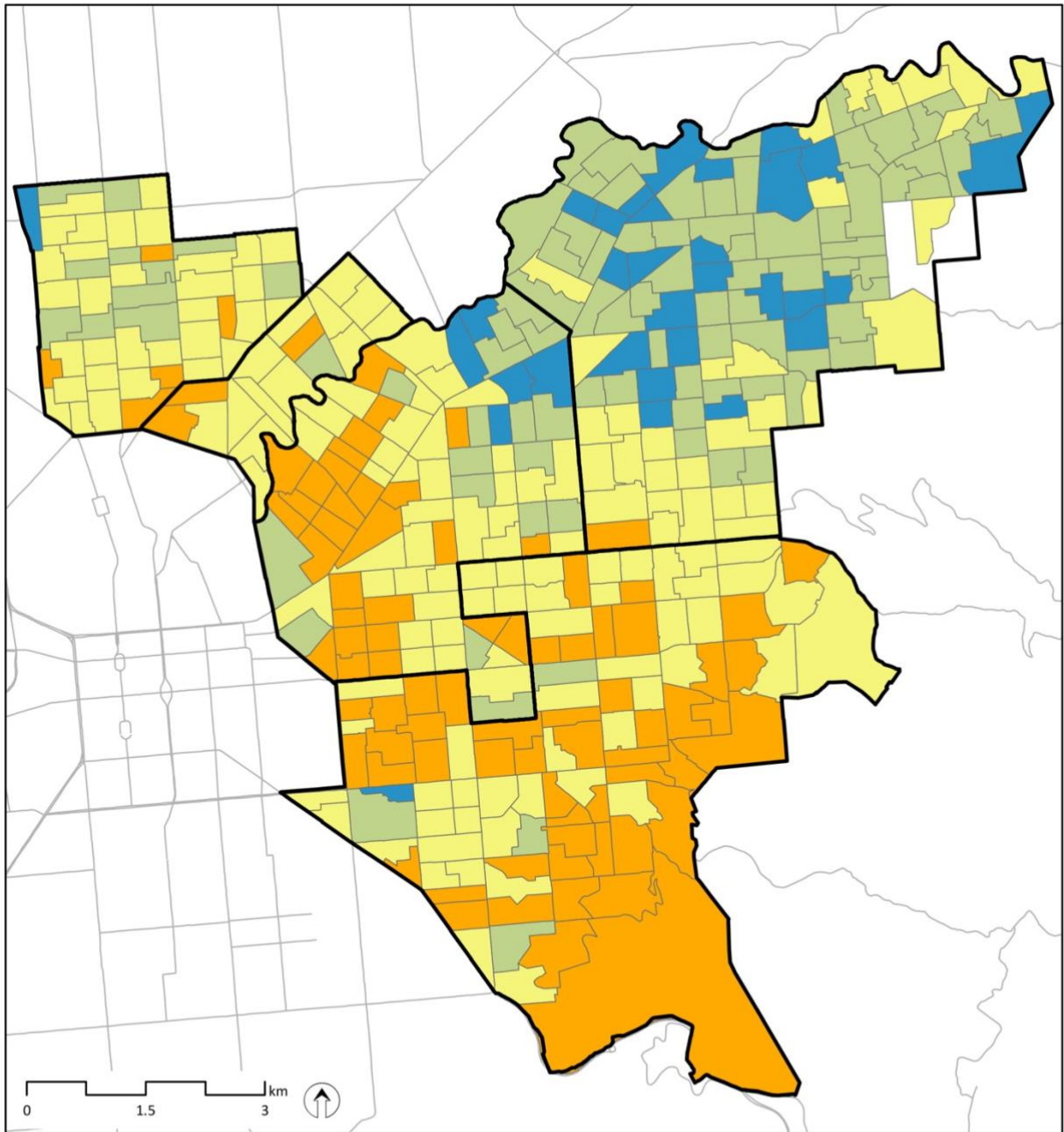
FIGURE 12 - YEAR 12 COMPLETION

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

▢ Council boundary   **Proportion of population aged over 15 that has completed Year 12 or equivalent**

— Main Road

- ■ 0 - 50.0%
- ■ 50.1 - 60.0%
- ■ 60.1 - 70.0%
- ■ 70.1 - 85.0%

Data source: DPTI, ABS (2017)

URPS

Unemployment

Table 10 indicates lower unemployment rates across the region compared with Greater Adelaide. Only 3.4% of people in the Region receive an Unemployment benefit and the disparity in figures is likely due to other differences in socio-economic circumstances of job seekers. Figure 13 indicates a fairly even spread of job seekers across the region.

Table 10 - Unemployment

Council	Number of people in labour force	Number of people unemployed and seeking work	% Unemployed and seeking work
Prospect	11,326	726	6.4%
Walkerville	3,612	208	5.8%
Campbelltown	24,663	1,720	7.0%
Norwood, Payneham and St Peters	18,179	1,211	6.7%
Burnside	21,393	1,270	5.9%
EHA Region	79,173	5,135	6.5%
Greater Adelaide			7.7%

Source: ABS 2016 Census of Population and Housing, Community Profiles
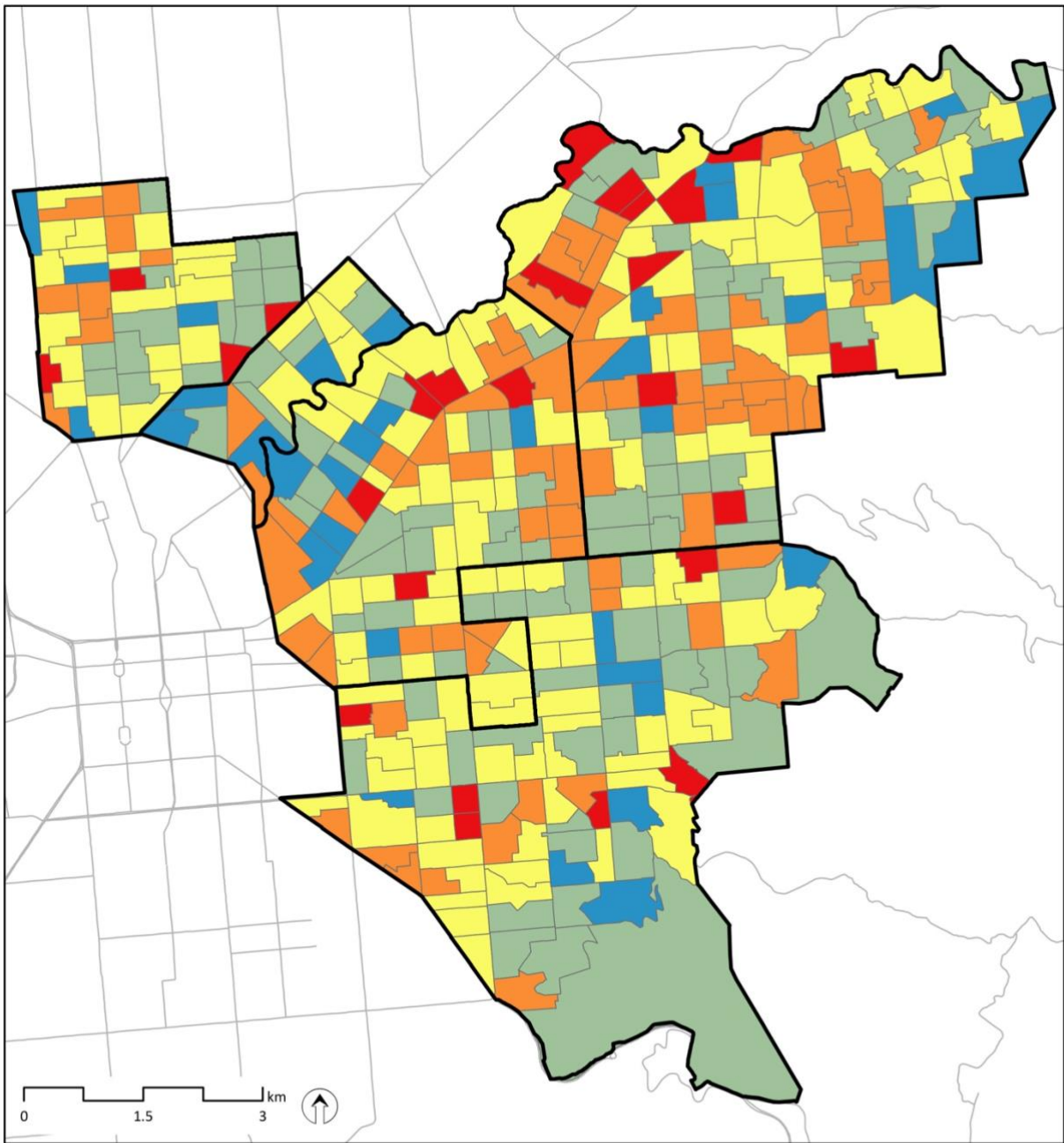
FIGURE 13 - UNEMPLOYMENT

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary **Proportion of labour force unemployed and seeking work**

Main Road

- 0 - 2.5%
- 2.51 - 5.0%
- 5.01 - 7.5%
- 7.51 - 10.0%
- More than 10%

Data source: DPTI, ABS (2017)

URPS

Motor Vehicles Ownership by Dwelling

Table 11 and Figure 14 illustrate the number of vehicles per household across the region.

Table 11 – Motor Vehicle Ownership Across Council Areas

Council	No. of dwellings	No motor vehicles	% of dwellings	One Motor Vehicle	Two motor vehicles	Three or more motor vehicles
Prospect	7,758	649	8.4%	2,775	2,895	1,234
Walkerville	2,938	239	8.1%	1,098	1,011	497
Campbelltown	19,286	1,489	7.7%	7,236	6,931	3,083
Norwood, Payneham and St Peters	14,808	1,707	11.5%	6,373	4,633	1,697
Burnside	16,778	1,052	6.3%	6,129	6,549	2,680
EHA Region	61,568	5,136	8.3%	23,611	22,019	9,191
Greater Adelaide			8.0%			

Source: ABS 2016 Census of Population and Housing, Community Profiles
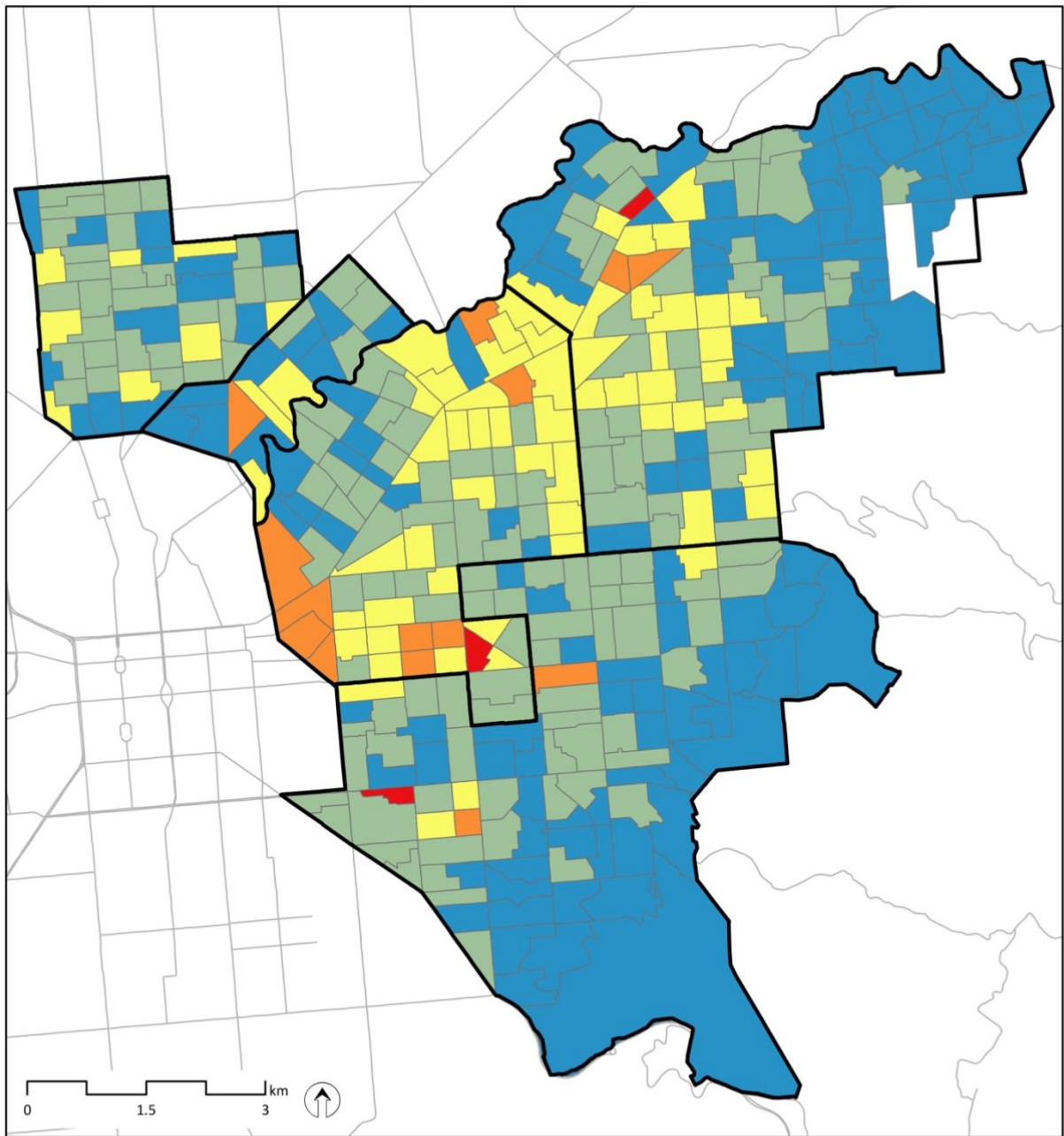
FIGURE 14 - HOUSEHOLDS WITH NO MOTOR VEHICLES

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary   **Proportion of households with no motor vehicles**

— Main Road

- ☐ 0 - 5.0%
- ☐ 5.1 - 10.0%
- ☐ 10.1 - 15.0%
- ☐ 15.1 - 20.0%
- ☐ More than 20%

Data source: DPTI, ABS (2017)

URPS

Obesity

Table 15 shows the estimated number of overweight and obese people (modelled estimates) across the region in 2014-15 (most recent data).

Table 12 – Overweight or obese: aged-standardised rate per 100 population

Council	Males overweight but not obese ASR per 100	Males obese ASR per 100	Females overweight but not obese ASR per 100	Females obese ASR per 100
Prospect	45.7	21.0	27.8	23.9
Walkerville	45.7	21.0	27.8	23.9
Campbelltown	45.0	24.5	27.1	27.4
Norwood, Payneham and St Peters	45.6	20.5	27.1	23.2
Burnside	46.7	16.1	28.0	18.6
Greater Adelaide	45.1	26.6	27.6	29.9

Data source: PHAIDU Social Health Atlas of Australia June 2019

Smoking

Table 13 shows the estimated number of males and females aged 18 years and over who were current smokers (modelled estimates) in 2014-15.

Table 13 – Smoking: aged-standardised rate per 100 population

Council	Male smokers ASR per 100	Female smokers ASR per 100
Prospect	12.3	9.2
Walkerville	12.3	9.2
Campbelltown	12.8	9.7
Norwood, Payneham and St Peters	12.3	9.2
Burnside	8.8	6.7
Greater Adelaide	16.0	12.2

Data source: PHAIDU Social Health Atlas of Australia June 2019

Immunization

Table 14 shows the proportion of children fully immunised at 1, 2 and 5 years of age (2018)

Table 14 – Immunisation rates

Council	% children fully immunised at 1 year of age	% children fully immunised at 2 year of age	% children fully immunised at 5 year of age
Prospect	93.4	91.8	94.4
Walkerville	92.9	88.3	93.3
Campbelltown	94.2	90.0	94.1
Norwood, Payneham and St Peters	92.7	91.6	91.2
Burnside	94.4	88.5	94.9
Greater Adelaide	94.2	91.1	94.4

Data source: PHAIDU Social Health Atlas of Australia June 2019

Lone Person Households

Table 15 and Figure 15 indicate the proportion of lone-person households across the region.

Table 15 – Lone person households

Council	Count lone person households	Total number of households	% lone person households
Prospect	2,161	7,758	27.9%
Walkerville	914	2,938	31.1%
Campbelltown	5,141	19,286	26.7%
Norwood, Payneham and St Peters	5,138	14,808	34.7%
Burnside	4,648	16,778	27.7%
EHA Region	18,002	61,568	29.2%
Greater Adelaide			27.4%

Source: ABS 2016 Census of Population and Housing, Community Profiles
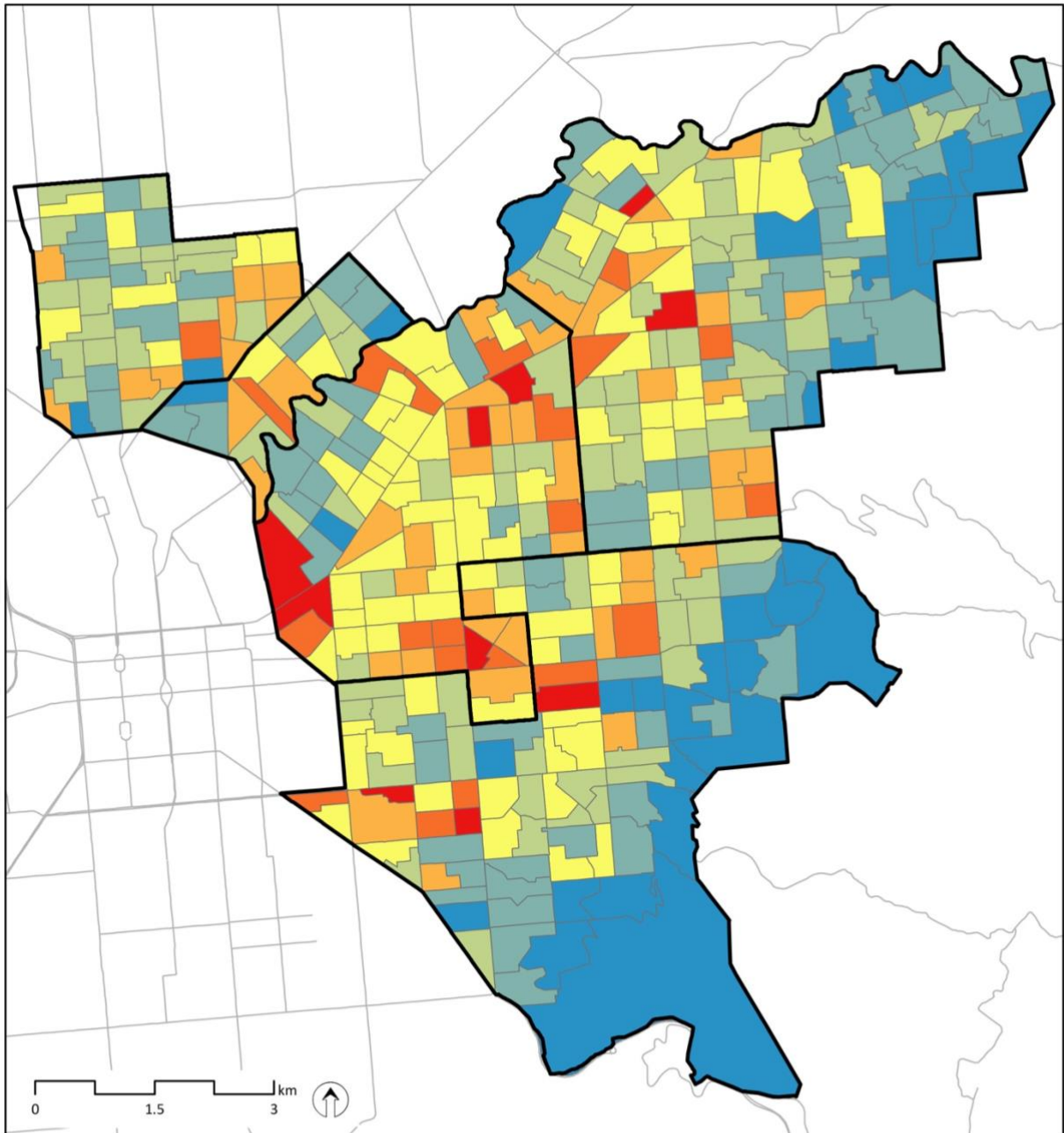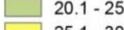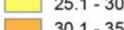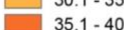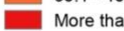
FIGURE 15 - LONE PERSON HOUSEHOLDS

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Council boundary   **Proportion of lone person households**

Main Road

- 0-15.0%
- 15.1 - 20.0%
- 20.1 - 25.0%
- 25.1 - 30.0%
- 30.1 - 35.0%
- 35.1 - 40.0%
- More than 40%

Data source: DPTI, ABS (2017)

URPS

Volunteering Rates

Table 16 and Figure 16 indicate the proportion of people aged 15 years or older that undertake voluntary work for an organisation or group across the region.

Table 16 – Volunteering

Council	% people aged over 15 undertaking voluntary work
Prospect	21.1%
Walkerville	24.7%
Campbelltown	19.3%
Norwood, Payneham and St Peters	23.2%
Burnside	26.4%
EHA Region	22.6 %
Greater Adelaide	19.5%

Source: ABS 2016 Census of Population and Housing, Community Profiles
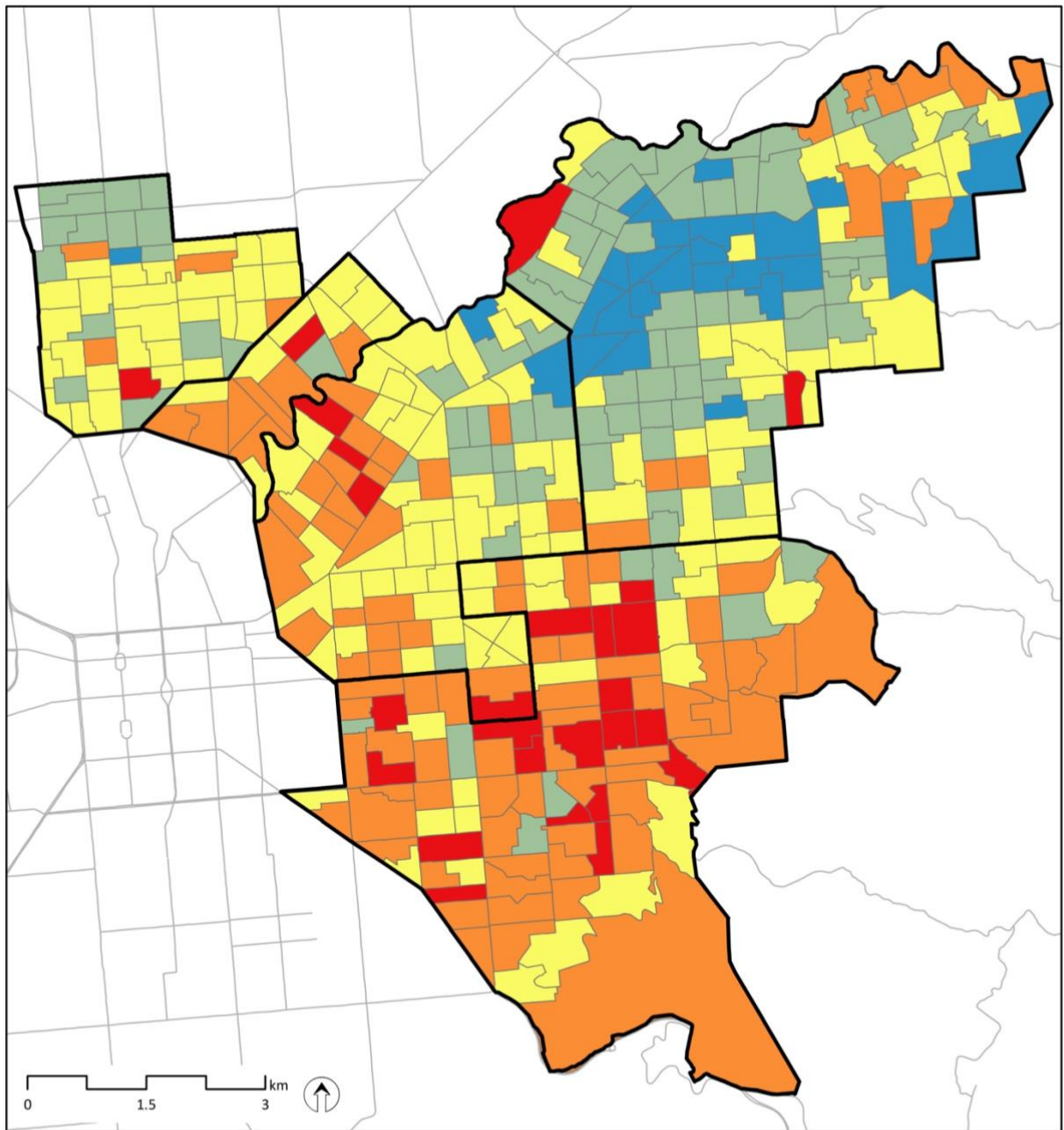
FIGURE 16 - VOLUNTEERING

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary

— Main Road

Proportion of population aged over 15 that undertakes voluntary work for an organisation or group

- 0-15.0%
- 15.1 - 20.0%
- 20.1 - 25.0%
- 25.1 - 30.0%
- More than 30%

Data source: DPTI, ABS (2017)

URPS
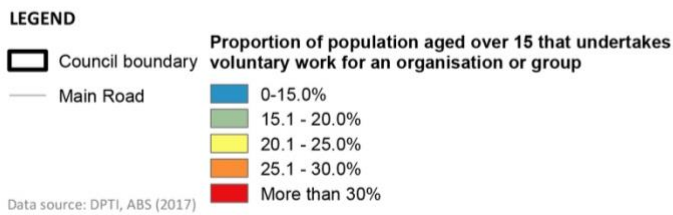
Unpaid Care

Table 17 and figure 17 indicate the proportion of people aged 15 years or older that provided unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems related to old age.

Table 17 – Unpaid care

Council	% people aged over 15 providing unpaid care
Prospect	12.8%
Walkerville	12.8%
Campbelltown	12.8%
Norwood, Payneham and St Peters	12.0%
Burnside	13.3%
Greater Adelaide	12.2%

Source: ABS 2016 Census of Population and Housing, Community Profiles
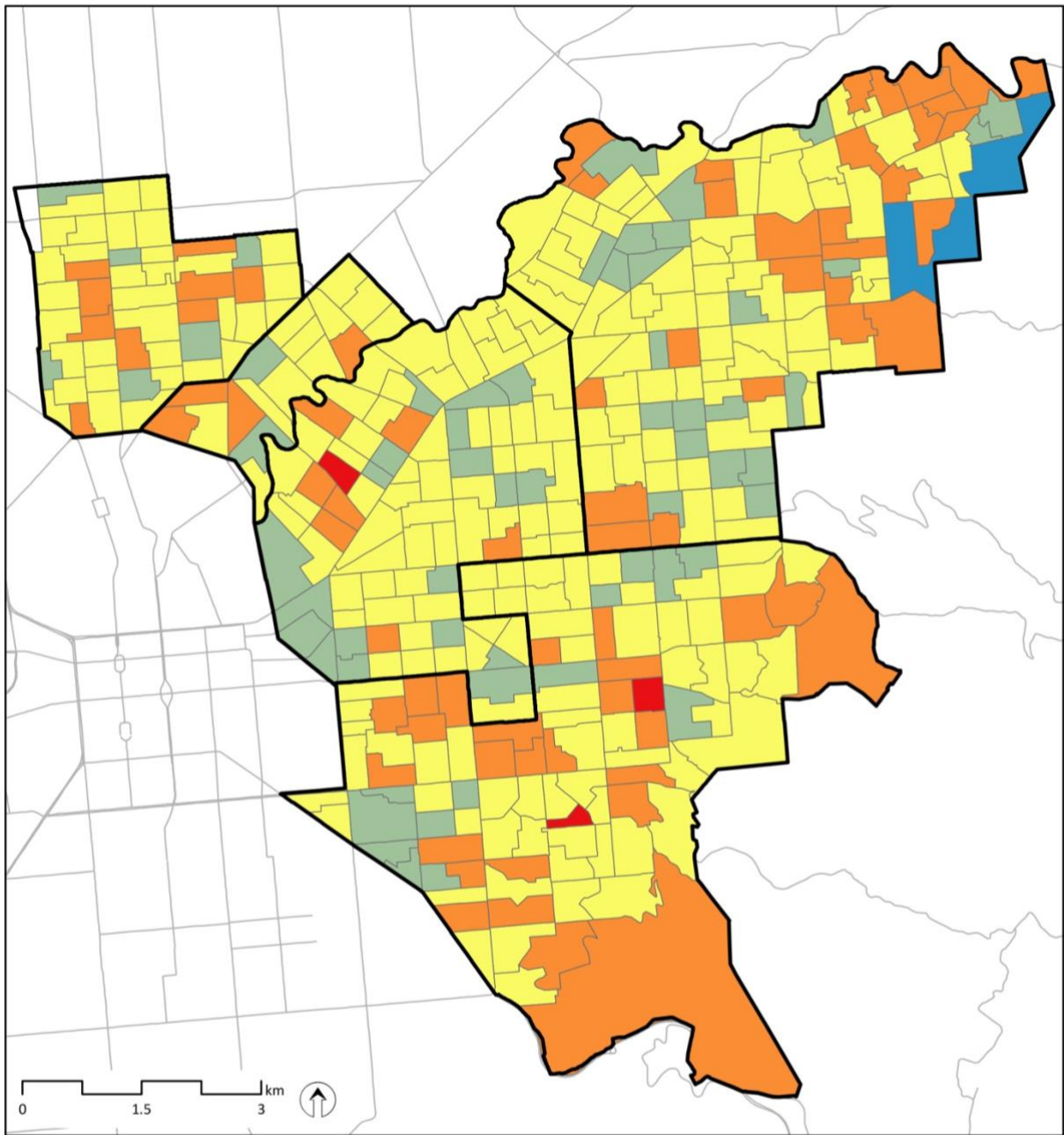
FIGURE 17 - UNPAID CARE

EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

☐ Council boundary

— Main Road

Proportion of population aged over 15 years that provided unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems related to old age.

■ 0 - 5.0%
■ 5.1 - 10.0%
■ 10.1 - 15.0%
■ 15.1 - 20.0%
■ More than 20%

Data source: DPTI, ABS (2017)

URPS

Open Space and Bike Paths

Figure 18 shows current open space across the region and existing bicycle paths.
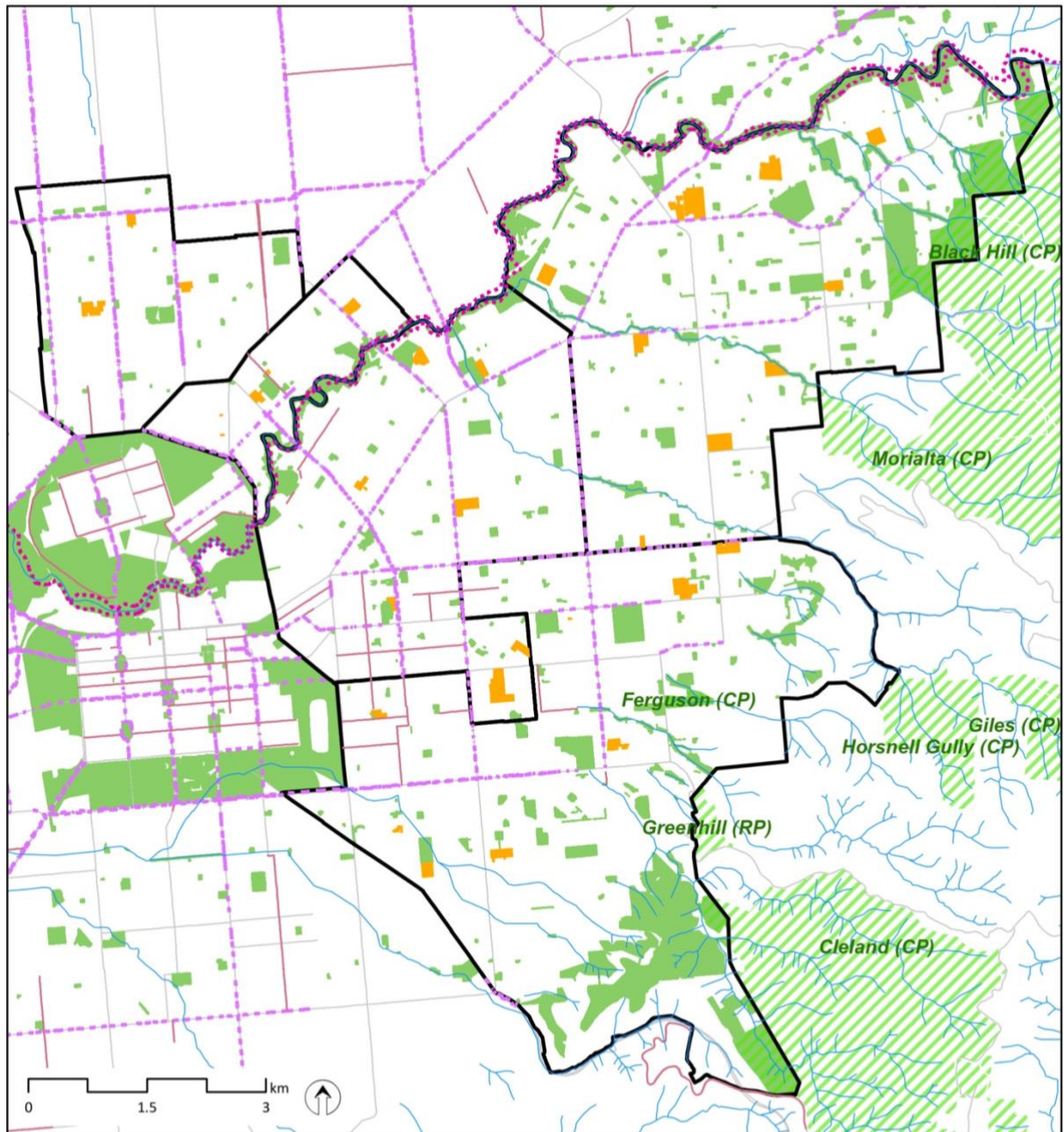
FIGURE 18 - OPEN SPACE AND BICYCLE PATHS
EASTERN HEALTH AUTHORITY - REGIONAL PUBLIC HEALTH PLAN

LEGEND

Main Road		Main Road - Bike Lane / Shoulder	
DECD schools		Secondary Road - Bike Lane	
Council boundary		River Torrens Linear Park shared path	
		Open space	
		Conservation and Recreation Parks (NPW)	

Data source: DPTI, DEW, DECD

4.0 Community Consultation

4.1   Informing the draft Regional Public Health and Wellbeing Plan

Over the past five years, all constituent councils have engaged their communities around issues that are relevant to public health and wellbeing in the region. A decision was made to reflect on feedback from these consultations for the development of the draft regional public health and wellbeing initiatives. The rationale for this decision is based on the following:

- Consultation fatigue – multiple consultations, especially around related topics, can reduce participation and representativeness of findings.

- Resource limitations restrict consultation activities to one or two community events. Some groups of people may not have the same access to a general community forum focussed on public health and wellbeing.

- Considering feedback from a range of consultation activities is likely to be more inclusive of the experiences and ideas of certain groups of people, including older people, youth, Aboriginal and Torres Strait Islander people, people with disability and CALD communities.

- Considering feedback from a range of consultation activities can increase the representativeness of feedback and result in decisions that are better for the whole region.

Council consultation feedback considered for the draft includes:

- Council strategic directions

- Reconciliation planning

- Age-friendly planning

- Planning for children and youth

- Access and inclusion planning

- Open space planning

- Sport and recreation planning

- Community development planning

- Planning for culturally and linguistic diverse groups

4.1.1   Consultation themes

The following table highlights consultation themes that informed the development of five strategic projects detailed in the Regional Public Health and Wellbeing Plan. These projects address two of the strategic directions – Environments for Health and Capacity for Health. The third strategic direction, Protection for health, includes activities that are ongoing and have legislative obligations and oversight.

Regional Project	Consultation Themes Previous Regional public health consultation (2014)	Consultation themes Council consultations 2014 – 2019
ENVIRONMENTS FOR HEALTH		
Active Regional Connections - Open space mapping with cycling and walking routes	- Promote regional walking paths and cycle ways and associated amenity (e.g. toilets and seating) - Protect healthy lifestyles by protecting open space and active corridors from development pressures - Bolster climate adaptation measures to enhance outdoor activities, including regional consideration of trees, shade and rest areas - Enable active living by enhancing open space and the Linear Park - Enable active living through continuity of walking and cycle ways - Enable active living through supportive amenity in open space and along active corridors, such as toilets, shade, seating, change areas and refreshment outlets - Regional collaboration to reduce duplication and enhance regional access to recreation facilities, dog parks and access corridors - Regional access plan for open space, the River Torrens Linear Park and active corridors	- Open space is highly valued and popular - Generally high feelings of safety facilitate good use of open space for all age groups – build on this - Acknowledge histories of the Kaurna People - Acknowledge different waves of immigration - Increase access to River Torrens Linear Park - Partner with other councils to coordinate cycling infrastructure - Everything should be connected - plan for footpaths and cycle paths - Create a cycle-friendly (safe) region including safe road crossings and pedestrian share zones - Encourage people to choose cycling or walking over the car - Activated, safe and people friendly places and experiences (apply access and inclusion lens) - Continue to provide good recreation facilities for young people - Facilitate active ageing - Healthy and connected places - Increase sport, recreation and community facilities for young people - More family oriented open space - Open space that welcomes young people hanging out together - Increase tree planting and landscaping

Regional Project	Consultation Themes — Previous Regional public health consultation (2014)	Consultation themes — Council consultations 2014 – 2019
		- Strong support for environmental sustainability - Young people are big users of parks and open space – maintain and add value with youth friendly amenity that encourages physical activity - Increase shade and access to drinking water in parks and open space - Mitigate effect of development on access to open space - Mitigate effect of development environmental sustainability and risks of climate change - Promote safe cycle and walking routes - develop consistent wayfinding for all (older people, people with disabilities, CALD) - include places of interest in wayfinding, including local and Aboriginal heritage, community places and spaces - consider equitable access to open space for different user groups, including walkers, dog walkers, café users, cyclists, children etc
Regional community transport network	- Protect and enhance community connectedness through good amenity, access and awareness - Enable active living through regional community transport - Community transport for short trips	- Ageing in place - Healthy and connected - Community transport for older people - Community transport for people with disability - Event based community transport
Regional volunteering	- Maintain the number of volunteers to meet demand - Volunteers for local community transport - Provide low cost/ free access to meeting rooms for local volunteering activities - Engage volunteers in projects that address social isolation	- Active ageing - Healthy and connected - Create opportunities for youth volunteering – they want to connect to people, issues and events that matter to them

Regional Project	Consultation Themes Previous Regional public health consultation (2014)	Consultation themes Council consultations 2014 – 2019
CAPACITY FOR HEALTH		
Regional Promotion of activities and events	- Promote regional health and wellbeing activities - Promote to targeted populations with relevant and consistent messages and in relevant formats - Regional public health promotion plan, including regional calendar of events - Consistent messages/ slogans for regional initiatives	- Everyone is valued and heard - Provide more information in easily accessed formats and platforms - Apply all ages abilities and backgrounds lens to promotion and communication - Identify community connectors (young, old, ATSI, CALD, people with disability) and use them to connect to hard to reach groups. - Don't forget renters - Importance of street fairs and markets - Inclusion and cultural diversity - Healthy and connected - Increased social connection for older people - Target promotion of activities to needs and vernacular of different groups (including youth, older people and CALD) - Connect to the people who are connected to hard to reach groups (such as parents of teens; service providers) - Recognise key services as places of promotion and connection – libraries, community events (fairs etc), council websites, newsletters) - Increase access to activities by careful consideration of WHEN they are offered - Increase whole of community events - Connect with young people through their own networks and platforms
'Talk to your neighbour' – addressing social isolation	- Promote to increase social connection and inclusion - Talk to your neighbour could be applied to individuals, businesses and services	- Welcoming communities - Embracing diversity - Healthy and connected - Connecting young people to issues that matter to them - Connect long-time residents to newcomers in a way that maintains sense of belong for long-term residents and increased sense of belonging for new comers

4.2   Finalising the Regional Public Health and Wellbeing Plan

The Draft Regional Public Health and Wellbeing plan was made available by all constituent councils for community feedback in December 2019. Posters and bookmarks were developed to inform the community and key stakeholders about the online consultation. A summary of the feedback is provided below.

4.2.1   Consultation summary: Regional Public Health and wellbeing plan 2020-2025

Statistics

- December 2019
- 445 visited site
- 181 visited multiple pages
- 166 downloaded a document
- 68 people engaged (25 to 84 years; half over 65 years; 35 females and 33 males)
- All council areas represented

Survey

Between 23 and 33 respondents agreed with statements indicating that the Plan was likely to have a positive effect on identified areas of public health. Between 7 and 11 respondents disagreed with each statement. A high number of people were not sure how the plan might affect certain areas of public health. Safety, support for cultural diversity, and ability to achieve regional health and wellbeing goals overall, were the three statements most likely to have an 'unsure' response (See figure 19)
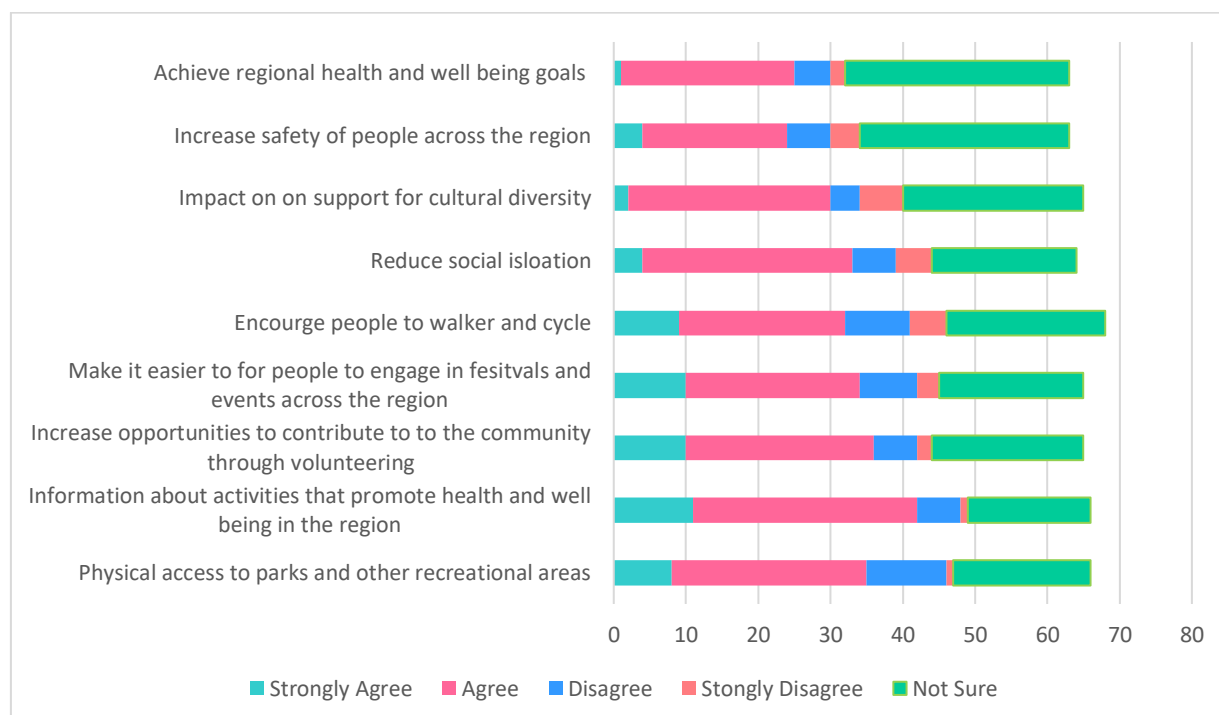
Figure 19 – extent to which participants agree or disagree to statements relating to draft Plan

Feedback

Almost all 68 respondents provided feedback about the strengths and weaknesses of the Plan. The following word-clouds summarise key words and phrases.

Considering feedback in final plan

The final plan has been amended in response to the following community feedback. This feedback was repeated and applicable to the Plan. Other feedback was relevant to the role of Council but beyond the scope of the Plan and this has been noted for further consideration by Councils. Some feedback was beyond the scope of the plan and beyond the role of Council.

Add

- Regional consideration of mental health and suicide prevention (added to two-page plan and background paper)

Clarify

- This public health plan will be delivered in conjunction with other plans designed to improve programs and amenity that are likely to have public health and wellbeing outcomes including: Climate change adaptation (Resilient East), Disability access and inclusion, age-friendly communities, child and youth development, reconciliation, asset management, social/community and sport, recreation and open space planning (clarified on two-page plan)
- Target populations for regional projects (added to two-page plan)
- Actions and implementation plans associated with projects (See 6.3)
- Evaluation and reporting (these have been considered and will be clarified when regional project working groups are convened)

5.0 Governance and Regional Planning Framework

EHA's work is regulated under the *South Australian Public Health Act 2011*, the *Food Act 2001* and the *Supported Residential Facilities Act 1992*. Its Board of Management is made-up by two representatives from each of the five Constituent Councils and is responsible for ensuring EHA acts within its charter, which covers key public and environment health services such as immunisation, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities, and inspection and regulation of food outlets.

5.1 Regional Collaboration

A regional approach for public health planning by the EHA Constituent Councils builds on the existing, successful collaboration for shared environmental health services through EHA as well as the initiatives of the Eastern Region Alliance (ERA). A regional approach was adopted by the Councils to improve Council capacity to engage with potential partner organisations and to recognise opportunities for joint advocacy.

The Eastern Regional Public Health Plan Advisory Committee, comprising staff representatives of the five Constituent Councils and EHA, provided overall guidance on the development of this Plan.

The regional model for the development of the Plan is shown in Figure 20.

REGIONAL PLAN DEVELOPMENT PROCESS
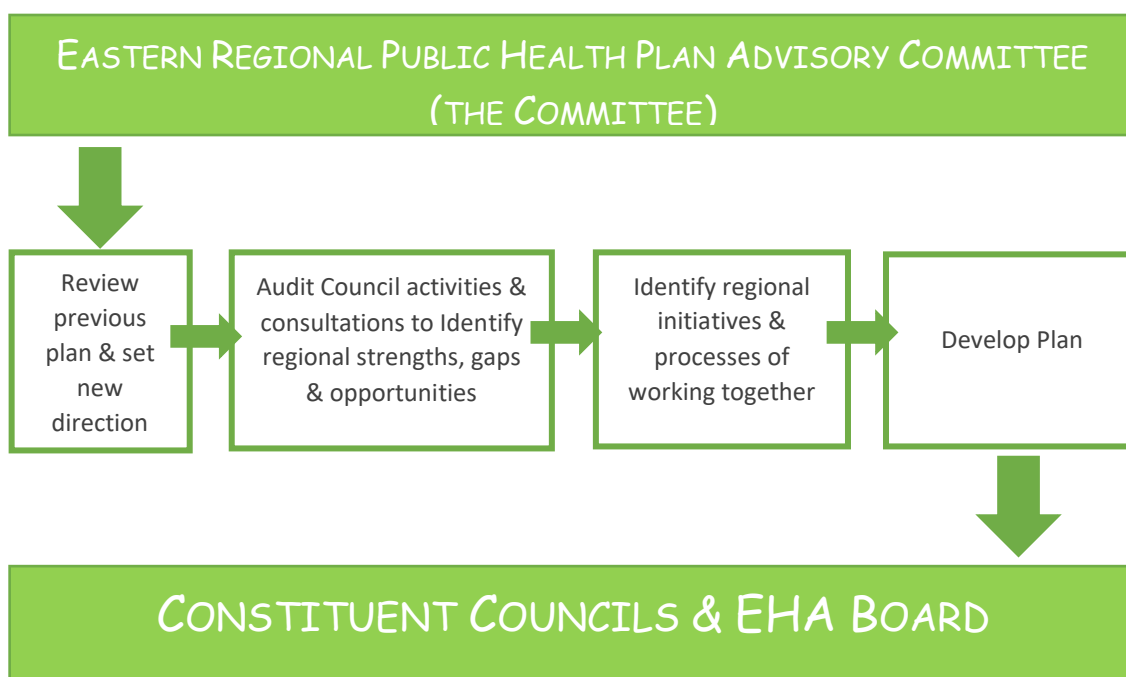
Figure 20 – Governance and Regional Plan Development process

5.2 Implementation Framework

An implementation and reporting framework is suggested. This framework acknowledges that regional initiatives are likely to have unique requirements in relation to stakeholders, actions and reporting requirements. Table 18 outlines key activities related to the implementation and reporting of *Better Living Better Health 2020 – 2025.* Figure 21 illustrates the Annual cycle of these activities over the life of the Plan.

Table 18 - Implementation framework

Outcome	Activity	Who	How	Timing
Plan adopted by Council • **Final Plan**	Report to Council	All Councils	Individually	April-May 2020
Priorities agreed for next 12 months • **Timeline**	Collaborate to prioritise	PHPAC	Workshop	Annually
Regional project teams convened • **Project scope**	Identify stakeholders; invite to collaborate; clarify project actions	PHPAC and relevant stakeholders	Initiation meeting	2020
Regional project evaluation measures identified • **Targets**	Collaborate to identify what success looks like and how it will be reported	Project teams	Workshop	2020
Actions implemented • **Workplans**	Implement project related actions	Project teams, relevant council and community stakeholders	As agreed by project team	Throughout the year
Project progress evaluated • **Project Evaluation data**	Regional Projects evaluated	Project teams	Method agreed by project team	Every 6 months
Plan oversite • **PH Plan Progress report** • **Annual Council progress report**	Review Project progress & adjust actions where necessary	PHPAC	PHPAC meeting	Every 6 months
Biennial reporting to Chief Public health Officer • **Compiled Regional PH Plan report**	Collate project evaluations from project leads using reporting framework	EHA	Email	Every 2 years
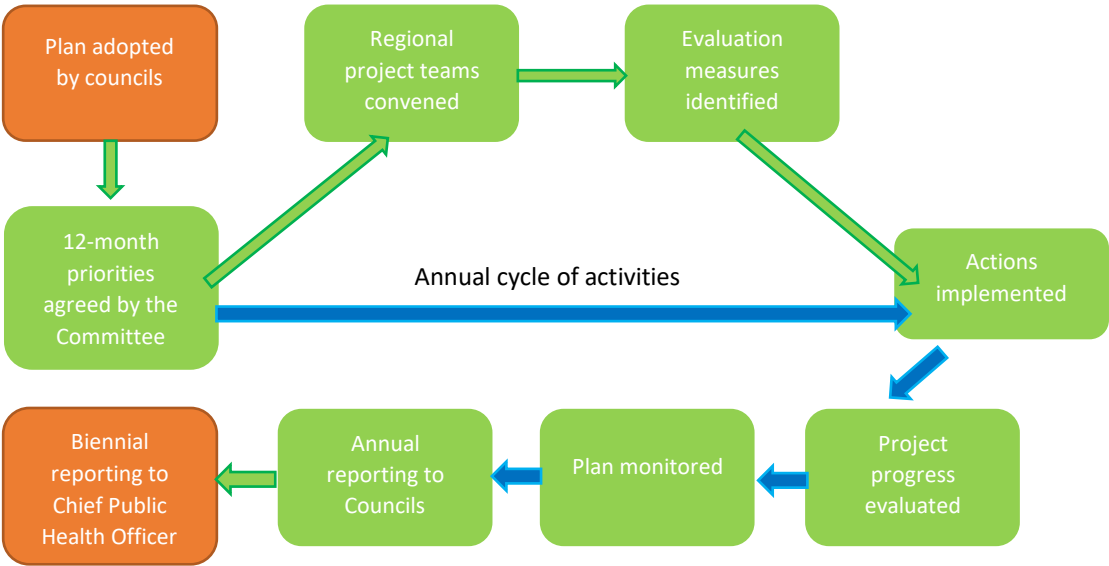
Figure 21 - Annual cycle of implementation, evaluation and reporting

6.0 Regional Public Health and Wellbeing Plan

6.1 Principles

1. A regional focus - Plan focusses on projects and activities that have regional benefit and require collaboration across two or more councils
2. A collaborative approach - Implementation of the plan requires collaboration between constituent councils, and between councils and community partners
3. A targeted and equitable approach - Plan is designed to maximum benefit for the most disadvantaged

6.2 Regional Public Health and Wellbeing Plan

This Plan is being delivered in conjunction with other regional plans including: Climate Change Adaption (Resilient East); Disability Access and Inclusion; Aged Friendly Communities; Child and Youth Development; Reconciliation; social/community and an assortment of sports, recreation, asset management and open space plans.

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
ENVIRONMENTS FOR HEALTH *Regional strength* ▪ River Torrens Linear Park, trails and water course reserves ▪ Valued open space ▪ Diverse recreation opportunities ▪ High quality amenity ▪ Resilient East *Regional Challenge* ▪ Poor continuity across boundaries ▪ Residential growth and pockets with poor access to open space	Active Regional Connections - Open space mapping with cycling and walking routes ▪ Map open space and recreation areas across the region including relevant infrastructure (toilets, play spaces) ▪ Overlay cycling and walking routes, including along the River Torrens Linear Park ▪ Identify opportunities to enhance connectivity and amenity to increase access for all ages and abilities – apply climate change adaptation lens ▪ Investigate continuity of signage and wayfinding to amenities and places of interest across the region, including Kaurna culture and local heritage	▪ All ▪ Older people ▪ People with disability ▪ Children & young people ▪ Aboriginal and Torres Strait Islander people ▪ Geographical areas with poor access	▪ Increase physical activity ▪ Reduce car use ▪ Increase opportunities for social connection ▪ Increase connections to safe healthy places and spaces ▪ Contribute to climate change adaptation	✓	✓	✓	✓	Norwood Payneham & St Peters	All Councils	Bike SA Resilient East Trail Group Bike user groups Local Kaurna people Arts + Heritage groups Dept Planning, Transport and Infrastructure	Open space Asset management Sport and recreation Cycling Pedestrian Mobility Trails Age-friendly Disability access & Inclusion (DAIP) Playground Social / Community development Wayfinding
	Regional community transport network ▪ Map community transport across the region in consultation with Community Passenger Network (CPN) ▪ Identify gaps in community transport network – safety, spatial, temporal, group, promotion ▪ Plan enhancements to regional community transport network based on mapping and gap analysis ▪ Implement enhancements to regional community transport network	▪ Older people ▪ People with disability ▪ Isolated people ▪ Poor access to transport ▪ Low socio-economic populations ▪ Young People ▪ Aboriginal and Torres Strait Islander people	▪ Support ageing in place ▪ Increase opportunities for social connection ▪ Increase connections to safe healthy places and spaces	✓	✓	✓	✓	Burnside	All Councils	Volunteers Private sponsors Retirement Villages Education sector Red Cross Community Passenger Network (CPN) University student placement programs	Social / Community development Age-friendly Disability access & Inclusion (DAIP)
CAPACITY FOR HEALTH *Regional Strength* ▪ Community pride and engagement ▪ Cultural diversity ▪ Range of services and clubs ▪ High levels of education and high socio-economic characteristics ▪ Increasing participation in sport	Regional Promotion of activities and events ▪ Investigate regional platform/s for promotion of health and wellbeing activities across all council areas ▪ Pilot regional promotion approach around an existing event of regional significance (e.g. ZestFest) – review ▪ Develop regional events and festivals calendar ▪ Plan role-out of regional promotion approach across broad spectrum of events and activities. Apply an access	▪ All	▪ Increase opportunities to participate ▪ Increase attendance ▪ Increase diversity of attendees	✓			✓	Prospect	All Councils	LGA Arts and culture organisations Festivals and event organisers CEO's network City of Adelaide	Communications & engagement Social / Community development Age-friendly Disability access & Inclusion (DAIP)

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
▪ Local food project ***Regional Challenge*** ▪ Pockets of socio-economic disadvantage ▪ Pockets of isolation and vulnerability ▪ Volunteering opportunities don't meet demand ▪ Duplication of services across the region ▪ Ageing population ▪ Youth engagement	▪ for all lens over all promotion (including access details) ▪ Implement role out of regional promotion approach across broad spectrum of events and activities										
	'Talk to your neighbour' – addressing social isolation ▪ Research best practice approaches, (eg. consider the integration of national 'Neighbour Day' activities, co-ordinated by Relationships Australia into the project) ▪ Map vulnerable populations ▪ Implement pilot project ▪ Identify community champions for subsequent rollout of project	▪ Older people ▪ Young People ▪ Isolated people ▪ New arrivals	▪ Increase sense of belonging ▪ Increase Intergenerational interaction ▪ Increase access to services and opportunities ▪ Enhance community capacity ▪ Increase feelings of safety	✓				Campbelltown Walkerville	All Councils	Housing Choices Churches NGOs Service Clubs Business Support Residents	Social / Community development
	Regional volunteering ▪ Bring local volunteer coordinators together to map current practices around volunteering ▪ Develop Regional Volunteer Passport scheme including regional database of volunteers and volunteer opportunities Collaborate to deliver shared volunteer training across the region	▪ All ▪ Aboriginal and Torres Strait Islander people ▪ Retirees ▪ Students ▪ Unemployed ▪ New arrivals	▪ Increase opportunities for social connection ▪ Build social capital (shared knowledge, skills and resources) ▪ Build community capacity	✓			✓	Campbelltown Walkerville	All Councils	Volunteering SA NT Mutual Liability Scheme University TACSI Office for Ageing Well Local Government Authority Global Ageing Taskforce Better Impact Data	Social / Community development Volunteers
	Mental Health and Suicide Prevention Network ▪ Investigate regional partnerships based on shared outcome goals ▪ Establish regional mental health and suicide prevention network	▪ Young People ▪ Older People ▪ Socially Isolated	▪ Understand need (who, where and when) ▪ Scope regional projects ▪ Identify council role in supporting partners and facilitating good outcomes			✓	✓	ERPHP committee	All Councils	SA Suicide Prevention Network	Social / community development Disability Access & inclusion (DAIP) Youth
PROTECTION FOR HEALTH ***Regional Strength*** ▪ Low rates of lifestyle risk factors for poor health	Regional vaccination program ▪ Continue to increase number of adult and child clients and vaccinations through promotion and provision of accessible clinics, booking systems and appointment times	▪ All ▪ Children ▪ Older people ▪ At risk populations	▪ Effective control of preventable disease ▪ Coordinated response to Covid-19 vaccination that ensures community is informed and delivery of vaccination program is	✓		✓		EHA	All Councils	SA Health Adelaide Primary Health Network Schools LGA	

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
	▪ Measure and report		equitable, accessible and timely.								
Regional Challenge ▪ Hoarding ▪ Isolation ▪ Linguistic and cultural diversity (related to access to health-related programs)	Public and Environmental Health Service performance Measure and report	▪ All	▪ Protect, maintain or promote the health of the community ▪ Prevent or reduce the incidence of disease, injury or disability within the community		✓	✓		EHA	All Councils	Eastern Hoarding Squalor Group MFS NGOs SA Health Older persons mental health Housing SA Housing Improvement Branch Churches Scouts Safe Work SA Office Technical Regulator Environmental Health Australia (Assoc and Special Interest Groups) Flinders University	
	Food safety service performance ▪ Measure and report	▪ All	▪ Effective control of preventable illness		✓	✓		EHA	All Councils	SA Health Housing Improvement Branch Safe Work SA Office Technical Regulator Environmental Health Australia (Assoc and Special Interest Groups) Flinders University	
	Supported residential facilities regulation and licencing ▪ Measure and report	▪ Older people ▪ People with disability	▪ Ensure safety and wellbeing of people in supported residential care		✓			EHA	All Councils	Supported Residential Facility Association	

Strategic direction	Regional projects and related actions	Target populations	Outcome goals	State public health priorities				Council driver	Council partners	Regional partners	Council Plan Integration
				Promote	Protect	Prevent	Progress				
										National Disability Insurance Scheme My Aged Care Department of Human Services Environmental Health Australia (Assoc and Special Interest Groups)	
	Emergency management planning ■ Collaborate to include public health impacts in regional and council emergency management plans	■ All	■ Facilitate community safety ■ Facilitate community resilience	✓	✓	✓	✓	EHA	All Councils	Eastern Adelaide Zone Emergency Management Committee Local Government Association Local Governmental Risk Services SA Health Environmental Health Australia	

6.3   Regional Public Health and Wellbeing Plan - action timeline

Regional project	Actions year 1	Actions year 2 - 3	Actions year 4 - 5
Active Regional Connections - Open space mapping with cycling and walking routes	▪ Map open space and recreation areas across the region including relevant infrastructure (toilets, play spaces) ▪ Overlay cycling and walking routes, including along the River Torrens Linear Park	▪ Identify opportunities to enhance connectivity and amenity to increase access for all ages and abilities – apply climate change adaptation lens ▪ Investigate continuity of signage and wayfinding to amenities and places of interest across the region, including Kaurna culture and local heritage	
Regional community transport network	▪ Map community transport across the region in consultation with Community Passenger Network (CPN) ▪ Identify gaps in community transport network – safety, spatial, temporal, group, promotion	▪ Plan enhancements to regional community transport network based on mapping and gap analysis	▪ Implement enhancements to regional community transport network
Regional volunteering	▪ Bring local volunteer coordinators together to map current practices around volunteering	▪ Develop Regional Volunteer Passport scheme including regional database of volunteers and volunteer opportunities ▪ Collaborate to deliver shared volunteer training across the region	
Mental Health and Suicide Prevention Network	▪ Investigate regional partnerships based on shared outcome goals	▪ Establish regional mental health and suicide prevention network	

Regional project	Actions year 1	Actions year 2 - 3	Actions year 4 - 5
Regional Promotion of activities and events	▪ Investigate regional platform/s for promotion of health and wellbeing activities across all council areas ▪ Pilot implementation of regional promotion around an existing event of regional significance (e.g. ZestFest) - Review	▪ Develop a regional events and festivals calendar ▪ Plan role-out of regional promotion approach across broad spectrum of events and activities. Apply an access for all lens over all promotion (including access details)	▪ Implement role out of regional promotion approach across broad spectrum of events and activities
'Talk to your neighbour' – addressing social isolation	▪ Research best practice approaches	▪ Map vulnerable populations ▪ Plan and implement pilot project ▪ Identify community champions for subsequent rollout of project	▪ Role out project in selected areas
Regional vaccination program	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Public and Environmental Health Service performance	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Food safety service performance	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Supported residential facilities regulation and licencing	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable
Emergency management planning	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable	As per Eastern Health Authority timetable