State Public Health Plan 2019-2024

Government of South Australia

SA Health

This Plan has been developed under Section 50 of the *South Australian Public Health Act 2011*. Several rounds of consultation have been undertaken as the inaugural Plan was reviewed and the second State Public Health Plan developed. The information gathered from these consultation processes has been essential to the development of the vision, priorities and actions of this Plan. The contributions of the SA Health internal working group, local government and SA Health working group and the public health stakeholders who provided feedback to the development of this Plan, is both acknowledged and greatly appreciated.

The first peoples of Australia, the Aboriginal and Torres Strait Islander peoples, were living strong and well within what is now called South Australia. In large part, this was a consequence of maintaining strong connections to Law, Country, culture, family, ceremony, and Spirit prior to the dispossession and dispersal of these first peoples of Australia[1]. The SA Health Statement of Reconciliation recognises Aboriginal people as the first Australians and 'we seek to engage Aboriginal people in decision making processes for matters that affect their lived experiences in the community and through the health system. Together we will develop services and practices to be non-discriminatory and inclusive of Aboriginal people, respectful of Aboriginal beliefs and culture, fostering Aboriginal self-determination and producing equitable health outcomes for Aboriginal people of South Australia[2].'

Contents

Vision

A healthy, liveable and connected community for all South Australians

This Plan's vision is for a South Australia where communities are friendly, safe and sustainable with well-designed places that support physical and mental health and wellbeing. This includes being able to walk or cycle to local services, easily access public transport to larger centres and enjoy being active in parks and other recreational facilities. The vision also sees South Australia's rich diversity celebrated, community activities accessible to everyone and residents participating and having a say in community life.

The vision provides an opportunity for everyone to work together at a local and State level to improve health and wellbeing in South Australia.

Foreword by the Minister for Health and Wellbeing

I am pleased to release the State Public Health Plan 2019-2024 which establishes a refreshed vision for a healthy, liveable and connected community for all South Australians. As the second State Public Health Plan, it builds on the strong foundation and achievements of the inaugural Plan, and has the objects and principles of the *South Australian Public Health Act 2011* at its core.

Health and wellbeing are essential parts of any community. Everyday life is improved by public health systems, services and programs. In order to develop a sustainable health system for the future, we need to reduce the burden of disease and associated costs to our community by focusing on protecting and promoting health and wellbeing and preventing illness. This Plan provides a framework to take action towards sustaining and improving the health and wellbeing of all South Australians. The purpose of this Plan is to guide coordinated action over the next five years in partnership with local councils (as public health authorities for their areas) and with a range of public health partners.

Partnerships are key to effective public health action and the success of this Plan. The Department for Health and Wellbeing has demonstrated its commitment to this partnership approach through the development of both formal and informal partnerships. The strengthening of existing partnerships and the development of new partnerships is a key feature of this Plan and an enabler to improve the effectiveness, efficiency and quality of actions that support public health and wellbeing.

To achieve the vision of the State Public Heath Plan 2019-2024, coordinated action will be required across four priorities: promote, protect, prevent and progress public health and wellbeing. These actions are a combination of progressing ongoing and essential foundational services as well as new work focusing on the priorities and identified public health risks and opportunities.

This is the State Public Health Plan for South Australia. I would like to thank the hundreds of public health partners and community members who have contributed feedback, resulting in a Plan owned by local government, State Government, non-government organisations, businesses and the community – a Plan that we can implement together to achieve a healthy, liveable and connected community for all South Australians.

Hon Stephen Wade MLC
Minister for Health and Wellbeing

A message from the Chief Public Health Officer

I am proud that the State Public Health Plan 2019-2024 has been developed in partnership with a broad range of public health stakeholders, to build on the achievements of the inaugural Plan, take account of consultation feedback and include the latest evidence and practice wisdom about current priorities.

It has been five years since the *South Australian Public Health Act 2011* was fully operationalised and the inaugural State Public Health Plan released. In this time, every local council across South Australia has developed a regional public health plan. In developing their regional public health plans, councils have worked in partnership to assess the state of public health in their areas, identify existing and potential public health risks and opportunities for promoting public health and wellbeing. This State Public Health Plan has regard for the key issues raised in these plans. The partnership between SA Health and the Local Government Association, and funding of the Local Government Association Public Health Program, has supported councils with the development, implementation and monitoring of these plans.

Good health and wellbeing is fundamental to us all and can be influenced by many factors. Most of us are fortunate to live, work and enjoy leisure activities in communities and environments across South Australia that support us to be healthy. One of the key features of the State Public Health Plan 2019-2024, is the focus on addressing the health needs of priority populations, especially Aboriginal people. This Plan recognises the disparities in the health status of South Australians and includes actions to address health inequities.

Some of the other strengths of the Plan include the clear articulation of implementation and governance structures and the way in which the Plan comprehensively addresses cross cutting issues, such as mental health and wellbeing and the public health impacts of climate change.

There have been many positive achievements in public health in South Australia in the last five years. There are also many areas that our collective effort can work to improve. We must continue to work together to improve the health and wellbeing of all South Australians, taking early action to protect health, prevent illness and promote physical and mental health and wellbeing.

Professor Paddy Phillips
Chief Public Health Officer

Framework of the Plan

VISION	PRIORITIES	ACTION AREAS	OUTCOMES	MONITORING & REPORTING
A healthy, liveable and connected community for all South Australians	**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	Existing and ongoing work · New and emerging priorities · Priority populations	Improved health and wellbeing for all South Australians and Reduced incidence of preventable illness and injury	Section 23 biennial Chief Public Health Officer's Report Section 52 biennial reports on regional public health plans Five year review of the State Public Health Plan

Principles of the *South Australian Public Health Act 2011*

Precautionary	Proportionate	Sustainability	Prevention	Population focus	Participation	Partnerships	Equity

Public health is...

Public health is what we do collectively as a society to create the conditions and environments that enable health and wellbeing. Public health touches the lives of South Australians every day, protecting and promoting health and wellbeing.

PUBLIC HEALTH INCLUDES:

- services and programs at libraries or community centres
- community gardens or local fruit and veg swaps
- footpaths and walking trails
- the way our communities are planned
- events that bring the community together
- disability inclusion services

- recreation facilities and sports grounds
- parks and shaded playgrounds
- skate parks and dog parks
- climate risk management planning
- services that celebrate and promote cultural diversity
- safe and nutritious food

- safe drinking water
- immunisation services
- volunteering and community involvement
- wastewater management
- health information and education programs
- smoke free environments

Public health is about everyone working together to achieve our vision for a healthier South Australian community.

Public health planning system

This Plan has been developed within the context of implementing the planning system contained in Sections 50–52 of the *South Australian Public Health Act 2011*. The public health planning system is explained in Diagram 1.

South Australian Public Health Act 2011

Section 50
State Public Health Plan

Assess the state of public health
Identify public health risks
Identify opportunities for promoting public health

Section 51
Local Council's Regional Public Health Plans

Implementation

Review at least once in every 5 years

Review at least once in every 5 years

Monitoring and Reporting

Section 23
Biennial Chief Public Health Officer's Report

Section 52
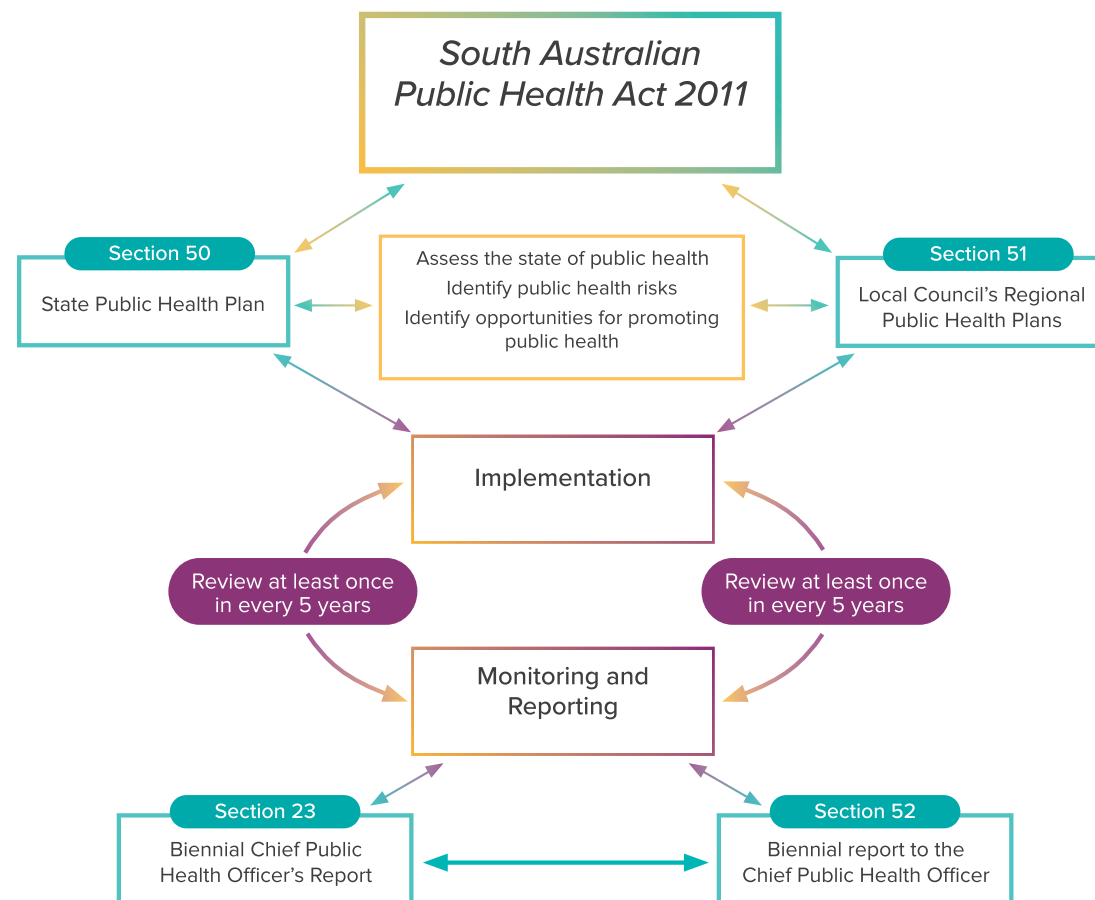Biennial report to the Chief Public Health Officer

Diagram 1: Public health planning system

Achievements 2011-2018

The implementation of the State Public Health Plan 2013 and the *South Australian Public Health Act 2011* has involved collaboration between SA Health, the Local Government Association, local councils, government departments and non-government agencies in the delivery of positive public health outcomes at both a local and State level. These collective efforts have resulted in both an increased profile and understanding of public health and wellbeing and the establishment of strong foundational structures that have been built upon in this Plan. Some of the system building achievements of the past five years are shown in Diagram 2.

2011
> *South Australian Public Health Act 2011*

2012
> Local Government Association Public Health Program commenced, funded by SA Health
> Inaugural South Australian Public Health Council meeting
> Inaugural Chief Public Health Officer's (CPHO) Report (2012)

2013
> Full operation of the *South Australian Public Health Act 2011*
> Inaugural State Public Health Plan
> First local council regional public health plan

2014
> First Public Health Partner Authority Agreement
> Development of local council regional public health plans
> First Section 52 reports on regional public health plans (2012-2014)

2015
> CPHO Report (2012-2014)
> Development of local council regional public health plans

2016
> Inaugural Public Health Week
> Inaugural Minister for Health – Excellence Public Health Awards
> Section 52 reports on regional public health plans (2014-2016)
> All local councils deliver regional public health plans

2017
> Public Health Week
> South Australian Public Health Indicator Framework released
> CPHO Report (2014-2016)
> Ten Public Health Partner Authorities

2018
> Section 52 reports on regional public health plans (2016-2018)
> CPHO Report (2016-2018)
> Development of second State Public Health Plan
> Preparation for second local council regional public health plans
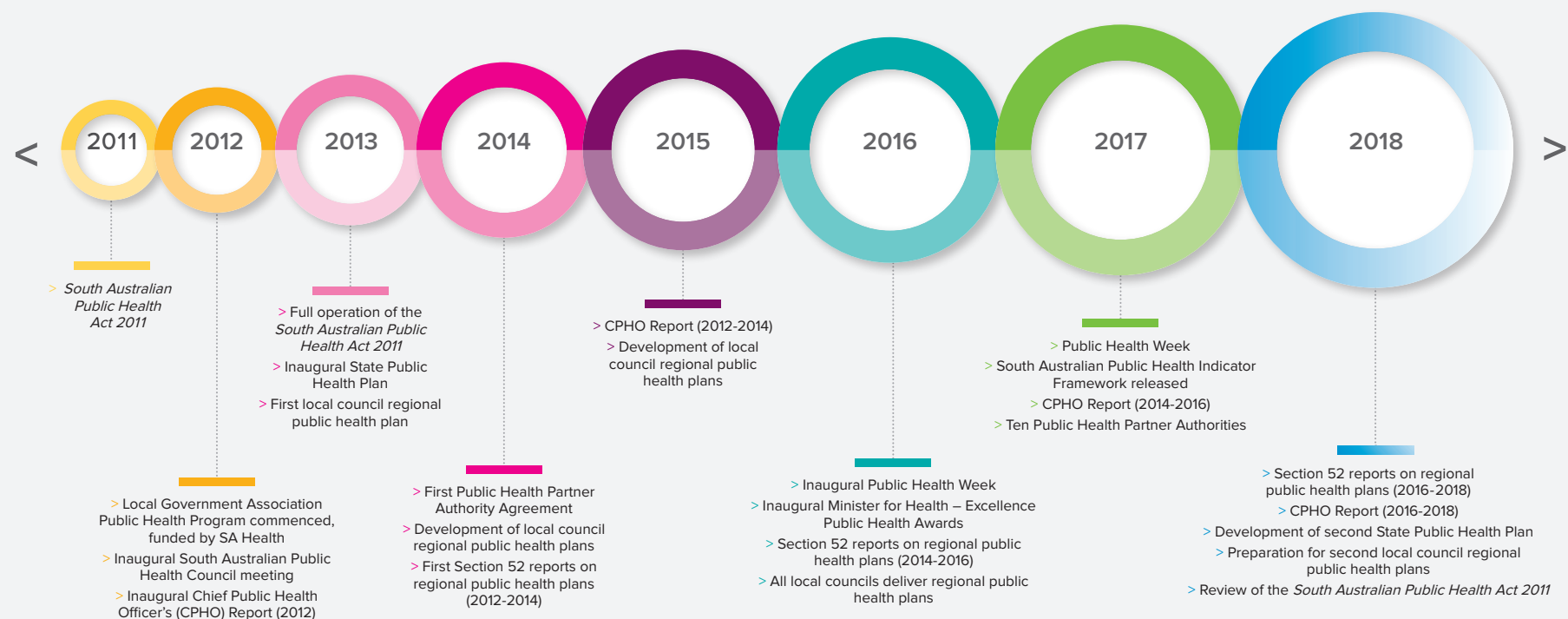> Review of the *South Australian Public Health Act 2011*

Diagram 2: Achievements 2011-2018

The state of public health in South Australia

South Australia has very similar health outcomes to the rest of Australia in terms of our life expectancy at birth, hospitalisation rates, pregnancy outcomes and cancer survival. Eighty one percent of South Australian adults report their health status to be good, very good or excellent. However, outcomes are not the same for all South Australians and there are continuing and emerging public health issues which require ongoing effort.

The *South Australian Public Health Act 2011* requires biennial reporting by the Chief Public Health Officer about public health trends, activities and indicators. This report (and the associated data compendium) provide significant detail on the state of public health in South Australia and should be viewed as a valuable and timely complementary source of advice to this section.

POPULATION

1.7 million

Our population growth rate of 0.6% is below the national rate of 1.6% and is the second smallest of all states and territories

Rural and regional population growth rate is 0.2%

ABORIGINAL POPULATION

42,000

(2.5% of the population)

CULTURAL BACKGOUND

We come from: **200 countries**

Speak more than: **200 languages**

Follow around: **100 religions**

LIFE EXPECTANCY

80 years

85 years

South Australian median age: **40 years**

Australian median age: **38 years**

Aboriginal people median age: **23 years**

WHERE WE LIVE

23% live outside of Adelaide

SA population density: **1.6 people** per km²

Australia population density: **3.2 people** per km²

There are multiple determinants of health

Our health and wellbeing is impacted by the social, economic and environmental conditions in which we live. These factors are referred to as the determinants of health. The following provides examples of South Australians' experiences of some determinants of health.

SOCIAL INCLUSION AND COHESION IN 2016

42% of people aged 15 or over reported volunteering formally with a local community organisation or group

49% volunteered on an informal basis, for example helping a neighbour with their grocery shopping

EARLY CHILDHOOD DEVELOPMENT IN 2015

12.2% of children were considered developmentally vulnerable on two or more domains on the Australian Early Development Census, compared with 11.1% across Australia

EDUCATION AND LEARNING IN 2017

61.4% of South Australians aged 20-64 had achieved at least a Year 12 (or equivalent) qualification compared with 67.0% across Australia

HOUSING STRESS IN 2016

10.2% of households reported rent payments greater than or equal to 30% of household income, compared with 11.5% across Australia

6.6% reported mortgage repayments greater than or equal to 30% of household income, compared with 7.2% across Australia

CRIME AND FEAR OF CRIME IN 2017

93.7% of adults reported that they felt their neighbourhood was a safe place

Other determinants include factors such as the influence of the built and natural environments, genetic factors, and access to health care and other services.

The state of our health is not the same for everyone

There are disparities in health status for some population groups such as Aboriginal people, people living in rural and regional South Australia, people experiencing socioeconomic disadvantage and people from culturally and linguistically diverse backgrounds. Appendix 2 provides further information about these priority populations. Some examples of these disparities include:

Aboriginal people – The most up to date data shows that for the Aboriginal and Torres Strait Islander population born in 2010-2012, life expectancy was estimated to be 10.6 years lower than that of the non-Indigenous population for males (69.1 years compared with 79.7) and 9.5 years for females (73.7 compared with 83.1)[3]. There is also a higher perinatal death rate for Aboriginal people (74% higher in 2014) and a lower cancer survival rate for Aboriginal people.

People living in rural and regional South Australia – The prevalence of chronic conditions including type 2 diabetes, cancer, cardiovascular disease and mental health conditions is higher for South Australians living in rural and remote areas compared to Adelaide.

People experiencing socioeconomic disadvantage – People living in the most disadvantaged areas of South Australia were 2.21 times more likely to die from avoidable causes than people living in the most advantaged areas (2010-14). This disparity has grown over time (1.5 times more likely in 1997-2000).

People from culturally and linguistically diverse backgrounds – Challenges in understanding the health system and language or cultural barriers to accessing public health services can impact on health and wellbeing for people from these diverse backgrounds. For example, it is estimated that people who speak a language other than English at home have a lower bowel screening participation rate (24-33%) than people who speak English (around 43-46%).

In addition, public health challenges sometimes affect particular population groups in specific circumstances. For example children's risk of poisoning, young people's risk of sexually transmitted infections or older South Australians' risk in extreme weather events. In other circumstances, different groups of South Australians may have particular health disparities, such as people in or leaving the justice system or the LGBTIQ community.

Chronic disease and injury in South Australia

2016

13% of people aged 15 years and over smoked daily

9% of adults reported consuming the recommended daily serves of vegetables

61% of adults were overweight or obese

43% of adults reported consuming the recommended daily serves of fruit

2017

22% of adults had high blood pressure

45% of adults reported engaging in the recommended 150 minutes (or more) of physical activity each week

16% of people aged 15 years and over drank at levels that put them at risk of injury or disease over a lifetime

It is estimated that 50% of Australians have at least one of the following eight chronic conditions: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes or mental health conditions. Together, these chronic conditions were responsible for 61% of the total disease burden in 2011 and contributed to 87% of deaths in 2015[4]. A large proportion (31%) of the burden experienced by the population could be prevented by reducing exposure to modifiable risk factors[5]. Nearly all Australian adults have at least one risk factor for chronic disease and 50% have two or three [6].

Early detection of cancers increases the chances of successful treatment and improved survival. In 2015-16, South Australia had:

> the highest participation rate of all states and territories for breast screening (58.8% for women aged 50-69 years, compared with 54.4% across Australia)

> the second highest participation rate for cervical cancer screening (57.7%, compared with 56% across Australia)

> a participation rate for the bowel cancer screening program (for people aged 50-74 years) of 47.0% (compared with 40.9% across Australia).

Injury also has a major impact on our health and wellbeing. Of the 1.5 million hospital separations in South Australia for the period July 2014 to June 2016, 189,256 (12.7%) were for an injury, and nearly half of those were accidents (50.8%).

Communicable (infectious) disease

NOTIFICATIONS IN 2017

50,000
infectious disease notifications

Top five notifiable infectious diseases:
influenza, chlamydia, campylobacteriosis, pertussis/whooping cough and salmonellosis

VACCINATIONS IN 2016/17

over 1 million
State and federally funded vaccine doses distributed

South Australia continues to meet or exceed national targets set for immunisation across Australia

INFLUENZA IN 2017

28,486
notifications for flu, more than half of all notifications

In 2018, the State Government introduced an influenza vaccination program to protect young children and the broader community

MENINGOCOCCAL B IN 2018

The State Government funded Meningococcal B Immunisation Program will provide free meningococcal B vaccines to children and young people, complementing the 2017 program for Year 10-12 students

Most people will experience an infection with a communicable disease during their lifetime, but many illnesses are short lived and medical care is not needed or sought. It is due to this that the prevalence of many communicable diseases is difficult to determine. However, certain diseases must be reported to health authorities and this requirement ensures that a consistent and comparable data set is collected over time, providing valuable information[4].

High rates of blood borne virus infections, sexually transmissible infections and rheumatic fever amongst some high risk Aboriginal groups requires a targeted, community led and coordinated policy and programmatic response in partnership with government, non-government, clinical and research partners. The annual surveillance report (2017) on the occurrence of blood borne viruses and sexually transmissible infections among the Aboriginal and Torres Strait Islander population in Australia, found that notification rates were higher in the Aboriginal population than among the non-Indigenous population for newly diagnosed hepatitis B (1.3 times), hepatitis C (13.4 times), HIV (2.0 times), chlamydia (2.8 times), infectious syphilis (5.4 times) and gonorrhoea (7.0 times)[7].

The World Health Organization has highlighted antimicrobial resistance as an increasingly urgent public health issue that requires coordinated management across all sectors. Australia's first National Antimicrobial Resistance Strategy 2015-2019 highlights the need for the establishment of clear governance arrangements at local, State and national levels to ensure leadership, engagement and accountability for actions to combat antimicrobial resistance.

Human health is improved through identifying and addressing the links with animal health and environmental health. Work through the Public Health Partnership Agreement with Biosecurity SA: Department of Primary Industries and Regions South Australia and Department for Environment and Water will continue to identify and address the interactions between and public health risks associated with human, animal and environmental health.

South Australians are protected every day where we live, work and play from public health risks

Our communities function because of foundational public health protection services provided by State and local governments working together. Many of the advances in public health have been the result of improved food safety, water quality, immunisations, effective waste disposal and reducing the spread of infectious diseases.

WATER SAFETY AND SECURITY

There are 159 water providers registered in the *Safe Drinking Water Act 2011*. In 2016, SA Health provided advice on the management of 56 incidents where the safety of drinking water was potentially compromised

FOOD SAFETY

There are over 11,000 food businesses

In 2016, SA Health was involved in 19 food borne disease outbreak investigations and took 800 food samples as part of investigations or routine monitoring

EXPOSURE TO ENVIRONMENTAL HAZARDS

Nearly half of the children in Port Pirie are exposed to lead levels above typical Australian background levels

POISONING PREVENTION

Most poisonings are preventable and more than two-thirds of cases involve children in the home

CONTROLLING THE SUPPLY AND USE OF TOBACCO

There are over 2,300 tobacco retailers

Controlling the supply of tobacco, particularly to minors, is an essential part of reducing tobacco consumption

ZOONOTIC DISEASES

Weather pattern changes in South Australia are increasing the risk of zoonotic and vector-borne diseases

WASTEWATER

Over 400,000 South Australians rely on sewage treatment systems regulated by SA Health

Regional Public Health Planning 2013-2018

Under the *South Australian Public Health Act 2011* local councils are required to prepare and maintain regional public health plans for their areas. This requirement builds on councils' long-standing role in health protection, as public health authorities for their areas. The first tranche of regional public health plans (2013-2018) are dynamic and diverse, combining aspirational and practical, strategic and operational public health actions. By their nature, regional public health plans are a point in time snapshot of what local government is doing and delivering at local and regional levels.

The following information comes from regional public health plans as well as content from Section 52 reports on implementation of regional public health plans and discussions with individual councils and planning groups.

Councils highlighted key public health issues centred on healthy communities and environments including delivery of healthy built form, public realm and social infrastructure, health protection and promotion, community safety, local economic development, action on climate change and sustainability, and public health system building.

In Section 52 reports, meeting health and wellbeing challenges for older people, chronic disease prevention, responding to new public health legislation, and the loss of health promotion services in the community were shared emerging issues in metropolitan and rural regional public health plans. Economic vulnerabilities and climate change risks had a much stronger focus in regional South Australia.

Funding and maintaining walking infrastructure and access to health and social services were specifically raised in rural areas. Similarly, concerns over the introduction of the *Planning Development and Infrastructure Act 2016* in relation to urban and transport planning were specifically raised in both metropolitan and rural/regional public health plans.

Consistent public health system building priorities also emerged. The focus was on building partnerships with Public Health Partner Authorities and other agencies to deliver on local plans, improve data, embed governance, strengthen ownership of public health, and support measuring and evaluating regional public health plan effort.

Determinants of health and wellbeing

All 31 regional public health plans, consistently focus on key determinants of health including: built and natural environments, social cohesion and inclusion, social protection, climate change, food and water safety and security, early childhood, economic development and local employment, education and learning, crime and safety, and the cultural determinants of health[8][9]. Actions against determinants of health as a percentage of regional public health plans that identified these actions are shown in Diagram 3.
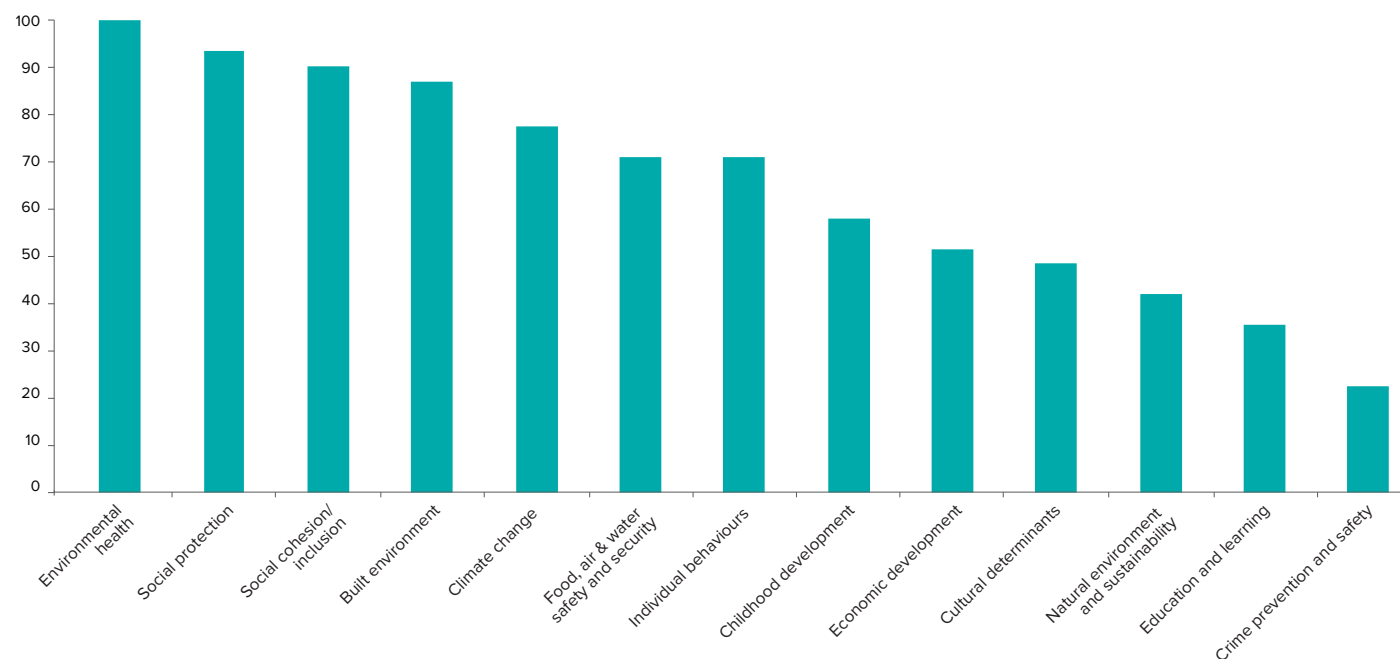
Diagram 3: Regional public health planning actions against health determinants

Population focus

Over 86% of regional public health plan actions have a 'whole-community' focus, and links are identified between this level of action and equity of access to a flourishing life. Social infrastructure encompasses public utilities, civic facilities, services and networks that help individual, families and communities to meet health, education and social needs, maximise personal development, and community wellbeing[10]. Social infrastructure provision is a central aspect of public health for the whole population in regional public health plans. Local councils work with the whole of community and provide services and strategies accessible to all those who live work, study and plan their areas including: public utilities, physical and community infrastructure, services and activities such as volunteering and library programs. Thirteen percent of regional public health plans also identify a range of priority populations as demonstrated in Diagram 4.
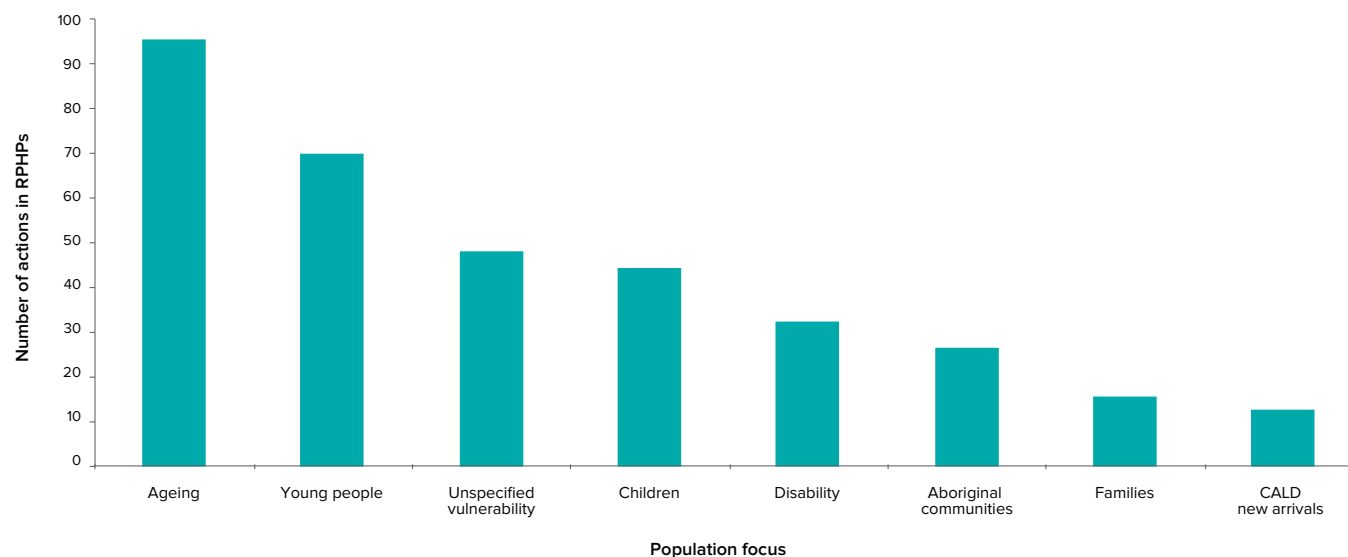
Diagram 4: Regional public health plan (RPHP) actions relating to identified priority populations

The highest emphasis across all regional public health plans is on ageing and youth, followed by children. Common areas for action across most identified populations address social cohesion and inclusion, healthy living, wellbeing, transport, access, urban design, community connection and participation. Considerations include ageing well, opportunities for positive childhood and youth development, accessibility and sustainability.

Regional public health plans also recognise vulnerability to significant risks including isolation, unemployment, substance use issues, housing stress and other complex needs. Effective responses to the most vulnerable, means consideration of social, economic and health inequity within local communities with a goal to build resilience, link people to support networks, services and resources. Action on social protection has a high emphasis on partnering with other agencies and advocacy.

Keeping us well

Investment in prevention is known to deliver significant community benefits and to reduce the costs of healthcare[11][12]. Regional public health plans show alignment with prevention priorities for smoking, nutrition, alcohol, physical activity and mental health. The greatest emphasis is on creating and maintaining environments that facilitate good health and wellbeing, followed by providing opportunities for healthy living through council-run and sponsored programs, services and events as described in Diagram 5.

Number of actions in RPHPs

Smoking cessation | Food | Alcohol use | Physical activitiy | Mental Health

■ Metropolitan ■ Rural

Action on opportunities for healthy living
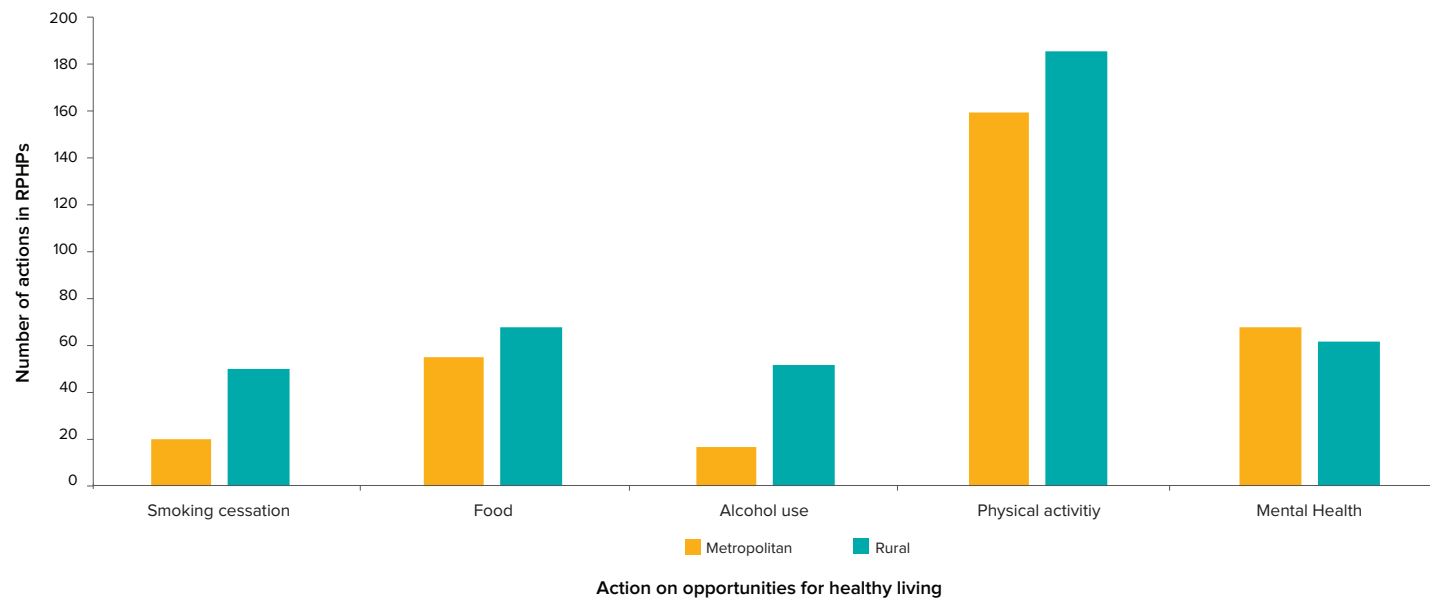
Diagram 5: Action on opportunities for healthy living

Across the board, food-related action focuses on wellbeing oriented towards boosting availability, health literacy and social connection, rather than on chronic disease risk including obesity. All councils plan, promote and deliver opportunities for physical activity in their communities and link physical activity with both personal and community wellbeing. These actions specifically highlighted benefits of social connectedness and recreation and the link to the provision of open space and facilities.

Regulations for good health

Provision of healthy, safe settings for social interaction, work, and physical activity through smoke free regulations highlights the work of health protection through local policy implementation. Most regional public health plans addressed alcohol as a public health and safety issue within the context of dry zones and alcohol licencing. This was frequently in tandem with smoke-free zone policy and enforcement. Other examples of regulatory action include food safety inspections, monitoring of cooling towers and swimming pools, provision of community waste water treatment, and preventing and managing public health risks under the South Australian Public Health Act 2011.

Community capacity

Both metropolitan and rural regional public health plans include a strong focus on building community participation and capacity. This includes developing capacity to contribute to community wellbeing and social cohesion, particularly through volunteering, to build engagement and connection with others. This also includes regional public health plan initiatives to build community voice in council planning and decision making on local matters, including regional public health planning governance. Rural councils have a strong advocacy focus on preserving their volunteer base, in response to challenges of population decline and ageing for regional South Australia.

Mental health and wellbeing

Regional public health plan action on mental wellbeing and suicide prevention includes building networks and participation opportunities, facilities provision and access to services. Suicide prevention activity is identified as a high priority by many regional councils. Poor mental health and vulnerability is also considered within wider health and social risks, flagged for service planning and advocacy responses by councils. Lack of access to mental health services and support was of great concern in regional South Australia.

Keeping us safe

Regional public health plans reflect councils' pivotal public health protection role, with public and environmental health action representing a substantial proportion of overall planning commitments. Regional public health plans also describe new partnership opportunities with SA Health and other agencies, including standards development, strengthening regional approaches, education, and pandemic response planning.

Regional public health plans respond to local area community safety through environmental design principles, policy enforcement and infrastructure to preserve the safety and amenity of public spaces. Climate change directly impacts on community safety. Regional public health plans feature commitments to joint vulnerability assessment and planning for our climate-altered world and responses to immediate risks through zone emergency management planning, consideration of human, urban, environmental and infrastructure protection issues, including sustainability and community resilience.

Partnering

Partnering occurs across the spectrum of determinants raised in regional public health plans and the demand for partnership is much greater in rural South Australia (72.5%) than in metropolitan areas (27.5%). Most regional public health plan partnerships involve multiple collaborators with one or two lead agencies as illustrated below, which lists the agencies most frequently identified for partnership against five of the key determinants of health.

MAIN PARTNERS: TOP 5 DETERMINANTS IN REGIONAL PUBLIC HEALTH PLANS				
ENVIRONMENTAL HEALTH (including food and water safety and security)	**SOCIAL PROTECTION**	**SOCIAL COHESION AND SOCIAL INCLUSION**	**BUILT ENVIRONMENT**	**CLIMATE CHANGE**
SA Health, emergency services sector, Environmental Protection Authority, private sector (food businesses, waste handlers), Local Government Association, other councils	Department of Human Services, SA Health, mental health service providers, private transport providers and potential business sector funders, Red Cross, church-based non-government organisations, men's sheds and local churches	Department of Planning, Transport and Infrastructure, Department of Human Services, Department for Education, Volunteering SA-NT, Department for Environment and Water, Arts SA and local arts organisations, community groups, sporting clubs and local businesses	Department of Planning, Transport and Infrastructure, developers, SA Health, community groups, non-government organisations (including Heart Foundation), Regional Development Australia, federal government	Department for Environment and Water, Natural Resource Management Boards, other councils, Local Government Association, Department of Planning, Transport and Infrastructure, SA Health, emergency services sector, SAFECOM, Department of Human Services, health sector

Conclusion

Issues emerging from regional public health plans demonstrate the breadth, depth and complexity of council action to protect and promote health and wellbeing. As public health authorities for their areas, councils take action as partners in administration of the *South Australian Public Health Act 2011*, and as leaders, influencers, and advocates for their communities and regions.

The second State Public Health Plan incorporates issues emerging from regional public health plans and provides continuity with the first State Public Health Plan. The introduction of a stronger strategic focus on systems and enablers in this second State Public Health Plan provides local government with a clearer mandate for strengthening capacity and coordination of public health action.

Determinants of health

There are many factors that impact on the health and wellbeing of individuals and communities. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health[13]. A framework for the determinants of health is shown in Diagram 6. Addressing these determinants of health requires a partnership approach with a broad range of agencies. Appendix 1 provides further information about the role of public health partners against these determinants.
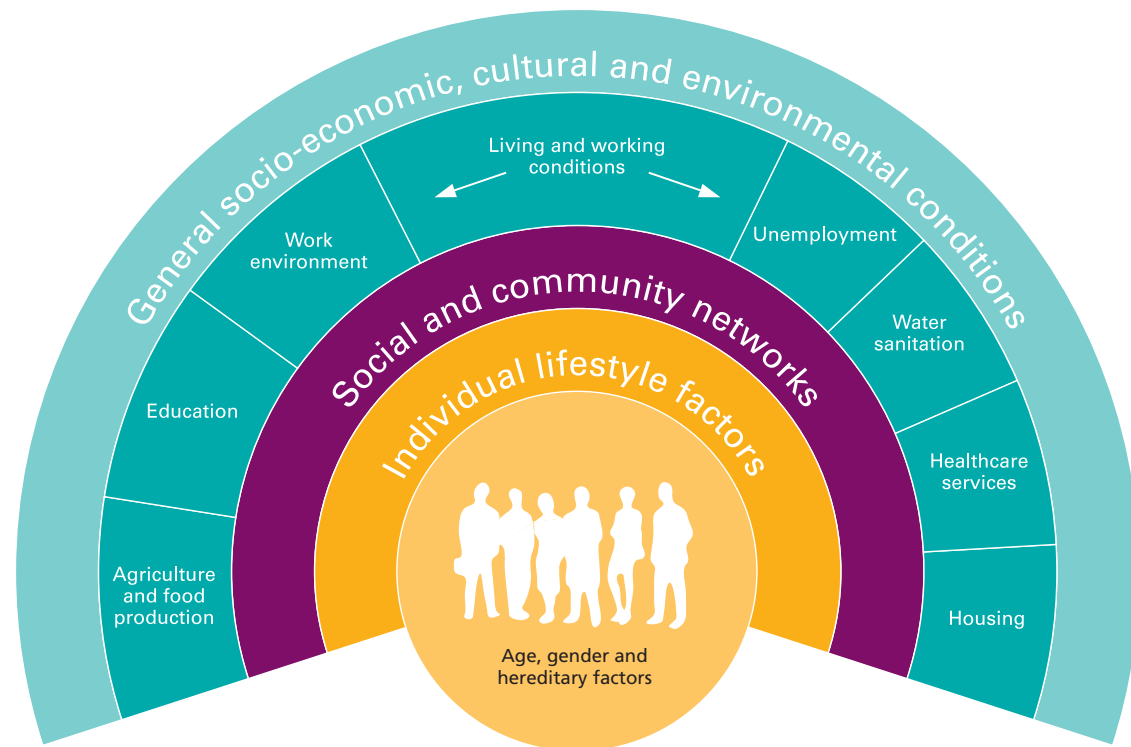
Diagram 6: A framework for determinants of health[14]

Partnerships

We all have a role to play in protecting and promoting health and wellbeing in our communities. Partnerships between federal, State and local government are crucial, as are the roles of non-government organisations, research institutes and universities, businesses, community groups and community members in achieving our vision for a healthier South Australia. A public health partner is an entity (government or non-government) that through its core business affects or influences public health and wellbeing outcomes. Achieving improvements in the built, natural, social and economic environments that promote and protect health and wellbeing is based on collaboration. No one sphere of government, non-government, business or community has responsibility across all of these areas. The role of a range of public health partners are explained in more detail in Appendix 1.

This Plan has also been developed with regard for current State legislation, policies and plans relevant to public health and wellbeing. In Section 50(4) of the *South Australian Public Health Act 2011* there is provision for the Plan to take into account any additional plan, policy or strategy determined to be appropriate by the Minister. These are listed in Appendix 3 and interlink with this Plan.

Priority populations

This Plan identifies South Australia's Aboriginal population, people living in rural and regional South Australia, people experiencing socioeconomic disadvantage and those from culturally and linguistically diverse backgrounds as priority populations. Whilst these priority populations have been identified based on statewide data, it is important to recognise that these may not necessarily apply to all local communities due to demographic variability and additional groups are mentioned under the 'State of public health' section of this Plan. Appendix 2 outlines these priority populations in further detail and acknowledges the need to address health inequities through targeted actions and by addressing the determinants of health, aiming to make the greatest improvements for these populations.

For South Australia's Aboriginal population, health and wellbeing is about physical, social, emotional, cultural and spiritual wellbeing and connection to land and Country. It is essential that we build upon the principles and values of Aboriginal people in order to address the disparity in health and wellbeing outcomes between Aboriginal and non-Aboriginal Australians.

Preserving culture is important to Aboriginal people's health and wellbeing. Recognising the inherent birth right of Aboriginal people to Country and Culture includes ensuring Aboriginal people's access to waterways and traditional practices and building upon the principles and values of the oldest living culture in the world. Recognising the lived experiences and wisdom of Aboriginal South Australians and respecting the six Iga Warta Principles of health[15] is integral.

Priorities

These priorities are consistent with the priorities of the inaugural State Public Health Plan and align with the terminology of public health services and functions outlined in the Global Charter for the Public's Health[16].

To achieve the vision of a healthy, liveable and connected community for all South Australians, actions will be required across all four priorities. Public health partners will play a variety of roles in the implementation of the actions that follow, including partnering, advocating, leading and facilitating.

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

PROMOTE

Build stronger communities and healthier environments

Why is this important?

> The environments where we live, learn, work and play have a major influence on our physical, social and emotional health and wellbeing across the life course.

> Well-designed public spaces and developments make our communities more sustainable, safe, walkable, inclusive and accessible for all.

> Built environments protected from excessive noise, air pollution, environmental hazards and the risk of physical injury contribute significantly to our quality of life.

> Healthy and safe communities support mental wellbeing and ageing well by encouraging social connectedness, supporting others, volunteering and other forms of community participation.

> Improving local food environments can have a positive impact on the health and wellbeing of individuals and there are wider social, emotional and economic benefits for communities.

> Creating healthier environments is an optimum way to improve population health in an equitable way.

> Sustainable environments can reduce the carbon footprint and contribute to healthier communities.

> Key public health risks, opportunities and emerging issues include:
  – mental health and wellbeing
  – ageing well.

Action areas could include:

> Plans, policies and guidelines that support the creation of healthier communities and sustainable environments for all ages and abilities.

> Opportunities for social connection, volunteering and community participation to enhance mental wellbeing and healthy ageing.

> Capacity building of individuals, families, carers and communities to support mental health and wellbeing.

> Empowering communities to be involved and engaged in decision making processes that impact on their health and wellbeing.

> Built environments that support health and wellbeing for all through improved:
  – access to quality public realm and green infrastructure, including open space and effective use of shade, vegetation and sustainable water use
  – public infrastructure (for example walking and cycling, functional street scapes, recreation spaces, smoke free environments and accessible services)
  – urban planning that promotes active travel and public transport
  – accessibility and availability of healthy food.

> Policies and programs to improve community safety for all.

> The development of all ages friendly communities.

> Public health and wellbeing strategies in remote Aboriginal communities, in consultation with Aboriginal communities.

> Physical and mental wellbeing promotion strategies in settings such as schools, childcare centres, sport and recreation facilities, community centres, health facilities and workplaces.

> Reducing exposure to environmental pollutants in air, water and soil and in the built environment.

> Activities to improve mental health and wellbeing and respond to intergenerational trauma, grief and loss and disconnection to land and community for Aboriginal people.

> Policies and practices that support cultural diversity and address racism.

> Partnerships in local communities to prevent and reduce alcohol, tobacco and other drug related harms.

PROTECT

Protect against public and environmental health risks and respond to climate change

Why is this important?

> We have healthy and safe communities due to the often unseen, but essential foundational public health services that protect us every day.

> Public health contributes to healthy living environments and improved food safety and water quality and the safe, effective disposal of waste.

> State and local government work together to maintain the infrastructure and systems that protect the community against public and environmental health risks.

> Human health is improved through identifying and addressing the links with animal health and environmental health.

> The frequency and severity of extreme weather events, such as floods, droughts, bushfires, storms and periods of extreme heat, continue to increase. These events threaten the physical and mental health and wellbeing of our communities, especially priority populations.

> Key public health risks, opportunities and emerging issues include:
  – zoonotic and other infectious diseases
  – responding to the dynamic nature of the impact of climate change
  – real time prescription monitoring of drugs of dependence
  – new food technologies
  – diseases that may emerge or increase in prevalence with climate change
  – changing food business models.

Action areas could include:

> Public health regulations, policies and guidelines.

> Compliance and enforcement of public health legislation.

> Capacity building for the delivery of health protection to all South Australians.

> Public and environmental health risk assessments.

> Prevention and management of the public health impacts of major incidents, emergencies and disasters.

> Supporting individuals and communities to be aware of and plan for potential risks in their environment.

> Building the capacity of Aboriginal people and communities in environmental health protection to improve everyday living conditions.

> Connection to Country initiatives to support Aboriginal people's health and wellbeing.

> Plans to minimise and respond to climate change impacts on public health and wellbeing, with a particular focus on ensuring sustainability and addressing the needs of priority populations.

> Exploring, monitoring and responding to emerging public health issues associated with the changing climate.

> Applying a climate risk management lens to the development of new plans, policies and strategies as well as implementation of vulnerability assessments on infrastructure and assets.

> Ensuring safe drinking water supplies and the recycling of wastewater to support the safe and beneficial use of South Australia's limited water resources.

> Partnerships to reduce and mitigate exposure to environmental contaminants in regional economic and industrial hubs.

> Reducing the harmful effects of exposure to lead and other contaminants in domestic settings.

PREVENT

Prevent chronic disease, communicable disease and injury

Why is this important?

> Preventable chronic and communicable diseases that threaten our health, mental wellbeing and the productivity and vitality of our communities.

> Most illness and deaths in Australia are caused by chronic conditions, placing a high burden on individuals, their families and the health system[4].

> Eighty percent of all heart disease, stroke and type 2 diabetes and 40% of cancers could be prevented if known risk factors were eliminated[6].

> Chronic diseases share common risk factors; reducing these has a range of benefits for population health and wellbeing.

> The behavioural risk factors for chronic disease are poor diet, physical inactivity, tobacco smoking and alcohol misuse.

> Nearly all Australian adults have at least one risk factor for chronic disease, with 50% of Australians having two or three[6].

> Prevention of chronic disease is cost effective, for example taking action on tobacco, alcohol and unhealthy eating alone would save $6 billion in health care costs nationally[6].

> There is an important relationship between mental health, chronic disease and injury. Chronic disease impacts our mental health and wellbeing and people with a mental illness are at higher risk of developing a chronic disease.

> The Aboriginal population has a higher prevalence of chronic disease and develop chronic disease earlier in life compared to the general population[17].

> Screening detects cancer before symptoms appear which increases the chances of successful treatment and improved survival.

> Many communicable diseases (such as hepatitis B, influenza and whooping cough) are preventable through public health initiatives including vaccination.

> Injury, including those from road traffic accidents, falls and poisoning have a major impact on our health and wellbeing. Injuries can affect people of all ages and leave many with serious disability, long-term conditions or contribute significantly to their mortality (especially in the aged) and has significant social and economic costs.

> Key public health risks, opportunities and emerging issues include:
  – obesity (especially childhood)
  – increasing prevalence of chronic conditions (including diabetes, heart disease and some cancers)
  – antimicrobial resistance
  – shigella outbreaks and occurrences of rheumatic fever, trachoma and ear disease in Aboriginal communities
  – sexually transmissible infections and persistence of Chlamydia
  – advances in treatments for hepatitis C offer an opportunity for Australia to achieve virtual elimination of this infection.

Action areas could include:

Chronic disease

> Plans, policies and practices that address the risk factors for chronic disease focusing on:
  – healthy eating (including breastfeeding)
  – physical activity
  – reducing tobacco use
  – reducing alcohol and other drug related harm.

> Empowering individuals and communities to be healthier, through policies, programs and education that supports wellbeing and improved health literacy.

> Strengthening the interaction between public health objectives and the food regulatory system.

> Plans to increase screening rates for early detection of cancers.

> Specific and culturally appropriate plans, policies and practices to prevent chronic disease for Aboriginal people, including enhancing early detection and management of chronic disease in Aboriginal communities.

> Strengthening mental health and wellbeing and prevent mental illness through promotion, prevention and early-in-life intervention strategies.

> Suicide prevention initiatives that build community capacity.

Communicable disease and injury

> Plans to minimise the impact of infectious and communicable diseases.

> Specific and culturally appropriate plans, policies and practices to prevent infectious and communicable disease and injury for Aboriginal people.

> Strategies that address preventable disability and injury.

PROGRESS

Strengthen the systems that support public health and wellbeing

Why is this important?

> Strengthening collaborative efforts across the health system and across government, non-government, business and community will result in a planned and consistent approach to addressing public health issues.

> Partnerships are essential to achieving improved health and wellbeing.

> It is essential that systems are in place to ensure that public health planning, policies and interventions are evidence based and informed by data.

> The key enablers, established by the first State Public Health Plan, strengthen the effectiveness, efficiency and quality of the public health system and include:

– partnerships and collaboration

– governance

– surveillance, evaluation and research, reporting and communications

– workforce capacity.

Action areas could include:

Partnerships and collaboration

> Developing, expanding and strengthening mutually beneficial partnerships with:
>   – local, State and federal government departments
>   – non-government organisations
>   – research institutions and universities
>   – Public Health Partner Authorities.
> Application of an Aboriginal and equity 'lens' is used wherever possible in all public health strategies.

Governance

> Appropriate governance structures for public health planning and implementation.
> Community engagement and involvement in public health and wellbeing planning and decision making.

Surveillance, evaluation and research, reporting and communications

> Data and surveillance systems, research and evaluation to inform public health planning and action.
> Monitoring, evaluation and reporting on public health action and use information to inform best practice.
> Strategic communication initiatives to promote understanding of public health and wellbeing.
> Data sovereignty (Aboriginal people's inherent and inalienable rights relating to the collection, ownership and application of data about them) and respectful consultation in all data collection.

Workforce capacity

> Organisational capacity building in public health and wellbeing across spheres of government and other key stakeholders.
> Workforce capacity and skill development to support coordinated public health action.

Monitoring and reporting

Public health action in South Australia is broad in scope and is undertaken by a wide variety of public health partners. This poses challenges for monitoring and reporting on diverse action and related achievements.

The South Australian Public Health Act 2011 requires:

> Reporting on the implementation of the State Public Health Plan through the Chief Public Health Officer's Report (Section 23). This biennial report covers implementation of the State Public Health Plan, the public health trends, activities and indicators in South Australia and also the administration of the *South Australian Public Health Act 2011* during the reporting period. Underpinning the Chief Public Health Officer's Report is the South Australian Public Health Indicator Framework, which was developed in 2017 and reflects the diverse scope of public health action in South Australia. The Chief Public Health Officer's report is tabled in Parliament and shared publicly.

> The review of the State Public Health Plan at least once in every five years (Section 50).

> Local councils prepare biennial reports on implementation of their regional public health plans, which are required to be consistent with the State Public Health Plan (Section 52). These reports enable monitoring on implementation of plans at a local level and are used by SA Health to inform future public health planning. A copy of each of these reports is provided to the Minister and are summarised in the Chief Public Health Officer's Report.

Reporting and monitoring on the implementation of the State Public Health Plan 2019-2024 will therefore occur through these existing legislated mechanisms.

Reporting will be predominantly process focused, relating to delivery on action areas under the four priorities (including SA Health commitments in Appendix 4) and as the Chief Public Health Officer's Report comprehensively reports on public health trends and indicators in South Australia, monitoring outcomes of public health action across the State will occur via this report.

Implementation and governance

The vision and actions of the State Public Health Plan 2019-2024 focus on improving health and wellbeing for all South Australians. This is a shared responsibility and its achievement requires collaboration across a range of stakeholders, the community and all levels of government.

The Department for Health and Wellbeing will coordinate the governance and implementation structures for this Plan, in consultation and partnership with the Local Government Association, local councils and other stakeholders. The Chief Public Health Officer, advised by the South Australian Public Health Council, will oversee implementation and monitoring.

Glossary

Aboriginal – As requested by the South Australian Aboriginal community, the term 'Aboriginal' is used respectfully in this Plan as an all-encompassing term for Aboriginal and/or Torres Strait Islander people living in South Australia. The term 'Torres Strait Islander' is specifically used where reference is made to Aboriginal and/or Torres Strait Islander people at a national level or where it is used in titles of publications and programs.

A **connected community** refers to physical connection in terms of transport and access to services, Connection to Country for Aboriginal communities and important individual and social connections resulting from participation, civic engagement and social networks and supports. Community participation, civic engagement and increasing social networks and supports lead to connected communities.

The **Iga Warta Principles** take their name from one of the Adnyamathanha homelands in the Northern Flinders Ranges where Aboriginal community workers and health professionals met to discuss renal health. The gathering identified six principles that were seen as important to guide service delivery to Aboriginal communities. These principles are:

> Sustainability – in funding and programs

> Emphasis on prevention

> Recognition of the environmental determinants of health

> Empowerment of Aboriginal families and communities

> Cultural respect

> Service coordination and linkages between regions and Adelaide[15].

Liveable communities are safe, attractive, environmentally sustainable, inclusive and socially cohesive places. They include affordable and diverse housing, convenient public transport, walking and cycling infrastructure and supportive community features like access to education and employment, public open space, local shops, health and community services, and leisure and cultural opportunities[18].

The **principles** or values established by the *South Australian Public Health Act 2011* guide everyone involved in administering the Act or making decisions under it. The principles are; precautionary, proportionate, sustainability, prevention, population focus, participation, partnership and equity.

A **public health partner** is an entity (government or non-government) that through its core business affects or influences public health and wellbeing outcomes.

A **Public Health Partner Authority** is an organisation that has agreed to collaborate and consult with SA Health and/or local government in public health planning or actions that lead to improved population health and wellbeing, and/or help to reduce health disparities between population groups. Public Health Partner Authorities are formal partnerships once they have been gazetted by the Minister for Health and Wellbeing.

The **social determinants of health** are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life[13].

The **South Australian Public Health Indicator Framework** was released in 2017 after extensive consultation with stakeholders. The framework includes 14 indicator groups in three domains that align closely to the priorities of the Plan. The purpose of the framework is to monitor public health progress and it will be regularly reviewed as new data sources became available.

Wellbeing is made up of physical, mental and social components. Good physical and mental wellbeing may include experiencing positive physical and mental health (such as feeling healthy and not suffering from disease or illness). Social wellbeing includes whether we feel like we are a part of something, if we feel connected to other people and the places where we live, and if we feel like we contribute and make a difference[19].

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Appendices

Appendix 1: Public health partners and roles

Local government

The *South Australian Public Health Act 2011* recognises that local government has traditionally had a key role in protecting and promoting the health and wellbeing of their communities, as the public health authorities for their areas. It recognises councils' continuing role of leading and coordinating this planning effort on behalf of their communities. The broader roles for councils are set out in the *Local Government Act 1999*. In part, this Act states that local government exists:

> 'to act as a representative, informed and responsible decision maker in the interests of its community

> to provide and coordinate various public services and facilities and to develop its community and resources in a socially just and ecologically sustainable manner

> to encourage and develop initiatives within its community for improving the quality of life of the community

> to represent the interests of the community to the wider community'.

Local councils have the broad role of sustaining, developing and improving the public health and wellbeing of their communities. Councils are in an ideal position to lead public health provision by promoting and enacting the vision of the State Public Health Plan 2019-2024. Councils work in partnership to identify key public health issues and risks for their communities, develop regional public health plans and take action on behalf of and in partnership with their communities.

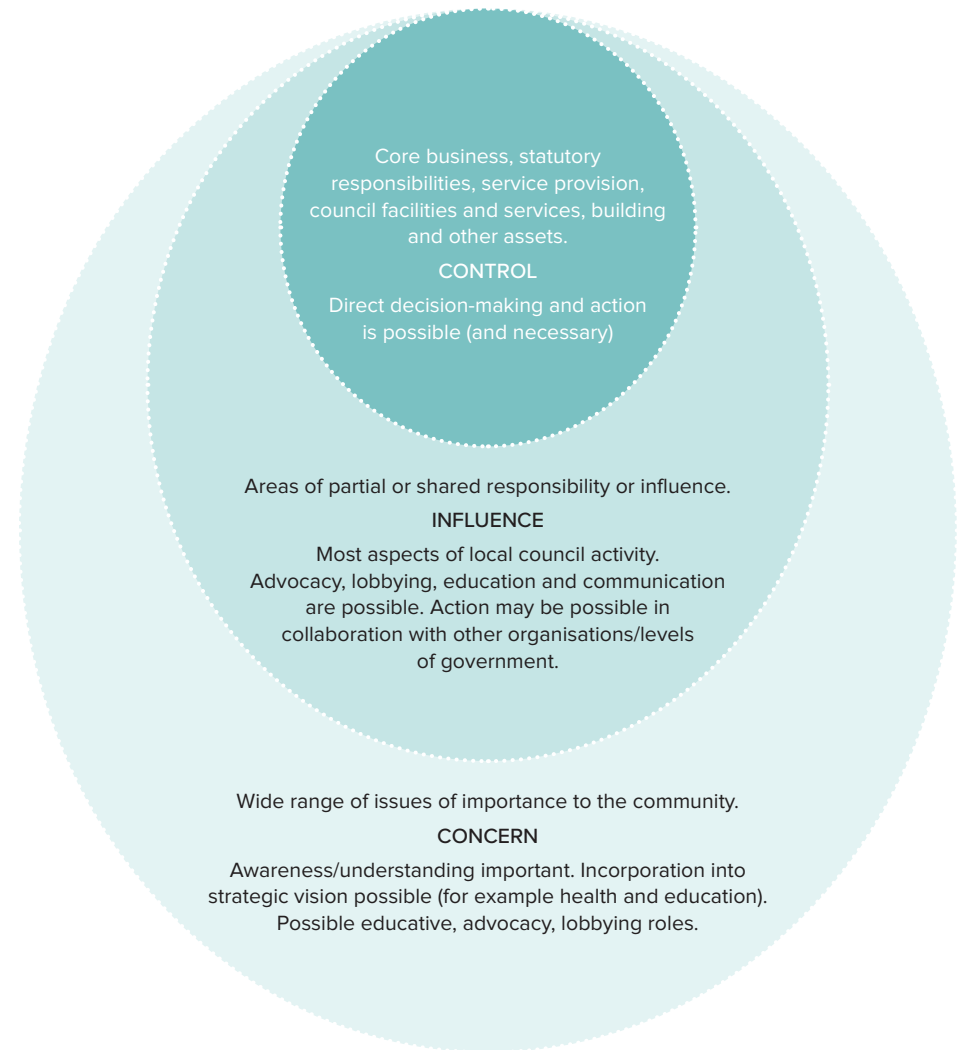The spheres of local council influence are shown in Diagram 7.

Core business, statutory responsibilities, service provision, council facilities and services, building and other assets.

CONTROL

Direct decision-making and action is possible (and necessary)

Areas of partial or shared responsibility or influence.

INFLUENCE

Most aspects of local council activity. Advocacy, lobbying, education and communication are possible. Action may be possible in collaboration with other organisations/levels of government.

Wide range of issues of importance to the community.

CONCERN

Awareness/understanding important. Incorporation into strategic vision possible (for example health and education). Possible educative, advocacy, lobbying roles.

Diagram 7: Spheres of local council influence[20]

Range of roles that local government plays

Local government play a multitude of roles in relation to protecting and promoting the health and wellbeing of their communities. These roles vary depending on the issue, their location and available resources. The table below shows some examples.

ROLE	EXAMPLES
Leader	Development of strategies and policies that respond to relevant trends and influences.
	Examples: Development of regional public health plans, environmental protection plans, disability and ageing strategies, economic development plans.
Owner/custodian	Management of assets that are under the care and control of council.
	Examples: Footpaths, roads, public toilets, buildings, parks, recreation and sports facilities, cemeteries.
Regulator	Undertaking of responsibilities pursuant to relevant legislation.
	Examples: Development assessment, food safety, pest control, wastewater systems.
Information provider	Provision of information to the community and stakeholders.
	Examples: Community service information available through council customer service centres and websites, health services programs and promotion.
Advocate	Advocacy to relevant bodies (for example various spheres of government, private sector in relation to issues/opportunities that impact on the council and/or residents).
	Examples: Advocating for improved public transport, access to services, environmental protection, program funding, economic opportunities.
Facilitator/initiator	Bringing together and/or engaging with individuals, community groups, industry, government agencies and other stakeholders to address public health issues.
	Examples: Local drug action teams, hoarding and squalor interventions, domestic violence awareness, Suicide Prevention Networks.
Agent	Managing the provision of services to the community on behalf of a third party (for example State or federal government) where there is demonstrated need and significant benefit to the community.
	Examples: Immunisation services, aged care services, social support services.
Part-funder/partner	Service or project in which council works with another organisation to fund and/or deliver an outcome.
	Examples: Community transport, community arts programs, health and wellbeing programs.
Direct provider	Service or project in which council is the direct provider with very limited or no support from external parties.
	Examples: Community centres and library services, waste collection, wastewater management, community development programs, youth development initiatives.

State Government

SA Health

SA Health provides health and related care services through public hospitals and other community based health services and networks, as well as responsibilities in public health policy, protection and promotion, education and research, and service planning and delivery, to support the health and wellbeing of all South Australians. This encompasses all Local Health Networks, the SA Ambulance Service and the Department for Health and Wellbeing. SA Health has an important role as part of a larger health and wellbeing sector. Partnerships with the non-government, education, research, private and federal government sectors are vital and SA Health works closely with other government departments to improve the social determinants of health and wellbeing. SA Health has a range of plans, policies and strategies that focus on prevention, including those outlined in Appendix 3.

SA Health works in partnership across the spectrum of public health actions to prevent and protect against illness and promote wellbeing. For example, the SA Health Disease Prevention, Health Promotion and Population Health Committee has been established to create a forum for SA Health to work more collaboratively with the primary care sector to identify opportunities to increase prevention activity. The Committee has representatives from key general practice organisations, Aboriginal health, practice nurse and practice manager organisations, pharmacy, Royal Flying Doctor Service and the Adelaide and Country SA Primary Health Networks.

Additionally, SA Health is collaborating with key partners such as the City of Adelaide to improve community resilience to the impacts of climate change using a scientific evidence base for prioritising interventions.

Improving access to doctors, nurses and allied health professionals was raised as an important public health issue in regional communities across South Australia when consulting on the development of this Plan. Whilst this is out of the scope of this Plan, it is recognised that these services are important for the health and wellbeing of these communities.

In relation to the State Public Health Plan 2019-2024, SA Health plays a lead role in its development and implementation through a strong partnership with the Local Government Association, councils and other public health partners.

This includes:
> providing leadership on the development and implementation of the Plan across government and non-government sectors
> coordination of the monitoring and reporting on implementation of the Plan
> managing governance processes
> providing public health knowledge and expertise
> leading communications
> the development of guidelines and tools to support implementation of the Plan.

Appendix 4 outlines SA Health's commitments to implementation.

Other State Government departments

The work of all State Government departments can affect health and wellbeing, particularly through action on the determinants of health. This includes the Department for Education, Department for Child Protection, Department of Human Services, Office for Recreation, Sport and Racing, Department of Planning, Transport and Infrastructure and Department for Environment and Water, to name a few. Some of these alignments are demonstrated in the plans, policies and strategies of these departments listed in Appendix 3.

Public Health Partner Authorities

The *South Australian Public Health Act 2011* acknowledges the critical role of partnerships, through the Partnership Principle. Section 51 introduces Public Health Partner Authorities.

A Public Health Partner Authority is an organisation that has agreed to collaborate and consult with SA Health and/or local government in public health planning or actions that lead to improved population health and wellbeing, and/or help to reduce health disparities between population groups. Public Health Partner Authorities are formal partnerships once they have been gazetted by the Minister for Health and Wellbeing.

Ten Public Health Partner Authorities have been formally established between 2014 and 2018 and examples of outcomes achieved from these partnerships are shown in the table on the following page.

PUBLIC HEALTH PARTNER AUTHORITY	OUTCOMES TO DATE
South Australian Council of Social Services	> Joint policy statement between the South Australian Council of Social Services and Department of Health and Wellbeing: A shared vision for improved community health and wellbeing. The initial agreement has been extended to 2022.
Department of Planning, Transport and Infrastructure	> Strengthened focus on healthy neighbourhoods in the updated *30 Year Plan for Greater Adelaide*. > Contribution to State Planning Policies on healthy and liveable neighbourhoods, including a draft State Planning Policy on quality open space and development of 10 principles of quality open spaces. > Joint commissioning of research and the development of planning tools on quality green public open space.
Biosecurity SA	> Knowledge sharing to provide a strengthened response to minimising risks from the potential harm of diseases transmissible from animals to humans (One Health). > A new five-year agreement building on the initial partnership, maintaining the collaborative effort to enhance a One Health approach.
Department for Environment and Water (formerly the Department of Environment, Water and Natural Resources)	> Development and implementation of the Healthy Parks Healthy People SA framework 2016-2021. > Development, launch and promotion of the 5 Ways to Wellbeing in Nature campaign.
The University of South Australia (The Hawke Institute)	> The Rural Ageing and Rural Suicide Prevention research project was conducted and identified the needs and local strategies for rural suicide prevention for older farmers. > Enabling of links to South Australia's Ageing Plan and priority area three of the State's economic priorities.
Department of Human Services (formerly the Department for Communities and Social Inclusion)	> Food security – 'Improving individual and household food security outcomes' project. > Thriving communities – development of 'An Atlas of six SA Communities: Mapping the influences on community wellbeing in 2016'. > Wellbeing – 90-Day project resulting in the development of the South Australian Statement of Wellbeing 2016.
South Australian Health and Medical Research Institute: Wellbeing and Resilience Centre	> Development of strategic steering group to direct implementation of the agreement.
Kidsafe SA	> A joint public awareness campaign about the dangers of button batteries in 2016, including associated media and publication of information resources for parents and carers on the SA Health and Kidsafe SA websites.
Renewal SA	> Progressed the development of quality green public open space criteria and tool/s to support the uptake of quality elements for green public open spaces.
Safework SA	> Co-funded a senior project officer position to develop evidence based recommendations for adopting an integrated approach to work health, safety and wellbeing in South Australia. > SafeWorkSA committed to prioritising physical and mental health and wellbeing across their work with all businesses, including a strategic health, safety and wellbeing outcome in all SafeWorkSA Industry Action Plans.

Many positive outcomes have resulted from the Public Health Partner Authorities established since 2014. SA Health is currently working to extend the Public Health Partner Authority model to enable agencies that have a localised or regional mandate to also become Public Health Partner Authorities.

A number of other government and non-government agencies are in discussions with the Department for Health and Wellbeing, exploring the opportunity of becoming Public Health Partner Authorities, while others have indicated their interest in further exploring the benefits of this formalised partnership. Public Health Partner Authorities will continue to support positive health and wellbeing outcomes for South Australians.

Non-government organisations, universities, professional associations and the private sector

Non-government organisations play a critical role in taking action on the determinants of health through the implementation of plans, policies and strategies that improve health and wellbeing. Some non-government organisations have formalised partnerships with the Department for Health and Wellbeing as Public Health Partner Authorities. Others have funding agreements or informal working relationships. Non-government organisations have been heavily involved in the consultation on the development of this Plan and will continue to be engaged in its implementation.

Individuals and communities

The health and wellbeing of individuals and communities is the result of a complex interplay between different determinants of health as well as an individual's genetic factors and behaviours. Individuals can play a role in their personal health and wellbeing as well as contributing to the wellbeing of others. South Australians have been engaged in the development of this Plan and in the development of regional public health plans at a local council level. Some of the actions of this Plan aim to strengthen and enable communities to be more engaged and involved in health and wellbeing planning and decision making.

Whilst the federal government and its agencies are not subject to the planning provisions of the *South Australian Public Health Act 2011*, it is important to recognise the significant contribution these agencies make to health and wellbeing outcomes for South Australians through plans, policies and strategies that address the social determinants of health. For example the work of the Department of Health, Department of Education and Training, Department of Human Services, Department of Infrastructure and Regional Development, Department of Social Services and Department of the Environment and Energy.

The table below maps the determinants of health against the work of some public health partners.

DETERMINANTS OF HEALTH	PUBLIC HEALTH PARTNERS
Early childhood development	**Local government** **State Government** including Department for Education, Department for Child Protection, Department for Health and Wellbeing, Department of Human Services, Department of Planning, Transport and Infrastructure. **Non-government and other organisations** including Salvation Army, Uniting Care Wesley Bowden, Uniting Communities, Anglicare SA, KidSafe SA, Mission Australia.
Education and learning	**Local government** **State Government** including Department for Education, Department for Child Protection, Department of Human Services, Office for Recreation, Sport and Racing, TAFE SA. **Non-government and other organisations** including Salvation Army, Uniting Care Wesley Bowden, Uniting Communities, Anglicare SA, Kidsafe SA, universities, Mission Australia.
Social protection, inclusion and cohesion	**Local government** **State Government** including Department for Education, Department for Child Protection, Department of Human Services, Department for Health and Wellbeing, TAFE SA, Arts SA, Country Arts SA, Office for Recreation, Sport and Racing, Department of Planning, Transport and Infrastructure, Housing SA, South Australian Mental Health Commission. **Non-government and other organisations** including Volunteering SA-NT, Community groups, Recreation SA, businesses, Red Cross, Anglicare SA, Uniting Care Wesley Bowden, Salvation Army, community housing sector, South Australian Council of Social Services, Regional Development Australia, Mental Health Coalition, Uniting Communities, Relationships Australia, Mission Australia.

DETERMINANTS OF HEALTH	PUBLIC HEALTH PARTNERS
Economy – income and employment	**Local government**
	State Government including Department for Treasury and Finance, South Australian Small Business Commissioner, SafeWork SA, Return to Work SA.
	Non-government and other organisations including Anglicare SA, Uniting Care Wesley Bowden, Uniting Communities, Salvation Army, community housing sector, Regional Development Australia, Job services agencies, Red Cross.
Crime and fear of crime	**Local government**
	State Government including South Australian Police, Department of Planning, Transport and Infrastructure, Office of Liquor and Gambling, Attorney General's Department, Department for Transport, Energy and Infrastructure, Department for Correctional Services.
	Non-government and other organisations including community groups.
Sustainable development	**Local government**
	State Government including Department for Environment and Water, Department of Planning, Transport and Infrastructure.
	Non-government and other organisations including community groups, Planning Institute of Australia SA, developers.

DETERMINANTS OF HEALTH	PUBLIC HEALTH PARTNERS
Cultural determinants	**Local government**
	State Government including Department for Health and Wellbeing, Department of Planning, Transport and Infrastructure, Department for Child Protection, Department of Human Services, Department for Education, TAFE SA.
	Non-government and other organisations including Migrant Resource Centre, Red Cross, Anglicare SA, Uniting Care Wesley Bowden, Uniting Communities, Salvation Army, Aboriginal Health Council, Aboriginal community controlled organisations, Aboriginal community, Regional Development Australia, Reconciliation Australia SA, universities, Mission Australia.
Climate change	**Local government**
	State Government including Department for Environment and Water, SAFECOM, Environment Protection Authority, Department for Health and Wellbeing, Department of Human Services.
	Non-government and other organisations including Doctors for the Environment, universities.
Built environment	**Local government**
	State Government including Department of Planning, Transport and Infrastructure, Housing SA, Department of Human Services.
	Non-government and other organisations including Heart Foundation, universities, Planning Institute of Australia SA, developers, Regional Development Australia, community housing sector.

DETERMINANTS OF HEALTH	PUBLIC HEALTH PARTNERS
Transport	**Local government**
	State Government including Department of Planning, Transport and Infrastructure.
	Non-government and other organisations including Salvation Army, Uniting Care Wesley Bowden, Uniting Communities, Heart Foundation, Planning Institute of Australia SA, developers, Regional Development Australia, Bicycle Institute of South Australia, Bike SA, Walking SA.
Food and water safety and security	**Local government**
	State Government including Department of Human Services, Department for Health and Wellbeing, SA Water, Primary Industries and Regions South Australia, TAFE SA.
	Non-government and other organisations including Food Regulation Standing Committee, Anglicare SA, Uniting Care Wesley Bowden, Salvation Army, Red Cross, Foodbank SA, Oz Harvest, Urban Developers.
Natural environment	**Local government**
	State Government including Primary Industries and Regions South Australia, Environment Protection Authority, Department for Health and Wellbeing, Department for Environment and Water.
	Non-government and other organisations including Heart Foundation, universities, Planning Institute of Australia SA, developers.

Health in All Policies approach in South Australia

Health in All Policies is about promoting healthy public policy based on the understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health. Actions to address complex, multi-faceted 'wicked problems' such as preventable chronic disease, require joined-up policy responses. The South Australian Health in All Policies initiative is an approach of working across government to achieve public policy outcomes and deliver co-benefits for agencies involved, resulting in improvements in population health and wellbeing.

Appendix 2: Priority populations

The State Public Health Plan 2019-2024 outlines public health priorities and actions that aim to improve health and wellbeing for all South Australians, from our youngest to our oldest community members. However, it is important to recognise that health needs and outcomes vary considerably across different population groups. The *South Australian Public Health Act 2011* objectives (Section 4(1)(f)) recognise the need 'to provide for or support policies, strategies, programs and campaigns designed to improve the public health of communities and special or vulnerable groups (especially Aboriginal people and Torres Strait Islanders) within communities'. The *South Australian Public Health Act 2011* contains the equity principle (Section 13) which ensures that consideration is given to health disparities between population groups and strategies are in place to reduce these disparities.

South Australia's Aboriginal population

Racism and colonisation has a profound impact on the health of Aboriginal people today. The policies that led to the active disempowerment and disenfranchisement of Aboriginal people are directly linked to the differences in outcomes that can be seen now in some of the social determinants of health[1]. Further to this, much of the understanding of the 'health gap' between Aboriginal and non-Aboriginal Australians is based on factors generally recognised as contributing to good health, including differences in:

> the social determinants of health
   – Aboriginal Australians, on average, have lower levels of education, employment, income, and poorer quality housing than non-Aboriginal Australians
> health risk factors
   – Aboriginal Australians, on average, have higher rates of risk factors that can lead to adverse health outcomes, such as tobacco smoking, risky alcohol consumption, poor nutrition and insufficient physical activity for good health
> access to appropriate health services
   – Aboriginal Australians are more likely than non-Aboriginal Australians to report greater difficulty in accessing affordable health services that are close by[4].

A key factor contributing to the life expectancy gap is the burden of chronic disease experienced within the Aboriginal community. More than one in three Aboriginal South Australians report having three or more long term health conditions[1]. In recognition of the vital importance of addressing disparities in chronic disease, three plans dealing with specific chronic diseases amongst Aboriginal people in South Australia have been developed – the South Australian Aboriginal Cancer Control Plan 2016-2021, South Australian Aboriginal Heart and Stroke Plan 2017-2021 and the South Australian Aboriginal Diabetes Strategy 2017-2021. Each plan, developed with wide stakeholder and community support, includes actions to support improvements in Aboriginal health. Priorities that affect all three conditions as well as condition specific priorities have been included in the SA Aboriginal Chronic Disease Consortium Road Map for Action. The Road Map outlines the key strategies for implementation over the next five years and forms the work agenda for the SA Aboriginal Chronic Disease Consortium, who have a vision to reduce the impact of chronic disease experienced by Aboriginal and Torres Strait Islander people living in South Australia through the delivery of collaborative, appropriate, well-coordinated, evidence based strategies.

People living in rural and regional South Australia

Rural and remote populations comprise 23% of the South Australian population and the health status of these populations is worse than those living in metropolitan South Australia. These populations have poorer health outcomes in relation to chronic disease and associated risk factors than the general population. They are known to have higher incidences of behavioural risk factors such as smoking, high risk alcohol consumption, being overweight or obese and physical inactivity when compared with their urban counterparts. Being overweight or obese is increasing faster in regional areas than in urban areas. Older adults living in rural areas are particularly vulnerable and mental health is a proportionally greater burden in rural and remote areas[17].

People experiencing socioeconomic disadvantage

South Australians from poorer social and economic circumstances are at greater risk of poor health, have more risk factors and higher rates of illness and disability. These South Australians live shorter lives than those who are more advantaged. A 2018 report, 'Health Needs and Priorities in South Australia' describes disadvantaged households as those under financial stress; welfare dependant; high levels of disability; high or very high levels of psychological distress; no internet access at home; inability to get support in times of crisis from outside the household; and limited participation in volunteering in the community[17]. Changes to create healthier environments and actions addressing the social determinants of health aim to reduce these disparities.

People from culturally and linguistically diverse backgrounds

People from culturally and linguistically diverse (CALD) backgrounds have reduced access to health services which contributes to inequitable health outcomes. Language barriers and services that are not culturally appropriate are significant barriers to achieving or maintaining health and wellbeing. Mental health and wellbeing is also a priority for CALD populations[17].

Addressing inequities

Working together to improve the health and wellbeing outcomes of our priority populations can be achieved through the implementation of both universal and more targeted approaches that are outlined in the action areas under the four priorities of the Plan. For example, at a State level, universal approaches include public health protection measures like access to safe food and drinking water, and policies and plans that result in well-designed built environments that support health and wellbeing. There are other actions that are much more targeted, such as partnerships programs to improve public health and safety in remote Aboriginal communities or specific initiatives to improve screening and early detection of chronic disease in priority populations. Improving settings to be more supportive of health and healthy choices is an effective way to improve population health and health equity[21].

Equity has been a consideration in the development of the South Australian Indicator Framework and will continue to be a focus as the framework is reviewed and new data sources become available. The biennial Chief Public Health Officer's report also considers the health status of priority population groups, reporting on key indicators and progress. Further work needs to occur to increase the skills and capacity of the community and those involved in public health planning and implementation to identify and address inequities, ensuring an equity lens is a consideration of all work. The biggest impact will be seen when equity is a consideration in major policy and resources decisions on population health and wellbeing.

Appendix 3: Other plans, policies or strategies determined to be appropriate by the Minister

PLANS OR STRATEGIES	OVERVIEW AND STRATEGIC LINKS TO THE STATE PUBLIC HEALTH PLAN
Pandemic Influenza Plan	The purpose of the SA Health Pandemic Influenza Plan is to provide a strategic outline of SA Health responses to an influenza pandemic. The aim of the plan is to minimise the health consequences of an influenza pandemic on the South Australian community and minimise disruption to the South Australian health system. This aligns to the deliverables under the Prevent priority of the State Public Health Plan.
Prospering in Changing Climate: A Climate Change Adaptation Framework for South Australia	The Climate Change Adaptation Framework (Prospering in Changing Climate) was released in 2012 and sets the foundation for South Australians to develop well-informed and timely actions to be better prepared for the impacts of climate change. It is intended to guide action by government agencies, local government, non-government organisations, business and the community. The South Australian Government's Adaptation Action Plan and the Regional Climate Change Adaptation Plans have been based on this framework.
Prosperity Through Longevity: South Australia's Ageing Plan 2014-2019	Prosperity Through Longevity is presented in two parts: a vision and an action plan for the next five years. The State Government's vision is to bring the community together to create an all-ages-friendly State. The action plan features new, innovative activities, initiatives and projects to support the key priorities of: > health, wellbeing and security (Strategy to Safeguard the Right of older South Australians 2014-2021 and Action Plan) > social and economic productivity (Age of Opportunity: A Policy Framework for the Development of an Ageing Well Industry for South Australia) > all-ages-friendly communities (South Australia's Communities for All: Our Age-friendly Future guidelines for local government, State Government and residential development). There are strong connections between several of the priorities of the State Public Health Plan and the above mentioned actions plans, policy framework and guidelines, particularly in relation to the Promote priority.
Public Health Emergency Management Plan 2015	The Public Health Emergency Management Plan outlines the responsibilities, authorities and the mechanisms to minimise, or if they occur, manage and recover from, declared or undeclared public health incidents or public health emergencies within South Australia. The 2015 Plan is currently being updated.
SA Rheumatic Heart Disease Action Plan 2017-2021	This action plan guides the SA Rheumatic Heart Disease Control Program to support the delivery of improved detection, monitoring, and management of acute rheumatic fever and rheumatic heart disease in Aboriginal and Torres Strait Islander and other high risk communities, through a coordinated disease register, support for primary health care and education and training.
South Australian Aboriginal Cancer Control Plan 2016-2021	The South Australian Aboriginal Cancer Control Plan 2016-2021 builds on the work and achievements of the previous plan (Aboriginal Companion Document to the Statewide Cancer Control Plan 2011-2015). The priorities in relation to awareness and prevention, screening and early detection, service outcomes data and research and collaboration and consumer engagement align closely with the principles, priorities and deliverables of the State Public Health Plan.

South Australian Aboriginal Heart and Stroke Plan 2017-2021	The purpose of the plan is to guide the delivery of evidence-based services for the prevention and management of those at risk of, and with, cardiovascular disease in South Australia. The vision of the plan is to improve cardiovascular care and reduce cardiovascular morbidity and mortality for Aboriginal and Torres Strait Islander peoples in South Australia. As a priority population of the State Public Health Plan and health issues raised under the 'State of public health' section, there is clear alignment in terms of focus and action.
South Australian Alcohol and Other Drug Strategy 2017-2021	The aim of South Australian Alcohol and Other Drug Strategy 2017-2021 is to reduce the harms caused by alcohol and other drug problems to the South Australian community. The State Public Health Plan principles and priorities align well with the strategic themes, priority populations and objectives of the Strategy.
South Australian Mental Health Strategic Plan 2017-2020	The plan sets a 20 year vision for mental health and wellbeing in South Australia, focusing on strategic directions over the next five years. It aims to shift the focus to a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening the mental health and wellbeing of all South Australians. The first of the three core strategies of the plan about promotion, community education and early intervention to strengthen mental health and wellbeing and prevent mental illness, align strongly with the Promote and Prevent priorities and deliverables of the State Public Health Plan.
South Australian Planning Strategy Plans for Regional South Australia The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide (Updated 2017)	The South Australian Planning Strategy includes plans for seven regional areas of the State, as well as The 30-Year Plan for Greater Adelaide. These plans contain the State Government's directions on land use and development, including policies related to: > population growth and demographic changes > supply of land for housing and employment > preservation of agricultural lands > water and energy efficiency > preservation of biodiversity and the natural environment > protection of the heritage and character of regional communities. The policies help State and local government agencies plan and coordinate the provision of services and infrastructure such as: > transport > health > schools > aged care and community facilities.
South Australian Prisoner Blood Borne Virus Prevention Action Plan 2017-2020	The goal of the South Australian Prisoner Blood Borne Virus Prevention Action Plan 2017-2020 is to reduce transmission of and morbidity and mortality caused by blood borne viruses and to minimise the personal, clinical and social impact of blood borne viruses for prisoners in South Australia. This action plan is a joint initiative of the Department for Health and Wellbeing and the Department for Correctional Services.

South Australian Suicide Prevention Plan 2017-2021	The South Australian Suicide Prevention Plan 2017-2021 identifies three main areas of focus to take action to prevent suicide in South Australia. These are:
	> making people a priority
	> empowering communities
	> translating evidence into practice.
	There is close alignment between many of the actions under the empowering communities area of focus (i.e. Suicide Prevention Networks, emergency recovery and cross sector collaboration) and the State Public Health Plan priorities of Promote and Prevent.
South Australian Tobacco Control Strategy 2017-2020	The South Australian Tobacco Control Strategy 2017-2020 builds on the success of previous South Australian tobacco control strategies by continuing the population-wide approaches that have proved successful in reducing smoking prevalence. The strategy aims to improve the health and wellbeing of South Australians by reducing the impact of tobacco smoking with targets and actions across five key areas. These areas align closely with the priorities of the State Public Health Plan 2019-2024.
The South Australian Aboriginal Diabetes Strategy 2017-2021	The Strategy's vision is to reduce the health, social and economic burden of type 2 diabetes experienced by Aboriginal people, their families and communities by strengthening all sectors in developing, implementing and evaluating an integrated and coordinated approach to diabetes prevention and management.
Towards a Resilient State The South Australian Government's Climate Change Adaptation Action Plan	Towards a Resilient State outlines the actions to be taken by South Australian government agencies to address and embed climate change adaptation in all aspects of operations. Health is one of the 15 priority adaptation action areas, recognising that climate change can threaten the health and wellbeing of South Australian communities. SA Health is the lead agency for the delivery of health related actions and these link to both the Protect priority in the State Public Health Plan as well as the climate change deliverables across all of the priorities. Additionally, State Government regions have developed Regional Climate Change Adaptation Plans.

Relevant legislation

Relevant Acts assigned to the Minister

> *Controlled Substances Act 1984*

> *Food Act 2001*

> *Health Care Act 2008*

> *Public Intoxication Act 1984*

> *Safe Drinking Water Act 2011*

> *South Australian Public Health Act 2011*

> *Tobacco Products Regulation Act 1997*

> Vaccine Administration Code

Other relevant Acts that have implications for public health

> *Climate Change and Greenhouse Emissions Reduction Act 2007*

> *Development Act 1993 (South Australia)*

> *Emergency Management Act 2004 (South Australia)*

> *Environmental Protection Act 1993 (South Australia)*

> *Gene Technology Act 2001*

> *Housing Improvement Act 2016*

> *Local Government Act 1999 (South Australia)*

> *National Environment Protection Council Act 1994*

> *National Health Security Act 2007*

> *Planning, Development and Infrastructure Act 2016*

> *Radiation Protection and Control Act 1982 (South Australia)*

> *The Biosecurity Act 2015*

> *Therapeutic Goods Act 1989*

The following plans and legislation may be updated by the time the full Plan is developed

> Aboriginal Health Care Plan

> Australian Foodborne Illness Reduction Strategy 2018-2021

> *Disability Inclusion Act 2018*

> Disaster Resilience Plan

> Oral Health Plan

Appendix 4: SA Health commitments

SA Health will build on current efforts to implement the following actions under the priorities of the Plan.

Promote – Build stronger communities and healthier environments

> Support health and wellbeing in settings such as schools, workplaces, community spaces, health facilities and correctional services.

> Inform and contribute to the development and implementation of policies that contribute to stronger communities and healthier environments for all, with a particular focus on action on the determinants of health.

> Strengthen mental health and wellbeing through promotion, prevention and intervention strategies.

> Empower communities to prevent suicide by establishing suicide prevention networks.

> Support the development of all ages friendly communities through policy, initiatives, research and resources.

> Develop place-based responses to alcohol-related problems in metropolitan, regional and remote communities.

Protect – Protect against public and environmental health risks and respond to climate change

> Ensure the objectives and obligations of the *South Australian Public Health Act 2011*, *Food Act 2001*, *Safe Drinking Water Act 2011*, *Controlled Substances Act 1983*, *Tobacco Products Regulation Act 1997* and *Gene Technology Act 2001* are met.

> Collaboratively develop, implement and monitor the effectiveness of public health regulations, guidelines, programs and policies.

> Protect the health and safety of individuals and the wider community through effective programs, monitoring and actions to respond to potential risks of harm associated with the legitimate use of controlled medicines and poisons.

> Protect the community from environmental health risks through coordinated action to promote awareness of risk factors and the implementation of measures to rapidly identify and respond to detections from environmental monitoring or cases of disease in the community.

> Adopt the 'One Health' approach to maintaining and improving public health protection services by working closely with relevant agencies and non government organisations to identify and address the interactions between human, animal and environmental health that result in disease.

> Collaborate with key partners to improve community resilience to the impacts of climate change.

Prevent – Prevent chronic disease, communicable disease and injury

> Coordinate evidence based programs and the development of policies that prevent chronic disease, by addressing risk factors including nutrition, physical activity, smoking and alcohol.

> Build and improve partnerships in local communities to prevent and reduce alcohol, tobacco and other drug related harms.

> Promote the uptake of breast, cervical and bowel screening, particularly amongst vulnerable populations.

> Support a statewide approach to increase access to risk factor identification and screening for chronic disease for Aboriginal people.

> Strengthen engagement between the clinical, prevention and health promotion elements of the health system to ensure holistic approaches to prevention.

> Develop and implement policies, programs, best practice guidelines and resources to minimise the impact of infectious and communicable diseases, both in the population as a whole and higher risk groups.

> Maintain high levels of vaccination for vaccine preventable diseases to protect both individuals and the community.

> Monitor, investigate and manage outbreaks of communicable disease.

> Develop and implement priority plans for communicable disease prevention (including the SA Aboriginal STI and BBV Action Plan and SA Antimicrobial Resistance Action Plan).

> Reduce the incidence and severity of poisoning, avoidable poisoning injuries and poisoning fatalities, particularly in children.

Progress – Strengthen the systems that support public health and wellbeing

Partnerships and collaboration

> Use a Health in All Policies (HiAP) approach across government and non-government agencies to address the social determinants of health and health inequities.

> Further the existing partnership between SA Health and the Local Government Association, to strengthen the role of councils as public health authorities and support Regional Public Health planning, implementation and reporting.

> Maintain current and identify new Public Health Partner Authorities to be established and support collaborative work through this partnership approach.

> Explore opportunities to enable the Minister for Health and Wellbeing to preserve, protect or promote public health utilising the provisions of Section 17 of the *South Australian Public Health Act 2011*.

> Seek opportunities and linkages between the State Public Health Plan priorities and health and wellbeing outcomes in other relevant State Government strategies and plans.

> Ensure that all public health action addresses the needs of our Aboriginal community, through engagement and partnerships.

Governance

> Ensure appropriate leadership and governance structures are in place for implementation of the State Public Health Plan.

> Review the *South Australian Public Health Act 2011* to ensure its ongoing relevance and clarity.

Surveillance, evaluation and research, reporting and communications

> Continue to collect, develop and refine data and surveillance systems (including data collection, analysis and reporting) to inform policy and service delivery decision making.

> Utilise and review the South Australia Public Health Indicator Framework.

> Undertake evaluation which builds the evidence base for public health, including evidence about the cost-effectiveness of public health strategies and interventions and disseminate this information to key stakeholders.

> Undertake or commission quantitative and qualitative research, when existing evidence is lacking in priority population health and health promotion areas.

For more information

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Government of South Australia

SA Health