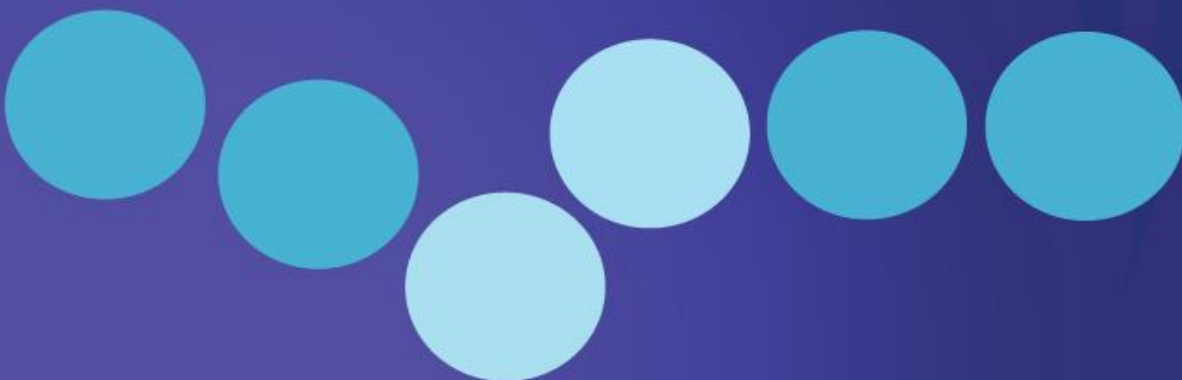




Murray and Mallee LGA  
**Regional Public Health Plan**  
2013-2018





## Acknowledgements

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We gratefully acknowledge the assistance of the following members of the Steering Group:

- Public Health Plan Steering Committee
  - Gary Brinkworth, Berri Barmera Council
  - Jim Quinn, Coorong District Council
  - Stephen Bateman, District Council of Loxton Waikerie
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Cover photos courtesy of Paul White, Loxton Waikerie Council and Bianca Gazzola, Mid Murray Council



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## President's Message



### **Mayor David Burgess, President Murray and Mallee Local Government Association**

Community is our great strength and nothing could be more important than the health, wellbeing and safety of our citizens. I believe our region is a great place to live and has enormous potential for growth. To achieve this we must ensure that people can live active, connected and productive lives so that we can achieve our economic and social goals for the future.

Our Local Government Association was established to strengthen the representation of our region when dealing with other levels of government, private enterprise and the community.

We coordinate and facilitate the activities of local government across the region to protect the environment, and promote economic and social development of the Murray and Mallee Region. Through this Plan we will work together to implement strategies that will promote the health and wellbeing of our communities. We will continue to provide opportunities for citizens to be physically active and we will work with other agencies to prevent harm from alcohol and tobacco.

**Mayor David Burgess, President  
Murray and Mallee Local Government Association**

## Executive Summary

This Regional Health Plan has been jointly prepared by the Councils that make up the Murray and Mallee Local Government Association:

- Mid Murray Council
- District Council of Karoonda East Murray
- Southern Mallee District Council
- Renmark Paringa Council
- Rural City of Murray Bridge
- District Council of Loxton Waikerie
- Berri Barmera Council
- Coorong District Council

The purpose of the Regional Public Health Plan is to demonstrate how the Murray and Mallee LGA will work to improve the health and wellbeing of the community of the region over the next five years and is a legislative requirement of the *South Australian Public Health Act 2011*.

The new approach to public health in South Australia is captured in *South Australia: A Better Place to Live*, the first State Public Health Plan launched in November 2013.

The traditional scope of public health concerns have been widened to recognise that the most challenging health issues facing our community are no longer contagious diseases or those caused by food contamination or borne by mosquitoes.

While these illnesses are still important, the leading causes of death in our community are cardiovascular disease, diabetes, cancer and respiratory illness.

In addition, accidents and suicide are significant causes of death with higher levels occurring in rural and regional communities.

Where and how people live play a strong part in their overall health and wellbeing. Local Governments play a leadership role in developing and sustaining strong communities.

Councils can influence the health of their communities in a myriad of ways, including the provision of safe roads, footpaths, trails and cycle tracks; provision of libraries and community facilities; health promotion; management of public places and open space areas that support physical activity and social interaction.

The Councils of the Murray and Mallee region already contribute to the health and wellbeing of their communities across the four priority areas identified by the State Public Health Plan:

- Building stronger, healthier communities for all generations.
- Increasing opportunities for healthy living, eating and being active.
- Preparing for climate change.
- Sustaining and improving public and environmental health.

### Regional Health Priorities

The following priorities were established through consultation with Council staff and an audit of existing plans and strategies:

- Improving transport within the region and to and from the region.
- Improving access to and awareness of existing services.
- Support for an ageing community.
- Stronger partnerships between State and Local Government to improve access to resources.
- Initiatives to assist in prevention and management of Type 2 Diabetes.
- Maintenance of existing levels of service.

## **Strategies and Actions to Improve Health Outcomes**

Section 9 of the Regional Public Health Plan sets out strategies to promote health and highlights the actions which Councils will take and those which are the primary responsibility of partner agencies.

Connections between members of the community and with services, support and the surrounding environment are enhanced by:

- The design of the built environment to ensure that public spaces and footpaths provide safe access for people of all ages and abilities.
- Community transport services that enable effective links.
- A strong network of volunteers.
- Availability of community facilities and programs such as libraries, community centres, youth recreation.
- Information that is easy to obtain and understand.
- Recognition of the specific access needs of some groups and individuals within the community, including people with disabilities, Aboriginal people and those for whom English is not their first language.

Good health outcomes are more likely when people are able to eat well and be physically active. Programs such as OPAL and the Healthy Communities Initiative have supported these contributors to better health. It is considered important that these, or similar initiatives, continue to be funded to build on existing achievements.

Smoking and drug and alcohol misuse are significant causes of disease and preventable deaths. Councils have limited influence in these areas, however they can play a leadership role in partnership with other agencies.

The public health implications of climate change are considered in the new plan; particularly in relation to emergency response and recovery for more extreme weather events, supporting vulnerable members of the community in finding refuges on very hot days and in protecting public infrastructure from damage that could create health risks..

This plan reinforces Councils' existing public and environmental health programs and identifies the key partnerships that are required to sustain and improve their outcomes.

## **Implementation, Evaluation and Governance**

The processes for implementing the Plan will be developed during 2014 with SA Health taking a lead role in establishing partnership arrangements as identified in the Plan.

Councils will be required to report on the progress made in implementing the plan to the Chief Public Health Officer every 2 years. The first report will be due at the end of 2014.

The Murray and Mallee LGA provides an organisational structure to effectively co-ordinate the implementation of the Regional Public Health Plan. Constituent Councils will identify the most appropriate way to resource this function.



# 1 Introduction

This Regional Public Health Plan has been jointly prepared by the Councils that make up the Murray and Mallee Local Government Association:

- Mid Murray Council
- District Council of Karoonda East Murray
- Southern Mallee District Council
- Renmark Paringa Council
- Rural City of Murray Bridge
- District Council of Loxton Waikerie
- Berri Barmera Council
- Coorong District Council

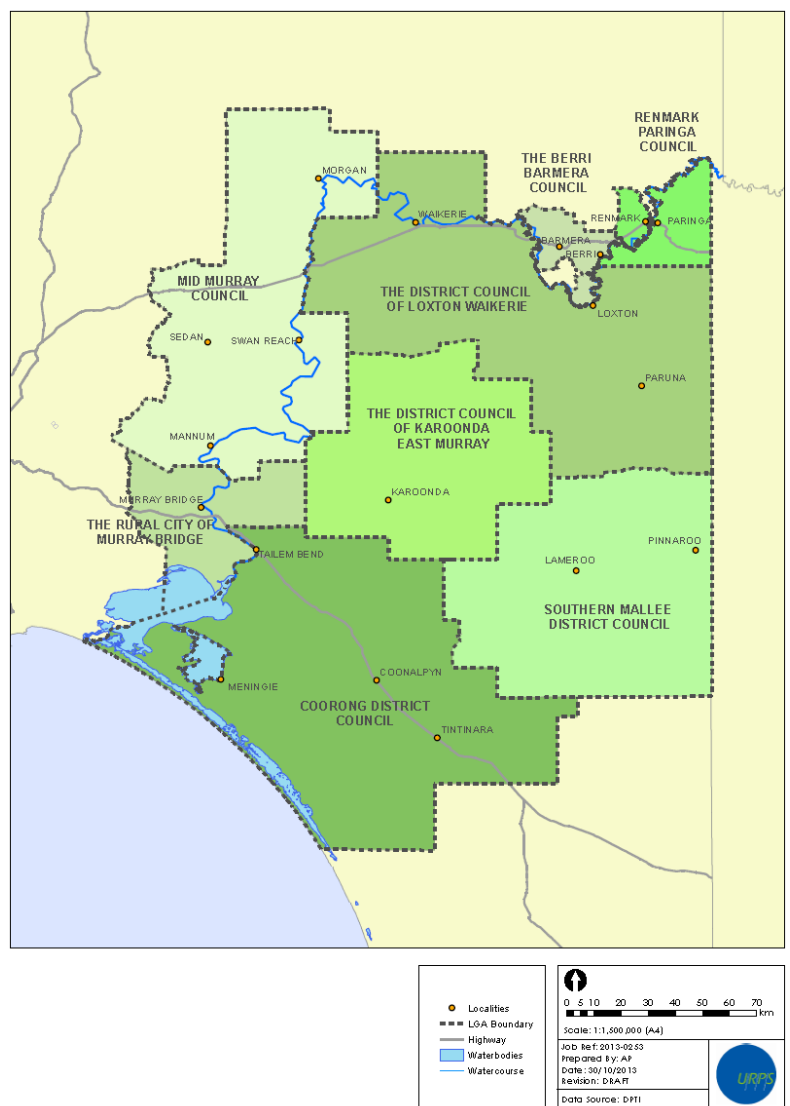
The Public Health Act identifies Local Councils as the local public health authority for their areas. This means Local Councils are in the best position to lead and co-ordinate public health planning for their communities. It does not mean that Local Councils are responsible for every issue affecting their community that has been identified in a plan.

The purpose of the Regional Public Health Plan is to demonstrate how the Murray and Mallee LGA will work to improve the health and wellbeing of the community of the region over the next five years and is a legislative requirement of the *South Australian Public Health Act 2011*.

The Regional Public Health Plan is guided by the South Australian Public Health Plan. It identifies the role that Councils already play in improving the health and wellbeing of the community and is a plan of action for the next five years.

The Councils of the region will build upon the cooperative arrangements and resource sharing that already occurs. This plan identifies new partnership arrangements with State and Federal agencies that will be necessary to address the needs of their communities for the future.

Murray & Mallee Local Government Association Area



## 2 What determines Health and Wellbeing?

‘Public health in the 21st century has a lot to do with the way our community is organised and how our society shares its benefits and advantages. It’s about how we protect ourselves and how we rise to challenges and risks that threaten our communities, whether natural disasters, widespread diseases, or social or economic shocks that strain the very fabric of our communities. It reflects how resilient we are, how we recover from hardships and breakdowns, and how we can together rebuild and restore our sense of wellbeing and community’

- *South Australia: A Better Place to Live 2013*

The illnesses that most challenge the health and wellbeing of our community are not the contagious diseases that have traditionally been the focus of Public Health. Today it is chronic diseases such as cardiovascular disease, respiratory disease, diabetes, and cancer that are the leading causes of death in our community.

The new approach to Public Health in South Australia widens the scope of public health concerns in local government. It recognises that the causes of chronic diseases can be influenced by a range of environmental, social and economic factors such as how we live, the environment we live in, our opportunities for education, employment, and how our community functions. These are known as the ‘social determinants of health’ shown in Figure 1. In other words, the health of a community is more than the sum of our individual lifestyle choices.

There is a strong relationship between people and place – where we live can determine our opportunities to be active, eat well, be socially engaged, have a job and feel safe.

Local government plays a leadership role in community building and is well placed to develop and implement local policies and actions to address health and the broad range of factors that influence health. This involves actions in a range of areas, including transport, roads, parks, waste management, land use planning, housing and urban planning, recreation and cultural activities, health promotion and creating safe public places. For this reason, it is important that the strategies to address Public Health in Local Government are implemented across a wide range of council functions.

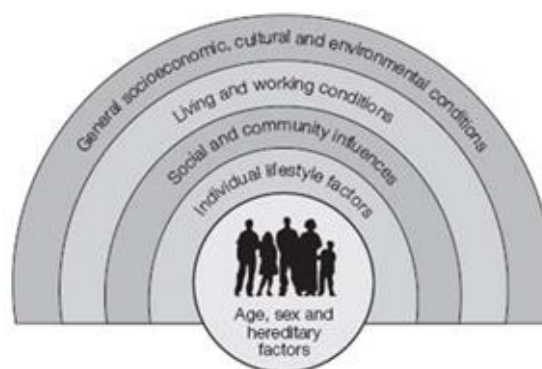


Figure 1 Factors that determine Public Health

Source: Ståhl et al. (2006, p. xxvi)38



### 3 Legislative Context

#### ***South Australian Public Health Act, 2011***

The *SA Public Health Act, 2011* (the Act) represents a new approach to public health in South Australia. The Act aims to preserve, protect and promote public health and reduce the incidence of preventable illness, injury and disability in South Australia. The Act brings a new focus to the range of social, economic and environmental conditions which have a bearing on the health and wellbeing of a community. This Public Health Plan recognises the range of council activities that contribute to public health and wellbeing. Public health is influenced by how safe we feel, the opportunities we have to work, study, participate in community life, undertake physical activity, and eat healthy food.

The Act aims to encourage and assist people to live healthier lives and to be well. It establishes eight principles that guide the development of the Public Health Plan.

The Act requires Public Health Plans to:

- Provide a comprehensive assessment of the state of public health in the region;
- Identify existing and potential public health risks;
- Develop strategies to address and eliminate or reduce those risks; and opportunities to promote public health in the region;
- Address any public health issues, strategies, and policies specified by the Minister.

The Act creates a role for Councils to become the public health authorities for their region. Each Council must prepare a public health plan for either a single council region or, as in the case of this Plan, a group of Councils may prepare a joint Regional Public Health Plan with the agreement of the Minister for Health. The Act also provides for formal partnership agreements with state and federal government agencies and non-government organisations to become Public Health Partner Authorities which assist councils to achieve their public health objectives.

#### ***Local Government Act, 1999***

Section 122 of the *Local Government Act 1999* requires Councils to prepare strategic management plans which address amongst other things, the economic, social, physical and environmental development of the area, partnerships with other Councils, and the role of Local Government in coordinating service delivery with State and national governments.

The *SA Public Health Act, 2011* makes provision for regional public health plans to be developed and adopted in conjunction with Strategic Management Plans or incorporated into a Strategic Management Plan.

## 4 Policy Context

### South Australian Public Health Plan

#### *South Australia: a Better Place to Live*

The vision for the draft South Australian Public Health Plan (SAPHP) is:

- Improving the wider determinants of health and wellbeing and reducing health inequalities
- Healthier choices made easier
- Enhancing health protection and recovery strategies

The Plan provides policy directions for both the State Government and Councils. It presents an overview of the state of public health in South Australia a framework for the preparation of complimentary Public Health Plans by Councils.

The aim of the SAPHP is to build the system and networks that will support public health planning and coordinated action into the future. The Plan establishes four priorities for action:

- Stronger and Healthier Communities and Neighbourhoods for All Generations
- Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
- Preparing for Climate Change
- Sustaining and Improving Public and Environmental Health Protection

Regional Public Health Plans should be consistent with the priorities of the South Australian Public Health Plan and include information about issues identified in any plan, policy or strategy specified by the Minister or the South Australian Public Health Council (SAPHC). The SAPHP establishes areas of action for councils in each area of priority and these are addressed in section 9 below.

### Other Strategies and Policies specified by the Minister

Section 51(9)(a) of the *South Australian Public Health Act 2011* requires regional health plans to address any public health issues, strategies, and policies specified by the Minister. These plans are additional to the SAPHP and have been developed to address specific issues or problems. They guide action between councils at a regional level and provide assistance to organisations which may become Public Health Partner Authorities with the M&MLGA:

- South Australia's Strategic Plan
- State Government Strategic Priorities and associated Action Plans, in particular:
  - Safe Communities Healthy Neighbourhoods
  - Every Chance for Every Child
  - Vibrant City
- The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide and related Regional Plans and policy library
- Prospering in a Changing Climate: A Climate Change Adaptation Framework for South Australia, August 2012
- Green Infrastructure Strategy
- The People and Parks Strategy
- South Australian Tobacco Control Strategy 2011-2016
- South Australian Alcohol and Other Drug Strategy 2011-2016
- Aboriginal Health Care Plan
- Eat Well Be Active Strategy 2011-2016
- Chronic Disease Action Plan for South Australia 2009-2012
- South Australia's Communities for All: Our Age Friendly Future
- South Australia's Oral Health Plan 2010-2017

A summary of the key directions of each of these plans is set out in Appendix A.

## 5 The Murray and Mallee Local Government Region

The Murray and Mallee Region covers a large area in excess of 50,000 km<sup>2</sup> taking in the areas from the Riverland in the north, agriculture areas in the central, west, south and east along the Victorian border, and south westerly to the coast and lakes. Rural based communities throughout the area share a common interest in agriculture/horticulture, with towns primarily servicing the farming and horticultural communities and supporting a growing tourism sector.

The Murray River, and its associated wetlands and wildlife, Lake Bonney and a number of National/Conservation Parks, support a range of rare and endangered plant and animal species, and are major tourist attractions throughout parts of the Riverland and Mallee. Towards the coast, the Coorong National Park, Lake Alexandrina and the shores of Lake Albert are well known tourist attractions, particularly for recreational boating and fishing.

The Murray River travels from the north, and passing through seven of the member Councils, flows into Lake Alexandrina in the south. It supports a number of tourist and recreation activities, with a number of tourism vessels operating from centres along the river.

The agricultural sector is the largest employer with a focus on irrigated horticulture and broad acre cropping.

The strengths of the region identified by Council representatives include the natural environment, especially the River Murray, the open spaces and quietness. Other strengths include housing affordability, large back yards and a low cost of living. There was a consensus that a strong sense of community, feelings of belonging and quality of life are also advantages of living in the region.

Some of the challenges include access to and retaining existing health services, the ageing population and access to services, insufficient transport services in the region, loss of younger people to the city, drug, alcohol and mental health issues and ensuring the health of the River Murray remains a priority for the Government.



Photo courtesy of Paul White

## 6 Developing the Public Health plan

The development of this PHP is consistent with the requirements of s51 of the *SA Public Health Act, 2011* using the actions described below and set out in figure 2. The development of the Plan included workshops with a range of staff at each of the member councils and two workshops with the Steering Group representing the region as a whole.



Figure 2 Process of developing the Public Health Plan

### Assessment of the State of Health: Use of ABS and PHIDU data

The Assessment of the State of Health for the Region draws upon public health data prepared for each council by the Public Health Information Development Unit at the University of Adelaide. It also uses the recently released *Medicare Local: Country South SA 2013 Needs Assessment Report* which covers a large part of the Murray and Mallee Region. The State of Health assessment was also informed by workshops with each council that involved a range of staff from different areas of responsibility.

### Audit of existing initiatives

The audit was undertaken using the audit tool developed for councils by SA Health. It uses the three lenses approach: *SA Public Health Act, 2011* : SA Public Health Plan : Assessment of the State of Health of the Region. This methodology is described in greater detail below. The audit was undertaken of individual councils Strategic Management Plans, policies and initiatives listed in Appendix B. A 'traffic light' system was used to rate the actions of each council to identify areas of strength and opportunities to address the determinants of health. An audit was also taken at a regional level through a workshop with the steering group representatives from each council.

### **Develop priority areas for action**

Priority areas for action were determined using the four key priority areas of the SAPHP. The areas for action were identified based on the assessment of the risks to health; the gaps in existing council actions to protect and promote health, and also opportunities to use partnership arrangements to retain and strengthen some of the areas of regional cooperation that are already working well.

### **Identify partnership opportunities**

There are a range of existing partnerships that provide services and support to the community. These were identified during the workshops with individual councils and the steering group representing the region as a whole. The quality of existing partnerships was identified as an issue that will require some attention as well as the need to establish new partnership arrangements to support health and wellbeing.

### **Identify implementation, evaluation and governance arrangements**

The M&MLGA will be responsible for overseeing the implementation and reporting of the Public Health Plan. The retention of the Regional Health Plan Steering Group (comprising professional representatives of each member council) would perhaps be the best vehicle for this to occur. In particular, there will be a need to liaise with SA Health to establish the partnerships with State and Federal Government agencies and non-government organisations that are identified as necessary to achieve some of the strategies and actions in section 9. Some of these agencies have not yet formally become Public Health Partner Authorities as contemplated by the legislation and the M&MLGA will report on progress in forming these partnerships at the end of 2014.





## 7 Assessment of the State of Health

### 7.1 Factors that Influence Health

#### Population Profile:

The resident population in the region is shrinking, ageing and showing declining socio-economic status<sup>1</sup>. Population decline was not evenly distributed across the region as Murray Bridge and Loxton both recorded increases in their populations between 2006-2011 by 14% and 11% respectively. There is a trend towards the smaller towns and the more rural areas losing population at a faster rate than the region as a whole.

The population of the Murray and Mallee LGA has a higher proportion of older people and children than the state average. The loss of adults aged 20 to 35 years from the region who move away for education and employment is reflected in the smaller proportion of this age-group and is a trend also experienced by other rural areas of Australia.

This reduces the capacity of the community in a number of ways, from the size of the workforce to the numbers of people available to play in sporting teams.

Despite the overall decline in population, the rate of decline slowed during 2009 to 2011 which may be a positive indicator of recovery in the region following the end of the drought. The indigenous population has grown at a higher rate than the non-indigenous population indicated by the larger increase in population of the indigenous Australians under the age of twenty.

The region is comprised of a number of strong and resilient communities with higher than average numbers of volunteers and carers providing assistance to others.

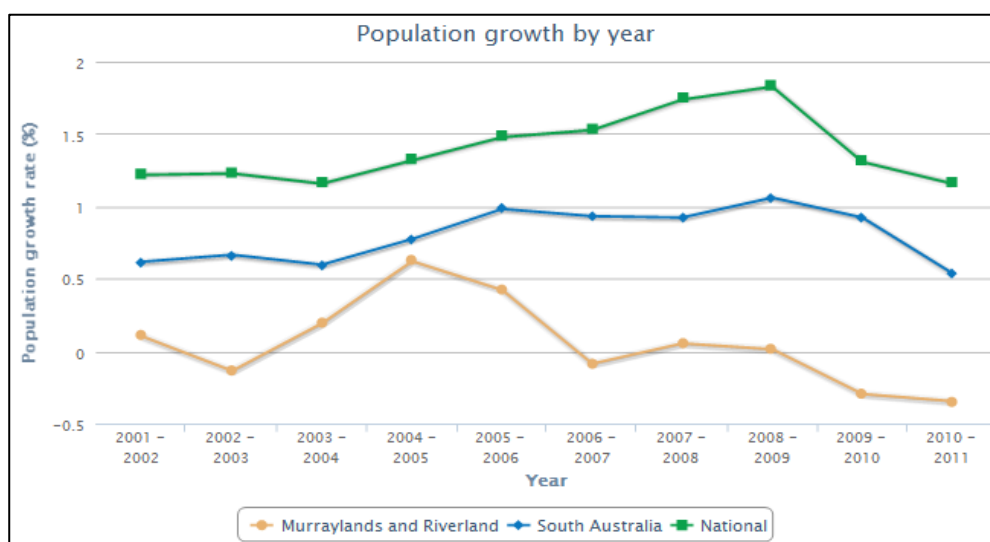
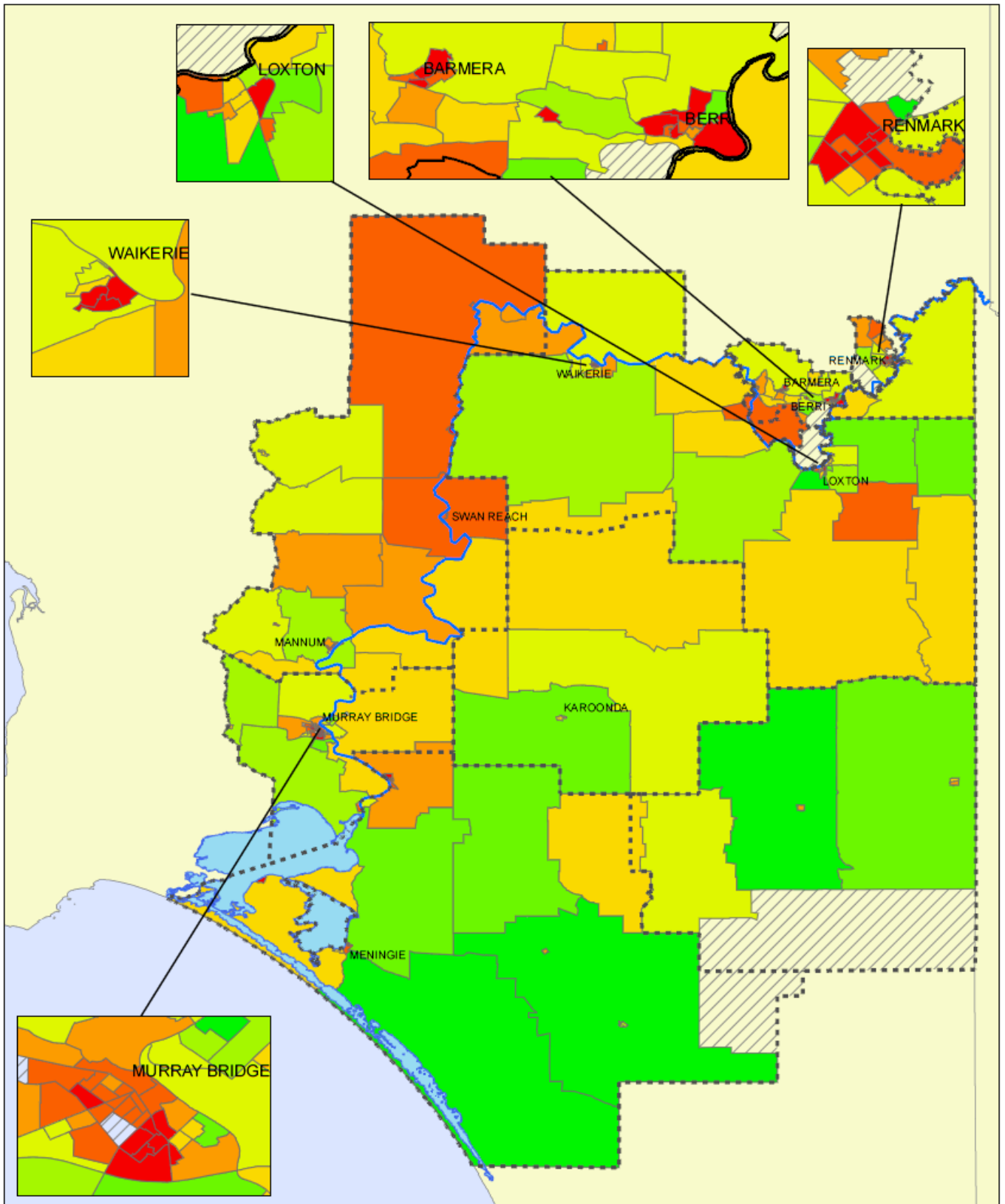


Figure 3 Population Growth by Year

<sup>1</sup> Medicare Local Country South SA, Interim Needs Assessment, 2013



# Murray & Mallee Local Government Association Area Index of Socio-Economic Disadvantage 2011




● Localities  
 - - - LGA Boundary  
 — Watercourse  
 ■ Waterbodies  
 // NO IRSD calculated  
 IRSD could not be calculated for SA1s with low populations or high levels of non-response in Census

**Statistical Area Level 1 (SA1)  
 Index of Relative Socio-economic Disadvantage (ABS, 2011)  
 State Decile**

1 - bottom 10% of SA	5
2	6
3	7
4	8

The Index of Relative Socio-economic Disadvantage (IRSD) summarises a range of information about the economic and social conditions of people and households within an area. A low score indicates relatively greater disadvantage in general. Scores are ordered from lowest to highest in the State. The lowest 10% of areas are given a decile number of 1. The highest 10% are given a decile number of 10.  
 Source: ABS, 2013

0 5 10 20 30 40 50 60 70 km  
 Scale: 1:1,500,000 (A4)  
 Job Ref: 2013-0253  
 Prepared By: AP  
 Date: 30/10/2013  
 Revision: DRAFT  
 Data Source: ABS, DPTI



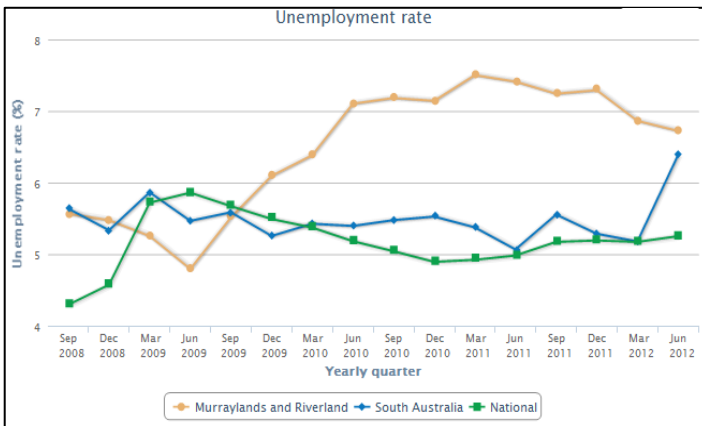


Figure 4 Unemployment Rate

**Socio-economic Status**

Socioeconomic status is an important determinant of health. Between 2006 and 2011 the region declined on the national Index of Relative Socio-Economic Disadvantage (IRSD) from 954 to 942 (compared with 974 for non-metropolitan Australia as a whole). In other words, relative disadvantage in the region has increased. The lowest scoring (most disadvantaged) Local Government Area within the region was Berri Barmera with a score of 895.

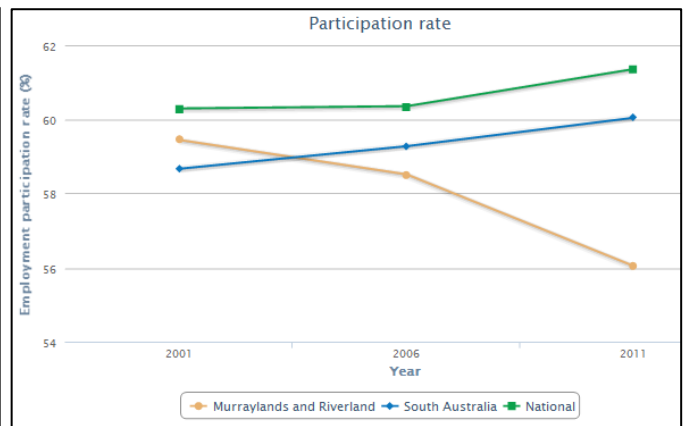


Figure 5 Workforce Participation Rate

**Employment**

The drought caused significant economic shock to the region, particularly to those industries which relied on irrigation. The impact led to a rise in unemployment and a decline in workforce participation within the region. A number of businesses in irrigation industries closed resulting in job losses and flow-on economic impacts. Following the drought, local industry has undergone a degree of restructuring which has widened the economic base of the region to include a greater proportion of manufacturing and tourism. In the last two years, the unemployment rate has declined in contrast to state and national trends. At the same time, the average wage and salary incomes have increased and follow state and national patterns of growth although the net average family income is persistently lower than state and national averages.

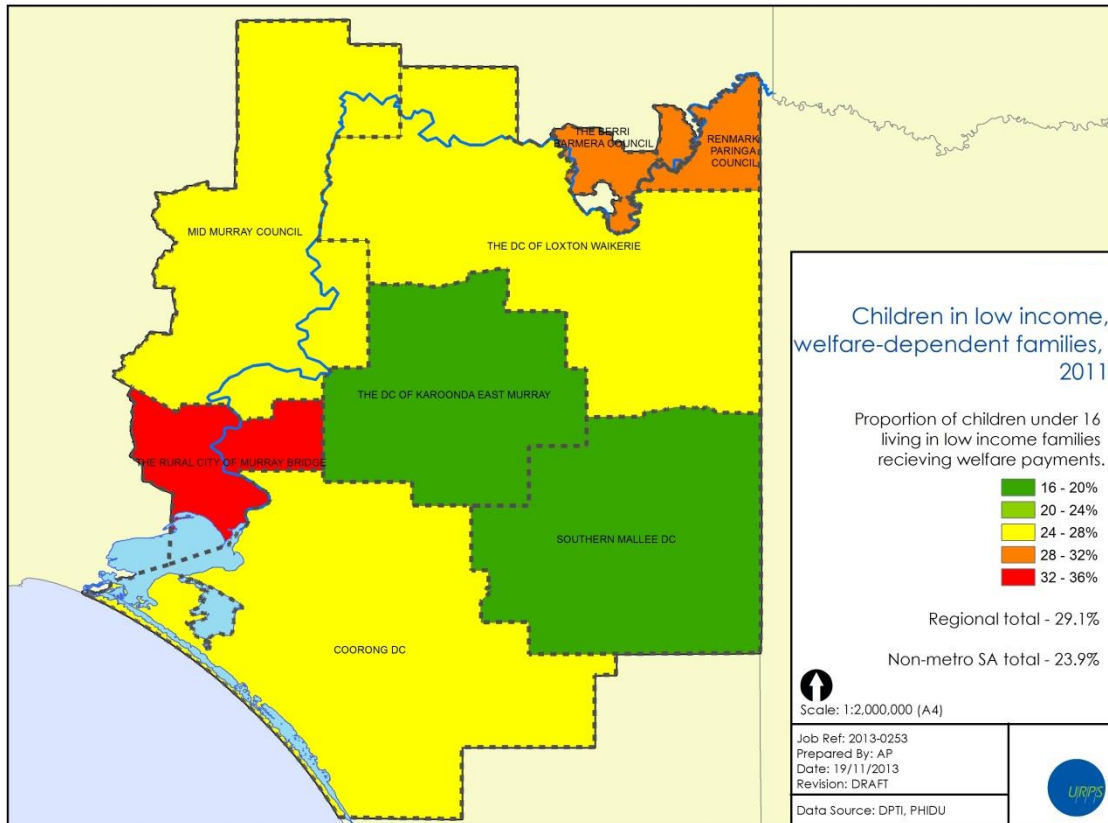


Figure 6 Proportion of children living in welfare-dependent families

## Education

The number of people with post-school qualifications remains substantially lower than state and national averages despite an increase in the proportion of people with post-school qualifications over the past decade. Attendance at high school was higher than state and national averages from years 8 to 11, however enrolments in Year 12 drop are significantly lower than state and national averages. This may indicate people choosing to undertake trade training after completion of Year 11.

Young people in the region are either earning or learning at similar levels to the rest of Non-metro South Australia, indicating that even with lower participation rates during Year 12 indicating that young people are leaving school to take up training and employment.

## Early life and Childhood

Levels of immunisation in children across the region as a whole are close to the average for non-metropolitan parts of the State. There is however significant variation within the region: The rate of immunisation one year of age was highest in The Coorong (95.7%) and lowest in Murray Bridge (88.9%). The rate of immunisation at five years of age was highest in Mid-Murray (93.7%) and lowest in Berri-Barmera (82.2%).

Across the region there is a higher rate of children whose mother has a lower educational attainment and children who live in welfare dependent families (Figure 6).

The data for childhood obesity at age 4 is not complete across the region but indicates the rate in boys and girls is above average. This is despite fruit consumption in children and adults meeting established targets.

The Australian Early Development Index identifies areas where children may be developmentally vulnerable on one or more domains. The parts of the region where children are most vulnerable are Murray Bridge, Mid Murray, Loxton Waikerie and Renmark Paringa Councils.

## Healthy Eating

Consumption of fruit (an indicator of healthy eating) is relatively high is consistent with non-metropolitan SA as a whole. Programs such as Healthy Murraylands and OPAL councils have encouraged healthy eating and appear to have achieved success in this area.

## Mental Health

Mental health is identified as a serious issue in the region as use of community health services is higher than non-metropolitan SA as a whole. The rates vary across the region with Southern Mallee reporting usage rates double the non-metropolitan rate (Figure 7).

Premature mortality rates due to suicide are notably higher in regional areas, and within the Murray and Mallee area are greater than within other areas in non-metropolitan South Australia.

Participation rates in the CAMHS (Child and Adolescent Mental Health Services) are higher across the region when compared to non-metro SA and South Australia overall, highlighting the great need to address these issues affecting the mental health of children and young people in these rural areas.

## Personal Health and Wellbeing

Self-assessed rates of fair or poor health are key indicators of health, wellbeing and quality of life. Figure 8 shows the distribution of fair or health. The region is above the state non-metropolitan average and Mid-Murray and Murray Bridge Councils have the greatest proportions of poor health. There is a broad correlation between poor health and socioeconomic disadvantage shown in the map on p.12.

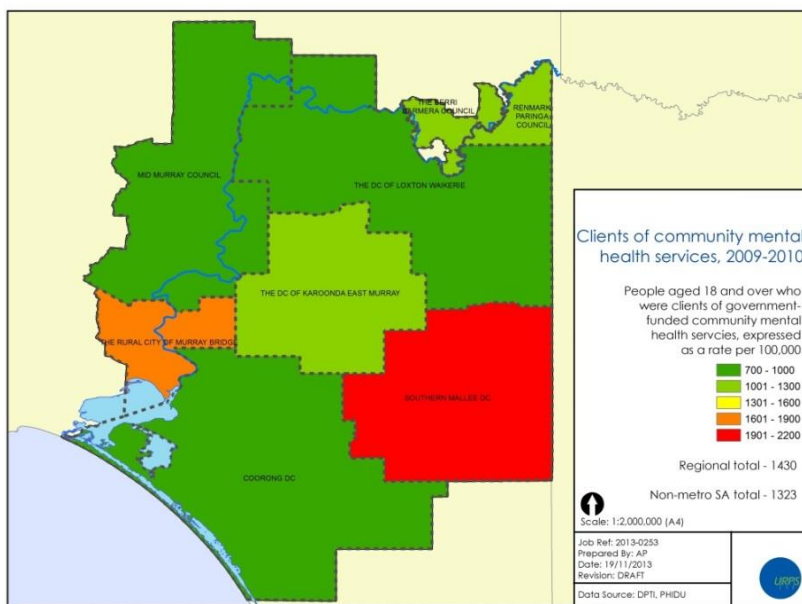


Figure 7 Clients of Community Mental Health Services

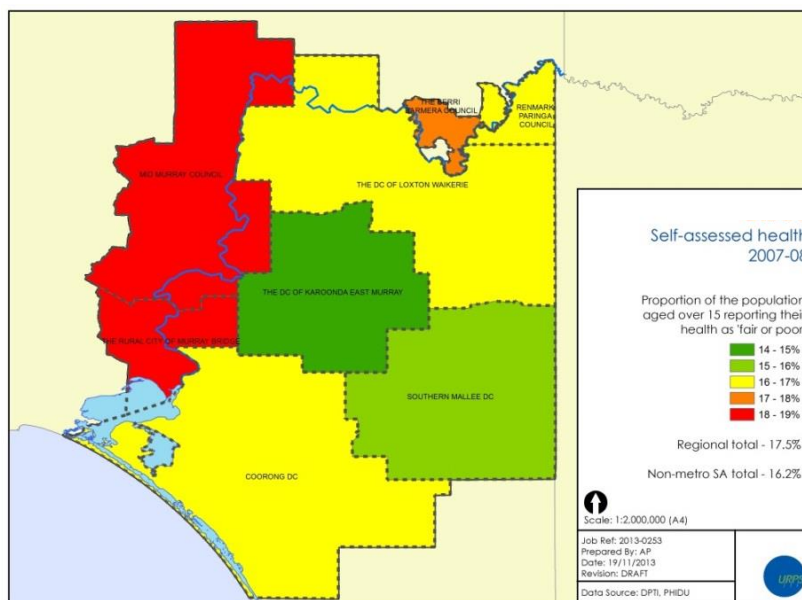


Figure 8 Self Assessed Health

### **Community Connectedness and Personal and Community Safety:**

The strength and resilience of the community is demonstrated by ninety percent of people in the region reporting they feel comfortable they could have support in times of crisis.

The proportion of people gaining access to the internet at home in the last 12 months (70%) was close to the rate for non-metropolitan SA (72%) as was community perceptions of safety while walking alone in their local area after dark.



### **7.2 Risks to Health**

The needs assessment for the region recently undertaken by Medicare Local Country South made observations about the more notable risk factors which include:

#### **Potentially preventable hospital admissions:**

While rather out-dated, the most recently available data (2005-07) show potentially avoidable hospitalisations at a rate of 4,035 per 100,000 in the Murray and Mallee region although the results are extremely varied across each council area. These are 18% above the South Australian average of 3,428 for the same period.

*Avoidable hospitalisations represent a range of conditions for which admission to hospital should be avoided because the disease or condition might have been prevented from occurring or because people needed to have access to timely and effective primary health care.*

#### **Middle and mature age health checks:**

The region's rate for 45-year-old health checks is approximately 61% of the rate across non-metropolitan Australia.

The wider region's (including the South East) rates for annual health assessments by GPs for people aged 75 and over is 16,702 per 100,000, compared with 21,077 across non-metropolitan Australia. This is significantly lower, possibly reflecting the limited General Practice services and a lack of awareness of the benefits of regular health checks.

#### **Concern about wind farms:**

Some members of the community have raised concerns about the risk to physical and mental health from proposed wind farms in the region. At present however the scientific evidence does not positively link wind turbines with adverse health effects. The National Health and Medical Research Council will undertake an independent review of evidence in 2014 which may identify risks to health. The Murray and Mallee LGA will monitor the outcomes of this review.



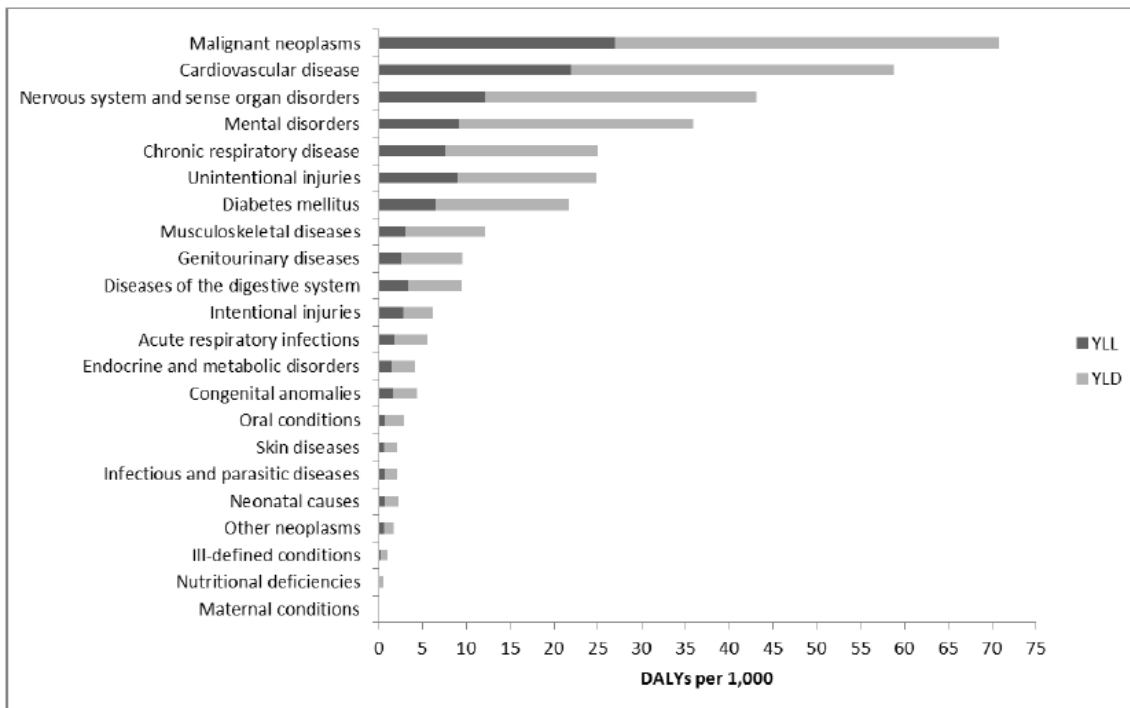


Figure 3 Burden of Disease Data, SA Health, unpublished 2013; Source: CSSAML

### 7.3 Burden of Disease

Three disease categories: malignant neoplasms (cancer), cardiovascular diseases and mental and nervous system disorders were responsible for approximately half the disability burden (DALY) in 2005-07, in both the region and South Australia as a whole<sup>2</sup> :

#### In line with State Average:

- Cardiovascular disease and cancers account for over 60% of premature death in the region.
- Mental disorders, nervous system and sense organ disorders and chronic respiratory disease together account for almost half of total deaths.

A comparison of the prevalence of disease shows the region is over-represented in the following areas:

#### Higher than State Average:

Unintentional injuries (road traffic accidents, falls, fire/burns/scalds, striking/crushing accidents and other transport accidents) were almost double the rate for South Australia as a whole. The rates of Type 2 Diabetes were also significantly higher.

### Priority issues

Research undertaken by Medicare Local Country South (telephone survey and focus groups among the general public; online survey and face-to-face meetings among service providers) indicated the greatest demand is for better access to mental health practitioners and specialists followed by better access to dental services. The general public has also identified better access to general practitioner services as a need.

Distance to health services was highlighted as a major concern for people who may have to travel for hours to access services, especially medical specialists and cancer treatment. Access to effective public transport to health services is limited and the research found some lack of awareness of assisted transport schemes within the region among people who are eligible to use them.

This remoteness of most of the population has important implications for ensuring that health services are able to be delivered in rural settings. Medicare Local identifies the importance of partnering with Local Government not only to improve the general population's health, but also to improve awareness of and access to health services in the region.

<sup>2</sup> One of the key measures associated with the burden of disease is the DALY (Disability Adjusted Life Year). One DALY is equal to one year of healthy life lost.



#### **7.4 Summary of Public Health Priorities for the Region**

The key Public Health priorities for the region have been grouped under the State Public Health Plan priorities, they include:

##### **Stronger and Healthier Communities and Neighbourhoods for All Generations**

The priority for the region involves maintaining and improving services to the region and overcoming the challenges for people living in remote areas. Key issues include:

- Support for an ageing community
- Greater cooperation with State government agencies to access resources
- Improving transport within the region and to and from the region
- Social and economic impacts of young people leaving communities for education and employment.
- Improving access to services, including medical specialists

##### **Increasing Opportunities for Healthy Living, Healthy Eating and Being Active**

A priority for the region is to reduce the prevalence of obesity in both adults and children. Maintaining and building on programs such as OPAL and Healthy Murraylands will be important to increase opportunities for physical activity and access to healthy food.

#### **Preparing for Climate Change**

The public health priorities involve anticipating and responding to the risks from climate change which is expected to lead to an increase in drought periods and the number of very hot days. Key risks include:

- heat related illness and food contamination may increase with the number of very hot days forecast
- restrictions to potable water supplies in some areas following periods of drought
- wider economic impacts on industry including tourism
- 

#### **Sustaining and Improving Public and Environmental Health Protection**

The public health priorities for the region include:

- Reducing the risk of illness from infectious disease due to lower immunisation rates
- Reducing the risk of mosquito-borne disease from river flooding
- Preventing loss of amenity from poor air quality
- Preventing the risk of contamination and disease epidemics during natural disasters from poor sanitation
- Protecting key public health infrastructure from a severe flood that could cause damage CWMS' leading to contamination and outbreak of disease.
- Monitor research into the impacts of wind farms on human health and respond to any risks to health that may be identified as a result of this review.

## 8 Audit of Existing Plans, Policies and Initiatives- Summary of Outcomes

The review of council strategic documents highlighted the considerable range of activities that councils already undertake to support the health and wellbeing of their communities. The audit used a 'traffic light' system to rate the actions of each council to identify areas of strength and opportunities to address the determinants of health. The complete audit of council strategic documents is at Appendix C. A summary of these findings is set out below:

### Areas that are well addressed

The audit showed councils were strongest in areas of their core functions – such as the provision of parks and gardens and sporting facilities. Councils have sought to become much more water efficient following the drought and are reusing treated wastewater to reduce reliance on the Murray. Community transport is an area that all councils are currently addressing, despite this issue being raised as an area of unmet demand.

Councils are working to create safe neighbourhoods through the incorporate of CPTED principles in Council Development Plans. Council's that have updated their Development Plans to the new Better Development Plan (BDP) standard were deemed to have addressed the CHES<sup>1</sup> principles for development.

The role that Councils have played in OPAL programs and the Healthy Communities initiated addresses priorities around healthy eating and physical activity. As both of these programs are funded by other spheres of Government, there is a risk that this funding will not be renewed. There may be a need to identify alternative funding sources for the successful elements of these programs to ensure the communities continue to be supported to eat healthy food and to be physically active.

Other strengths include strategies to address the needs of older residents through the HACC program and the development of gopher routes to improve access for people with limited mobility.

### Areas that are adequately addressed

Councils are active in traditional areas of environmental health with immunisation, food surveillance and mosquito control programs. In the area of Preparing for Climate Change, most Councils have implemented water and energy efficiency measures. Volunteer programs to support community schemes that provide transport are an important contribution to the priority of Connected Communities. There was a view that the involvement of volunteers could be expanded in the future.

### Areas that need addressing

Areas of priority that should gain further attention include the needs of vulnerable populations such as people for whom English is not their first language and Indigenous communities. At this stage councils have not taken on additional responsibility for enforcement of smoking in outdoor areas and are unlikely to do so in during the short to medium term due to a lack of resources. Most Councils have implemented dry zones in certain public places but have not focussed on the wider issue of drug use. This is not a traditional area of council activity and so is likely to require partnership arrangements with relevant agencies.

Protection of assets and infrastructure from extreme events associated with climate change was also noted as an issue that may require further attention. Most Council's identified their involvement in the Zone Emergency Management Committee as important for addressing Public Health in emergency and disaster management planning. There will be a need to ensure that this is reflected in the Zone Emergency Management Plan for the region which is currently being developed.

<sup>1</sup> Thompson S & McCue P 2008, *The CHES principles for healthy environments: an holistic and strategic game plan for inter-sectoral policy and action*, NSW Premier's Council for Active Living, Sydney.

		Mid Murray Council	District Council of Karoonda East Murray	Southern Mallee District Council	Renmark Paringa Council	Rural City of Murray Bridge	District Council of Loxton Waikerie	Berri Barmera Council	Coorong District Council
Building Stronger Healthier Communities for all generations	Older residents	Well addressed	Well addressed	Well addressed	Adequately addressed	Adequately addressed	Adequately addressed	Well addressed	Well addressed
	Younger residents	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed
	Indigenous Population	Not sufficiently addressed	Adequately addressed	Adequately addressed	Well addressed	Not sufficiently addressed	Not sufficiently addressed	Adequately addressed	Well addressed
	People for whom English is not their first language	Not sufficiently addressed	Not sufficiently addressed	Not sufficiently addressed	Well addressed	Not sufficiently addressed	Not sufficiently addressed	Not sufficiently addressed	Not sufficiently addressed
	Planning for all abilities	Well addressed	Adequately addressed	Adequately addressed	Not sufficiently addressed	Well addressed	Well addressed	Well addressed	Adequately addressed
	Social Inclusion	Well addressed	Adequately addressed	Adequately addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed
	CHES Principles	Adequately addressed	Adequately addressed	Adequately addressed	Well addressed	Well addressed	Well addressed	Well addressed	Adequately addressed
	Public Health Implications of Climate Change	Adequately addressed	Adequately addressed	Adequately addressed	Adequately addressed	Adequately addressed	Adequately addressed	Adequately addressed	Well addressed
Increasing Opportunities for Healthy Living, Eating and Being Active	Physical Activity	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Adequately addressed	Well addressed
	Healthy Eating	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Not sufficiently addressed	Well addressed
	Alcohol Consumption	Well addressed	Not sufficiently addressed	Not sufficiently addressed	Adequately addressed	Well addressed	Adequately addressed	Well addressed	Adequately addressed
	Tobacco Consumption	Not sufficiently addressed	Adequately addressed	Adequately addressed	Adequately addressed	Adequately addressed	Not sufficiently addressed	Not sufficiently addressed	Adequately addressed
Preparing for Climate Change	Planning for Climate Change Adaptation	Adequately addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed	Well addressed
	Protection of Assets and Infrastructure	Well addressed	Adequately addressed	Adequately addressed	Adequately addressed	Well addressed	Well addressed	Well addressed	Adequately addressed
Sustaining and Improving Public and Environmental Health	Public Health Service Delivery	Well addressed	Adequately addressed	Adequately addressed	Well addressed	Well addressed	Adequately addressed	Well addressed	Well addressed
	Emergency and Disaster Management	Well addressed	Adequately addressed	Adequately addressed	Well addressed	Adequately addressed	Adequately addressed	Well addressed	Adequately addressed

	Not sufficiently addressed
	Adequately addressed
	Well addressed

## 9 Strategies for Promoting Health

### Stronger and Healthier Communities and Neighbourhoods for All Generations

This section refers to programs that the councils in the Murray and Mallee Local Government Region are either jointly undertaking or are providing that promote community connectedness and resilience and address the needs of people at different life stages.

*“This places a focus on how to make our communities more liveable, walkable, inclusive and accessible. It can be as straightforward as looking at ways of improving access to parks and playgrounds, improving footpaths and street lighting, increasing cycle ways and improving transport plans generally. It can also include increasing opportunities for social connectedness, volunteering and other forms of community participation, as well as developing and implementing community safety strategies.” South Australia: A Better Place to Live 2013*

#### What are Councils already doing across the region?

##### Older Citizens

Presently the Home and Community Care (HACC) program provides the care, transport and nursing services to support vulnerable people to remain living at home. The HACC program is funded by Federal and State government agencies and also receives a contribution from councils in the region.

Community Passenger Networks (CPN) are funded through the (HACC) program and the Department of Planning Transport & Infrastructure (DPTI). The schemes provide transport to elderly citizens to allow them to access hospitals, specialists and allied health. There are 3 community transport schemes operating in the Region:

- Murray Transport Connections which covers the Murray Bridge and Mid Murray Council areas.
- Murray Mallee Community Transport Scheme which covers the Coorong DC, Karoonda East Murray DC & Southern Mallee DC.
- Riverland Community Transport Scheme

The Riverland Mallee Coorong Taskforce facilitates collaboration and service integration in the aged care sector. The taskforce is also involved in regional planning, data collection and advocacy in relation to aged care service reform.

Other public amenities provided by council include development of accessible footpaths, shops, car parks, seating, shelter and shade. Most Councils also provide libraries and community facilities that support participation by older residents.

##### Younger Citizens

Councils provide playgrounds and recreation spaces for young people. Councils have also identified the potential to coordinate the provision of large infrastructure such as playgrounds at a regional level (particularly within the Riverland) to increase the diversity of recreational opportunities.

##### People with Disabilities and their Carers

The Home and Community Care (HACC) program and Community Passenger Networks also provide services and support for younger people with disabilities and their carers. These groups also have specific needs with respect to physical infrastructure and the design of public spaces and community facilities. Councils are responsible for ensuring that their projects and developments undertaken by others meet legislated standards for disability access.

##### Indigenous Communities

The needs of Aboriginal and Torres Strait Islander peoples with respect to disease prevention and improved management of health issues are well documented. Within the region there are two Aboriginal settlements that are managed by Aboriginal Community Councils.

The Gerard community is located in the Riverland Region and Raukkan is located on the Lower Murray adjacent to the Lower Lakes.

The Coorong Council has a service agreement with the Raukkan Community Council.

### **Migrant and Refugee Communities**

These communities can have specific issues related to their ability to obtain information in their own language and cultural issues that restrict their ability to use some services e.g. availability of female health professionals. Some Councils in the region have established partnerships with migrant and refugee services as well as with community-based ethnic organisations.

### **Mental Health**

Councils play a significant role in promoting mental health and wellbeing through creating environments that are inclusive, welcoming and connected. The development and maintenance of public spaces, recreational facilities and community services all contribute to environments that are supportive of mental health. Planning policy is particularly important as it can determine opportunities for social interaction and access to green spaces, both of which make a positive contribution to mental health. Loxton-Waikerie and Renmark Councils also offer free public Wi-Fi service at certain places which improves access to on-line access to mental health support and services.

The South Australian Government's Suicide Prevention Framework identifies a goal to "provide a sustainable, coordinated approach to service delivery, resources and information within communities to prevent suicide". The Frameworks identifies a need for the development of Local Government Action Plans on suicide prevention activities. The development of these plans will be a key response to the risks to mental health identified for the region and will be led by State Government agencies in partnership with Councils.

Headspace is a national youth mental health foundation that provides a mental health service to young people aged 15-25 in the Murraylands sub-region. There is a Headspace centre in Murray Bridge.

### **Climate Change Adaptation**

The climate change forecasts for South Australia suggest an increase in the number of days with extreme heat. Vulnerable community members include children and elderly. All councils provide facilities such as libraries that can be used as refuges on hot days.

On very hot days HACC programs make contact with people who are identified as vulnerable to help them plan for coping with high temperatures. The high costs of electricity can make some vulnerable households reluctant to use air conditioners.

New houses are required to be energy efficient which will assist residents to adapt to the number of hotter days as a consequence of climate change.

### **Access to Education and Training**

Councils in the Riverland support alternative learning options and programs offered through Flinders University Rural Clinical School, Riverland Learning Exchange, Riverland Innovative Community Action Networks (RICAN) and Operation Flinders (and the Chaffey Community Centre).

### **Use of Digital Technology**

Regional Development Australia (RDA) Murraylands is currently undertaking a project to increase the access of health service providers and recipients in the region to digital technology. The project team is working to improve access to health services and greater efficiency in existing services through the region to meet demand.

## Strategies for Promoting Health

Public Health Priorities:	Strategies to promote health	Actions by Councils	Expected Outcomes:	Role of Partner agencies (draft)
<b>Building Stronger Healthier Communities for All Generations</b>				
Building Community connectedness through the design of the built environment and provision of physical infrastructure	<p>Incorporate the CHES principles in planning policy to create environments that are:</p> <ul style="list-style-type: none"> <li>• Connected</li> <li>• Healthy eating</li> <li>• Safe</li> <li>• Sustainable</li> </ul> <p>Public spaces and footpaths provide access for people of all ages and abilities</p>	<ul style="list-style-type: none"> <li>• Provide input to the Planning Strategy update that addresses these issues at a regional level</li> <li>• Incorporate CHES principles into Development Plan Amendments where appropriate</li> <li>• Planners and DAP members to undertake training on health and planning when it is available</li> <li>• Ensure Council's Disability Action Plan is regularly reviewed and updated</li> <li>• Include accessibility as a key specification in all Council Works Projects and contracts – Council contracts and projects have accessibility specifications</li> </ul>	<ul style="list-style-type: none"> <li>• All councils have completed BDP conversions</li> <li>• Evaluation of DPA's will show incorporation of CHES principles</li> <li>• Planners and DAP members have undertaken training in health in planning</li> </ul>	<ul style="list-style-type: none"> <li>• DPTI may incorporate CHES principles in updates to the Planning Strategy.</li> <li>• LGA / PIA could provide professional development for planners on implementing the CHES principles into amendments to council Development Plans.</li> </ul>
Building Community connectedness through social infrastructure and community development initiatives	Support the needs of people of different ages and abilities: Older people and people with disabilities	<ul style="list-style-type: none"> <li>• Raise awareness in the community of the CPN – Community Passenger Network</li> <li>• Facilitate greater use of volunteer drivers by coordinating and sharing volunteers across councils</li> <li>• Continue to support programs and facilities that enable participation by older people</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in Community Transport passenger numbers</li> <li>• Increase in volunteer numbers</li> <li>• Customer satisfaction survey shows levels of service delivery are meeting demand.</li> </ul>	<ul style="list-style-type: none"> <li>• Departments of Health and Ageing, DCSI, DPTI are requested maintain HACC funding to the region.</li> </ul>



Public Health Priorities:	Strategies to promote health	Actions by Councils	Expected Outcomes:	Role of Partner agencies (draft)
<b>Building Stronger Healthier Communities for All Generations</b>				
	Support the needs of people of different ages and abilities: Younger people	Increase availability of internet access through Wi-Fi coverage and plug-in points in council libraries.	<ul style="list-style-type: none"> <li>Internet use at council facilities increases</li> <li>Number of computers available in council services increases</li> </ul>	No partnership requirements identified
		Councils to promote available school facilities for sports and recreation  Pursue greater opportunities for young people to be active in sport.	Number of schools offering after school facilities	DECD may provide greater options for use of school facilities after hours
	Recognise the specific health and participation issues affecting Indigenous people and those for whom English is not their first language	<ul style="list-style-type: none"> <li>Build and strengthen relationships with Aboriginal community leaders and migrant organisations.</li> <li>Provide information in easy to read formats and in culturally relevant ways.</li> </ul>	Increased participation of Aboriginal people and people from migrant communities in Council-led and promoted health initiatives	Raukkan and Gerard Community Councils and the Migrant Resource SA Centre and regional migrant organisations may work with Councils to promote health in culturally appropriate ways.
Improved access to health services	Reduce travel distance to major hospitals through access to services in Mildura which closer than Adelaide hospitals for some patients.	No actions required at this stage	Mildura Base Hospital provides services to the region	SA Health may investigate partnership arrangement with Victorian Government.
Public Health Implications of climate change are addressed	Ensure the community members know how to respond to hot days and mosquito borne disease	Councils to distribute SA government education materials about extreme heat events to the community	Councils distribute extreme heat and 'fight the bite' brochures to the community.	No partnership requirements are identified

Public Health Priorities:	Strategies to promote health	Actions by Councils	Expected Outcomes:	Role of Partner agencies (draft)
<b>Building Stronger Healthier Communities for All Generations</b>				
		Information distributed to the community about opportunities to use school facilities		
Mental health & Suicide Prevention	The State Government's Suicide Prevention Framework is implemented using a regional approach	Councils to cooperate with SA Health and LGA initiatives to develop a Suicide Prevention Plan	Councils are familiar with State Suicide Prevention framework	SA Health and LGA could coordinate a Suicide Prevention action plan for the M&MLGA region in collaboration with Medicare Local

## Increasing Opportunities for Healthy Living, Eating and Being Active

This section focuses on the opportunities provided by Councils within the Murray and Mallee LGA for promoting healthy living, eating and physical activity within the community.

*“Non-communicable conditions threaten our individual health and the productivity and vitality of our community. Overweight and obesity and low levels of physical activity are major risk factors for many non-communicable conditions (such as type 2 diabetes, stroke, ischaemic heart disease and certain forms of cancer) as well as contributing to overall mortality.” South Australia: A Better Place to Live 2013*

### What are Councils already doing across the region?

The five councils that make up the Murraylands: Coorong District Council, District Council of Karoonda East Murray, Mid Murray Council, Rural City of Murray Bridge and Southern Mallee District Council have a number of common features and programs to promote physical activity and better nutrition. The River Murray in particular, is a unifying feature that provides opportunities for recreation, physical activity and access to a natural environment that creates a sense of wellbeing. Each council creates access to the river through the provision of parks and reserves. These programs are central to the Council’s current actions to address the public health priority of Opportunities for Healthy Living, Eating and Being Active.

### Healthy Community initiatives:

Healthy Murraylands (5 Murraylands councils)

River Life (Renmark Paringa Council) **OPAL program councils:**

- Mid-Murray
- Coorong
- Murray Bridge

OPAL communities are sharing facilities across all council’s different council areas.

Councils support the SA Government Office for Recreation and Sport STARCLUB Program which promotes clubs to be well managed.

### Healthy Murraylands Program

The Healthy Murraylands program aims to improve nutrition and increase physical activity participation within the region. Participating councils are increasing the rate of participation in exercise, recreation and sport.

### Supporting Physical Activity

In addition to these programs, all Councils provide and maintain playgrounds, sporting facilities, footpaths and trails which support physical activity.

### Alcohol and Tobacco consumption

Individual Councils have developed dry zones which prohibit public consumption of alcohol in certain riverbank areas to prevent problem drinking, violence and antisocial behaviour.

Mid-Murray Council was the recipient of the National Heart Foundation Healthy Community Award 2013 for councils with populations of 15,000 or less. The award recognised initiatives such as the OPAL strategic plan, nutrition policies, Healthy Lifestyle Policy, Community Bus Strategy and the introduction of community gyms within the community. These initiatives target the health of the whole of the community with a focus of improving the lives of those most at risk of chronic disease.

## Strategies for Promoting Health

Public Health Priorities:	Strategies to promote health	Actions by Councils	Expected Outcomes:	Role of Partner Agencies:
<b>Increasing Opportunities for Healthy Living, Eating and Being Active</b>				
Boosting opportunities for physical activity and access to healthy food.	Maintain successful OPAL and Healthy Communities programs	Advocate for retention of OPAL funding or substitute funding for sustaining key projects that contribute to these goals	Level of funding for OPAL and Healthy Communities program activities is maintained or replaced by other funding that targets these outcomes	SA Health and LGA may advocate for additional funding by State Commonwealth governments
	Open space and recreation strategies focus on areas of demand	Councils to review open space and recreation strategies	Development of Tracks & Trails/Cycling/Walking Strategies	DPTI and the Office of Recreation and Sport can assist Councils to review and improve open space and recreation opportunities.
	Promote Farmers' markets to increase access to fresh produce	Support the establishment of farmers' markets in the region	Maintaining the viability of farmers' markets in the region	PIRSA Food Group can promote regional authenticity in farmers' markets
	Councils provide leadership in promoting healthy eating	Councils to develop Healthy Catering Policy for Council owned/operated venues & events and host information on council websites for groups to use.	Council venues and events implement a Healthy Catering Policy	Heart Foundation could provide guidelines to community groups
Reducing the prevalence of smoking in the community	Smoking in public places is discouraged	Councils to develop a Tobacco-Free Policy to apply on Council land & property  <i>Note: at this stage Council's do not</i>	Tobacco-Free policy applies on Council land and property	SA Health may establish partnerships with councils to reduce harm from excessive alcohol and tobacco use

Public Health Priorities:	Strategies to promote health	Actions by Councils	Expected Outcomes:	Role of Partner Agencies:
<b>Increasing Opportunities for Healthy Living, Eating and Being Active</b>				
		<i>have the capacity to issue expiation notices issued for smoking in public places</i>		
Reducing harm from alcohol consumption	Dry zones are implemented in public places	Individual Council responses: dry-zone areas	SAPOL statistics on nuisance behaviour in public areas show improvement.	An informal arrangement already exists between M&MLGA councils and SAPOL

## Preparing for Climate Change

This section focuses on the ways in which the Councils of the Murray and Mallee LGA provide for the community with extreme weather events and potential disasters related to changing weather and climate patterns.

*“There is no doubt that climate change will have and is having implications for both the health of the public and public health infrastructure. There is also no doubt that climate change is an issue that warrants concerted efforts both across and between governments and from the whole community.*

*The inexorable longer term changes in climate mean, for example, that we need to plan and redesign our communities for warmer conditions, including better provision for shade and other cooling green infrastructure elements.” South Australia: A Better Place to Live 2013*

### What are Councils already doing across the region?

- Individual councils provide facilities and shade that serve as refuges from hot days
- Councils have reviewed and updated inclement weather policies to establish a coordinated redirection of outdoor staff/volunteers to cool locations and/or to undertake alternative work. (As recommended by the LGA Climate Adaptation responses)
- The Murray & Mallee Local Government Association Strategic Plan 2011 -2014 Social objectives identifies the need to develop an Integrated Regional Vulnerability Plan addressing:
  - Climate change
  - Changed river flows
  - Impacts on public and private infrastructure
  - Improve controls and funding for riverbank collapse and levee bank maintenance to reduce financial impact on local Councils and communities

## Strategies for Promoting Health

Public Health Priorities:	Strategies to improve health	Actions by Councils	Expected Outcomes:	Role of Partner Agencies (draft)
<b>Preparing for Climate Change</b>				
Community resilience to climate change	Councils are prepared for climate change and have considered its public health implications	Councils to determine their capacity to deliver emergency response and recovery services for extreme heat events. and partner with relevant authorities/agencies where appropriate (recommended by the LGA as Climate Adaptation responses for councils)	Development of a capacity analysis for emergency response for extreme heat event (through the Vulnerability Assessment Plan)	LGA, DCSI and Commonwealth agencies may partner with Councils to address identified areas of need.
		Council contractors and providers should ensure climate change is considered in their business planning and incorporated in strategies for vulnerable groups (as recommended by the LGA as Climate Adaptation responses for councils)	LGA standard contract is updated to require contractors to address climate change risks	Local Government Association could update its standard contract to require contractors to address climate change risks.
		Promote libraries as places of refuge in extreme heat – cool place with cold water	Council communications promote libraries as refuges on hot days.	Doctors and health services can promote libraries as refuges on hot days.



Public Health Priorities:	Strategies to improve health	Actions by Councils	Expected Outcomes:	Role of Partner Agencies (draft)
<b>Preparing for Climate Change</b>				
	Public Health infrastructure is resilient to climate change and extreme events	Ensure the Integrated Vulnerability Assessment Plan for the region specifically addresses public health infrastructure to ensure its continued functioning during an extreme event.	Completion of the Integrated Vulnerability Assessment Plan.	SA Health could provide advice to the M&MLGA during the development of the Vulnerability Assessment Plan.
Plan for the economic impacts of climate change on local industry	Support water reuse industries throughout the region, with a view toward primary production and industry diversification and investigate options regarding regional or subregional Water Management Plans (see M & M LGA Strategic Plan 2011 – 2014).	Provide input and support the recommendations of the SA MDB and NRM Boards.  Access grants from the Strengthening Basin Communities program (see M & M LGA Strategic Plan 2011 – 2014).	Commonwealth grants support industry restructuring	Regional Development Australia, Murray Darling Basin Commission, Natural Resource Management Board and the Department of Environment (Commonwealth) are potential partners to achieve this strategy.

## Sustaining and Improving Public and Environmental Health

This section focuses on the ways in which the Councils of the Murray and Mallee service the community in terms of food safety, immunisation, communicable disease prevention and control, environmental factors and health, noise and air quality.

*“Our communities function because of basic public health protection services and strategies. If they were absent or weakened, our health would be severely challenged due, for example, to the dangers of poor water quality, unsafe foods, ineffective waste disposal, falling immunisation rates and the spread of more virulent infectious diseases, poorly designed or unsafe dwellings, and inadequate community infrastructure.” South Australia: A Better Place to Live 2013*

### What are Councils already doing across the region?

- Individual councils respond to air quality complaints from the community
- Provision of immunisation services
- Coordination of food safety training
- Mosquito Control Programs
- Murray and Mallee Zone Emergency Management Plan (ZEMP) (draft 2012) provides a risk management framework to prevent and manage emergencies within the M&MLG region. The document is presently in draft form and does not yet identify public health risks.

## Strategies for Promoting Health

Public Health Priorities:	Strategies to improve health	Actions by Councils	Expected Outcomes:	Role of Partner Authorities
<b>Sustaining and Improving Public and Environmental Health</b>				
Improving air quality in specified locations	Identify sources of air pollution.	Compliance with legislation	Number of air quality complaints received by Councils declines.	EPA can work with Councils and business to reduce identified sources of air pollution.
Retain and extend South Australia's high rate of vaccine uptake (see SA Public Health Plan)	Increase the rate of immunisation for children aged 18 months to 5 years in parts of the region that are lower than others	<ul style="list-style-type: none"> <li>• Coordination and support for immunisation services</li> <li>• Letting people know services are available</li> </ul>	Immunisation rates increase for children aged 18 months to 5 years	SA Health can collaborate with the following organisations to improve models for funding <ul style="list-style-type: none"> <li>• DECD</li> <li>• Australian Childhood Immunisation Register</li> <li>• Medicare Local</li> </ul>
Improved models of service delivery across the Murray and Mallee Region.	Regional models of service delivery have a regional focus that is streamlined and take account of contemporary issues and technologies (see SA Public Health Plan)	<ul style="list-style-type: none"> <li>• Explore shared services options where appropriate, Riverland Councils to investigate shared service arrangements</li> <li>• Greater cooperation and resource sharing across the M&amp;MLGA councils</li> </ul>	A shared service agreement is in place between M&MLGA councils.	SA Health and the LGA can work assist councils improve models of service delivery
Lower the risks of mosquito-borne disease	Mosquito numbers are controlled to reduce the risk of infection	Councils maintain mosquito controls and take additional action when floodplains are artificially flooded– as this leads to increase in mosquito numbers	Agreement between DEWNR and M&MLGA to share information about flooding.	DEWNR can advise Councils when flood plains are artificially flooded

Public Health Priorities:	Strategies to improve health	Actions by Councils	Expected Outcomes:	Role of Partner Authorities
<b>Sustaining and Improving Public and Environmental Health</b>				
Emergency Management and Disaster Planning	Public Health forms part of emergency and disaster management planning in the region.	Provide input into the development of the Zone Emergency Management Plan to identify public health risks relevant to the region and treatments to address these.	The completed ZEMP identifies public health risks and measures to prevent and manage these.	LGA and SAFECOM can support Zone Emergency Management Committee to incorporate public health in the Emergency Management Plan for the region.
Reducing death and illness resulting from asbestos-related diseases.	Raise awareness of the dangers associated with exposure to asbestos fibres.	Councils to give consistent information about asbestos management and removal to business and the community.	Business and the community are provided with consistent information about asbestos management and removal.	EPA, SA Health and Safe Work SA can provide advice on asbestos management and removal.
Swimming pool safety	Improve safety of private swimming pools to meet Swimming Pool Safety Regulations 2010.	Facilitate education, enforcement and compliance of Swimming Pool Safety Regulations 2010 for swimming	Improved compliance- provide private swimming pools meet Building Code Australia standards for safety.	DPTI Planning division can work with Councils to support improved compliance with the Swimming Pool Safety.
Safety in inland waterways	Promote community awareness of the risks of inland waterways and safety precautions when using rivers, lakes and dams.	Councils to provide distribute information about safety in inland waterways.	Councils distribute information about water safety with emphasis on inland waterways.	SAFECOM (Water Safety Committee) can provide information to councils for distribution.

## 10 Implementation, Evaluation and Governance

### 10.1 Implementation

The processes for implementing the PHP will be developed during 2014 during which time SA Health and the LGA will be working to build the capacity of councils, and other agencies to support the public health goals of local government.

**Contact Officer:** A senior contact officer will be appointed who will perform operational liaison functions with SA Health and the LGA and will be the principal point of contact with Public Health Partner Authorities.

**Regular meetings of the Steering Group:** the Steering Group will continue to meet on a regular basis to oversee the implementation of the PHP. There will be a role for managers of different areas of service delivery within council to implement actions within their areas of responsibility. The Steering Group will be responsible for preparing reports on the implementation of the PHP to the executive membership of the M&MLGA. This may include assigning responsibility for across-Council coordination to a senior manager.

**Integration into Strategic Management Plans:** Individual Councils will consider the most effective ways to integrate this PHP into their Strategic Management Plans following the review of planning obligations contained in s.122 of *the Local Government Act 1999*.

**Development of Partnerships:** SA Health will take a lead role in establishing partnership arrangements with the State and Federal Government Agencies identified in the action plan. This will be an ongoing process during 2014 as agencies formally take on the role of Public Health Partner Authorities and develop their capacities to respond to the needs of councils identified in PHP's. Some of these agencies already have partnership arrangements with councils in the M&MLGA to provide services such as HACC funding, transport and disaster management which are identified in this PHP. In these cases, the existing partnerships will be strengthened by a more formal arrangement.

### 10.2 Evaluation

The legislation requires Council's to report on progress of implementing the PHP to the Chief Public Health Officer every 2 years. A report on the implementation of the PHP should be provided to SA Health by the end of 2014. The evaluation measures have been selected on the basis of the SMART principles: Specific; Measurable; Ambitious and Achievable; Results-based and Time-bound.

### 10.3 Governance

The Murray and Mallee LGA provides an organisational structure to effectively coordinate the implementation of the PHP at a regional level. The association has been established to carry out a coordinating, advocacy and representational role for its constituent councils across the region. Its charter establishes a role to facilitate and coordinate activities of local government at a regional level related to environment, economic and social development. This scope will allow it to address the range of strategic priorities of the PHP. The purpose of the Association includes the development and management of policies which guide the conduct of programs and projects in the region with the objective of securing the best outcomes for the communities in the region.

## 11 Glossary

**Affordable housing** is housing that is appropriate to the needs of households with low and moderate incomes (i.e. up to 120% of gross annual median income). The indicative affordable house purchase price for these groups—currently \$255,000—is determined by the affordability indicators gazetted on 8 October 2009 (p. 4,818) or as amended from time to time under the *Development Act 1993* and South Australian Housing Trust (General) Regulations 1995

**BDP** refers to the Better Development Plan modules. This is the former name for the Department of Planning Transport and Infrastructure (DPTI)'s Planning Policy Library which contains a suite of 'best practice' planning policies for use by Council's when updating their Development Plans.

**CHES Principles** are principles for healthy environments, enabling professionals to work inter-sectorally and collaboratively to strategically devise policy and subsequent actions for wellbeing. These include Connected Environments, Healthy Eating Environments, Safe Environments and Sustainable Environments.

**Climate Change** refers to any significant change in the measures of climate lasting for an extended period of time. In other words, climate change includes major changes in temperature, precipitation, or wind patterns, among others, that occur over several decades or longer.

**Connected Environments** are places where basic needs are provided locally so it is easy and convenient to get from place to place by using active transport. Additionally, Connected Environments may also refer to the connected ways of working through collaboration to achieve inter-sectoral planning design and implementation from the outset.

**Development Plan** is a statutory document that provides policies to assess development applications. For a council to ensure development outcomes are in accordance with its strategic management plan, the Development Plan must reflect the council's vision and complement the State's Planning Strategy.


**Healthy Eating Environments** are environments where there is a good choice of fresh food which is culturally appropriate, delicious and reasonably priced.

**Local Government Authorities (LGA)** LGA means the Local Government Association of South Australia;

**Notifiable condition** means a disease or medical condition that is a notifiable condition under Part 9;

**Public Health** means the health of individuals in the context of the wider health of the community.





**Safe Environments** are the foundation of a healthy city. Community Safety audits and the use of ‘Crime Prevention Through Environmental Design’ are examples of this, used to ensure environments are safe and to encourage use of public areas.

**Social support** includes resources provided by other persons or ‘information leading the subject to believe that he is cared for and loved, is esteemed and valued, and belongs to a social network of communication and mutual obligation’. There is now substantial evidence to show that social support is beneficial to health and that social isolation leads to ill health. Social support has a positive effect on many different aspects of both physical and mental health; while ‘vulnerability factors’, such as lack of support, predispose a person to the development of ill health following a stressor such as an acute life event. Two types of mechanisms—direct effects and indirect (or ‘buffering’) effects—have been described for the action of social support on health.

**Sustainable Environments** are environments that facilitate growth and change over time and are ultimately supportive of good health.

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