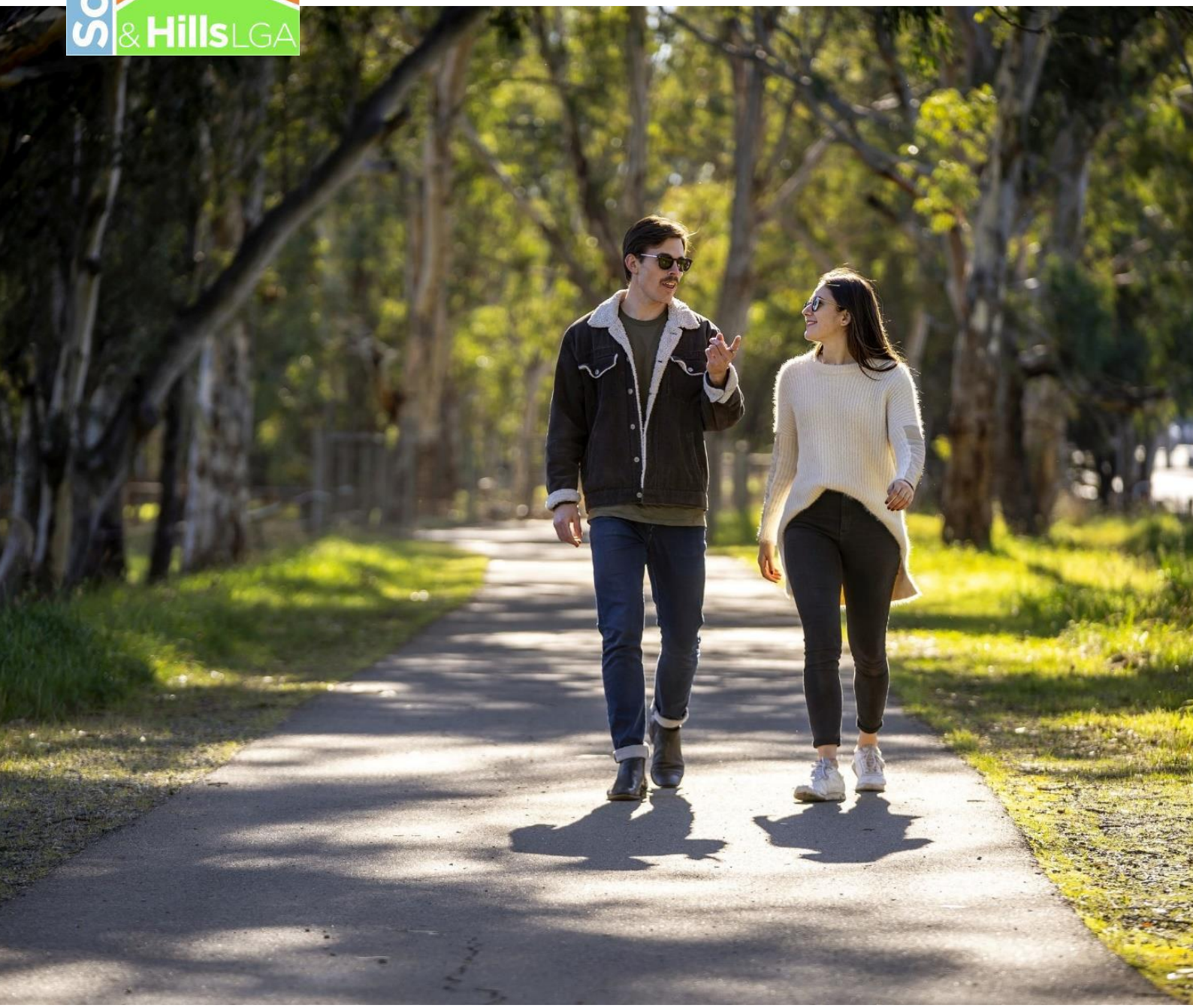
Southern and Hills LGA
DRAFT Regional Public Health Plan 2022-27



Southern and Hills LGA
Draft Regional Public Health Plan 2022–2027

Version 5: 14/04/22

Prepared by Adelaide Hills Council, in partnership with the Southern and Hills Local Government Association (S&HLGA) Regional Public Health Plan Working Group, on behalf of the six Constituent Councils of the Association:

- Adelaide Hills Council
- Alexandrina Council
- Kangaroo Island Council
- Mount Barker District Council
- District Council of Yankalilla
- City of Victor Harbor

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Acknowledgement of Country

The Southern & Hills Local Government Association acknowledges and respects Aboriginal peoples as the region's first people and recognises their traditional relationship with Country.

We acknowledge that the spiritual, social, cultural, and economic practices of Aboriginal peoples come from their traditional lands and waters and that their cultural and heritage beliefs, languages, and laws are still of importance today.

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Acronyms

ABS - Australian Bureau of Statistics

GA – Greater Adelaide

IRSD - Index of Relative Socio-economic Disadvantage

LGA – local government area

LGILC - Local Government Information Linkages and Capacity Building Program

MMM - Modified Monash Model

RPHP – Regional Public Health Plan

RSA – Regional South Australia

S&HLGA – Southern & Hills Local Government Association

Introduction

This Plan is the second Regional Public Health Plan (RPHP) for the Southern and Hills region and is a collaboration of the six constituent councils of the Southern and Hills Local Government Association (the S&HLGA):

- Adelaide Hills Council
- Alexandrina Council
- Kangaroo Island Council
- Mount Barker District Council
- District Council of Yankalilla
- City of Victor Harbor

This Plan is for the period 2022 to 2027 and builds on the first Regional Public Health Plan for the S&HLGA (2015-2020). It will provide the basis for the next Regional Public Health Plan (2028-2033).

This Plan responds to a fresh assessment of the population health and risks in our local communities and the region as a whole.

About the Southern and Hills LGA

The Southern and Hills Local Government Association (S&HLGA) is a regional group of councils, first formed in July 1969 as a regional subsidiary under Section 43 and Schedule 2 of the Local Government Act 1999.

In order to improve the wellbeing of communities across the region, the S&HLGA undertakes a regional coordinating, representational, advocating and communications role on behalf of its six member councils.

The 2021 S&HLGA Strategic Plan sets out the long-term vision and direction of the Association and encapsulates the collective commitment of the member councils:

> *The councils of the Adelaide Hills, Fleurieu Peninsula and Kangaroo Island region under the umbrella of the Southern and Hills Local Government Association, co-operating with and supporting each other to improve the wellbeing on their communities.*

Action 4.4 of the S&HLGA's Business Plan 2021-2025 is to work with the member councils to implement and monitor the Regional Public Health Plan, as well as continuing to support the S&HLGA Regional Public Health Plan Working Group.

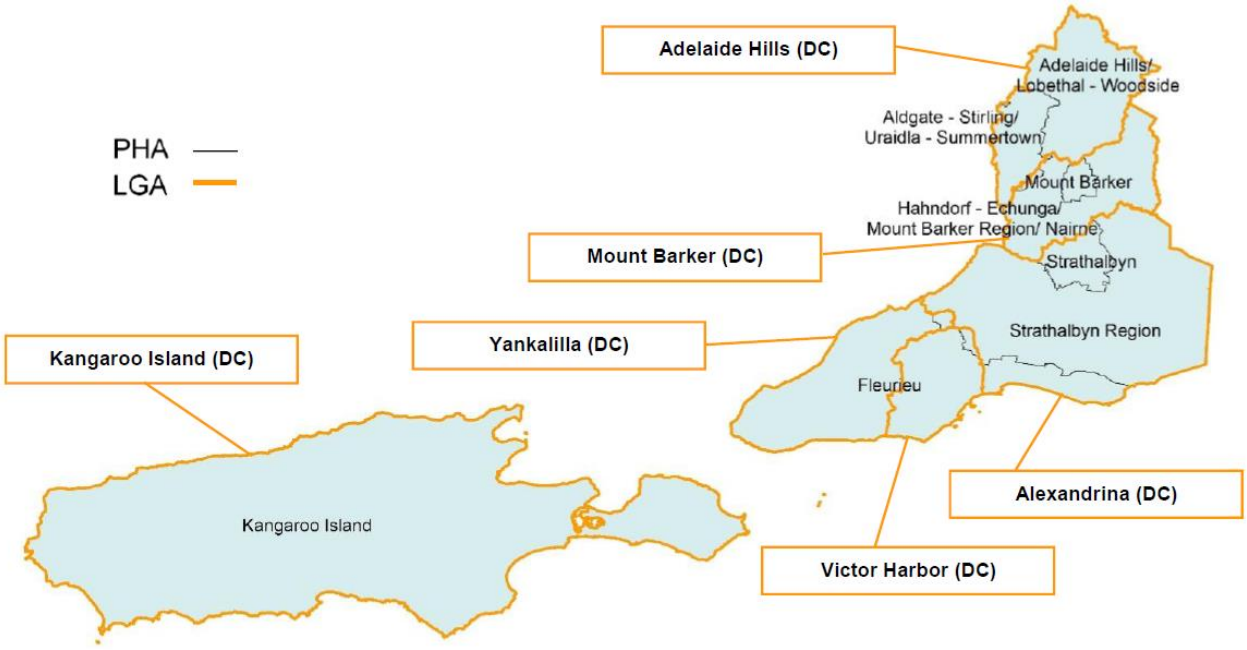


Figure 1 – Map of the Southern & Hills LGA region and its constituent district council (DC) areas and Population Health Areas (PHAs)[1]

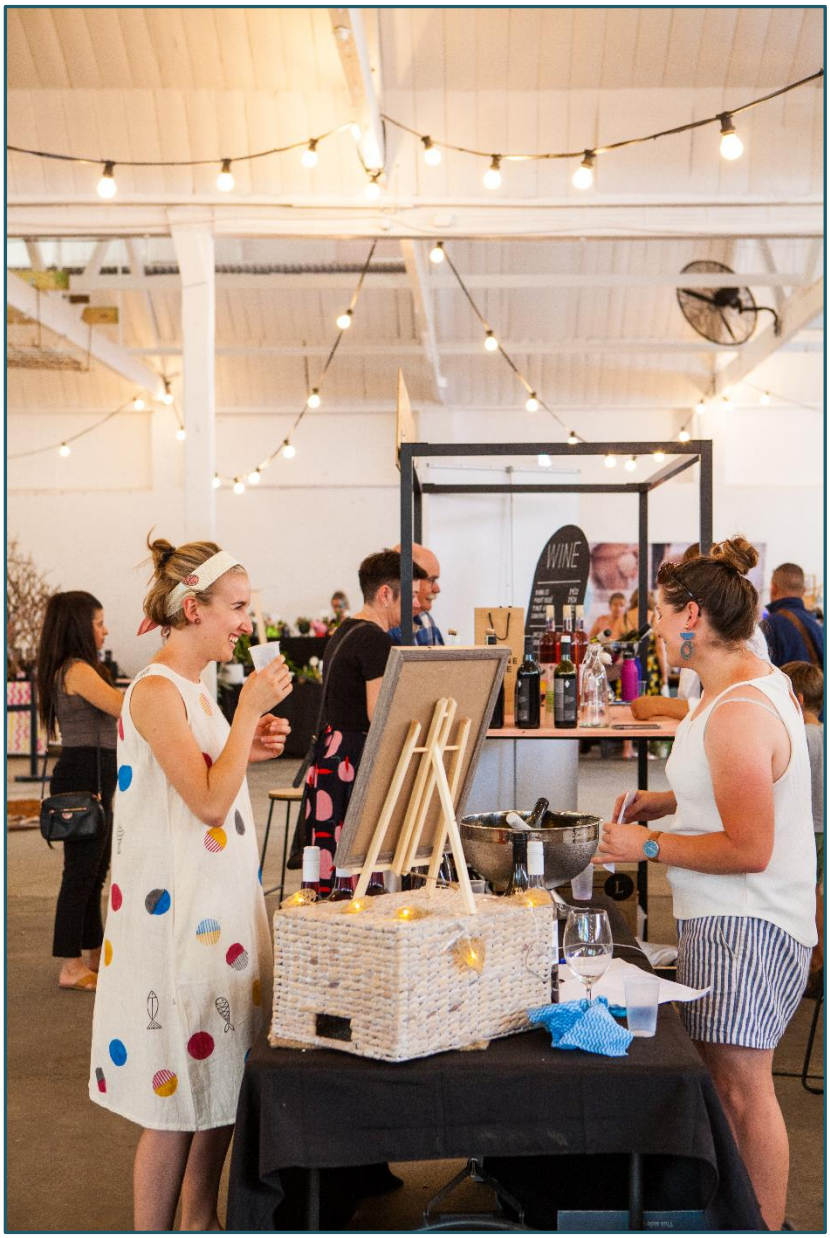
[1] 'Population Health Areas' (PHAs) are geographical areas based on suburbs (in cities and larger towns) and localities (in regional and remote areas) as published by the Australian Bureau of Statistics as Statistical Areas Level 2 (SA2s). PHAs are comprised of either whole SA2s or multiple (aggregates of) SA2s. Source: Population Health Profile for the Southern & Hills LGA (September 2019), prepared by the Public Health Information Development Unit (PHIDU) for the LGA of SA

Legislative requirements

The *South Australian Public Health Act 2011* (the Act) requires that a council, or group of councils (like the S&HLGA) prepare and maintain a 'regional public health plan' to protect the public health of their communities, prevent illness, disease and injury and promote conditions to support community wellbeing. The S&HLGA's first Regional Public Health Plan (adopted May 2015) was prepared to meet this requirement.

The Act (s51) requires that, once prepared, the RPHP must be reviewed at least once every 5 years. The S&HLGA's first Plan was due for review in mid-2020. However, owing to COVID-19, the due date for the reviewed RPHP was extended to 1 September 2022.

The Act (s51) also requires that the review of the previous RPHP must undertake a fresh assessment of population health and risks in the region, and consider any required changes to the RPHP arising from the second State Public Health Plan 2019-24. The development of this Plan was based on the review outcomes.



Alignment with the State Government's strategic priorities

This Plan aligns with the South Australian State Public Health Plan 2019-2024 (the State Plan). The State Plan's vision is for "*a healthy, liveable and connected community for all South Australians*". To achieve this vision, the State Plan calls for coordinated action across four priorities:

Figure 2 - Priorities of the State Public Health Plan 2019-2024[2]

This Plan also aligns with the first Wellbeing SA Strategic Plan 2020–2025. Wellbeing SA is an agency established in January 2020 to deliver a renewed focus and action on prevention in South Australia and a broad understanding of wellbeing. Wellbeing SA's Plan sets a vision for "*a balanced health and wellbeing system that supports improved physical, mental and social wellbeing for all South Australians*". It identifies three priority focus areas that have been taken into consideration when developing this Plan:

Figure 3 - Focus areas of the Wellbeing SA Strategic Plan 2020-2025[3]

[2] Source: South Australian State Public Health Plan 2019-2024, p.26
[3] Source: Wellbeing SA Strategic Plan 2020–2025, p.11

Alignment with the councils' strategic plans

All constituent councils are already contributing to public health and wellbeing outcomes across their core business. The key strategic plans of all councils (Table 1) include aspirational goals which are relevant to the health and wellbeing of their communities.

Each council's key strategic plan was reviewed and incorporated when developing actions for this Plan to ensure consistency. Aligning this Plan with councils' strategic plans ensures that actions towards achieving public health outcomes are appropriately programmed and resourced.

Table 1 – Key strategic plans of the constituent councils of the S&HLGA

Constituent council	Key strategic plan	Aspirational guiding themes
Adelaide Hills Council	Strategic Plan 2020-24: A brighter future	• A functional built environment • Community wellbeing • A prosperous economy • A valued natural environment • A progressive organisation
Alexandrina Council	A2040: Our plan to thrive 2020-2024	• Liveable Alexandrina • Green Alexandrina • Connected Alexandrina
Kangaroo Island Council	Strategic Plan 2020-2024	• A built environment focused on essential and community services • Community and individuals empowered to improve the quality of Island life • Re-establish a strong and diverse economy • Our environment is maintained, enhanced and protected • Leadership to deliver positive social, financial and environmental outcomes
Mount Barker District Council	Community Plan 2020-2035	• Community wellbeing • Economic prosperity • Ecological sustainability
District Council of Yankalilla	Strategic Plan 2030 Vision: Four Year Focus 2020-2024	• Our Environment • Our Community • Our Economy • Our Infrastructure • Our Leadership
City of Victor Harbor	Community Plan 2030	• We are a caring, connected and active community • We have a culture of innovation, collaboration and creativity • We manage growth and change responsibly • We protect our environment • We have services and infrastructure that meet our community's needs • We are a financially sustainable and well-governed organisation

Our previous Plan

The first Regional Public Health Plan for the Southern & Hills LGA, Wellbeing in Our Community, was completed in May 2015 and formally endorsed in July 2015. Development of the first Plan involved a comprehensive audit of plans and documents, an analysis of health and demographic data, research on trends and health issues, consultations with local councils and other stakeholders, and consideration of past council and regional achievements. Key findings from this analysis informed the development of regional strategies and individual Action Plans for each council. *Wellbeing in Our Community* remains a valuable planning resource for understanding the following:

- The region's character
- The region's state of public health, including key issues, gaps and risks
- The achievements, commitments and partners of each constituent council.

This Plan builds on the key foundations and achievements of the previous Plan, including the following regional projects that involved collaboration between all constituent councils:

- The S&HLGA Regional Public Health Plan Working Group has been functioning successfully since the first RPHP was adopted. This region-wide Working Group has enabled representatives of all constituent councils to develop a coordinated and strategic approach to obtain funding, strengthen health partner relationships and achieve regional health-related projects.
- The 'Community Wellbeing Alliance Pilot Project' commenced in July 2019 and was completed December 2021. This project enabled the engagement of a part-time Project Officer to act as a dedicated resource for the region focused on public health planning. The Project Officer leveraged additional grants to deliver regional public health initiatives, and also coordinated these initiatives.
- The 'Regional champions for accessible destinations in the Southern and Hills LGA' project was funded through the Local Government Information Linkages and Capacity Building Program (LGILC). The project increased staff knowledge and skill in planning, design and construction of important public places using universal design principles. This project won a Planning Institute of Australia's 2021 Award for Planning Excellence.
- The 'Regional champions for accessible communications in the Southern and Hills LGA' project was also funded through the LGILC program. This project successfully built staff capacity in producing accessible information for people with disability.
- The 'Community Wellbeing Indicators for South Australian Local Government' project was funded through the Local Government Research and Development Scheme. This project developed South Australia's first set of Indicators of Community Wellbeing for Local Government to track issues that are important to our communities, for public health, strategic planning and service provision. This project received the 2021 Minister for Health and Wellbeing's Award for Excellence in Public Health in the Regional category.

This Plan

This Plan acknowledges that supporting public health and community wellbeing is a key priority for all constituent councils, and that each council continues to address public health issues across their core service areas. However, the actions that each council take to address public health vary according to their local context, community priorities, and their organisational capacity and resourcing levels. For these reasons, this Plan does not detail all of the individual activities of each constituent council that support the health and wellbeing of their communities. Rather, it identifies the top actions that each council will focus on over the life of the Plan, as well as focus areas for regional initiatives to address common challenges that require collaboration between all councils and partners. The priorities and actions of this Plan have been co-designed with the input of relevant staff across the constituent councils.

About public health

In South Australia, public health is guided by the Act and the State Plan. The Act states that "public health means the health of individuals in the context of the wider health of the community" (p.6). The State Plan defines public health as "what we do collectively as a society to create the conditions and environments that enable health and wellbeing" (p.8). Public health is about everyone working together to create these conditions and environments that people need every day to be healthy, including:

Figure 4 – Examples of actions that support public health (Source: State Public Health Plan 2019-2024, p.8)

The health and wellbeing of individuals and communities are influenced by social, economic, political, cultural and environmental factors that shape the conditions in which we are born, grow, live and age. These factors are often referred to as the 'determinants of health' (as shown in Figure 5).

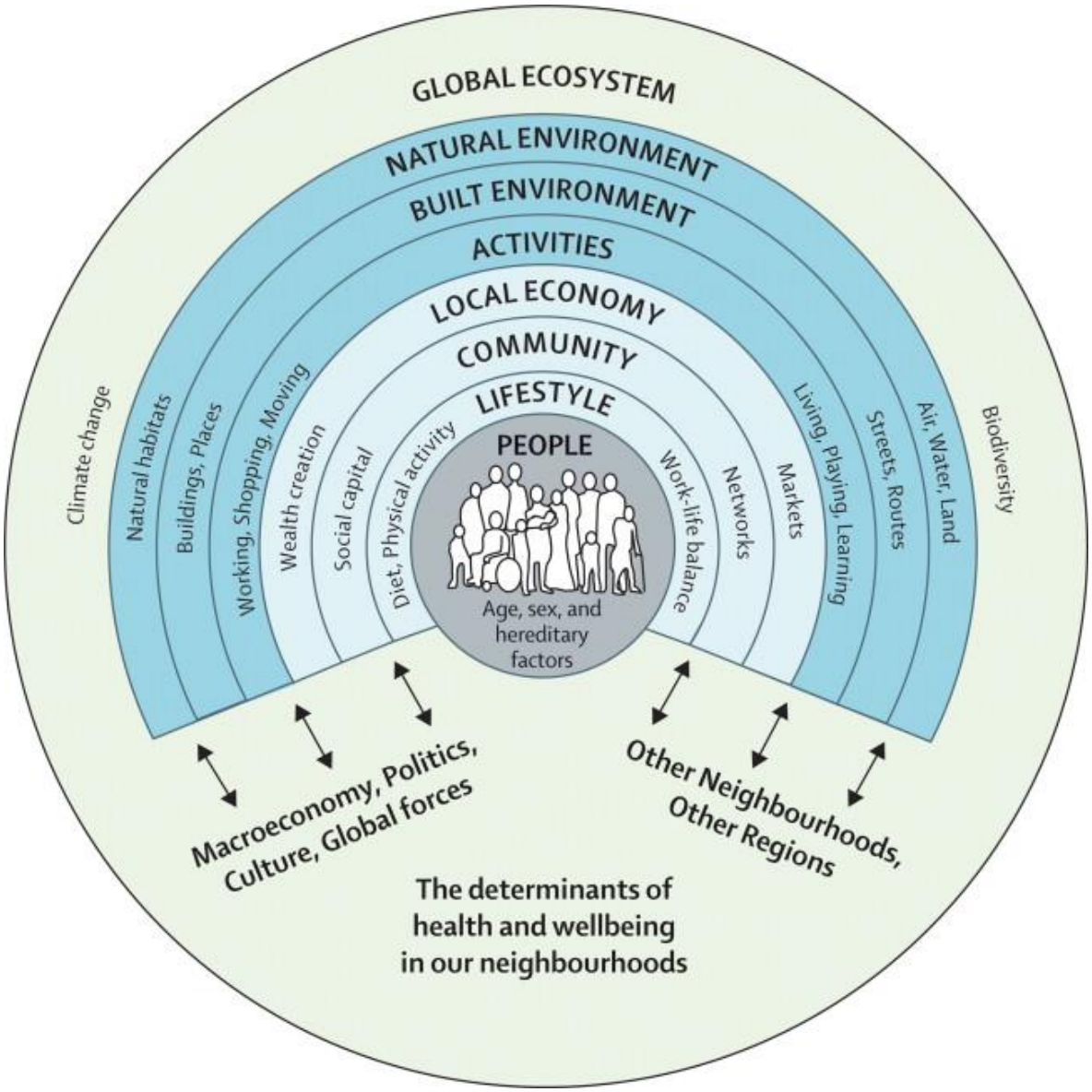


Figure 5 - Determinants of health and wellbeing[4]

Local councils are intimately involved in addressing many determinants of health and wellbeing, whether directly or indirectly, especially at the neighbourhood level. Many aspects of councils' operations influence and support individual and community wellbeing, including through land use and transport planning, environmental health services, open space services, and economic and community development activities.[5]

[4] Source: Barton, H. and Grant, M. (2006). A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health*, 126 (6). pp. 252-253, developed from the model by Dahlgren G, Whitehead M. (1991)

[5] See pages 5-6 of the Indicators of Community Wellbeing for the S&HLGA Report (April 2022), prepared by Jeanette Pope for the S&HLGA.

Priority populations

The State Plan recognises that in South Australia, there are significant disparities in health status for some population groups, in particular:

- Aboriginal and Torres Strait Islander people
- People living in rural and regional areas
- People experiencing socioeconomic disadvantage
- People from culturally and linguistically diverse backgrounds.

This Plan acknowledges that targeted collaborative action is needed to address the health gaps for these priority population groups, and for the additional priority population groups that all constituent councils are already supporting:

- Children and young people
- Older people
- People living with disability

Public health planning needs to address the preventive health needs of priority population groups and achieve equitable outcomes. Examples of how councils can take into account the priority population groups include:

- Provide or link people to free and low-cost services and programs through libraries and community centres
- Provide information about council services and facilities in accessible formats
- Ensure disadvantaged groups have an opportunity to contribute to Council decisions
- Provide opportunities for young people to connect through youth-friendly activities and spaces
- Provide or enable a range of sport and recreation facilities that enable everyone to take part
- Work with sports clubs and community groups to provide inclusive environments for all residents.[6]

[6] Source: Prevention and Population Health Branch (2020). Local Government Community Health and Wellbeing Toolkit. Wellbeing SA, Government of South Australia.

The role of local government in public health

Local councils play various roles in supporting public health and community wellbeing. These varied roles are outlined in Table 2.

Table 2 - Roles of local government in public health[7]

Role	Description
Leader / Planner	Development of strategies, policies, programs and services that respond to relevant trends and influences.
Owner / Custodian	Management of assets that are under the care and control of Council. This includes management of social, physical and green infrastructure assets.
Regulator	Undertaking responsibilities pursuant to relevant legislation (e.g. food and health premise compliance).
Information Provider	Provision of information to the general community and identified stakeholders.
Advocate	Advocacy to relevant bodies (e.g. making representations on behalf of the community to other tiers of government).
Facilitator / Initiator	Bringing together and/or engaging with individuals, community groups, industry, government agencies and other stakeholders to address issues impacting (or potentially impacting) on the city.
Agent	Managing the provision of a service on behalf of a third party, such as State or Commonwealth governments where there is a demonstrated need and benefit to the community.
Direct Provider	Delivery of a service, project or program in full by Council, with no resource or funding support from external parties.
Part Funder / Partner	Service or project in which Council works with another organisation to fund and/or deliver an outcome.

Given the myriad factors influencing health and wellbeing, multiple core services of councils influence health and wellbeing. All constituent councils want to help their communities to be healthy, safe, protected, inclusive, accessible, liveable and resilient. However, constituent councils vary in size and capacity to deliver public health activities.

Despite the varying capacities of constituent councils, each council continues to support health and wellbeing through their activities, and there are opportunities to consider different ways councils can contribute to health and wellbeing beyond the roles of direct provider of health services.

[7] Source: Guide to Regional Public Health Planning (2019). Local Government Association of South Australia, p.20.

Developing this Plan

The S&HLGA Regional Public Health Plan Working Group, comprising staff representatives of the six constituent councils and the Executive Officer of the S&HLGA, provided guidance and input into the development of this Plan. Development of this Plan was based on:

- A fresh assessment of the state of public health and wellbeing in the region and councils areas (summarised in the 'Snapshot of public health in our region' section of this Plan and detailed further in Appendix A)
- A review of the first S&HLGA RPHP (2015-2020) and subsequent progress reports and final evaluation report
- A review of key documents with a focus on the strategic plans of the constituent councils
- A series of strategic meetings held with the S&HLGA Regional Public Health Plan Working Group
- Planning workshops held with relevant staff at each constituent council
- Partner and community consultation on the Draft Plan
- Consultation with leadership groups and Elected Members at each council.

Our region

The Southern and Hills Region consists of six council areas spanning from the Adelaide Hills through to Mount Barker, Alexandrina, Victor Harbor, Yankalilla and Kangaroo Island. Collectively these councils form a large and distinctive peri-urban and rural area adjoining the south and hills of the City of Adelaide in South Australia. The combined council areas cover an area of 8,656 square kilometres, with 652 kilometres of coastline and the River Murray and lakes forming the southeast boundary of the region.

There is extreme diversity within the region which includes the foothill suburbs of Adelaide and the remote areas of Kangaroo Island.

The region has significant natural beauty with unique and appealing rural and coastal settings and it incorporates diverse townships, beaches and places. Overall, the region is seen as a quality place to live and visit with a range of recreation and lifestyle opportunities.

Each local council area within the S&HLGA has a unique topography and population character, and this is reflected in the analysis of the region's 'state of public health' outlined later in this section.

Rural and remote locations

The Modified Monash Model (MMM) categorises all Australian locations as a city, rural, remote or very remote in relation to their access to healthcare services.[8] It gives locations a category from MM 1 (city) to MM 7 (very remote) based on their population size and distance from capital cities. The Australian Government uses MMM to determine eligibility for a range of its health workforce programs, such as rural Bulk Billing Incentives, the Workforce Incentive Program and the Bonded Medical Program.

The most recent MMM classifications for the constituent council areas provide an indication of the mixture of remoteness across our region, in relation to their access to health services. As is shown in Table 3, Kangaroo Island is classified as the most remote area in the region (with an MM 7 category, which is given to areas on a populated island that is separated from the mainland and is more than 5km offshore).

Table 3 - MMM 2019 classifications for the region[9]

Council area	MMM (2019) classifications, as at March 2022
Adelaide Hills Council	MM 1: Metropolitan areas MM 2: Regional centres MM 5: Small rural towns
Alexandrina Council	MM 3: Large rural towns MM 4: Medium rural towns MM 5: Small rural towns
Kangaroo Island Council	MM 7: Very remote communities
Mount Barker District Council	MM 2: Regional centres MM 3: Large rural towns MM 5: Small rural towns
District Council of Yankalilla	MM 2: Regional centres MM 5: Small rural towns
City of Victor Harbor	MM 3: Large rural towns MM 5: Small rural towns

[8] Australian Government Department of Health (2021). Modified Monash Model: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

[9] Source: Australian Government Department of Health (2022). Health Workforce Locator: https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator

Demographic snapshot of our region

Compared with Greater Metropolitan Adelaide, the Southern and Hills region has:

Age profile

fewer children aged 0-4

more older people

fewer young people aged 20-39

a higher median age

Socioeconomic disadvantage

slightly lower socioeconomic disadvantage

a lower % of people receiving unemployment benefits

a higher % of low-income households under rental stress

a higher % of young people learning or earning

Population profile

a higher projected population growth from 2016-2036

a lower % of people born in non-English speaking countries

a lower % of Aboriginal people

a lower % of people needing assistance with activities due to disability or older age

Early life and childhood

a higher % of children who are obese

a similar % of developmentally vulnerable children

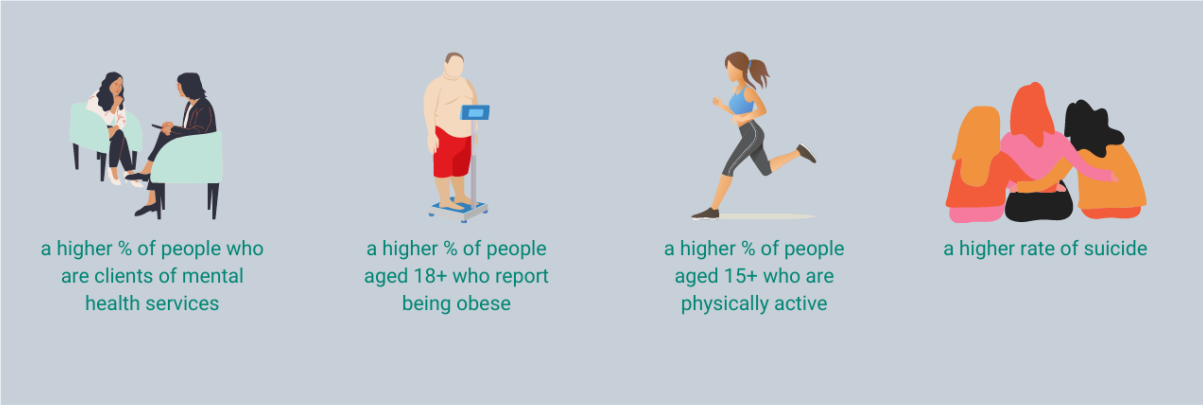
a higher rate of children and young people who are clients of the Child & Adolescent Mental Health Service

a higher % of children aged 4-17 who met the guideline for daily fruit

Snapshot of public health in our region

The fresh assessment of public health data for the region revealed variations between the council areas for several public health indicators. There are also variations within as well as between council areas. However, the assessment found some common issues affecting all council areas, bringing into focus opportunities for collaborative action between the councils. Most notably, when compared with Greater Metropolitan Adelaide, the Southern and Hills region has:

Personal health and wellbeing



Community connectedness

A more detailed summary of the findings from the fresh assessment of the 'state of public health' in the region and individual council areas is available in Appendix A. The assessment of the latest population health data informed the development of the priority actions outlined later in this Plan.

Emerging public health issues

Progress reports were submitted by constituent councils over the period for the previous RPHP (2015-2020). As part of this process, councils reported emerging public health issues. The following key emerging public health issues have been reported by constituent councils over the reporting period 2018 to 2020 (and over 2021), and presented challenges that are addressed in this second Plan:

- Increased **extreme climate events** such as heat waves and bushfire. Kangaroo Island Council, Adelaide Hills Council and Mount Barker District Council were all impacted by bushfires during 2019/20.
- Funding for and access to adequate **mental health services**. These existing challenges have been exacerbated by the impacts of bushfire on communities in three of the Councils in this region, and by the effects of the COVID-19 pandemic.
- Expenses associated with **transport** to Adelaide for health-related services which are not available in the region. The issue is being close enough to Adelaide not to have services provided in the region, but not close enough to be in the metro-ticket scheme for transport. For example, from City of Victor Harbor the ticket cost is $28 per adult. When people need regular transport (eg 5 days per week) to attend a health service this is very expensive.
- Challenges with implementing the **new State Planning and Design Code**, particularly ensuring that the policies introduced will reflect housing needs with respect to adaptability, energy efficiency and healthy built environments.
- **Compulsive hoarding and domestic squalor** becoming a bigger issue than indicated in the first RPHP.
- The impacts of SA Health's withdrawal from **disease prevention and health promotion** following the *Review of Non-Hospital Based Services* by Warren McCann in 2012 (the 'McCann Review')
- Increasing **homelessness and people at risk of homelessness**
- The impact of changes introduced by State and Commonwealth governments in how **aged care and disability services** are funded and delivered.
- The immediate and longer-term effects of **COVID-19** on local communities and economies across the region, including the impacts of public health measures (e.g. stay-at-home orders, border closures, and activity and service restrictions). COVID—19 responses were reported to be exacerbating pre-existing risks factors that lead to poorer health outcomes, such as: social isolation; job and incomes loss; harmful consumption of alcohol; reduced access to mental health services; reduced availability of family, domestic and sexual violence services (despite the increased demand); exacerbation of the underlying drivers of family, domestic and sexual violence; disruptions in young people's education or employment.[10]
- Councils also reported **additional emerging issues**, including: safety of staff in emergency departments due to a rise in violent drug and alcohol presentations; availability of emergency housing, poverty, transport disadvantage; lack of resourcing to implement the DAIPs and ensure mainstream services are accessible for all; lack of resourcing to renew ageing sport facilities and replace ageing infrastructure; decline in volunteerism.

[10] This list of concerns has been substantiated through the review of several reports, including: 'Re-engaging Volunteers and COVID-19' (February 2021), Volunteering Australia; 'Household Impacts of COVID-19 Survey' (June 2021), Australian Bureau of Statistics; 'Family, domestic and sexual violence service responses in the time of COVID-19' (December 2021), Australian Institute of Health and Welfare; 'Mental Health Impact of COVID-19' (December 2021), Australian Institute of Health and Welfare; 'COVID-19 and the impact on young people' (June 2021), Australian Institute of Health and Welfare.

Regional challenges for public health and wellbeing

The following regional public health issues and challenges were identified through assessing the latest available data and trends at the time of preparing this Plan (detailed in Appendix A):

- Mitigating and adapting to **climate change** and its impacts for present and future communities.
- High % of people with **mental health issues**, premature deaths from **suicides**, clients of mental health services, especially children and young people. Exacerbated by the impacts of bushfire on communities in three councils, and by the effects of the COVID-19 pandemic.
- Ongoing **impacts of COVID-19** on community and economic activities that support health and wellbeing
- Decline in **volunteering** since beginning of COVID-19, and reliance on volunteer base for essential roles that contribute to community health and wellbeing
- High **population growth** (except AHC) projected between 2016-2036, especially in Mount Barker, Alexandrina and Victor Harbor LGAs
- **Ageing population** with high numbers of Age Pension recipients, especially Victor Harbor, Alexandrina and Yankalilla LGAs
- High number of unpaid **carers** (before COVID-19). (While there are benefits from the care economy to local communities and economics, unpaid care can affect people's ability to fully participate in paid employment, and unpaid carers need ongoing support, recognition and respite.)
- High levels of **housing stress** (mortgage and rental), especially Mount Barker, Victor Harbor, Alexandrina and Yankalilla LGAs
- Fewer **social housing** dwellings available for rent
- Low numbers of **school leavers admitted to university**. (Participation in higher education increases opportunities for choice of occupation and for income and job security, and also equips people with the skills and ability to control many aspects of their lives – key factors that influence wellbeing throughout the life course.)
- Significant variation of **socioeconomic disadvantage** between the LGAs with similar indicators of socioeconomic disadvantage for the Victor Harbor, Yankalilla and Alexandrina LGAs. The least disadvantaged LGA is Adelaide Hills. The LGAs with greatest socioeconomic disadvantage seem to be experiencing the **poorest health outcomes**: Victor Harbor, Yankalilla and Alexandrina reported the poorest outcomes for early life and childhood and personal health and wellbeing domains. Unemployment, low income, housing stress and reliance on government support stand out as key factors influencing poor health and wellbeing outcomes in the most disadvantaged LGAs. (Socioeconomic factors drive health outcomes for communities.)
- High levels of **obesity** (childhood, males and females)
- 22.7% of children in their first year of school across the region in 2018 were considered to be '**developmentally vulnerable**'[11] - up from 18.3% in the region in 2015. Highest % in Yankilla (31%) and highest increase from 2015-2018 in Victor Harbor. (The early development assessment of children predicts later health, wellbeing and academic success).

The priorities and actions set out in the next section of this Plan were developed to respond to the issues and challenges outlined above.

[11] The Australian Early Development Census (AEDC) measures the development of children in their first year of full-time school. For this indicator, children who are considered to be 'developmentally vulnerable' are those with score in the lowest 10% on one or more domains of the 2018 AEDC.

Our vision and shared goals

The previous Plan's vision for public health in the region was:

Active, connected and resilient communities with a strong sense of wellbeing

To maintain continuity with the first Plan, and better align with the State Plan, our vision has been updated as follows:

Healthy, liveable, connected and resilient communities for all

This vision provides an opportunity for the constituent councils to work together with their partners and communities towards improved health and wellbeing across the region and council areas.

Five shared regional Goals have been developed to guide each council's priority actions over the next planning period that will collectively contribute to achieving the priorities of the State Plan:

Goal for this Plan, 2022-2027	Alignment with State Plan 2019-24 priority
PROMOTE: Stronger communities and healthier environments	PROMOTE: Build stronger communities and healthier environments
PROTECT – Communities are protected against public and environmental health risks	PROTECT (part 1): Protect against public and environmental health risks
PREPARE – Communities are aware of and responding to the health risks of climate change	PROTECT (part 2): Respond to climate change
PREVENT – Communities are empowered for healthy living	PREVENT: Prevent chronic disease, communicable disease and injury
PROGRESS: Councils, communities and partners working together to achieve regional public health outcomes	PROGRESS: Strengthen the systems that support public health and wellbeing

For this Plan, each constituent council will implement their own priority actions towards the five regional Goals. Under each regional Goal, each council has identified the top actions they will focus on over the life of this Plan. Each council's actions respond to the identification of key public health issues and gaps in their LGA, whilst ensuring strong alignment with their existing strategic directions and long-term financial plans related to public health.

In addition, 'focus areas for collaboration' have also been identified for each regional Goal. These focus areas respond to common public health issues affecting communities across all council areas of the region. These focus areas have been included to guide efforts to seek additional funding and support in order to achieve new regional initiatives that will require collaboration between and coordination of the constituent councils and partners.

Each council will also continue to deliver other public health activities not outlined in this Plan, but these priority actions and focus areas for collaboration have been identified as a focus in response to the challenges for public health for the region and council areas (as identified in the previous section).

Goal 1 - PROMOTE: Stronger communities and healthier environments

Why is this important?

- The environments where we live, learn, work and play influence 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 to our quality of life.
- Healthy and safe communities support mental wellbeing and ageing well by encouraging connectedness, supporting others, volunteering and other forms of community participation.
- Creating healthier environments improves population health in an equitable way.
- Social networks enable communities to share resources and work together to meet their needs.

Focus areas (FAs) for collaboration between councils in achieving this Goal:

FA1. Champion the use of Universal Design[12] to improve the accessibility of public spaces and destinations across the region

FA2. Maximise community usage of green open spaces for activities that support health and wellbeing

FA3. Share information, resources and learnings to reinvigorate volunteering and community activities post COVID-19.

[12] Universal Design involves creating facilities, built environments, products and services that can be used by people of all abilities, to the greatest extent possible, without adaptations.

Our top actions for Goal 1

Council	Top actions
Adelaide Hills Council	1.1. Facilitate and promote opportunities for social connection, volunteering and community participation to foster mental health and wellbeing 1.2. Encourage and support residential developments to incorporate 'livable housing' design elements[13] 1.3. Engage with our community and priority groups when designing new open spaces and built environments, ensuring access and health benefits for all 1.4. Support children's early development through our community programs and services, particularly in the areas of emotional maturity and social competence
Alexandrina Council	1.5. Develop Village Innovation Plans[14] for all main settlements and rural areas with clear actions that contribute to healthy environments 1.6. Design, locate, construct and activate community infrastructure and open space to ensure safe, inclusive and convenient access for communities and individuals 1.7. Advocate for the diverse housing needs of our communities 1.8. Advocate for an improved transport system that connects communities to Adelaide and across our region
Kangaroo Island Council	1.9. Enhance the quality and accessibility of the built environment, including sporting facilities, parks, gardens, playgrounds, pools, trails and streetscapes 1.10. Promote community awareness of disability through implementing our Disability Access and Inclusion Plan 1.11. Support the development of our children and young people's social competence and emotional maturity 1.12. Support events, programs, initiatives and volunteering opportunities that enable social connection, access and inclusion and promote the health and wellbeing of all residents
Mount Barker District Council	1.13. Seek funding and work with partners to deliver mental health support for community in response to factors including COVID-19, societal stressors and climate related emergencies 1.14. Lobby for the SA Homelessness Alliance to have a presence in Mount Barker 1.15. Seek the input of people with disability and support people / services in the design of new buildings and open spaces 1.16. Develop and implement a Child and Youth Action Plan that specifies action to contribute to better outcomes for children in the physical health and wellbeing domain
District Council of Yankalilla	1.17. Engage in advocacy and land use planning to facilitate greater health services for our ageing community, to attract investment in aged care beds and retirement living options for the district 1.18. Investigate opportunities to stimulate volunteering by a growing population of retired professionals 1.19. Engage with state and federal government stimulus programs targeting small to medium businesses or Council infrastructure projects that stimulate industries affected by COVID-19 1.20. Implement actions under the 'Accessible Communities' theme of our Disability Access and Inclusion Plan
City of Victor Harbor	1.21. Coordinate events, programs, initiatives and volunteering opportunities that facilitate social connection, access and inclusion and improve health and wellbeing for our ageing population 1.22. Implement the Disability Access and Inclusion Plan 1.23. Pursue the establishment of a Regional Study Hub that services the southern Fleurieu Peninsula 1.24. In collaboration with Business Victor Harbor, finalise and implement the City of Victor Harbor Economic Development Strategy

[13] Livable Housing Australia have produced Livable Housing Design Guidelines that recommend 15 livable design elements which, if implemented, will ensure new dwellings accommodate ageing in place and meet the needs of residents with disability, injury and young children.

[14] As outlined in the A2040 Four Year Delivery Plan 2020-24, Alexandrina Council is committed to developing 'Village Innovation Plans' (VIPs) for each of Alexandrina's 11 townships by 2024. VIPs will help shape the future of each town for the next 20 years.

Goal 2 – PROTECT: Communities are protected against public and environmental health risks

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.
- Healthy living environments contribute to public health outcomes such as food safety and water quality and the safe, effective disposal of waste.
- State and local government work together to maintain the infrastructure and system 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 increasing frequency and severity of extreme weather events, such as floods, droughts, bushfires, storms and periods of extreme heat, threaten the physical and mental health and wellbeing of our communities, especially priority populations.

The focus area (FA) for collaboration between councils in achieving this Goal:

FA4. Strengthen community resilience to respond to public health emergencies and disasters, including projects that provide accessible information and build preparedness and resilience of vulnerable population groups.

Our top actions for Goal 2

Council	Top actions
Adelaide Hills Council	2.1. Protect the community from public health risks through the management of immunisation programs 2.2. Undertake regulatory action including food safety inspections, wastewater system compliance and nuisance assessment 2.3. Support and partner with the emergency services and the community before, during and after emergency events 2.4. Mitigate bushfire risks by partnering with relevant agencies and the community to encourage shared responsibility and a whole-of-landscape approach to vegetation management
Alexandrina Council	2.5. Contribute to the development of a long-term approach to waste management on the Fleurieu Peninsula 2.6. Determine Council's ongoing role in educating communities about health and wellbeing risks and protective measures associated with major events (eg COVID-19) 2.7. Investigate and advocate for services and support for people experiencing hoarding and squalor disorder
Kangaroo Island Council	2.8. Monitor and respond to environmental and public health risks, such as air, noise and water pollution and pest outbreaks 2.9. Support community and emergency services and collaborate to build preparedness and resilience 2.10. Implement processes, procedures and technology to help mitigate fire risk to Kangaroo Island townships 2.11. Develop and implement the response plan for severe weather events
Mount Barker District Council	2.12. Provide advice, support, and education resources, that help protect communities against public health and environmental risks as well as responding to those risks when they arise 2.13. Provide a wastewater treatment service that delivers multiple public health and environmental outcomes 2.14. Work with other levels of government to review and define Council's role in protecting our priority groups from health and wellbeing risks associated with COVID-19 and other transmittable diseases 2.15. Partner with organisations to help our communities (particularly our priority groups) to plan for climate related emergencies
District Council of Yankalilla	2.16. Deliver strong environmental health services, including food safety, effective wastewater management and community education about public health risks 2.17. Participate in zone emergency management planning and committees, take opportunities to support or advocate for local emergency services organisations 2.18. Respond to opportunities to improve local adverse events management identified for the local government sector
City of Victor Harbor	2.19. Implement regional bush fire management plan, local and zone emergency management plans 2.20. Implement recommendations from the Coastal Adaptation Strategy 2.21. Respond to the COVID-19 emergency and recovery phase 2.22. Regulate food safety, waste water systems, water quality, sanitation, swimming pools/spas, vermin control

Goal 3 – PREPARE: Communities aware of and responding to the health risks of climate change

Why is this important?

- Climate change is impacting health in many ways, including from increasingly frequent extreme weather events, the disruption of food systems, increases in zoonoses and food-, water- and vector-borne diseases, and mental health issues.[15]
- Climate change is also undermining key determinants of health, such as livelihoods, cost of living, equality and access to health care and social support.
- Our region's emissions must be reduced to mitigate the impacts on community health and wellbeing, property and infrastructure, and energy/insurance prices.
- Insurance premiums are rising in areas prone to extreme weather events and in some areas, insurance is now unavailable. It has been reported around 10% of home owners and 40% of renters are under-insured, and that our region faces fast expansion of insurance "red zones" (uninsurable housing), with uninsurable addresses predicted to rise 10-fold by 2100.[16]
- These climate-related health risks are disproportionately impacting the most disadvantaged, including women, children, poorer communities, older populations, and those with underlying health conditions.
- With disadvantaged and vulnerable groups likely to be hit the hardest, it is essential that communities are supported to adapt to the changing conditions.

Focus areas (FAs) for collaboration between councils in achieving this Goal:

FA5. Strengthen the climate resilience of our communities through regional partnerships such as Resilient Hills & Coasts[17]

FA6. Promote community understanding of and adaptation to the public health risks associated with climate change

FA7. Explore the need for a tool to assist councils' decision-makers to consider the current and future public health risks of climate change when undertaking climate risk governance assessments.

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[15] Climate change and health (2021). World Health Organization. https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

[16] Indicators of Community Wellbeing for the S&HLGA (2021), prepared by Jeanette Pope for the S&HLGA

[17] Resilient Hills & Coasts (RH&C) is a Regional Climate Partnership between the member councils of the S&HLGA, Landscape Boards, Regional Development Australia and the SA Government, working to strengthen the resilience of our communities, economies and natural and built environments to a changing climate. Find out more.

Our top actions for Goal 3

Council	Top actions
Adelaide Hills Council	3.1. Assist our community to reduce the impact of waste to landfill on the environment 3.2. Partner with relevant agencies (such as the Australian Red Cross) in building community-led resilience to climate change and extreme weather events 3.3. Continue to be a partner of the Resilient Hills & Coasts regional climate change adaptation group 3.4. Promote and support community planning conversations about climate change and its impacts on health, especially with young people, including action to address the mental health impacts of climate change
Alexandrina Council	3.5. Partner with community groups and the Murray Darling Association to ensure a sustainable future for the Murray-Darling Basin system, including a focus on advocating for a climate adaptation plan for the Coorong, Lower Lakes and Murray Mouth region 3.6. Develop a comprehensive community education and behaviour change program to advance climate change adaption and resilience 3.7. Support the Resilient Hills & Coasts partnership and seek funding for our community to build resilience to climate change challenges 3.8. Ensure Village Innovation Plans (VIPs) include urban greening and tree canopy enhancements
Kangaroo Island Council	3.9. Obtain funding for a plan to respond to environment change and liaise with other stakeholders for a whole of island response 3.10. Seek funding to analyse and develop a KIC implementation plan to reduce the KIC carbon footprint to carbon neutrality 3.11. Advocate for sustainable initiatives and businesses 3.12. Encourage sustainable renewable energy options and tree planting programs
Mount Barker District Council	3.13. Pursue a longer-term agreement and funding support for the Resilient Hills & Coast Climate Adaptation partnership. 3.14. Engage and involve the community in the understanding, appreciation and protection of local natural areas 3.15. Help empower Aboriginal leadership, knowledge and participation in bushfire recovery, cultural burning and land management 3.16. Manage open space to prevent biodiversity loss and replenish nature that protects and enhances health and wellbeing benefits
District Council of Yankalilla	3.17. Support State Government and regional environment partnerships such as the Hills and Fleurieu Landscape Board, SA Coastal Council Alliance[i] and the Resilient Hills & Coasts partnership 3.18. Promote improvements to open space and publicise our existing tree planting program to increase township shade, cooling and amenity 3.19. Encourage sustainable development such as changes to land use policies and pre lodgement services to encourage water, waste and energy wise urban form and dwelling design 3.20. Continue membership of the Fleurieu Regional Waste Authority (FRWA) which manages waste and recycling operations including kerbside collections and the Yankalilla Waste and Recycling Depot
City of Victor Harbor	3.21. Increase awareness in the community of the impacts of climate change. 3.22. Implement annual priorities for achieving our Climate Agenda 2030[ii] 3.23. Participate in partnerships such as Resilient Hills & Coasts and support local environmental volunteer groups such as Victor Harbor Coastcare, Trees for Life and Friends of Hindmarsh River Estuary. 3.24. Implement the actions, and consider the short- and long-term opportunities from the Resilient Hills & Coasts – Regional Action Plan 2020-2025

Goal 4 – PREVENT: Communities empowered for healthy living

Why is this important?

- Preventable chronic and communicable diseases 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.
- 80% of all heart disease, stroke and type 2 diabetes and 40% of cancers could be prevented if known risk factors were eliminated
- Known risk factors for preventable disease are poor diet, physical inactivity, insufficient sleep, tobacco smoking and alcohol misuse
- Chronic diseases share common risk factors; reducing these has a range of benefits for population health and wellbeing
- Chronic disease impacts our mental health and wellbeing, and people with mental illness are at a higher risk of developing a chronic disease.

Focus areas (FAs) for collaboration between councils in achieving this Goal:

FA8. Encourage increased active travel and recreation (including walking, running, cycling)

FA9. Investigate a regional approach to walking, running and cycling trails planning, focused on the long-term planning of accessible trails that connect our council areas and significant places of interest across our region

FA10. Identify opportunities to support children and young people develop preventive health behaviours, such as healthy eating and exercising.

Our top actions for Goal 4

Council	Top actions
Adelaide Hills Council	4.1. Develop a new mapping feature on our website that promotes and increases community usage of our parks, reserves and playgrounds for preventive mental health benefits 4.2. Partner with our sporting clubs and relevant programs, such as Good Sports[iii], to build healthy club environments that encourage healthy behaviours 4.3. Facilitate opportunities for people to exercise with others through events like Discover, Play, Bikeway![iv] and offering a variety of exercise classes at our community centres 4.4. Provide programs and classes that empower our communities to eat healthy, and grow and share their own fruit and vegetables
Alexandrina Council	4.5. Enhance engagement with arts and culture by facilitating diverse opportunities and experiences across our region 4.6. Develop partnerships, strategies and initiatives to improve early childhood development 4.7. Enable community-led initiatives that enhance health, wellbeing, learning, connection and inclusion 4.8. Develop information, recognition and opportunities for increased volunteering
Kangaroo Island Council	4.9. Enhance built environments to support active lifestyles, such as sporting facilities, parks, gardens, playgrounds, pools, trails 4.10. Collaborate with relevant initiatives (such as Good Sports) and sports clubs to prevent and reduce harms from alcohol and other drugs 4.11. Seek opportunities to expand community gardens to all townships to promote healthy eating, being outside and social connection 4.12. Develop partnerships to support the design and delivery of preventive mental health and wellbeing initiatives
Mount Barker District Council	4.13. Work with the Local Drug Action Team partners to help prevent drug and alcohol-related harm, with a focus on families and young people aged 12-25 4.14. Position Council planning and resources to help guard against and prepare for future pandemics 4.15. Collaborate with others, and incorporate policies and practices into Council business to help support a resilient and sustainable local and regional food system that contributes to positive health and environmental outcomes 4.16. Play an active role in public health promotion, which includes: healthy eating and disease prevention
District Council of Yankalilla	4.17. Encourage sporting clubs to utilise the Good Sports program's tools and resources to build a policy around alcohol management, smoking regulations, mental health, illegal drugs, and safe transport 4.18. Leverage the network of existing trails and consider linking townships by trails to encourage additional walking experiences that take in the different communities of the district 4.19. Facilitate the creation of adventure sports clubs relevant to the our natural assets and topography (hills, coast and beaches) 4.20. Support sporting clubs to improve privately owned facilities for the benefit of community users, including regular review of open space assets and improvement of some open spaces within towns
City of Victor Harbor	4.21. Develop contract agreements with the Office for Sport and Recreation for continuation of the Starclub Officer[v] 4.22. Provide services, information and activities for families and children through the Fleurieu Families Program 4.23. Promote and enhance access and use of open spaces, beaches and the environment for the benefit of wellbeing and health 4.24. Support partnerships with local organisations to provide early intervention services and safe places for young people

Goal 5 – PROGRESS: Councils, communities and partners working together to achieve regional public health outcomes

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 across the region.
- It is essential that regional public health planning, policies and responses are evidence-based and informed by quality data.
- The key enablers for achieving this Plan are partnerships and collaboration between all constituent councils and partners, coordination, evaluation and research, reporting and communications, networking and sharing information and learnings.
- Internal collaboration and coordination within each council is needed to pull in the same direction.

Focus areas (FAs) for collaboration between councils in achieving this Goal:

FA11. Continue to collaborate on the region-wide S&HLGA Regional Public Health Plan Working Group, including the development of regional sub working groups, where practical, to further collaborate, seek funding or advocate for equitable health outcomes for the most disadvantaged priority groups across our region

FA12. Identify and seek funding opportunities for a regional coordinator role

FA13. Update, reissue and consider the Indicators of Community Wellbeing Report for the Southern and Hills LGA with new data as they become available (including data from the 2021 Census)

FA14. Explore the development of 'access to services and infrastructure' indicators, including research to determine what access means in regional settings and what the best measures are.

Our top actions for Goal 5

Each constituent council will pursue opportunities to:

A. Invest in new and existing partnerships with community, business, government and other stakeholders to further our regional vision for "healthy, liveable, connected and resilient communities for all"

B. Develop stronger partnerships with community recreation and sporting groups to deliver wellbeing benefits from local assets

C. Collaborate and partner with services and relevant community groups to deliver evidence-based initiatives that promote mental health and wellbeing.

Reporting on the plan

As required by the Act (s52), the constituent councils of the S&HLGA will collectively prepare a biennial report for the Chief Public Health Officer. The biennial reports will assess the extent to which, during the reporting period, the councils have individually and collectively succeeded in implementing this Plan.
Each biennial report will relate to a reporting period of 2 years ending on 30 June in the reporting year. In a reporting year, we will provide our biennial report to the Chief Public Health Officer on or before 30 September. The applicable reporting periods for this Plan are as follows:

Reporting period	Biennial report due
From 1 July 2022 to 30 June 2024	On or before 30 September 2024
From 1 July 2024 to 30 June 2026	On or before 30 September 2026
From 1 July 2026 to 30 June 2028	On or before 30 September 2028

Constituent councils will provide a copy of the biennial progress reports to their respective elected bodies, key partners and communities.

There is currently no prescribed RPHP reporting format. Our intended reporting format will include:

- Status update of each action (Completed/In Progress/Not started)
- Each council to highlight key achievements under each Goal
- For each Goal, updates on activity and outcomes achieved in relation to the nominated focus areas for collaboration between councils and partners
- Description of any challenges impacting the implementation of specific actions

Identification of emerging public health issues that may not have been considered in this Plan, but which may require addressing within the scope of public health action.

Appendix A: The state of public health in the region

Unless otherwise noted, the key findings summarised below were derived from the review of the following sources:

- Population Health Profile for the Southern & Hills LGA (September 2019), prepared by the Public Health Information Development Unit (PHIDU) for the LGA of SA (including the updated data sets for selected indicators released April 2021)
- *Indicators of Community Wellbeing for the S&HLGA Report* (April 2022), prepared by Jeanette Pope for the S&HLGA
- *Wellbeing in our Community: Regional Public Health Plan for the Southern & Hills LGA* (Background Report and Directions Report), 2015
- *Consolidated Progress Report* on the implementation of the S&HLGA's first RPHP (for the period 2014 to 2020), compiled by Penny Worland for the S&HLGA.

Our region's demographics

Compared with Greater Adelaide (GA) and/or Regional SA (RSA), our region has:

- fewer children aged 0 to 4 years and people aged 20 to 39 years (compared with GA)
- more people at the older ages (than in GA), with the exception of females aged 80 years and over
- higher projected population growth from 2016 to 2036 (22%, compared with 18% for GA and 9% for RSA)[18], with highest projected growth for Mount Barker LGA (38%)
- a higher median age (51 years, compared with 39 years for GA and 45 years for RSA), with highest median ages for Victor Harbor LGA (59 years) and Yankalilla LGA (55 years) and lowest median ages for Mount Barker LGA (39 years) and Adelaide Hills LGA (44 years)[19]
- a bigger increase of median age from 2011 to 2016 (+4 years, compared with 0 change for GA and +3 years for RSA), with highest change for Alexandrina LGA (+4 years), and Kangaroo Island and Yankalilla LGAs (both +3)
- a higher number of people aged 65+ per 100 people aged 15-64 (41, compared with 28 for GA and 40 for RSA), with highest # for Victor Harbor LGA (88 per 100) and lowest for Mount Barker LGA (25 per 100)
- a lower % of Aboriginal and Torres Strait Islander people (1%, compared with 2% for GA and 5% for RSA), with highest % for Alexandrina and Kangaroo Island LGAs (both 2%)
- an Aboriginal population that has markedly more children and young adults and substantially fewer at older ages (than the region's non-Indigenous population)

[18] Local Area Population Projections for South Australia, 2016 to 2036 (2020), Government of South Australia, Department of Planning, Transport and Infrastructure. Accessed: https://plan.sa.gov.au/state_snapshot/population

[19] ABS, Regional population by age and sex, 2020. Accessed: https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/2020

- a lower % of people born in non-English speaking countries (5%, compared with 17% for GA and 5% for RSA), with the highest % for Adelaide Hills LGA (6%)
- a lower % of people needing assistance with core activities due to a long-term health condition, a disability or old age (5%, compared with 6% for GA and RSA).
- a higher % of people providing unpaid care to others (13%, compared with 12% for GA and RSA)
- a similar % of people with disability living in the community. Highest % in Victor Harbor LGA (7%)

State of public health and wellbeing in our region

Socioeconomic disadvantage

Compared with Greater Adelaide (GA) and/or Regional SA (RSA), our region has:

- a slightly lower Index of Relative Socio-economic Disadvantage (IRSD) score (1024, compared to 989 for GA and 945 for RSA), with the highest scores (indicating a relative lack of disadvantage) for the Adelaide Hills (1080) and Mount Barker (1033), and the lowest scores (indicating relatively greater disadvantage) for Victor Harbor (958) and Kangaroo Island (970)
- a slightly lower % of people receiving unemployment benefits (10%, compared with 11% for GA and 13% for RSA), with the highest % in Victor Harbor (16%) and Yankalilla (14%)
- a lower % of school leavers admitted to university than for GA (29% compared with 38%), but higher % than for RSA (18%), with the lowest % in Kangaroo Island (8%) and Yankalilla (20%)
- a higher % of young people learning or earning than RSA (87% compared with 80), and the same % compared with GA (87%), with lowest % in Kangaroo Island (81%)
- a lower % of children in welfare dependent families (17%, compared with 23% for GA and 27% for RSA), with the highest % in Victor Harbor (31%) and Yankalilla (27%)
- a higher % of low income households under rental stress (34%, compared with 30% for GA and 27% for RSA), with the highest % for Victor Harbor (43%) and Alexandrina (40%)
- Similar % of people with government support as main source of income compared with GA (31% compared with 31%), and a higher % than RSA (37%)

Early life and childhood

Compared with Greater Adelaide (GA) and/or Regional SA (RSA), our region has:

- a lower % of women smoking during pregnancy (7%, compared with 10% for GA and 18% for RSA), with the highest % in Yankalilla (13%) and Victor Harbor (12%)
- a higher % of obesity in people aged 2-17 compared with GA (10% compared with 8%), but slightly lower than for RSA (11%), with the highest % for Alexandrina and Victor Harbour (both 11%)
- a similar % of children developmentally vulnerable as GA (23%), and lower % than RSA (27%), however there has been a rise in vulnerability levels between 2015 and 2018, except in Kangaroo Island
- a higher rate of children and young people (aged 0-19) who are clients of the Child and Adolescent Mental Health Service compared with GA (1,923 per 100,000 compared with 1,304 per 100,000), but a lower rate than RSA (2,381 per 100,000)

Personal health and wellbeing

Compared with Greater Adelaide (GA) and/or Regional SA (RSA), our region has:

- a lower % of people aged 15+ assessing their health as 'fair' or 'poor' (15%, compared with 16% for GA and 18% for RSA), with the highest % for Kangaroo Island (18%) and Yankalilla (18%)
- a lower % of people with high or very high levels of psychological distress (13%, compared with 14% for GA and 15% for RSA), with the highest % for Victor Harbor (15%)
- a lower % of people with Type 2 diabetes (4%, compared with 5% for GA and 6% for RSA)
- a similar % of people with mental health problems (17% of males and 22% of females, compared with 18% of males and 23% of females for GA, and 20% of males and 24% of females for RSA), with the highest % for Victor Harbor (21% of males and 25% of females) and Yankalilla (19% of males and 24% of female)
- a lower % of people who smoke (14%, compared with 19% for RSA and 14% for GA), with the highest % in Kangaroo Island (20%)
- a higher % of people aged 18+ who report being obese than GA (34% of males and 31% of females, compared with 33% of males and 31% of females), but a lower % than RSA (38% of males and 36% of females), with the highest % in Victor Harbor (36% of males and 31% of females)
- a lower % of people aged 15+ who reported being physically inactive (64%, compared with 68% for GA and 73% for RSA), with the highest % for Kangaroo Island (72%)
- a similar % of the adult population who met the guidelines for fruit consumption (50%, compared with 49% for GA).
- the same median age at death as GA (80 year for males and 85 years for females), with the lowest median age at death for males in Yankalilla (76 years) and the lowest median age at death for females in Kangaroo Island (82 years)
- a higher rate of suicide per 100,000 people (18, compared with 13 for GA and 15 for RSA), with the highest recorded rates in Kangaroo Island (27), Victor Harbor (20) and Mount Barker (19)
- a higher rate of clients of mental health services per 100,000 (2,455, compared with 1,893 for GA and 3,105 for RSA), with the highest rate in Kangaroo Island (5,795) and Victor Harbor (2,985)
- a lower rate of hospital admissions for avoidable conditions per 100,000 (2,536, compared with 2,895 for GA and 3,300 for RSA), with the highest rate in Yankalilla (3,270)

Community connectedness

Compared with Greater Adelaide (GA) and/or Regional SA (RSA), our region has:

- a consistent % of people who are able to get support in a time of crisis (94%, compared with 94% for GA and RSA)
- a consistent % of people who disagree with acceptance of other cultures than GA (5%) and lower % than RSA (7%).
- a higher % of people who feel safe walking alone in local area after dark (67%, compared with 50% for GA and 58% for RSA), with the lowest % in Mount Barker (60%)

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[i] Based on the mounting challenges facing coastal Councils and strong demand from the sector for a more collective approach, the 'South Australia Coastal Councils Alliance' was formally launched in October 2019 with the initial

objectives of providing: 1) An informed, coordinated advocacy voice; and 2) a forum for information sharing and networking on coastal management issues facing Councils across SA.

[ii] The City of Victor Harbor Council's Climate Agenda 2030 sets out its commitment to taking action to mitigate and adapt to climate change. It also outlines the first annual program of climate priorities to be delivered in 2020/21.

[iii] Good Sports is a free Australia-wide program building stronger community sporting clubs. It's run by the Alcohol and Drug Foundation (ADF), an independent and not for profit organisation, funded by state and federal governments. The ADF is committed to building strong communities and limiting the harm caused by alcohol and other drugs. Read more.

[iv] 'Discover, Play, Bikeway!' is an Adelaide Fringe event presented by Adelaide Hills Council. The free family event enables locals and visitors to discover the Amy Gillett Bikeway. Participants can ride or walk the Amy Gillett Bikeway and discover music, art and entertainment. The event is open to all – from seasoned cyclists and cycling groups to families with kids on scooters.

[v] 'Starclub' is a sports club management initiative of the SA Government through the Office for Recreation, Sport and Racing. It is a self-assessment resource that helps sports clubs identify possible areas for development. Council's Starclub Officer assists local clubs to navigate through the assessment process and to identify solutions to improve efficiencies and maintain a sustainable club. Each year the Office for Recreation, Sport and Racing offers grants to assist with programs and maintenance and upgrades to club facilities.