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REGIONAL PUBLIC HEALTH PLAN



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BACKGROUND

The South Australian Public Health Act 2011 (PH Act) became fully operational in July 2012, replacing the Public and Environmental Health Act 1987.

The main aims of the PH Act are to expand the definitions and the determinants of public health while promoting and protecting public health and to reduce the incidence of disease, injury and disability throughout South Australia.

The PH Act also identifies Local Councils as the Public Health Authority in their area and requires the Council to develop and implement a Regional Public Health Plan (RPHP). The purpose of the RPHP is to provide a framework through which Councils public health priorities may be better understood and facilitate the development of improved and more coordinated health and wellbeing outcomes.

The Port Pirie Regional Council (PPRC) has a key role in protecting, promoting and improving the health and wellbeing of the community through the delivery of core functions and services, either directly or in partnership with Federal, State or other Local Governments, or other private, non-government providers.

The development of this RPHP has been undertaken with particular regard to the four strategic priorities outlined in the State Public Health Plan; *“South Australia: A Better Place to Live”*:

1. Stronger and healthier communities and neighbourhoods for all generations.
2. Increasing opportunities for healthy living, health eating and being active.
3. Preparing for climate change, and,
4. Sustaining and improving public and environmental health protection.

In keeping with the intention of Section 51(19) of the PH Act, this RPHP has been developed to cover a five year period from 2014 – 2019, with acknowledgement of the requirement to report on the progress of the RPHP to the Chief Public Health Officer every two years.

This RPHP identifies the core strategies, projects and actions that the PPRC will implement to promote, protect and improve the public health and wellbeing of the community. Many of the activities arise from objectives outlined in the PPRC Strategic Plan 2010-2019 that Incorporate goals of health, wellbeing and quality of lifestyle.

It is the intent of this RPHP to recognise and expand upon those strategic goals and to use them as the basis for the PPRC’s responsibility as the Public Health Authority in the Region.

The PPRC is also committed to ensuring a safe and healthy environment as a part of its responsibility as the Public Health Authority of the Region and intends to investigate additional funding and resource opportunities, and to strengthen partnerships with Nyrstar and the SA Government, in the development of comprehensive strategies to address the public health implications of environmental lead.

1. UNDERSTANDING PUBLIC HEALTH – CONTEXT OF THIS PLAN

It is important to recognise that the context of this RPHP is not intended to assess or address the individual health care needs of the community. This RPHP is focussed upon public health promotion, preservation and improvement at a population level and not upon the treatment of diseases.

Acknowledgement of the scope of this RPHP is vital if the role of the PPRC, with regard to public health, is to be understood without unrealistic expectations.

The PH Act defines public health as:

Public Health is the health of individuals in the context of the wider health of the community. It involves a combination of policies, programs and safeguards designed—

- (a) to protect, maintain or promote the health of the community at large, and,*
- (b) to prevent or reduce the incidence of disease, injury or disability within the community.*

To expand on this definition further, the South Australian Public Health Plan defines public health as:

“Public health connects with every aspect of our community’s life and can be affected by a very wide range of factors and issues. Public health responsibilities are often dispersed across all spheres of government, and many other departments, agencies, organisations and groups. Most of what impacts on public health is actually in the domain of sectors that don’t have a specific health role as part of their primary responsibility. Public health is about the social conditions, the environmental character and the opportunities that are available or need developing. It’s about the very fabric and structure of our physical and social environments.

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.

Therefore, public health is about all of us – preventing the causes that make us sick and building on those things that protect us and improve our health and wellbeing.”

2. PUBLIC HEALTH DETERMINANTS

Public health and wellbeing is a product of a number of dynamic and interactive factors. Within the context of this RPHP the following four broad categories, as outlined by the World Health Organisation and the SAPHP, can be viewed as significant public health determinants:

Social Factors

- Culture
- Social Cohesion
- Social Inclusion
- Support Networks

Socioeconomic

- Education
- Employment
- Income / Affluence
- Community Infrastructure

Built Environment

- Safe Housing
- Development Planning
- Open Spaces
- Accessible Infrastructure and Services

Natural Environment

- Safe Water
- Clean Air
- Safe Food
- Amenity / Biodiversity
- Climate

3. LEGISLATION – THE SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

The Public Health responsibilities of the Council are prescribed in Section 37 of the South Australian Public Health Act:

- (1) *A council is the local public health authority for its area.*
- (2) *In connection with subsection (1), the following functions are conferred on a council by this Act:*
 - (a) *To take action to preserve, protect and promote public health within its area;*
 - (b) *To cooperate with other authorities involved in the administration of this Act;*
 - (c) *To ensure that adequate sanitation measures are in place in its area;*
 - (d) *Insofar as is reasonably practicable, to have adequate measures in place within its area to ensure that activities do not adversely affect public health;*
 - (e) *To identify risks to public health within its area;*
 - (f) *As necessary, to ensure that remedial action is taken to reduce or eliminate adverse impacts or risks to public health;*
 - (g) *To assess activities and development, or proposed activities or development, within its area in order to determine and respond to public health impacts (or potential public health impacts);*
 - (h) *To provide, or support the provision of, educational information about public health and to provide or support activities within its area to preserve, protect or promote public health;*

Section 51 of the PH Act requires the Council to develop a Regional Public Health Plan. This plan must:

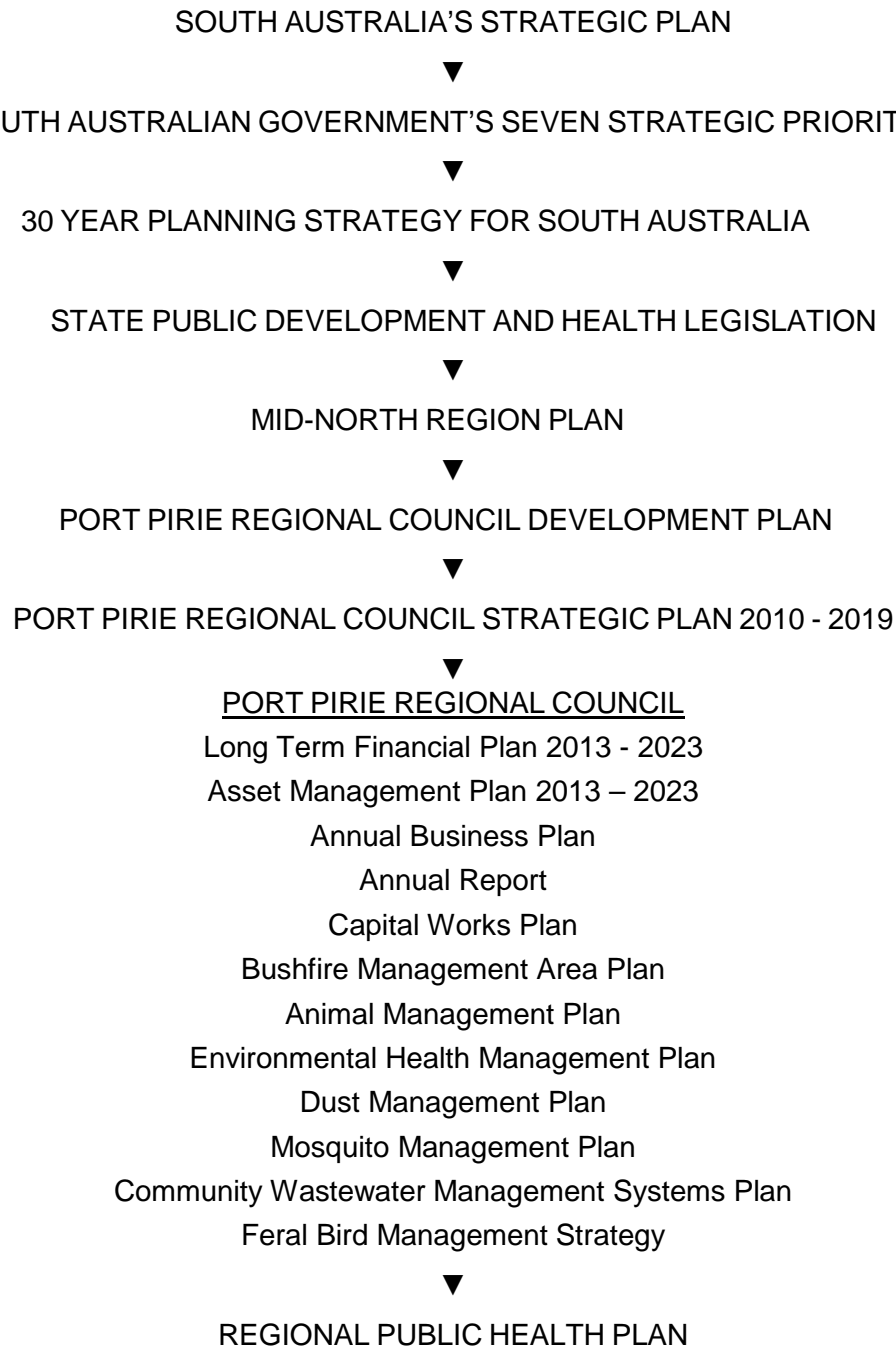
- Assess the state of public health in the region,
- Identify existing and potential public health risks and provide strategies to address them,
- Identify opportunities and outline strategies to promote public health,
- Address any issues specified by the Minister,
- Include information as to the state and condition of public health in the Council area and related trends,
- Include information on environmental, social, economic and practical considerations relating to public health within the Council area,
- Address and be consistent with intergovernmental agreements specified by the Minister.

The plan must be reported on every 2 years and reviewed every 5 years.

4. PORT PIRIE REGIONAL COUNCIL PUBLIC HEALTH PLANNING FRAMEWORK

The strategic planning framework that guides the development of this RPHP is extensive and provides a number of pathways toward protecting, improving and preserving public health throughout the State.

A summary of this framework is:



With regard to this strategic planning framework, as it applies to the Port Pirie Regional Council Strategic Plan, the following key goals become central to the development of this RPHP:

4. PORT PIRIE REGIONAL COUNCIL PUBLIC HEALTH PLANNING FRAMEWORK (CONT'D)

1. Quality Lifestyle and Community Wellbeing

Establish the Port Pirie Region as a quality lifestyle choice which facilitates social inclusion options and a strong sense of community pride.

The successful achievement of this goal can be characterised by the population feeling safe, healthy, by their inclusion and participation in the community and by their patronage of parks, reserves and other public recreational facilities.

2. Economic Prosperity

Establish the Port Pirie region as a clean, vibrant, thriving region that encourages sustainable new business development, supports existing businesses to expand, and has a growing population base.

The successful achievement of this goal can be characterised by increased economic and business activity throughout the Region.

3. Environmental Sustainability

Ensure the effective management of the region's environment to ensure ecological sustainability.

The success of this goal could be characterised by the Council planning and operating in ways that reflect environmental protecting and sustainability, and by the community's interest and participation in environmental and sustainability activities.

4. Organisational Excellence

Develop an organisation that is outwardly focused, responsive and progressive, balanced with financial and performance accountability.

The successful achievement of this goal could be characterised by continued customer service improvements and by the maintenance and the continued improvement of the quality and access to the Regions assets.

The PPRC has a number of supporting strategic planning documents that arise from the Regions Strategic Plan, and the goals listed previously, and many of these documents influence and facilitate positive public health and wellbeing outcomes.

In the context of this RPHP it is necessary to assess the Councils broad strategic goals against the requirements and the priorities of the SPHP. The four key priority areas of the SPHP are:

1. Building Stronger, Healthier Communities for all Generations,
2. Increasing Opportunities for Healthy Living, Healthy Eating and Being Active,
3. Preparing for Climate Change, and
4. Sustaining and Improving Public and Environmental Health.

4. PORT PIRIE REGIONAL COUNCIL PUBLIC HEALTH PLANNING FRAMEWORK (CONT'D)

The following table highlights the alignment between the Council's strategic goals, the 4 key priority areas of the SPHP and makes reference to the relevant Public Health Determinant, as described in Section 3 of this document:

PPRC Strategic Plan Goal	State Public Health Plan Priority Area	Public Health Determinant
Quality Lifestyle and Community Wellbeing	Priority Area 1 Priority Area 2 Priority Area 4	Social Socioeconomic Natural Environment Built Environment
Economic Prosperity	Priority Area 1	Social Socioeconomic Built Environment
Environmental Sustainability	Priority Area 1 Priority Area 3	Natural Environment Built Environment
Organisational Excellence	Priority Area 1 Priority Area 2 Priority Area 3 Priority Area 4	Social Socioeconomic Natural Environment Built Environment

5. THE PEOPLE OF THE PORT PIRIE REGIONAL COUNCIL AREA

The Port Pirie Regional Council area comprises approximately 1760km², and it located about 220 kilometres north of Adelaide. The Region includes the city of Port Pirie and the principal townships of Crystal Brook, Redhill, Koolunga, Napperby, Nelshaby and Warnertown. Approximately 17,671 people reside within the Region (see *Appendix 1 Table 2*), with an almost equal distribution of males to females and a population density of about 10 people per km².

The population of the Region is made up of approximately 88% Australian born people, including about 3% indigenous people, along with a component of people born in Europe, Africa and Asia, of about 12%.

The majority of the Regional population, about 62%, is aged between 15 and 64 years and 20% of the total population is under 15 years of age. The average age of the workforce throughout the Region is 41 years, and approximately 41% of the population has obtained some form of post-high school academic qualification.

The Regions workforce is relatively evenly spread over the various vocational groups, with a slight emphasis on technical and trades workers:

• Managers	10.9%
• Professionals	13.0%
• Technicians and Trades Workers	14.9%
• Community and Personal Service Workers	11.7%
• Clerical and Administrative Workers	11.2%
• Sales Workers	11.4%
• Machinery Operators and Drivers	12.2%
• Labourers	12.4%
• Inadequately Described/Not Stated	2.2%

(Source: Australian Bureau of Statistics 2011)

A detailed understanding of the demographic profile of the Regional population is vital to effective public health strategic planning, given that the aforementioned determinants of public health indicate that people who live in poorer socioeconomic conditions tend to suffer poorer health than those in more advantaged areas.

Socio Economic Index

The Socio Economic Index for Areas (SEIFA), based on the 2011 ABS census, for the PPRC area is 893. SEIFA is an aggregate measure of the relative socio economic disadvantage. Of the 71 regions in South Australia, the PPRC is ranked the 5th most disadvantaged region.

5. THE PEOPLE OF THE PORT PIRIE REGIONAL COUNCIL AREA (CONT'D)

Population Public Health Profile for the Port Pirie Regional Council Area

To assist with the development of this RPHP, the South Australian Local Government Association (LGASA) has prepared a "Population Health Profile of the Port Pirie Regional Council Area". Appendix 2 of this document contains a detailed table that describes a list of key indicators and determinants of the health of the population and highlights how those factor compare to other non-metropolitan areas and to the State overall. A summary of these include:

Regional Health Indicator	PPRC Region %	Non-Metro SA %	SA %
Self Assessed State of Health as Fair or Poor	19.0	16.2	15.5
High/Very High Levels of Psychological Distress	13.8	11.5	12.1
Mental Health Problems (<i>males 2007-08</i>)	12.7	11.1	10.8
Mental Health Problems (<i>females 2007-08</i>)	13.7	12.2	12.1
Smoking (<i>2007-08</i>)	25.9	22.9	20.3
Smoking During Pregnancy (<i>2008-10</i>)	29.8	20.8	15.0
Obesity (<i>males 2007-08</i>)	18.6	19.4	17.9
Obesity (<i>females 2007-08</i>)	18.3	18.0	17.0
Obesity (<i>4 yr old males 2007-08</i>)	8.3	6.0	5.5
Obesity (<i>4 yr old females 2007-08</i>)	4.7	4.3	4.0
Physically Inactive (<i>15 yrs and older</i>)	40.0	37.9	35.8

The above table highlights that the incidence of key public health indicators within the PPRC area are, with few exceptions, above average when compared to both other regional areas and throughout the whole State. These results should be considered in detail when developing initiatives to improve public health within the Region.

6. PORT PIRIE LEAD EXPOSURE REDUCTION STRATEGIES

The City of Port Pirie is home to the world's largest lead smelter which is the major employer in Port Pirie, employing about 18% of Port Pirie's workforce. The smelter plays an important role in the economic sustainability of the region as well as being a significant contributor to the social, economic and environmental determinants of health.

Although environmental lead contamination is largely confined to the city area of Port Pirie and is not endemic throughout the Region, it does have the unique potential to significantly impact the public health of both residents and frequent visitors to the affected areas and as such requires special consideration.

The management of lead contamination, and its impacts on public health, are not the sole responsibility of the Council. Rather, the Council has been, and continues to be, a contributing stakeholder in a series of cooperative initiatives between the State Government and the management of the lead smelter since the 1980's, all designed to reduce the effects of lead on public health.

There has been steady progress over the past decade in dealing with the long-term problem of lead contamination in Port Pirie with significant improvements in children's blood lead levels. The latest results show that in 2013, the percentage of children tested who were less than five years of age and with a blood lead level less than 10 micrograms per decilitre was 79.5 per cent.

The Australian National Health and Medical Research Council recommends that all Australians should have a blood lead level of less than 10 micrograms per decilitre. The 2013 results show that there has been around a 30 per cent improvement in this percentage over the past 10 years. In addition the average blood lead level for the population of children tested has decreased from 8.6 down to 5 micrograms per decilitre.

However, these improvements have plateaued in recent years and the number of children with level of lead in their blood remains undesirable. Further progress is only likely to be achievable through new smelting technology. The State government and the smelter operator have signed agreements about funding a redevelopment that will transform smelter operations and aims to reduce lead emissions and blood lead levels in Port Pirie children. The Targeted Lead Abatement Program is part of these agreements to intensify actions to reduce children's blood lead levels. The Council has a role in the partnership with State government, the smelter operators, NGOs and the Port Pirie community to coordinate, align and intensify lead exposure reduction actions. So that in conjunction with the proposed smelter transformation, all efforts are made to ensure every child gets the best start to life.

The Council currently undertakes, or is involved in, the following lead contamination management initiatives;

Cleaning of Public Facilities

Road and footpath sweepers undertake an on-going cleaning regimen in CBD and areas close to the smelter and playground equipment and street furniture are cleaned weekly.

Buffer Zone Management

The Council takes possession of properties purchased by EHC north of Frederick Road as part of the buffer zone plan and cooperates with other agencies to rehabilitate the land.

Public Open Space Management

The Council maintains and greens public open spaces, distributes mulch to cover exposed soil and uses recycled water from the smelter for irrigation.

6. PORT PIRIE LEAD EXPOSURE REDUCTION STRATEGIES (CONT'D)

Dust Management

All development applications for demolition and land division approved by the Council, along with the Council's road maintenance and earthworks activities, are required to adhere to the Dust Management Plan.

In addition, there are future opportunities for the Council to expand these spheres of activity, and to develop new ones, through the development of new key stakeholder partnerships, strengthening existing partnerships and exploring new funding sources that may seek to:

- Increase buffer zones between residential and other land use areas.
- Reduce dust mobilisation through increasing the scale of the greening and mulching programs.
- Continue the application of the road and footpath sweeping program.
- Apply the Dust Management Plan particularly as it relates to building construction, modification, demolition and public works.
- Investigate the viability of programs to facilitate the cleaning of public buildings with greatest risk of lead exposure.
- Encourage the future development of children's services (schools, kindergartens, childcare centres) to be built in the southern areas of the Region, with lowest potential exposure risk to lead.
- Encourage the development of lead-sensitive building design that minimises exposure to environmental lead.
- Incorporate all existing and proposed lead exposure-reduction strategies and actions into a new "*Lead Contamination Management Plan*", to focus Council works on the strategic goals shared with other partners to reduce lead exposure and to incorporate and endorse the State Governments 'Targeted Lead Abatement Program' (TLAP).

The following section outlines Public Health Action Plans are aligned closely with the objectives of the TLAP and address lead related public health concerns at a more pragmatic level.

7. PUBLIC HEALTH ACTION PLANS

The State Public Health Plan (SPHP) identifies four Priority Areas for the Council to consider through the development of its Regional Public Health Plan. In a broad sense, each of the four priorities is addressed by the PPRC's Strategic Plan, (see *the table in Section 5*). As the development of this RPHP proceeds it is envisaged that a dynamic relationship will develop between the Strategic Plan and the RPHP that will influence and facilitate the nature of both documents and all other subordinate plans and strategies that may arise, as a result.

In addition, the SPHP also encourages the Council to consider the CHES Principles through the process of developing the RPHP, and how they relate to the four Priority Areas and in particular the specific Action Plans that will ensure that the Council meet the requirements of the SPHP. In general however, the CHES principles already underpins the delivery of most of the Councils core services.

The **CHES** Principles are:

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

The following sections outline the details of how the PPRC is addressing Public Health throughout the Region along with particular considerations, strategies and actions the address the requirements of each of the four Priority Areas.

STATE PUBLIC HEALTH PLAN - SOUTH AUSTRALIA: A BETTER PLACE TO LIVE

Priority Area 1:

Stronger and Healthier Communities and Neighbourhoods for All Generations

This public health priority area is concerned with the physical and social infrastructure of the Region. It is important that factors that influence health are considered when planning, designing and developing towns and cities. This priority area also relates to those activities that provide opportunities for social connectedness, volunteering and other forms of community participation, as well as developing and implementing community safety strategies.

Chapter 5 of the Federal Governments "State of Australian Cities" Report it is noted that *"The design of urban environments can contribute to the health and wellbeing of communities by supporting active living, physical activity through walking, cycling, using public transport and opportunities for social interaction;"* and *"There is growing evidence that attractive, well designed public open spaces is restorative, reducing mental fatigue and stress."*

In practical terms, building stronger and healthier communities and neighbourhoods result from the consideration by the Council in the following areas:

Development Planning

Consideration and encouragement of active living concepts in new Regional developments along with the cultivation of adaptable and diverse housing that can accommodate the population throughout their lifecycle.

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

Open Space

The provision of quality, well designed, usable and connected open space areas that encourage recreation, exercise and socialising and enhance amenity.

Transport

Placing a priority on non-car based transportation systems, such as walking, cycling and public transport is a key element to achieving sustainability and 'liveability' objectives, although this is difficult in non-metropolitan areas.

Stormwater and Flood Mitigation

Effective stormwater and flood prevention is essential to protect human health and community assets.

Age Appropriate Service Provision

Facilities and programs that are age appropriate, and that encourage life long learning, physical activity and social connectedness.

Sustainability and Environment

Working toward continued reduction of the Region's ecological impact is vital to ensuring sustainable lifestyles, restoring the natural environment and achieving balance in the built environment.

Economic Prosperity

The viability of the Regional economy is directly linked to the quality of life experienced by the community.

The application of the CHES principles to the plans, services and infrastructure the Council provides, or may provide in the future, in line with this priority area are discussed below, followed by a specific action plan.

Connected environments

The importance, and health benefits, of social and physical connectedness within the community is widely acknowledged. The PPRC Strategic Plan specifically outlines Community Involvement, Participation, Representation and Pride initiatives under its Quality Lifestyle goal.

Healthy eating environments

Other than legislative responsibilities associated with food safety, the PPRC currently has no specific strategy or policy relative to this principle at present however it is acknowledged in a peripheral sense in the Strategic Plan within its broad Quality Lifestyle goals.

Safe environments

The PPRC Strategic Plan lists the enhancement of community safety as a key strategic goal. Also, safety is a vital part of the Council's administration of development, building and health legislation.

Sustainable environments

The PPRC Strategic Plan contains a comprehensive set of goals aimed at environmental sustainability.

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

ACTION PLAN - Priority Area 1:		
Stronger and Healthier Communities and Neighbourhoods for All Generations		
ACTIONS		TIMEFRAME
1.1	Review Regional Development Plan with regard to objectives of this priority area and consider amendments.	12 months
1.2	Continue to apply (and review periodically) the principles of the Regional Development Plan, in particular those that are unique to the Region, including: <ul style="list-style-type: none"> • Coastal Development • Contaminated Lands Development • Open Space • Appearance of Land and Buildings • Community Facilities • Crime Prevention • Residential Development 	Ongoing
1.3	Continue to apply the Building Code of Australia (BCA) to ensure that suitable amenities are provided within buildings based on the associated land use.	Ongoing
1.4	Continue to consider public health and wellbeing in the development of the Region's open spaces and recreational grounds, taking the likely impacts of population growth, and the possibility of lead contamination into account.	36 months
1.5	Continue to develop and implement the Region's Bicycle Strategy.	Ongoing
1.6	Consider the Development of a Regional Transport Plan that encompasses each aspect of the region from a perspective that facilitates a broad level of transport choices that include walking and cycling, public transport and private vehicles.	24 months
1.7	Consider formal adoption of the Walk 21 International Charter for Walking.	36 months
1.8	Continue the development and implementation of flood and stormwater mitigation plans	Ongoing
1.9	Consider the development of an "Age Friendly Environments and Communities Plan" that has regard for: <ul style="list-style-type: none"> • Integrated ageing strategies integrated into Council development, infrastructure and strategic plans, and regional land use frameworks, • Evaluation of age friendly environment and communities, • Celebration and promotion of positive ageing and social inclusion, • Intergenerational community development programs, • Aged facilities and residential best practice • With universal design, age friendly infrastructure and policies, • Community transport innovation, • HR Policies to minimise barriers and ensure a range of flexible options for employment of older staff, • Collaborative ageing research; and • Multicultural initiatives. 	36 months
1.10	Aim to incorporate health and wellbeing are integrated into the Region's Environment and Sustainability strategies and plans.	36 months
1.11	Aim to achieve the Council's Economic Prosperity strategic goals.	24 months
1.12	Consider the development of a Regional Healthy Eating Plan.	36 months

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

ACTION PLAN - Priority Area 1 (Cont'd):		
Stronger and Healthier Communities and Neighbourhoods for All Generations (Cont'd)		
ACTIONS		TIMEFRAME
1.13	Research the application of the Heart Foundation "Healthy by Design" in Council's development, transport, open space and urban expansion planning.	24 months
1.14	Consider development of Library Strategic Plan that incorporates health and wellbeing as guiding principles, such as: <ul style="list-style-type: none"> • Encouraging the use of the library facilities for socialisation and community engagement. • Ensure a broad range of collections and resources relevant to health and wellbeing, • The possibility of providing "tele-health" technologies via the digital hub, • The provision of in-home library services for home-bound residents. 	24 months- Ongoing
1.15	Aim to create systems by which volunteers can be facilitated, encouraged and acknowledged throughout the community.	Ongoing
1.16	Continue achievement of Community Safety and Crime Prevention strategic goals and employ the principles of Crime Prevention Through Environmental Design (CPTED).	Ongoing
1.17	Continue implementation of CCTV installation program and identification of relevant hotspots	Ongoing
1.18	Continue implementation of Animal Management Plan to educate community about responsible and safe animal management practices.	Ongoing
1.19	Support the State developed Targeted Lead Abatement Program (TLAP) and support lead contamination remediation initiatives.	Ongoing
1.20	Aim toward the implementation and application of the Dust Management Plan in all development and infrastructure activities.	12 months

Priority Area 1: Action Plan Success Measures and Indicators	
PERFORMANCE MEASURE / INDICATOR	
1	Health and wellbeing are strategic / demand drivers in the planning and development of open and recreational spaces, transport and sustainable living strategies throughout the Region.
2	The self-reported health of the population is recorded as good, very good or excellent in subsequent census.
3	Reduced rates of psychological distress
4	Increased proportion of the population who enjoy living within the Region.
5	Increased proportion of the population who feel a part of the community.
6	Increased proportion of the population who positively rate their environment in terms of planning, open spaces and levels of pollution.
7	Increased levels of community participation in an Increasing number of culturally diverse community events, programs and services.
8	Increased number of regional volunteers and total number of volunteer hours.
9	Decreased community blood lead levels, especially in children.

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

Priority Area 2:

Increasing Opportunities for Healthy Living, Healthy Eating and Being Active

This Priority Area is concerned with the habits and actions of the population as they live within the Communities and Neighbourhoods described in the first priority Area. The obesity that results from poor eating behaviours and low levels of physical activity have the potential to negatively influence mental and social health and to increase mortality rates. They are also significant contributors to the risk of many non-communicable diseases such as:

- Type II Diabetes,
- Stroke,
- Heart Disease, and
- Cancer

The development of means to implement the philosophy of this priority area will encompass the following key targets:

- Increased opportunities to boost physical activity.
- Increased availability and access to healthy food, and
- Promote the reduction of the negative health impacts of tobacco and alcohol.

ACTION PLAN - Priority Area 2:		
Increasing Opportunities for Healthy Living, Healthy Eating and Being Active		
	ACTIONS	TIMEFRAME
2.1	Consider the development of a Regional Obesity Prevention And Lifestyle (OPAL) program. <i>(based on SA Health Model)</i> .	24 months
2.2	Support, encourage and educate food safety and healthy eating through producers market and Regional events.	Ongoing
2.3	Continue to plan for and implement Dry Areas throughout the Region and monitor 'hotspots' of anti-social behaviour attributable to alcohol abuse.	Ongoing
2.4	Consider development and implementation of a "Regional Smoke Free Zone Plan", establishing Smoke Free Zones around schools and public areas.	24 months
2.5	Plan for, and consider opportunities to increase walking and cycling transport throughout the Region.	Ongoing
2.6	Continue to support and encourage local sporting clubs with regard to participation in Regional sporting events.	Ongoing
2.7	Encourage and promote the benefits of exercise for both dogs and dog owners and consider development of particular periodic events aimed at local animal owners, maintain / increase Council dog parks etc.	12 months
2.8	Develop healthy eating promotions plan to encourage and educate healthy eating activities throughout the region through periodic special events.	12 months

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

Priority Area 2: Action Plan Success Measures and Indicators	
PERFORMANCE MEASURE / INDICATOR	
1	Increased participation in the Regional Obesity Prevention And Lifestyle OPAL program initiatives and reduction in the incidence of obesity throughout the region.
2	Increased presence of healthy food options at Regional public events and the availability of relevant information.
3	Development of Regional "Anti-Social Hotspots" register may influence future planning, placement of CCTV and establishment of additional "Dry Areas".
4	Development of a Regional 'Smoke-Free Zones" Plan and establishment of smoke free zones in key strategic areas.
5	Expand upon existing Regional Bicycle Plan, and develop options report showing possible locations of riding / walking trails throughout the Region.
6	Increased support / facilitation of local sporting clubs and increased number of people participation in Regional events.
7	Establishment of Regional event(s) for dog owners and their pets and development of relevant information / promotional materials.
8	Development of Regional Healthy Eating Plan and relevant promotional support materials and events.

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

Priority Area 3:

Preparing for Climate Change

This Priority Area is intended to ensure that the likely public health implications of climate change are considered, recognised, anticipated and that appropriate strategies are put in place to manage them.

As a result of the likely effects of climate change, the Region is expected to experience:

- On-going increases in average temperatures,
- Changes in rainfall (likely reductions in winter and spring),
- An increase in daily rainfall intensity, but longer dry spells between rainfall events,
- An increase in very hot days and nights,
- An increase in the number of extreme fire danger days,
- Ocean acidification as a result of dissolved carbon dioxide in sea water,
- Sea level rises that exacerbate storm surge events and coastal erosion.

The development of a “Regional Climate Change Management Strategy” would be required to reference the following documents:

- Central Local Government Region of South Australia, Regional Development Australia and the Northern and Yorke Natural Resources Management Board: *Yorke and Mid North Regional Climate Change Action Plan*
- South Australian Department of Environment, Water and Natural Resources 2012: *Prospering in a Changing Climate – A Climate Change Adaption Framework for South Australia*
- Department of Environment and Natural Resources, 2010: *Regional Climate Change Projections: South Australian Arid Lands, South Australia*
- CSIRO and Bureau of Meteorology, 2007: *Climate Change in Australia. Technical Report 2007. CSIRO, Melbourne*
- CSIRO 2007: *Climate Change in Australia Technical Report*
- CSIRO 2006: *Climate Change under Enhanced Greenhouse Conditions in South Australia*

Planning strategies to manage the likely impacts of Regional climate change would involve consideration the following key areas:

- Planning and Development:
- Coastal Management:
- Emergency Management:
- Environment and Open Spaces:
- Infrastructure, Assets and Economic Impacts:
- Agriculture and Water Management:

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

ACTION PLAN - Priority Area 3:		
Preparing for Climate Change		
	ACTIONS	TIMEFRAME
3.1	Work with all layers of the community to develop a shared understanding about climate change, its likely impacts upon the Region and to identify sustainable management strategies	48 months
3.2	Develop a "Regional Climate Change Management Strategy" that will encompass all of the likely impacts of climate change, how the operations of the Council may be affected and how the risks may be managed in sustainable ways.	36 months- Ongoing
3.3	Aim to identify the likely public health implications resulting from climate change and develop pertinent action steps for incorporation into relevant strategic plans.	36 months
3.4	Consider the likelihood of increased flood risks and extreme weather events, and investigate options to protect the viability of existing assets and infrastructure.	Ongoing
3.5	Aim to ensure that future development is designed to minimise the risks associated with the likely impacts of climate change, in particular rising sea levels, increased flooding risks and increased fire risks.	48 months- Ongoing
3.6	Aim to ensure that open spaces and green belts are designed to accommodate rising average temperatures, facilitating heat diffusion to maximise the provision of shade and shelter for the community, taking into account the possibility of lead contamination.	48 months- Ongoing

Priority Area 3: Action Plan Success Measures and Indicators	
PERFORMANCE MEASURE / INDICATOR	
1	The Development of a "Regional Climate Change Management Strategy" that reflects the needs of the community, local commerce and industry and the Council to ensure a seamless response to climate change.
2	Public Health implications associated with climate change are clearly identified and addressed in the Regional Climate Change Management Strategy.
3	The Council's asset and infrastructure management plans incorporate and account for the likely impacts of climate change.

7. PUBLIC HEALTH ACTION PLANS (CONT'D)

Priority Area 4:

Sustaining and Improving Public and Environmental Health Protection

This Priority Area regards the more traditional public health protection activities that the Council provides, under the banner of Environmental Health. Fundamentally these activities relate to the assurance of safe food, control of communicable diseases, waste and waste water management and the provision of adequate water quality. This section quantifies the Council's roles and legislative responsibilities to Public and Environmental Health.

ACTION PLAN - Priority Area 4:		
Sustaining and Improving Public and Environmental Health Protection		
ACTIONS		TIMEFRAME
4.1	Provide a best practice and fit for purpose waste management service in conjunction with a community education and information program.	Ongoing
4.2	Continue to administer the requirements of the Legionella Regulations to minimise the community's risk of contracting Legionellosis.	Ongoing
4.3	Aim to support all Federal and State Immunisation initiatives to reduce and control risks of preventable diseases.	Ongoing
4.4	Aim to improve food safety standards across the community through a coordinated, on-going program of regular inspections, education, encouragement and enforcement of all food businesses in the Region.	Ongoing
4.5	Aim to improve the compliant operations of the Regions Community Wastewater Management Systems.	Ongoing
4.6	Aim to reduce and remediate the incidence of domestic squalor throughout the Region through diligent and diplomatic approaches to unsuitable situations.	Ongoing
4.7	Aim to form working partnerships with Housing SA, the Housing Improvement Branch and appropriate mental health agencies to assess and resolve instances of severe domestic squalor.	Ongoing
4.8	Aim to develop working partnership with the LGA and SA Health to clarify the requirements of Section 37(2)(g) of the SA Public Health Act.	Ongoing
4.10	Continue to assess the submission of on-site wastewater applications to ensure compliance with all public health regulations, guidelines and standards.	Ongoing
4.11	Continued role in the education, regulation and enforcement of skin penetration and beauty premises to reduce the risk of infectious disease transmission.	Ongoing
4.12	Continue all activities related to the Building Fire Safety Committee.	Ongoing
4.13	Continue to implement the Bushfire Management Area plan.	Ongoing
4.14	Continue to implement fire hazard reduction compliance program during fire danger seasons.	Ongoing
4.15	Continue to undertake inspectorial and regulatory role with regard to unsafe structures as defined by the Development Act and the State Department of Planning, Transport and Infrastructure.	Ongoing
4.16	Aim to develop and strengthen working partnerships to coordinate and intensify efforts to reduce lead exposure and children's blood lead levels with the Environmental Health Centre, Nyrstar, Housing Improvement Board, Department of Education and Childhood Development, the real-estate sector and other non-government organisations.	Ongoing

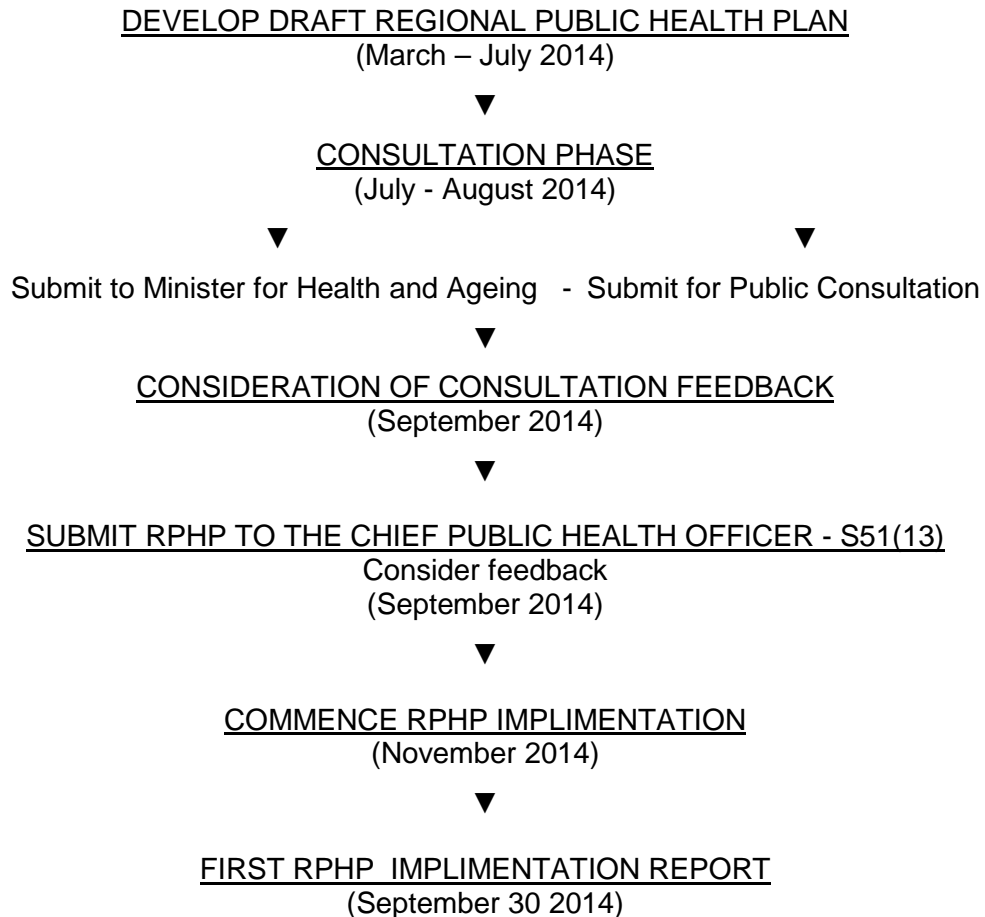
7. PUBLIC HEALTH ACTION PLANS (CONT'D)

Priority Area 4: Action Plan Success Measures and Indicators	
PERFORMANCE MEASURE / INDICATOR	
1	Increased participation and understanding of waste minimisation and reduction goals.
2	Increase in number of people currently immunised.
3	Complete and timely inspection of all environmental health compliance inspections
4	Increased performance and compliance of CWMS operations.
5	Reduced incidence and timely resolution of domestic squalor issues.
6	Development of inter agency partnerships to deal with relevant environmental health matters. <i>For example; Lead contamination mitigation partnerships with EHC, Housing Improvement Board, Nystar Management.</i>
7	Reduced fire hazards and bushfire risks.

8. REGIONAL PUBLIC HEALTH GOVERNANCE

It is important to establish the administrative parameters for this RPHP. This will ensure that the Plan remains current, viable, relevant and compliant with the requirements of the Public Health Act, such as the need to submit a report related to the RPHP every 2 years and conduct a review at least once every 5 years.

The process outlined below describes the necessary stages for the development of this RPHP:



The implementation of the RPHP is a process that involves activities in all facets of the Council's organisation. Therefore it is sensible to suggest that the process be driven at a Senior Management level, with the implementation of key tasks appropriately delegated by the Senior Management Team to relevant areas of responsibility.

The methods used to oversee the implementation of this Plan at an operational level is a matter for the Senior Management team to decide, although it is also likely that a small working party, or committee, that represents each area of the Council could be established. The responsibility of reporting on the progress of the process may become a function of that process, or it may rest with the Environmental Health Officer.

9. CONCLUSION

The Port Pirie Regional Council is the Public Health Authority for the Region and has a responsibility to promote and protect the health and wellbeing of the community. There is a broad range of core services delivered directly, and indirectly, by the Council that influence and facilitate public health and wellbeing, although there is a need to expand some of these current services and to introduce new initiatives in order to achieve desired goals.

In most instances the improvement of public health and wellbeing in the future will rely on the development of working partnerships between all three tiers of government in addition to private and other non-government agencies as well as the community. In general, as the factors that influence and facilitate public health and wellbeing become better understood, collaborations will be formed to address those factors and to devise methods for continual improvement.

Within the PPRC it is important to understand that the decisions made, and actions taken, across all divisions of the organisation, to some degree, have an impact and influence the health and happiness of the community.

This RPHP should be viewed as a starting point from which a system and culture of planning for public health can be integrated into the Council's current systems on all levels, to ensure the Council continues to protect and support the community and moves forward, growing into its role as the Region's Public Health Authority.

10. APPENDICES

Appendix 1: List of Relevant Strategic Documents

Port Pirie Regional Council – Strategic Plan 2010 – 2019

Port Pirie Regional Council – Annual Business Plan

Port Pirie Regional Council – Development Plan

Port Pirie Regional Council – Environmental Health Management Plan

Port Pirie Regional Council – Dust Management Plan

10. APPENDICES (CONT'D)

Appendix 2: Port Pirie Regional Council Population and Public Health Profile

Table 1: Selected indicators of Population Health and their determinants for Port Pirie Regional Council Area, compared with non-metropolitan South Australia.

Indicators	Port Pirie City and Dists	Metro Adelaide	Non-metro SA	South Australia	Australia
Population Profile, 2011 Census (Per cent, Index)					
Born overseas in predominantly non-English speaking countries					
- country 1 (in this SLA/ LGA) of top ten for SA - Italy	0.8	1.7	0.3	1.3	0.9
- country 2 (in this SLA/ LGA) of top ten for SA - India	0.2	1.5	0.3	1.2	1.4
- country 3 (in this SLA/ LGA) of top ten for SA - China	0.0	1.3	0.1	1.0	1.5
Born overseas & reports having poor proficiency in English	0.4	2.7	0.5	2.1	2.6
Aboriginal and Torres Strait Islander peoples	2.9	1.3	3.6	1.9	2.5
People who provide unpaid assistance to others	12.0	11.8	11.8	11.8	10.9
People with a profound or severe disability: all ages	6.4	4.4	4.6	4.4	4.6
People with a profound or severe disability: 0 to 64 yrs	4.7	2.8	3.1	2.8	2.5
People with a profound or severe disability: 65 yrs & over	13.9	13.4	11.7	12.7	17.8
Index of Relative Socio-economic Disadvantage	893	991	962	983	1002
Employment, 2011 (Per cent)					
Unemployment beneficiaries: total	8.2	4.7	5.6	5.0	4.2
Unemployment beneficiaries: six months or longer	7.1	3.6	4.5	3.9	3.1
Unemployment beneficiaries: young people	12.7	6.4	7.7	6.8	5.5
Education (Per cent)					
Aged 16 years and not participating in full-time secondary education, 2011	20.7	16.2	18.3	16.9	20.9
School leavers admitted to university, 2013	18.6	35.7	19.1	31.1	31.3
Children whose mother has low educational attainment, 2011	25.0	17.1	20.1	17.9	22.2
Young people learning or earning, 2011	73.1	80.9	76.7	79.8	80.1
Income and wealth (Per cent)					
Children in low income, welfare-dependent families, 2011	33.1	23.0	23.9	23.4	21.5
Age Pension recipients, 2011	88.8	76.5	78.6	77.2	74.6
Disability Support Pension recipients, 2011	14.8	6.9	8.2	7.3	5.6
Pensioner Concession or Health Care card holders, 2011	38.4	26.2	29.0	27.0	23.0
Housing stress: mortgage holders, 2011	10.4	8.4	10.4	8.9	10.5
Housing stress: renters, 2011	27.9	26.9	23.0	25.9	25.2
Housing rented from Housing SA, 2011	10.6	6.4	5.5	6.1	4.1
Recipients of rent relief from Centrelink, 2011	17.0	14.6	13.8	14.4	15.7
No motor vehicle available to household, 2011	11.5	9.6	6.3	8.7	8.6
Early life and childhood (Per cent, Rate)					
Total fertility rate, 2011	2.14	1.79	2.21	1.88	1.88
Women smoking during their pregnancy, 2008–10	29.8	13.0	20.8	15.0	13.7
Immunisation 1 yr of age, 2011/12	94.6	92.2	92.6	92.3	91.8
Immunisation 5 yrs of age, 2011/12	91.5	87.0	89.4	87.7	90.0
Obesity: four year old boys, 2010–12	8.3	5.3	6.0	5.5	..
Obesity: four year old girls, 2010–12	4.7	3.8	4.3	4.0	..
Fruit consumption: children aged 5 to 17 years, 2007–08	53.8	57.8	57.8	57.8	61.0
Infant death rate, 2006–10	5.4	3.4	6.1	4.2	4.3
Child mortality rate (deaths 1 to 4 yrs), 2006–10	..	18.6	30.0	21.8	20.1
Children and young people who are clients of CAMHS, 2008/09 and 2009/10	4,632.6	1,353.0	3,119.1	1,958.0	..
AEDI: Children developmentally vulnerable on one or more domains, 2009	18.6	23.0	22.6	22.9	23.6

10. APPENDICES (CONT'D)

Appendix 2: Port Pirie Regional Council Population and Public Health Profile (Cont'd)

Table 1: Selected indicators of Population Health and their determinants for Port Pirie Regional Council Area, compared with non-metropolitan South Australia (Cont'd)





Indicators	Port Pirie City and Dists	Metro Adelaide	Non-metro SA	South Australia	Australia
Personal health and wellbeing (Per cent, Rate)					
Self-assessed health as fair, or poor, 2007-08	19.0	15.3	16.2	15.5	14.7
High/ Very high levels of psychological distress, 2007-08	13.8	12.3	11.5	12.1	11.7
Type 2 diabetes, 2007-08	3.9	3.5	3.5	3.5	3.4
Mental health problems: males, 2007-08	12.7	10.7	11.1	10.8	10.1
Mental health problems: females, 2007-08	13.7	12.1	12.2	12.1	11.8
Smoking, 2007-08	25.9	18.9	22.9	19.9	20.3
Obese males, 2007-08	18.6	17.3	19.4	17.9	19.6
Obese females, 2007-08	18.3	16.7	18.0	17.0	16.4
Physical inactivity, 2007-08	40.0	35.1	37.9	35.8	34.3
Fruit consumption: adults, 2007-08	47.6	50.9	48.4	50.2	50.2
Median age at death: males, 2003-07	75.0	78.0	76.0	77.0	76.0
Median age at death: females, 2003-07	83.0	83.0	83.0	83.0	83.0
Premature mortality: males, 2006-10	377.4	305.3	327.2	312.7	303.9
Premature mortality: females, 2006-10	239.1	186.4	196.2	189.4	184.4
Premature mortality: 15 to 24 yrs, 2003-07	92.4	44.4	79.6	52.4	..
Premature mortality from suicides, 2006-10	..	12.9	12.2	12.8	12.3
Admissions to hospital: total, 2009/10	39,047.7	34,689.3	32,969.0	34,264.8	..
Admissions to hospital: potentially avoidable conditions, 05/06 to 06/07	5,563.6	3,167.3	3,882.7	3,427.7	..
Difficulty accessing services, 2010	37.1	26.0	35.8	28.5	29.7
HACC: clients living alone, 2010/11	16.5	37.2	27.9	34.3	37.5
HACC: non-English speaking clients, 2010/11	1.5	14.2	3.7	10.9	9.4
Clients of community health services, 2009/10	14,917.4	1,893.6	10,963.0	4,435.9	..
Clients of community mental health services, 2009/10	1,169.0	1,372.0	1,323.1	1,399.4	..
Residential aged care places per 1,000 population aged 70 yrs & over, 2011	96.7	97.0	83.1	93.2	87.0
Community connectedness, 2010 (Per cent)					
Able to get support in times of crisis	91.5	91.9	91.9	91.9	92.1
Disagree/strongly disagree with acceptance other cultures	4.6	4.4	4.1	4.3	5.9
Government support as main source of income in last 2 years	39.3	29.5	31.6	30.1	27.6
Accessed the Internet at home in the past 12 months	68.3	73.8	72.1	73.4	75.6
Personal and community safety, 2010 (Per cent)					
Feeling very safe/safe walking alone in local area after dark	49.6	43.5	51.0	45.4	47.3

Good Outcome	■	50% or more above metropolitan average	■	30 – 49% above metropolitan average	■	10 – 29% above metropolitan average	■	Within +/- 10% of metropolitan average	■	10% or more below metropolitan average
Poor Outcome	■	50% or more above metropolitan average	■	30 – 49% above metropolitan average	■	10 – 29% above metropolitan average	■	Within +/- 10% of metropolitan average	■	10% or more below metropolitan average

10. APPENDICES (CONT'D)

Appendix 2: Port Pirie Regional Council Population and Public Health Profile (Cont'd)

Table 2: Population of the Port Pirie Regional Council Area

		Period	Port Pirie City and Dists (M)	Australia
 People	Persons (no.)	2012	17,671	22,710,352
	Male (no.)	2012	8,772	11,304,018
	Female (no.)	2012	8,899	11,406,334
	Median Age (years)	2012	41.2	37.3
 Economy	Total number of businesses (no.)	2012	985	2,141,382
	Number of employing businesses: 5 or more employees (no.)	2012	187	320,360
	Building Approvals - Total private sector houses (no.)	2012	45	89,906
	Building Approvals - Average value of private sector houses (\$'000)	2012	255	322
 Industry	Total registered motor vehicles (no.)	2012	13,583	16,741,644
	Main employing industry: Health Care & Social Assistance (%)	2011	16.2	
 Energy & Environment	Land area (ha)	2011	176,071	768,848,540.5
	Main land use:	2008		

11. SOURCES

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5. SA Health - Targeted Lead Abatement Program
6. Heart Foundation - Healthy by Design
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10. South Australian Department of Environment, Water and Natural Resources – Prospering in a Changing Climate – A Climate Change Framework for South Australia 2012
11. Yorke and Mid North Regional Climate Change Action Plan