

CITY OF WHYALLA

# PUBLIC HEALTH PLAN

2022-2027



**WHYALLA**

## First Nations Acknowledgement

*We acknowledge the Barngarla People  
as the custodians of this ancient land  
and recognise that they have been  
living on these lands  
for many thousands of generations.*

*We value their traditions  
and recognise that these traditions  
are as important to the  
living Barngarla People today  
as they were in the past  
and that they make considerable  
contribution to the culture of our city.*

cover image: Cherilee Bagshaw



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Plan approved by Chief Public Health Officer, Professor Nicola Spurrier

Plan comes into effect: 18/11/2022

Plan review Date: 18/11/2026



# MESSAGE FROM THE MAYOR



Welcome to the latest edition of the Whyalla City Council's Public Health Plan, for the community of Whyalla.

Health is an integral aspect of any community and needs to be supported, improved, driven by several different services, agencies, facilities, opportunities and connected to other health initiative and state strategic plans.

This plan is critical in building a stronger community and healthier environment; protecting against public and environmental health risks; responding to climate change; preventing chronic disease, communicable disease, and injury; and strengthening the systems that support public health and wellbeing in our city.

This plan aims to assess the public health issues facing Whyalla and to develop effective strategies to address them (in line with strategies outlined by the State Government).

Council is committed to playing a key role in these priorities by not only providing council services for the health and wellbeing of our community, but also facilitating outcomes through partnerships and consultation; and advocating to relevant agencies on Whyalla's behalf on issues outside our control.

In reading this plan you will notice a number of key themes. These themes represent our key community priorities. Through these, we aim to ensure that:

Our city is accessible and culturally inclusive, where residents feel safe, healthy and connected;

- People in our community feel connected and can access support, services, activities, facilities, and information when needed
- People are using the parks, open spaces, and services to live active and healthy lifestyles
- The community is protected from public health risks; our natural and built assets are being maintained; and sustainability is integral in our programs and decision-making processes

This plan will be a key part of our strategic direction and it will require the support of the entire community in order to make a tangible difference.

We look forward to working with the various community organisations and groups, as well as State and Federal Government Departments, to make an impact on improving health outcomes for our great City.

***Mayor Clare McLaughlin***

# PART A: INTRODUCTION

To meet the requirements of the South Australian Public Health Act 2011, councils are required to prepare and maintain regional public health plans for their areas.

Whyalla City Council is committed to playing a key role in shaping our local environment and providing council services for the health and wellbeing of our community.

This Public Health Plan articulates the strategies Council will take to maintain and improve health for all people who live, work, study and play in the City of Whyalla.

We embrace this opportunity to promote healthy living through our direct roles and partnerships with others.

This is the second Public Health Plan for Whyalla City Council – updating the inaugural plan released in 2016.

This reviewed plan will continue the first plan’s holistic approach, which reflected that responsibility for our health is shared across the wider community, government, local organisations, and individuals.

This updated plan is informed by the state of health in our area, emerging trends and priorities since the 2016 Plan and the South Australian Government’s latest State Public Health Plan 2019-2024.

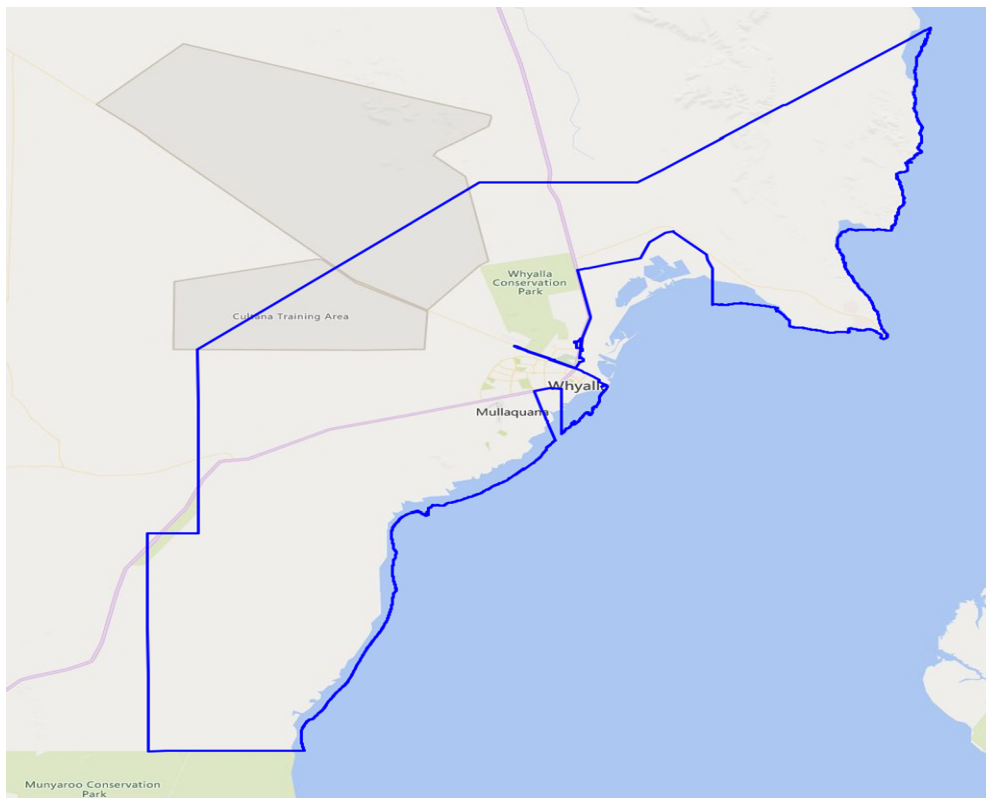


Figure 1 Whyalla City Council Area

The State Public Health Plan 2019-2024 provides the framework by which councils can take action to improve the health and wellbeing of their communities.

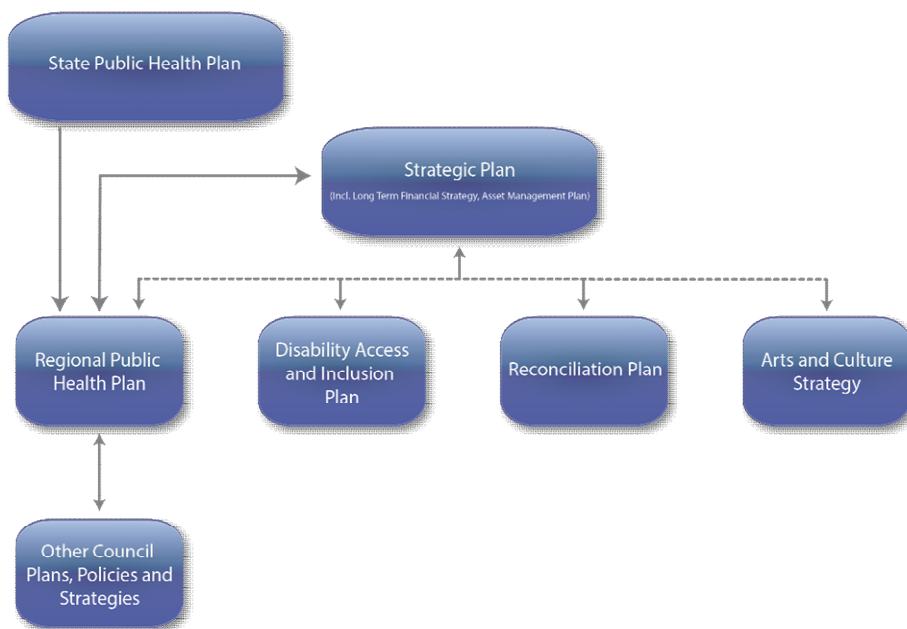
The State’s Plan consists of four priority areas:

- 1. Promote:** Build stronger communities and healthier environments.
- 2. Protect:** Protect against public and environmental health risks and respond to climate change.
- 3. Prevent:** Prevent chronic disease, communicable disease and injury.
- 4. Progress:** Strengthen the systems that support public health and wellbeing.

By aligning our plan with these priorities, we will help to improve the health and wellbeing of our community and reduce the incidence of preventable illness and injury, building upon the State’s vision of a ‘healthy, liveable and connected community for all South Australians’ and supporting our Strategic Plan vision of:

**A vibrant, attractive city offering the community a diverse range of sustainable economic, social, environmental and cultural opportunities<sup>1</sup>.**

Strategies listed throughout this plan will provide the framework for our health and wellbeing actions that will have a line of sight to Council’s Strategic Plan and relevant Council strategies: Reconciliation Action Plan, Disability Access and Inclusion Plan, Arts and Culture Plan and other relevant strategies and policies.



**Figure 2 Whyalla City Council Strategic Framework**

<sup>1</sup> Whyalla City Council Strategic Plan 2021-2030. Whyalla City Council

# PUBLIC HEALTH PLANNING

Under the South Australian Public Health Act 2011, Public Health is defined as “the health of individuals in the context of the wider health of the community” and encompasses all areas of our day to day lives including community services and centres, town planning, access and inclusion, parks and ovals, natural spaces, and safe food and water (figure 3).



Figure 3 Influences of public health (State Public Health Plan 2019-2024)

# DETERMINANTS OF HEALTH

The social conditions in which we are born into, live and work are the single most important determinant of either good or ill health. These conditions include our socioeconomic position, work life conditions, housing and residential environment, early childhood, social inclusion, and access to affordable health services. These, combined with our individual lifestyle, biological, and genetic factors, are collectively referred to as social determinants of health.

Several of which fall within Council’s sphere of influence.

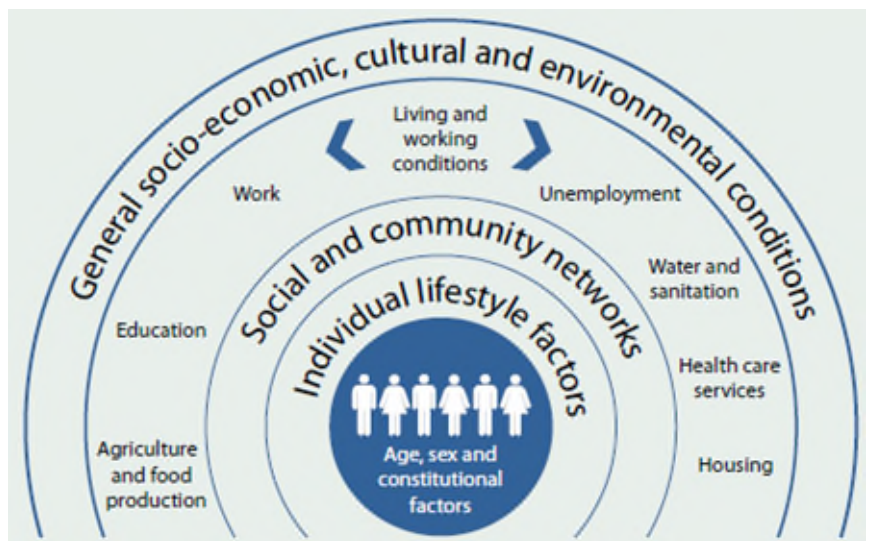


Figure 4 Framework for determinants of health (Australia’s Health 2016)

## LEGISLATIVE CONTEXT AND ROLE OF LOCAL GOVERNMENT

Public health is a concern shared across all forms of government and so is the responsibility for managing that concern.

The Act defines councils as the local public health authority and though that is true, we are not solely responsible for managing public health priorities in the region.

Our position in public health planning allows us to adopt a variety of roles for addressing public health and wellbeing matters in the community.

Whyalla's previous Public Health Plan identified the role of Council as a provider, facilitator or advocate in relation to its strategies<sup>2</sup>.

This recognises that while Council may play a direct role in providing a community health service (provider), there may be times where Council's role may be of a more indirect nature through working with other agencies and stakeholders to achieve its objectives (facilitator) or by showing support for new services and other resources for the region (advocate).

These roles have also been ascribed to Council with this updated Plan.

### **Provider:**

Council has a lead role in providing program/service delivery. This is a core role and function of Council. Council has direct legislative responsibilities.

### **Facilitator:**

When direct responsibility is not needed or possible, Council can facilitate public health outcomes through partnerships, consultation, information provision or community support.

### **Advocate:**

When an action is outside Council's sphere of influence, Council will show support for new services and other resources for the region by advocating to relevant agencies.



Image: Karen Bilney

<sup>2</sup> Whyalla Public Health Plan – Living Well in Whyalla 2016

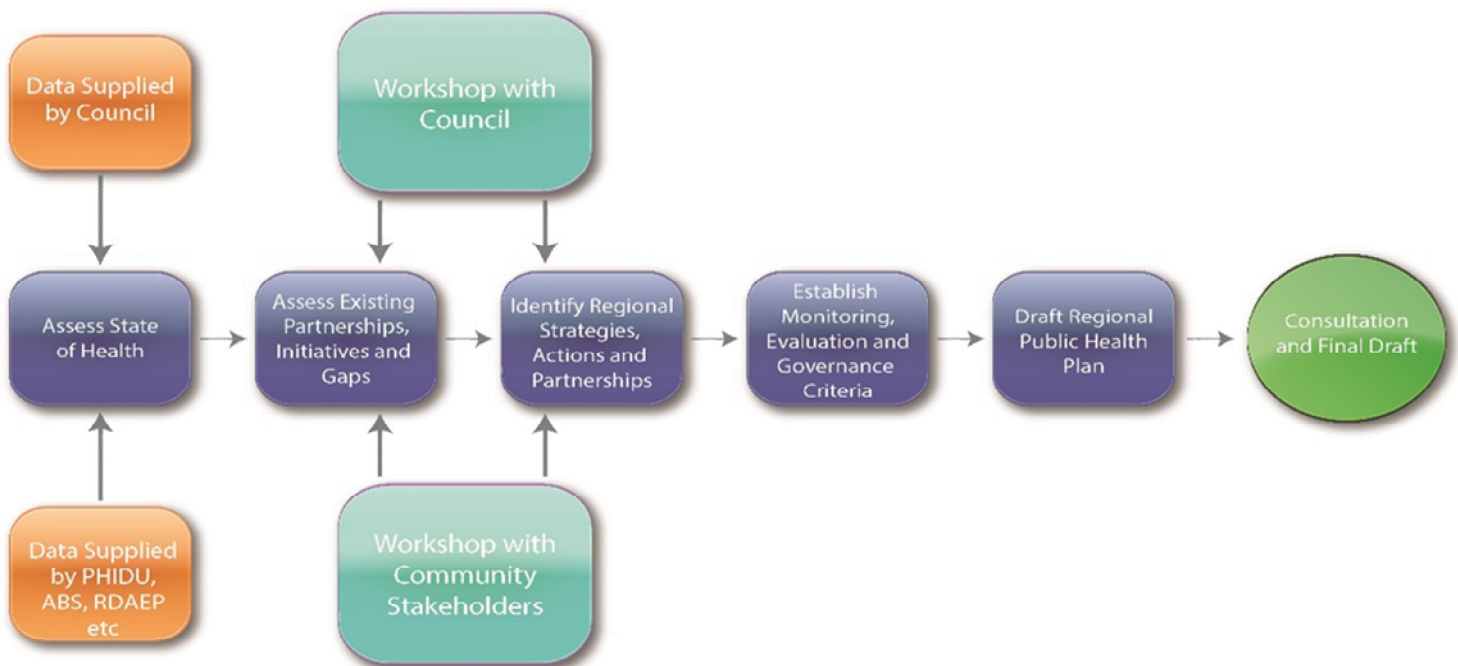


## DEVELOPING THE PLAN

Whyalla City Council's Public Health Plan recognises and builds upon the current activities of the Council that influence public health and wellbeing.

The Plan has been developed through:

- Review of existing Council documents, plans and strategies
- A comprehensive analysis of demographic data, and health and liveability statistics which inform the 'state of health' of the Whyalla City Council.
- Review of relevant national, state, and regional policy content to ensure a line of sight between Whyalla's Plan and broader health priorities
- Engaging the professional expertise of Council officers to explore how health and wellbeing can be promoted through various functions
- Seeking community and other key stakeholder feedback through consultation



**Figure 5 Whyalla City Council Regional Public Health Plan Development Process**

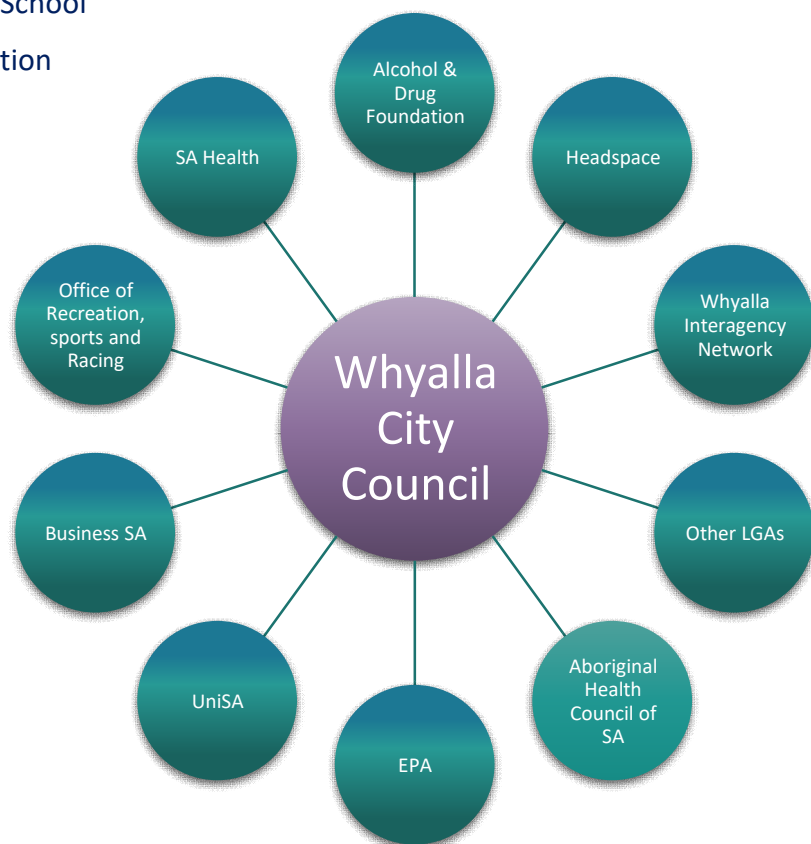
## PARTNERSHIPS

To implement this Plan and provide a supportive environment to achieve our public health goals, we will collaborate with a range of government agencies, non – government organisations (NGOs), local community and sporting groups, charities, research institutions and other Councils and stakeholders.

By strengthening current partnerships and seeking new ones, we will take action across the social determinates of health.

Some of our potential partners include but are not limited to:

- NGOs and Not-for-Profit agencies such as Mission Australia, Uniting SA, Aboriginal Health Council of SA, Alcohol and Drug Foundation, Headspace
- SA Department of Infrastructure and Transport
- Office for Recreation, Sport and Racing
- Local Government Association of South Australia
- SA Department for Environment and Water (DEW) and Eyre Peninsula Landscape Board
- SA Environment Protection Authority
- SA Health and SA Department for Health and Wellbeing
- Universities and Vocational Education and Training Providers – UniSA, TAFESA, University of Adelaide Rural Clinical School
- SA Department for Education
- Business SA
- Heavy industry



**Figure 6 A non-exhaustive list of current and potential partners for Whyalla City Council**

# PART B: STATE OF HEALTH

## OUR CITY

Whyalla is located on the western shores of the Spencer Gulf and is the largest industrial city in the region.

Whyalla has a community with a diverse mix of cultures and nationalities who value the city with its lifestyle, activities, facilities, and services.

Whyalla is a city with green parks, gardens, and a beautiful coastline.

It incorporates critical industrial operations, housing estates and well-established historic neighbourhoods, and retail facilities from the corner store to large shopping centres.

The Barngarla people are the traditional custodians of our land and the Whyalla area itself was visited by semi-nomadic tribes of Malkaripangala people – a subdivision of the Barngarla Aboriginal group, who were culturally linked to the Lake Eyre and Lake Torrens tribes.

There are several culturally important sites in the region including the hills and caves at Cultana Ranges, Tregalana Salt Lake, Weeroona Bay, Stony Point, Black Point, Fitzgerald Bay, Hummock Hill, Mount Young and Mount Laura<sup>3</sup>.

The community of Whyalla originated from the settlement of Hummock Hill – a unique landform named by Matthew Flinders in 1901, and a population of about 50 people.

As the export point for the iron ore mine at Iron Knob, Hummock Hill gradually grew and, in 1914, it was re-named Whyalla.

The Whyalla City Council comprises an urban boundary of 41.5 square kilometres with a total local government area covering approximately 1,000 square kilometres.

Whyalla has a substantial industrial base, providing mining, engineering, and steel manufacturing services. The City has a growing tourism trade along with a substantial health and education workforce.



<sup>3</sup> <https://www.whyalla.com/story-of-whyalla>

## Population Profile

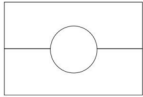


### Population:

21,600 <sup>4,5,</sup>

this is a slight decrease from 21,828 since 2016 <sup>6</sup>

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### Aboriginal Population:

1,032

(4.7% population compared with 2% for SA as a whole)

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### Cultural Diversity:

18.4%

born in countries other than Australia

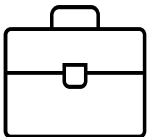
6.5%

from non-English speaking countries

8%

speak two or more languages at home

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### Proportion of working aged people 20-64 years:

56.4% - expected to fall slightly to 54.9% by 2036

At the 2016 census, 73.8% of Whyalla residents were born in Australia, which is slightly higher than the state (71.1%).

The largest proportion (9.6%) of migrants were from England and Scotland.

Approximately 8 percent of households speak a non-English language at home compared with 17.4 percent for South Australia as a whole.

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<sup>4</sup> Social Health Atlas of Australia: Local Government Areas-Whyalla City Council 2021. Public Health Information Development Unit (PHIDU)

<sup>5</sup> Whyalla City Council Annual Report 2019-2020. Whyalla City Council

<sup>6</sup> 2016 Census for Whyalla. Australian Bureau of Statistic (ABS)

# SOCIOECONOMIC DETERMINANTS OF HEALTH & WELLBEING

The SocioEconomic Indexes for Areas (SEIFA) ranks areas in Australia according to relative socioeconomic advantage and disadvantage. SEIFA is often used to determine areas that require funding and services such as identifying new business opportunities and research into the relationship between socioeconomic disadvantage and various health and educational outcomes<sup>7</sup>.



SEIFA Index: 882 (2016) compared to 905 (2011).

Average level of disadvantage in Whyalla increased between 2011 and 2016 –

Higher level of disadvantage compared to Eyre Peninsula region (939) and state as a whole (979).

The Index is derived from data that reflects socioeconomic factors such as income and wealth, educational attainment, levels of employment, and jobs in relatively unskilled occupations.

In South Australia, people living in the most disadvantaged areas were 2 times more likely to die from avoidable causes than people living in the most advantaged areas<sup>8</sup>.

## Income

The socioeconomic barriers experienced by some households in Whyalla include low income. This is indicated by the median weekly household income for people aged 15 years and over.



- Weekly income in 2016: \$988
- State income: \$1206



- Higher proportion of low-income households (32.4% earning \$650/week or less) than South Australia (23.8%)
- Lower proportion of higher income households (9.1% earning \$3,000/week or more) than South Australia (10.7%)

In 2016 it was \$988 compared with the state median of \$1206.

Analysis also shows in 2016, there was a larger proportion of low-income households (32.4% are those earning \$650 per week or less) and a lower proportion of high-income households (9.1% are

<sup>7</sup> <https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa>

<sup>8</sup> Government of South Australia-SA Health. State Public Health Plan 2019-2024

those earning \$3,000 or more per week), compared with 23.8% and 10.7% respectively for South Australia<sup>9</sup>.

Further indicators of socioeconomic barriers are the proportion of people receiving the aged pension and proportion of children in low-income families.

## Housing

Housing is a significant cost pressure for low-income households and for this reason access to public housing can be viewed as a positive outcome.

Large areas of public housing can however lead to concentrations of people with intergenerational disadvantage.

Adequate and affordable housing is also an important determinant of health, and household crowding provides an indication of housing suitability.



- 32.9% vs 35.3% - Proportion of owned homes with a mortgage compared to South Australia
- 38.7% vs 28.5% - Proportion of rented housing tenure in Whyalla compared to South Australia
- 25.0% vs 32.2% - Dwellings owned outright in Whyalla compared to South Australia
- 7.8% vs 8.7% - Households reporting mortgage stress in Whyalla compared to South Australia.
- 27.6% vs 29% - Households reporting rental stress in Whyalla compared to South Australia.



- 1.7% of households in Whyalla require extra bedrooms- less than the state average of 2.6%



- 12.7% Proportion of dwellings in Whyalla who do not own a motor vehicle compared to the state (7.5%)

<sup>9</sup> ABS 2016 Census for Whyalla. Australian Bureau of Statistic (ABS)  
[https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/LGA48540#employment](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA48540#employment)

- 45.5%  
Proportion of dwellings that have two or more vehicles compared to the state (53.5%)
- 37.3%  
Proportion of dwellings that have one vehicle compared to the state (35.8%)
- Ready access to transport is crucial to support activities in Whyalla.

## Education and Training

There is a strong relationship between education and health.

In Whyalla, the number of children with mothers who had a low educational attainment is higher than South Australia with 17.6% compared to 14.3%.

The level of participation of young people in education and/or work is a significant indicator of their present and future health and wellbeing.

In Whyalla, the rate of young people aged between 15 and 24 years engaged in earning or learning activities is 73.4% of the population of that age group, which is below the level for the state overall (85.3%).

Concerning young people aged 16 years who are not in full time education, data shows that Whyalla level is slightly higher than for the state as a whole (respectively 15.2% and 13.3%).

In 2019, significantly lower number of students pursue their studies in higher education in Whyalla than compared to the state as a whole (16.6% compared to 33%) but is similar to regional South Australia with 17.5%<sup>10</sup>.



- 73.4% vs 85.3%  
Rate of young people aged between 15 and 24 years engaged in earning or learning activities compared to state numbers
- 17.6% vs 14.3%  
Proportion of children with mothers who had a low educational attainment compared to state numbers
- 15.2% vs 13.3%  
Young people aged 16 years who are not in full time education compared to state numbers
- 16.6% vs 33.3%  
Proportion of students who pursue their studies in higher education in Whyalla than compared to the state as a whole<sup>10</sup>

Whyalla has 12 schools and colleges with a new state of the art high school (Whyalla Secondary College) which opened in 2022.

Whyalla Secondary College consolidated Whyalla's three high schools and accommodates 1500 students in years 7 to 12.

<sup>10</sup> Social Health Atlas of Australia: Local Government Areas-Whyalla City Council 2021. Public Health Information Development Unit (PHIDU)

This includes 48 inclusive places for students with disability.

Located nearby is a UniSA and TAFESA campus offering a large range of study options.

## Levels of Employment

Employment is a key determinant of our health and wellbeing.

Factors of our work including working hours, job control, demands and conditions, all have an impact on physical and mental health.

People who experience unemployment, especially long term, have a higher risk of illness, disability and even death than those of similar age who are employed, with the stress caused by unemployment affecting their physical and emotional wellbeing.

Those who have no or few qualifications or skills, have disabilities or poor mental health, people who have caring responsibilities, or are a member of a minority or excluded group generally experience higher rates of unemployment<sup>11</sup>.



- 6.2% vs 5.7%  
Rate of unemployment in Whyalla compared to state figures with 18.6% of those aged 16-21 receiving unemployment benefits
- 12.4% vs 5.8%  
Rate of people who have been receiving unemployment benefits for 6 months or more compared to state figures
- 60.6% vs 62.6%  
Numbers of Whyalla residents participating in employment compared to state figures



- 48.7% vs 54.4%  
Proportion of females 15 years and over are engaged in employment compared to the state as a whole<sup>10</sup>

Image: Annette Kirby



<sup>11</sup> Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.



## Industry

There are approximately 630 registered businesses operating in our local council area generating over 7,850 local jobs and \$95 million in Gross Regional Product<sup>12</sup>.

Whyalla is unique having a substantial industrial base with its mining, engineering, and steel manufacturing services.

The City is the largest industrial city in regional South Australia and the main centre for manufacturing, steel production and resources processing in the region, with steel manufacturing and mining industry providing 1,600 jobs<sup>13</sup>.

This reliance on one main industry can make the City and its economy extremely vulnerable to commodity price variations.

In the past, Whyalla has seen falling commodity prices for iron ore which has led to reduction in production and workforce but the community's capacity to find support, work together and overcome these significant challenges is a testament to the resilience of the community.

While technicians and trade workers make up the majority of occupations followed by machinery operators and drivers, retail, tourism and other professional industries also contribute to the economy and workforce within Whyalla including the administrative and public service workforce.



- Technicians and trade workers (17.9%)
- Machinery operators and drivers (15%)
- Professionals (14.7%)



- \$37.5m - As another major industry in Whyalla, tourism contributes to \$37.5m in sales for the economy<sup>14</sup>

The main occupation categories for people aged 15 years and over are technicians and trade workers (17.9%), machinery operators and drivers (15%) and professionals (14.7%)<sup>15</sup>.

Providing over 1,600 jobs for the city, steel manufacturing and mining is the main industry of employment at 19.6%.

Whyalla is the main centre for manufacturing, steel production and resources processing in the Upper Spencer Gulf and the largest industrial city in regional South Australia. Reliance on this industry makes Whyalla's economy vulnerable to fluctuating commodity prices.

Tourism is another major industry for the Whyalla City Council, contributing to \$37.5m in sales for the City's economy<sup>16</sup>.

<sup>12</sup> <https://economy.id.com.au/rda-eyre-peninsula/about?WebID=190>

<sup>13</sup> ABS 2016 Census for Whyalla.

<sup>14</sup> Regional Development Australia Eyre Peninsular Inc. <https://www.rdaep.org.au/our-region/our-economy/>

<sup>15</sup> ABS 2016 Census for Whyalla.

<sup>16</sup> <https://economy.id.com.au/rda-eyre-peninsula/tourism-value?WebID=190>

## STATE OF HEALTH OF OUR COMMUNITY

In 2017-18, Whyalla City Council, 21.4 (ASR per 100) residents self-assessed their health status as being fair or poor. This is significantly higher than the state average of 16.1 (ASR per 100)

On a national level, older Australians generally rated themselves as having poorer health than younger people, with people aged 75-84 years and 85 years and over recording the highest proportions of fair or poor health, at 30.9% and 35.8% respectively<sup>17</sup>.

### Chronic Disease

In 2015, the following chronic health conditions: arthritis, asthma and other chronic respiratory illnesses, cancer, cardiovascular disease, chronic back pain, diabetes, or mental health conditions, contributed to 87% of deaths in Australia.

Considering that an estimated half of all Australians has at least one of these diseases, it creates a considerable disease burden on the nation <sup>18</sup>.

Furthermore, a majority of these can be prevented by reducing exposure to modifiable risk factors.



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<sup>17</sup> Social Health Atlas of Australia: Local Government Areas-Whyalla City Council 2021. Public Health Information Development Unit (PHIDU)

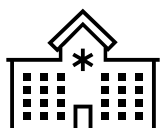
<sup>18</sup> State Public Health Plan 2019-2024

In the Whyalla City Council, the median age at death was 75 years for males and 81 years for females, indicating people are living less on average compared to the state overall (79 and 85 years respectively).

The rate of admission to hospital of people living in Whyalla was slightly higher than the state (3791.96 admissions compared to 3575.37 admissions per 10,000 people).

However, approximately 10% of these admissions were potentially preventable.

Factors that can influence these preventable admissions include age, lifestyle factors, chronic disease and co-morbidity care affordability <sup>19</sup>.



- Median age of death:  
75 years for men and 81 years for women (79 and 85 for state)
- Rate of hospital admissions:  
3791.96 per 10,000 people (3575.37 for state) with 10% being preventable.

Smoking, physical inactivity and a poor diet, including the unsafe use of alcohol, contribute to the increasing levels of obesity and growing rate of chronic diseases such as diabetes, cardio-vascular and respiratory disease.



- More people engaged in low, very low or no physical exercise in the Whyalla City Council compared with the state (74.8 Vs 68.8 ASR per 100).
- The obesity rate in adults is higher than the state as a whole with 38.6 adults per 100 compared to 32.8 for the State.
- Adult females in Whyalla have a higher rate of obesity compared to males with 37.3 per 100 compared to 32.7 for males.
- South Australia as a whole sees an opposing trend with adult males having a higher rate of obesity than females (34.1 per 100 vs 31.6 per 100).
- Obesity in young people of Whyalla (aged 2-17 years) is slightly higher than South Australia (19.4 vs 17.5 per 100).



- The Whyalla City Council sees a higher rate of adults who smoke compared to South Australia (22.7 per 100 vs 15.4 per 100).



- The rate of adults who consumed more than two alcoholic drinks per day is higher in the Whyalla City Council area compared to the state as a whole with a rate of 19.3 adults per 100 compared to 15.3 per 100



- 43.5% of people aged 18 and over in the Whyalla City Council area have a less balanced diet in comparison to South Australia (49.1%)

<sup>19</sup> Social Health Atlas of Australia: Local Government Areas-Whyalla City Council 2021. Public Health Information Development Unit (PHIDU)

Whyalla's bicycle paths and footpaths have undergone upgrades to encourage physical activity, as have the City's parks and reserves.

All of Council's buildings and events are smoke free.

All food and drinks provided at all Whyalla City Council operated facilities and community events and programs paid for by Whyalla City Council (including those sponsored with other organisations) are guided by Council's *Healthy Catering Directive* and are in-line with the *2013 Australian Dietary Guidelines* and *The Australian Guide to Healthy Eating*.

Whyalla has a Local Drug Action Team (LDAT) to help reduce harm from alcohol and other drugs. It does this by working alongside the Alcohol and Drug Foundation to build or extend local partnerships and develop and deliver evidence-based activities.

The LDAT, known as the Whyalla Alcohol and Drug Interagency Committee, emphasises the importance of building 'protective factors' in the community such as working to prevent alcohol and drug issues forming in the first place.

The LDAT is led by the HOPE Collective.

HOPE Collective is a social innovation and change initiative developed through collaboration of key partners including the Whyalla City Council, Mission Australia, Centacare, Gabmididi Manoo Children and Family Centre and Uniting Country SA.

Conditions such as asthma, chronic obstructive pulmonary disease (COPD) and a range of other conditions all affect quality of life.

There are a range of behavioural, environmental, and genetic risk factors that are associated with chronic respiratory conditions, including smoking, exposure to viral infections and air pollutants, and inheritance of genes.

In Whyalla, rates of asthma were one of the highest in the state and respiratory related hospital admissions were considerably higher than the state average. Interestingly, asthma related admissions were lower than South Australian figures.



**Respiratory-related hospital admissions in Whyalla:** significantly higher compared to South Australia (2,228.9 per 100,000 compared with 1,614.5).

**Rates of asthma:** 14.2% compared with South Australia's rate of 12.5%. Asthma-related hospital admissions for Whyalla were lower at 123.8 per 100,000 people compared with South Australia's rate of 157.9.

## Mental Health

Mental health concerns are increasingly recognised and diagnosed in Australia.

While most Australians experience good mental health throughout their lives, a significant proportion of the population will experience mental illness at some point.

This will affect how they think, behave, and interact with those around them.

One indicator of mental health status is the Kessler 10 Scale (K10) which measures psychological distress. This is a 10-item questionnaire intended to yield a global measure of distress based on

questions about anxiety and depressive symptoms that a person has experienced in the most recent 4-week period.

The questionnaire uses a five-value response option for each question – all of the time, most of the time, some of the time, a little of the time and none of the time which can be scored from five through to one<sup>20</sup>.



- Rates of psychological distress are higher in Whyalla than the State (18.1 vs 14.1 per 100 people)
- Women reported higher rates of distress compared to men (19.9 vs 16.4 per 100 people)

In Whyalla in 2017/18, the ASR for psychological distress was 18.1 per 100.

This is an increase of 4.9 since 2011/12.

Females reported higher levels of distress compared to men (ASR 19.9 per 100 and 16.4 per 100 respectively).

The rate of psychological distress of adults in Whyalla is also higher than that of South Australia, although SA follows a similar trend of higher values for women compared to men (ASR of 14.1 per 100 for adults, 15.7 for females and 12.5 per 100 for men).

In the Whyalla City Council, the rate of mental health related hospital admissions was 250 per 10,000 people in 2017/18.

This was more than double that of South Australia, which had 115 per 10,000.

Whyalla City Council's rates of suicide were also higher than South Australia with an ASR of 16.7 per 100,000 compared to 13.2 per 100,000.



<sup>20</sup> Kessler R. Professor of Health Care Policy, Harvard Medical School, Boston, USA.

## Childhood Health

Many behaviours are established in the first five years of life<sup>21</sup>, and these influence our health and wellbeing development through childhood, our teenage years and into adulthood.

The majority of single parents provide safe and loving homes for children however it can mean additional family stresses.

In Whyalla in 2016, 33.8% of families were single parent families with children under 15 years of age. This is an increase from 31.8% in 2011. In 2016, the state average was 22.6% for SA.

Children need immunisations against many diseases.

This protects them while their immune systems are still developing and prevents them from getting serious diseases.

In the Whyalla City Council, the majority of children were fully immunised at one year of age.

Whyalla City Council runs a School Immunisation Program each year for year 8, 10, and 11 students, offering HPV; Diphtheria, Tetanus & Whooping Cough; Meningococcal B and Meningococcal ACWY. A total of 1,170 vaccines were delivered as part of the 2020/21 program.



- **92.7%**  
Proportion of children in Whyalla are fully vaccinated by one year of age.  
South Australia's average is 94.2%

## CONNECTED AND SUPPORTIVE COMMUNITY

Resilience and social connection are fundamental to promoting mental wellbeing and protecting against mental illness.

Council can provide opportunities for community connections and support programs that build community capacity and resilience.

The strength of community connectedness is reflected by factors including the extent to which people are willing to help others such as volunteering or being able to provide support to those in need.

In Whyalla rates of volunteering were 20.3% in 2016.

This is similar to South Australia with 21.4% of people over 15 years volunteering in 2016<sup>22</sup>.

Additionally, 94.3% of Whyalla residents report they can get support in times of crisis from someone outside the household and this is slightly higher than the South Australian figure of 93.9%.

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<sup>21</sup><https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings/early+childhood+settings>

<sup>22</sup> ABS 2016 Census for Whyalla. Australian Bureau of Statistic (ABS)

[https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/LGA48540#employment](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA48540#employment)

## SPORTS AND PARTICIPATION

Whyalla offers a great diversity of sporting options with approximately 100 clubs and associations. Community sport organisations play an important role in producing good health outcomes in local communities.

These organisations can also produce positive social benefits and increase social capital by bringing communities together, providing opportunities for physical activity, and promoting health<sup>23</sup>.

Having such a wide variety of sports and recreational activities in Whyalla creates an inclusive environment within the city and allows the community to engage in physical and wellbeing activities in a variety of ways throughout the year.

Whyalla City Council actively promote programs such as Good Sports, Play by the Rules and the STARCLUB message to develop the importance and value that sport plays in local communities, while also educating the local sporting organisations to ensure their continued success.



Image: Jeffrey Venning

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<sup>23</sup> Robertson, J., Eime, R., & Westerbeek, H (2018): Community sports clubs: are they only about playing sport, or do they have broader health promotion and social responsibilities?, *Annals of Leisure Research*, DOI: 10.1080/11745398.2018.1430598

## Cultural Diversity

Cultural diversity adds a vibrancy to a community.

The way in which people connect to family, community, country, language, and culture can produce a rich social environment but people's cultural circumstances can act as either a barrier or enabler of health and wellbeing.

Those within the community who identify as culturally and linguistically diverse (CALD), born overseas or Aboriginal and Torres Strait Islander people can sometimes be vulnerable to poor health and wellbeing outcomes.

This can occur through reduced employment and educational opportunities, inequitable living conditions, racism, discrimination, and cultural isolation.

In Whyalla:



- **4.7%**  
Aboriginal and Torres Strait Islander



- **18.4%**  
Born in countries other than Australia with the top five being England, Scotland, Philippines, South Africa and Germany



- **6.5%**  
Born in non-English speaking countries



- **70%**  
Ancestry other than Australian with the top four being English, Scottish, Irish, and German



- **63%**  
Either one or both parents born overseas.



Image: Brian Tonkin

The ability of people coming from overseas to adapt and thrive in their new environment can be impacted by their proficiency in English.

In the Whyalla City Council only 0.4% of residents born overseas reported a poor proficiency in English.

Tolerance and understanding are key factors in social cohesion.

Located at Rotary Park in the Whyalla foreshore area, a 2.5m stainless steel globe of the world and a sundial can be seen.

This was erected to represent the multi-cultural heritage of the City.



# ACCESS, INCLUSION AND CONTRIBUTION

## LGBTQIA+ Community

The Whyalla City Council has a role to play to develop a dignified, respectful, and inclusive environment for all.

We are committed to promoting the inclusion of all LGBTQIA+ (including lesbian, gay, bisexual, transgender, intersex, queer people and other sexuality and gender diverse people) within our community by providing a safe and welcoming environment for everyone.

Whilst local Council data on the health and wellbeing of LGBTQIA+ people is limited, there is national data available.

People in same-sex couples are more likely to live in capital cities, tend to be more highly educated, have higher labour force participation rates and earn higher incomes than people in opposite-sex couples<sup>24</sup>.

3.2% of adults identify as homosexual or bisexual and 2.4% as not sure/other orientation<sup>25</sup>.

Same-sex couples in Australia represent around 1 in 100 (0.9%) of all couple families (either with or without children)<sup>26</sup>

Although in Australia many LGBTQIA+ people live healthy and happy lives, research has shown that a disproportionate number experience poorer mental health outcomes than their peers.

These health outcomes are directly related to experiences of stigma, prejudice, discrimination, and abuse on the basis of being LGBTQIA+<sup>27</sup>.

LGBTQIA+ people are recognised as a specific minority population who may have particular health and wellbeing disparities.

Compared with the general population, members of the LGBTQIA+ community are more likely to:

- Have attempted suicide in their lifetime
- Have been diagnosed or treated for a mental health condition in the past 12 months
- Experience and be diagnosed with depression and report having an anxiety-related condition

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<sup>24</sup> Australian Bureau of Statistics 2017

<sup>25</sup> The 2016 National Drug Strategy Household Survey estimates

<sup>26</sup> Australian Bureau of Statistics 2017

<sup>27</sup> LGBTQIA+ Health Australia 2021

## Access and Inclusion

Having access to services, amenities and the natural environment and being included and able to make a contribution to the life of the community are important factors that support wellbeing.

Having these opportunities are particularly significant for the wellbeing of vulnerable residents such as older people and people living with disability.

In broad terms Access ensures that every member of the community can use the physical environment, transport, information, and services equally.

Inclusion moves beyond this by recognising that attitudes and expectations may exclude people just as much as lack of ramps or accessible parking<sup>28</sup>



- 6.4% of people living in the community report having a profound or severe disability and amongst the 65 years and over age group the proportion is 17%.

Whyalla Council recognises that social inclusion is fundamental to a person's quality of life and critical to achieving positive life outcomes across all areas. In 2016, the city of Whyalla joined the World Health Organisations' Global Network for Age-friendly Cities and Communities

Council incorporates health and access considerations in all infrastructure design including a new Changing Places facility that includes customised features that give people with disability a dignified and purpose-built facility to use when they are out and about, thereby increasing their independence.

Council provided funding to assist in the establishment of Bedford Group Whyalla's new Day Options facility, which provides space for supporting vulnerable young citizens, providing the opportunity for persons with a disability to participate in many exciting new activities and programs.

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<sup>28</sup> Whyalla City Council Disability Access and Inclusion Plan 2020-2024

## ENVIRONMENTS FOR HEALTHY AND ACTIVE LIVING:



### Environmental Health

A community's 'state of health' can be directly or indirectly impacted by a range of environmental and social factors including food hygiene, water and air quality, animal management, noise, and other nuisance factors.

The Whyalla City Council has a responsibility to protect the community from risks and adverse effects posed by the immediate environment.

As part of its core business, Whyalla City Council provides:

- food safety inspections,
- a school immunisation program,
- dog/cat and pest animal management,
- High Risk Manufactured Water Systems (HRMWS) reviews,
- public swimming pool inspections, including hotels,
- mosquito monitoring program, and
- response to local nuisance and litter complaints.

## Built Environment

Good design and planning of cities is necessary to create spaces and places for positive physical health, mental health and wellbeing.

The way cities, towns and neighbourhoods are planned and designed impacts on people's opportunity to walk, cycle and use public transport as well as to access services, recreate and participate with others in community life.

Whyalla City Council development draws on the rich heritage and relaxed lifestyle of its area.

This is particularly displayed and enhanced at the City's foreshore precinct that offers a marina and boat ramp, café, change rooms, showers and toilets, lawns, beach shelters, free electric BBQ's, and a large shaded playground.

The City incorporates bike and walking trail infrastructure, and continuously promotes and enables active transport, public transport, and shared transport through their Strategic Bicycle Plan, as well as improving traffic management and road safety.

Council is in the third and final year of the \$14m Road Delivery Program – improving the City's road, kerb, and footpath network, with the replacement of assets currently at end of life.



## Natural Environment

The Whyalla City Council has a Mediterranean-style climate with 300 days of sun a year and 270mm of rainfall.

The City is noted for its unique seascapes and coastal environments as well as its parks, open spaces and wetland.

Council values the important role nature plays in providing environments for good health and wellbeing and supports this benefit by taking measures to protect and enhance the natural environment through projects.

As part of a coastal city, the Foreshore plays an integral part in community health and wellbeing.

Whyalla City Council performs an annual sand replenishment project to replace sand that is lost through sand drift. This contributes to improving the quality of the beach and protecting beach side assets.

The Whyalla region is also home to some valuable mangrove and saltmarsh areas as well as the Whyalla Conservation Park.

Whyalla is famously known for its spectacular cuttlefish migration occurring every year.

Residents and visitors can dive with the cuttlefish and Council aim to develop the world-renowned cuttlefish coast as a year-round tourist destination with a Cuttlefish Coast Sanctuary Tourism and Environmental Management Project. This is not only attracting more tourists, but also providing unique experiences for locals to further increase the liveability of the city<sup>29</sup>.

Image: Carl Charter



<sup>29</sup> The Corporation of the Whyalla City Council – Annual Business Plan 2021/22

## Water Management

Whyalla City Council ensures that Water Sensitive Urban Design measures are considered to reduce its dependency on the Murray River as the traditional supply.

Due to Whyalla's heavy reliance on the Murray River as a suitable source of water and low rainfall and high evaporation rates, it is imperative that alternate water sources are found to reduce this reliance. Whyalla uses recycled water from the Whyalla Wetland to irrigate public parks, gardens and ovals.

The wetland is fed from underground seepage and stormwater runoff. SA Water also provide recycled water to the City for irrigation purposes.

Council manages stormwater through their Stormwater Management Plan and Stormwater Harvesting and Reuse Strategy.

The City also focus on streetscapes through stormwater capture and reuse as well as waterproofing parks and gardens.

Endemic plant species are used where possible as they require minimal water and care to establish, such as along Cuttlefish Drive

## Resource Management

It is a priority of Council to reduce its carbon footprint with energy consumption being a significant target.

As an affiliate partner of the Heavy Industry Low Carbon Transition Cooperative Research Centre<sup>30</sup>, Council is committed to reducing carbon emissions and playing a role in de-carbonising heavy industry by investing in "green" alternatives.

The City has a desire to reduce the amount of waste going into landfill and for this purpose, promote waste diversion, avoidance and re-use.

Council sees value in recovery of valuable materials for re-use and repurposing. A new waste transfer facility was built in the City in 2019 which improves material segregation and landfill diversion.

Council offers a three-bin waste service that includes a waste to landfill bin, recyclables bin and green organics bin. In 2020/21, Council collected:



- 1,921 tonnes of green organics



- 1,397 tonnes of recyclables

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<sup>30</sup> <https://www.hiltcrc.com.au/#Affiliate-Partners>



- 4,831 tonnes of general waste<sup>31</sup>

Out of a total 8,149 tonnes of material collected in the City, 69% was diverted from landfill.

The state figure for 2019/20 was 83% diversion rate<sup>32</sup>.

In 2020, a new \$7 million waste transfer facility began operation.

This facility will improve landfill diversion by recovering materials more efficiently and ensuring the safe and compliant treatment of waste and recyclables.

## Climate Change

The Whyalla City Council wants to be prepared for the physical, social, and economic challenges of climate change and so is committed to developing a Climate Change Adaptation Plan for the region.

Currently, Whyalla falls under the Regional Climate Change Adaptation Plan for the Eyre Peninsula<sup>33</sup>.

Aligning with this regional plan, key Council documents outline the approaches and actions the Whyalla City Council will make to ensure it is contributing to a resilient environment and community.

Strategies include increasing vegetation to help lower the overall temperature of the City by increasing tree canopy through Street Tree Replacement Program and National Tree Day, improving stormwater management and built environment strategies, reviewing and developing responsive emergency management plans, as well as increasing community awareness regarding climate hazards especially for vulnerable groups.

The City is also committed to climate change mitigation through its program to reduce its carbon footprint and promoting active and public transport and looking at advancing the City's capability in greener energy.



<sup>31</sup> Corporation of the Whyalla City Council Annual Report 2020/21

<sup>32</sup> <https://www.greenindustries.sa.gov.au/sarecycling>

<sup>33</sup> [https://www.naturalresources.sa.gov.au/files/sharedassets/eyre\\_peninsula/corporate/climate-change-adaptation-2014-plan.pdf](https://www.naturalresources.sa.gov.au/files/sharedassets/eyre_peninsula/corporate/climate-change-adaptation-2014-plan.pdf)

# PART C: STRATEGIC DIRECTIONS FOR HEALTH & WELLBEING FOR WHYALLA CITY COUNCIL

**Theme 1: Community and Culture;** A City that is accessible and culturally inclusive and where residents feel safe, healthy, and connected

**Theme 2: Connection and Support;** People in our community feel connected and can access support, services, activities, facilities, and information when needed.

**Theme 3: Active, Healthy Living;** People are using the parks, open spaces, and services to live active and healthy lifestyles

**Theme 4: Healthy People and Healthy Places;** The community is protected from public health risks; our natural and built assets are being maintained and sustainability is integral in our programs and decision-making processes

Image: Annette Kirby





# Theme 1: Community and Culture

## What success looks like

A City that is accessible and inclusive and where residents feel safe, healthy, and connected

## Objective

To provide safe environments where people of all abilities, ages and socioeconomic groups come together and feel part of the community, where they are socially and physically active and have access to services and amenities.

## Context

Social connections such as with our friends, family, neighbours, and community have profound effects on health, wellbeing, and quality of life.

The connections we share with others make us feel cared for and valued and can encourage adoption of healthier lifestyles and behaviours.

People that are disconnected from society are likely to feel isolated and be less socially and physically active.

Supporting community wellbeing means ensuring that people of all ages, abilities, and backgrounds, feel included. By providing appropriate infrastructure and services and celebrating our diversity and acceptance of other cultures we create an accessible, lively and safe place that supports a healthy, creative and connected community.

To encourage healthy lifestyles, we aim to provide urban and natural environments that are safe, accessible, and welcoming and create opportunities for people to connect.

In the Whyalla City Council only 0.4% of residents born overseas reported a poor proficiency in English with 6.5% born in non-English speaking countries

We aim to celebrate our diversity and acceptance of other cultures.

## Key Health Data

- The average age of residents in Whyalla is 40.
- With the highest percentages being of the age range 50-54 years with 7.3% (as compared to 6.3% for South Australia).
- The proportion of those aged 65 years and over is expected to increase from current levels of 18.1% to 19.1% by 2036.
- In the Whyalla City Council only 0.4% of residents born overseas reported a poor proficiency in English with 6.5% born in non-English speaking countries
- The proportion of young children aged between 0 to 4 years is 6.1% (compared to 5.7% for South Australia).

- The City’s population aged between 20-24 is 5.3%. This is less than the state with 6.6% of the population.
- The majority of residents - 94.3% - reported they can get support in times of crisis from someone outside the household. Only 1.7% of the population aged 18 years and over were estimated to have difficulty accessing healthcare.
- In Whyalla, the volunteering rates in the community is 20.3% compared to 21.4% for SA.
- A concerning 6.6% of people in Whyalla disagree or strongly disagree with acceptance of other cultures.

## Related State Public Health Plan Priorities:

**Promote** – build stronger communities and healthier environments.

**Progress** – strengthen the systems that support public health and wellbeing.

Strategies	Status	Linking	Role of Council
Develop the Foreshore Masterplan for Whyalla City Council incorporating health in design considerations	New	Objective 2.1: Strategy 2.1.1, 2.1.3 Objective 3.2: Strategy 3.2.3, 3.2.6	Provider
Consider disabled access when planning & designing or retrofitting children’s equipment at playgrounds	Existing	Objective 1.3: Strategy 1.3.3	Provider
Better consultation with the community on a range of Council issues through the implementation of Council’s Public Consultation Policy	Existing	Objective 1.4: Strategy 1.4.2	Provider Facilitator
Engage the community on a range of strategies, in particular the planning of youth recreational spaces, crime prevention strategies and increased mental health services through the Youth Advisory Committee	Existing	Objective 1.2: Strategy 1.2.3 Objective 1.3: Strategy 1.3.2 Objective 1.4: Strategy 1.4.2	Facilitator
Implement actions from the Disability Access Inclusion Plan	New	Objective 1.2: Strategy 1.2.1, 1.2.2, 1.2.4 Objective 1.3: Strategy 1.3.3 Objective 4.2: Strategy 4.2.3	Provider

Implement actions from the Reconciliation Action Plan	New	Objective 1.2: Strategy 1.2.1, 1.2.2, 1.2.4 Objective 1.3: Strategy 1.3.3 Objective 4.2: Strategy 4.2.3	Provider
Foster and support community programs, such as the Local Drug Action Team which minimise isolation and disadvantage within the community	Existing		Facilitator Advocate
Deliver community events which celebrate cultural diversity and encourage active participation between all members of the community through actions identified in the Arts and Culture Strategy	New	Objective 1.2: Strategy 1.2.1, 1.2.2, 1.2.4	Provider Facilitator
Recognise Aboriginal cultural heritage and Barngarla People's connection within the City's parks and places in consultation with indigenous groups	New	Objective 2.1: Strategy 2.1.2	Facilitator Advocate
Develop programs to ensure volunteer resources are sustained and volunteers are appropriately skilled to meet the changing needs of the community and recognised for their contribution	New	Objective 1.2: Strategy 1.2.5,	Provider
Through education and awareness, encourage community members of all backgrounds to access the natural environment and spend more time in nature including the use of paths, cycleways, reserves, and beach	New	Objective 1.3: Strategy 1.3.3	Facilitator Advocate
Maintain accessible public health information that is current and relevant through Council's website, libraries, and community centres	New	Objective 1.1: Strategy 1.1.1	Provider
Foster partnerships to address matters relating to anti-social behaviour in the public realm and promote a safe environment such as Good Sports, Alcohol and Drug Foundation etc	New	Objective 1.3: Strategy 1.3.4	Facilitator
Maintain sport and recreational infrastructure such as playgrounds, exercise equipment, sporting facilities (e.g. playing fields, courts, bowling greens, etc) to encourage active recreation and organised sport	Existing	Objective 1.3: Strategy 1.3.3	Provider

## Theme 2: Connection and Support

### What success looks like

People in our community feel connected and can access support, services, activities, facilities, and information when needed.

### Objective

Create a community where people have a sense of social connection, have access to activities and services that support their mental health and wellbeing and are encouraged to seek help when needed.

### Context

Our mental health and wellbeing are a key component of our ability to think, emote, interact with each other, earn a living, and enjoy life.

Levels of mental wellbeing and rates of mental illness will vary depending on socio-demographic and socioeconomic factors of our environment, with disadvantaged and marginalised population groups having a higher risk of experiencing mental illness and poor mental wellbeing.

Whyalla experiences rates of welfare participation much higher than that seen in South Australia as a whole, including families with dependent children and people over 65 years.

Whyalla has a higher proportion of low-income earners compared to the rest of SA along with higher rates of rental stress.

Whyalla City Council has an abundance of open spaces, parks and gardens and coastline within its boundary.

These natural assets provide opportunities for people to connect with nature and to support their health and wellbeing.

Whyalla's coastal areas are visited by locals as well the wider community and tourists. Access to good quality parks and green spaces that are well-connected and attractive, have significant benefits to individuals and communities.

These spaces help to reduce air pollution, noise, and excessive heat, all of which can impact health and wellbeing.

They also create opportunities for social interaction with family and friends or opportunities to connect with other people and wildlife.

Open, natural spaces help people to relax, reduce their stress levels and provide opportunities to be more physically active; all of which may directly influence better self-reported mental health.

## Key Health Data

Mental health and wellbeing needs to be a focus across all facets of the community.

In the Whyalla City Council:

- 18.1% of adults rated their psychological distress as high or very high, which exceeds the state average.
- Premature mortality from suicide is a rate of 1.67 per 10,000 persons. This is higher than the state average of 1.32 per 10,000.
- The rate of mental health related hospital admissions in Whyalla is 250 people per 10,000 compared to 115 per 10,000 for the state.
- The percentage of those aged 65 years and over receiving an aged pension in Whyalla is 73.6% compared to 64.6% for the state.
- Only 36% of people feel safe walking alone at night.
- 27.6% of renters in the Council area report rental stress was at 27.6% while the mortgage stress rate is 7.8%

The Australian Early Development Census is a nationwide census of early childhood development that is collected at the time children commence their first year of full-time school.

The census highlights what is working well and what needs to be improved or developed to support children and their needs across several domains<sup>34</sup>.

Domains include physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school based), communication skills, and general knowledge.<sup>35</sup>

- 30.3% of children are classified as developmentally vulnerable on one or more domains and a further 19% on two or more domains.

## Related State Public Health Plan Priorities:

**Promote** – build stronger communities and healthier environments.

**Progress** – strengthen the systems that support public health and wellbeing.

Strategies	Status	Linking	Role of Council
Plan for walkability around the City & incorporate walkability into urban design	Existing	Objective 1.3: Strategy 1.3.3	Provider Facilitator

<sup>34</sup> <https://www.aedc.gov.au/about-the-aedc>

<sup>35</sup> <https://www.aedc.gov.au/about-the-aedc/about-the-aedc-domains>

Continue to advocate/support programs and services that support the mental health and wellbeing of the community	Existing	Objective 3.1: Strategy 3.1.2	Advocate
Facilitate education and training programs for the community to encourage positive mental health, healthy eating and physical activity programs that promote mobility, resilience, and wellbeing	New	Objective 3.1: Strategy 3.1.1, 3.1.3, 3.1.4	Facilitator
Through education and awareness, encourage community members of all backgrounds to access the natural environment and spend more time in nature. Includes use of paths, cycleways, reserves, and beach	New	Objective 1.3: Strategy 1.3.3	Advocate Facilitator
Continue promoting and supporting events and programs that encourage healthy social interactions such as the Good Sports program in Whyalla sporting clubs	Existing	Objective 1.1: Strategy 1.1.3 Objective 1.2: Strategy 1.2.3, 1.2.4 Objective 1.3: Strategy 1.3.2	Facilitator Advocate
Take a proactive, collaborative approach to the revitalisation of Council services to ensure that they support the community in the areas of Mental Illness and Suicide, Family Violence, Gambling, Social Isolation in the Elderly, and Drug and Alcohol consumption	Existing	Objective 1.1: Strategy 1.1.2	Provider Facilitator
Deliver or advocate/support the delivery of social support programs particularly in higher risk Council areas that cater to a wide and diverse range of community members		Objective 1.2: Strategy 1.2.3 Objective 1.3: Strategy 1.3.2 Objective 1.4: Strategy 1.4.2	Provider Advocate



## Theme 3: Active Healthy Living

### What success looks like

People are using local parks and open spaces and services to live active and healthy lifestyles

### Objective

Providing lifestyle options for people of all ages, gender, ability and cultural backgrounds that promote healthy and active living and promoting best practice industry standards.

### Context

Council has a role in supporting and promoting community participation in physical activities.

By doing so, this has health, social and even economic benefits including improved physical health, reduced risk of chronic disease, reduced risk of becoming overweight or obese, the development of stronger social connections and improved mental wellbeing.

A healthier community is a happier community.

Healthy eating and access to affordable nutritious food and spaces for physical activity are vital to health and wellbeing.

By promoting healthy living initiatives, Council can assist our community to understand the importance of good nutrition, physical activity and maintaining a healthy weight.

It is estimated that half of Australians have at least one of the following chronic conditions - arthritis, asthma and other chronic respiratory illnesses, cancer, cardiovascular disease, chronic back pain, diabetes, or mental health conditions.

This creates a considerable disease burden on the community. It is estimated that 38% of the burden could have been prevented by preventing or reducing key associated risk factors including alcohol and tobacco use, overweight and obesity, physical inactivity, and dietary risks.

By removing barriers to healthier behaviours, providing recreation facilities and a city that is easily accessible, and undertaking targeted health promotion campaigns, we aim to encourage people to make better lifestyle choices.

We will also regulate to discourage unhealthy behaviours including minimising opportunities for excessive alcohol consumption and take action on tobacco and other drugs by working alongside organisations such as the Alcohol and Drug Foundation.

### Key Health Data

In Whyalla City Council:

- 21.4% of residents of Whyalla reported their health as being fair or poor. This is higher than the state average of 16.1%.
- Whyalla has a higher rate of obesity compared to state averages with 38.6% compared to 32.8.
- With females in Whyalla having a higher rate of obesity (37.3%) compared to males (32.7%).

- South Australia as a whole sees an opposing trend with adult males having a higher rate of obesity than females (34.1% vs 31.6%).
- Obesity in young people of Whyalla (aged 2-17 years) is slightly higher than South Australia (11% vs 9.1%).
- Whyalla has a higher rate of type 2 diabetes among residents with 7.6% compared to 5.2% for South Australia
- The rate of smoking during pregnancy in the Whyalla City Council is double the state average, with rates of 23.6% in Whyalla compared to 11.3% for South Australia.

Whyalla and its surrounds offers many built and natural assets which support healthy lifestyles: sporting facilities, pathways, natural places, cycling trails, ovals, skate parks, walking trails, coast and reserves. There is opportunity to improve access to public transport and ensure that assets and facilities are accessible to all abilities.

There is opportunity to enhance food knowledge, skills and culture within schools, workplaces, clubs, and the wider community.

## Related State Public Health Plan Priorities:

**Promote** – build stronger communities and healthier environments.

**Prevent** – prevent chronic disease, communicable disease and injury.

**Progress** – strengthen the systems that support public health and wellbeing.

Strategies	Status	Linking	Role of Council
Identify local drug and alcohol trends and implement regional strategies that address social impacts to reduce the harms of alcohol and other drug use in the community, through the Local Drug Action Team	New	Objective 1.3: Strategy 1.3.4	Provider
Facilitate education and training programs for the community to encourage positive mental health, healthy eating and physical activity programs that promote mobility, resilience and wellbeing	Existing	Objective 1.2: Strategy 1.2.4 Objective 1.3: Strategy 1.3.3	Facilitator
Actively promote healthy eating by developing and implementing targeted programs and initiatives in line with local, state and national guidelines	New	Objective 1.4: Strategy 1.4.1 Objective 4.1: Strategy 4.1.1	Provider Advocate
Actively promote physical activity by developing and implementing targeted programs and initiatives in line with local, state and national guidelines	New	Objective 1.4: Strategy 1.4.1 Objective 4.1: Strategy 4.1.1	Provider Advocate
Work with local businesses and organisations such as schools, pubs and sporting clubs to support them in developing healthy menu	New	Objective 1.3: Strategy 1.3.1 Objective 1.4: Strategy 1.4.1	Facilitator Advocate



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and catering options or their own healthy eating policies

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Encourage healthy eating and social connectivity by providing community spaces to support community gardens	Existing	Objective 2.1: Strategy 2.1.1 Objective 2.2: Strategy 2.2.2 Objective 4.1: Strategy 4.1.1	Provider Advocate
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## Theme 4: Healthy People and Healthy Places

### What success looks like

The community is protected from public health risks; our natural and built assets are being maintained and sustainability and environmental factors are reflected in our programs and decision-making processes.

### Objective

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

### Context

Council plays an important and varied role in shaping local environments to protect the community from public and environmental health risks and injury. Through the provision of basic sanitation such as clean water and availability of immunisation, we are able to sustain the high standard of living we enjoy.

The roles of Council include emergency management, environmental health, environmental management, urban planning, engineering, and waste management teams. Protecting the community's public health involves many approaches including education, planning, and regulatory enforcement.

Under the South Australian Public Health Act 2011, councils have regulatory responsibility for a wide range of areas including:

- Public swimming pools, spas, waterslides and fountains to ensure water quality,
- Cooling towers and warm water systems (known as high risk manufactured water systems) to reduce the risk of Legionnaires' disease,
- Personal service businesses that offer skin penetration services such as tattooing and piercing to reduce the risk of hepatitis and other blood-borne infections,
- Domestic premises that have been identified as exhibiting squalor,
- Clandestine drug laboratories which cause contamination from hazardous chemical residues.

Other legislation administered by councils to promote proper standards of public and environmental health and safety include the Food Act 2001, the Local Government Act 1999 and by-laws, the Supported Residential Facilities Act 1992, Local Nuisance and Litter Control Act 2016 and the Dog and Cat Management Act 1995.

Councils also have responsibility under the Act to investigate incidents of infectious or notifiable disease reported by the Department of Health. Examples include any food related poisoning, legionellosis and influenza and coronavirus (Covid-19).

During the Covid-19 pandemic, Council worked to ensure services continued to be available to the community.

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them.

Immunisation not only protects individuals, but also others in the community, by reducing the spread of preventable diseases.

In Whyalla, immunisation rates for very young children (ages 1 year) are lower than the national and state averages with 92.7 percent fully immunised by the age of 1 year compared to 94.2 percent and 94 percent for state and national figures.

By the age of 2, the region has a higher immunisation rate of 93.2 percent compared to 91 percent for the state and 90 percent for national figures.

Whyalla City Council provides vaccinations to Year 8 and Year 10 students across the local high schools, vaccinating against HPV; Diphtheria, Tetanus & Whooping Cough; Meningococcal B and Meningococcal ACWY.

A total of 1,170 vaccines were delivered as part of the 2020/21 program.

Australia has an increasing rate of food-borne disease caused by Campylobacter and Salmonella and the Australian Government and the States and Territories are committed to reversing this trend.

This will involve a focus on the food service sector given it is associated with 63% of all food poisoning outbreaks.

There are approximately 150 food businesses within the Whyalla City Council area that are inspected in accordance with the risk classification system that considers the types of foods being handled and prepared by the business and their processing methods.

During the 2020/21 reporting period, 41 routine inspections were conducted with six written warnings and one improvement notice issued for noncompliance matters.

Other areas that are monitored include, but are not limited to, public swimming pools and spas, high risk manufactured water systems and tattooists.

Maintaining a sanitary and clean environment that supports public health is achieved through waste management and resource recovery.

As part of Council's desire to reduce the City's impact on the environment, a new waste transfer facility was built in the City in 2019, which improves material segregation and landfill diversion.

Council offers a three-bin waste service that includes a waste to landfill bin, recyclables bin and green organics bin.

In 2019, 1,846 tonnes of green organics and 1,436 tonnes of recyclables were diverted from landfill. The National Waste Policy sets a national goal for Australia to produce less waste and look at waste as a resource that can generate economic, environmental, and social benefits

Public health and its protection cannot be looked at holistically without considering impacts from a changing climate. Climate change is likely to have a number of potential effects on the health of our community including:

- More extreme temperatures more often – which will disproportionately affect vulnerable groups such as the elderly,
- Increased risk of vector-borne diseases – because warmer temperatures attract disease carrying vectors such as mosquitoes,
- Rising sea levels – affecting natural habitats, residents, and infrastructure along the coastline,
- Increasing frequency and severity of natural disasters such as floods and bushfires – intensifying the demand on essential services,
- Potential food and water supply problems including food and water-borne disease – which will increase the cost of living and place greater stress on vulnerable groups.

Climate change is a critical issue for the community, where societies and ecosystems are highly vulnerable to even modest levels of climate change.

For Whyalla City Council, this means a general warming and drying trend, posing an increased threat to the frequency and severity of heatwaves and the risk of bushfire.

As a coastal city, Whyalla is at risk of natural disasters related to sea level rise and flooding. It is expected that by 2030 there will be an increase of 18 centimetres in the region, which will significantly increase the local risk of inundation.

It is predicted that the annual number of extremely hot days (above 35° Celsius) could potentially rise to about 23 by 2030 for the region.

Whyalla City Council is responding to climate change and its impact on human health by taking action to reduce our climate change impacts – including reducing greenhouse gas emissions, taking responsibility for the multiple impacts we have on our physical environment, and improving and increasing the natural elements of our environment.

## Related State Public Health Plan Priorities:

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

**Prevent** – prevent chronic disease, communicable disease and injury.

**Progress** – strengthen the systems that support public health and wellbeing.

Strategies	Status	Linking	Role of Council
Develop, implement, and monitor an emissions reduction strategy	New	Objective 2.3: Strategy 2.3.2	Provider
Develop, implement, and monitor a Whyalla Climate Change Adaptation Plan	New	Objective 2.3: Strategy 2.3.1	Provider
Apply a climate risk management lens to the development of new plans, policies, and strategies as well as the implementation of vulnerability assessments on infrastructure and assets (built and natural)	Existing	Objective 2.1: Strategy 2.1.1, 2.1.3 Objective 2.3: Strategy 2.3.2	Provider
Promote availability of Council buildings as refuges on hot days e.g. library	New	Objective 1.1: Strategy 1.1.2	Provider

		Objective 2.1: Strategy 2.1.1	
Reduce our carbon footprint by introducing energy saving and waste management strategies aimed at reducing greenhouse gas emissions	Existing	Objective 2.2: Strategy 2.2.2 Objective 2.3: Strategy 2.3.2	Provider
Deliver, partner, or support environmental health protection, public safety and climate readiness programs across Council that cater to a wide and diverse range of community members	Existing	Objective 1.1: Strategy 1.1.1	Provider Facilitator Advocate
Deliver community and school-based immunisation clinics as well as promotion of other available immunisation services, particularly for disadvantaged communities	Existing	Objective 1.3: Strategy 1.3.2	Provider Advocate
Increase tree canopy cover on public land to cool streets, reduce heat stress on the community and improve air quality	New	Objective 1.3: Strategy 1.3.2	Provider
Develop policies and plans to ensure protection of natural environment	New	Objective 2.2: Strategy 2.2.1	Provider
Develop and implement policies and plans that promote sustainable resource use	Existing	Objective 2.2: Strategy 2.2.2	Provider
Create/manage environments to protect public health such as smoke free places and events, climate suitable green and built infrastructure, and housing	New	Objective 2.2: Strategy 2.2.1 Objective 2.3: Strategy 2.3.2	Provider Facilitator
Update and implement the strategies identified in the Animal Management Plan	New/existing		Provider
Encourage & support food safety in the community	Existing		Provider Facilitator Advocate
Strengthen policy and regional and multi-agency partnerships to support Regional Climate Change Adaptation programs, emergency management and priority environmental health and public safety issues (eg: hoarding and squalor)	Existing	Objective 1.3: Strategy 1.3.1 Objective 2.2: Strategy 2.2.1	Provider Facilitator

# PART D: IMPLEMENTATION & EVALUATION

## Implementation

The Whyalla City Council's Regional Public Health Plan 2022 - 2027 recognises existing Council activities and ongoing services and includes priority actions that address regional public health priorities.

These actions have been determined in consultation with Council, community, stakeholders and through assessment of priority populations, public health determinants, and the current state, challenges and opportunities for public health and wellbeing in the region

This plan aligns with our Strategic Plan 2021-2030 and draws upon a range of other Council documents including asset management plans, the Arts and Culture Strategy the Disability Access and Inclusion Plan and Reconciliation Action Plan.

These plans and strategies endeavour to contribute to the health and wellbeing of the community through a wide range of measures.

This Regional Public Health Plan draws these existing strategies together as well as detailing additional strategies to support public health.

The status of each strategy, new or ongoing, has been included as has how each strategy links with the City's Strategic Plan.

To implement this plan, we will continue to work in partnership with government bodies, community organisations and members of the community to improve public and environmental health in the region.

## Evaluation

As required by the Act, implementation of this plan will be reported to the Chief Public Health Officer every two years, on or before the 30<sup>th</sup> of September of a reporting year (reporting to the period ending 30<sup>th</sup> June).

Using the various data sources such as census information, health profiles, internal and external surveys and program evaluations, the report will track progress in each of the priority areas.

The biennial report will include updates for each health strategy (where possible) and note whether the strategy remains relevant.

It will also aim to identify gaps, review partnerships, and highlight new and emerging trends.

The evaluation will reflect our position as an important contributor to community health and wellbeing, while acknowledging the wide-ranging influences and broad-based responsibility for health outcomes.



Figure 7 Public Health Planning and Reporting System (State Public Health Plan 2019-2020)

## References

Data	Whyalla	SA	Source
Population	25,600	-	Public Health Information Development Unit (PHIDU) (2019) <a href="https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas">https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas</a>
Aboriginal Population	1032	-	<a href="https://www.abs.gov.au/census/find-census-data/quickstats/2016/LGA48540">https://www.abs.gov.au/census/find-census-data/quickstats/2016/LGA48540</a>
Born in countries other than Australia	18.4%	-	<a href="https://profile.id.com.au/rda-eyre-peninsula/birthplace?WebID=190">https://profile.id.com.au/rda-eyre-peninsula/birthplace?WebID=190</a>
Born in non-English speaking countries	6.5%	-	Social Health Atlas of Australia: Local Government Areas-Whyalla City Council 2021. Public Health Information Development Unit (PHIDU)
Households speak a non-English language at home	8%	17.4%	ABS Census 2016
Proportion of working aged people 20-64 years	56.4%	-	PHIDU (2019) <a href="http://plan.sa.gov.au/state_snapshot/population#future_population">plan.sa.gov.au/state_snapshot/population#future_population</a>
Percentage of residents born in Australia	73.8%	71.1%	ABS Census 2016
The largest proportion of migrants	9.6% - England and Scotland	-	ABS Census 2016
SEIFA Index: 882 (2016) compared to 905 (2011).	882	979	PHIDU (2016) <a href="https://profile.id.com.au/rda-eyre-peninsula/seifa-disadvantage?BMID=170">https://profile.id.com.au/rda-eyre-peninsula/seifa-disadvantage?BMID=170</a>  Whyalla PHP 2016
Weekly Income	\$988	\$1206	ABS Census 2016
Proportion of low-income households (\$650/week)	32.4%	23.8%	ABS Census 2016
Proportion of higher income households (\$3000/week)	9.1%	10.7%	ABS Census 2016
Proportion of owned homes with a mortgage compared to South Australia	32.9%	35.3%	ABS Census 2016

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Proportion of rented housing tenure in Whyalla compared to South Australia	38.78%	28.5%	ABS Census 2016
Dwellings owned outright in Whyalla compared to South Australia	25%	32.2%	ABS Census 2016
Mortgage stress among low-income households	7.8	8.7	PHIDU (2016)
Rental stress among low-income households	27.6%	29%	PHIDU (2016)
Households requiring extra bedrooms	1.7%	2.6%	PHIDU (2016)
Proportion of dwellings who do not own a motor vehicle	12.7%	7.5%	ABS Census 2016
Proportion of dwellings that have two or more vehicles	45.5%	53.5%	ABS Census 2016
Proportion of dwellings that have one vehicle	37.3%	35.8%	ABS Census 2016
Children with mothers who had a low educational attainment	17.6%	14.3%	PHIDU (2016)
Rate of young people aged between 15 and 24 years engaged in earning or learning activities	73.4%	85.3%	PHIDU (2016)
Young people aged 16 years who are not in full time education	15.2%	13.3%	PHIDU (2016)
Number of students pursue their studies in higher education	16.6%	33.3%	PHIDU (2019)
Unemployment	6.2%	5.7%	PHIDU (2019)



Rate of those aged 16-21 receiving unemployment benefits	18.6%		PHIDU (2020)
Rate of people who have been receiving unemployment benefits for 6 months or more	12.4%	5.8%	PHIDU (2017)
Numbers of Whyalla residents participating in employment	60.6%	62.6%	PHIDU (2019)
Proportion of females 15years and over are engaged in employment	48.7%	54.4%	PHIDU (2016)
Steel manufacturing and mining jobs	1600		ABS Census 2016
Technicians and trade workers	17.9%		ABS Census 2016
Machinery operators and drivers	15%		ABS Census 2016
Professionals	14.7%		ABS Census 2016
Tourism and Hospitality	\$37.5m		<a href="https://economy.id.com.au/rda-eyre-peninsula/tourism-value?WebID=190&amp;sEndYear=2019&amp;IndkeyNieir=24502">https://economy.id.com.au/rda-eyre-peninsula/tourism-value?WebID=190&amp;sEndYear=2019&amp;IndkeyNieir=24502</a>
Residents self-assessed their health status as being fair or poor	21.4 (ASR/100)	16.1 (ASR/100)	PHIDU (2017)
Median age at death male	75	79	PHIDU (2014-2018)
Median age at death Female	81	85	PHIDU (2014-2018)
Rate of hospital admissions	3791.96 per 10,000 people	3575.37 per 10,000 people	PHIDU (2010/7/2018)
Low, very low or no physical exercise	74.8 ASR per 100	68.8 ASR per 100	PHIDU (2017-2018)
Obesity	38.6 per 100	32.8 per 100	PHIDU (2017-2018)
Obesity females	37.3 per 100	31.6 per 100	PHIDU (2017-2018)

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Obesity males	32.7 per 100	34.1 per 100	PHIDU (2017-2018)
Smokers (adults)	22.7 per 100	15.4 per 100	PHIDU (2017-2018)
Consuming more than two standard drinks per day	19.3 per 100	15.3 per 100	PHIDU (2017-2018)
Balanced diet (Fruit Intake)	43.5%	49.1%	PHIDU (2017-2018)
Respiratory-related hospital admissions	2,376.2 per 100,000	2,038.9 per 100,000	PHIDU (2018-2019)
Rates of asthma	14.2%	12.5%	PHIDU (2017-2018)
Asthma related hospital admissions	123.8 per 100,000	157.9 per 100,000	PHIDU (2018-2019)
Psychological distress (K10)	18.1 per 100 people	14.1 per 100 people	PHIDU (2017-2018)
Female: psychological distress (K10)	19.9 per 100	15.7 per 100	PHIDU (2017-2018)
Male: psychological distress (K10)	16.4 per 100	12.5 per 100	PHIDU (2017-2018)
Mental Health related hospital admissions	250 per 10,000 people	115 per 10,000 people	PHIDU (2018-2019)
Suicide Rate	16.7 per 100,000	13.2 per 10,000	PHIDU (2024-2018)
Single parent families with children under 15 years of age	33.8%	22.6%	PHIDU (2016)
Proportion of children in Whyalla fully vaccinated by one year of age	92.7%	94.2%	PHIDU (2018)
Proportion of children in Whyalla fully vaccinated by two years of age	93.2%	91%	PHIDU (2018)
Volunteering	20.3%	21.4%	ABS Census (2016)
Support in times of crisis from someone outside the household	94.3%	93.9%	PHIDU (2014)
Residents born overseas reported	0.4%	2.3%	PHIDU (2016)

a poor proficiency in English			
People living in the community report having a profound or severe disability	6.4%	5.3%	PHIDU (2016)
People living in the community report having a profound or severe disability – over 65 years	17%	13.6%	PHIDU (2016)
Median age	40	40	ABS Census (2016)
Highest percentage age group 50-54 years	7.3%	6.3%	ABS Census (2016)
The proportion of young children aged between 0 to 4 years	6.1%	5.7%	ABS Census (2016)
The proportion of the population aged between 20 and 24 years	5.3%	6.6%	ABS Census (2016)
Population aged 18 years and over estimated to have difficulty accessing healthcare	1.7%	1.2%	PHIDU (2014)
Disagree or strongly disagree with acceptance of other cultures.	6.6%	5%	PHIDU (2014)
The percentage of those aged 65 years and over receiving an aged pension	73.6%	64.6	PHIDU (2020)
People feel safe walking alone at night	36%	51.3%	PHIDU (2014)
Children classified as developmentally vulnerable on one or more domains	30.3%	23.9%	PHIDU (2018)
Children classified as developmentally vulnerable on two or more domains	19%	13%	PHIDU (2018)

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Obesity in young people (aged 2-17 years)	11%	9.1%	PHIDU (2017-2018)
Rate of type 2 diabetes	7.6%	5.2%	PHIDU (2017-2018)
Rate of smoking during pregnancy	23.6%	11.3%	PHIDU (2016-2018)

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