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Draft Content

State Public Health Plan

Version 2025

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Statement of Acknowledgement

SA Health acknowledges and respects Aboriginal peoples as the State's first peoples and nations. We recognise Aboriginal peoples as the Traditional Owners and Custodians of land and waters of South Australia. Further, we acknowledge that the spiritual, social, cultural, and economic practices of Aboriginal peoples come from their traditional lands and waters; that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance; and that they have made and continue to make unique and irreplaceable contributions to the State.

Notes on terminology

'Aboriginal peoples' is used throughout this State Public Health Plan (the Plan) as a term to describe both Aboriginal and Torres Strait Islander peoples. SA Health acknowledges that this is the preferred term agreed by Traditional Owners and Custodians of South Australia with the South Australian Government and respects their preference in written and spoken language. This work acknowledges and respects that individuals identities, connections to community, and connections to Country extend far beyond this generalised terminology.

Glossary

Term	Description
Aboriginal peoples	Describes both Aboriginal and Torres Strait Islander peoples. SA Health acknowledges that this is the preferred term agreed by Traditional Owners and Custodians of South Australia with the South Australian Government and respects their preference in written and spoken language. This work acknowledges and respects that individuals identities, connections to community, and connections to Country extend far beyond this generalised terminology.
Antimicrobial Resistance (AMR)	The ability of microorganisms – including bacteria, viruses, fungi and parasites – to develop a capability to grow or survive in the presence of antimicrobials, and to pass this trait on via their genes to other microorganisms.
CPHO Report	Refers to the biennial report by the CPHO as per Section 23 of the Act. The CPHO report provides an assessment of public health trends, activities and indicators in South Australia, reports on the implementation of the Plan and reports on other issues pertaining to the administration of the Act.
Determinants of health	The conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.
Drugs of Dependence	Drugs of dependence are prescription medicines that have a recognised therapeutic need but also a higher potential for misuse, abuse and dependence.
Environmental Health	The aspects of human health determined by the physical, chemical, biological, and social factors in the environment.
Equity	The World Health Organisation defines equity as the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by any other dimensions of inequality (e.g. sex, gender, ethnicity, disability or sexual orientation).
Health	The World Health Organization defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.

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Term	Description
Intersectionality	Intersectionality recognises that overlapping identities and experiences, such as gender, race and disability interact to produce deeper and more complex health inequities. A person's multiple and intersecting identities may increase their health risks, magnify the severity and frequency of illness, while also adding barriers to support.
Liveable	Communities are safe, attractive, environmentally sustainable, inclusive and socially cohesive places. They include affordable and diverse housing, convenient public transport, walking and cycling infrastructure and supportive community features like access to education and employment, public open space, local shops, health and community services, and leisure and cultural opportunities.
Mental health	A state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.
Notifiable diseases	As defined by the Act, is a disease or medical condition that is a notifiable condition under Part 9. These diseases or conditions present a risk to public health and have specific requirements for surveillance and response.
One Health	An integrated, unifying approach that aims to sustainably balance and optimise the health of humans, animals, plants and ecosystems. It recognises the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent.
Public Health Partner Authority (PHPA)	PHPAs are specific types of partnerships between government agency and a partner agency that aim to simultaneously improve population health outcomes and advance the policy area of the partnering agency. They provide an important mechanism for addressing the determinants of health and wellbeing: the social, environmental, economic, cultural and political factors outside the health system that influence wellbeing outcomes.
Regional Public Health Plan (RPHP)	A plan developed by a council or a group of councils that identifies existing and potential public health risks in the region and provides strategies to address and eliminate those risks. Comprehensively assesses the state of public health for the local area and identifies opportunities for promoting public health. A RPHP should be consistent with State Public Health Plan.
Strategic Directions	Strategic directions have been co-designed with stakeholders to signal high-level areas for strategic action in public health. These strategic directions are intended for partner organisations to align existing or new public health actions that improve public health outcomes in the priority area.
Wellbeing	Comprised of physical, mental and social components. Good physical and mental wellbeing may include experiencing positive physical and mental health (such as feeling healthy and not suffering from disease or illness). Social wellbeing includes whether we feel like we are a part of something, if we feel connected to other people and the places where we live, and if we feel like we contribute and make a difference.

List of Common Abbreviations

A list of abbreviations used in this document is provided in the table below. Standard abbreviation conventions, (the full term followed by the abbreviation in brackets for first use, then use of the abbreviation subsequently), has been applied to each section of this Plan to aid user readability, especially when navigating between sections.

Abbreviation	Full Term
ACCHO	Aboriginal Community Controlled Health Organisations
ACCO	Aboriginal Community Controlled Organisations
AMR	Antimicrobial resistance
BBV	Blood-borne virus
CALD	Culturally and Linguistically Diverse
COPD	Chronic Obstructive Pulmonary Disease
*CPHO	Chief Public Health Officer
DHW	Department for Health and Wellbeing
FDSV	Family domestic and sexual violence
HiAP	Health in All Policies
LGA	Local Government Association
*LGBTIQA+	Lesbian, gay, bisexual, transgender and/or intersex, queer, asexual and other sexually or gender diverse individual
NCD	Noncommunicable diseases
NGOs	Non-governmental organisations
PHD	Public Health Division
PHPA	Public Health Partner Authorities
PHSA	Preventive Health SA
RPHP	Regional Public Health Plan
SAPHC	South Australian Public Health Council
STI	Sexually transmitted infection
*the Act	<i>South Australian Public Health Act 2011</i>
*the Plan	State Public Health Plan
WHO	World Health Organization

*For frequently used or commonly known abbreviations, the term has been written in full only for its first use in the document and within tables and figures, with abbreviations thereafter.

Plan background

The Plan has been co-developed in partnership with a diverse set of public health stakeholders in South Australia. This Plan supports the collective vision for **a healthy, liveable and connected community** for all South Australians.

As required by the *South Australian Public Health Act 2011* (the Act), the Plan assesses the state of public health in South Australia, identifying existing and emerging risks and developing strategies to eliminate or reduce those risks. The Plan is informed by the Regional Public Health Plans (RPHPs) developed by local government. In turn, in compliance with the Act, this Plan provides a framework which local government must use to conduct their public health planning.

This Plan is a blueprint for action on the State's public health priorities. It provides a framework to assist the development of actions which can improve public health outcomes. It aims to effectively communicate to all audiences what public health is and those responsible, both directly and indirectly, for collective action in driving improved public health outcomes.

This Plan represents the cumulative feedback from stakeholders following a set of consultation and workshops occurring over the first half of 2025. Outputs from across these stakeholder sessions were thematically analysed using qualitative analysis software, resulting in the themes, considerations, and references that form the backbone of this Plan. These thematic insights were then complemented with a comprehensive review of current related public health plans, strategies, data and literature. By co-designing the priority areas and strategic directions with a diverse and invested set of stakeholders, the Plan aims to collectively motivate public health action and partnership.

Public health in South Australia

What is public health

Public health focuses on actions that impact the health of communities or populations as a whole. This contrasts with healthcare services, which typically address the needs of individual people. Public health is about promoting health and wellbeing, including mental health, preventing illness and protecting communities from environmental risks.

Public health affects the lives of people living in South Australia every day, often in ways that go unnoticed or are taken for granted. For example, oversight and monitoring of drinking water, food safety, and wastewater systems by public health professionals help prevent illness. Community infrastructure such as libraries and community centres provide services, programs and spaces to promote social support and cohesion. Access to walking trails, shaded parks, and playgrounds also contribute to physical and mental health and wellbeing.

The scope of public health is broad, ranging from food safety to air quality to pandemic response to healthy eating promotion. Because of this breadth, a diverse range of government agencies, non-governmental organisations (NGOs), primary health care providers and other stakeholders play a vital role in creating the conditions and environments and promotion of activities that enable good health and wellbeing of all South Australians.

State of public health in South Australia

Monitoring and reviewing population health data is key to developing evidence-based solutions to complex public health problems. In South Australia, these data are collected and managed by a variety of government and non-government organisations. Available data and reports were analysed to form the foundation of the evidence presented in this State Public Health Plan (the Plan).

Opportunities exist to continue to evolve data systems through strengthening data availability, surveillance, reporting, and linkages. This is an area explored throughout this Plan.

Biennial report by the Chief Public Health Officer

Section 23 of the *South Australian Public Health Act 2011* (the Act) outlines the biennial reporting requirements of the Chief Public Health Officer (CPHO), including:

1. public health trends, activities and indicators in South Australia
2. implementation of the Plan and
3. other issues pertaining to the administration of the Act.

The most recent biennial report by the CPHO (CPHO Report) is available here: [CPHO Report](#). Data that is being prepared for the next CPHO report provided evidence to support the information and strategic priorities presented in this Plan. Work is underway to innovate and digitise the way in which public health data is presented, including the CPHO report, to increase data availability for public health partners and the South Australian community.

Summary of South Australian demographics

At 30 June 2024, the resident population in South Australia (SA) was 1.88 million, with a greater proportion of older people than any other Australian jurisdiction (20.4% of South Australians being aged over 65 years).¹ Most South Australians live in the greater Adelaide region (78%).²

Aboriginal peoples make up 2.4% of the SA population³, with over 30 Aboriginal language groups each with distinct beliefs, cultural practices and deep connection to the land and waters.⁴ A greater proportion of younger people, and a life expectancy approximately eight years fewer than non-Indigenous peoples, are some of the unfair and avoidable inequities impacting Aboriginal communities.⁵ These health inequities are a direct result of ongoing colonisation and persistent systemic racism. Since time immemorial Aboriginal peoples and their communities continue to demonstrate an enduring capacity to thrive, upholding profound cultural strength and resilience despite ongoing marginalisation.

Multi-culturalism is the new mainstream in South Australia enhancing our community with new skills, foods, arts and history, with an annual net increase in overseas migrants. Countries most highly represented in migration into South Australia in 2024 were India, China, Nepal and the Philippines.⁶ According to the most recent census, approximately 22% of South Australians use languages other than English at home.⁷

Further information on the composition of the South Australian community is available via the [CPHO Report](#).

The South Australian public health planning system

This Plan has been developed in line with the public health planning system established by the Act. Key aspects of this system, including the legislative basis and core functions of the planning component are found in Table 1.

Table 1: Planning components under the *South Australian Public Health Act 2011*

Component and Relevant Section of the Act	Purpose and Function
State Public Health Plan Section 50	- Strategic framework for public health priorities across South Australia. - Guides local government regional public health planning. - Developed and reviewed by the Minister, with expert input from the Chief Public Health Officer. - Developed in consultation with the South Australian Public Health Council, the Local Government Association, other key stakeholders (including Preventive Health SA), and the broader community.
Local Government Regional Public Health Plans and Reporting Sections 51-52	- Developed and implemented by local councils to assess, protect, and improve public health within their regions. - Be consistent with the State Public Health Plan. - Biennial progress reporting to the Chief Public Health Officer and the Minister for Health and Wellbeing.
Biennial report of the Chief Public Health Officer Section 23	- Details the state of public health for South Australia, including public health trends, activities and indicators. - Reports on the implementation of the State Public Health Plan and the <i>South Australian Public Health Act 2011</i> administration.

Component and Relevant Section of the Act	Purpose and Function
	• Informed in part by local councils' biennial reporting. • Guides future policy and program development.
South Australian Public Health Council Sections 26-36	• Advises the Chief Public Health Officer on public health matters, including State Public Health Plan development, workforce strategies, and health promotion programs. • Reports annually to the Minister on its activities.
Public Health Partner Authorities Section 51(11,18,23)	• Partner agencies that collaborate with a State or local government agency to supporting development and implementation of public health plans

Between 2019 and 2024, South Australia's public health planning system successfully identified and addressed significant public health risks. This phase of statewide planning and action was guided by the State Public Health Plan (2019-2024) which established a clear vision for 'a healthy, liveable, and connected community', underpinned by four strategic priorities: Promote, Protect, Prevent, and Progress. In response to the COVID-19 pandemic, a state of emergency was declared under the *Emergency Management Act 2004*. This declaration, and subsequent directions under the Act, remained in force for several years. During this period, the South Australian public health system demonstrated strength and agility to protect the health of the population against a significant threat, whilst continuing to manage and respond to other public health needs.

In alignment with the legislated requirements, local councils developed and implemented Regional Public Health Plans, targeting initiatives in their local areas to address their specific public health concerns. They also played a critical role in monitoring emerging risks and reporting them to the CPHO and the Minister for Health and Wellbeing.

Key achievements during this period included the statewide COVID-19 response, climate and health initiatives, and targeted action on leading disease risk factors. These outcomes were made possible through strategic planning, responsive action, and strong partnerships across all levels of government, partner agencies, and community groups.

This progress reflects a maturing system that integrates evidence-based planning, equity, and sustainability to improve health outcomes for all South Australians. This Plan builds on this whole-of-population focus, and incorporates the interconnected nature of individual, community and environmental health. It will require continued collective action, guided by a shared vision and strategic directions.

Regional Public Health Plans

Under the Act, local councils are recognised as the public health authority for their area. These functions (outlined in Sections 37 and 38 of the Act) include preserving, protecting and promoting public health by managing risks, ensuring sanitation, supporting education, assessing development impacts, and providing or supporting immunisation programs.

To guide local government in carrying out their public health responsibilities, Section 51 of the Act requires each council, or group of councils, to prepare and maintain Regional Public Health Plans (RPHPs). Each RPHP must:

- be developed in consultation with the community and key stakeholders, including the Minister for Health and Wellbeing and the CPHO
- be consistent with the Plan
- assess the state of public health in their region
- identify key risks and strategies to address them
- identify opportunities and strategies to promote health and wellbeing
- be reviewed and updated every 5 years.

Section 52 of the Act requires councils to report to the CPHO every two years on the implementation of their RPHPs. These reports must then be provided to the Minister for Health and Wellbeing.

In line with Section 50 of the Act, RPHPs and 2022-24 implementation reports informed the development of this Plan by highlighting key issues and emerging risks facing local communities, including:

- Chronic disease as an ongoing concern with rising rates of overweight and obesity, respiratory illness, arthritis, cardiovascular risk, and dementia.
- Mental health as a leading emerging concern, particularly for regional councils, with service gaps, social isolation, climate-related stressors, and cost-of-living pressures frequently cited.
- The need for improved prevention, monitoring and early response to infectious diseases, as well as the compounding effect of climate change on the risk of disease spread and transmission, such as vector-borne illness from mosquitoes.
- The severity and often hidden harms of injury which include domestic and family violence and the emerging risk of injury from extreme weather.
- Increasing climate-related public health risks, such as heat stress, air quality decline, biodiversity loss, vector-borne infection, post-disaster recovery to illness, economic strain, and 'eco-anxiety.' These issues were largely raised by regional councils managing the burden of heat, drought, floods, and vector-borne disease.
- Local resourcing challenges for Environmental Health Officers who are responsible for local public health regulation such as food safety and sanitation.
- Inadequate data as a barrier to timely and effective responses to environmental events.
- Concerns for priority populations, particularly older people, very young children, remote farming communities, and those affected by psychological stress associated with climate-related extreme events.

Importantly, councils often linked these issues to broader determinants of health, including poor air quality, sub-standard housing, cost-of-living stress, and service gaps that disproportionately affect low-income and regional communities.

SA Public Health Council

The South Australian Public Health Council (SAPHC) is a statutory body established under Section 26 of the Act. SAPHC consists of the CPHO as the Presiding Member and nine other members appointed by the Governor on the nomination of the Minister for Health and Wellbeing. Members represent a broad scope of expertise relevant to public health strategic planning.

The key functions of SAPHC are to assist and advise the CPHO on matters including the protection and promotion of public health, strategic planning for public health, the development of public health

plans, the promotion of public health research, and strategies to ensure a sufficiently trained and skilled workplace are in place. Furthermore, SAPHC is responsible for assisting the CPHO in the development of this Plan and Regional Public Health Plans. More information on SAPHC is available here: [South Australian Public Health Council | SA Health](#)

Key public health partners

The key to the development and delivery of public health services for South Australians is the acknowledgment that there are many diverse stakeholders that have a direct or indirect impact on public health outcomes. Direct public health action in South Australia functions through a set of key public health organisations who are supported by a diverse network of public health partners. The work of many others indirectly impacts on public health outcomes even though their primary scope is outside of the public health system, such as provision of active transport networks. The foundational work of public health often goes unnoticed until incidents, outbreaks, or other public health threats occur, bringing to the forefront the importance of the day-to-day work undertaken by these organisations to protect local communities.

A set of core public health organisations is described in brief below, with a more comprehensive list of partners provided in Appendix 1.

Local government

Local government plays an integral role in the delivery of public health services within local communities across South Australia. Under the Act, councils are recognised as the public health authority for their local area. They have a wide range of functions including the administration of public health legislation, community education and monitoring of routine and emerging public health issues to preserve, protect and promote public health for local communities.

In partnership with State government, local government provides foundational public health services to protect South Australians from public health risks where we live, work and play. Examples of the work undertaken to protect public health include:

- food safety
- delivery of safe drinking water
- regulation of wastewater systems
- vaccination programs and communicable disease management
- monitoring of cooling towers, public swimming and spa pools
- responding to climate change challenges and disaster response, including increased risk of zoonotic and vector-borne diseases

Local government also play a strong role in health promotion and prevention. Examples of preventive health actions undertaken to improve health and wellbeing of communities include:

- improving access to healthy foods (i.e. healthy food environments)
- supporting physical activity and active transport
- developing wellbeing hubs
- promoting and implementing mental wellbeing and suicide prevention initiatives
- addressing the determinants of health and equity to improve health outcomes

Public Health Division, SA Health

Led by the CPHO, the Public Health Division (PHD) administers the public health functions entrusted to the Department for Health and Wellbeing. The PHD administers public health legislation, including the Act, to promote and protect the health of South Australians and to reduce the incidence of

preventable illness, injury and disability. The PHD works in partnership with local government and other key stakeholders to deliver public health functions on behalf of the Minister for Health and Wellbeing.

The PHD is responsible for the control of communicable disease in South Australia, including coordination and promotion of immunisation services and delivery of sexually transmitted disease and blood borne virus prevention programs. Infection control services monitor, prevent and control healthcare associated infections and other infectious disease, while surveillance of antimicrobial usage aims to drive antimicrobial resistance (AMR) prevention.

Regulation and enforcement of compliance activities in areas including food safety, drinking water, wastewater management, *Legionella*, smoke-free areas and drugs of dependence are undertaken, in addition to the licensing of private hospitals, day care procedure centres, private ambulances and pest control providers.

The PHD is also responsible for strategic public health planning including preparedness, response and recovery activities for major incidents and emergencies, and the delivery of environmental health services to remote communities, including Aboriginal peoples. Furthermore, the PHD manages the coordination of South Australian blood and blood products, and organ and tissue-related programs to ensure proper management, use and supply of these lifesaving products. The PHD also provides specialist public health advice and public health intelligence services to ensure data systems are robust and innovative.

Preventive Health SA

Preventive Health SA (PHSA) was established in February 2024 with the dedicated focus on improving the health and wellbeing of South Australians by preventing and reducing the burden of chronic disease, often referred to as non-communicable conditions, and improving health equity. PHSA operates as an attached SA Government agency reporting to the Minister for Health and Wellbeing. The *Preventive Health SA Act 2024* establishes PHSA as the State's prevention agency, leading evidence-informed and innovative preventive health action and embedding the prevention agenda as an essential part of the health system for long term and sustainable outcomes.

The prevention priorities for the agency have been specifically detailed in legislation providing a clear preventive health agenda for the agency and State. They include obesity prevention, tobacco and vaping, alcohol and other drugs, mental health and wellbeing, suicide prevention, determinants of health and Aboriginal health and health equity. PHSA works collaboratively with cross sector partners on preventive health policies and actions to improve public health outcomes in these areas. More information about PHSA and relevant strategies is available here: [Preventive Health SA - Our work • Preventive Health SA](#)

Public Health Partner Authorities

The Act provides formal mechanisms for collaboration in public health planning, including the establishment of Public Health Partner Authorities (PHPA). Under Section 51 of the Act, the Minister for Health and Wellbeing may, by notice in the South Australian Government Gazette and after consultation with the relevant entity, declare an organisation to be a PHPA for the purposes of supporting regional public health planning.

Since 2015, more than 20 PHPAs have been formed across a diverse range of government and non-government organisations across sectors and policy areas. These partnerships facilitate coordinated action on the systems, settings, and determinants that shape population health and wellbeing. For example, PHPAs collaborate through activities such as data sharing, coordinated legislative and

policy functions, direct program and service delivery, and by building strong partnerships across government, non-government, and community sectors. They support action on key health determinants such as employment, for example, by supporting the creation of healthier workplaces and promoting healthy living through sport and social connection.

Through the PHPA mechanism, local government can collaborate formally with diverse organisations in alignment with this Plan and their Regional Public Health Plans. To view the current list of PHPAs and learn more about their work, visit: [Public Health Partner Authorities \(PHPA\) • Preventive Health SA](#).

Other partners working in public health in SA

In addition to the core organisations outlined above, many other partners contribute to critical areas of public health action. These include State and Australian government agencies, non-government organisations, universities and research institutes, businesses, community groups, and individuals. Formal partnerships are also integral, such as the Partnership Agreement on Closing the Gap.

The vision, priorities and strategic directions in this Plan cannot be achieved in isolation or by any single agency but depend on multilateral and interagency collaboration that is greater than the sum of its parts. A list of public health partners is provided in Appendix 1: SA public health partners and related strategies, plans and policies

Considerations for planning public health actions

Public health principles

There are key principles that underpin and guide public health action. Eight of these principles are prescribed in the Act, while others are more inherently part of established practices and ways of working. Consideration of these principles, and embedding them into practices including planning, engagement and prioritisation of issues based on burden and risk, is important in achieving effective public health outcomes.

Since time immemorial, across generations, Aboriginal peoples have engaged collective, holistic and proactive approaches to protecting the interconnected health of humans and their environment. These principles acknowledge that human health is determined by and intertwined with our environment, culture and communities; an approach that is further detailed in cultural determinants of health models. For example, the 'modern' public health system can learn from Aboriginal peoples' traditional environmental land practices to respond to climate change, and their emphasis on connections to culture, family, and community supports significant positive impacts on health outcomes. Aboriginal culture focuses on the wellbeing of everyone in the community as a collective, rather than taking a more individualistic focus. To be successful, public health also must take a population rather than an individual perspective.

There is strong alignment between Aboriginal practices of caring for Country, culture and health and the principles of public health that are featured in the Act and throughout this Plan.

One Health

One Health is an integrated, unifying approach that aims to sustainably balance and optimise the health of humans, animals, plants and ecosystems. It recognises that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent.⁸ This relationship is shown in Figure 1.

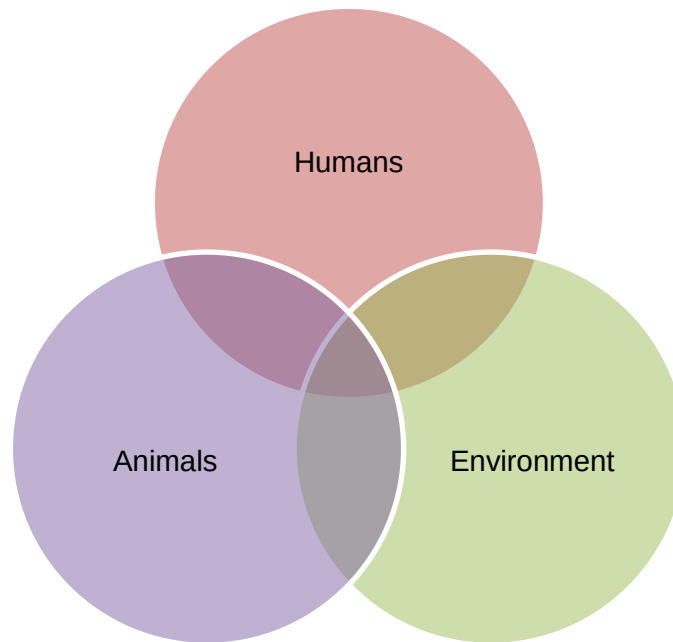


Figure 1: One Health - The connection between humans, animals and the environment

One Health is not a new concept, with the connection between people, animals and the environment being recognised and respected as part of Indigenous knowledges (knowing, being and doing)⁹. The importance of a One Health approach has become more broadly recognised as critical, with increasing environmental concerns such as climate change, pollution and land use, and their impacts on emerging infectious disease, antimicrobial resistance and food security.

Adoption of a One Health approach ensures that health challenges are addressed as a coordinated effort between multiple sectors to achieve optimal health outcomes. It leverages knowledge and expertise and directs collective action to respond to these challenges. In addition, refining strategies for One Health activities can maximise capabilities for implementation at all levels, resulting in a better ability to prevent, predict, detect and respond to global health threats.¹⁰

Public Health Act Principles

The Act establishes a set of principles in Sections 6 to 13 that guide everyone involved in administering the Act or making decisions under it, including planning, policy development and the exercise of powers. Table 2 summarises these core principles and their practical application in public health planning.

These principles reflect core public health values and support decision-makers to align their actions with the objectives of the Act. While all principles are relevant, their application may vary depending on the context. For example, the precautionary and population principle was essential in guiding early measures during the COVID-19 pandemic, while the participation principle is especially important in long-term planning.

Public health planners and decision-makers implementing the priorities in this Plan should apply these principles as a critical planning lens. In addition to these core principles, the Act also includes specific principles in Section 14 that apply to the management of controlled notifiable conditions and significant public health emergencies.

Table 2: Principles to be recognised under the SA Public Health Act 2011

Principle	Description
Precautionary	Act early when there is reasonable suspicion of a threat to public health, using the best information at hand, even without full scientific certainty.
Proportionate regulation	Balance the potential harm to individuals and businesses when enforcing regulations to protect the community.
Sustainability	The wellbeing of future generations must be centred in public health policy development. Our Aboriginal colleagues recommend we consider seven future generations.
Prevention	Make it a priority to prevent public health risks where applicable.
Population Focus	Prioritise actions to focus on the health of the wider community over individual impacts.
Participation	Encourage individuals and communities to take responsibility for their health and participate in decisions about how to protect and promote it.
Partnership	Seek and develop partnerships across sectors, levels of government, and the community to achieve public health goals.
Equity	Address health disparities by identifying targeted strategies for population groups that need additional support and ensure decisions and actions don't unfairly disadvantage individuals or communities.

Determinants of health

Health is impacted by many aspects of our daily lives, from where we live and work to our relationships, culture, and environment. These are known as the determinants of health. Many public health activities aim to improve wellbeing by addressing these determinants, such as by providing increased access to nutritious food, safe housing, inclusive education, meaningful work, and culturally safe services.

The 'Rainbow Model' (Dahlgren & Whitehead, 1991/2021¹¹) is a widely used framework that illustrates how the health of individuals and communities is influenced at different levels. Figure 2 shows the 2021 version of this model, which includes multidirectional arrows across the layers to reflect the interconnectedness of social determinants.

More recent studies build on this model by highlighting how certain social conditions contribute to health outcomes. These mechanisms include differences in power and resources, exposure to risks, vulnerability to harm, and the social and economic consequences of being unwell.¹² For example, during COVID-19, people in low-paid, high-contact jobs were more exposed to the virus, more vulnerable to severe illness symptoms, and more affected by job loss and housing stress.¹³

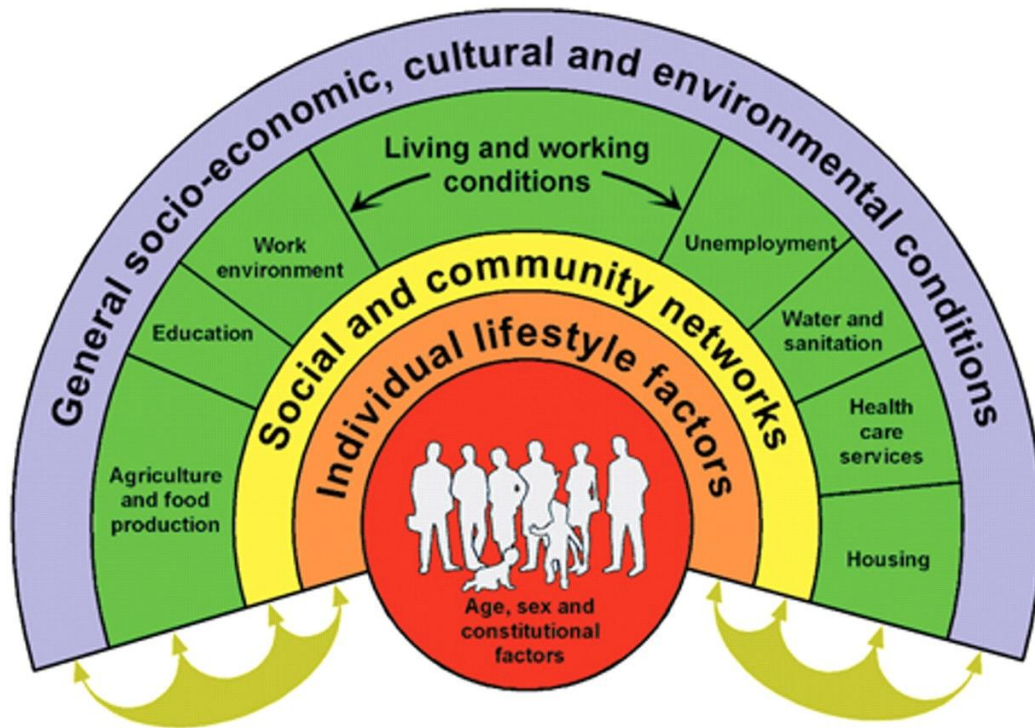


Figure 2: Determinants of Health - Dahlgren and Whitehead (2021)¹⁴

In addition to the commonly accepted determinants presented in the Rainbow Model, the following determinants have been identified as new or more recently acknowledged driving forces impacting the equity of health outcomes in South Australia:

- Digital:** The growing use of social media and artificial intelligence (AI) is reshaping mental health, social connection, and equity, especially, but not exclusively, for young people.¹⁵ Digital influences can harm the health and wellbeing of young people through impacts on cognitive development, lack of physical activity, disrupted sleep, addiction and cyberbullying.¹⁶ While a significant risk, opportunities exist to harness the power of digital factors that can positively impact health such as increasing access to health care services (i.e. virtual health) and education. Inequitable access to digital technology can also contribute to health inequalities because many health and social services can now only be accessed through digital and internet mediums.
- Culture:** For Aboriginal peoples, and others with deep cultural ties, health is deeply connected to Country, community, language, and self-determination. Cultural determinants of health are expressed in diverse ways among Aboriginal communities, shaped by unique histories, languages, and connections to Country. When these connections are disrupted, health suffers.¹⁷ Another example of the powerful influence of culture on health is the arts-in-health movement. There is compelling evidence supporting the positive health influence of participating in music, dance, drama, literature and the visual arts¹⁸.
- Racism and discrimination:** Multi-cultural and diverse communities introduce great variety, innovation and perspective into society. However, in diverse societies, structural, systemic and interpersonal racism and discrimination exists. People with cultural and linguistically diverse backgrounds can be subject to systemic racism and unequal power which lead to economic insecurity and health inequity. Rigid gender norms impact women and girls in particular, exposing them to discrimination, violence and intersecting forms of disadvantage.¹⁹

Racism and discrimination, both explicit and implicit, can also impact access to health services and long-term health outcomes.²⁰

- **Commercial factors:** Industry has the great power to offer individuals choices that impact their health both positively and negatively. Industry marketing campaigns can disproportionately influence behaviours that drive consumption of unhealthy food, alcohol, tobacco, and promote gambling.²¹
- **Climate change:** Our changing environment is driving necessary innovation and opportunities that can have an indirect, positive impact on population health outcomes. However, rising heat stress, pollution, food insecurity, displacement, and biodiversity loss are already worsening physical and mental health.²²
- **Geopolitical landscape:** In a globally connected world, individuals have access to information and evidence from across the world which can positively impact health. However, eroding global cooperation and trust in institutions can disrupt research, disease control, digital safety, climate resilience, and pandemic preparedness.²³

By acknowledging and addressing these determinants, mechanisms, and driving forces, South Australia can create fairer, more effective public health action that protects and improves wellbeing for everyone. Achieving meaningful change requires cross-sector accountability, with coordinated action across housing, education, transport, urban planning, and other systems that shape the conditions for health.

Cultural determinants of health

As part of the broader determinants of health, many communities in South Australia have strong cultural ties, relying on their culture as an integral part of their health and wellbeing. In particular, Aboriginal peoples have long recognised the reciprocal relationships between health and culture. Cultural determinants of health are expressed in diverse ways among Aboriginal communities, shaped by unique histories, languages, and connections to Country.

One prominent framework for describing these determinants is [*Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing*](#), drawn from a study led by and for Aboriginal peoples.²⁴ This study underpins Preventive Health SA's Aboriginal Health Promotion Strategy (2022–2030) and is featured in the *Determinants of Health Resource Guide* (2024), developed by the Preventive Health SA Aboriginal Health Promotion team in partnership with the Local Government Association of South Australia.²⁵

While not a South Australia-specific model, the Mayi Kuwayu framework identifies six critical cultural determinants that contribute to Aboriginal health and wellbeing:

1. Connection to Country
2. Indigenous beliefs and knowledge
3. Cultural expression and continuity
4. Family, kinship and community
5. Indigenous language
6. Self-determination and leadership.²⁶

These domains position cultural factors as integral to health and align strongly with the evidence-base in literature, particularly in relation to family and community, Country and place, cultural identity, and self-determination.²⁷

Aboriginal stakeholders in South Australia emphasise that the cultural determinants are central to health and wellbeing. They also highlight that trauma recovery through cultural healing as a vital

outcome enabled by strong cultural connections, identity, and leadership. Strategies must support Aboriginal-led solutions, a culturally safe and representative workforce, and place-based responses that respect regional diversity. Embedding these principles across all priority areas discussed in this Plan will ensure that public health action is relational and transformative for Aboriginal communities.

Emerging research also highlights the importance of shifting the narrative on cultural determinants of health from focusing on individuals and their participation in culture, to considering the broader social, economic, and political contexts that enable and constrain cultural participation, and that actively shape cultures themselves.²⁸ These broader systemic and structural factors must be addressed to achieve more equitable health outcomes for Aboriginal peoples, recognising that when cultural connections are disrupted, health suffers.²⁹

A cultural determinants led approach aligns with the Government of South Australia's *Closing the Gap Implementation Plan 2024-26*. SA's Closing the Gap Implementation Plan outlines commitments under the [National Agreement on Closing the Gap](#), including the implementation of formal partnerships between government agencies, Aboriginal Community Controlled Health Organisations (ACCHOs), and Aboriginal Community Controlled Organisations (ACCOs) to address the cultural determinants of health.

Equity in public health

An equitable approach to public health recognises that not everyone has the same opportunities, health risks or resources to live a healthy and long life. Using an equity lens when planning and implementing public health action recognises how health determinants intersect and influence outcomes for certain population groups.

'Equity' in public health is sometimes confused with 'equality'. Equality focuses on ensuring all people are treated equally, while the equity approach acknowledges that because some people and communities have different needs, equitable outcomes require allocating resources in proportion to those needs.

Achieving health equity involves changing the underlying systems, rules, and conditions, such as racism, poverty, colonisation, and public policies, that shape who faces greater health risks and who has fewer opportunities to be healthy in the first place.³⁰

Embedding equity across all areas of public health planning is essential to ensuring that efforts to improving health are inclusive, just and outcomes focused. Achieving this requires a particular focus on communities that face ongoing disadvantage and systemic barriers. Building on the commitment to equity, it is vital that public health partners consider the diverse needs of population groups who experience disproportionate health risks due to social and cultural health determinants.

All South Australians must be considered in public health planning, however certain groups require additional visibility, targeted action and support to achieve equity. These population groups include, but are not limited to, the list below.

- Aboriginal peoples and communities
- Carers
- Children and young people
- Lesbian, gay, bisexual, transgender and/or intersex, queer, asexual and other sexually or gender diverse individual (LGBTIQ+)
- Low income and financially
- Older people
- People experiencing homelessness
- People in care or detention
- People living with mental health conditions
- People living in regional and remote areas
- People living with trauma

- disadvantaged groups
- Men
- Migrants, refugees and recent arrivals
- People with disability
- Women

Each group faces unique barriers, such as discrimination, service inaccessibility, or geographic isolation, and often intersectionality between groups that shape their health outcomes. A one-size-fits-all approach to public health will not produce equitable outcomes. Interventions must be tailored, culturally responsive, and grounded in the lived realities of these communities.

Public health planning should be co-designed by people with lived experience, whose insights and leadership are integral for designing effective, respectful, and sustainable solutions.

Aboriginal peoples

Aboriginal peoples must be recognised as a priority population with distinct cultural, historical, and systemic contexts that impact health behaviours and outcomes. Emphasising, celebrating and building upon the strengths and values of Aboriginal peoples through genuine partnerships and community led approaches is essential to eliminating disparities in health outcomes. Aligning to and elevating the Closing the Gap Priority Reforms³¹ is one, of many, ways this can be achieved.

Aboriginal stakeholders in South Australia emphasise that public health action must be informed by ongoing, respectful engagement, not one-off or intermittent consultations, and grounded in Aboriginal ways of knowing, being and doing. Consideration of the co-design of public health actions for and health outcomes of Aboriginal peoples is woven through this Plan.

Intersectionality

Health risks are often compounded by intersectionality, where overlapping identities and experiences, such as gender, race and disability interact to produce deeper and more complex health inequities. A person's multiple and intersecting identities may increase their health risks, magnify the severity and frequency of illness, while also adding barriers to support. For example, women with disability experience the intersection of gender and disability, which means they are more likely to experience sexual and partner violence than women without disability, which, in turn, compounds their risk of poorer mental and physical health.³² In addition, domestic, family and sexual violence are further sustained and exacerbated by intersecting systems of oppression and discrimination such as racism, homophobia, transphobia, ableism and the enduring impacts of colonisation.³³

An intersectionality approach to public health recognises that overlapping identities such as gender, race, disability, and income interact to shape health risks and outcomes. It ensures that interventions are tailored to the complex, lived realities of those facing multiple, compounding forms of disadvantage.

Public health actions

Promote, protect and prevent

Promotion, protection, and prevention are considered the core pillars of public health services³⁴ and form the framework for public health actions in South Australia. This framework has been used to guide public health action in the previous two Plans and subsequent Regional Public Health Plans and reporting by local government. These pillars sit across the public health priority areas that are highlighted in this Plan and also capture the day-to-day essential public health activities that may not explicitly feature in this Plan.

Many public health actions sit across two or all of these pillars. For example, mosquito management strategies **promote** public health by education and public awareness about mosquito-borne disease and ways to reduce the risk of being bitten. They **protect** public health through eliminating mosquito breeding sites and implementing surveillance and trapping programs. And lastly, they **prevent** mosquito-borne diseases through targeted immunisation programs for at risk communities, e.g. Japanese Encephalitis Virus vaccination.

Table 3 defines the pillars and key objectives while providing practical examples for implementation. Some examples sit across multiple pillars.

Table 3: Pillars of Public Health – Promote, Protect and Prevent

Pillar and Key Objective	Definition ³⁵	Examples
<u>Promote:</u> Build stronger communities and healthier environments	Promoting wellbeing by addressing health determinants and encouraging community involvement in health-related decisions.	- Creating built environments that promote healthy lifestyles, e.g. safe, connected and accessible paths for cycling and walking, and smoke-free areas - Creating opportunities for social connection to enhance mental health and wellbeing, e.g. local community family days and free outdoor movie screening - Offering health education programming in schools, workplaces and for the public, e.g. Fight the Bite mosquito campaign and Department of Education Bullying prevention - Developing policies that address risk factors of overweight and obesity, e.g. increasing access to healthy food options - Providing sexual health education in schools as a way of promoting safe sexual behaviour and reducing the risk of sexually transmissible infections in the future
<u>Protect:</u> Protect against public and environmental health risks and respond to climate change	Safeguarding health through a One-Health approach includes regulating health practices, reducing hazards, preparing for emergencies, and securing essential health conditions.	- Ensuring safe drinking water, wastewater disposal and food systems, e.g. through regular site inspections and support to operators - Planning for potential risks such as bushfires and pandemics, e.g. providing and supporting the development of bushfire survival plans - Responding to environmental health threats such as extreme heat, foodborne disease outbreaks, flooding and poor air quality, e.g. routine lead level testing in children - Developing policies that regulate systems that impact population health, e.g. introduction of ScriptCheckSA providing real-time prescription monitoring for drugs of dependence - Regulating unhealthy food advertising
<u>Prevent:</u> Prevent chronic disease, communicable disease and	Preventing diseases and injuries through accessible health services, preparedness, and	- Implementing immunisation programs, e.g. the school immunisation program - Offering cancer screening programs for early detection, e.g. National bowel cancer screening program and BreastScreen SA - Ensuring access to healthy foods and limiting availability of

Pillar and Key Objective	Definition ³⁵	Examples
injury	early intervention in emerging public health issues. ³⁶	junk foods, e.g. menu board labelling - Proactively prevent potential health risks, e.g. the installation of swimming pool fences - Applying measures in response to and to prevent emerging infectious diseases, e.g. temporary vaccine mandates during COVID-19 pandemic

Enablers to public health action

Enablers are essential to effective public health action, supporting and reinforcing the three core pillars of public health (promote, protect and prevent). The World Health Organization (WHO) has a 'unifying list' of 12 Essential Public Health Functions that outline the service and enabling elements to operationalise public health.³⁷ As acknowledged in the WHO list, enablers are often interlinked with public health service elements, with many public health actions focused on improvements to the enabling functions themselves.

To support planning in South Australia, a core set of five enablers have been drawn from the WHO list.

- Partnerships and collaboration
- Governance and frameworks
- Surveillance, epidemiology, research and evidence
- Reporting and public communication
- Workforce capacity

Partnerships and collaboration

Partnerships and collaboration are essential to achieving public health action. Given the breadth of public health drivers, services and responsibilities, a single organisation or agency cannot oversee and implement all of these actions. Public health depends on a network of relationships, both formal and informal, to achieve public health outcomes.

This reliance on partnerships and collaboration is both a challenge and an opportunity. Partnerships allow for collective action to address priority areas and emerging issues in innovative ways. However, when roles and responsibilities lack clarity, or when public health issues are not adequately covered in scope of existing services, gaps can arise.

State and local government share responsibilities to deliver public health services for the benefit of the community. This partnership is recognised and embodied in the Act and is one of the many strengths of the South Australian public health system to achieve better outcomes for communities.

Other formal approaches and structures to support public health partnerships in South Australia include Health in All Policies (HiAP) and Public Health Partner Authorities (PHPAs) as established under the Act. Health in All Policies is a mechanism to integrate and promote public health into all sectors and policy areas. It recognises that health and wellbeing go beyond the scope of health care, being influenced by a wide range of determinants including social, economic, cultural and environmental factors. Co-design of policy areas and actions, and recognition of co-benefits are key in the success of this approach. Similarly, PHPAs span a diverse range of sectors and policy areas, playing an important role in partnerships and coordinated action to inform and achieve public health outcomes.

The importance of strong partnerships (whether formal or informal) is highlighted throughout this Plan as a key ingredient to a healthy, connected and inclusive South Australia. A list of public health partners is provided in Appendix 1.

Governance and frameworks

Related to partnerships, governance and frameworks support the intersectoral accountability mechanisms to ensure appropriate public health action. The Act and the *Preventive Health SA Act 2024* are the legislative frameworks for a statewide approach to protect and promote public health and to reduce the incidence and burden of preventable health conditions. There are, however, many other legislative tools that contribute to the governance structure for public health planning, implementation and action. This includes statutory bodies established under relevant legislation (refer to Appendix 2).

Achieving the vision of the Plan is reliant on collective action from all stakeholders. It is a shared responsibility requiring governance and frameworks to ensure implementation success and ongoing improvement of public health outcomes.

The review of the Plan every five years provides opportunity to guide collective action with local government and other partners towards improving the health and wellbeing of South Australians.

Surveillance, epidemiology, research and evidence

Monitoring the population's health status, risks, factors that protect or promote health, health system performance and service utilisation helps inform and target effective public health action. This includes analysing the equity of outcomes to ensure future programming responds appropriately. Advancing public health research and knowledge development supports innovation and creativity in the delivery of services, allowing for improved practice over time. Contributing to the public health evidence base, through research and published reports, is a component of work undertaken by public health partners.

Acknowledging surveillance, data and evidence is a critical enabler to public health action in South Australia, work is underway to develop a platform that significantly improves the availability of high-quality public health data. The vision for this platform is to use existing data in a more sophisticated manner to enhance disease forecasting and surveillance, disaster and outbreak management, and to provide additional transparency for public communication. This platform aims to support public health partners to strategically plan and evaluate their public health programs.

Reporting and public communication

Communicating with key stakeholders, including South Australian community members, plays an integral role in promoting health, protecting against public health risks and preventing chronic disease and injury. This includes the dissemination of timely and accurate information, often targeted towards populations most at risk. Effective, integrated and coordinated communication is recognised by the World Health Organisation as integral to building a better, healthier future for people all over the world.³⁸

Misinformation and disinformation, particularly through social media use along with reliance on artificial intelligence, can quickly spread and reach large numbers of the population. This can have widespread negative impacts, including vaccine hesitancy and declining vaccination rates, putting communities at increased risk of illness and death from vaccine-preventable diseases.

Trust in government reporting and communication during incidents and emergencies exemplifies the importance of public communication to coordinate effective public health action. Strategic and

targeted reporting and communication initiatives can be used to educate and increase understanding of often complex public health topics. Effective communication allows sharing of evidence-based information, empowering the community to take the necessary actions or initiatives required to protect their health. It also allows for debunking of misinformation and can motivate behaviour change, highlighting the importance of open, consistent and accessible public health communications.

Workforce capacity

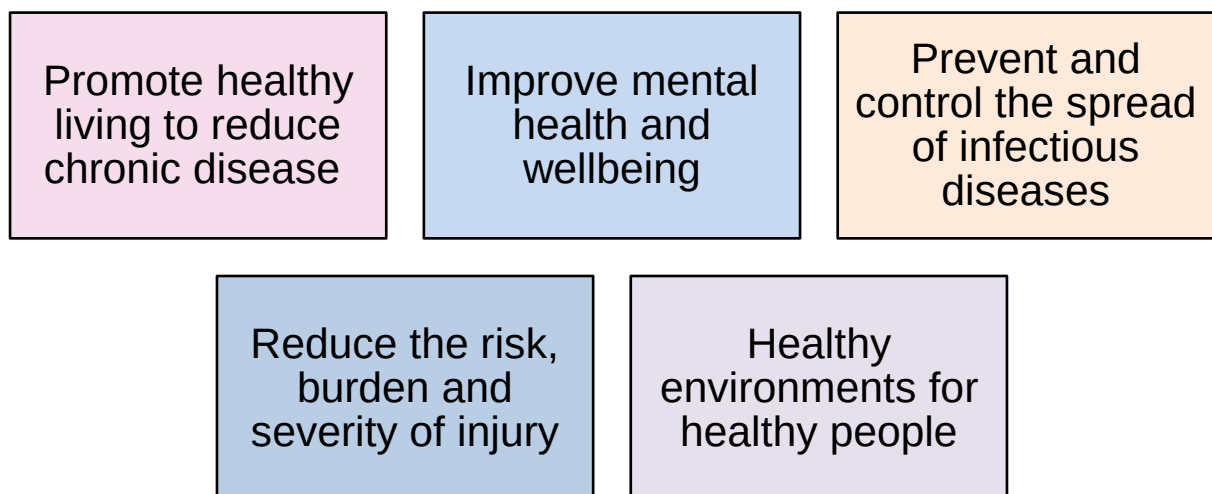
Developing and maintaining a capable and competent workforce to deliver essential public health functions is both complex and challenging. This was emphasised during the COVID-19 pandemic, which tested health systems globally and reinforced the urgent need to strengthen the public health workforce, including enhancement of emergency preparedness and response capabilities. In 2022, the World Health Organisation (WHO) and partner organisations agreed on a roadmap on national workforce capacity for essential public health functions.³⁹ The Public Health Association of Australia, as a contributing member to the WHO roadmap, has reiterated that the roadmap provides a timely opportunity to strengthen public health workforce capacity in Australia.

There is a range of workforce shortages across the broad public health workforce in South Australia. In particular, South Australia is experiencing a significant challenge sustaining an environmental health workforce. This issue is intensified in rural and regional areas of the State, with local government often reliant on external consultants or neighbouring councils to undertake core environmental health functions. Measures to address workforce capacity and capability are required to ensure public and environmental health functions can be delivered locally to improve health and wellbeing of communities.

Public health priority areas

Five public health priority areas were identified through a combination of stakeholder consultation, data and landscape analysis, and review of local government reports and plans. These priority areas complement the ongoing, essential public health work led by the diverse set of public health partners across South Australia.

The five priority areas are:



For each priority area, a set of strategic directions has been co-designed with stakeholders to signal high-level areas for strategic action. These strategic directions are intended for partner organisations to align existing or new public health actions that improve public health outcomes in the priority area.

For each strategic direction, when planning and implementing actions, partners are encouraged to ensure:

- Alignment with the principles of the Act.
- Equity of design and implementation.
- Consideration of the determinants of health that most impact the priority area.

Promote healthy living to reduce chronic disease

Chronic disease refers to a broad set of health conditions that are long-lasting and generally progress slowly. They are also known as noncommunicable diseases (NCDs) because they do not spread from person to person. Chronic disease can develop due to genetic, environmental and behavioural factors. Many people experience two or more chronic conditions simultaneously, a situation called 'multimorbidity', which often requires coordinated care across different parts of the health system.⁴⁰

Chronic conditions drive mortality and the loss of good health and quality of life for South Australians. In 2023, the top five causes of death in South Australia were due to chronic or noncommunicable conditions, listed below in ranked order:

- dementia (including Alzheimer's disease)
- ischaemic heart disease
- chronic lower respiratory diseases (mainly chronic obstructive pulmonary disease [COPD])
- lung cancer
- cerebrovascular disease.⁴¹

Many chronic diseases can be prevented by reducing known risk factors. Risk factors are often shaped by broader social and environmental determinants that can either positively or negatively influence health behaviours and outcomes. Some risk factors are behavioural, including diet, physical inactivity, and tobacco and alcohol use, while others are biomedical such as overweight and obesity and high blood pressure.⁴² Chronic disease risk is also impacted by environmental factors such as walkability of neighbourhoods, access to healthy foods, and exposure to environmental pollutants as well as socio-economic factors, such as income and literacy.

Chronic disease risk is driven by a set of behavioural risk factors including, but not limited to:

- Nearly one third of South Australians exceeding the risky alcohol use guideline.
- Nearly 60% of South Australian children consuming fast food at least once per week.
- Only 24% of South Australians meeting physical activity recommendations.
- Only 4% of South Australians meeting both fruit and vegetable recommendations.⁴³

In 2024, for the first time, being overweight (including being obese) overtook tobacco use as the leading risk factor contributing to Australia's burden of disease.⁴⁴ Obesity significantly increases the risk of many chronic diseases, including, heart disease, stroke, type 2 diabetes, musculoskeletal disorders, and several types of cancer. In South Australia, the proportion of both children and adults whose self reported weight was above the healthy range has increased in the past five years.

- For children aged 2-17 years, the proportion above a healthy weight increased from 29% in 2019 to 37% in 2024.⁴⁵
- For adults, the proportion above a healthy weight has increased from 64% in 2019 to 66% in 2024.⁴⁶

Reports from local government support the available data, citing the prevalence of overweight and obesity, arthritis, cardiovascular risk, and dementia as increasing public health concerns within their communities. Councils linked these chronic diseases to specific socioeconomic determinants, most notably cost-of-living stress, poor air quality, substandard housing, and service gaps. Councils further observed that these factors are also significant contributors to adverse mental health outcomes, particularly among low socioeconomic groups and rural communities.

As noted by local government, tackling chronic disease is a priority for communities and groups facing higher risks due to environmental factors and reduced access to prevention programs, early diagnosis and care. A selection of data highlighting factors driving inequitable chronic disease outcomes for South Australians is highlighted below:

- People living in the most socioeconomically disadvantaged areas experience higher rates of chronic illness and premature death.⁴⁷
- Aboriginal peoples continue to face high rates of preventable chronic conditions linked to smoking, cardiometabolic and kidney disease, driven by social and geographic factors.⁴⁸
- Older adults carry the greatest burden of multimorbidity and disability. Dementia risk increases with age and is now a leading cause of death in women.⁴⁹
- Rural and remote populations experience higher rates of heart disease and other chronic conditions, driven by differences in risk factors, service access and socioeconomic disadvantage.⁵⁰
- Many young South Australians report facing barriers related to culture, practices, cost and accessibility to participation in team sport and physical activity.⁵¹

These patterns highlight the need for targeted action that is designed with and for the groups most affected by chronic disease.

Strategic directions

Chronic disease is a major public health challenge for South Australia, and while individual choices play a significant role in preventing many chronic diseases, it is clear that systemic and structural factors can meaningfully impact outcomes. Strategies to impact these factors include supporting social and environmental conditions that enable good health, such as access to affordable, culturally relevant food, walkable communities, and opportunities for active living, especially for populations at risk.

Progress depends on a coordinated effort that prioritises supportive infrastructure and aligned strategic actions among partners working in this area (see Appendix 1). This includes initiatives targeting obesity and dementia prevention. Examples of such include improving walkability to essential services, ensuring safe, accessible spaces for exercise and the availability and access to healthy food and primary care. By focusing on the social and environmental conditions, chronic disease burden can be reduced to improve population wellbeing, guided by the following strategic directions.

1. Create health-promoting environments that encourage physical activity and healthy eating and reduce the use of alcohol and tobacco.

2. Develop and implement age-targeted strategies that support healthy weight and reduce the impact of overweight and obesity across the life course.
3. Promote brain health to reduce the risk of dementia, while supporting people with dementia to live well.
4. Strengthen policy and regulatory action through a health in all policies approach to address chronic disease risk factors.
5. Build and sustain partnerships that enable early intervention and prevention of chronic disease.

Improve mental health and wellbeing

Mental health is an essential component of overall health and wellbeing. It influences all aspects of everyday life and can impact other health outcomes, both positively and negatively. Good mental health and wellbeing empowers people to manage stress, connect with others, engage in learning and meaningful work, and lead happy and healthy lives.

Improving mental health is more complex than diagnosing and treating defined conditions because it is influenced by a variety of factors and can vary over time. Applying a social and emotional wellbeing lens can help to understand the role of community, culture, and collective healing in community mental health. This perspective is especially important for Aboriginal peoples and culturally diverse communities, where mental health must be understood in the context of cultural strengths, intergenerational trauma and racism.

In South Australia, mental health conditions impact our community in a number of key ways:

- In 2024, 25% of South Australian adults and 27% of children reported having a mental health condition in the past 12 months.⁵² Poor mental health is a well-established risk factor for suicide, which is recognised as a complex public health issue influenced by social, cultural, biological, psychological, and environmental determinants.⁵³
- In 2024, 230 South Australian adults died by suicide⁵⁴, with 9% of South Australians reporting suicidal ideation.⁵⁵ The State's suicide rate remains above the national average, with males accounting for 75% of deaths by suicide.⁵⁶
- People living with mental health conditions are more likely to drink alcohol at risky levels and use illicit drugs.⁵⁷ The co-occurrence of mental health and substance use conditions creates a complex interplay of factors that increases risk and leads to poorer outcomes than when these conditions occur independently.⁵⁸

Mental health remains a critical public health priority, consistently highlighted by government and non-government partners as essential to the wellbeing of South Australians. Emerging challenges, including climate-related stress and cost-of-living pressures, are having an increasing impact on individuals and communities. Concerns remain regarding fragmented service systems and limited access to timely, high-quality care, particularly for people living in regional and remote areas.

While mental health can impact all life stages, evidence indicates particular concern for children and young people (12-25 years), with loneliness and social isolation emerging as significant risk factors for poor mental health. Research suggests that, for some young people, social media use may intensify these challenges.⁵⁹ In the past six years in South Australia, there has been a sharp rise in the proportion of children aged 5-15 reporting a diagnosed mental health condition (from 16% in 2018 to 27% in 2024).⁶⁰ Young South Australians identify the need for safe, affordable 'third spaces', (which includes youth centres, sport, arts and cultural activities), accessible community-based mental health that delivers early psychosocial care and reduced reliance on medication for mild to moderate needs.

In addition to children and young people overall, the following population groups are experiencing inequitable mental health outcomes in South Australia:

- Adults in the lowest socioeconomic group experience disproportionately high levels of psychological distress and diagnosed mental health conditions.⁶¹
- The suicide rate among Aboriginal peoples is over double that of non-Aboriginal peoples.⁶²
- Young people from culturally and linguistically diverse (CALD) communities can face additional barriers to early care, including stigma, language, and limited culturally safe service.⁶³
- Adults with a disability are more likely to report high or very high levels of psychological distress compared to those without disability.⁶⁴
- Adults living in rural areas are less likely than those living in metropolitan areas to receive treatment for a mental health condition.⁶⁵

These statistics provide a snapshot of the available data on the impact of mental health conditions in specific groups within South Australia. Addressing population mental health concerns, and the increasing negative trend in young people requires an urgent, coordinated approach co-designed with people with lived experience and their communities.

Strategic directions

Mental health is a cross-cutting public health issue, with actions to strengthen community mental health and wellbeing offering far-reaching benefits for all South Australians. Organisations engaged in mental health policy, promotion, and service delivery play a vital role in building a mentally healthy South Australia (see Appendix 1). Equally, fostering inclusive and supportive environments, including workplaces, that promote wellbeing should be a shared responsibility across all communities and sectors, regardless of whether their primary focus is mental health.

The following strategic directions outline a framework for improving mental health and wellbeing outcomes, with a focus on prevention, early intervention, and equitable access to services. They call for a cohesive evidence-based approach that embeds mental health within broader community and health services. These directions must be underpinned by a cultural lens that integrates community-led, trauma-informed, and culturally safe approaches, while reflecting the strengths, identities, and lived experiences of Aboriginal peoples and culturally and linguistically diverse communities in particular:

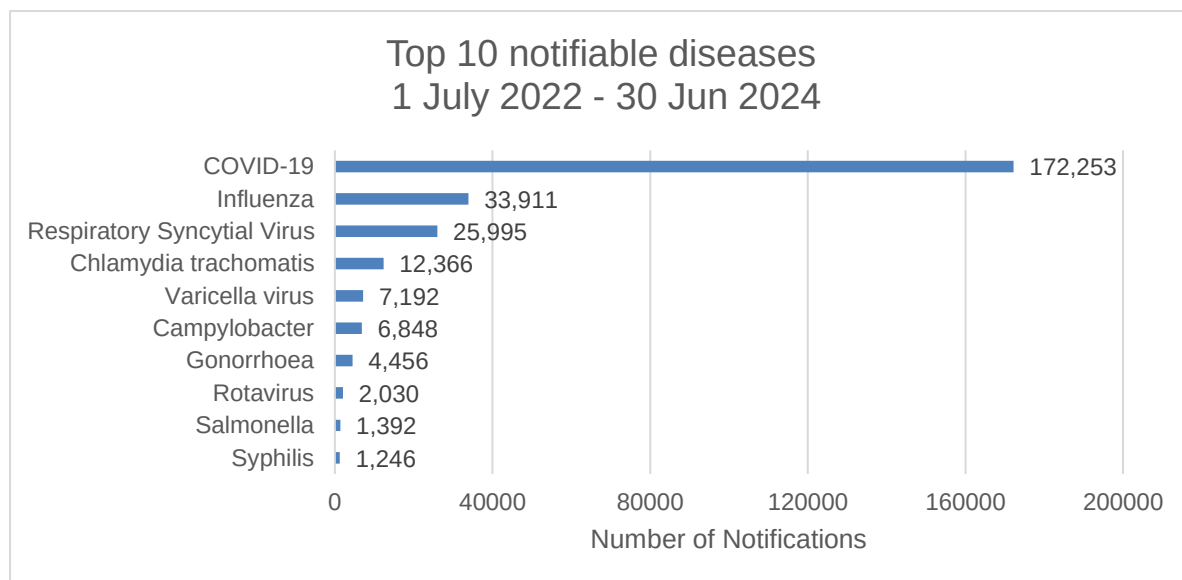
1. Enhance mental health and wellbeing understanding and capability at the community level to reduce stigma, promote early help-seeking, and support mental health strategies.
2. Implement integrated, community-based approaches to address mental health and alcohol and other drugs challenges.
3. Prioritise the mental health and wellbeing of children and young people including strengthening support systems for families and carers.
4. Foster inclusive, connected communities to reduce social isolation and loneliness.
5. Ensure equitable access to culturally safe and responsive mental health support for people who live in rural and remote communities.
6. Leverage digital technologies to enhance mental health and wellbeing, while mitigating its negative impacts.

Prevent and control the spread of infectious diseases

Infectious diseases are illnesses caused by harmful microorganisms such as bacteria, viruses, parasites, or fungi. Many of these diseases are communicable, meaning they can spread from one person or animal to another. Transmission can happen in many ways, including through direct or indirect contact with people with infections or contaminated substances or through vectors such as mosquitoes.

Infectious diseases (also known as communicable diseases) are a significant and complex public health challenge posing an ongoing risk to health and wellbeing, contributing to short and long-term illnesses, hospitalisation, disability, and avoidable death. Figure 3 presents the top 10 notifiable communicable diseases from 2022-24 in South Australia.

Figure 3: Top ten notifiable diseases reported in South Australia (2022–2024)⁶⁶



While strong progress has been made to improve the control of communicable diseases in South Australia, opportunities exist to strengthen systems and ensure equity in outcomes. Challenges include rising rates of mis and disinformation, reduced trust in government activities, rising vaccine hesitancy, increased rates of sexually transmitted infections (including the national syphilis epidemic) and maintaining sustained communicable disease response capability. Additionally, the compounding effects of climate change, socioeconomic disadvantage, and barriers to primary health care pose further risk of infectious disease spread. Local government further emphasise that infectious disease prevention is often deprioritised until outbreaks occur.

Respiratory infections cause significant impacts for communities and the health system, compounded by the emergence of COVID-19. Maintaining high vaccination coverage is critical to protecting the community from the transmission and severe impacts of vaccine-preventable diseases. Vaccination is more than a personal health choice. It is a collective responsibility taken by the community to protect those at heightened risk of severe disease including people who are unable to be vaccinated (including infants), people who are immunocompromised, and people living with chronic disease.⁶⁷ While childhood immunisation coverage in South Australia remains slightly above the national average, it has declined for four consecutive years (2021-24), with 2024 rates falling below the national 95% target across all cohorts (children aged one, two, and five).⁶⁸ Uptake of school-based

immunisation programs has also declined, and vaccine preventable disease outbreaks are becoming more frequent as a consequence.

Antimicrobial resistance occurs when germs develop an ability to combat the drugs designed to kill them, is another growing global threat driven by the overuse and misuse of antibiotics and antifungals.⁶⁹ Surveillance data from 2022 to 2024 indicates that the burden of antimicrobial resistance is rising in South Australia, with resistant strains across multiple pathogens and healthcare settings.⁷⁰ Primary prevention of communicable diseases as well as antimicrobial stewardship (monitoring and reducing unnecessary use of antimicrobials) are critical to preserving the effectiveness of these invaluable medicines for future generations.

In South Australia, infectious diseases disproportionately affect certain populations due to systemic and social factors:

- Aboriginal peoples, especially those in remote areas, experience elevated risks from infections like COVID-19, sexually transmitted infections (STIs), and tuberculosis, due to conditions such as limited healthcare access and households with high occupancy levels.⁷¹
- People from culturally diverse and lower socioeconomic backgrounds, including immigrants, refugees, and those with non-English speaking backgrounds, carry a higher burden of diseases such as COVID-19, hepatitis B, and tuberculosis in part due to employment and household conditions and inequitable access to culturally appropriate services.⁷²
- Infants and young children, older people, people with serious health conditions, and people with disability also face higher risk of infectious diseases (such as COVID-19, influenza, and respiratory syncytial virus (RSV)) in part due to the prevalence of comorbidities and higher risk care environments.⁷³
- Gay, bisexual, and other men who have sex with men are disproportionately affected by STIs and blood-borne viruses (BBV), particularly gonorrhoea, infectious syphilis, and human immunodeficiency virus.⁷⁴
- Current notification and surveillance systems do not yet identify trans and gender-diverse populations, resulting in gaps in understanding how STIs and blood-borne viruses impact subgroups within the broader LGBTIQ+ population, as well as the unique health needs, barriers, and risks these groups face.⁷⁵
- Young South Australians (12-22 years) report inconsistent and often late sexual health education about STIs, as well as barriers to participation, particularly for culturally and linguistically diverse, LGBTIQ+, and young people with disability.⁷⁶

These disparities highlight the need for both focused and population-wide strategies to advance communicable disease control in South Australia. To advance communicable disease control and achieve health equity for all South Australians, a combination of population-wide strategies as well as targeted approaches to address the specific challenges faced by these groups are needed.

Strategic directions

Fortunately, many infectious and communicable diseases are preventable through evidence-based public health action. Strategic actions in this area must proactively strengthen community and system-wide capability to sustainably reduce the burden of infectious and communicable diseases, as well as build capacity to detect and respond to outbreaks and other new threats when they occur. This includes addressing environmental drivers, maintaining essential infrastructure (e.g. water, sanitation, food safety), and strengthening surveillance and early detection systems.

Key strategies in this area also include reinforcing public trust and the importance of community engagement and coordinated public health action. Addressing identified challenges will require strong partnerships leveraging the joint expertise, resources and networks of people from affected communities, government and non-government agencies, clinicians and researchers. The identified strategic directions to strengthen statewide responses to infectious disease threats are:

1. Build public trust to address mis and disinformation and promote uptake of vaccinations and other preventive measures.
2. Strengthen evidence-based prevention and control measures for populations at increased risk of infectious disease through increased promotion and equitable access to services.
3. Enhance preparedness to detect and respond to outbreaks and other new threats through capacity building, coordinated planning and cross-sector collaboration.
4. Improve disease surveillance, data sharing and reporting systems to enable timely and effective public health action.
5. Ensure AMR is addressed within state-level One Health collaboration that integrates human, animal and environmental health.

Reduce the risk, burden and severity of injury

Injury continues to be a major global public health concern as the leading cause of death and lifelong disability. They are defined as physical harm caused by an external force or event, the mechanism of injury follows two distinct courses:

- Unintentional, accidental injuries: road traffic crashes, burns, drowning, falls, suffocation, poisoning, and sports related
- Intentional, premeditated injuries: assault, mental violence, suicide, neglect, maltreatment and exploitation⁷⁷

Impacts from injuries expand beyond physical, also impacting mental, emotional, social and cultural wellbeing, and are a leading cause of death, hospitalisation, and disability in South Australia. Preventing and reducing injury, and managing lifelong impacts from injury, is a major public health challenge requiring a coordinated, system wide public health response. Addressing the social determinants of health provides a focus on addressing the risk of injury, by targeting alcohol and illicit drug use, occupational hazards, overweight and obesity, physical inactivity and environmental risks.⁷⁸

In South Australia, injuries are impacting the community in a number of key ways:

- Falls are a leading cause of death and hospitalisation from injury, accounting for approximately 45% of both (2022-23).⁷⁹ In 2023, about one-third of adults in South Australia reported a fall in the past year, a proportion unchanged since 2019. Falls account for 41% of major trauma events.⁸⁰
- Transport incidents account for 44% of major trauma injury in South Australia (2022-23).
- 'Contact with objects', including every day or industrial items such as knives, tools, machinery and sports equipment, remains among the leading causes of injury hospitalisation.⁸¹

- Other major contributors to injury hospitalisations in South Australia include intentional self-harm, and assault (including family, domestic and sexual violence [FDSV]).⁸² Serious FDSV-related assaults rose 44% between 2021-22 and 2023-24, with women mostly impacted.⁸³

Local government also report growing concern about the hidden harms experienced by women and children from FDSV. Young South Australians identify the need for earlier, age-appropriate education, including in schools, on preventing injury related to FDSV. This is a priority reinforced by South Australia's Royal Commission into Domestic, Family and Sexual Violence.⁸⁴

Reducing the risk, burden and severity of injury is a public health priority, especially for population groups facing higher risk due to the health equity impacts. For example (at a national level unless noted):

- People in the most disadvantaged socioeconomic areas are 50% more likely to present to an emergency department for an injury than those in other areas.⁸⁵
- Aboriginal peoples have an age-standardised rate of major trauma nearly 2.5 times higher than non-Aboriginal people in South Australia.⁸⁶
- Women aged 18–40, especially Aboriginal women, make up most partner-assault hospitalisations.⁸⁷
- One in 30 children experience domestic, family and/or sexual violence each year in South Australia.⁸⁸
- Fall-related hospitalisations are highest among people aged 75 and over, especially women.⁸⁹
- In 2023–24, there were around 62,500 injury hospitalisations among children aged 0–14, of which falls, contact with objects and transport accidents were the leading causes.⁹⁰

Given these outcome inequities, public health actions for injury prevention, management, and support initiatives must consider factors impacting the risk of injury and its burden over a lifetime.

Strategic directions

Injury prevention reduces hospitalisations, deaths and long-term disability, while easing strain on the health system. Nationally, in 2022-2023, injuries accounted for 6.4% (\$10.9 billion) of annual healthcare spending on disease and injury.⁹¹ Coordinated, system-level action is required to reduce injury risks and improve public health outcomes across South Australia. Future action should build on existing strategies led by government, non-government and community partners.

Focusing on prevention, strengthening injury data and surveillance, and building strong partnerships is essential to measurable change. In summary, the following strategic directions should be used to guide and unify public health actions:

1. Develop partnerships to design safer built, natural and social environments to prevent injuries.
2. Strengthen data systems to improve injury surveillance and ensure evidence-based injury prevention.
3. Promote injury prevention across the life course through targeted education and engagement, prioritising older adults, children, Aboriginal peoples and rural and regional communities.
4. Prevent interpersonal violence, including family, domestic and sexual violence, by creating safer homes, workplaces, public spaces, and digital environments.

5. Ensure coordinated, trauma-informed post-injury care, with culturally safe navigation to existing compensation and support schemes, so people recover well and restore quality of life.

Healthy environments for healthy people

Healthy and safe living environments, including natural and built environments, are essential for good public health outcomes. Environmental health focuses on the physical, chemical and biological factors in the environment and the potential impact of these factors on human health. Environmental health forms the foundation of public health services delivered by State and local government. This includes ensuring safe food, drinking water and disposal of wastewater, waste management, ambient air quality and dust control, pest and disease control and the monitoring and management of other routine and emerging environmentally mediated risks that can impact on health.

One Health, which acknowledges the inextricable relationship between the health of humans, animals and the environment, recognises that environmental change has consequential impacts on human health.

Climate change is an example of how the interconnected and changing environment significantly impacts people's health. Direct impacts of climate change include worsening symptoms of many health conditions, increasing rates of disease and premature death from environmental factors, especially among communities already facing health inequities. For example, South Australia is experiencing an increasing frequency and scale of extreme climate events including heatwaves, shifting patterns of vector-borne disease, water and food insecurity, all of which impact human health. Intensifying bushfires, heatwaves, floods and storms are also increasing injury risks and rates of eco-anxiety which compound negative health outcomes.⁹²

Further to the impacts of climate-related risks, local government reports that environmental health workforce capability and capacity challenges are impacting the ability to manage both core activities and respond to new and emerging risks. Ensuring adequate coverage of a skilled environmental health workforce across South Australia is a complex and pressing priority. Environmental health workforce capacity is especially scarce in regional and remote communities, including Aboriginal communities, which coincides with communities at greatest risk of the impacts of climate change and other public health risks.

Low-income communities can also be inequitably impacted by climate-related health impacts due to inadequate infrastructure and poor living environments. For example, people who lack adequate ventilation and cooling in their homes are at greater risk of respiratory issues from air pollution and heat-related illnesses. With fewer resources, low-income communities are also at greater risk in the event of a climate related disaster which may require evacuation or adaptation measures and a temporary or permanent loss of livelihood. Many of these impacts are also true for regional and rural communities. These conditions deepen the psychological distress of climate change on these communities.

South Australian stakeholders, including local government, agree that the response to the impact of climate change and the environment on health is not coordinated in a strategic manner. Despite this, there is agreement that profound impacts are being experienced now, and will intensify without urgent, coordinated action. While there are many challenges in this area to ensure equitable health outcomes, there is also a set of actionable opportunities to innovate and protect the health of South Australian communities.

Strategic directions

Taking bold and appropriate action to protect public health through legislated environmental health actions and by adapting to and mitigating climate change addresses underlying inequities and disproportionate risk, strengthens the health of communities, reduces healthcare costs, and safeguards the population against extreme weather events, infectious diseases and other environmental health challenges.⁹³

South Australian stakeholders call for proactive planning through a coordinated multi-disciplinary, cross-sectoral approach to strengthen environmental resilience through sustainable development, urban greening initiatives, and emergency preparedness.

Along with local government, a diverse set of organisations play a critical role in mitigating and responding to climate change and are spearheading ongoing work in this area. The following strategic directions call for strengthened partnerships and collaboration, with an increased focus on actions and capabilities that will ensure equitable health outcomes:

1. Facilitate well-designed built environments through safe, inclusive public spaces, walkable and cyclable neighbourhoods, and accessible community facilities.
2. Strengthen multisector leadership and accountability for aligned action to address human health risks related to the environment and climate change.
3. Equitably empower communities to be resilient to environmental health risks and climate change impacts through education, co-design and engagement.
4. Enhance environmental health capability and capacity to protect communities from environmental health risks and the impacts of disasters.
5. Develop legislation, policies, partnerships, evidence and actions that protect current and future generations from environmental risk and climate change impacts.
6. Monitor, report on and respond to emerging risks of injury and illness from climate change and environmental hazards.

Appendix 1: SA public health partners and related strategies, plans and policies

SA Health Portfolio Entity	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
Commission on Excellence and Innovation in Health	Strategic Direction for 2024 - 2027	✓	✓		✓	
Department for Health and Wellbeing (DHW)	SA Health and Wellbeing Strategy 2020 – 2025	✓	✓	✓	✓	✓
	Aboriginal Health Care Framework 2023 - 2031	✓	✓		✓	✓
	SA Health Aboriginal Workforce Framework 2023-2031	✓	✓	✓	✓	✓
	SA's Plan for Ageing Well 2020-2025	✓	✓			
	Public Health Emergency Management Plan (2023)			✓		✓
	SA Cancer Plan 2025-2029	✓				
	SA Health Viral Respiratory Disease Pandemic Response Plan (2020)			✓		✓
	SA Aboriginal STI and BBV Action Plan 2020-2024			✓		
	Veteran Wellbeing Action Plan 2023-26	✓	✓			
	SA Health Climate Change and Health Framework 2025-2030					✓
Local Health Networks	Refer to the strategic plans of each of the 10 LHNs in SA	✓	✓	✓	✓	✓
Office of the Chief Psychiatrist	SA Mental Health Services Plan 2020-2025		✓			
SA Mental Health Commission						
Preventive Health SA (attached agency to SA Health)	Aboriginal Health Promotion Strategy 2022-2030	✓	✓	✓	✓	✓
	Preventive Health SA Strategic Directions	✓	✓		✓	
	SA Suicide Prevention Plan 2023-2026		✓			
	South Australian Aboriginal Health 2022-2030	✓	✓		✓	
	SA Alcohol and Other Drug Strategy 2025-2030	✓	✓			
	South Australian Tobacco Control Strategy 2023-2027	✓				
	Skin Cancer Prevention Partnership – a Framework for Action 2023 – 2028 (with Cancer Council SA)	✓				
	Healthy Parks Healthy People SA Framework 2021 - 2026 (with Department for Environment and Water)	✓	✓			✓

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SA Health Portfolio Entity	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
SA Ambulance Service	SA Ambulance Service Strategic Plan 2023-2027	✓	✓	✓	✓	✓

Relevant State Government Entity ¹	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
Attorney-General's Department	Closing the Gap Implementation Plan 2024-26 (with SAACON)		✓	✓	✓	✓
Department for Child Protection	DCP Strategic Plan 2022-2026	✓	✓	✓	✓	✓
Department for Correctional Services	DCS Strategic Plan 2022-2026	✓	✓	✓	✓	
Department for Education	Our Strategy for Public Education in South Australia (2022)		✓			
	Safe and Supportive Learning Environments: Plan of Action 2024-2026				✓	
	Wellbeing for Learning and Life: A Framework for Building Resilience and Wellbeing in Children and Young People (2020)	✓	✓		✓	
Department for Environment and Water (DEW)	SA Government Climate Change Resilience and Adaptation Actions (2024)					✓
	State Landscape Strategy (2021)	✓	✓			✓
	Climate Ready Government initiative					✓
	Physical Activity in Nature - Action Plan 2021-2024	✓	✓			
	South Australia's Net Zero Strategy 2024-2030					✓
	Strong People, Strong Country: Co-managing parks in South Australia (2018)	✓	✓			✓
Department for Housing and Urban Development (DHUD)	Housing Roadmap (2024)	✓	✓	✓	✓	✓
	Greater Adelaide Regional Plan (2025) and other regional plans	✓	✓			✓
Department for Human Services (DHS)	Minimising Gambling Harm in South Australia Investment Plan 2021-2026	✓	✓			
	Royal Commission into Domestic, Family and Sexual Violence report – With Courage: South Australia's vision beyond violence ²		✓		✓	

¹ Includes SA Government departments, agencies, statutory authorities, and affiliated peak bodies contributing to public health.

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Relevant State Government Entity ¹	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
	SA Autism Strategy 2024-2029	✓	✓			✓
	South Australia's Women's Equality Blueprint 2023–2026	✓	✓		✓	
	South Australia's Plan for Ageing Well	✓	✓	✓	✓	
	SA's Youth Action Plan 2025-2028	✓	✓		✓	✓
	State Disability Inclusion Plan 2025-2029	✓	✓	✓	✓	
	Food Relief Community of Practice	✓	✓			✓
	Homelessness Outcomes Framework	✓	✓	✓	✓	
Department for Infrastructure and Transport (DIT)	SA's Transport Strategy 2025				✓	✓
Department of Primary Industries & Regions (PIRSA)	Department of Primary Industries & Regions Strategic Plan 2021-25			✓		✓
Department of the Premier and Cabinet	Closing the Gap Implementation Plan 2024-26 (Priority Reform 3)	✓	✓	✓	✓	✓
Department of Treasury and Finance	Closing the Gap Implementation Plan 2024-26 (Priority Reform 2 & 4)	✓	✓	✓	✓	✓
Environment Protection Authority (EPA)	EPA SA Strategic Directions 2022-2026					✓
Local Government Association of SA (LGA)	Guide to Regional Public Health Planning (2019)	✓	✓	✓	✓	✓
	Policy Statement 3.1 - Public Health	✓	✓	✓	✓	✓
	Support councils to deliver local preventive health initiatives	✓	✓	✓	✓	✓
Office for Recreation, Sport and Racing	Recreation Sport & Racing Strategic Plan 2025-2030	✓	✓		✓	
Office of the Commissioner for Public Sector Employment	Safety, Wellbeing and Injury Management Strategy for the South Australian Public Sector 2023-2032		✓		✓	
Renewal SA	Strategic Plan 2023 - 2026	✓	✓			✓
ReturnToWork SA	ReturnToWorkSA Strategic Plan 2023-28		✓		✓	
SafeWork SA	SafeWork SA 2023-27 Strategic Plan				✓	

² The Office for the Prevention of Domestic, Family and Sexual Violence, established in August 2025, within DHS, will coordinate the whole-of-government response to the Royal Commission, in partnership with the Department of the Premier and Cabinet.

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Relevant State Government Entity ¹	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
	South Australian Workplace Health and Wellbeing Charter	✓	✓		✓	
South Australia's Commissioner for Children and Young People (CCYP)	Our Work - Health	✓	✓	✓	✓	✓
SA Regional Landscape Boards and Green Adelaide	Refer to the regional landscape plan of each landscape board	✓	✓			✓
South Australia Police (SAPOL)	SAPOL Road Safety Action Plan 2023-26				✓	

Relevant Australian Government Entity	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
Australian Bureau of Statistics (ABS)	ABS Corporate Plan 2024-25	✓	✓	✓	✓	✓
Australian Digital Health Agency	National Digital Health Strategy 2023-2028	✓	✓	✓		✓
Australian Institute of Health and Welfare (AIHW)	Strategic directions 2022–2026	✓	✓	✓	✓	✓
Department of Health, Disability and Ageing	Australia's Disability Strategy 2021–2031	✓	✓			
	National Autism Strategy 2025–2031	✓	✓			
	National Carer Strategy 2024–2034	✓	✓			
	National Health and Climate Strategy Implementation Plan 2024–2028					✓
	National Immunisation Strategy for Australia 2025–2030			✓		
	The National Mental Health and Suicide Prevention Agreement		✓			
	National Mental Health Workforce Strategy 2022–2032		✓			
	National Preventive Health Strategy 2021–2030	✓	✓	✓	✓	✓
	National Roadmap for Improving the Health of People with Intellectual Disability (2021)	✓	✓	✓		
	National Syphilis Response Plan 2023–2030			✓		
	National Suicide Prevention Strategy 2025–2035		✓			
	Australia's National Antimicrobial Resistance Strategy – 2020 and beyond – partnership with Department of Agriculture and Water			✓		

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Relevant Australian Government Entity	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
	Resources					
Department of Social Services (DSS)	National Plan to End Violence against Women and Children 2022–2032		✓		✓	
Department of the Treasury	National Agreement on Social Housing and Homelessness	✓	✓			
Food Standards Australia New Zealand (FSANZ)	Strategic plan 2025–2028	✓	✓	✓		✓
National Health and Medical Research Council (NHMRC)	NHMRC's health priorities for the 2024–2027 triennium	✓	✓	✓	✓	✓
	Draft National Health and Medical Research Strategy Consultation 2026-2036 – with Department of Health, Disability and Ageing	✓	✓	✓		✓
National Indigenous Australians Agency (NIAA)	National Agreement on Closing the Gap	✓	✓	✓	✓	✓
Safe Work Australia	National Return to Work Strategy 2020–2030		✓		✓	

Relevant Non-Government Partner	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
Adelaide PHN	Adelaide PHN Needs Assessment Report 2024/25 –2026/27	✓	✓	✓	✓	✓
Alcohol and Drug Foundation (ADF)	Strategic Plan 2025-2028	✓	✓		✓	
Cancer Council SA	Cancer Council SA Strategic Plan. 2023-2028	✓	✓			
Council on the Ageing (COTA) SA	COTA SA Strategic Plan 2022-2026 (Standing with older South Australians)		✓		✓	
	Statement of Interest on Climate Change					✓
Country SA PHN	Country SA PHN Needs Assessment Report 2025-28	✓	✓	✓	✓	✓
Don Dunstan Foundation	Strategic Plan 2024-2027	✓	✓			✓
Heart Foundation (SA)	Strategic Plan 2025–2029	✓				✓
JFA Purple Orange	Strategic Plan 2024 - 2027	✓	✓		✓	✓
KidSafe SA	Our Strategic Direction				✓	
SHINE SA	SHINE SA Strategic Plan 2025		✓	✓		
South Australian Aboriginal	Closing the Gap Implementation Plan 2024-26 (with SA	✓	✓	✓	✓	✓

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Relevant Non-Government Partner	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
Community Controlled Organisation Network (SAACCON)	Government)					
South Australian Council of Social Service (SACOSS)	Strategic Plan 2022-2027	✓	✓	✓		✓
South Australian Network of Drug and Alcohol Services (SANDAS)	SANDAS Strategic Plan 2024 - 2027	✓	✓			
South Australian Youth Forum	SA Youth Forum Bigger Picture Report 2025	✓	✓		✓	✓

Relevant Research & Data Partner	Relevant Strategic Plan, Policy or Other Document	Relevant Priority Areas Covered				
		Chronic disease	Mental health and wellbeing	Infectious diseases	Injury	Healthy environments
Caring Futures Institute (Flinders University)	Research Strategy 2024-2028	✓	✓		✓	✓
Flinders Health and Medical Research Institute	Research Strategy 2024–2029	✓	✓	✓	✓	✓
Public Health Information Development Unit (PHIDU) (Torrens University Australia)	Social Health Atlas of South Australia	✓	✓	✓		✓
School of Public Health, University of Adelaide (noting this becomes Adelaide University in January 2026)	Research Overview	✓	✓	✓	✓	✓
South Australian Health and Medical Research Institute (SAHMRI)	SAHMRI's research themes	✓	✓		✓	✓

Appendix 2: Relevant legislation

Relevant Acts assigned to the Minister for Health and Wellbeing

Legislation	Statutory Body	Purpose of the Act
<u>South Australian Public Health Act 2011</u>	South Australian Public Health Council (SAPHC) Councils (as local public health authorities)	Promote and protect the health of the public of South Australia and reduce preventable illness, injury, and disability. The Act mandates the development this Plan, to guide coordinated action across all levels of government. It established councils as the local public health authority for their areas and gives them responsibilities for regional public health planning and action. The Act establishes statutory roles such as the CPHO, SAPHC, Authorised Officers and Emergency Officers during public health emergencies.
<u>Controlled Substances Act 1984</u>	Controlled Substances Advisory Council	Review the substances that are controlled under the Act or that may need to be controlled, monitor the administration and operation of the Act and to make recommendations to the Minister for changes to the legislation.
<u>Food Act 2001</u>	No applicable statutory body	Ensure food sold in South Australia is safe and suitable for human consumption, prevent misleading conduct in food sales, and enforce compliance with the national Food Standards Code.
<u>Gene Technology Act 2001</u>	Gene Technology Technical Advisory Committee (GTTAC) Gene Technology Ethics and Community Consultative Committee (GTECC)	Protect the health and safety of people and the environment by managing risks from gene technology, especially genetically modified organisms (GMOs). Support the national regulatory framework and assign the GTTAC to advise the national Gene Technology Regulator on scientific matters. Recognise the GTECC as advisor on ethical, social, and community issues.
<u>Health and Community Services Complaints Act 2004</u>	Health and Community Services Complaints Commissioner (HCSCC)	Provide a framework for resolving complaints about health and community services in South Australia, and to establish the HCSCC as an independent statutory authority to oversee this process.
<u>Health Care Act 2008</u>	Health Performance Council (HPC)	Enable an integrated, high-quality health system that delivers optimal outcomes for South Australians. Support safe, efficient, and accountable health service delivery through governing boards for incorporated hospitals.

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Legislation	Statutory Body	Purpose of the Act
		Establish key bodies such as the HPC and Health Advisory Councils to oversee performance and community engagement.
<u>Mental Health Act 2009</u>	No applicable statutory body	Provide a legislative framework for the care, treatment, and rehabilitation of people with serious mental illness, supporting their recovery while safeguarding their rights and dignity.
<u>Preventive Health SA Act 2024</u>	Preventive Health SA Council (not yet established)	Establish a dedicated agency (Preventive Health SA) to lead coordinated, long-term action to prevent disease and promote health across South Australia. Address key risk factors like obesity, smoking, alcohol, and mental health, and reduce health inequities. Create the Preventive Health SA Council to provide strategic advice and ensure accountability within the State's preventive health system.
<u>Public Intoxication Act 1984</u>	No applicable statutory body	Provide powers to remove an intoxicated individual from a public space and take them to a safe place until they have recovered, to ensure their safety and the safety of others.
<u>Safe Drinking Water Act 2011</u>	No applicable statutory body	Ensure drinking water supplied to the public is safe and meets quality standards, through mandatory registration, risk management planning, monitoring, and reporting by water providers.
<u>Suicide Prevention Act 2021</u>	Suicide Prevention Council (SPC)	Reduce the incidence of suicide in South Australia through a whole-of-government and whole-of-community approach. Establish the SPC to lead strategic coordination and require the development of a State Suicide Prevention Plan and agency-level action plans. Promote best-practice prevention, postvention, and support for priority populations including Aboriginal people, veterans, and LGBTQIA+ communities.
<u>Tobacco and E-Cigarette Products Act 1997</u>	No applicable statutory body	Regulate the sale, supply, advertising, and use of tobacco and e-cigarette products in South Australia, with the aim of protecting public health, especially children, from the harms of smoking and vaping.

Other relevant Acts that have implications for public health

Legislation	Statutory Body	Purpose of the Act
<u>Aboriginal Heritage Act 1988</u>	Aboriginal Heritage Committee	Protect and preserve Aboriginal heritage, including sites, objects, and remains of cultural significance to Aboriginal people.
<u>Ageing and Adult Safeguarding Act 1995</u>	Office for Ageing Well and Adult Safeguarding Unit	Safeguard the rights and wellbeing of ageing persons and other vulnerable adults by establishing the Office for Ageing Well and the Adult Safeguarding Unit and providing mechanisms to prevent and respond to abuse.
<u>Biosecurity Act 2015</u>	No applicable statutory body	Provide a comprehensive legal framework for managing biosecurity risks to human, animal, and plant health, as well as the environment, particularly at the national border.
<u>Climate Change and Greenhouse Emissions Reduction Act 2007</u>	Premier's Climate Change Council	Provide a framework for reducing greenhouse gas emissions and building resilience to climate change in South Australia. Set targets including net zero emissions by 2050 and 100% net renewable electricity by 2027. Establish the Premier's Climate Change Council to advise the Minister and promote collaboration across government, business, and the community
<u>Disability Inclusion Act 2018</u>	No applicable statutory body	Promote the rights, independence, and inclusion of people with disability, especially by removing barriers to accessing services and participating in community life.
<u>Emergency Management Act 2004</u>	State Emergency Management Committee	Establish a coordinated framework for managing emergencies, including planning, response, recovery, and resilience, to protect life, property, and the environment across the State.
<u>Environment Protection Act 1993</u>	Environment Protection Authority	Protect South Australia's environment by preventing pollution and environmental harm, and by promoting ecologically sustainable development through the establishment and regulation of the Environment Protection Authority.
<u>Housing Improvement Act 2016</u>	No applicable statutory body	Ensure that housing meets the minimum housing standards, and to regulate unsafe or unsuitable housing and associated rent.
<u>Landscape South Australia Act 2019</u>	Regional Landscape Boards and Green Adelaide Board	Provide a legislative framework for the sustainable and integrated management of South Australia's landscapes, with a strong focus on natural resource protection and community

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Legislation	Statutory Body	Purpose of the Act
		involvement.
<u>Local Government Act 1999</u>	Not applicable – establishes councils as bodies corporate via proclamation by the Governor.	Establish and govern local councils in South Australia, outlining their powers and responsibilities to support democratic local government, community engagement, wellbeing, hazard protection, environmental management, infrastructure, economic development, and service delivery.
<u>National Environment Protection Council Act 1994</u>	National Environment Protection Council (NEPC)	Establish the National Environment Protection Council (NEPC), which develops and monitors National Environment Protection Measures (NEPMs) to ensure consistent environmental standards across Australian jurisdictions.
<u>National Health Security Act 2007</u>	No applicable statutory body	Enhance Australia's capacity to respond to public health events of national significance by enabling surveillance, information sharing, and coordination across jurisdictions and with international bodies, including the World Health Organization.
<u>Planning, Development and Infrastructure Act 2016</u>	State Planning Commission (SPC)	Establish a modern planning system to regulate land use and development in South Australia and creates the SPC to oversee its implementation and ensure sustainable, coordinated growth.
<u>Primary Produce (Food Safety Schemes) Act 2004</u>	No applicable statutory body	Provides a legal framework for the development and implementation of food safety schemes that apply to the production and processing of primary produce. Its primary goal is to reduce risks to consumers and industry markets associated with unsafe or unsuitable primary produce.
<u>Radiation Protection and Control Act 2021</u>	Radiation Protection Committee	Establish a risk-based regulatory framework to control activities involving radiation sources and ensure radiation safety across various sectors including health, mining, industry, and research.
<u>Therapeutic Goods Act 1989</u>	Therapeutic Goods Administration (TGA)	Regulate the quality, safety, efficacy, and timely availability of therapeutic goods used in or exported from Australia
<u>Water Industry Act 2012</u>	No applicable statutory body	Regulate and oversee the water industry, including water supply, sewerage services, and water planning, through licensing, price regulation, infrastructure standards, and consumer protections.

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Legislation	Statutory Body	Purpose of the Act
<i>Work Health and Safety Act 2012</i>	SafeWork SA	Provide for the health, safety, and welfare of persons at work, and to promote safe and healthy work environments through a nationally harmonised legal framework.

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