

Healthier South Australians across generations

Our Strategic Plan for
Preventive Health Action 2026-2034



**Government
of South Australia**

Preventive Health SA

Acknowledgements

Preventive Health SA acknowledges that our office stands on the lands of the Adelaide Plains which are the traditional lands of the Kaurna people. We acknowledge all Aboriginal and Torres Strait Islander (Zenadth Kes) people as the Traditional custodians throughout Australia.

We honour their enduring Spiritual, Physical, Economical, Mental and Emotional relationship with Country, and recognise that the cultural knowledge carried by Aboriginal and Torres Strait Islander (Zenadth Kes) peoples for more than 65,000 years continues to be important to the lives of communities today.

The term 'Aboriginal' is respectfully used in this document as an all-encompassing term for Aboriginal and/or Torres Strait Islander peoples, health and culture.

This Plan has been developed under Section 9 of the *Preventive Health SA Act 2024*.

Thank you to the many stakeholders who provided input which has helped shape this Plan.



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A Plan for healthier South Australians across generations

Why we need a strategic approach to preventive health action in South Australia

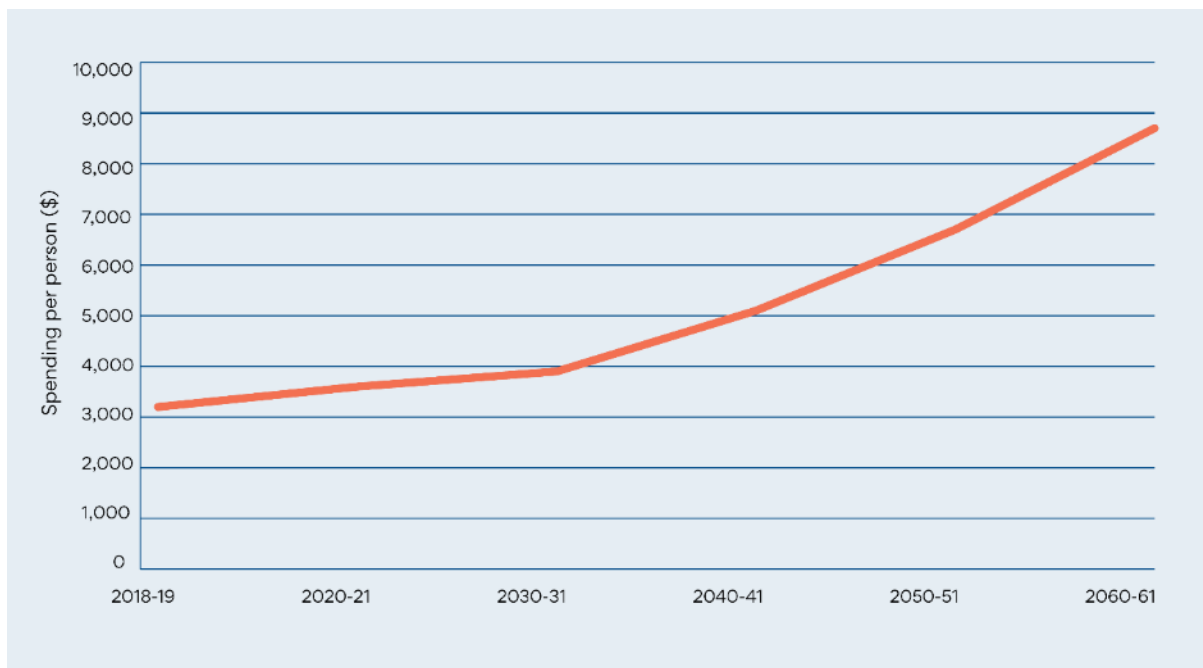
Prevention is an investment in South Australia's future.

South Australia faces a growing challenge. Health conditions like heart disease, diabetes and cancer are becoming more common. These conditions don't just affect individual lives – they erode the wellbeing of our communities, place increasing pressure on our health system and reduce productivity. But, with up to one-third of this burden being preventable, there is an opportunity for change to create healthier South Australians across generations.

A healthier population means communities thrive and there are lower health costs and stronger economic growth. It means better lives for all, across all generations, so that children grow up healthier, families live longer in good health, and older South Australians can remain active and engaged.

Without action, the impact is clear: declining health, reduced community wellbeing and quality of life, and an economy burdened by rising health costs and lost productivity. Figure 1 shows the Predicted Australian Government health expenditure per person will rise from \$3,250 in 2018-19 to \$8,700 in 2060-61^[1].

Figure 1: Projections of Australian Government health spending (real spending per person 2020-21 dollars).



South Australians support action on prevention. Data collected as part of routine population health monitoring consistently show high levels of support for policies and initiatives aimed at enabling healthy communities, including restricting unhealthy food and drink advertising on government buses, trains and trams (81 %) [2], mandating healthy food and drink guidelines in schools (86 %) and public hospital food retail settings (76 %) [3], and creating a smoke-free generation by introducing a law preventing anyone under 18 years from ever being sold cigarettes or tobacco in their lifetime (77 %) [4].

Prevention offers a smarter path. By working together to act on both the risk factors that pose the greatest risk for non-communicable health conditions and the environments that shape them, we can create healthy, cohesive and prosperous communities and reduce the impact of these health conditions for all South Australians.

The top five leading causes of burden of disease in Australia are largely preventable by addressing key behavioural risk factors, such as overweight and obesity, poor nutrition, tobacco use, harmful alcohol intake and physical inactivity [5].

36% of the total burden of disease in Australia in 2024 could have been prevented by reducing exposure to modifiable risk factors such as tobacco use, poor nutrition, being overweight, physical inactivity and harmful alcohol use [6].

Focusing on prevention policy and action is important because...

Prevention works and is cost effective

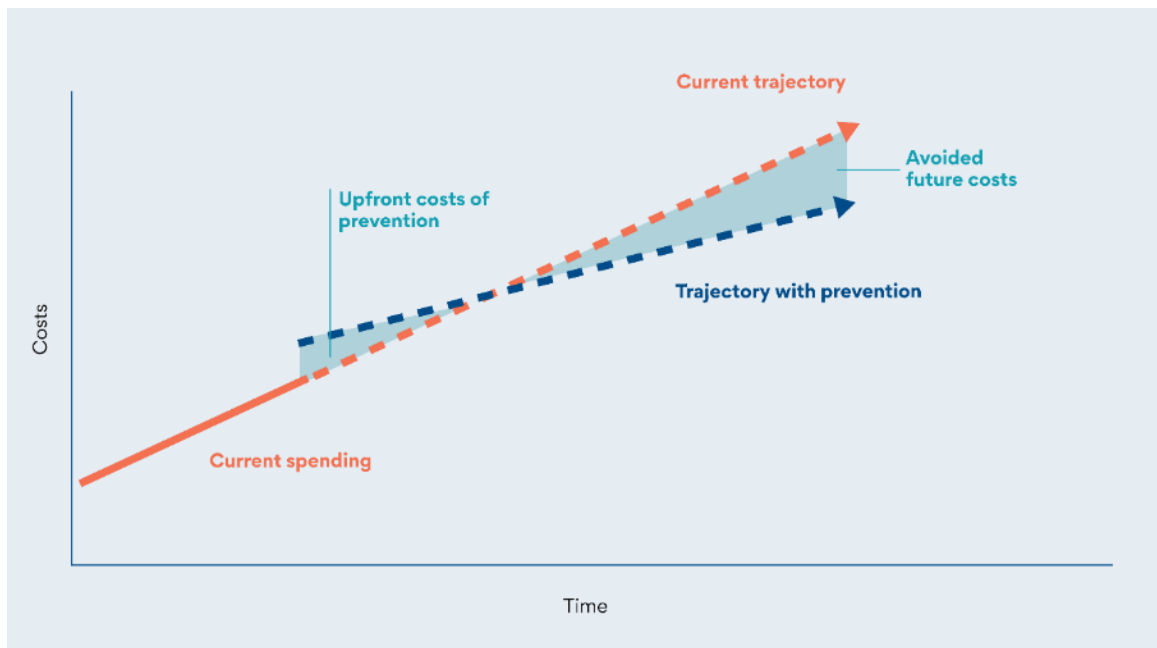
Many of the biggest contributors to poor health, such as tobacco use, harmful alcohol consumption, unhealthy food environments, physical inactivity, and unsafe or unstable housing, are preventable. Investing early helps avoid disease, disability and early death.

With targeted investment and coordinated preventive health action, the burden of disease can be reduced and outcomes improved for those most affected.

- Every \$1 invested in prevention saves \$14.30 in health and other costs [7].
- Australia's GDP could be increased by \$4 billion per year if the health of people in fair or poor health was improved [8].
- A review of Australian literature found various scenario modelling aimed at reducing risk factors, led to significant savings in health care costs, non-health care related government costs, and an increase in productivity [9].

By shifting investment toward preventive health action, such as early detection, risk-factor reduction, and population-wide health promotion initiatives, the health system can slow growth in demand, ease pressure on acute services, and generate long-term savings while improving overall population wellbeing (Figure 2) [10].

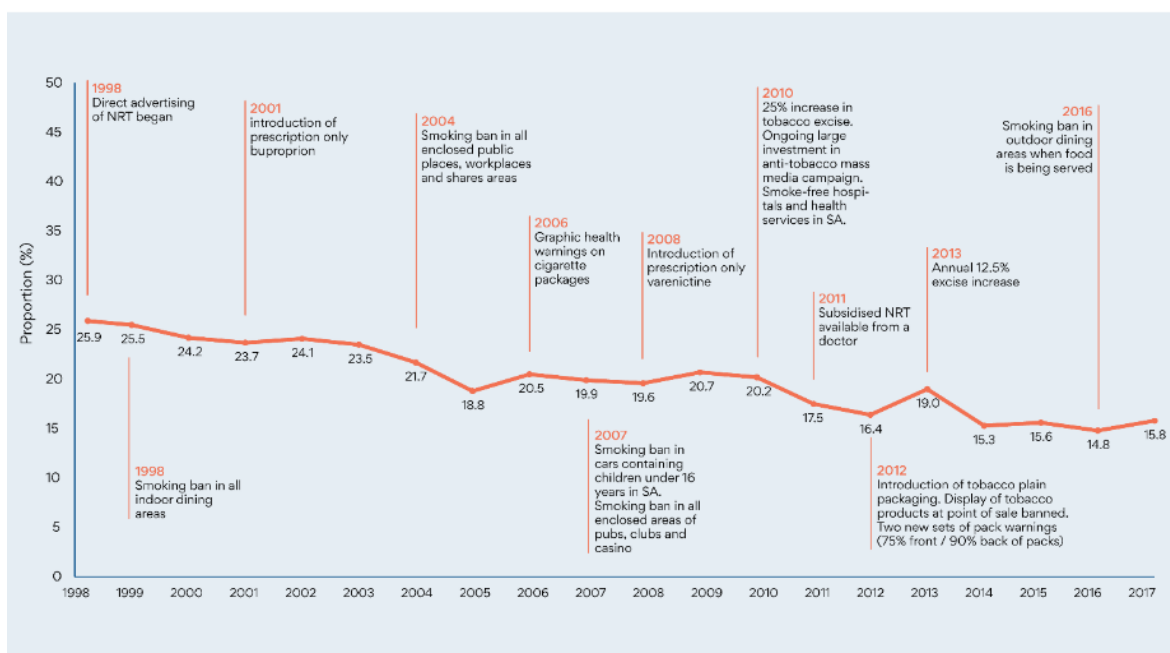
Figure 2: Graphic illustration demonstrating that upfront spending on prevention can reduce overall care costs.



Adapted from Productivity Commission *Delivering quality care more efficiently: Interim report (2025)* [10]

Figure 3 shows that effective prevention policy has been instrumental in lowering smoking rates in South Australia. By reducing the prevalence of smoking, which is a major risk factor for chronic disease, these policies lessen the future burden of disease and help to reduce long-term costs to the health system.

Figure 3: Trends (1998-2017) in smoking prevalence along with commencement of key tobacco control initiatives for South Australia. [11]



Everyone deserves to experience good health

Communities experiencing disadvantage often face higher exposure to risk factors and greater barriers to healthy environments. Investing in prevention is an investment in fairness, development, and social cohesion.

A focus on prevention can improve access to healthy food, safe housing, transport and supportive community spaces; reduce chronic disease and intergenerational disadvantage; and support self-determined, culturally grounded approaches.

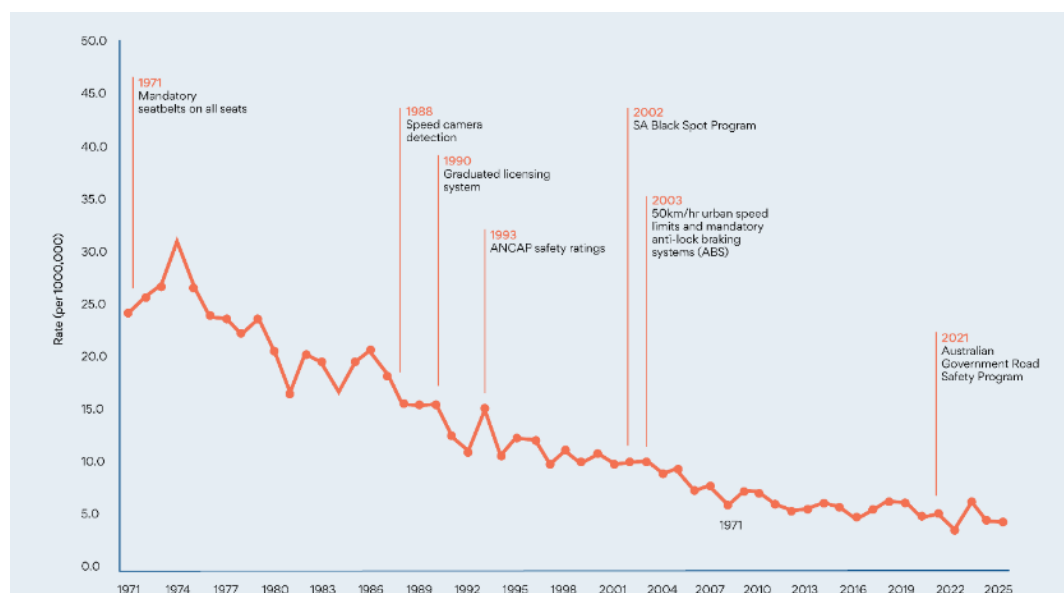
Experiencing good physical and mental health is a human right, and is the building block to individual, family, community, business and economic success. Effective prevention approaches recognise that not everyone experiences or can access health equally; inequities mean that some communities experience poorer health outcomes.

In Australia –

- Regional and remote populations experience higher rates of non-communicable health conditions, driven by differences in risk factors, service access and socioeconomic disadvantage [12].
- Between 2015-2019, there were 457 deaths among Aboriginal South Australians aged 0-74 years that were avoidable. The rate (344.3 per 100,000) was triple that of non-Aboriginal South Australians (104.1 per 100,000) [13].
- Aboriginal peoples continue to face high rates of preventable conditions linked to smoking, cardiometabolic disease and kidney disease, driven by social and geographic factors [14, 15].
- People in the most disadvantaged areas experience higher rates of chronic illness and premature death [16, 17].

Government policy makers have a responsibility to implement measures that reduce the burden of disease, injury, and premature mortality on the South Australian population. As illustrated in Figure 4, sustained road-safety policies and initiatives have contributed to a significant decline in the number of deaths on South Australian roads. This demonstrates how coordinated legislative, regulatory, and public health interventions can tangibly improve community safety and save lives.

Figure 4: Road fatality rates in South Australia 1971-2025, with key interventions during the observation period [18], [19], [20]



It is essential for a sustainable health system

More people are presenting to hospital with preventable conditions, staying longer and needing complex care – putting pressure on public health services, increasing wait times and impacting the sustainability of our health system.

In South Australia –

- In 2023-24 there were 56,691 potentially preventable hospitalisations, at a rate of 25.7 separations per 1,000 population. This rate nearly trebled to 72.4 separations per 1,000 Aboriginal South Australians ^[21].
- Preventable hospitalisations cost \$594 million in 2023-24 ^[22].
- Chronic conditions account for 46% of expenditure on preventable hospitalisations ^[22].
- People admitted to hospital from 2012 to 2020 presented with a greater number of comorbidities and greater complexities, resulting in an increased number of bed days ^[23].

Prevention generates shared benefits beyond health

Prevention is not just a health strategy—it is a whole-of-government, whole-of-society investment. The drivers of preventable illness, such as housing, education, employment, social connection, community safety and environmental conditions, sit across multiple government portfolios. When sectors work together, prevention delivers a wide range of benefits that extend far beyond health.

Effective prevention strengthens outcomes across society by improving:

- education participation outcomes
- community safety and resilience
- social cohesion and civic participation
- environmental sustainability and liveability
- child development and family wellbeing
- workforce and economic participation.

When people are healthy, they can work, study, care for family, and participate in cultural, social and community life. Reduced absenteeism, increased workforce participation, and improved wellbeing contribute to stronger local economies, more stable workforces, and more resilient, connected communities.

In Australia –

- In 2024, Australians lost 5.8 million years of healthy life due to living with illness or injury, or dying prematurely ^[6].
- Lost labour force participation from chronic diseases among Australians aged 45-64 years is projected to cost \$63.7 billion by 2030 ^[24].
- Individuals living with chronic conditions are 60% more likely to be outside the labour force, working part-time, or unemployed ^[25].

Delaying action will cost individuals, families and our community in the future

The top five risk factors contributing to summable health system spending in Australia in 2023-24 were: (i) overweight and obesity (\$7.0 billion); (ii) high blood plasma glucose (\$5.6 billion); (iii) tobacco use (\$4.6 billion); (iv) impaired kidney function (\$3.4 billion); and (v) alcohol use (\$3.1 billion) ^[5].

- Australian population health forecasts for the next 30 years, indicate significant rises in specific non-communicable conditions, including dementia, anxiety/depression, and multi-morbidity (the co-existence of multiple non-communicable diseases ^[5, 26]).
- The prevalence of cancers, cardiovascular diseases, and diabetes is expected to remain high over this period ^[27]. These patterns are mainly driven by modifiable risk factors such as obesity, tobacco use, harmful alcohol consumption, unhealthy diet, and physical inactivity, along with an ageing population ^[28].
- The projected total societal cost of tobacco, opioids, cannabis, methamphetamine and alcohol use in 2022/23 was \$264.4 billion, led by costs associated with premature mortality ^[29].

Prevention strengthens preparedness and resilience for future challenges

Effective preventive health action helps keep communities mentally and physically well, increasing the ability to cope with unexpected events. It improves our ability to respond to emerging diseases, climate-related health threats, social and economic shocks, and changing population needs. This creates a more adaptable and resilient health and social system that can absorb shocks and recover more quickly when challenges arise.

South Australian Snapshot



17.3%

of young people aged 15–29 years use e-cigarettes.¹

7.5%

of people aged 15+ are daily smokers.¹



Around **a quarter** of children and adults have a mental health condition.²



1 in 5 adults experience high or very high levels of **psychological distress**.²



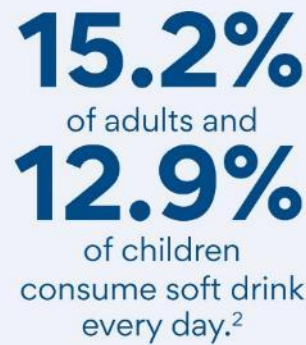
A quarter of adults consume alcohol at levels that **increase their risk of injury or disease**.⁴

1 in 6 people used an illicit drug in the last 12 months, cannabis being the most used.³

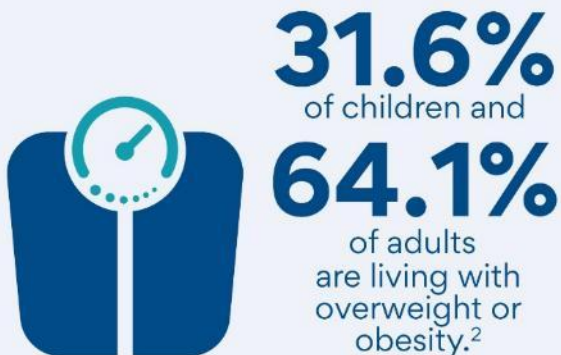


57.1%

of Aboriginal people have **at least one** chronic condition.⁵



2 in 5 children aged 5-17 years **exceed recommended screen time** on weekdays.²



By 2030, there will be an additional **64,100** South Australians who are living with overweight and obesity.⁶



Estimates show that in 2025, the total cost of overweight and obesity is **\$4.17 billion**, with costs projected to increase to **\$4.79 billion** in 2030.⁶

See [Appendix A](#) for references

About the Plan

Our Strategic Plan for Preventive Health Action 2026-2034 (the Plan) sets out the path towards preventing and reducing the burden of non-communicable health conditions and improving outcomes for those most affected – enabling the vision of ***Healthier South Australians, across generations***.

A Plan backed by legislation

The *Preventive Health SA Act 2024* (the Act) was created to make prevention a permanent and coordinated part of South Australia's health system – through the establishment of a dedicated prevention agency and the development of a Strategic Plan.

The Act:

- Establishes Preventive Health SA as South Australia's dedicated prevention agency, with a mandate to lead whole-of-system action on prevention, and to develop and implement this Plan
- Sets the Plan as the foundation for long-term, coordinated preventive health action across government and communities
- Gives the Plan the authority to put collaboration, innovation and evidence-based practice into policy and initiative development.

This means that the Plan is more than a guide for action – it is a statutory commitment to embed prevention into decision making, the allocation of resources, and partnerships to improve population wellbeing, now and into the future. It enshrines key prevention priorities, recognises the broader factors that influence health and wellbeing, and highlights the need for sustained, system-wide effort to address the factors that shape health outcomes over time. And through Preventive Health SA, the Plan is actively shepherded and sustained – ensuring that prevention remains a central, coordinated focus across the health system and beyond.

A Plan for everybody

The Plan was shaped by listening to South Australians – including community leaders, researchers, non-government organisations and government agencies.

It outlines a bold and ambitious strategy to improve the health and wellbeing of all South Australians, while recognising that health and chronic disease is not experienced equally. Where people live, their cultural background, income and access to opportunity, all influence their ability to live healthy lives.

The Plan recognises Aboriginal communities as strategic partners in prevention and makes improving outcomes for Aboriginal South Australians a core commitment. The State's commitment to Closing the Gap calls for more than targeted programs, it requires shared leadership, co-design and culturally safe approaches that embed Aboriginal voices, knowledge and self-determination at every level of implementation.

A Plan that builds on national and statewide commitments

The Plan doesn't stand alone – it builds on and is operationalised through the delivery of action, aligned with national and state strategies, to make prevention coordinated, consistent and effective.

It complements the [National Preventive Health Strategy 2021-2030](#), [The South Australian Alcohol and Other Drug Strategy 2025-2030](#), [The South Australian Tobacco Control Strategy 2023-2027](#) and others. For a full list of the national and state strategies and plans that complement the Plan, see [Appendix B](#).

Working Together for a healthier South Australia

In South Australia, some communities face higher rates of preventable illness and greater barriers to wellbeing, shaped by social, economic and systemic disadvantage.

Addressing the conditions that shape health and wellbeing – like housing, education, income, and social connection – are complex and interconnected, and addressing them is a shared responsibility and a shared opportunity to advance health equity and create lasting change now and for generations to come.

Preventive Health SA is committed to building capacity, sharing knowledge and strengthening partnerships that make a measurable difference. By aligning efforts and sharing expertise, we can create environments where people have more access to healthy choices, risk factors are reduced, and every South Australian has the opportunity to thrive.

How we will operationalise the Plan

Achieving the outcomes of this Plan will require operationalisation across multiple areas, as shown in Figure 5.

- We will work across systems and sectors to deliver priority action as articulated through our enabling legislation.
- We will implement priority actions as articulated through specific state and national strategies endorsed across jurisdictions.
- Our work will be informed by data, evidence and community insights, and its delivery will take a continuous improvement approach recognising that incremental and pragmatic scientific approaches will require time to embed in systems.
- Impact and outcomes will be monitored and evaluated, including the measurement of population health outcomes, system level change, organisational effectiveness and performance.

Figure 5: How we will operationalise the Plan.





Prevention opportunities and priorities

What shapes our health and wellbeing

To achieve the vision of **Healthier South Australians, across generations**, we must act directly on where it matters most – which means acting on both the risk factors causing the greatest burden of disease and the conditions that shape them. This is where Preventive Health SA focuses its work.

Our health and wellbeing is influenced by social, cultural, environmental, and commercial systems. These systems are known as the **determinants of health** – the conditions in which people are born, grow, live, work, and age (Figure 6). Health is shaped collectively through social, cultural, economic and structural conditions rather than individual choice alone.

The determinants of health drive exposure to **risk factors** that account for much of South Australia’s burden of non-communicable conditions, leading to preventable illness and early deaths.

Consistent with the *Preventive Health SA Act 2024*, and as shown in Figure 7, key risk factors include:

- tobacco and e-cigarette use
- unhealthy diets
- physical inactivity
- overweight and obesity
- alcohol and other drug use
- poor mental health and wellbeing.

Together, **determinants of health** and **risk factors** shape whether communities have access to opportunities for healthy living, through vibrant and healthy community spaces, workplaces, schools and early childhood settings. By investing in prevention, we can reshape these conditions so that healthy choices are more accessible, communities feel safer and more connected, and long-term population health improves.

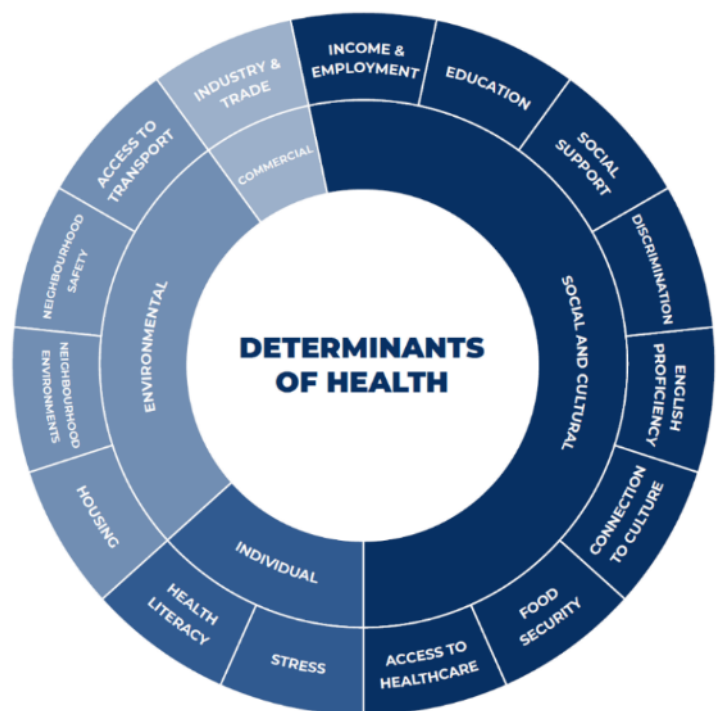
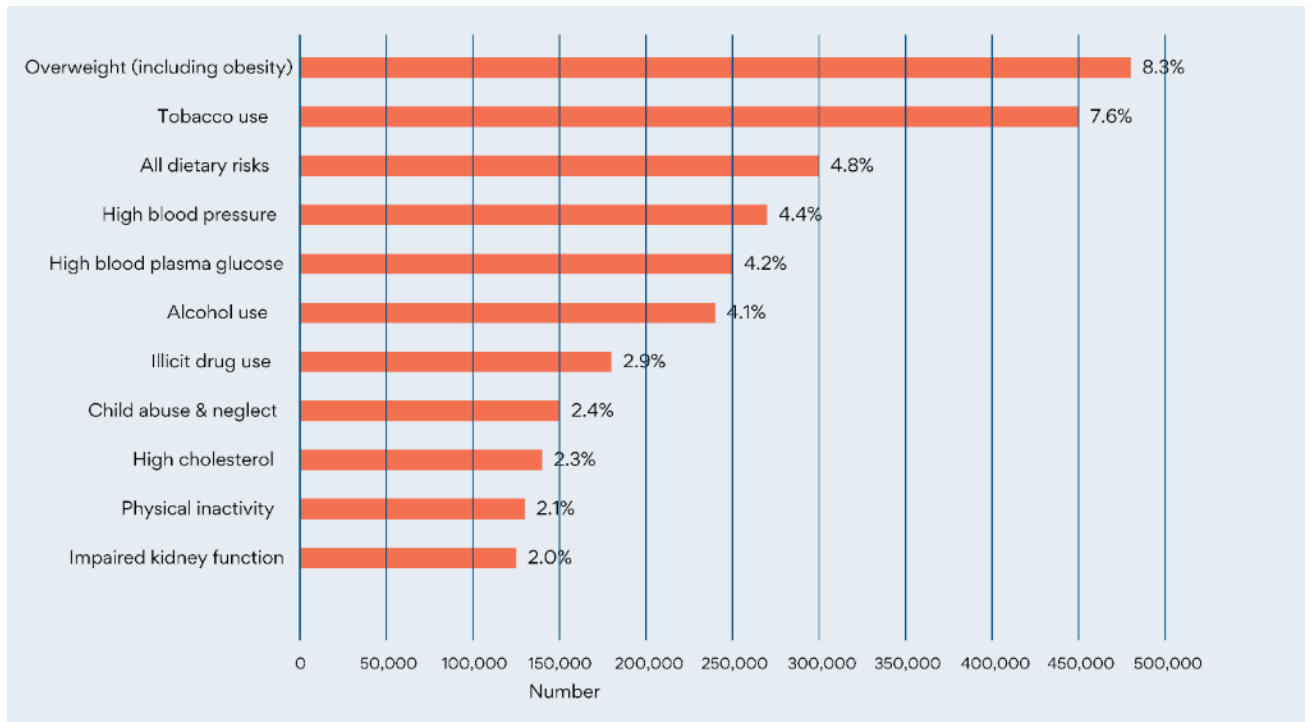


Figure 6: Determinants of health.

Adapted from All About the Social Determinants of Health, American Association on Health & Disability

Figure 7: Leading risk factors contributing to disease burden in Australia, number and percentage of total burden. [6]



Improving Aboriginal health and wellbeing

Improving Aboriginal health and wellbeing requires recognising and promoting the cultural strengths that keep people Aboriginal well, while addressing the social and environmental factors that impact health and wellbeing.

This Plan seeks to improve the health and wellbeing of all South Australians, while recognising that additional effort is required for those experiencing the poorest health outcomes. A key priority must be closing the ongoing health gaps experienced by Aboriginal South Australians through strengthening partnerships, shared decision making and the implementation of culturally safe and community-led initiatives. This is consistent with the Object of the *Preventive Health SA Act 2024* 'to improve health equity, healing and wellbeing for Aboriginal and Torres Strait Islander persons through preventive health action' and South Australia's Closing the Gap Implementation Plan.

Our work with Aboriginal communities recognises Aboriginal Peoples' cultural authority and right to self-determination, and acknowledges that connection to culture, kinship, country, language, and knowledge and belief systems are protective factors for health.

Guided by our Cultural Governance Framework, health and wellbeing action will be embedded as a core consideration across agency plans, policies and decision-making, alongside targeted initiatives. Central to this approach is the prioritisation of Aboriginal Health Impact Assessments to ensure that work is culturally appropriate, and that potential impacts on Aboriginal health and wellbeing are identified and addressed.

Our approaches will be Aboriginal community-led and culturally safe, with a strong focus on collaboration, shared decision-making, equity, and strengths-based practice grounded in culture.

Preventive health action will improve Aboriginal health and wellbeing through:

- partnering with and funding the South Australia Aboriginal Community Controlled Organisation Network to build effective public health responses with the Aboriginal Community Controlled Sector
- delivering targeted education and awareness raising campaigns and screening initiatives
- partnering with communities, co-designing and funding initiatives that strengthen cultural protective factors that influence health and wellbeing outcomes
- strengthening partnerships and collaboration with Aboriginal Community Controlled organisations and leaders
- implementing co-designed programs and initiatives that increase knowledge and self-determination, are informed by community needs, and acknowledge the value and importance of Aboriginal culture and knowledge in design, delivery and decision making
- embedding Indigenous Data Sovereignty principles and practices into data collection, analysis and reporting processes.
- Supporting culturally safe, community-led research that reflects Aboriginal priorities, while respecting Indigenous Data Sovereignty and Indigenous Cultural Intellectual Property to deliver meaningful benefits to the Aboriginal communities of South Australia.

Putting it together

This Plan outlines a clear and coordinated way of working – one that tackles the biggest risk factors to our health, addresses the conditions that shape health, and uses evidence and lived experience to guide action.



Targeting the risk factors driving the greatest health burden

We start with the risk factors that cause the most preventable harm in South Australia – tobacco and e-cigarette use, overweight and obesity, harmful alcohol use, and the growing impact of mental stress and distress. These risks account for a large share of non-communicable health conditions and early death. Tackling them requires more than individual action: it means creating supportive environments, investing for the long term, and coordinating efforts across sectors to make healthy choices easier and more accessible.

Working across systems to change the conditions that shape health

We know risk factors don't exist in isolation – they are influenced by the environments and opportunities around us. To make prevention effective and sustainable, we work across government, non-government, health services, education, housing, transport and communities to address the social and economic determinants of health—such as income, education, housing, culture and safety. Improving these conditions strengthens efforts to reduce high-impact risk factors and ensures prevention strategies reflect local needs, lived experience and what the evidence shows is working.

Guiding decisions and action with data, experience and evidence

We use data, research and lived experience to guide decisions, measure progress and continuously improve. This evidence-based approach helps us target resources where they will have the greatest impact, adapt to emerging challenges, and build a learning system that delivers lasting, equitable health outcomes.



The Plan in detail

Objectives and Strategies

Creating a healthier South Australia across generations requires a bold, coordinated shift in how we design, deliver and sustain prevention policy and action.

The rising burden of non-communicable health conditions calls for a system that can respond not only to immediate challenges, but also to the deeper conditions that influence health over time. Strengthening prevention means working in partnership to build the structures, relationships and capabilities that enable sustained action and ensure all South Australians have the opportunity to live well.

The five Objectives are consistent with the objects and key principles of the *Preventive Health SA Act 2024* and represent the key pillars of a strong and effective prevention system. They focus on **leading the agenda, reshaping systems, mobilising evidence, embedding partnerships, and enabling communities**. Each offers a distinct domain of influence, with evidence-informed Strategies to guide practical action and drive progress.

While each Objective can have impact on its own, their value lies in how they interact and reinforce one another, creating a prevention system that is more coordinated, responsive, effective, and sustainable.





Lead the Agenda

to promote, influence and advocate for preventive health action

Driving meaningful change in prevention requires leadership with a strong, consistent voice to raise awareness, set direction, shape priorities, and drive action.

This objective is about making prevention a core part of health and wellbeing – across government, sectors, and communities. Leading the agenda means influencing policy, championing investment, and ensuring prevention is visible and valued in every decision.

It's also about advocating for equity, giving voice to those most affected, and building momentum for bold, evidence-based action. When leadership is strong and consistent, it creates the conditions for collaboration, innovation, and long-term commitment—making prevention a shared priority that drives healthier futures for all South Australians.

Key strategies

- 1. Shape a transformative, long-term agenda for preventive health** by leading a clear statewide vision for prevention, shaping policy, working across systems, and securing long-term investment to create healthier environments and communities.
- 2. Deliver population-level impact through high-impact initiatives and equity-driven action** that reduce risk factors, drive behaviour change and reduces health inequities, ensuring communities with the greatest need benefit first.
- 3. Embed equity, inclusion and cultural strength at the core of all prevention efforts** by working in genuine partnership with diverse communities to remove barriers, respond to lived experience, and design prevention approaches grounded in cultural knowledge and strengths.
- 4. Build a shared, statewide understanding of prevention that drives action** by creating and championing clear, inclusive prevention messages that build understanding, bring partners together, and drive sustained community-wide action.

We will see

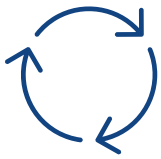
... By 2030

- Government and community organisations are **delivering a unified South Australian Obesity Prevention Action Plan**, resulting in healthier food environments, more active neighbourhoods and early signs of reduced obesity-related chronic disease.
- The **South Australian Alcohol and Other Drug Strategy 2025–2030** is implemented, with communities reporting fewer alcohol-related injuries, safer precincts and improved access to treatment and support.
- **A growing number of State Authorities have active Suicide Prevention Action Plans**, visible through workplace wellbeing initiatives, safer organisational cultures and strengthened community connections.
- **South Australia's Tobacco Control Strategy 2023–2027** is fully implemented, with smoking prevalence decreasing, and the next Strategy in place.

- An integrated approach to support the **Mental Wellbeing of Children and Young People** is developed for government consideration, guiding coordinated action for strong mental wellbeing.
- **A four-year review of our Strategic Plan completed** with the report tabled in Parliament as required under the Act.
- **Government policies and regulatory decisions routinely consider long-term health impacts**, with proposals expected to demonstrate how they support the wellbeing of current and future generations.

... By 2034

- **Economic analyses demonstrate cost-effective preventive health investments**, providing a strong evidence base to guide future government spending.
- **Additional Suicide Prevention Action Plans are activated by State Authorities**, with measurable reductions in suicide risk across workplaces and communities.



Reshape systems

to embed prevention in policy, investment, innovation and action

Improving health and wellbeing for the long term requires change across the systems that shape our daily lives. Health and wellbeing is influenced by many interconnected systems, like health, education, housing, transport, workplaces, community networks, and the industries and social structures around us.

To make a real difference, these systems need to work together to support good health and make prevention part of everyday decisions, supporting everyone, from governments and non-government, to communities, to play their part.

It requires the implementation of a multi-strategy approach including legislation, investment, digital interventions, policy, communications, research and evidence-informed initiatives. By doing this, we can create healthier communities, reduce inequities, and build a stronger, more sustainable future.

Key strategies

1. **Embed prevention into major decisions to shift systems** by delivering authoritative, actionable evidence to shape regulation, policy, research and investment, so healthier choices and environments become the default.
2. **Lead a coordinated, cross sector movement for prevention** by aligning preventive health efforts across government and non-government and equipping partners to lead prevention action within their sphere of influence.
3. **Strengthen prevention capability, workforce and leadership** through building the prevention ecosystem and enabling cross-sector collaboration to drive innovation and influence sustainable change.
4. **Activate policy, legislation, and other system levers** to reshape the environments, systems and social conditions that perpetuate unhealthy patterns.

We will see

... By 2030

- **Uptake of preventive health policy and action grows significantly across government and civil society, enabled by deliberate workforce development efforts**, such as expanded training, strengthened capability frameworks and supported career pathways that build the skills, confidence and capacity needed to design, deliver and sustain prevention initiatives in diverse settings.
- **Aboriginal health partnerships for preventive health are resourced and active**, with Aboriginal Community Controlled Organisations leading culturally grounded programs and expanding their workforce.
- **Cross-government and civil society Innovation Labs and leadership networks are operating**, producing shared solutions to issues such as healthy urban design, food security and youth wellbeing.

... By 2034

- **Prevention and equity considerations are consistently reflected in government policy and legislation**, demonstrating how decisions contribute to improving the population's health and reducing health gaps.
- **Key government agency's strategic and operational plans incorporate prevention and equity priorities**, influencing how programs evolve over time.
- **Funding and procurement processes increasingly favour approaches that deliver long-term health and wellbeing benefits**, supported by using wellbeing impact assessments in major investment decisions.
- **New cross-government and civil society partnerships are delivering and evaluating innovative preventive programs** that address social determinants such as housing, transport and education.



Mobilise evidence

to make prevention smarter, more adaptive and more effective

Evidence helps us understand what makes prevention work – who it works for, when, and why. It comes in many forms, including research, data, lived experience, program results, and the knowledge held by communities.

This objective recognises that when evidence is easy to find, trusted, and used well, it leads to better decisions, clearer priorities, and greater impact.

Using evidence means making it easier to access up-to-date information and share learnings. It also means improving how we measure impact, respecting different types of knowledge, and building a shared understanding of where our efforts are making a difference.

When evidence is part of everyday decision-making, prevention becomes smarter, more flexible, and more effective.

Key strategies

1. **Use evidence to drive decisive system-wide prevention policy and action** by embedding processes for generating, interpreting and sharing high-quality data and evidence to guide shared decision-making and priority-setting.
2. **Build a powerful, coordinated research agenda that accelerates prevention impact** by establishing a systematic, cross-sector approach to undertaking, commissioning, partnering on and translating research for population-level and targeted prevention priorities.
3. **Strengthen accountability and guide smarter investment** with transparent and consistent mechanisms to monitor and report on prevention investment to demonstrate value and inform strategic long-term resource allocation.
4. **Embed practical and proportionate evaluation systems** in prevention to drive improvement, demonstrate outcomes and impact, enable effective approaches to be scaled and support shared accountability.
5. **Enable Aboriginal data sovereignty** by supporting Aboriginal-led data collection, analysis and interpretation; and embed principles of Aboriginal data sovereignty in all prevention monitoring and evaluation frameworks ensuring culturally grounded, self-determined insights drive action and accountability.

We will see

... By 2030

- **Economic analyses demonstrate which preventive actions deliver the greatest impact**, guiding pilots and government investment decisions.
- **Prevention data is easy to access and understand, with dashboards and summaries** used by policymakers, practitioners and communities.
- **Evaluation and monitoring** embedded in all preventive health policy and action.
- **Aboriginal data sovereignty principles shape how data is collected, governed and shared**, with Aboriginal communities controlling how their data informs programs.
- **Regular public reporting** tracks progress on preventive health actions, investment and outcomes.

... By 2034

- **Preventive health investment supports long-term sustainable programs.**
- **Key health risk factors—such as smoking, harmful alcohol use, physical inactivity and poor nutrition—show measurable improvements** compared with previous trajectories.
- **Prevention research and data are routinely used to design, implement and evaluate policies**, with agencies demonstrating evidence-based decision-making.
- **Outcomes from funded preventive programs are peer-reviewed and published**, strengthening transparency and shared learning.



Embed partnerships

to align efforts, amplify impact, and make prevention a shared responsibility

Real improvements in health and wellbeing only happen when community, government and private sectors find meaningful ways to work together. When prevention is a shared priority across sectors, actions become better connected, inclusive, and effective.

Building strong partnerships means establishing long-term relationships that are built on trust, cultural safety, and mutual respect, and give all partners a voice in shaping decisions. It also means creating structures and processes that support shared priorities, enable knowledge exchange, and integrate diverse perspectives in governance and leadership.

Strengthening partnerships with Aboriginal Community-Controlled Organisations is central to this work, ensuring prevention efforts are co-designed, delivered, and evaluated in ways that are culturally informed and community-led.

When partnerships are valued and supported in this way, prevention becomes stronger.

Key strategies

1. **Build and sustain high-impact strategic partnerships** through long-term agreements and inclusive decision-making structures that ensure partners have ongoing influence and shared ownership.
2. **Unite partners on shared prevention priorities and outcomes** to guide coordinated action, align resources, measure joint progress and demonstrate collective impact.
3. **Collaborate with communities and organisations** to shape social and physical environments that make healthy, safe and active choices easier for everyone.
4. **Activate knowledge exchange across partners** by building systems for sharing insights and experience to build collective prevention understanding and action.
5. **Strengthen partnerships with Aboriginal Community-Controlled Organisations** and leaders, built on respect, trust and cultural understanding, for the design, delivery and evaluation of self-determined prevention initiatives.

We will see

... By 2030

- **A Future Generations Network** is coordinating cross-government planning to improve the wellbeing of children and young people, with shared priorities and joint initiatives underway.
- **New partnerships with Aboriginal Community Controlled Organisations** are co-designed and resourced, delivering programs that reflect Aboriginal health priorities and cultural strengths.
- **Active learning networks and communities of practice** are sharing insights, trialling innovations and spreading successful approaches across sectors.

- **Place-based, community-designed preventive initiatives are expanding in regions** with the greatest health inequities, with local leaders shaping solutions.

... By 2034

- **Investment in Aboriginal-led prevention programs supports long term implementation**, strengthening cultural, social and community determinants of health.
- **All preventive health measures combine population-wide policies with targeted equity approaches**, reducing health gaps and improving outcomes for priority groups.



Enable community

to shape preventive health action that reflects diversity, strengths and embeds equity

Communities are experts in their own lives and play a vital role in shaping the conditions that support health and wellbeing. Lasting change only happens when communities are active partners in shaping decisions, environments, and prevention efforts that reflect their needs and goals.

Supporting communities means building trust, sharing leadership, and meaningful participation. It's about listening, supporting community priorities, and ensuring access to resources, connections, and places that support healthy living – especially for those who've been historically excluded or face systemic barriers.

When the prevention system listens to and works with communities, prevention becomes more relevant and effective.

Key strategies

- Lift knowledge, skills and confidence in communities to support policy and system changes enabling informed, healthy choices** through delivering clear, culturally appropriate and accessible preventive health initiatives.
- Equip and support community stakeholders to recognise their role in shaping prevention efforts** and embed community leadership in program design, delivery and evaluation.
- Embed diverse perspectives in decision making** by building inclusive governance structures, so prevention decisions are shaped by community experience.
- Strengthen place-based approaches** by supporting local leaders, councils and communities to create context-specific solutions and tailor existing prevention strategies to reflect their unique needs, priorities and strengths.
- Advance equity through targeted action** that recognises and responds to the needs of communities experiencing systemic disadvantage, and through conscious consideration of equity impacts in decision-making.

We will see

... By 2030

- Statewide surveys show **rising community understanding of preventive health and growing participation in local initiatives** such as walking groups, healthy eating programs and smoke-free events.
- Co-design with Aboriginal communities shapes agency priorities**, with clear accountability for meeting Closing the Gap commitments.
- Public education campaigns improve health literacy and demonstrate early signs of behaviour change** in areas such as nutrition, physical activity and smoking.
- Partnerships with universities and community organisations deliver high-quality, evidence-informed programs** that reach priority populations in preventive health action and screening.

... By 2034

- Community support for preventive health is strong**, with sustained positive trends in surveys and high participation in prevention initiatives.
- Behavioural change is evident across key risk factors**, with communities better equipped to adopt healthier lifestyles and supporting policies that support wellbeing.
- Government and partners deliver more preventive action** because they have access to strong evidence, skilled workforces, technical support and sustained investment.

Delivery approach

The Objectives and Strategies are operationalised through action in the following areas, consistent with the Functions of the *Preventive Health SA Act 2024* and National and State Preventive Health Strategies and Plans. Delivery is informed by data, evidence, and community insights.

Preventive health action	Examples
Fund and implement programs, campaigns and community education initiatives	Implementation of the LiveLighter® public health education campaign, aimed at increasing knowledge of the health risks of overweight and obesity, and promoting resources to support healthy eating and physical activity.
Conduct, translate and commission research, and manage and facilitate access to population health data sets	Monitoring population health data, analysis and trends, economic modelling of preventive health measures and data translation to support the strengthening of the evidence base for preventive health action.
Advise government and lead or support policy development and implementation	Implementation of legislative amendments to increase controls on the sale and supply of tobacco products, and policy implementation to restriction unhealthy food and drink advertising on South Australian Government Transit Assets.
Lead and facilitate collaborations and partnerships	Implementation of a multi-year partnership with Cancer Council SA to deliver a range of strategic cancer prevention initiatives and partnering with the South Australia Aboriginal Community Controlled Organisation Network to build new public health responses with the Aboriginal Community Controlled Sector.
Build capability and capacity of our partners	Partnerships and tailored initiatives with local government, peak bodies and non-government organisations to build capacity to deliver physical activity, nutrition, mental wellbeing and social connection initiatives for priority population groups.
Coordinate and enhance internal systems to support organisational effectiveness and efficiency	Development of a Strategic Research Agenda in partnership with universities providing a framework to ensure investment in research delivers meaningful benefits for the health and wellbeing of South Australians, and development of the Preventive Health SA Cultural Governance Framework.



Measuring success

How are we measuring success?

Preventive Health SA seeks to enable systemic shifts that make preventive health action more effective and sustainable, ultimately contributing to long-term population health outcomes.

As Preventive Health SA delivers on its legislative functions under the *Preventive Health SA Act 2024* and the Objectives and Strategies of this Plan, the conditions that shape prevention in South Australia will change. By 2030, we will see the delivery of programs that are more equitable and effective, partnerships that are stronger and more coordinated, policies embedded, and perspectives will be more equity-focused and evidence-aligned. By 2034, we will begin to see improvements in population health and health equity outcomes as a result of preventive health action to create more supportive environments for wellbeing.

Monitoring success will involve two interconnected approaches, each supported by robust monitoring, evaluation and reporting practices. Through our Monitoring, Evaluation and Learning Framework, we will assess: 1) our role and commitment to systems-level change and 2) the impact on population health outcomes.

Systems-level change

Effective implementation of the Plan will contribute to systems-level change such as enabling policies, valuing of prevention, stronger partnerships, and initiatives to improve health and wellbeing and equity.

Policies

Prevention becomes a routine part of how government and organisations plan, make decisions, and deliver their work.

Perspectives

The way people think and talk about prevention shifts, with a shared recognition of the breadth of actions needed to improve health and health equity.

Partnerships

People and organisations from across sectors work together, sharing knowledge and resources to strengthen preventive action.

Programs

Prevention initiatives are diverse, evidence-informed, co-designed with communities as appropriate, and delivered equitably.

This approach is guided by the Theory of Change that maps how preventive health action (how we work and what we do) will influence the system levers that are holding poor health in place ([Appendix C](#)).

Population health outcomes

We will also monitor population health and wellbeing outcomes (outlined in [Appendix D](#) and consistent with the National Preventive Health Strategy 2021-2030), recognising that progress in these areas depends on the alignment, contributions and commitment of all partners across the system.



Appendices

Appendix A – References

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Appendix B – National and State Strategies

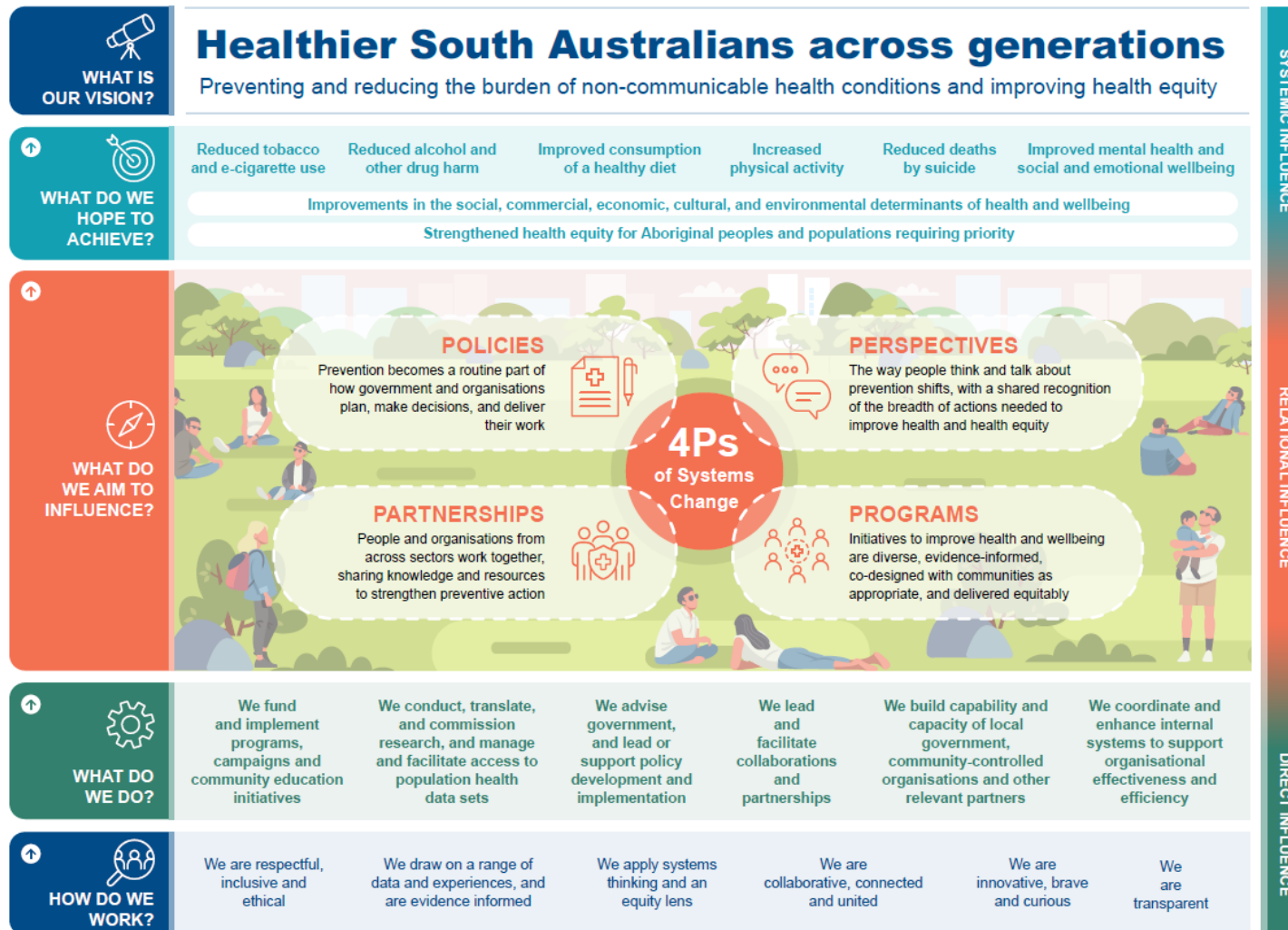
The Plan works alongside a range of national and state strategies that guide action on specific health and social priorities, including but not limited to:

- **The National Preventive Health Strategy 2021–2030** provides the overarching, long-term approach to prevention in Australia by building systemic change to ensure the best outcomes for all Australians.
- **The National Tobacco Strategy 2023–2030** aims to improve the health of all Australians by reducing the prevalence of tobacco use and its associated health, social, environmental and economic costs, and the inequalities it causes.
- **National Alcohol Strategy 2019–2028** provides a framework to prevent and reduce alcohol-related harm. It highlights possible actions at the local, state or territory and national levels.
- **National Drug Strategy 2017-2026** aims to prevent and reduce harm caused by alcohol, tobacco and other drugs
- **The National Obesity Strategy 2022-2032** frames the actions to prevent, reduce, and treat, overweight and obesity in Australia.
- **South Australia’s Implementation Plan for the National Agreement on Closing the Gap** sets out how the State will work with Aboriginal communities to deliver the National Agreement on Closing the Gap. It outlines shared actions to improve life outcomes for Aboriginal people.
- **The South Australian Alcohol and Other Drug Strategy 2025-2030** is part of a group of global, national and state policies, legislation and strategies that guide action on alcohol and other drugs.
- **The South Australian Tobacco Control Strategy 2023-2027** outlines the South Australian government’s commitment to reducing tobacco smoking and e-cigarette use (vaping) to improve the health and wellbeing of South Australians.
- **South Australian Aboriginal Health Promotion Strategy 2022-2030** outlines the State’s approach to strengthening and promoting the cultural determinants of health and wellbeing.
- **The SA Police Our Strategy 2030: Safer Communities** promotes ‘Prevention First’ and taking ‘every opportunity to prevent crime, disorder, and road trauma’ by developing collaborative partnerships, and building trust and engagement with communities.

Plans and Strategies currently under development will be added following consultation. This includes but is not limited to South Australia’s Social Statement, the State Public Health Plan and the South Australian Obesity Prevention Action Plan.

Appendix C – Theory of Change

The Theory of Change maps the pathway of how the agency’s ways of working and activities are expected to collectively contribute to improved health outcomes for South Australians, by influencing and shifting the systems that hold poor health in place.



Appendix D – Agency Key Performance Indicators

The South Australian Government has committed to the targets outlined in the National Preventive Health Strategy 2021–2030, with the following population health level non-communicable disease targets and measures adopted by Preventive Health SA. This Strategic Plan is operationalised through the implementation of actions outlined in state and national preventive health strategies. The monitoring of strategy implementation will occur through the MEL Framework.

Focus area	No.	Target	Measure
Population Health			
All South Australians have the best start in life	1	The proportion of Aboriginal and Torres Strait Islander babies with healthy birth weight will increase to at least 91% by 2031	The proportion of Aboriginal and Torres Strait Islander babies with healthy birth weight
Reducing tobacco use and nicotine addiction	2	Achieve a national daily smoking prevalence of <10% by 2025, and 5% or less for adults (≥18 years) by 2030	The proportion of South Australians (aged ≥18 years) reporting daily tobacco smoking
	3	Reduce the daily smoking rate among Aboriginal and Torres Strait Islander people (≥15 years) to ≤27% by 2030	The proportion of Aboriginal and Torres Strait Islander people in South Australia (≥16 years) reporting daily tobacco smoking
Improving access to the consumption of a healthy diet	4	Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030	The proportion of South Australian adults reporting their weight to be in the obese weight range
	5	Reduce overweight and obesity in children and adolescents aged 2 - 17 years by at least 5% by 2030	The proportion of South Australian children (aged 2-17 years) reported to be in the overweight or obese weight range
	6	Adults and children (≥9 years) increase their vegetable consumption to an average of 5 serves per day by 2030	Daily serves of vegetables consumed for South Australians (≥9 years)
	7	Adults and children (≥9 years) maintain or increase their fruit consumption to an average of 2 serves per day by 2030	Daily serves of fruit consumed for South Australians (≥9 years)

WORKING DRAFT

Focus area	No.	Target	Measure
	8	Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030	The proportion of South Australian children and adults' total energy intake from discretionary foods
Improving physical activity	9	Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by at least 15% by 2030	The proportion of South Australians (≥ 5 years) reported to not meet physical activity guidelines
	10	Reduce the prevalence of Australians (≥15 years) undertaking no physical activity by at least 15% by 2030	The proportion of South Australians (≥18 years) reporting undertaking no physical activity
Increasing cancer screening and prevention	11	Increased participation rates for bowel screening to at least 53% by 2025	South Australian bowel screening rate (50-74 years)
	12	Increased participation rates for cervical screening to at least 64% by 2025	South Australian cervical screening rate (25-74 years)
Reducing alcohol and other drug harm	13	At least a 10% reduction in harmful alcohol consumption by Australians (≥14 years) by 2025 and at least a 15% by 2030	The proportion of South Australians (≥18 years) reporting harmful alcohol consumption
	14	Less than 10% of pregnant women (14-49 years) are consuming alcohol whilst pregnant, by 2030	The proportion of South Australian pregnant women (14 to 49 years) who consumed alcohol whilst pregnant
	15	Less than 10% of young people (14-17 years) are consuming alcohol by 2030	The proportion of South Australians (14-17 years) reporting alcohol consumption in the previous 12 months
	16	At least a 15% decrease in the prevalence of recent illicit drug use (≥14 years) by 2030	The proportion of South Australians (≥14 years) using illicit drugs in the past 12-months
Promoting and protecting mental health	17	Towards zero suicides for all South Australians	The crude rate of death by suicide in South Australia, per 100,000 population

