HEALTHY SOUTH PROJECT: SUMMARY REPORT

CONTENTS

Summary of project and purpose of report

The purpose of this report is to summarise the research findings from the Healthy South project and make recommendations on how a sustainable health and wellbeing promotion system can be developed in the southern metropolitan area of Adelaide, South Australia.

The Healthy South project has conducted a rapid evaluation of health promotion and disease prevention structures and activities in southern Adelaide in order to determine the system building blocks required to make the south a health promoting region. The project has also developed a demographic profile of the southern metropolitan population which describes disease patterns and highlights the increasing non-communicable disease burden in South Australia and the persistent health inequities in the southern region, summarised in **Part One**. The project was funded for 12 months by the Medical Research Future Fund (MRFF) Rapid Applied Research Translation Program and led by the Southgate Institute for Health, Society and Equity at Flinders University in 2019.

The Healthy South project is concerned with supporting healthy environments that lower people's risk of developing chronic disease by addressing the societal and health service factors causing inequities. There is widespread agreement that the social determinants of health are the main drivers influencing how healthy a population is, and the southern region of Adelaide is no exception. While access to health care is critical to a person's health outcomes, other significant factors identified in southern Adelaide include employment, education, housing, income, urban environments and social inclusion. A health promotion model seeks to address these underlying structures to prevent ill health (See Box 1).

Part One of this report provides an epidemiological and social determinants profile of the south.

Part Two describes the state of health promotion in the south of Adelaide, drawing on the findings from an audit of health promotion and community wellbeing activities and services in southern Adelaide, interviews with 28 key stakeholders, 4 community consultation focus groups, and a Healthy South Summit with stakeholders and community members.

Part Three seeks to understand the health promotion system in the south better and presents a system diagram showing the links between different elements of the system.

In **Part Four** of the report we look more closely at how the urban environment influences people's health and specifically how to assess the health and liveability of individual neighbourhoods based on a range of social determinants and liveability indicators. This assessment can help the creation of healthy neighbourhoods in the future.

Part Five identifies, using our findings, what is required for health and wellbeing to flourish in southern Adelaide, including a vision that supports health promotion, and improved governance and leadership for health promotion. We propose a governance model - the 'Southern Adelaide Health, Wellbeing, and Sustainability Hub' and ten strategies that could be adopted or adapted to guide a Healthy South initiative.

To understand and address the wide range of factors impacting the lives of people in the south it was essential to engage a broad range of actors and organisations working across multiple sectors. This project brought together policy leaders from SA Health, Southern Adelaide Local Health Network (SALHN), urban planners, southern Adelaide local councils, NGOs and community members who are invested in reinvigorating health promotion leadership and coordination in southern Adelaide (for a list of the project team and steering group members see page 22).

This report was completed during the COVID-19 pandemic. Since collecting and analysing the research findings presented in this report, the virus has had a profound impact on the daily operating of the SA health system, and government and non-government organisations' ability to deliver health promotion and community wellbeing activities and react to community needs. Health promotion activities, such as those held in

community centres, libraries, sporting clubs and parks, have been severely impacted by physical distancing requirements and resource constraints. The social determinants of people's health have also been negatively affected: cuts to employment and income in particular were felt almost overnight by millions of Australians including those in southern Adelaide, and will have ongoing effects on factors such as housing and access to food. In times of health and economic crisis, it is often those who are living in disadvantaged circumstances who are impacted the most and who rely on social services and local community supports. The COVID-19 pandemic brings to the fore the importance of a sustainable, coordinated and well-resourced health promotion system which can assist in mediating the impacts on people's health and wellbeing during a crisis and support community members and organisations in the long-term to prevent disease and health inequities.

Box 1: Defining Health Promotion

> Health promotion is the process of enabling people to increase control over the determinants of health (e.g. income, education, employment, working conditions, access to health services, physical environments) and thereby improve their health (WHO Ottawa Charter 1986).
>
> Health promotion not only encompasses actions directed at strengthening the basic life skills and capacities of individuals, but also at influencing underlying social and economic conditions and physical environments to alleviate their impact on populations and individual health.

Research activities

A mixed methods approach to data collection and analysis was used in this 12 month project including:

- Development of an epidemiological profile of the southern population to describe disease patterns, health inequities and the social determinants. See the full report here: https://www.flinders.edu.au/content/dam/documents/research/southgate-institute/Population-health-and-social-determinants-in-southern-adelaide-report.pdf

- Rapid audit of existing health promotion activity in the southern area of Adelaide.

- 28 semi-structured interviews with key informants, and 4 community consultation focus groups.

- Case study of healthy urban infrastructure, involving constructing and applying a healthy urban planning assessment tool (the Healthy Urban Neighbourhood Transition Tool). See project brief: https://www.flinders.edu.au/content/dam/documents/research/southgate-institute/HUNTT-project-brief.pdf

- Steering Group committee providing feedback and guidance on the project including members from SA Health, SALHN, urban planners, southern Adelaide local councils, NGOs and community members.

- Healthy South Summit where research findings were presented and discussion of how a sustainable health and wellness promotion system could be developed in the south involving multiple partners.

Part One: An epidemiological snapshot of the population in Southern Adelaide

Demographics

The southern Adelaide region includes the four local government areas that comprise the Southern Adelaide Local Health Network: Holdfast Bay, Marion, Mitcham and Onkaparinga. Unley is classed as part of the Central Adelaide region but its geographical location south of the city of Adelaide and the Unley-Mitcham regional approach to planning for public health and wellbeing situate Unley as a de facto part of southern Adelaide and therefore it was included in this project.

Socioeconomic disadvantage
- Local government areas (LGAs) in southern Adelaide have differing relative levels of socioeconomic status (SES) but evidence also shows an unequal distribution of resources within even the most prosperous LGAs. Sub-areas within LGAs in the south vary in rank between the 1st decile (most disadvantaged) and the 10th decile (least disadvantaged). The statistical local area (SLA) of Onkaparinga-North Coast has been identified as an area of persistent concentrated disadvantage.

Age structure
- Southern Adelaide has an older population than Greater Adelaide and Australia as a whole. There has been a marked increase in the population aged 50 and over between 2001 and 2016, and the number of people aged 85 and over grew by 70 per cent. Population projections suggest that the southern Adelaide population will age at a faster rate than Adelaide as a whole or South Australia.

Household structure
- There is a high and growing proportion of lone person households in southern Adelaide compared with the Australian average, and these households are concentrated in older age groups. A rising proportion of people living alone, especially with age, heightens the risk of poverty, loneliness and housing stress, especially given that there has been a reduction in social housing.

Educational and employment outcomes
- Unley and Mitcham had better educational and employment outcomes compared with the other Southern Adelaide LGAs and the Australian average. There is wider variation in education and occupational outcomes within Onkaparinga compared with the other four Southern Adelaide LGAs.

Health

Life expectancy
- Unley, Holdfast Bay, Mitcham and Marion have higher life expectancy than the Australian average, and life expectancy in Onkaparinga is equal to the Australian average. However, these averages mask how health inequities have increased in South Australia in the past 30 years. The social gradient in life expectancy results in worse outcomes for all groups except for the top group.

Premature mortality
- Rates of premature mortality for the southern Adelaide LGAs are equal to or below the average rates of premature mortality for Greater Adelaide, South Australia and Australia. The rate of premature mortality in Mitcham is markedly lower than the rest of southern Adelaide. There is a social gradient in premature mortality, as with life expectancy. People living in the more disadvantaged areas experience higher rates of premature mortality compared with people living in the less disadvantaged areas.

Disease patterns and risk factors
- Each of the major chronic diseases and risk factors for disease affect people with lower socioeconomic status, lower income and/or less education at higher rates. Many chronic conditions affect older age groups at higher rates, indicating that the ageing population in Southern Adelaide is likely to increase the burden of disease.

COVID-19 pandemic
- The emerging evidence globally indicates that people with chronic disease are more vulnerable to suffering severe illness or dying following infection from the SARS-CoV-2 virus.

Social determinants of health

Housing
- There was a 25 per cent reduction in the social housing stock in South Australia between 1992 and 2015. This reduction also occurred in southern Adelaide, resulting in 1,669 fewer households in social housing between 2001 and 2016. Provision of social housing is targeted towards people living in the most disadvantaged households. This change has pushed displaced households into the private rental market at a time when rents having increased sharply.

Housing stress
- Financial stress from mortgage or rent affected 25 per cent of low income households in Mitcham in 2016, 28 per cent in Holdfast Bay and 29 per cent of low income households in Onkaparinga, Marion and Unley. The impact of financial stress is higher in Marion and Onkaparinga where there are much higher shares of low income households. The reduction in social housing has put pressure on incomes, increasing risk of poverty amongst people living in disadvantaged circumstances.

Unemployment
- Unemployment in 2016 was lower in Mitcham, Holdfast Bay, Marion and Unley than in Onkaparinga and the average for Greater Adelaide. Unemployment in Onkaparinga was higher compared to Greater Adelaide. The majority of people receiving an unemployment benefit are long-term unemployed.

Labour force participation rates
- Labour force participation rates in Onkaparinga, Mitcham and Unley are higher than the average for Greater Adelaide and South Australia. Labour force participation rates in southern Adelaide LGAs in 2016 are lower than the Australian average (with the exception of Unley), consistent with the lower labour force participation rates in South Australia.

Education
- Holdfast Bay, Mitcham and Unley have much lower proportions of people who left school at year 10 or below compared with the average for Greater Adelaide. Holdfast Bay, Mitcham, Unley and Marion all have above average school leaver participation in higher education. The lower participation in higher education and higher share of people who left school before year 10 in Onkaparinga is partially offset by a much higher share of the population holding a vocational qualification.

Part Two: Describing the problem – The current state of health promotion in the south of Adelaide

Changing context in South Australia and the south of Adelaide

- South Australia has had a long and innovative history of health promotion policy and action. In the past, the south of Adelaide in particular stood out as a model for health promotion in Australia. Examples included the incorporation of the Noarlunga Health Service in 1985, with the aim of addressing the social determinants of health; and Healthy Cities Onkaparinga, established in 1987 as Healthy Cities Noarlunga, one of three Australian cities to pilot the European Healthy Cities model, and continuing today.
- Prior to 2012-2013, the SA Health Department had a Health Promotion Branch which provided statewide leadership and opportunities for agencies to participate in priority setting for health promotion, and funded health promotion activity.
- In 2013 the Department of Health implemented the recommendations of the 'McCann Review of Non-hospital Based Services' and withdrew state government funding for health promotion, including most functions of the Health Promotion Branch. This resulted in the withdrawal of the SA health system, centrally and in Local Health Networks, from most health promotion policy, funding and activity.
- At this time there was also a withdrawal of support for the SA Primary Prevention Plan which had provided a strategic framework for disease prevention and health promotion. The extensive network of community health and women's health centres ceased to exist following a shift in policy focus from primary health care and health promotion to chronic disease management and hospital avoidance. An interview respondent described the state health system as "*missing in action*" in relation to health promotion and prevention since that time.
- In 2014, the federal government abolished the National Partnership Agreement on Preventive Health and terminated the Australian National Preventive Health Agency as it too withdrew from health promotion and prevention policy. A respondent described this as a "*perfect tsunami*" with the state and federal governments both withdrawing from the promotion and prevention space.
- This project found that disinvestment from the state government and the withdrawal of the health system from health promotion has had ongoing ripple effects beyond the health system to the whole community in the south, as well as to other health and social service providers who have been unable to replace what was withdrawn.

Current health promotion and community wellbeing activities

- The health promotion and community wellbeing activities audit of the southern region found over 140 organisations providing an assortment of activities. Organisations included Southern Adelaide councils, state government departments, schools and early childhood centres, community centres and libraries, SALHN, local, state and national NGOs and associations, religious institutions, grassroots community groups and others.

- As a result of the fragmented health promotion environment, organisations deliver activities through a particular policy, program or service lens without strategic guidance, often leading to duplication or gaps in services.
- There has been a shift away from community health promotion and wellbeing activities, including action to address the social determinants of health, to an increasing focus on individual and behaviour-based activities and crisis-driven responses.
- The disappearance of health promotion was evident through:
  - a decrease in health promotion workforce across government and non-government organisations
  - a decrease in funding for health promotion programs and activities
  - spaces which were once available without cost for community members and organisations to meet and conduct health promotion activities are no longer there or require a fee
  - health promotion terminology has disappeared from many organisations' strategies and discourse, characterised as a "*taboo term*".
- Both community members and workers said they lacked knowledge about who to contact and where to find information on health promotion and community wellbeing activities. Health and social service workers shared frustration at not having information at hand to direct clients to activities, such as chronic disease support groups.
- Much of the remaining health promotion work in the south is happening from outside the health department, including by other state government departments and by local councils. Health promotion work was described as taking place under a number of different banners.
- While most respondents thought the health sector should take a leading role, they also highlighted that health promotion is everyone's responsibility.
- Local approaches are a critical element of a systemic health promotion strategy. The south has a history of roundtables which brought organisations together to collaborate on local issues. Some of these roundtables continue to meet but they lack a formal mandate, support and resources.
- There are current initiatives which gave some respondents hope for a future re-engagement with health promotion and prevention, such as the establishment of Wellbeing SA, and the announcement of the development of a National Preventive Health Strategy and a National Obesity Strategy for Australia. However, it is too early to know what these new initiatives will mean in practice.
- The Department for Health and Wellbeing and SALHN have identified a number of strategic priorities in 2019 that relate to health promotion and prevention activity to promote community wellbeing. Examples include a focus on:
  - First 1,000 days of life
  - Last 1,000 days of a vulnerable person's life, supporting dignity and end-of-life and wellbeing
  - Improving the health and wellbeing of vulnerable members of the community throughout their lives
  - Integrated care – partnering to deliver more services in the community and closer to home
  - Mental health and wellbeing and suicide prevention
  - Chronic disease management and screening.

This new strategic direction by SALHN and the Department for Health and Wellbeing is positive for health promotion and prevention in the state, but the above priorities will need to be adequately

> **Descriptions of the current health promotion environment in the south**
>
> "random, ad hoc and … not coordinated"
> "There's no broad health promotion strategy"
> Respondents

> "You can't get health improvements by just working collaboratively together without actually delivering anything on the ground in the communities where people live"
> Respondent

resourced to be realised and a clear strategy for implementation including allocation of responsibilities for tasks and leadership are needed for success and sustainability.

- The Adelaide PHN could potentially work in partnership with local councils and communities, in particular in relation to regional public health planning. However, the PHN's engagement in this project was limited because of staff turnover.

Lack of Leadership and Coordination

- Respondents were in agreement that there is a lack of leadership from federal and the SA government for health promotion and disease prevention.

> "I think federal and state both really abdicated their responsibilities with regard to preventative health. And I think gave up on the hard and messy part of preventive health, which is community health"
>
> Respondent

- Since disinvestment by SA Health system-wide leadership has been lacking. A respondent who worked within the health system noted that, "*nobody's taking a holistic multi-strategy, multi-systems approach that we used to take as a whole of state*".

- There is an absence of mechanisms at the federal level for inter-jurisdictional discussions of how to strengthen health promotion and disease prevention. COAG meetings could provide a venue for these discussions, but COAG is focused on the acute health services sector. The National Preventive Health Strategy may provide a mechanism and South Australia needs to be prepared to participate.

- The absence of policy support from the federal and state governments has led to resources being directed away from disease prevention and health promotion and instead directed to a narrower biomedical model of health and multiple fragmented strategies on specific conditions such as diabetes and heart disease. This shift in strategic direction filters down to government and non-government priorities and dictates what projects and programs are funded, described by one respondent as: "*funding by body part*". In Wellbeing SA's Strategic Plan 2019 this deficit is acknowledged and "rebalancing of the health system" to focus more on disease prevention is highlighted as a priority for the new agency is.

- There are pockets of leadership on prevention in government departments other than health, such as in the education, child protection and human services departments, and in local government in the south.

- A respondent working in SALHN commented that "*Our state-based funding model does not support health promotion*", and as a result the southern Adelaide health service does not have a strategic plan which covers prevention and health promotion. These findings were supported at the Summit, where a SALHN executive emphasised that SALHN is a quaternary acute health service, overwhelmed with crisis services.

> "SALHN is far too much down river pulling people out half dead and it's not back at the bridge. And I don't think they understand the bridge. Give them a river. Talk to them about the river."
>
> Respondent

- With cuts to SA Health's Health Promotion Branch, there has been a loss of overarching coordination and oversight of health promotion across the state. As a result, a health department officer stated that there is no longer "*a mediator between the central agency's role and the community on the ground through the health system*".

- Most of the coordination being undertaken by government departments and non-government organisations was at the project and program level, such as by Foodbank SA (OZ Harvest and Second Bite) and COTA SA (Strength for Life). There was little evidence of coordination at a strategic level.

- Similarly, a few collaborative networks exist to provide support to health promotion activities, such as the Onkaparinga Active Community Network (OACNET), and the South Australian Active Living Coalition (coordinated by the Heart Foundation). Participants described them as opportunities for collaboration and coordination of health promotion but said that they were under-resourced and often reliant on one organisation to maintain and lead the network: *"I don't see much linking up between the different groups doing the different work … I just think that that the policy environment at the moment is not there to support the multilayered cross-collaboration"*.
- With the absence of leadership and a coordinating body in the southern region and the state, organisations have become increasingly siloed and inward looking.
- However, there was an indication of growing support for regional collaboration and coordination between local governments, as one council worker stated: *"we're sort of building it from the ground up at the moment, not necessarily in terms of health and health promotion, but just local area coordination around our own facilities and looking at that at a district level within our council region"*.

Health promotion workforce and capacity

- One of the casualties of disinvestment in health promotion has been reduction of the health promotion workforce. This means the capacity of the existing workforce in the health system and beyond to work within a disease prevention and health promotion model has been weakened: *"There's been a huge loss in people who have that kind of deep system ability to think about health promotion and prevention at the state level"*.
- Respondents working in the health system explained that health promotion is currently excluded from employee's job descriptions and the narrow definition of primary health care has had a significant negative impact on the services they are able to provide. One respondent explained: *"the KPIs aren't conducive to health promotion … having health promotion incorporated [as part of a KPI] would then legitimise us being able to go out and do more of it"*.
- The capacity of the workforce to provide a holistic health promotion approach has been limited as a result of resources being cut and requirements to focus on acute and crisis health services. For example, since the loss of a health promotion workforce in Aboriginal Health Services from 2012, the services have struggled to meet their clinical workload, and so it has become increasingly difficult for them to address the broader health and wellbeing needs of the community. A respondent said: *"In terms of staff we're really close to the edge of the cliff".*

> "30% of our workload used to be in the health promoting area and was redirected to direct client work. We were directed away from any of the networking with other agencies and especially taking leadership roles in that respect and to be much more inwardly looking."
>
> Respondent

- Outside the health system, there has been a loss of health promotion workers and workforce capacity in a number of the NGOs that participated in this project. Despite NGOs playing a crucial role in attempting to fill a health and social services gap left by the withdrawal of the health system from health promotion, this has not translated into more health promotion roles in NGOs. This project points to the opposite being true – the focus of NGO services has been limited by the orientation of government funding criteria towards the provision of crisis services, which has not supported a focus on prevention and health promotion. Moreover, NGOs have been forced to *"compete with each other"* for funds, resulting in a lack of collaboration between NGOs.
- NGOs work from different models and strategies. The charitable model that can often underpin the activities of the NGO sector is very different from the empowering primary health care *"rights-based model"*.

Resources and the impacts on health promotion initiatives

- Most respondents identified the lack of resources to deliver and coordinate health promotion activities as a critical issue.
- Cuts to funding and services for government and non-government community, health and social service organisations have forced many organisations to retreat from prevention activities.
- The combined impact of cuts to resources and the lack of ongoing funding and support from the state government has resulted in disjointed programs and activities and low morale amongst staff. There is a concern about future funding and the tender processes required to secure this: "*Every bit of our service we have to fight for, we don't know what sort of funding we're going to have during 2020, we don't know*".
- Resource constraints within the state health department have resulted in a focus on "*big, state-wide levers*" rather than local level action. However, partnerships between state agencies alone is not sufficient to deliver outcomes to the community. There needs to be resources to support implementation at the community level.
- Financial barriers, such as reliance on social security payments, inadequate public transport, and charges for activities and services, reduces the capacity of community members to engage in health promotion and community wellbeing activities.

The role of local government

- The withdrawal from investment in health promotion at the state and federal levels has left a noticeable gap in responsibility for local area coordination of prevention and health promotion activities. Local government respondents described being left to pick up the responsibility, but with limited resources and capacity. For example, the Regional Public Health Plans that local governments are required to prepare under the SA Public Health Act have legitimised local government's role in health promotion, but local government are not resourced to implement the plans.

> "from a local government perspective, it looks to be another cost shift to local councils for stuff that the State Government should be funding. So councils were told they have to do these [Regional Public Health] plans, but weren't actually really given any resources to help do them".
>
> Respondent

- Local government were found to have a number of roles which are health promoting, including: providing local infrastructure for health promotion, such as venues for community activities and libraries, preparing Regional Public Health Plans, providing information about services in the local area, community consultation and acting as a representative for the local area, and providing small grants to the community.
- The lack of clarity about local government core roles and responsibilities in relation to health promotion has created tensions between state and local governments and within some local councils.
- Despite local councils' somewhat ambiguous role in relation to health promotion, it was noted by local government workers and community respondents that councils remain a first contact "point for many people for a range of services, and that councils can play a coordinating role in their local area. In addition, local councils have continued to strive to undertake good community development for health activities.
- A strong participation from local government employees and executives at the Healthy South Summit 29 November 2019 highlighted the commitment of southern councils to health promotion and their willingness to collaborate with other government agencies and sectors.

Equity is missing and why it matters

- Our study suggests that health promotion activities and infrastructures are not reaching those who need them most, and this has the potential to increase or at least not reduce health inequities. Inadequate funding for health promotion activities can make it very difficult to address equity and accessibility.

- Without an overarching strategic focus on equity, organisations are unable to devote resources to identifying inequities in the population and acting on them. The cuts to health promotion in Southern Adelaide Aboriginal services as well as to the mainstream services reflect the lack of an equity focus in government health strategies.

> "Our outer south environment is as disadvantaged as the north … no one ever considers that… Because it's not across the board where you can say, 'That's disadvantaged', then we miss the pockets and I think that's a vulnerability for those people from an equity and equality point of view that they actually aren't seen in that".
>
> Respondent

- Accessing information on activities and services is difficult. Information is often provided online, which excludes groups who do not have readily available digital access.

- For Aboriginal community members in particular, identified barriers to attend health and other services include:
  - Institutional racism
  - Biomedical, clinical focus of health services
  - Other social determinants: housing, literacy, language barriers, employment, income support
  - Cuts to Aboriginal health service staff
  - Transport disadvantage.

- Health services are important contact points for the community but these services are often not equipped with information. Respondents suggested that health professionals are not directing clients to the health promotion and community wellbeing activities that are available. This may be because health professionals don't know or have easy-to-access resources about what is available.

- Recent trends towards mainstreaming services are compounding Aboriginal and Torres Strait Islander community exclusion from mainstream services and activities. Aboriginal respondents said that they do not feel comfortable using services that are not culturally appropriate or "*trauma informed*". The narrowing of the role of the Aboriginal health services has meant that staff are not able to support the attendance of Aboriginal people at appointments and miss health promotion and early intervention opportunities that came from a more responsive and flexible model of service. Aboriginal-specific services, preferably community controlled, were seen as crucial for the health of Aboriginal and Torres Strait Islander people in southern Adelaide.

> "That's the issue I think; if it's mainstream not many Aboriginal people [go]". The Aboriginal people who are accessing mainstream services are not those most in need: "the people that we are catering for are those that cannot access the mainstream because there are no services that can actually cater for them because they will feel like they're excluded".
>
> Focus group participant

- Sectors outside health have also been affected by budget reductions: "*There's cuts all the time and it's trying to make it all mainstream. There used to be Aboriginal people in housing, there used to be Aboriginal people in Centrelink and everywhere, Family SA and lots of Aboriginal people working, and that's all changing, and the less it gets the worse that our people get*".

Lack of community member opportunities to shape health promoting structures

- State government supports strengthening community engagement, but our research revealed concern about the limited implementation of this goal. For example, the recent defunding of the Health Consumers Alliance of SA is not consistent with the government's goal of increasing community engagement.

- Our respondents suggest that opportunities for the community to have a voice in the south have decreased and that the community advisory groups that currently exist are not necessarily representative of the community, as they tend to be heavily comprised of service providers.

- There are fewer opportunities for community members and groups to engage with policy makers: "*I don't know whether it's resources or the leadership style or what's happened but there does seem to be a bit of a withdrawing from that sort of collaborative approach*".

- Community members and NGO employees also noted a trend whereby health service staff were putting distance between themselves and the community which not only impacts quality of care but opportunities for consultation and community engagement.

> "I think probably the reason they [service providers who worked in Noarlunga Health Village] were effective is because they were open to everybody and engaged with community in a consultative way. So it wasn't a case of, "I'm the professional and I know what I'm doing". It was a case of more genuinely working together to look at issues and to look at problems and I think that's probably the most effective way to work in terms of health promotion and probably most things."
>
> Respondent

Photo: Healthy South Summit held at Flinders University on the 29th November 2019.

Part Three: Understanding the health promotion system: Causal loop diagram

We adapted a systems causal loop diagram developed by Dr. Lori Baugh Littlejohns,[1] with the findings from the Healthy South project analyses. The result is presented in Figure 1 below.

A causal loop diagram is useful in indicating feedback loops that contribute to balance in a system (indicated when one arrow in a set has a positive valence, and the other arrow a negative valence), or create virtuous (two positive arrows) or vicious cycles (two negative arrows).

The happy and sad faces indicate whether or not the loop is currently positive or negative for health promotion in southern Adelaide. For example, while the mandated role for local government is resulting in significant health promotion activity by local governments (creating a positive feedback loop that boosts the local council's role in health promotion in a virtuous cycle), the limited funding provided to local government to undertake this work balances out these positives because it limits the growth of health promotion work done by local governments.

The green sections are relevant to the role of the health system in taking leadership on health promotion. The red sections refer to broader governance for health across sectors. The blue sections affect the whole system.
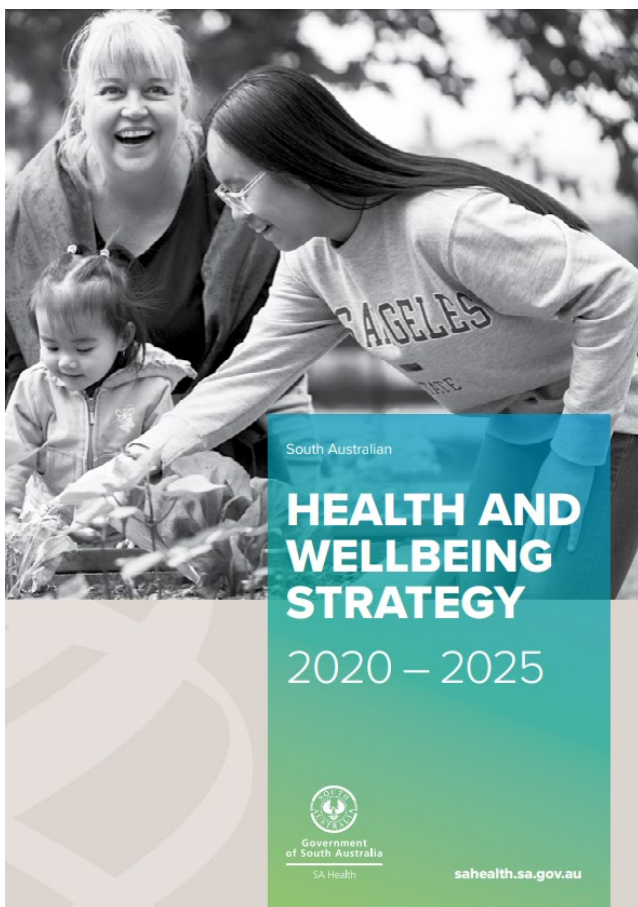
Left: The South Australian Department for Health and Wellbeing's Health and Wellbeing Strategy 2020-2025, has the potential to shift the health system focus to prevention and wellbeing with the establishment of the agency Wellbeing SA.

Below: The Southern Adelaide Local Health Network (SALHN) Strategic Direction Map 2019-24 was developed in response to the SA Health Strategic Plan 2017-2020, and outlines a plan for how clinical services can meet the demands of the southern Adelaide community.

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[1] Baugh-Littlejohns, L., Baum, F., Lawless, A., & Freeman, T. (2018). The value of a causal loop diagram in exploring the complex interplay of factors that influence health promotion in a multisectoral health system in Australia. Health Research Policy and Systems, 16, 126.

Figure 1: Adapted systems causal loop diagram
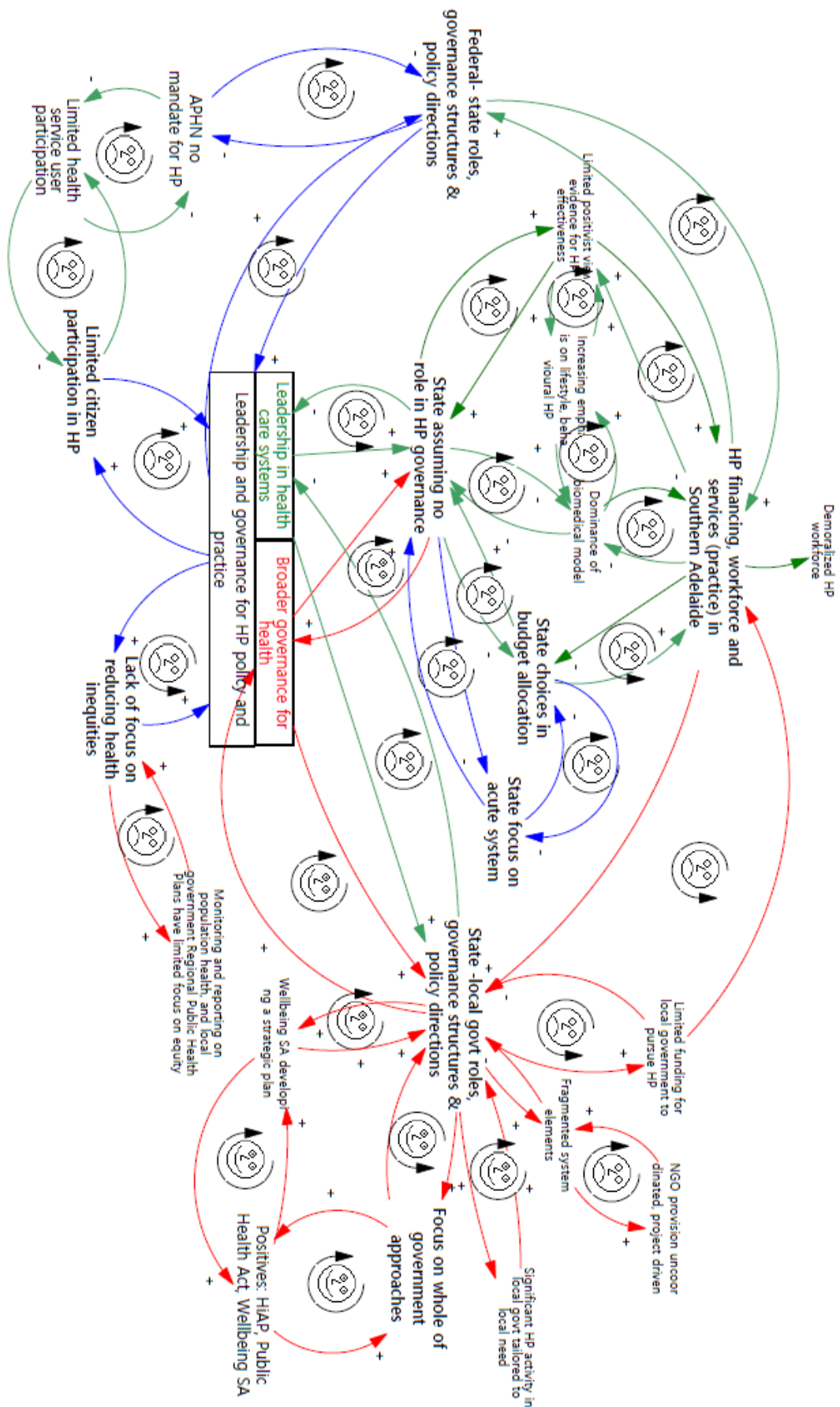
Part Four: Creating liveable suburban neighbourhoods to advance health and wellbeing

The long-term risk of developing NCDs is strongly influenced by social determinants attached to the urban environments in which people live, work and recreate. The form of the city affects the life of the city, and the life of the city affects the health and wellbeing of its residents. Consequently, urban planning policy settings and their effective implementation have significant effects on health and/or health inequities (for good or ill) by affecting known determinants of health. Given this clear link between urban environments and health and wellbeing we developed a tool to assess the extent to which neighbourhoods support health and how they could do so more effectively.

The health benefits of a transition towards liveable neighbourhoods

The quality of local neighbourhoods is a foundation of the extent to which they support health and sustainability. A well designed and connected 'liveable' neighbourhood encourages physical activity and supports practical and daily activities. In turn this supports the health and wellbeing of residents. In southern Adelaide, only a small minority of people live in neighbourhoods that achieve all or most of the attributes of healthy liveability. Therefore, there is considerable opportunity to improve population health by improving neighbourhood liveability. Planning policy tends to focus on new development and not on existing neighbourhoods. Hence we focussed on the latter.

Our review of literature shows that a policy program to transition the automobile-oriented suburbs that dominate the southern region of Adelaide into healthy liveable neighbourhoods would improve population health and health equity by:

- significantly increasing the likelihood of residents obtaining or exceeding recommended levels of physical activity.
- enabling people to access the goods, services and social activities they need or desire independently as pedestrians; therefore, broadening autonomy, independence and self-reliance to the least advantaged.
- reducing average time spent in cars and average vehicle kilometres travelled; therefore, reduces road trauma, localised pollution, and greenhouse gas emissions.
- increasing activity in parks.
- increasing time spent in public; therefore, opportunities for chance encounters between neighbours, social and optional activities, conviviality, and weak ties.
- increasing perceptions of safety, social connectedness, and belonging; therefore, reducing anxiety, isolation and loneliness with positive effects on both physical and mental health.
- facilitating social connection and allowing people to move to more appropriate or affordable dwellings without leaving their home neighbourhoods.
- increasing local employment and local business opportunities.

The Healthy Urban Neighbourhood Transition Tool (HUNTT)

To enable a co-ordinated transition process, the Healthy South project team developed the Healthy Urban Transition Tool (HUNTT). The HUNTT is designed to assess the liveability strengths and weaknesses of existing neighbourhoods and inform plans required for a guided and coordinated transition towards a more liveable neighbourhood. The HUNTT can be used by engaged actors to assess the health and liveability of the physical form and function of individual neighbourhoods and the regulations and standards that are currently directing change based on a comprehensive range of social determinants of health and health equity indicators.

The HUNTT is organised under broad themes and subthemes containing the design detail and indicators that contribute to or detract from healthy liveability. These are in brief:

- **Public Realm**: streets (paths, verges, lighting, furniture, plants, edges, beauty), opens space (amenities, facilities, distances, complexity, upkeep) safety (traffic, crime, perceptions of crime).
- **Transport & access**: walking (streets, permeability, distances, destinations), cycling (paths, end of trip facilities), public transport (stop safety, access and quality, and convenience), cars (calming).
- **Housing:** design (location, orientation), diversity (style, size, tenure), affordability, density, and energy efficiency
- **Social Inclusion**: Housing affordability, destinations (services, premises, jobs, business numbers), employment access.
- **Food:** stores, land protection, gardens.

Using the HUNTT

The HUNTT's development has been guided by transition management theory. Transition management theory recognises the plurality of actors large and small within and outside government involved in transition management and advocates the use of governance structures, inter-sectoral cooperation and coordination, and prescriptive but reflexive frameworks as a means of guiding transitions towards goals such as healthy liveability.

We have developed the HUNTT to be used by local governments and neighbourhood-based community groups to assess their neighbourhoods in order to guide neighbourhood transition management, planning and action. Data to measure each element of the HUNTT is obtainable to the user via structured observational analysis (surveys of built form and infrastructure); GIS spatial information systems (connection, distances, block sizes); and secondary data sources gathered by the ABS (population, housing, business activity, employment), state governments (development activity, traffic, public transport), and local governments (development proposals, community service provision). The HUNTT is currently being piloted in two southern neighbourhoods.

Future projects and stakeholder support

A positive result from the Healthy South project has been the collaboration and support from Wellbeing SA and the SA Planning Commission for the HUNTT. In Partnership with Flinders University, Wellbeing SA agreed to fund the trial of the HUNTT across metropolitan Adelaide in 2020.

For more information on the HUNTT Contact Dr Michael McGreevy, Michael.mcgreevy@flinders.edu.au

Part Five: The Future: Making health and wellbeing flourish in southern Adelaide

Two key, inter-related elements were identified from our research which encourage health and wellbeing to flourish in southern Adelaide: a vision that supports health promotion, and improved governance and leadership for health promotion.

1. Need for vision

For health and wellbeing to flourish in southern Adelaide, a shared vision by citizens, government (in health, other sectors, and whole-of-government), and non-government organisations is needed that supports health promotion and community wellbeing. Achieving this vision will require:
- a long-term perspective on prevention in contrast to the current dominance of a crisis-driven approach in many sectors, including the health system
- an understanding of the links between health, wellbeing, sustainability, and urban planning
- not just a vision for the health sector, but for a whole-of-government, community-engaged approach to health and wellbeing, informed by the work of Health in All Policies with other government sectors.

Strategies for action
Our research identified a range of current challenges for health promotion in the region. With these findings in view we propose ten strategies that could be adopted or adapted to guide a Healthy South initiative:

1. Re-establish leadership and coordination of health promotion activity in the south

2. Revitalise and strengthen the role of the health system in health promotion

3. Focus on primary prevention and health promotion in all sectors to create healthy environments

4. Look for and prioritise strategies that combine benefits for health and ecological sustainability

5. Focus resources to meet need in areas of disadvantage

6. Adopt a systems view of healthy urban environments and work towards transitioning automobile-oriented suburbs into healthy liveable neighbourhoods

7. Recognise Kaurna heritage and knowledge as an asset for community wellbeing

8. Work in partnership with Aboriginal and Torres Strait Islander community members to implement health promotion strategies that celebrate Indigenous cultures

9. Adopt a strength-based approach – create opportunities for people to exercise capabilities for wellbeing

10. Listen to community needs – including culturally and linguistically diverse communities – and engage community organisations and members as participants in real and meaningful partnerships

2. Need for improved governance and leadership

Improving health promotion governance and leadership in southern Adelaide will require a coordinating structure to fill the current void. To start this discussion, we are proposing one possible model: a **Southern Adelaide Health, Wellbeing, and Sustainability Hub**. Similar hubs could be established in other regions of South Australia. They could learn from each other, and jointly advocate to State and Federal governments on social determinants of health and health equity in their regions.

> "There's got to be good leadership. But it's got to galvanize the people down here and actually listen to what they're saying."
>
> Respondent

We propose the Southern Adelaide Health, Wellbeing, and Sustainability Hub must have authority and be appropriately resourced to undertake the following functions:

- **Foster leadership** both within the health system and across government to support broad governance for health and health equity in the south of Adelaide.
- Maintain adequate data bases and community consultation which enable regular **needs analyses of the region**, including health status, health inequities, social determinants of health, and gaps in available health, social, and environmental services.
- **Coordinate health promotion and community wellbeing activities in the region**, in partnership with local government, and the State (SALHN, SA Health) and Federal health system (PHNs, general practice). Key themes from the community focus groups were: the importance of evaluating access issues for health promotion participation and action in southern Adelaide, such as the need for community spaces, transport services to allow community groups to meet, and equitable participation from the community.

> "Having that as a specific focus, … people who are specifically focused on health promotion. And then of course decisions need to be made on how, and what is the priority? And that comes back as well, from the point of view of Aboriginal health, to speaking with community"
>
> Focus group participant

- Advocate for and contribute to **healthy urban planning** in the region, to be realized through partnerships between local and state government and citizens, and use instruments such as the HUNTT to create healthy neighbourhoods.
- Support and resource local governments' **Regional Public Health Plans** and health promotion mandate under the SA Public Health Act.
- Coordinate **citizen participation** into planning for the region through a representative structure, and on-going consultation and participation strategies. This citizen participation would feed into the health sector and sectors outside of health, to represent public interest in decision-making affecting the region.
- Advocating for health **system reorientation to and investment in primary health care and health promotion.**
- Ensure **training and support for the local health promotion workforce**, within and outside the health system.
- Work with local councils, other relevant agencies, NGOs, and community groups to foster a **liveable and sustainable natural and built environment in the region**, and reduce the region's contribution to climate change e.g. by encouraging renewable energy, public transport, green manufacturing and tree planting.

In addition to a structure such as the proposed hub, further actions would be required in the broader state policy environment to allow health promotion to flourish in southern Adelaide:

- **Promote a social determinants model of health.** We note the establishment of Wellbeing SA as a promising development in the state health system that has the potential to promote emphasis on social determinants of health, and revitalize primary health care, health promotion, and community wellbeing. For health promotion to be fully supported in southern Adelaide, a shift from the prevailing biomedical approach to health is required to a model that places greater emphasis on the need to respond to the evidence on the social determinants of health.

- **Provide adequate resources and workforce.** We suggest SA Health and SALHN reinvest in a workforce with a dedicated role to promote health and wellbeing in the community through coordinating the health promotion role of the health and other sectors. We also propose that local government's role in health promotion is properly resourced to allow them to meet their health promotion potential.

- **Leadership in health care services.** The health system was noted in our research to be acute care-orientated and crisis-driven. Health promotion has been de-funded by the state, resulting in an absence of leadership. SA Health, Wellbeing SA, and SALHN could collaborate to re-establish leadership for health promotion in the health system. This would need to be accompanied by a reinvestment in primary health care by the state health system, including in Aboriginal and Torres Strait Islander health.

- **Broader governance for health.** This would expand on the principles of Health in All Policies. The Health in All Policies approach has had some success in addressing social determinants of health at the state government level and there is potential for it to be implemented at a regional level. If there was a broader authorizing governance for Health in All Policies, this would support statewide and regional intersectoral collaborations to foster environments and living conditions that are supportive of health, sustainability and equity.

> "Structures that breakdown those silos in government and in councils … Healthy South being a hub. That sort of structure I think is really useful."
>
> Respondent

These broader environmental strategies and the proposed role of the hub is shown in Figure 2:
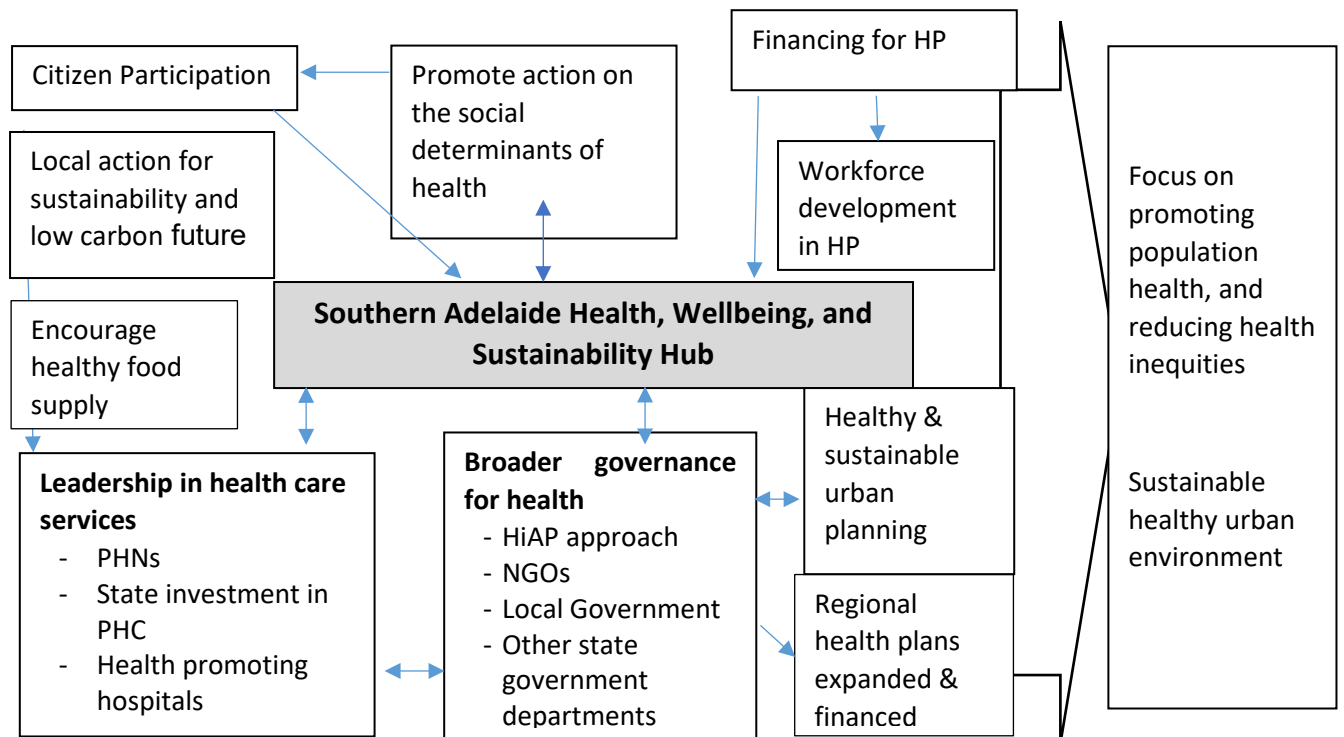

Figure 2. Proposed Southern Adelaide Health, Wellbeing, and Sustainability Hub, necessary elements, and intended outcomes

The Southern Adelaide Health, Wellbeing, and Sustainability Hub is one proposed governance structure that could increase support for health promotion in southern Adelaide. While its establishment, and the investment in the health promotion workforce, necessitates the investment of resources, these would improve health and wellbeing, and health equity, within southern Adelaide, reduce the incidence of non-communicable diseases including mental ill health, and so reduce acute health care costs. There would be additional social and environmental benefits from the investment, including greater economic and social participation, and a healthier environment.

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For more detail about this research project. https://www.flinders.edu.au/southgate-institute-health-society-equity/health-equity-policy

For more information about the work of the Southgate Institute's Healthy Equity Hub
https://www.flinders.edu.au/healthequity-southgate