

COMMUNITY AND CULTURE COMMITTEE MEETING

Minutes of Meeting held Monday, 15 July 2013, at 7pm
in the Unley Civic Centre
181 Unley Road, Unley

PRESENT:

Councillor Peter Hughes (Presiding Member)
Mayor Lachlan Clyne (ex officio)
Councillor Michael Hudson
Councillor Michael Saies
Dr Lynn Arnold
Mr Peter Croft
Mr Greg Mackie

OFFICERS PRESENT:

Ms Megan Berghuis, General Manager Community
Ms Rebecca Wilson, Manager Governance and Risk
Ms Pam Hocking, Executive Assistant to the General Manager

OBSERVERS:

Councillor Palmer
Councillor Koumi
Councillor Sangster

REPORT TO COUNCIL: 22/7/2013

ACKNOWLEDGEMENT:

The Presiding Member opened the meeting with the Acknowledgement and welcomed Members of Council, senior staff and members of the gallery to the meeting.

APOLOGIES:

Councillor Tipper

CONFIRMATION OF MINUTES:

MOVED: Greg Mackie

SECONDED: Lynn Arnold

That the minutes of the meeting of the Community and Culture Committee held on Monday, 13 May 2013, as circulated, be taken as read and signed as a correct record.

Councillor Hughes MOVED as an AMENDMENT, SECONDED Councillor Hudson that:

1. The first sentence under Item 3 – Community, Cultural, Recreation and Environment Grant Funding be amended to read:

“Councillor Saies declared a conflict of interest with the application received from the Sturt Football Club and left the meeting. He was recalled when debate had moved to other applications. When it came time to vote on the motion Councillor Saies again left the room and was recalled after the vote.”

2. The minutes of the meeting of the Community and Culture Committee held on Monday, 13 May 2013, as amended, be taken as read and signed as a correct record.

The AMENDMENT on being put was **CARRIED**

The AMENDMENT then became the **MOTION** which was put and **CARRIED**

CONFLICT OF INTEREST:

Nil.

DEPUTATIONS

Nil.

PRESENTATIONS:

Fran Baum, Professor of Public Health and Director, Southgate Institute, Flinders University, presented on the Social Determinants of Health Inequity and Local Government prior to discussion on Item 6 – Public Health Plan.

SUSPENSION OF STANDING ORDERS

The Presiding Member suggested a short term suspension of meeting procedures for 15 minutes to allow for discussion on the presentation by Professor Baum. This was agreed with a two thirds majority.

Standing orders were suspended at 7.28pm.

Standing orders were resumed at 7.40pm.

Ms Sally Modystach, Director Health Environs, presented on Public Health Planning: Planning for the Health and Wellbeing of Our Community prior to discussion on Item 6 – Public Health Plan.

SUSPENSION OF STANDING ORDERS

The Presiding Member suggested a short term suspension of meeting procedures for 15 minutes to allow for discussion on the presentation by Ms Modystach. This was agreed with a two thirds majority.

The standing orders were suspended at 7.58pm.

EXTENSION TO SUSPENSION OF STANDING ORDERS

A further extension of standing orders for 5 minutes at 8.15pm was agreed with a two thirds majority.

Standing orders were resumed at 8.22pm.

Mayor Clyne left the meeting at 8.23pm.

ITEM 6 **PUBLIC HEALTH PLAN**

MOVED: Councillor Hughes

SECONDED: Dr Arnold

That:

1. The report be received.
2. The Committee recommend that Council approve the development of a regional Public Health Plan to be undertaken in partnership with the City of Mitcham.
3. The Committee recommend that the draft regional Public Health Plan be presented to Council for consideration, prior to being submitted to the Minister for Health and Ageing.

CARRIED

ITEM 7
PLACE ACTIVATION EVENTS PROGRAM 2013/14

MOVED: Councillor Hudson
SECONDED: Councillor Saies

That:

1. The report be received.
2. The 2013/14 Place Activation Events Program as outlined in Attachment 1 of Item 7/13 be presented to Council for endorsement.

CARRIED UNANIMOUSLY

NEXT MEETING:

Monday, 21 October 2013

CLOSURE

The Presiding Member closed the meeting at 8.38pm.

.....
PRESIDING MEMBER

.....
DATE



Public Health Planning

Planning for the health and
well-being of our community



Background

- Public health planning is a local government requirement under the *SA Public Health Act 2011*
- Why is it important?
 - **Flexible**
 - Address current and emerging issues
 - **Holistic**
 - The social determinants of health
 - A 'whole of Council' approach
 - **Partnership approach**
 - Council's role
 - The role of other agencies and groups



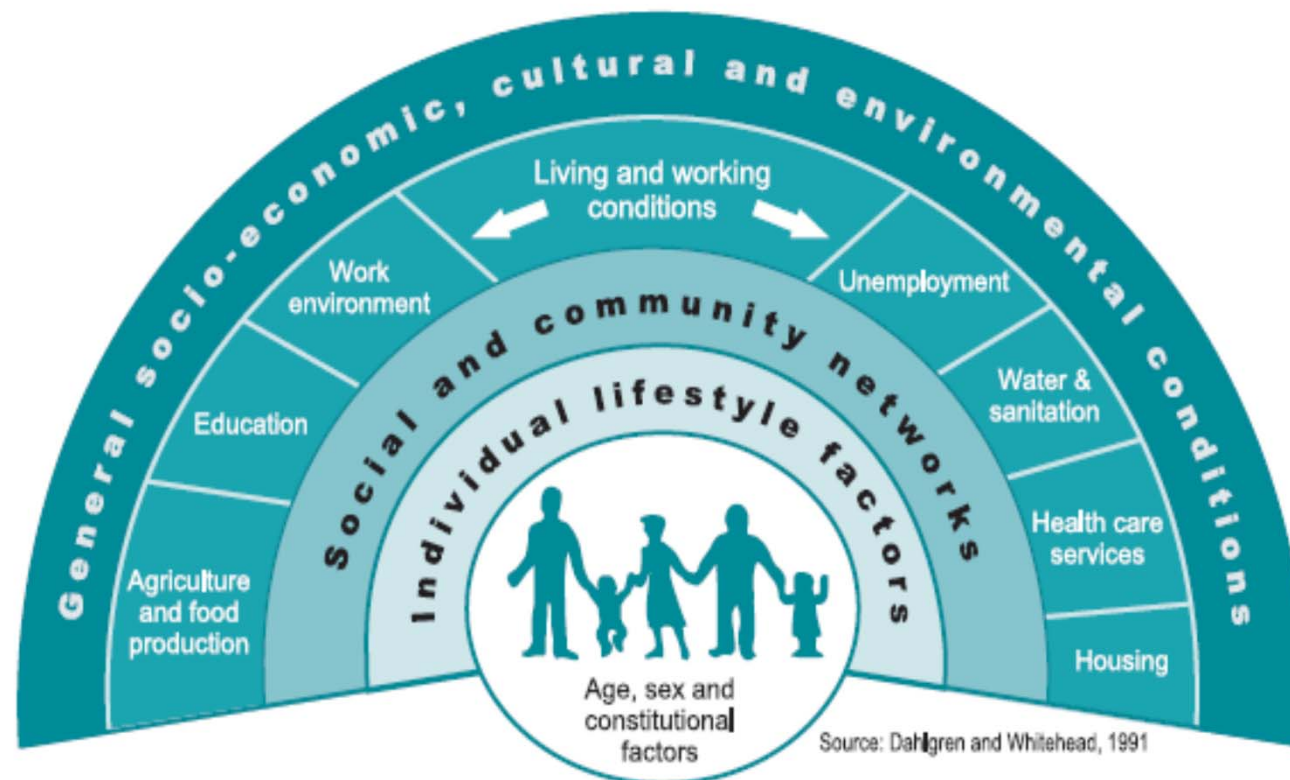
A flexible approach to emerging public health issues





A holistic approach to addressing the social determinants of health

Figure 1: The Key Determinants of Health and Wellbeing





A healthy community is a sustainable community





Planning – the key requirements

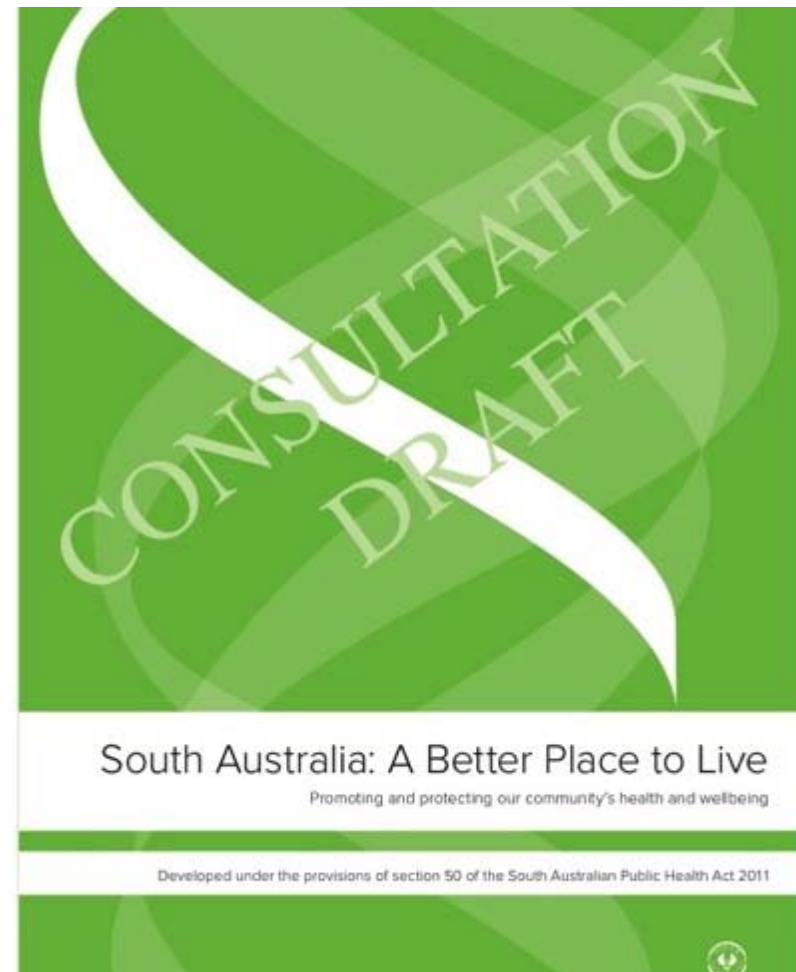
PH Act Section	Requirement
S51 (1)	Councils must prepare and maintain a regional public health plan
S51(5)	A plan should be consistent with the State Plan
S51(8)	A regional public health plan must assess and provide information on...the state of health, potential risks and opportunities
S51(17)	May be integrated with strategic management planning under S122 of the Local Government Act 1999.
S51(19)	Plans must be reviewed every 5 years
S51(18)	Through agreement can assign responsibility for strategies or goals to a 'public health partner authority'
S52	Progress against plans must be reported every 2 years.



The planning scope

It will document Council's response to the State Health Plan...

1. Stronger, Healthier Communities
2. Increasing Opportunities for Healthy Living, Healthy Eating and being Active
3. Preparing for climate change
4. Sustaining and Improving Public and Environmental Health Protection





An opportunity for the City of Unley

- We can build on our Community Plan themes.....
 - Emerging
 - **Living**
 - Moving
 - **Greening**



**A COMMUNITY
OF POSSIBILITIES**





A regional approach for Unley and Mitcham

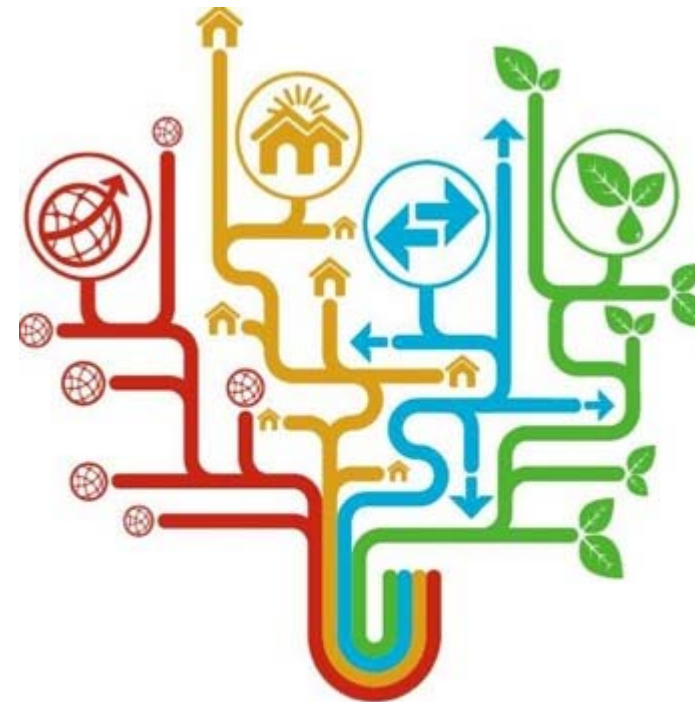
- **The benefits of working together**
 - Resource and information sharing
 - Regional partnership opportunities
 - Strengthened advocacy and funding
 - Efficiency of evaluation and reporting
- **We still need to ensure**
 - Council ownership
 - Recognition of issues specific to each Council





An opportunity for the City of Unley

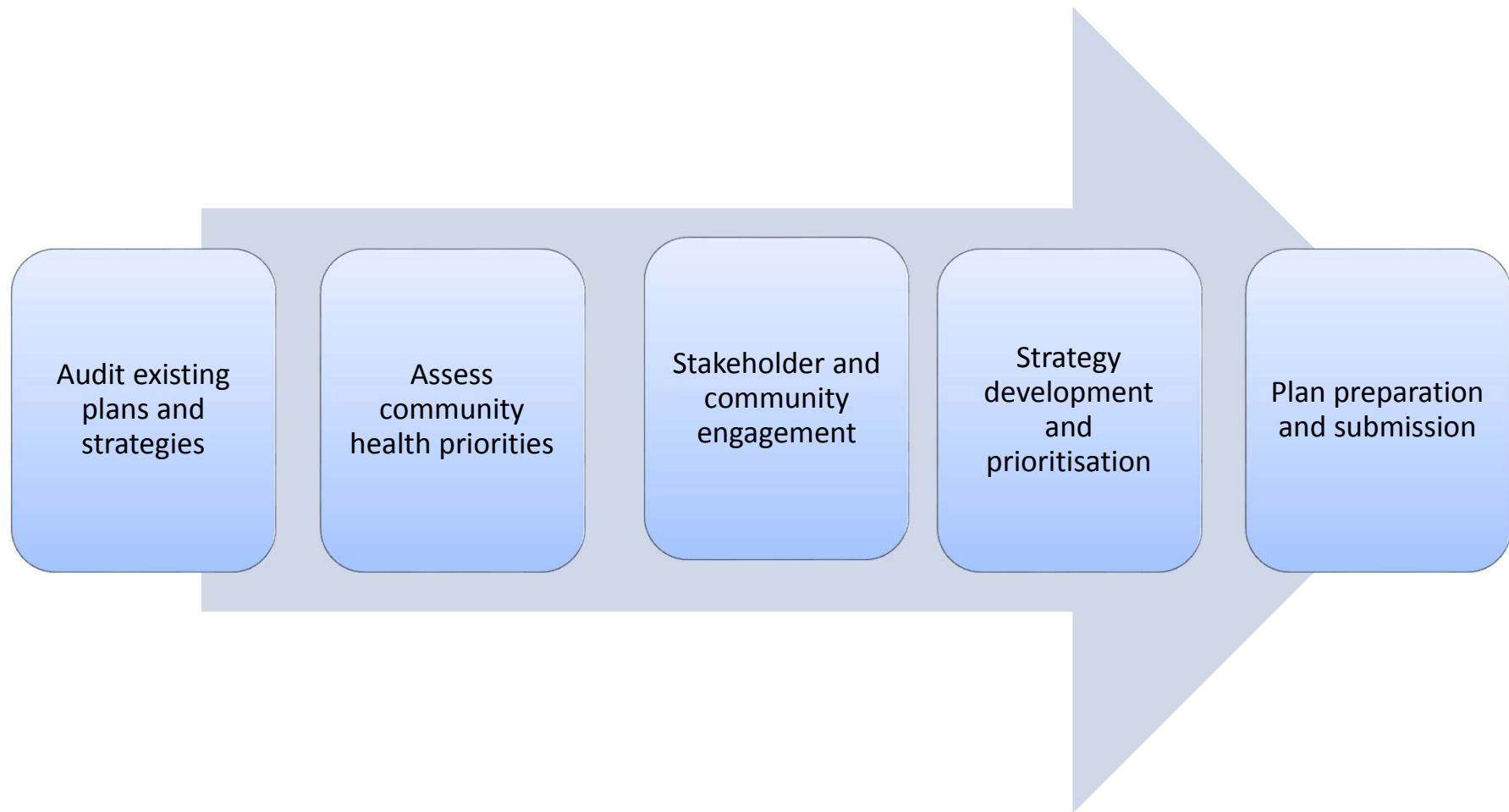
- We can recognise existing achievements...
 - World Health Organisation Age-Friendly City
 - Environmental sustainability
 - Food security
 - Regional environmental health services
 - Eastern region climate change project



**A COMMUNITY
OF POSSIBILITIES**



The planning stages



Questions





Flinders
UNIVERSITY

inspiring achievement

Social determinants of health inequity and Local Government

Fran Baum

Southgate Institute for Health, Society
& Equity



Presentation to Unley Council 15th July 2013

Flinders
UNIVERSITY

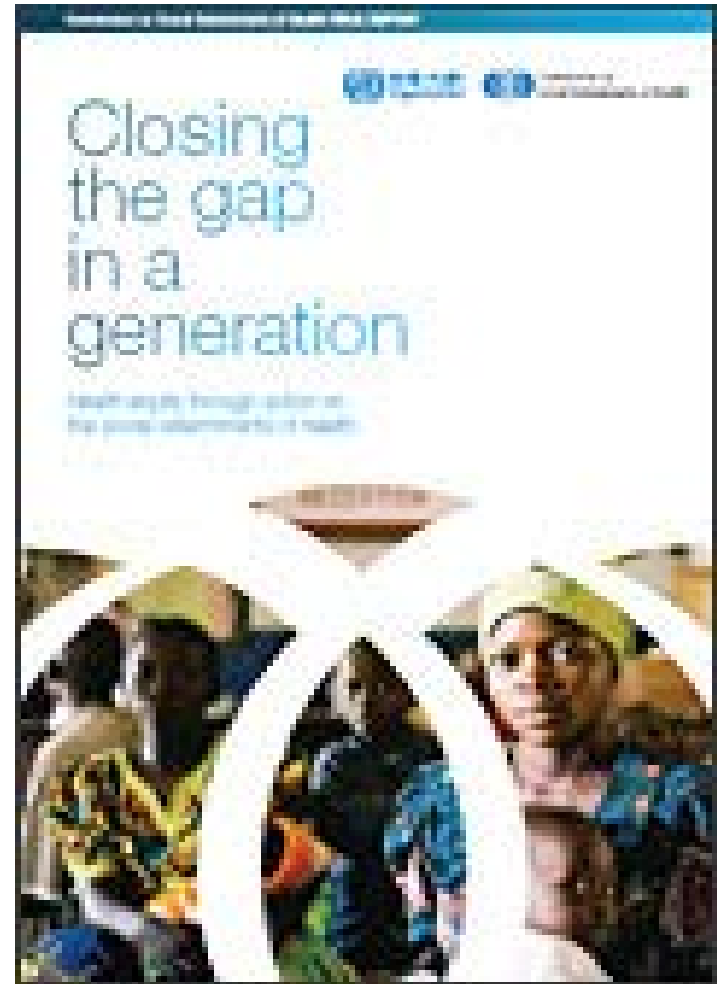
inspiring achievement

Overview

- **Evidence on how social determinants affect our health and well-being**
- Importance of equity
- Creating healthy societies

Commission on the Social Determinants of Health

- Launched 28th August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- "*Health inequity really is a matter of life and death*" Margaret Chan



Basic logic: what good does it do to treat
people's illnesses/addictions/send them to gaol/

.....



then give them no choice to go back to or no control
over the conditions that made them
sick/addicted/commit crime in the first place?

- “The Commission’s main finding is straightforward. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one.This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health.But, let me emphasize, it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place”.



Dr Margaret Chan

Director-General

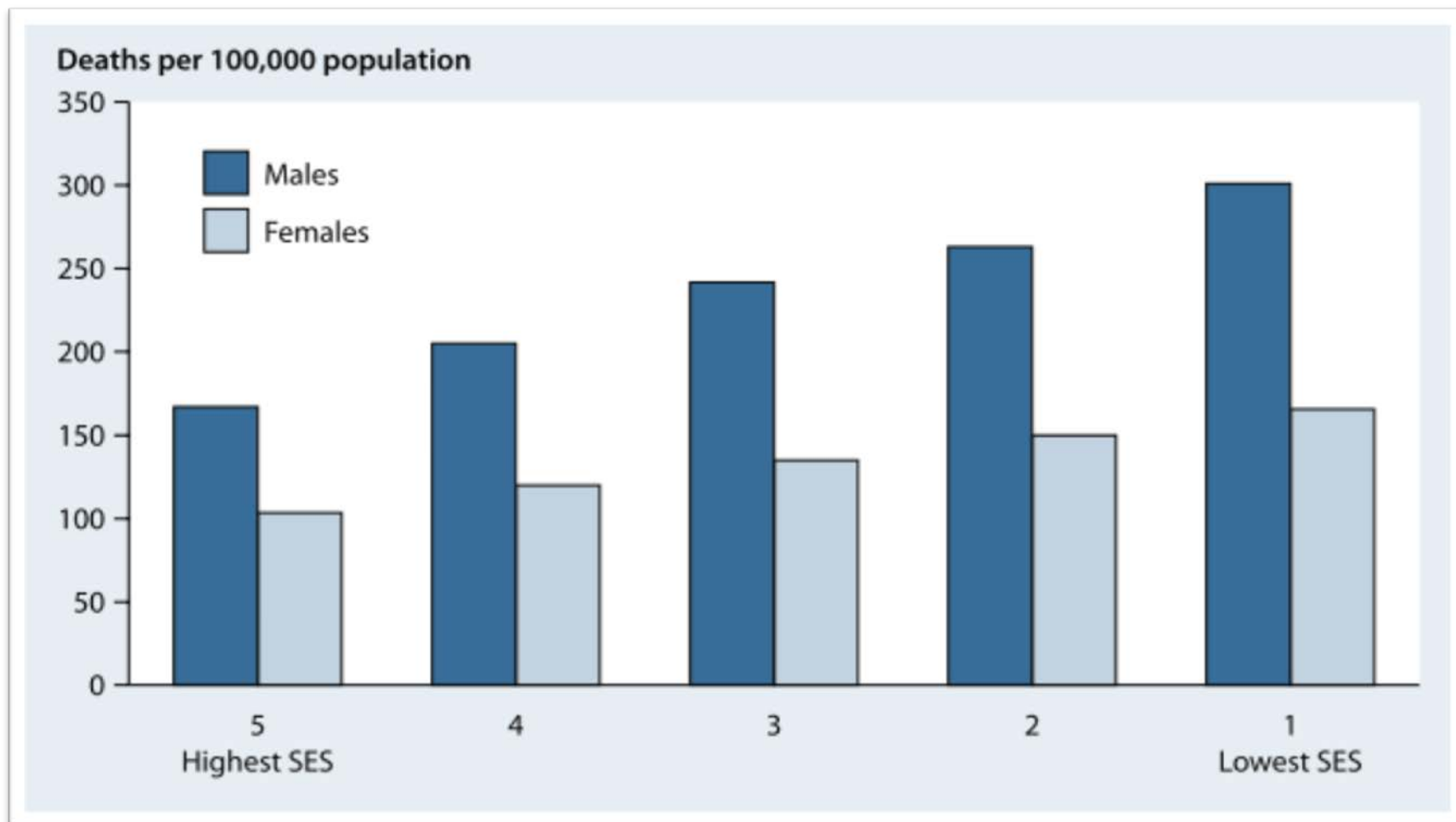


World Health
Organization

"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."

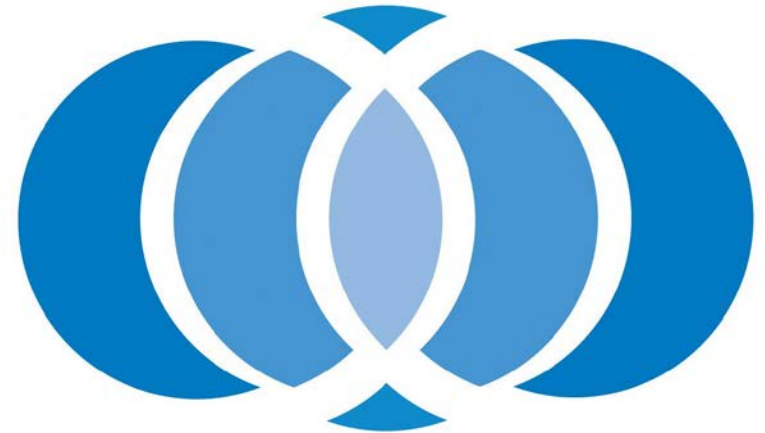


Premature mortality: Premature deaths at ages 15–64 years, by sex and socioeconomic status, 2002–2006



Final Report: Value Base

- Need for more health equity because *“it is right and just”* & a *human right*
- Quality and distribution of health seen as a judge of the success of a society
- Empowerment central



Examples of social determinants affecting health



CATHOLIC HEALTH
Australia

Health lies in wealth

HEALTH INEQUALITIES IN
AUSTRALIANS OF WORKING AGE

REPORT NO. 1/2010

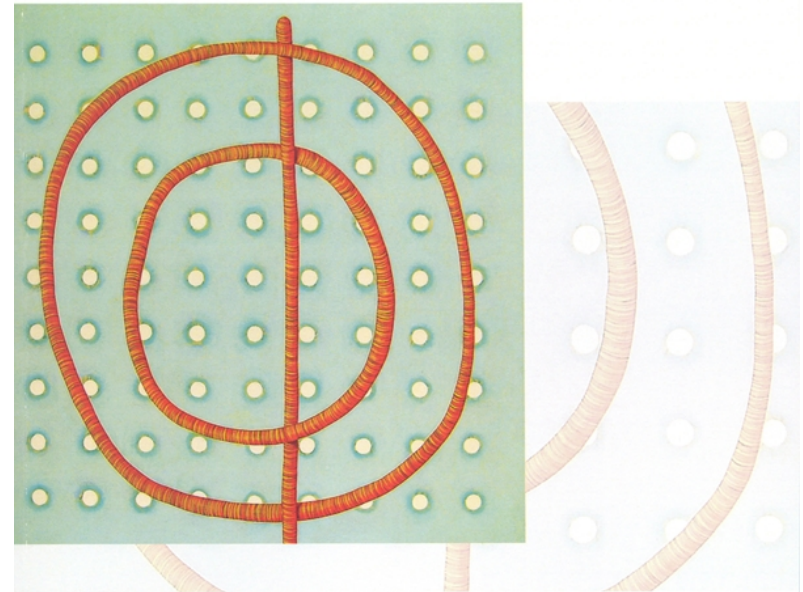
Published 26th September 2010

Up to 65 percent of those living in public rental accommodation have long term health problems compared with only 15 per cent of home-owners

The most discriminating socio-economic factors for smoking are education, housing tenure and income

Aboriginal reports of racism

- 153 Aboriginal people living in Adelaide
- Non-random sample
- Interviews conducted by Aboriginal project manager and Aboriginal interviewers



In our own backyard:

Urban health inequities and Aboriginal experiences of neighbourhood life, social capital and racism

Gilbert Gallaher, Anna Ziersch, Fran Baum, Michael Bentley, Catherine Palmer, Wendy Edmondson, Laura Winslow

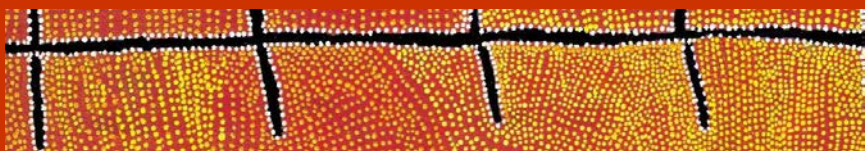


Racism in at least one institutional setting

Never/ hardly ever	Sometimes	Often/ very often
16	30	54



- “You could be the only person on the back of the bus and no one will sit with you if you’re Nunga...everyone else will stand up around you”(002)
- “If I’m going into the shop and like there might be one or two before me, then about three or four come and then she goes onto them I’ll just say ‘I’m not just a shadow standing here. I was here before them’” (056)
- “People are always watching you and watching what you’re doing and, you know. Watching where your hands are and shit. Like I said now I just go and show them my bag anyway, as I’m walking out. Just you know...even if they don’t ask” (Belinda, 30yrs)
- “You get called ‘black mongrel’ when you’re walking along’ (Mary, 51 yrs)



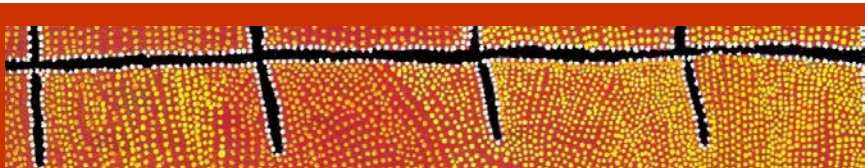
Effects on health of racism

Increased experiences of racism linked to worse mental health (Ziersch et al, ANZJPH, 2011)

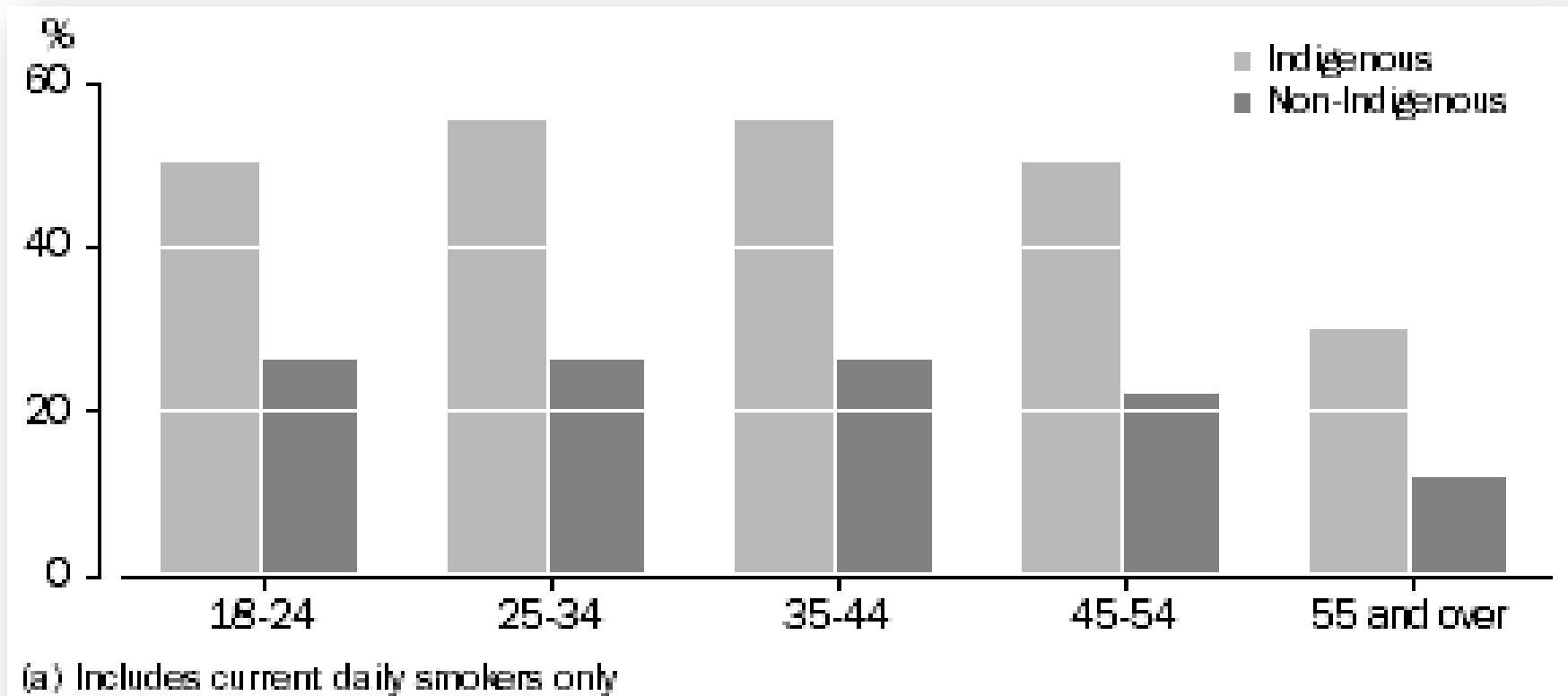
....even growing up, I mean . it's just you feel inferior you know.- people are staring at you, watching you. You just know it, and it does make you feel like, I don't know. I think it has affected my health because now . I have a bit of nerve problems and I really think it makes me. Because I'm not coping with people, with racism and that you know? . I think it has in a way affected my health, the racism that I grew up with and that, you know. (Linda, 50yrs)

....Purely because again because with racism you feel depressed which could then you know go into eating, the wrong [thing], drinking smoking whatever so yeah. (Shane, 31yrs)

(Source: Zierch, Gallaher, Baum & Bentley, Social Science & Medicine, 2011)



Indigenous and non-Indigenous daily smokers over 18 yrs by age: 2004-05



Tobacco use: Social determinants of being an Indigenous non-smoker (Thomas et al 2008)

- The strongest associations with being a non-smoker are for those not arrested or incarcerated in the last 5 years
- Indigenous people who have not been removed from their natural family are twice as likely to be a non-smoker, to never have smoked or to have quit

Thomas, D.P., Briggs, V., Anderson, I.P. & Cunningham, J. (2008) 'The social determinants of being an Indigenous non-smoker'. *Australian and New Zealand Journal of Public Health*, 32.

Working class women and smoking – Graham (1987, 1994)

- Demonstrated that women use smoking as a means of coping with stressful lives
- “having a fag” was one of the small pleasures in an otherwise difficult life



Making sense of risky behaviour

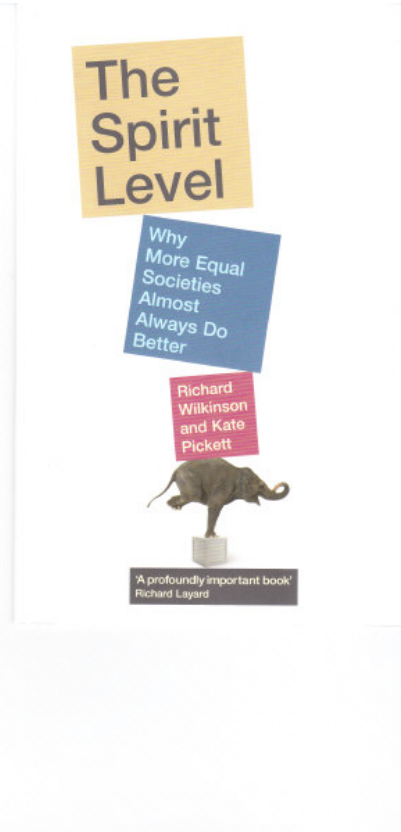
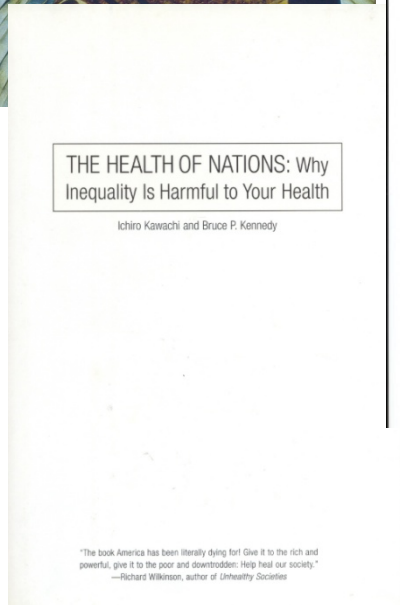
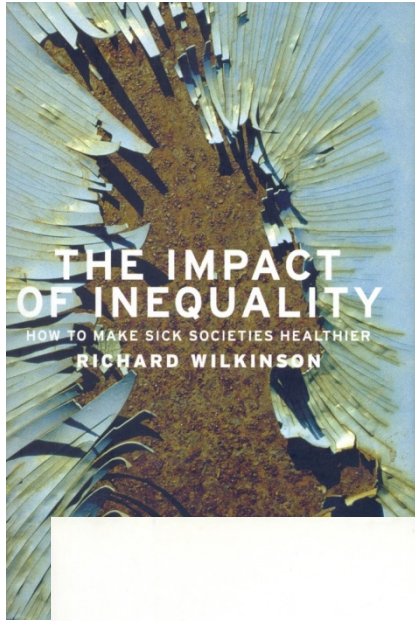
- *The function of risk behaviours is to help individuals and groups manage the difficulties and problems of daily life..(not to support) deviant behaviors’ (Wenzel, 1994:.131) and “ The outcomes of risk behaviours are mainly relaxation, pleasure, fun, i.e., wellbeing for a short period of time” (Wenzel, 1994:132.*



Overview

- How social determinants affect our health and well-being
- **Equity is good for all of us**
- Creating healthy societies

Epidemiology of Inequality

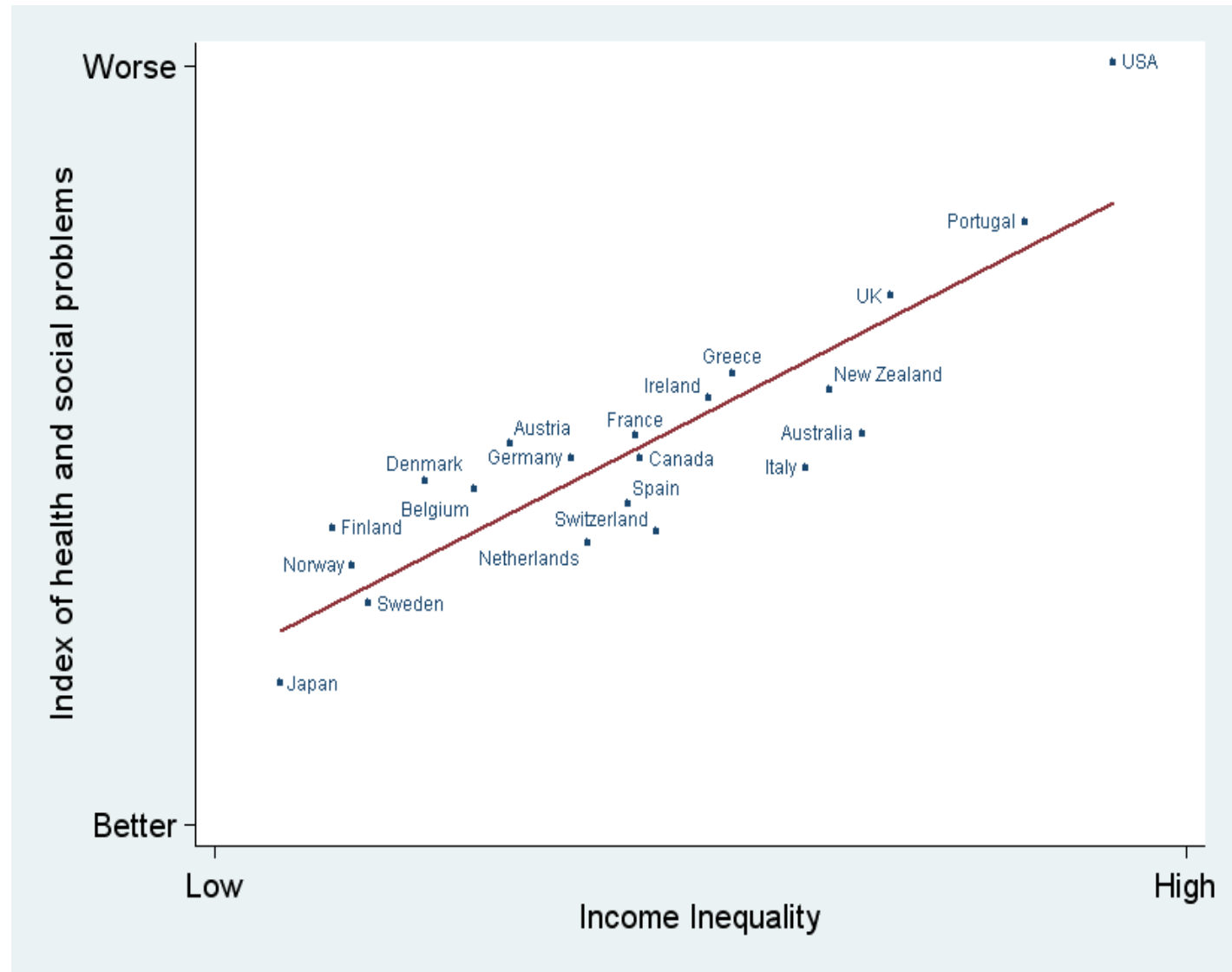


- More equal societies are healthier
- More equity leads to more just social policies
- Less crime more cohesion

Health and Social Problems are Worse in More Unequal Countries

Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



“If people’s perception of their happiness is judged according to what they have relative to others, then substantial economic inequality is a recipe for widespread social discontent”

“..the redress of economic inequality is central to the achievement of a good society”

Stilwell & Jordan (2007) Who Gets What? Analysing Economic Inequality in Australia

“When inequities become too great the idea of community becomes impossible.” (Raymond Arons)



Health and well-being is
not just about how rich
we are but about what
we choose to do with
resources

United States compared to Costa Rica

Indicator	US	Costa Rica
Life expectancy at birth	78.5	79.3
Infant Mortality Rate	8	11
Happy Planet Index	37.3 (ranked 105 th)	64.0 (ranked 1)
Gross National Income (per capita US \$)	43,017	10,497
Health expenditure (per capita US \$)	7960	1155

Source: Human Development Report (2011), WHO (2012)

Cost or distribution issue?

William Beveridge (founder of UK Welfare state)
argued for:

*“bread and health for all before
cakes and circuses for anyone”*

Overview

- How social determinants affect our health and well-being
- Equity is good for all of us
- **Creating healthy societies:
practices and policies**

Whole of government & economy approach

- Vision and commitment to health and well-being equity
- Health, well-being & equity adopted as shared goal of government
- Make all sectors aware of and accountable for their health, social and environmental impact
- Integrated policy responses
- Regulate private sector to ensure it acts in a way that promotes & supports health and pays sufficient taxation
- Taxation as the “price of civilisation” to invest in good quality public services



Senate Standing Committee on Community Affairs

- Investigation in to Australia's domestic response to CSDH
- Established Sept 2012
- Reported March 2013

Recommended:

- Adoption of report
- Ensure SDH in all relevant policies
- One agency to have mandate to address issues across portfolios
- NH&MRC give greater emphasis to SDH
- Annual progress reports to parliament

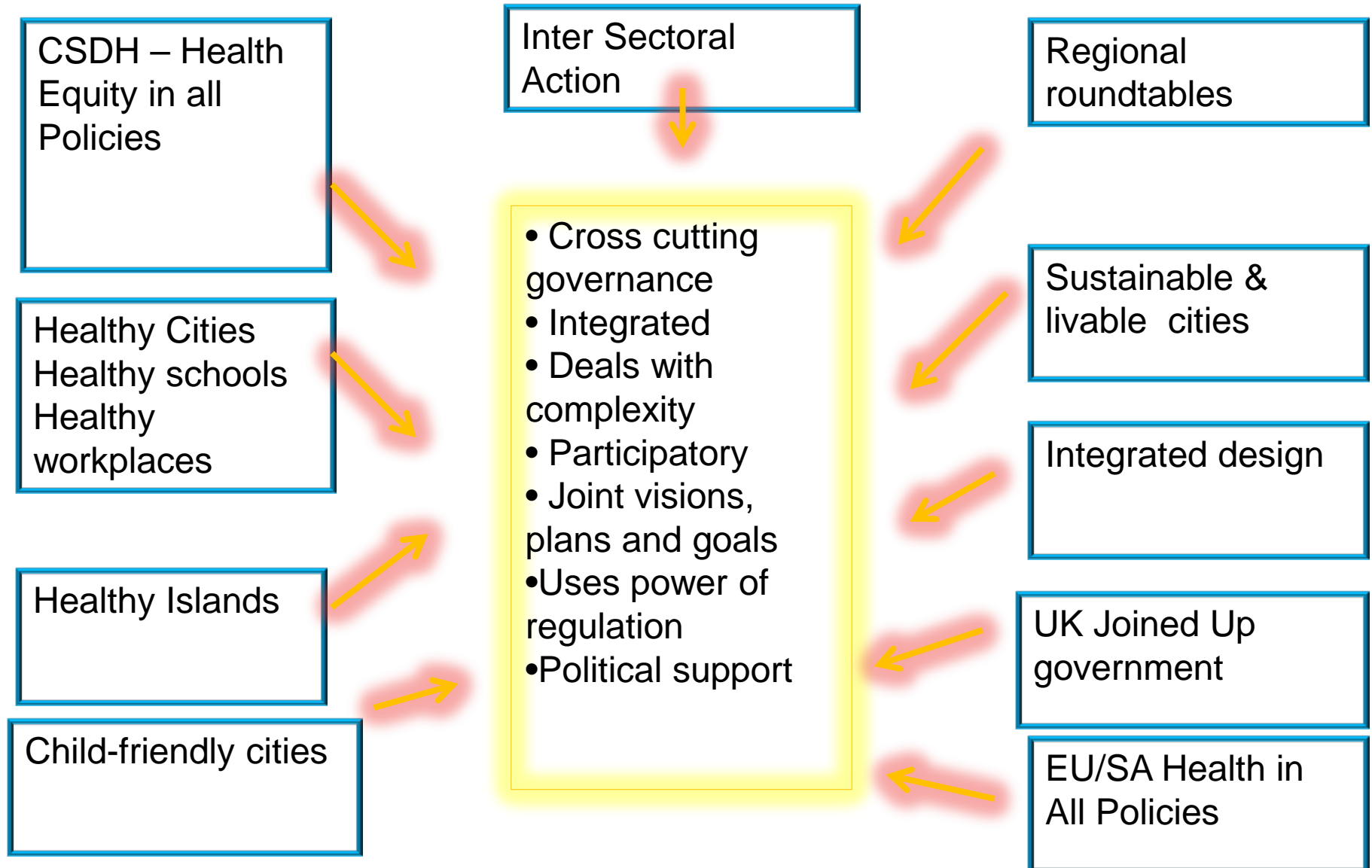
Healthy Societies: key messages from reviews of SDH for local government

- Promote health in everyday settings – workplaces, schools, sports clubs, don't victim blame
- Make places safe so people are happy to move around their community and create social capital
- Make healthy choices the easy choices (e.g. restrict tobacco and fast food and encourage walking)
- Give every child the best start in life - Invest in supporting and developing all children and especially those from disadvantaged families (subject to “toxic stress” Shonkoff, 2005)
- Take equity into account – what resources do people have?
- Help people in an empowering way and support them to make healthy choices – involvement them in planning for healthy communities – community development strategies
- Encourage joined-up action regionally and locally

Whole of society approach

- These policy objectives will require action by all levels of government including local, health service, NGOs, private sector and community groups.
- Effective local delivery requires participatory decision making at the local level and requires empowering local communities and individuals

Recognition of the need for integrated, holistic solutions to issues



Health (Equity) Impact Assessment

- A tool to measure health impact of a new development
- Participatory process
- Have been shown to be effective in encouraging greater consideration of health impact on local government decision making

Health in All Policies: Asks how do we create health & well-being?



Health in all Policies: the Definition in South Australia

- **Health in all Policies (HiAP)** is an innovative **policy strategy** that responds to the critical role that health plays in the economies and social life of 21st century societies. It introduces **better health** (improved population health outcomes) and **closing the health gap** as a **shared goal** across all parts of Government and addresses complex health challenges through an **integrated policy response** across portfolio boundaries.



- Health in All Policies in SA is facilitated by health sector by direction and authority from Premier and Cabinet
- Health sector as catalyst and understanding the political & bureaucratic imperatives of other sectors and building workforce capacity to engage in cross-sector action
- Role of Local Government in HiAP is being developed

Implementing Health in All Policies Adelaide 2010

Edited by
Professor Ilona Kickbusch and Dr Kevin Buckett



HiAP and SASP

- South Australia's Strategic Plan (SASP) is the starting point for South Australia's HiAP approach.
- SASP:
 - is of strategic importance to all government agencies
 - requires all government agencies to achieve their SASP targets
- HiAP provides the framework to:
 - explore some of the interconnections between the SASP targets
 - to identify joint areas of work to achieve a win-win solution
 - progress agencies' SASP targets and support the health and wellbeing of the population
 - strategic importance to all government agencies
 - requires all government agencies to achieve their SASP targets

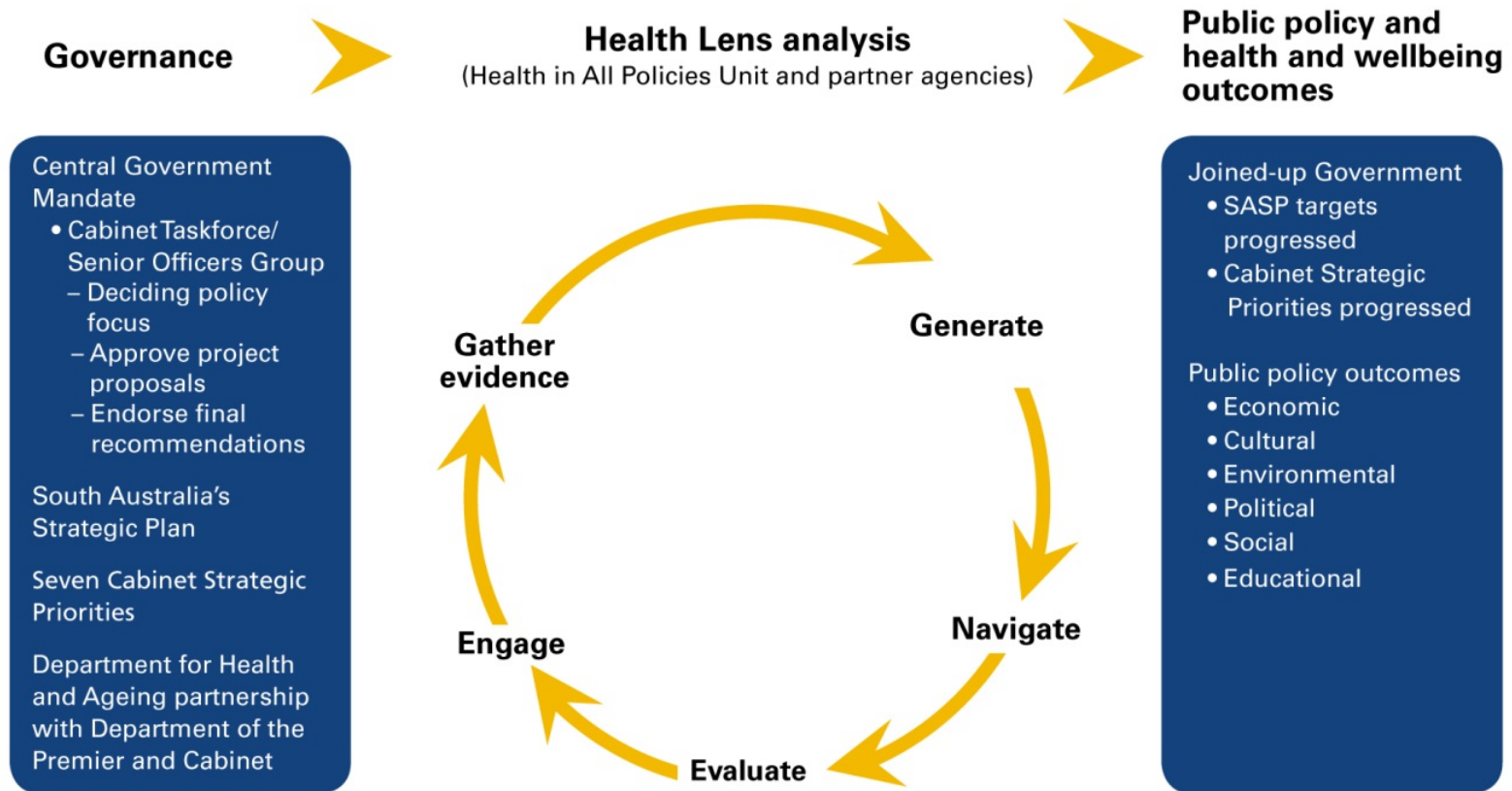


2012: 7 Cabinet Strategic Priorities adopted



Government
of South Australia

South Australia's Health in All Policies (HiAP) Model



Source: SA Government (2011) Health in All Policies: The South Australian Approach more details at

<http://www.sahealth.sa.gov.au/healthinallpolicies>

[Contact HiAP Manager Carmel.Williams@health.sa.gov.au](mailto:Carmel.Williams@health.sa.gov.au)

Health Lens Analysis (HLA) Projects

Current at July 2013

- **Family Engagement with Literacy**
- **Aboriginal Road Safety- Drivers Licensing**
- **International Students Health and Wellbeing**
- **Healthy Sustainable Regional Communities in the Upper Spencer Gulf**
- Healthy Weight: A Desktop Analysis
- Transit-oriented Developments (TODs)
- Marion City Council - Castle Plaza TOD
- Active Ageing through Workforce Participation
- Active Transport 1 – Economic Assessment for Cycling and Walking
- Active Transport 2 - Cycling Strategy
- Regional Migrant Settlement
- Alternative Water Supplies – Water Security
- Increased Broadband Use (Digital Technology)
- Learning or Earning
- Every Chance for Every Child: Capacity building across Government
- Safe Communities, Healthy Neighbourhoods



Health in all Policies

South Australian Public Health Act

Objects

- To **promote** health and well being
- To **protect** from risks to health

*Scheme for state and local government
action for public health*



Aligned with Council's traditional roles of

- local representation
- local leadership
- promoting local community wellbeing



Clearer Links to
public health role





*South
Australia:
A better
place to
live.*

State Public Health Plan

- What it Does...
- Sets the Scene
 - Establishes relationships & accountabilities
 - Provides direction and focus for action across State: Governments & Communities
 - A driver for *Safe Communities Healthy Neighbourhoods* strategic priority
 - Local Councils plan consistent with State Plan

State Public Health Plan

Priorities

- Stronger and Healthier Communities and Neighbourhoods for All Generations
- Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
- Preparing for climate change
- Sustaining and Improving Public and Environmental Health Protection

For Further Details contact Danny Broderick, Principal Policy Officer- Public Health
Danny.Broderick2@health.sa.gov.au

Recent developments in SA Health

- McCann Review largely implemented which has resulted in very significant cuts to community health services
- No longer use community development strategies in health centres
- Health Promotion Branch demolished and Primary Prevention Plan not being implemented
- Public Health Division being reviewed and under very tight cost pressure
- Capacity to engage with local government significantly reduced as a result of changes



Action on social determinants of health and well-being has societal-wide benefits

- **Healthier population** - good for employers, education, social interaction, parenting
- Action on SDH highly compatible **with low carbon & sustainable futures – good for everyone**
- **Economic benefits**: losses from health inequities associated with productivity losses, reduced tax revenue, higher welfare payments, increased treatment costs
- **Lower health care costs increase funds for investment in other sectors** that can be used for measures that support communities— virtuous cycle

Not acting on SDH costs \$\$\$

- \$0.5 million
Australians freed from
chronic illness
- \$2.3billion saved in
avoidable hospital
costs
- \$5.3m cut from PBS
- \$4 billion saved in
welfare benefits



THE COST OF INACTION ON THE SOCIAL DETERMINANTS OF HEALTH

REPORT NO. 2/2012

*STRICTLY EMBARGOED UNTIL
1AM (AEST), JUNE 4, 2012*

Key Roles of Local government

Planning & Creating local healthy communities

Using Health Impact Assessment when appropriate

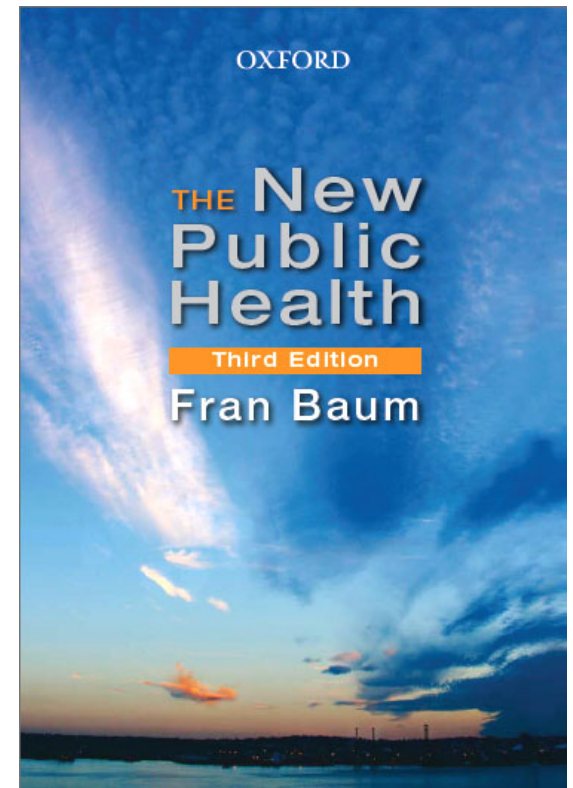
Working with disadvantaged groups to improve their life quality

Advocating for the health of community

Working with other sectors – to promote Health in All Policies

fran.baum@flinders.edu.au

If you want to read more.....





Flinders
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inspiring achievement