Strategic Directions for Public Health Report

District Council of Mount Remarkable
Healthy Environ Pty Ltd has prepared this report for the District Council of Mount Remarkable.

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1. Introduction

Councils play an important role in shaping local environments to support community wellbeing. As defined in the *South Australian Public Health Plan 2011*, ‘Public Health means the health of individuals in the context of the wider community’. A wide range of social, economic and environmental determinants (i.e. access to healthy food, transport, employment opportunities, and social connections) influences community health and wellbeing. The SA Public Health Act 2011 provides a planning framework to assist in assessing these determinants at the State and Local level and to plan for improved public health.

Public Health issues and challenges identified at a National and State level, include:

- Increasing chronic diseases (diseases that are related to preventable risk factors, such as diabetes and heart diseases).
- New or re-emerging infectious diseases.
- Public health risk factors such as obesity or excessive use of tobacco and alcohol.
- The global challenge of climate change and its implications for public health.

The South Australian Public Health Plan, established under the *SA Public Health Act 2011*, titled ‘South Australia: A Better Place to Live’, sets out a broad framework of priority actions for promoting public health in collaboration with public health partners. This Plan, which is underpinned by several fundamental principles such as the principle of prevention, sustainability, partnership and equity, determines four Strategic Priorities (SP 1-4):

- Stronger and Healthier Communities and Neighbourhoods for All Generations (SP1).
- Increasing Opportunities for Healthy Living, Healthy Eating and Being Active (SP2).
- Preparing for Climate Change (SP3).
- Sustaining and Improving Public and Environmental Health Protection (SP4).

The District Council of Mount Remarkable (DCMR) is committed to integrating public health strategies within the Strategic Plan for the Council Region (District Council of Mount Remarkable Plan 2008-2020, ‘Our 2020 Vision’). To commence the public health planning process, Council commissioned the ‘Strategic Directions for Public Health Report’ to:

- Develop a snapshot of the ‘state of health’ of the Council area.
- Review existing Council commitments and initiatives for public health, with reference to the four Strategic Priorities of the State Public health Plan.
• Consult with key staff, Elected Members and stakeholders on public health issues and opportunities for the Council area.

• Document recommendations for integrating public health strategies into the 2015 review of Council’s Strategic Plan.

Following this research, Council proposes to integrate the requirements for public health planning with its strategic planning (as required by the Local Government Act 1993). The District Council of Mount Remarkable Plan 2008-2020 ‘Our 20:20 Vision’ is due for review in 2015. This review will involve further consultation with the community to establish strategic priorities for the Council area. Council has committed to integrating considerations for community health and wellbeing into the review and update of the 20:20 Vision.
2. Reviewing Directions for Public Health – The Process

Developing the District Council of Mount Remarkable ‘Strategic Directions for Public Health Report’ has involved the following stages:

- A presentation to Elected Members on the 11th March 2014 on the requirements for public health planning and an integrated strategic planning approach for Mount Remarkable.
- A meeting with Council staff on 11th March 2014 to discuss key issues and Council initiatives against the State Public Health Plan Strategic Priorities.
- A review of relevant documentation and data to develop a summary profile of the region (refer to the references in Section 7).
- A Public Health Workshop with Council Elected Members, staff representatives and representatives from the Booleroo Health Centre on Tuesday 10th June, to discuss:
  - Public health priorities for Mount Remarkable.
  - Current initiatives, challenges and opportunities for each of the State Public Health Plan theme areas.
- Development of the ‘Strategic Directions for Public Health Report’.

Project stages are summarised in Figure 1.

*Figure 1 – Project Stages*
3. The Mount Remarkable Region

The District Council of Mount Remarkable is located in the Southern Flinders Ranges of South Australia. The Council is 341,192 Hectares in area and has a population of approximately 2900. The Council region has relatively fewer young children and young adults and more people at ages 45 and above, in comparison to non-metropolitan areas\textsuperscript{10}.

Aboriginal and Torres Strait Islander (Aboriginal) people comprise 3.8% of the population in the Lower Flinders Ranges, which is 5% more than the level across the non-metropolitan areas overall (3.6\%)\textsuperscript{10}.

The region’s main economic activities are based on agriculture including mixed farming. The Council is also characterised by its history and heritage (i.e. including the historic Port Germain jetty). The area is also well known for its natural environment and the Mount Remarkable National Park.

The Council Office is situated in the township of Melrose and the district encompasses a wide variety of towns, coastal ports (including Port Germein and Port Flinders) and agricultural centres. Booleroo Centre is the largest town in the district with a hospital, regional school, swimming pool, police station and other emergency services.

The Community

The Population

The District Council of Mount Remarkable is part of the Mid North Cluster of the Country Health SA Local Health Network\textsuperscript{7}. It has an ageing population which is projected to increase. Despite this overall ageing trend, the total fertility rate in Mount Remarkable (a rate of 2.6) was 16\% higher than that in the non-metropolitan areas (2.21). The population is characterised by relative socio-economic advantage (IRSD\textsuperscript{1}: 983) compared with non-metropolitan South Australia overall (IRSD: 962)\textsuperscript{10}.

As at the 2011 census, a smaller proportion (9.5\%) of the 16 year old population were not participating in full-time secondary education in comparison with non-metropolitan areas (18.3\%). The proportion (52.2\%) of students, who attained a Year 12 qualification in 2012 and were enrolled in a South Australian University in 2013, was over twice the non-metropolitan average (19.1\%). The proportion of the 15 to 19 year old population

\textsuperscript{1} The Index of Relative Social Disadvantage (IRSD) measures the relative level of socio-economic disadvantage based on a range of Census characteristics. The index is derived from attributes that reflect disadvantage such as low income, low education attainment, high unemployment and jobs in relatively unskilled occupation.
engaged in work or full-time study (82.1%) was above the non-metropolitan areas average (76.7%)\(^\text{10}\).

Around a quarter (24.5%) of all children less than 16 years of age in the Lower Flinders Ranges region were living in low income families receiving welfare payments from Centrelink in June 2011. The proportion of the population of Mount Remarkable providing unpaid assistance to persons with a disability, a long-term illness or problems related to old age, was 6% above the non-metropolitan average (11.8%)\(^\text{10}\).

**Community Health Profile**

As highlighted in the ‘Report of the Chief Public Health Officer’, ‘like the rest of Australia, most South Australians enjoy a high standard of health compared with most other similar countries. We are living longer and healthier lives than at most times in the past. But this is not the complete story. There are concerning trends, particularly as they relate to the increasing emergence and incidence of non-communicable conditions such as cardiovascular illness, diabetes, certain forms of cancer and arthritis. Many of these conditions are associated with modern life, particularly the challenges of overweight, obesity, lack of physical activity and an overabundance of energy-sense nutrition-poor foods’.

It is also important to recognise the challenges regional areas face in providing population based health services and addressing relatively greater existence of health risk factors (when compared to metropolitan areas).

Key population health statistics for the Mount Remarkable area are summarised below\(^\text{10}\):

- In 2007–08, less than one sixth (15.4%) of the population of Mount Remarkable assessed their health as ‘fair’, or ‘poor’, rather than as ‘good’, ‘very good’, or ‘excellent’. This was below the non-metropolitan average (16.2%).
- Based on 2007-08 data, the estimated obesity rates for males (20.5%) and for females (19.1%) were slightly above the non-metropolitan areas overall which were respectively, 19.4% and 18.0%.
- The estimated extent of physical inactivity for Mount Remarkable in 2007-08 (36.2%) was 5% lower than the average rate in the non-metropolitan areas (37.9%).
- The proportion of the population with type 2 diabetes in 2007-08, was the same as the non-metropolitan average (3.5%).
- Mental health problems were estimated to have affected 11.2% of males and 11.3% of female which was near to the non-metropolitan average (respectively, 11.1% and 12.2%).
- The smoking rate (22.7%) was nearly the same as for non-metropolitan average (22.9%). 15.8% of pregnant women who gave birth over the three years 2008 to 2010 reported smoking during their pregnancy, which was 24% below the non-metropolitan average rate (20.8%).
• The rate of immunisation of infants (92.8%) was consistent with the non-metropolitan average (92.6%). Moreover, the proportion of children who were fully immunised at five (96%) was higher than the non-metropolitan average (89.4%).

**Regional Health Services**

Booleroo Centre District Hospital and Health Services is part of the Mid North Health Services Cluster. The Centre provides a range of accident and emergency, acute inpatient, elective surgery, maternal and birthing, community health, aged care, outpatients and various associated clinical support services. The Mid North Aboriginal Health Service comes under the umbrella of the Mid North cluster Community and Allied Health Service at Port Pirie.

Difficulty in accessing services by people in Mount Remarkable (37.3 per 100 population) is estimated to be 4% above that for the non-metropolitan areas overall, with over one third of the population estimated to face such difficulties. Transport services across the Mid North Cluster are minimal with a bus service once a week for most service areas to Port Pirie.

The highest percentage of hospital inpatient activity is for people aged 65 years and over. The rate of admission to a South Australian hospital of the residents of Mount Remarkable was 5% lower than the rate for the non-metropolitan areas.

Relatively fewer HACC clients in Mount Remarkable were living alone (around 22%) compared with the non-metropolitan areas overall, at 27.9%. Markedly more people of the area were clients of community health services, with a rate of around 29% above non-metropolitan areas overall. The number of clients of community mental health services in Mount Remarkable was 19% lower the non-metropolitan areas average. This not only reflects demand for these important services, but also their availability locally as well as in Adelaide, where some residents from the area would access them. The rate of residential aged care places in Mount Remarkable was 70.8 places per 1,000 population, which was below the rate across the non-metropolitan areas overall (83.1).

**Community strengths, recreation and events**

Residents of the District Council of Mount Remarkable can enjoy various recreation activities through especially, its Jetties, marine facilities, parks, gardens, indoor and outdoor sporting facilities (i.e. swimming centres, playgrounds). The District has developed walking and cycling trails, and the Mount Remarkable National Park is a popular tourist destination. Council has in recent years been a strong advocate for cycling throughout the region. Council jointly employs a ‘Be Active Field Officer’ with neighbouring Councils and the State Government. The Wirrabara Progress Association promotes local farmers markets, the community garden and the arboretum walk.
Different regional alliances promote health in the region, such as:

- **Mid North Starclub**, which is a joint initiative of five regional Councils (Mount Remarkable, Port Pirie, Northern Areas, Peterborough and Orroroo/Carrieton) for recreation and sport activities.

- **Southern Flinders Life** is a Commonwealth funded initiative and partnership program of five regional Councils (Mount Remarkable, Port Pirie, Northern Areas, Peterborough and Orroroo/Carrieton). The program, catering for people aged 18 years and over, encourages a whole of community approach to healthy living and tackles the ongoing issues of overweight, obesity and chronic disease.

- **OPAL (Obesity Prevention and Lifestyle program)** is a Federal, State and Local Government initiative aimed at working with local children, families and communities to increase healthy eating and physical activity levels in the region\(^1\). The program region encompasses the Northern Areas Council, The District Council of Mount Remarkable and the District Council of Peterborough.

A key issue for Council is the uncertainty of funding and resourcing for these community health initiatives, in particular Southern Flinders Life and OPAL, beyond 2014.

There are various library and cultural services in the region. The District Council and other neighbourhood Councils financially support the Flinders Mobile Library\(^1\), which serves different towns of the area. Over two thirds of the population of the Lower Flinders Ranges Group (69.0%) were estimated to have accessed the Internet at home. This is 4% lower than the average for the non-metropolitan areas overall (72.1%)\(^10\).

Nine out of every ten people in Mount Remarkable (91.3%) are estimated to be able to get support in times of crisis, a level consistent with the non-metropolitan average. Just over half the population of Mount Remarkable residents (50.4%) were estimated to feel very safe or safe walking in their local area after dark. This proportion was 1% below the nonmetropolitan average of 51.0%. It is worth highlighting that it is above the Metropolitan Adelaide proportion, of 43.5%\(^10\).

It is worth specifying that natural disasters and particularly the Bangor bushfire, which occurred at the beginning of 2014, had significant economic impact upon the community. The solidarity, which has emerged during this event, has strengthened social networks. Moreover, the Banger Bushfire Recovery Committee, formed to work with the community following this disaster, has enabled a coordination of various services and volunteer based organisations in order to support the victims and reduce the social and financial impact on the community\(^22\).
The Environment

Physical and Natural Environment

The majority of residents in Mount Remarkable live in urban centres, other residents are dispersed across remote settlements and rural centres. In the regional area, growth in residential housing construction has been led by retirees looking for a lifestyle change and improved quality of life, resulting in the construction of new homes especially in coastal areas. Demand for housing will increase with the expansion of Primo Smallgoods by 200 employees and the establishment of new poultry facilities at Port Wakefield encouraging new residents to the region\(^8\). Public transport in and out of the region area is insufficient to service the large geographical spread of small townships\(^8, 15, 16\). Private bus services are not financially viable leaving private coachlines as the main means of public transport in and out of the region. This circumstance impacts particularly vulnerable groups, such as elderly and disabled people in remote areas, potentially impacting on their access to health services, fresh food and other facilities. Limited access to services and decreased fresh food provided by local shops is a key issue in remote areas of the region.

Current water resources of the regional area have already reached or are reaching their sustainable limits. Major water users (as identified in the Tonkin report) include agriculture, general industry, municipal watering, tourist facilities and domestic users. Overuse of water resources is resulting in falling groundwater levels and rising salinity\(^8\).

Climate change mitigation and adaptation is a priority for the region. The District Council of Mount Remarkable is part of a regional Integrated Climate Change Vulnerability Assessment\(^21\), undertaken through the Central Local Government Association. Declining rainfall, increase of bushfire threat and higher evaporation rates poses risk to urban water security in the region. Adverse impacts to agricultural land may also occur due to decrease in fertile areas caused by declining rainfall. Negative impacts may occur to local seafood industries as a result of rising sea temperatures and ocean acidity levels. Potential impacts of climate change on the region also include costs to agriculture from increased pest plants, animals and diseases and costs to tourism in the form of lost eco-tourism amenity value. The vulnerability assessment highlights the potential human mental and physical impacts of climate change, resulting from direct changes in the climate (increased temperatures) as well as indirect impacts such as mental health issues caused by drought.
Environmental Health Protection

The District Council of Mount Remarkable plays an important role in surveillance of environmental factors which can have an impact on public health. Food safety and security is one of the crucial programs that the Council undertakes. The last Food Act 2001 annual report\textsuperscript{23} indicates that 84 food businesses are operating within the Council area. Premises classified as medium and high risk are inspected at least once a year. In 2012-13, the main food safety issues identified were a lack of cleanliness, poor maintenance and storage. The Council is also currently engaged to undertake a Food Safety Audit an Aged Care Facility.

An important role of the Council is to manage health risks inherent to recreational water use and wastewater management\textsuperscript{24}. The 3 public swimming pools of the Council are inspected at least once a year. Sewage from on-site aerobic systems (70/80 registered) and from Community Wastewater Management Systems (CWMS) (3 CWMS and a fourth to come on-line in 2014/2015), is regularly monitored. Compliance is undertaken to ensure continued maintenance and safe operations of wastewater management systems.

Regulation of High Risk Manufactured Water Systems (Cooling Towers and Warm Water Systems) is undertaken to monitor compliance with the public health regulations\textsuperscript{24}. The safe operating standards of cooling towers and warm water systems is imperative for minimising the risk of legionellosis, which is associated with such systems. Council’s Environmental Health Officer (EHO) provides system auditing services for the Aged Care Facility and Public Hospital.

The Council delivers immunisation clinics for Council staff and local schools (immunisation data)\textsuperscript{24}. Monitoring of hairdressing and skin penetration businesses and the control of vectors and pests is also undertaken by the Council to improve public health\textsuperscript{24}.

The Economy

Much of the area north of Wilmington consists of large pastoral holdings\textsuperscript{8}. As the south of the Council area is wetter, there are more intensive holdings including cattle and dairy industries. Small pockets of apiarists, orchards, market gardens are settled in the area, and an intensive forestry area is located in the southern portion of the Council. In 2006, it is estimated that 30% per cent of workforce is employed in agriculture, forestry and fishing. In the regional area, the recent drought has forced some farmers to exit the industry and encouraged the consolidation of ownership of farms and vineyards.
reducing the number of smaller farms. Skilled agricultural workers are in short supply because of changing technology, high training delivery costs, a shortage of experienced trainers and lack of an established training services.

Timber is harvested from primary reserve at Wirrabara. Viability of forestry plantations is reduced by the small scale, isolation from major markets, adverse growing conditions and competition from the building industry timber sector.

The tourism sector in the region is well developed especially associated with the coastal towns and the Mount Remarkable National Park. The close proximity to Adelaide and the natural tourist experiences attract mostly visitors from intrastate.

The Local Council is involved in economic development programs, which include Employment Creation Programs, Regional Development, Support to Local Businesses and Tourism. Furthermore, the District Council of Mount Remarkable has developed a regional alliance (partnership of 4 Local Councils) to strengthen its general planning and development through the Flinders Regional Development Assessment Panel.

In June 2011, more people in the Lower Flinders Ranges Group aged from 16 to 64 years were receiving unemployment benefits (a New start Allowance or Youth Allowance) from Centrelink than was the case across the non-metropolitan areas overall—6.0% compared with 5.6%\textsuperscript{10}. The proportion of these unemployment beneficiaries who had been unemployed for six months or longer (2.8%) was smaller in Mount Remarkable than in the non-metropolitan areas overall (4.5%). The proportion of Mount Remarkable’s population estimated to have had government support as their main source of income in the last two years was 4% below the non-metropolitan average (31.6%). Furthermore, it is estimated that nearly a quarter (24.5%) of all children under 16 years of age in Mount Remarkable were living in low income families receiving welfare payments from Centrelink in June 2011\textsuperscript{10}. 
4. Health and Wellbeing in Mount Remarkable – Assessment of Initiatives and Opportunities

An assessment of current Council initiatives, challenges as well as opportunities for public health and wellbeing, was undertaken through:

- A review of Council’s strategic plan and relevant policy and planning documents.
- A workshop with Council staff, Elected Member and stakeholder representatives on Tuesday the 10th June 2014 (workshop attendees are listed in Appendix A).

Council’s Strategic Plan and 20:20 Vision supports various aspects of the State Public Health Plan and the four Strategic Priorities (SP 1-4):

- Stronger and Healthier Communities and Neighbourhoods for All Generations (SP1).
- Increasing Opportunities for Healthy Living, Healthy Eating and Being Active (SP2).
- Preparing for Climate Change (SP3).
- Sustaining and Improving Public and Environmental Health Protection (SP4).

An assessment of the Council’s 20:20 Vision policy areas against the State Public Health Plan Strategic Priorities is provided in Appendix B.

Tables 1 to 4 detail the workshop assessment findings for current public health initiatives and opportunities in Mount Remarkable.
Table 1 – Building Stronger and Healthier Communities

Workshop Summary - Building Stronger and Healthier Communities

| Relevant State Plans and Policies | • SA: A Better Place to Live - SP 1²
|                                 | • South Australia’s Strategic Plan⁵
|                                 | • South Australia Government’s Seven Strategic Priorities and associated Action Plans
|                                 | • The People and Parks Strategy⁶
|                                 | • The Planning Strategy for South Australia: 30 Years Plan for Greater Adelaide and related Regional Plans and policy library⁷
|                                 | • Building the State of Wellbeing – A Strategy for SA⁴

| Current Policy Directions and Plans of DCMR | • Objectives Strategies and actions (Our 2020 Vision)¹², ref. Appendix B
|                                               |   o Strategy Area 1 Governance
|                                               |   o Strategy Area 3 Growing prosperity
|                                               |   o Strategy Area 4 Building Communities and Fostering Creativity
|                                               |   o Strategy Area 5 Attaining sustainability
|                                               |   o Strategy Area 6 Infrastructure and assets
|                                               |   o Strategy Area 7 Improving Wellbeing
|                                               | • Development Plan¹³
|                                               | • A Framework for the Revitalisation of Wilmington¹⁹
|                                               | • Port Flinders Walking Trail - Planning and Design Proposal¹⁰
|                                               | • Management Plans¹⁴
|                                               |   o Public Halls, Institutes & Civic Centres Public
|                                               |   o Community Buildings
|                                               |   o Recreation Reserves
|                                               |   o Other Reserves

| Council and Community Strengths and Achievements CHESS principles and planning: Connected Environments, Healthy Eating Environments, Safe Environments, Sustainable Environments | • Transport Services:
|                                                                                   |   o Northern Transport Scheme
|                                                                                   |   o Community transport (Men’s Shed Bus Transport, Upper Spencer Gulf Scoping Project, Community Bus)
|                                                                                   |   o Local Government Core Business (road works programs)
|                                                                                   |   o Road safety groups, traffic control
|                                                                                   | • Social and health prevention programs:
|                                                                                   |   o Early intervention programs via Booleroo Centre (i.e. school sexual health/relationship/drugs/alcohol/healthy eating, community, parenting programs/groups, H/V volunteer program) in schools, sporting groups.
|                                                                                   |   o Community garden, playgrounds
|                                                                                   |   o Education awareness programs (i.e. Men’s sheds, community gyms programs)
|                                                                                   |   o Community support and resilience building (i.e Bangor fire: bushfire recovery/resilience)
|                                                                                   |   o Strong community engagement due to
|                                                                                   |     ▪ Successful partnership between RHT, OPAL, HCI, Council
|                                                                                   |     ▪ Communication (newsletters, community consultation, minutes on the board/word of mouth, minutes on website, local early intervention program, tourism info)
|                                                                                   | • Recreational facilities and social organisation:
|                                                                                   |   o Open spaces: Sporting ovals, foreshore, bike trails, walking trails, exercise equipment, parks, garden, playgrounds, swimming pools
<table>
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<th>Workgroup Summary - Building Stronger and Healthier Communities</th>
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| **Community groups/events**: Community events (Fat Tyre, Drum Musters, E-waste), golf, mobile library, Community gym/cards/tennis/bowls  
**Services and facilities**: Public toilets, water fountains, meeting places (i.e., halls), dogs and cats management |
| **Accessibility to health services**:  
- Health facilities in small towns  
- Refurbishment and building of new medical facilities (Wirrabara, Melrose, Wilmington) |
| **Current Partnerships**  
- Community groups  
- Clubs  
- LGA  
- SA Health  
- Partnership programs  
  - OPAL  
  - RTH  
  - HCI |
| **Key Gaps and Challenges**  
- **Transport**: Lack of transport. Situation worsened by the distance, the cost, and the lack of volunteer drivers. Difficulty in road system maintenance (Core Business); funding cuts.  
- **Finances to maintain infrastructure**: Every new piece of infrastructure needs inspection, maintenance, depreciation, replacement.  
- **Sustainability**:  
  - Existing programs (OPAL, RTH, HCI): Loss of positions in June. This will lead to a loss of partnerships and community engagement.  
  - Lack of money to maintain program, job families, and services, to fund publication and materials, and to commence new programs  
- **Lack of services**:  
  - Lack of State and Federal Government services. As a result, residents come to Local Council which is more ‘accessible’.  
  - Less services available due to population decline (not viable financially) |
| **Opportunities**  
- **Transport**: Possibility to use school buses for other kinds of transportation, but will remain a limited use.  
- **Infrastructure**: Research for new opportunities (parks, gardens).  
- **Sustainability of programs**: Advocacy to maintain existing programs: OPAL, RTH, HCI.  
- **Enabling more volunteering** |
### Workshop Summary - Increasing Opportunities for Healthy Living

#### State Public
- SA: A Better Place to Live - SP 2
- Eat Well be Active Strategy for SA
- Chronic Disease Action Plan for SA
- Aboriginal Health Care Plan
- South Australia Alcohol; and Drug Strategy
- South Australian Tobacco Control Strategy

#### Current Policy Directions and Plans of DCMR
- Objectives Strategies and actions (Our 2020 Vision), cf. appendix B
  - Strategy Area 4 Building Communities and Fostering Creativity
  - Strategy Area 6 Infrastructure and assets
- Development Plan
- Port Flinders Walking Trail - Planning and Design Proposal
- Management Plans
  - Recreation Reserves
  - Other Reserves

#### Council and Community Strengths and Achievements
- **Sport opportunities**
  - **Community sport** (sponsorship for Football, Netball)
  - **Community gyms** i.e. P Germein, Wirrabara, Wilmington, Werrunets, Booleroo Centre
  - Other **unstructured sport groups** which are low cost and accessible (i.e. walking groups, aqua aerobics, Heat Moves, Mum’s group)
  - **Sporting facilities**: i.e. pools, parks, open spaces, where there are activities with OPAL, HCI, Northern Passenger’s Transport
- **Access to healthy food**
  - A few opportunities to access to nutritious food (Wirrabara, P Germein)

#### Current Partnerships
- DPTI
- Office for Recreation and Sport
- Community groups
- Local schools
- Partnership programs:
  - OPAL
  - HCI
  - RTH
- LGA
- SA Health

#### Key Gaps and Challenges
- **Sport facilities**
  - Only Football and Netball have sponsorship
## Workshop Summary - Increasing Opportunities for Healthy Living

<table>
<thead>
<tr>
<th>Lack of sustainability/planning for unstructured sport groups-community. Gym groups only work thanks to the community committee (Council could not maintain). Threats to HCI funding initiatives.</th>
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<tbody>
<tr>
<td><strong>Healthy food</strong></td>
</tr>
<tr>
<td>o Some towns have limited access to healthy food</td>
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<tr>
<td>o Often poor quality and high cost</td>
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<tr>
<td>o Opportunities of community gardens dependent on funding</td>
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<tr>
<td><strong>Transport facilities to access sport or health programs</strong></td>
</tr>
<tr>
<td>o Limited (funded by State Government and donations)</td>
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<tr>
<td>o Dramatic decrease of volunteer drivers (ageing, new regulation, young people less involved)</td>
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<tr>
<td>o Fuel cost increases</td>
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### Opportunities

- **Partnership development:**
  - OPAL, HCI, RTH: aim to maintain partnerships
  - Potential funding support for sport equipment: (i.e. Kelley Engineers)
  - Volunteering: Council works to alleviate the process (Police might be a partner for this purpose)
  - Schools: opportunity to promote healthy food through school community gardens

- **Potential new initiatives:**
  - Healthy sport club network, healthy food choices (ensure sustainability)
  - Council could drive ‘policy for health option’ based on experience from programs

- **Improve existing infrastructure for activities:** shadings, playgrounds, drinking fountains, outdoor equipment
### Table 3 – Preparing for Climate Change

#### Workshop Summary - Preparing for Climate Change

| Relevant State and Plans and Policies | • SA: A Better Place to Live - SP 3² |
|                                      | • Climate Change Adaptation Framework for SA³ |
|                                      | • Green Infrastructure Strategy⁴ |
| Current Policy Directions and Plans of DCMR | • Objectives Strategies and actions (Our 2020 Vision)⁵, cf. appendix B |
|                                          |   o Strategy Area 5 Attaining sustainability |
|                                          |   o Strategy Area 6 Infrastructure and assets |
|                                          | • Development Plan⁶ |
|                                          | • Solar Farm Council Action Options Paper⁷ |
|                                          | • Various Community Management Plans⁸ |
| Achievements                            | • **Studies**: Feasibility study on effect of climate change in coastal towns. Central Region LGA Climate Change Vulnerability Research. |
|                                          | • **Power management**: Solar system on community buildings |
|                                          | • **Water management** |
|                                          |   o Use of recycled water from CWMS (Melrose, Wilmington, Booleroo Centre) to assist with watering of sporting facilities in particular in dry spell’s (recreational if possible) |
|                                          |   o Evaporative covers on CWMS lagoons |
|                                          |   o Cover on swimming pools to save water |
|                                          |   o Rainwater tanks on community buildings |
|                                          | • **Heat waves**: Heat refuges for vulnerable people |
| Current Partnerships                    | • DPTI |
|                                          | • EPA |
|                                          | • SA Health (Country Health SA) |
|                                          | • LGA (Central Region) |
| Key Gaps and Challenges                 | • **Heat waves**: |
|                                          |   o Necessity to maintenance and increase places for refuge |
|                                          |   o Less transport available in heat waves (school buses, NPTN) |
|                                          | • **Water**: |
|                                          |   o Resource for water supply threatened by the increase of salinity and deterioration of Artesian Basin |
|                                          |   o CWMS: |
|                                          |     ▪ Necessity to continue funding for maintenance and upgrade |
|                                          |     ▪ Requirement for coastal towns |
|                                          |   o Relocation of cemeteries in coastal towns because of the future rising sea level |
|                                          | • **Biodiversity**: Increase of issues due to rising pest risks - change in flora and fauna. |
| Opportunities                           | • **Ensure sustainable development**: Incorporation of sustainable development principles into planning and building |
### Table 4 – Improving and Sustaining Environmental Health Protection

| Relevant State and Plans and Policies | • SA: A Better Place to Live - SP 4²  
| • South Australia’s Waste Strategy³²  
| • Water for Good³³ |
| Current Policy Directions and Plans | • Objectives Strategies and actions (Our 2020 Vision)³², cf. appendix B  
| o Strategy Area 5 Attaining sustainability  
| o Strategy Area 6 Infrastructure and assets  
| o Strategy Area 7 Improving Wellbeing  
| • Development Plan³³  
| • Management Plans¹⁴  
| o Waste Management  
| o Cemeteries |
| Achievements | • **Food safety**: Food auditing and inspection  
| • **Environmental Factors**  
| o Waste water management  
| o Waste management-recycling  
| o Legionella auditing  
| • **Work place health** (vaccination, mental health) |
| Current Partnerships | • Office for Recreation and Sport  
| • Community groups  
| • Local schools  
| • Programs:  
| o Opal  
| o Healthy Community Initiative  
| • DPTI  
| • EPA  
| • SA Health  
| • LGA |
| Key Gaps and Challenges | • **Health challenge**  
| o Safe drinking water  
| o Raising temperature and its impact on food security  
| o Disease control/immunization  
| • **Administrative process**  
| o Legislative changes in Environmental Health |
### Workshop Summary - Improving and Sustaining Environmental Health Protection

| Opportunities | Maintain community education (HCI, OPAL, food safety)  
|              | Opportunities for communication and engagement of community (website, Newsletter) |
Strategic Directions for Public Health – Review of the 20:20 Vision

The current District Council of Mount Remarkable Strategic Plan ‘Our 20:20 Vision’ incorporates strategic policy directions which support and promote the health and wellbeing of the Mount Remarkable community. There are a number of policy commitments which align with the four Strategic Priorities of the State Public Health Plan (as outlined in Appendix B) and Table 5.

This review has highlighted the range of initiatives already in place to support public health in Mount Remarkable. The Council has benefited from recent funding and regional partnership programs to address healthy eating and physical activity in the community. The OPAL project and HCI project (Southern Flinders Life) have been well received by the local community and have involved successful collaboration across a range of local organisations. However funding for these initiatives is unlikely to be sustained beyond 2015. The challenge for Council is to consider which elements of these programs can be sustained through its core functions.

Council faces a number of funding and resourcing challenges moving forward. Resources are limited rates base, reduced funding sources from other tiers of government and significant infrastructure expenditure (including repairs following the Bangor bushfire in early 2014). However Council is committed to working with other organisations to promote a healthy, resilient community in Mount Remarkable. Embedding a public health and wellbeing focus within current Council functions and projects will be the main focus for the first public health planning cycle.

Policy considerations for integrating public health with the review of Council’s 2020 Vision are summarised in Table 5. It is recommended that these policy considerations be explored through further consultation with Council and the community.
Table 5 – Public Health Considerations for the Mount Remarkable 2020 Vision

<table>
<thead>
<tr>
<th>Current Objectives and Strategies for Promoting Community Health and Wellbeing</th>
<th>Public Health Strategy Considerations for the 2020 Review (in addition to current strategy areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Governance</td>
<td></td>
</tr>
<tr>
<td>1.1 Improve public access to Council meetings, deliberations and decision making processes.</td>
<td>Promote community engagement in Council.</td>
</tr>
<tr>
<td>1.4 To co-ordinate and undertake civic ceremonial duties and activities</td>
<td>Targeted engagement approaches for certain sectors of the community - youth, remote areas, Aboriginal people, elderly residents, residents.</td>
</tr>
<tr>
<td>1.6 Be a leading Local Government authority, rather than a follower, which is highly recognised and regarded by other Councils and the State and Commonwealth Governments</td>
<td>Maintain regional alliances with mid-North Councils for public health.</td>
</tr>
<tr>
<td>1.7 To not only meet, but to excel in satisfying the requirements of the Local Government Act</td>
<td></td>
</tr>
<tr>
<td>2. Accountable, Secure and Sustainable Organisation (administration and finance)</td>
<td>Maintain emphasis on business enterprises, seeking grants, and lobbying for financial assistance (same emphasis can be applied to public health sections of Council).</td>
</tr>
<tr>
<td>2.6 Develop our employees and best practice management systems for occupational, health, safety and welfare</td>
<td>Support a healthy work environment to encourage physical activity, healthy eating, staff immunisations and to discourage smoking and hazardous alcohol consumption.</td>
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<td></td>
<td>Encourage access to healthy food through Council’s economic development strategies (work with local food businesses to encourage access to healthy food options and support local farmers markets).</td>
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<td></td>
<td>Explore partnerships with the private sector for promoting community health.</td>
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<td></td>
<td>Work collaboratively with local recreation businesses to support recreational activity and tourism in the region (e.g. bike riding, hiking).</td>
</tr>
<tr>
<td>4. Building Communities and Fostering Creativity</td>
<td>Integrate ‘health in planning’ principles and the CHESS principles for healthy environments into Urban Design Master Plans for main towns in the region.</td>
</tr>
<tr>
<td>4.1 Assist our communities to develop and promote individual strengths, to grow a “sense of place”</td>
<td></td>
</tr>
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<td><strong>Current Objectives and Strategies for Promoting Community Health and Wellbeing</strong></td>
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<tr>
<td>4.2 Grow community creativity, innovation and cultural expression</td>
<td>Support various community development and Progress Groups in projects, which support community wellbeing.</td>
</tr>
<tr>
<td>4.3. Support initiatives to encourage “youth retention” in the district</td>
<td>Ensure community health and cultural development strategies are incorporated into Community and Economic Development Plans for main towns in the region.</td>
</tr>
<tr>
<td>4.4. Support a range of initiatives to assist older residents</td>
<td>Work collaboratively with Booleroo Centre in engaging youth in public health and wellbeing strategies.</td>
</tr>
<tr>
<td>4.5. Support a range of community services and infrastructure to enhance residents “Quality of Life”</td>
<td>Integrate Age-Friendly design principles into planning and asset upgrades in main towns.</td>
</tr>
<tr>
<td>4.6. To provide an adequate level of passive and non-traditional sporting facilities to cater for all members of the community</td>
<td>Promote the healthy community club initiatives (such as the Good Sports Program) through Council’s Community Assistance Grants Program.</td>
</tr>
<tr>
<td>4.7. Ensure that the Community maintains an adequate number of successful, active and well managed clubs and organisations</td>
<td><strong>5. Attaining sustainability</strong></td>
</tr>
<tr>
<td><strong>5. Attaining sustainability</strong></td>
<td>Continue to work collaboratively with the Central Local Government Region to address the recommendations of the Integrated Climate Change Vulnerability Assessment 2030.</td>
</tr>
<tr>
<td>5.1. Address environmentally responsible waste management opportunities</td>
<td>Promote community health and safety during heatwave conditions through community education and planning community services (places of refuge).</td>
</tr>
<tr>
<td>5.2. Be regional leaders in addressing climate change and environmental sustainability issues</td>
<td>Undertake adaptation planning for coastal communities (Pt Germain) and consider climate change in coastal infrastructure planning.</td>
</tr>
<tr>
<td>5.3. Support revegetation and town beautification initiatives</td>
<td><strong>6. Infrastructure and assets</strong></td>
</tr>
<tr>
<td><strong>6. Infrastructure and assets</strong></td>
<td>Consider potential climate change impacts in public health infrastructure planning and design: urban design and open space planning, stormwater and community wastewater management schemes.</td>
</tr>
<tr>
<td>6.3. To improve and maintain the overall quality of footpath and walk/bike trail infrastructure within townships</td>
<td>Implement the Footpath and Trails Construction Plan.</td>
</tr>
<tr>
<td>6.8. Facilitate the development of sustainable water supplies and management practices</td>
<td>Promote better health through infrastructure planning for parks and gardens consider: shade, playgrounds, drinking fountains, equipment for physical activity.</td>
</tr>
<tr>
<td>6.9. Support the introduction of alternative and sustainable technologies to reduce our Communities reliance on external providers</td>
<td></td>
</tr>
</tbody>
</table>
## Current Objectives and Strategies for Promoting Community Health and Wellbeing

<table>
<thead>
<tr>
<th>7. Improving Wellbeing</th>
<th>Public Health Strategy Considerations for the 2020 Review (in addition to current strategy areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1. Ensure rural communities are equitably treated and represented</td>
<td>Continually educate the community on public health matters: food safety, healthy eating, physical activity, immunisation and pest control (via Council’s website, Newsletter).</td>
</tr>
<tr>
<td>7.2. Facilitate the provision of adequate emergency services</td>
<td>Evaluate the components of the HCI and OPAL programs which may be maintained by Council or external community groups (with consideration of reduced resources).</td>
</tr>
<tr>
<td>7.3. Maintain public health, order and safety</td>
<td>Continue to support a regional environmental health regulation and service delivery model (explore regional delivery models with neighbouring Councils).</td>
</tr>
<tr>
<td>7.4. Provide quality Dog and Cat Management services that meet the needs and requirements of the community</td>
<td>Apply a risk-based approach to public health and food safety complaint response and enforcement.</td>
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<td></td>
<td>Develop a policy to discourage smoking at Council events and venues.</td>
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<td></td>
<td>Participate in the development of public and environmental health performance standards in collaboration with the LGA and SA Health.</td>
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<td></td>
<td>Incorporate sustainable development principles into Council’s Development Plan.</td>
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<td></td>
<td>Recognise community health and wellbeing linkages with Council’s Animal Management Plan.</td>
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<td></td>
<td>Assess public health impacts and management controls as part of the review of Council’s Emergency Response Plan.</td>
</tr>
</tbody>
</table>
6. **Recommended Next Steps**

This review has highlighted the various strategies of Council’s Strategic Plan and current Council initiatives which support community health and wellbeing. It also provides guidance on policies to consider in the review of Council’s Strategic Plan, 2020 Vision.

It is recommended that Council:

1. Provide this ‘Strategic Directions for Public Health’ report to the office of the Chief Public Health Officer for comment.

2. Schedule the review of Council’s Strategic Plan in early 2015 (following the 2014 Council Elections).

3. Undertake further Council and community consultation on the community wellbeing priorities and proposed public health strategies.

4. Consultation with the relevant regional, State and local organisations as part of Council’s Strategic Plan review process:
   - **Regional offices** – Central Local Government Association, Northern and Yorke Natural Resources Management Board, Regional Development Australia (Yorke and Mid North)
   - **Local Community Groups and Businesses** – Progress Associations, Over the Edge.

5. Complete the integration of public health strategy (with consideration of the environmental, social, and economic determinants of health) within Council’s Strategic Plan and key planning documents:
   - Community and Economic Development Plans for towns
   - Council’s Development Plan
   - Asset Plans
   - Emergency Response Plan
   - Footpath and Trails Construction Plan
   - Animal Management Plan
7. References

1. South Australian Public Health Act 2011
5. The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide.
8. Regional Development Australia Yorke and Mid North. South Australian centre for economic studies-Adelaide & Flinders Universities
10. Population Health Profile of the Lower Flinders Rangers Local Government Area to assist in the preparation of the Regional Public Health Plan. Report produced by the Public Health Information Development Unit (PHIDU), The University of Adelaide, for the Local Government Association of South Australia.
11. Annual report 2013 District Council of Mount Remarkable
17. CHSALHN. ‘Eat Well Be Active Plan, Strategy Plan Template’ and OPAL inclusion 2011-2016

24. District Council of Mount Remarkable, 2010 / 2011 Annual Public & Environmental Health REPORT (under the Public & Environmental Health Act 1987)

25. Eat Well Be Active Strategy 2011-2016. Government of South Australia


27. South Australian Alcohol and Other Drug Strategy 2011-2016. Government of South Australia


30. Port Flinders Walking Trail Planning and Design Proposal 2009, EBS.


33. Water for Good, A plan to ensure our water future to 2050. Government of South Australia

8. Glossary

**Mid North Cluster** - Mid North cluster comprises health services Mid North Health – Jamestown, Booleroo Centre, Peterborough and Orroroo Hospitals; Southern Flinders Health – Crystal Brook and Laura Hospital and Gladstone Health Centre; Port Pirie Health Service; and Port Broughton Health Service.

**Lower Flinders Ranges** - Comprises Mount Remarkable and Peterborough

**Health**: Health is ‘an everyday resource – the capacity to adapt to, respond to, or control life’s challenges and changes’.

**Public Health**: F ‘Public health means the health of individuals in the context of the wider health of the Community’.

**Chronic Disease**: The term “chronic disease” describes health problems that persist across time and require some degree of health care management.

**Community Wellbeing**: FWellbeing refers to the condition or state of being well, contented and satisfied with life. Wellbeing has several components, including physical, mental, social and spiritual. Wellbeing can be used in a collective sense, to describe how well a society satisfies people’s wants and needs.
**Communicable Disease**: An infectious disease that can be transmitted from one infected individual to another.

**Infectious Disease**: A disease that is caused by the entrance of micro-organisms (bacteria, viruses, protozoa, fungi) to the body that grows and multiply there.

9. **Acronyms**

- **DCMR** - District Council of Mount Remarkable
- **CWMS** – Community Wastewater Management System
- **CHESS** - Four Principles for Healthy Environments: Connected; Healthy Eating; Safe; Sustainable
- **LGA** - Local Government Association (SA)
- **EPA** – Environmental Protection Authority
- **HACC** - Home And Community Care
- **HCI** – Healthy Communities Initiative
- **IRSD** - Index of Relative Social Disadvantage
- **DPTI** - Department of Planning, Transport and Infrastructure
- **OPAL** - Obesity Prevention and Lifestyle Program
- **NPTN** - Northern Passenger Transport Network
- **RHT** – (Mid North) Rural Health Team
- **SP 1-4** - Strategic Priorities 1-4 (State Public Health Plan)
### Appendix A – Public Health Workshop Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cr Colin Nottle</td>
<td>DCMR Councillor</td>
</tr>
<tr>
<td>Kirsty Hammett</td>
<td>SA Health</td>
</tr>
<tr>
<td>Peter McGuinness</td>
<td>Peterborough Council</td>
</tr>
<tr>
<td>Emma Young</td>
<td>OPAL program</td>
</tr>
<tr>
<td>Sandra Wanchope</td>
<td>DCMR</td>
</tr>
<tr>
<td>Wayne Hart</td>
<td>DCMR</td>
</tr>
<tr>
<td>Jane Mc Callum</td>
<td>Rural Health Team</td>
</tr>
<tr>
<td>Emma Mc Sporran</td>
<td>Rural Health Team</td>
</tr>
<tr>
<td>Trevor Roocke</td>
<td>DCMR MNHAC MNMLHC</td>
</tr>
<tr>
<td>Muriel Scholz</td>
<td>DCMR</td>
</tr>
<tr>
<td>Mark Smith</td>
<td>DCMR</td>
</tr>
<tr>
<td>Kate Abraham</td>
<td>Southern Flinders Life, HCI</td>
</tr>
<tr>
<td>Catherine Battersby</td>
<td>Southern Flinders Life, HCI</td>
</tr>
<tr>
<td>Lyn Foster</td>
<td>Northern Passenger Transport</td>
</tr>
</tbody>
</table>
## Appendix B – Linking Council’s 20:20 Vision with the State Public Health Plan

<table>
<thead>
<tr>
<th>DCMR Plan: Objectives Strategies and Actions (Our 2020 Vision)</th>
<th>State Public Health Plan</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>SP1-Building Stronger and Healthier Communities&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
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<tr>
<td>2. Accountable, Secure and Sustainable Organisation (administration and finance)</td>
<td>✓</td>
</tr>
<tr>
<td>3. Growing Prosperity (economic/tourism dvpt)</td>
<td>✓</td>
</tr>
<tr>
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