

Environments for Health

Promoting Health and Wellbeing through
Built, Social, Economic and Natural Environments

Municipal Public Health Planning Framework

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Foreword

Successful local public health strategies lead to prevention and reduction of disease and disability, and to the creation of communities and environments in which people can lead productive and rewarding lives.

This document presents a framework for public health planning by Victorian local governments that will help communities achieve maximum health and wellbeing.

The Public Health Division of the Department of Human Services, in partnership with the Municipal Association of Victoria, Victorian Local Governance Association, local governments and other stakeholders, has developed “Environments for Health.” This new framework for municipal public health planning incorporates an awareness of the social, economic, natural and built environments and their impact on health and wellbeing. It encourages municipal public health planning of a high standard and consistency in scope and approach across the State, while still valuing diversity. Importantly, it is also aimed at improving community health and wellbeing by promoting the integration of Municipal Public Health Plans as an essential component of municipal corporate planning.

This framework has been developed with the assistance of a skilled reference group, representing stakeholders from the field and from policy development areas. It has been further enhanced by an extensive consultation process, including forums across the State and written submissions.

We encourage you to use this document in the development of your Municipal Public Health Plan and to communicate its principles to all relevant stakeholders. Comments on the content and usefulness of this framework are welcome.



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1 Introduction

Municipal Public Health Plans (MPHPs) are integral to any comprehensive strategic planning process undertaken by local governments. This new framework should ensure that MPHPs can inform other planning processes effectively and prevent duplication of planning effort at a local level. Promoting a renewed effort in local area planning, it provides the tools for working across a wide range of other local plans, including community health plans. MPHPs can also be used as a platform for funding.

The municipal public health planning framework aims to take the MPHP program into a new phase, by building on past achievements and revisiting the principles that established the program. It offers a balance between the practical and the theoretical, with links that draw on international and national research, policy and best practice. By placing explicit emphasis on the social, economic, natural and built environments, the framework makes public health a central focus for local government in its governance role that includes strategic planning, advocacy, coordination and facilitation of community participation.

It is acknowledged that patterns of public health have changed, and that there is a need for new strategies and structures to reflect this change. The overall health status of Victorians has improved over the past 20 years, but still varies according to where people live. There is increasing recognition that greater effort is needed in preventing ill health and creating wellbeing, especially among those who are most disadvantaged.

This framework for strategic public health planning systematically addresses individual, organisational, community, social, political, economic, and other environmental factors affecting health and wellbeing. To achieve municipal level change, the framework offers mechanisms for public health programs to improve the health of populations through personal, social and environmental action, rather than individual treatment.

How to Use this Document

- This framework for municipal public health planning draws on international and national research, policy and best practice.
- Evidence to support the planning philosophy appears as links to supporting documents, research and Web sites to explore. These links are in the right hand column on most pages.
- The document is divided into two parts, balancing the practical with the theoretical. Part A presents the new municipal public health planning framework. Part B offers a practical guide to planning.
- As with the planning approach being promoted, this document has been generated using an action planning approach. The aim is to improve this document through a continual process of feedback, evaluation, research and revision.

Visit this document on the web. All links are live (updated regularly). www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm.

All web links that appear in this document were checked on 30 July 2001.

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Thank you to all who contributed to the development of the new Framework and participated in the consultations and provided written submissions.

PART A: NEW MUNICIPAL PUBLIC HEALTH PLANNING FRAMEWORK

2 Introduction

2.1 Health Planning Role

The introduction and subsequent ten years of development of MPHPs in Victoria has clearly signalled an emphasis on a locally derived strategic planning approach, determined by local public health needs and priorities and directed at achieving local public health outcomes.

This planning approach is consistent with the existing legislative planning requirements in the Health Act and the Local Government Act. It reflects an emphasis on an enabling, rather than a prescriptive, legislative framework.

This approach recognises that Victorian local governments are well positioned to promote community health and wellbeing across their municipality. They also have a leadership role in **community building** (see Glossary) and have the ability to build capacity, by implementing strategies to enhance community health status and health equity outcomes.

2.2 Health Planning Concepts

The new MPHP framework uses the strengths of a number of approaches to public health planning including:

- **Strategic local area planning** A strategic and integrated approach to municipal public health planning promotes a model for integrating physical, social and economic planning, with community participation as a key principle.
- **Social model of health** Participation, sense of community and empowerment are interdependent social factors contributing to individual and community wellbeing.
- **Health-promoting systems** A strong relationship exists between people and place: people's health and wellbeing reflects their socioeconomic status, and accordingly, where they live. Different locations afford varying degrees of access to healthy environments, food, services, amenities, health information, education, employment, housing, and opportunities to experience sense of community and sense of place. A holistic approach ensures that the inter-relationships between all major issues impacting on individuals and families within the context of their local communities are taken into account.
- **Focusing on health outcomes** Utilising information from the Victorian Burden of Disease Study and other sources can identify issues and areas for consideration when planning health priorities.

Health Act 1958

See Section 29A, Functions of councils, and Section 29B, Municipal public health plans:

1. Every council must, in consultation with the Secretary, prepare at three-year intervals a municipal public health plan.
2. A municipal public health plan must-
 - (a) identify and assess actual and potential public health dangers affecting the municipal district; and
 - (b) outline programs and strategies which the council intends to pursue to
 - (i) prevent or minimise those dangers;
 - (ii) enable people living in the municipal district to achieve maximum wellbeing;
 - (c) provide for periodic evaluation of programs and strategies.
3. Every council must review its municipal public health plan annually and, if appropriate, amend the plan.

Local Government Act 1989

Refer to Sections 6 (1) (b) & (d); and 7 (c), (d) & (f).

This legislation can be found via the Australasian Legal Information Institute Web site: <http://www.austlii.edu.au/>

Ottawa Charter For Health Promotion:

<http://www.who.int/hpr/archive/docs/ottawa.html>

Victorian Burden of Disease Study

<http://www.dhs.vic.gov.au/phd/lgabod/index.htm>

- **Participation and partnership approaches** People increasingly share in planning and decision making and are empowered to affect the outcome of the process. Clients, community groups, government departments and other agencies need to participate in health planning, not only to ensure a match between local needs and priorities, but because participation itself promotes health. Clients/consumers and the wider community need to participate meaningfully to ensure appropriateness, community ownership of processes, programs and outcomes, and the promotion of accountability to the community for decisions on priorities and resource allocation.

Health planning needs to promote equality of opportunity regardless of gender, age, race, cultural background, ability or location, and address current disadvantage by affirmative action to promote equality of health outcomes. This acknowledges the differences between population groups and places, including rural and metropolitan communities.

At a municipal level, there is a need to develop an integrated planning approach that incorporates:

- Linkages between stakeholders' policies and plans.
- A local government governance role that provides leadership, advocacy and facilitation.
- Meaningful community participation.

Participation

"A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change."

WHO (1999). Community participation in local health and sustainable development: a working document on approaches and techniques.

Copenhagen, Denmark: WHO. Available on-line:

<http://www.who.dk/healthy-cities/pdf/book4.pdf>.

Objectives of Participation

- To inform the community and relevant agencies about the planning process.
- To invite individuals, groups, agencies and central governments to participate in consultation and planning processes.
- To identify opportunities, issues and specific needs.
- To build cooperation and trust between planners, providers and consumers.
- To identify skills and resources in the community which can be applied to planning and provision.
- To build capacity in the Council and the community for planning.
- To identify a shared vision for community planning and program development.

(MAV, 1996). Planning Partnerships: An Integrated Local Planning Framework for Human Services.

2.3 Best Practice Municipal Planning

To have maximum impact, municipal public health planning must inform the content and be incorporated into the municipal **Corporate Plan**, and be integrated into all other Council plans. MPHs need sufficient internal acknowledgement and commitment to bring health planning into the mainstream of Council planning. This is best practice planning, and is supported by the governance role of local governments.

Local governments:

- Are a sphere of government with the authority and responsibility of public health leadership, involving creating a vision and goals, promoting integrated planning, participation and community development, promoting partnerships and advocacy for local needs, establishing structures for corporate cooperation and facilitating change.
- Have an identified population and geographical basis. This enables a more coherent approach to a wide range of public health programs, with better coordination and sustainability of public health strategies and strengthening of public health infrastructure and capacity.
- Support collaboration for better health with other sectors at a local level.
- Plan, fund and provide a wide range of public health programs.
- Have a close relationship with their local constituencies and are well placed to consult with and support the active participation of local communities in public health programs.

Peak Bodies Representing Victorian Local Governments:

- Municipal Association of Victoria: <http://www.mav.asn.au>
- Victorian Local Governance Association: <http://www.vlga.org.au>

3 Overview

3.1 Local Government and Public Health

Local government in Victoria has had a long-standing association with public health. It began during the gold rushes of the 1850s, with the rapid increase in population and concerns about insanitary conditions. The focus was on preventing the spread of epidemic diseases, primarily through action on sanitation and housing standards. This continued into the 20th century, with public health practitioners focused on threats to health in the immediate environment by dealing with sewage, the provision of clean water, sale of adulterated foods, and housing conditions. There is still an important role for local government to play in controlling these threats.

The leading causes of ill health are no longer infectious diseases, but chronic diseases such as cardiovascular disease, cancer, mental disorders, neurological and sensory disorders, chronic respiratory conditions, and injuries. The approach to addressing these diseases has included focusing on prevention, utilising health education messages targeting individual behaviour change. This approach alone will not assist in addressing the health inequalities between the places that people live. It is recognised that social inequalities influence health and that social class and material circumstances both generate and maintain inequalities in health.

The Victorian Burden of Disease Study shows that although the overall health status of Victorians has improved over the past 20 years, it varies according to where people live. Local governments have a traditional geographical concern with people and place, which includes the local context of health, disease and social process. A focus on individuals and their access to health services, education, income and employment is vitally important, but not the whole answer. Recognition that place influences health may help to balance this individual focus, by redirecting attention to interventions at the environmental level, such as providing green spaces for healthy recreation, a pleasant and safe urban environment, improved public transport, and better housing stock.

“Health is the state of complete physical, mental and social wellbeing and not the merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition.” (WHO Constitution.)

The WHO Healthy Cities project is a long-term development project that seeks to place health on the agenda of cities around the world, and to build a constituency of support for public health at the local level. The concept is evolving to encompass healthy villages and municipalities, and as such has a close relationship to MPHPs:

<http://www.who.int/hpr/cities/index.html>

Victorian Burden of Disease Study:

<http://www.dhs.vic.gov.au/phd/lqabod/index.htm>

3.1.1 Determinants of Health: Applying a Social Model

As discussed above, many of the factors influencing health lie in the complex social, economic and physical environments in which people live, and therefore require a more social view of health.

A social model of health is a conceptual framework for thinking about health. Within this framework, improvements in health and wellbeing are achieved by addressing the many social, cultural, environmental, biological, political and economic determinants of health.

Many determinants affecting people's health have been influenced or controlled through public health interventions. Research into causes of injury and illness has identified a range of social, environmental, and behavioural factors that affect health. These factors include poor diet, physical inactivity, smoking, consumption of alcohol, exposure to ultraviolet radiation, workplace safety, discrimination and road safety.

Most public health issues are notable for their complexity. For example, the National Public Health Partnership (NPHP) states that the propensity of an individual to smoke, and therefore the prevalence of smoking-related disease in the community, is determined by a range of contributory factors including, age, gender, social class, price, advertising, peer pressure, outlet density and smoking opportunities. These factors combine with even broader influences, such as demographically targeted advertising, the political influence of multinational cigarette companies on government legislation, and the historical reliance of governments on tobacco sales tax for general revenue.

Identifying individual determinants of a health problem is useful for public health planning, but is not sufficient explanation. To avoid simplistic models of causation that lead to simplistic solutions, the interaction of determinants and how they operate in context must also be considered. In *Social Determinants of Health: The Solid Facts*, WHO discusses ten different but interrelated aspects of the social determinants of health and identifies the research underpinning each area.

A social model of health implies that we must intervene to change those aspects of the environment that are promoting ill health. We cannot continue to simply deal with illness after it appears, or keep exhorting individuals to change their attitudes and lifestyles, when the environment in which they live and work gives them little or no choice or support.

See: Harris, E., & Wills, J. (1997). Developing healthy local communities at local government level: Lessons from the past decade. *Australian and New Zealand Journal of Public Health*, 21, 403-412.

Determinants of Health

Indicators for Determinants of Health:

<http://www.hc-sc.gc.ca/hppb/phdd/resources>

The National Public Health Partnerships' Planning Framework for Public Health Practice includes a discussion on health determinants:

<http://www.nphp.gov.au/planfrwk/>

See also Primary Care Partnerships' Draft Health Promotion

Guidelines: <http://www.dhs.vic.gov.au/acmh/ph/pcp/index.htm#dhpg>

Social Determinants of Health

1. The need for policies to prevent people from falling into long-term disadvantage;
2. How the social and psychological environment affects health;
3. The importance of ensuring a good environment in early childhood;
4. The impact of work on health;
5. The problems of unemployment and job insecurity;
6. The role of friendship and social cohesion;
7. The dangers of social exclusion;
8. The effects of alcohol and other drugs;
9. The need to ensure access to supplies of healthy food for everyone; and
10. The need for healthier transport systems

WHO (2000) *Social Determinants of Health: The Solid Facts*

Available: <http://www.who.dk/document/e59555.pdf>

3.2 Municipal Public Health Plans

The development of MPHPs is the most recent example of local governments applying a contemporary approach to public health. A broad systems approach means a focus on the public health issues and needs of the whole municipality, not just a series of Council plans. The 'new public health' paradigm has adopted the community development approach promoted by WHO in the Ottawa Charter and the subsequent Health for All policy development, Local Agenda 21, and Healthy Cities programs. The Ottawa Charter states that health promotion action means:

- Building healthy public policy
- Creating supportive environments
- Strengthening community actions
- Developing personal skills
- Reorienting health services.

Ten years of development of MPHPs across Victoria has provided the basis for a strategic and integrated approach to public health planning at a municipal level. In 1990 eleven councils participated in a pilot program to put into practice the new section of the Health Act relating to MPHPs. By 1994, 76 per cent of the then 210 councils had an MPHP and others were in the process of developing plans.

A Department of Human Services survey in 2000 found that over 52 per cent of the 78 new councils were implementing a plan, 18 per cent were developing a new plan, and 15 per cent were under review. Positive features reported included: providing a strategic planning focus, promoting useful partnerships and networks throughout the municipality, highlighting local health issues and providing a vehicle by which to address them, involving all divisions of council, promoting community involvement and ownership enabling councils to integrate a social model of health into public health planning and linking regional, state and national priorities. A wide range of positive processes was reported in the areas of strategic planning, partnership development, community involvement, management and working relationships to implement plans, and a whole-of-council commitment to public health.

WHO Ottawa Charter:

<http://www.who.int/hpr/archive/docs/ottawa.html>

WHO Healthy Cities: <http://www.who.int/hpr/cities/index.html>

Statement on health and local Agenda 21:

<http://www.who.dk/healthy%2Dcities/statemnt.htm>

Various MPHP materials available at the Department of Human Services Web site:

<http://www.dhs.vic.gov.au/phd/topics4.htm#localgovernmenthealth-planning>

- Includes evaluation of the MPHP pilot program: Garrard, J., Schofield, H. (1991). Evaluation of the Municipal Public Health Plans Pilot Program. Melbourne: Health Department Victoria
- The Department of Human Services MPHP 2000 Survey Summary Document is available at:
<http://www.dhs.vic.gov.au/phd/healthupdate/questionnaire/index.htm>

Suggestions for improving MPHP implementation were also received:

- More effective planning through a whole-of-council approach, improved data, better evaluation, making plans more practical and a better grounding in theory.
- Improved access to resources to aid both development and implementation.
- Enhanced collaborative partnerships between Councils and other stakeholders across sectors.
- Meaningful community involvement at all stages of development.
- Internal council changes, such as raising the profile of the importance of MPHPs to Councils' corporate planning process.
- More coordination between sub-regional local government areas.
- Enhanced reporting and communication of outcomes.
- Better monitoring and evaluation systems.

For an Australian historical perspective on the international literature, see:

- Better Health Outcomes for Australia . Commonwealth of Australia, 1994.
- Macklin, J. (1993). Pathways to Better Health

3.3 Related Planning Processes

The MPHP links with planning processes at a national, state and local level.

3.3.1 National Level

3.3.1.1 National Strategy for Ecologically Sustainable Development

Australia's three tiers of Government adopted the National Strategy for Ecologically Sustainable Development (ESD) in December 1992. There are five key principles:

- Integrating economic and environmental goals in policies and activities.
- Ensuring that environmental assets are properly valued.
- Providing for equity within and between generations.
- Dealing cautiously with risk and irreversibility.
- Recognising the global dimension.

Objective 24.1 of the National ESD strategy concerns public health. The challenge is to establish an effective, cooperative and holistic approach, based on a sound knowledge of environmental and health problems, their causes and the best means by which they can be resolved. It should focus on health and human and natural environments, and on the interrelationships and interactions which sustain or threaten them.

Apart from the implementation of the agreed strategies, current National ESD priorities include the development of intergovernmental cooperation and coordinated policies for the sustainable management of Australia's extensive coastal zone, the establishment of a comprehensive system of State of the Environment reporting, and greater use of economic measures and instruments in environmental policy.

The National Strategy for ESD and Agenda 21 are closely linked. Each seeks to provide a framework for the development of environmentally sound and ecologically sustainable decision making at all levels. While Agenda 21 takes a global perspective, it is also very much focused on the actions that individual governments need to take in order to ensure that development is sustainable.

National Strategy for Ecologically Sustainable Development:
<http://www.environment.gov.au/psg/igu/nсед/overview.html>

NSED section on Public Health: 'Part 3 Intersectoral Issues - Chapter 24'
<http://www.environment.gov.au/psg/igu/nсед/health.html>

Included in the Victorian Government's election commitments was a proposal to establish a Commissioner for Ecologically Sustainable Development:
<http://www.parliament.vic.gov.au/paec/Issues%20Paper%20EAR%20Follow-Up%20Inquiry.pdf>

Agenda 21 was adopted during the United Nations Conference on Environment and Development (the 'Earth Summit') - in Rio de Janeiro in June 1992. The Conference also saw the signing of two new global Conventions, on Climate Change and Conservation of Biological Diversity and the adoption of a Declaration on the principles of sustainable development ('The Rio Declaration'). Agenda 21 sets out actions that nations, communities and international organisations can all take to contribute to the goal of global sustainability in the twenty-first century. <http://www.un.org/esa/sustdev/agenda21.htm>

3.3.1.2 National Environmental Health Strategy

The National Environmental Health Strategy, launched in October 1999, seeks to enhance environmental health management nationally by providing a framework to bring the diverse range of environmental health stakeholders together across the range of issues that encompass environmental health. To commence implementation, the enHealth Council has developed the National Environmental Health Strategy Implementation Plan to address priority issues in the domains of environmental health justice, environmental health systems and the human–environment interface. The Implementation Plan recognises that within the domains of environmental health justice and environmental health systems, action is required at the national level and provides action plans that will be led by the enHealth Council. Due to the diversity of roles and responsibilities within the domain of the human–environment interface, environmental health jurisdictions are encouraged to develop individual action plans.

3.3.2 State Level

A number of initiatives are underway across the Department of Human Services and in other state government departments to focus planning on local areas and to engage local communities in the planning process (for example, local crime prevention programs operated by the Department of Justice). MPHPs developed by local governments in collaboration with local communities will be a major planning resource for the development of a wide range of program planning at a local level, and in achieving integrated planning. The MPHP framework promotes a consistent approach to community participation, making use of relevant data and involving a range of stakeholders in the planning process, including primary care agencies.

3.3.2.1 Community Health Plans and Primary Care Partnerships

MPHPs are a primary resource for Community Health Plans (CHPs). Planning processes for MPHPs and CHPs are clearly complementary and it is important to avoid duplication of consultation and data collection at a local level. This is discussed in further detail in Municipal Scanning, Section 6.2, on page 33.

The development of the MPHP framework has proceeded in close consultation with the development of guidelines for integrated service planning, a key component of CHPs. It is envisaged that over time, the identification of community needs through MPHPs will be directly utilised in CHPs.

National Environmental Health Strategy:

<http://www.health.gov.au/pubhlth/publicat/document/envstrat.pdf>

National Environmental Health Strategy Implementation Plan:

http://www.health.gov.au/pubhlth/publicat/document/envstrat_imp.pdf

Department of Human Services Divisions

Divisions include:

- Office of Housing
<http://hnb.dhs.vic.gov.au/ooh/oohninte.nsf/frameset/Ooh?Opendocument>
- Disability Services <http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/>
- Public Health <http://www.dhs.vic.gov.au/phd/index.htm>
- Aged, Community and Mental Health (ACMH)
<http://www.dhs.vic.gov.au/acmh/index.htm>
- Primary Care Partnerships are developed through ACMH
<http://www.dhs.vic.gov.au/acmh/ph/pcp/index.htm>
 - DHS & MAV (2000). PCP Common Planning Protocol
<http://hnb.dhs.vic.gov.au/acmh/phkb.nsf>
 - Primary Health Knowledge Base
<http://hnb.dhs.vic.gov.au/acmh/phkb.nsf>

For details of all the Department's Divisions

<http://www.dhs.vic.gov.au/program.htm>

Department of Justice

<http://www.justice.vic.gov.au/CA2569020010922A/Homepage?OpenForm>

- Safer Cities and Shires
<http://www.justice.vic.gov.au/CA2569020010922A/All/CF33DA8549FFC569CA2569600009B5BF?OpenDocument&1=Safety-&2=Community+Safety-&3=Safer+Cities+and+Shires+Program->
- Local Crime Prevention
<http://www.justice.vic.gov.au/CA2569020010922A/All/65246E299C5DA5C1CA256A45001E5B2E?OpenDocument&1=Safety-&2=Community+Safety-&3=Supporting+Local+Crime+Prevention->

3.3.2.2 Relationship between MPHP and Infrastructure Planning

A number of urban planning schemes are driven by the Department of Infrastructure (DoI). They have the potential to impact on public health outcomes by virtue of their involvement of local government and their impact on the built environment, land use, housing and service provision. They range in focus from state to local level:

- The **State Planning Policy Framework** (SPPF) comprises general principles for land use and development in Victoria and specific policies dealing with settlement, environment, housing, economic development, infrastructure and particular uses and development.
- The **Metropolitan Strategy**, currently under development, will focus on physical infrastructure, land use planning and transport planning, but it will also be supportive of the Government's objectives in economic, environmental and social development. The main focus of the Metropolitan Strategy is the current metropolitan urban and non-urban areas and growth areas over the next 20 to 30 years. The issues to be addressed by the Strategy will mainly affect the 31 metropolitan local governments.

3.3.3 Municipal Level

3.3.3.1 Municipal Strategic Statements

The development of the Metropolitan Strategy has the potential to influence the direction of **Municipal Strategic Statements** (MSS). All local Councils are required to develop a MSS, which details key strategic planning, land use, transport and development objectives and strategies for the municipality, and is clearly linked to the Corporate Plan. It furthers the objectives of planning in Victoria to the extent that the SPPF is applicable to the municipality and local issues.

Department of Infrastructure

Home page: <http://www.doi.vic.gov.au>

Planning Division home page:

<http://www.doi.vic.gov.au/doi/internet/planning.nsf>

Metropolitan Strategy:

<http://www.doi.vic.gov.au/servlet/rwp-ps?/DOIInternet\strategic.nsf/HeadingPagesDisplay/Our+ProjectsMetropolitan+Strategy?OpenDocument>

Planning for the Future A useful eight-page guide to Victoria's New Planning Schemes:

[http://www.doi.vic.gov.au/doi/doiect.nsf/2a6bd98dee287482ca256915001cff0c/b5811bca369c7c294a25691f0023d7b9/\\$FILE/Planning+for+the+Future.pdf](http://www.doi.vic.gov.au/doi/doiect.nsf/2a6bd98dee287482ca256915001cff0c/b5811bca369c7c294a25691f0023d7b9/$FILE/Planning+for+the+Future.pdf)

Relevant Legislation

- Local Government Act 1989
- Planning and Environment Act 1987
- Health Act 1958

These can be found via the Australasian Legal Information Institute

Web site: <http://www.austlii.edu.au/>

3.3.3.2 Best Value

Best Value is a quality management process that is part of current government policy. It is focused on meeting the needs of the local community. This corporate management tool aims to ensure that council services are the best on offer to meet those needs. Best Value is based on six principles:

- Quality and cost standards for all services
- Responsiveness to community needs
- Accessible and appropriately targeted services
- Continuous improvement
- Regular community consultation
- Frequent reporting to the community.

The MPHP, with its emphasis on community participation and identification of community needs, may also assist councils in meeting their Best Value requirements. For example, the planning and processes adopted as part of the MPHP could be documented in the annual Best Value Principles Report.

Best Value: Refer to Section 208 of the Local Government Act. See also the Department of Infrastructure's Local Government Web site: <http://www.doi.vic.gov.au/servlet/rwp-ps?doi/internet/localgov.nsf>

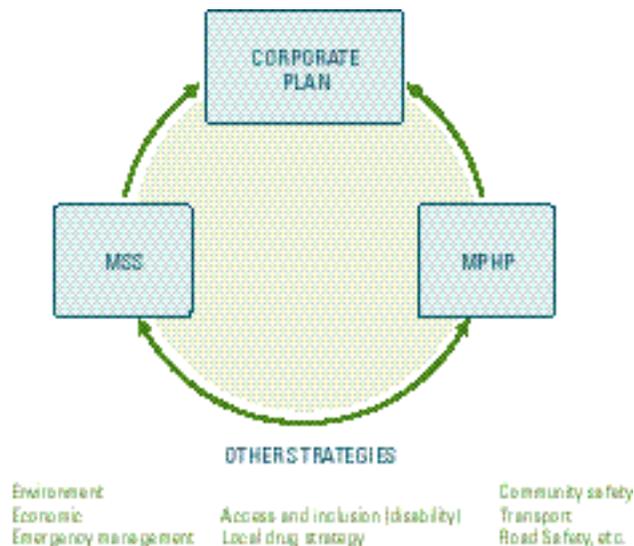
3.4 Linking MPHPs and Municipal Planning

Local governments are the closest level of government to the community and are best able to respond to local and diverse community needs and concerns. The role of local governments is one of leadership and involves a range of functions such as creation of vision and goals, promoting integrated planning, community development and participation, promoting partnerships and advocacy of local needs, establishing structures for corporate cooperation and facilitating change.

Corporate Plans, MPHPs and the MSS are all required by statute, and are key statements for articulating strategies about community wellbeing and health within the governance responsibilities of local governments. Planning for health and wellbeing must be afforded the same level of prominence as the MSS, by clearly expressing its links to the Corporate Plan, and by ensuring that concern for community health and wellbeing is integrated into the MSS. Figure 1 shows these inter-relationships between MPHPs and other Municipal Plans.

The MPHP can be an integrating mechanism for many municipal planning requirements. There are also opportunities for neighbouring councils to prepare joint MPHPs. In rural regions with smaller populations and fewer resources, a cooperative approach can be an effective way of addressing the wide range of public health issues that are shared across sub-regions.

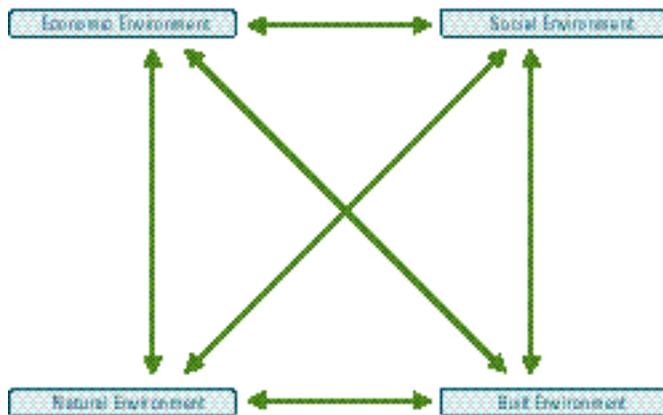
Figure 1 Statutory Planning Responsibilities of Local Government (City of Banyule, 2001)



4 Environments for Health: A systems approach to municipal public health planning

The first step in embracing a systems approach to planning for health and wellbeing is to consider the overall impact on health and wellbeing of factors originating across any or all of four environmental dimensions – built, social, economic and natural.

Figure 2 Environments that affect health



4.1 MPHP Planning Process

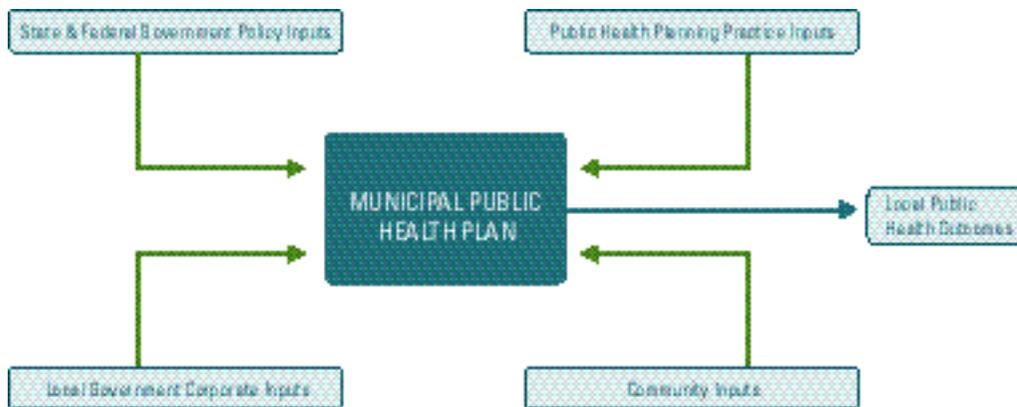
The MPHP is the planning connection between state and local government and other local stakeholders, including the community, in planning for health and wellbeing. Taking a systems approach to developing MPHPs means ensuring that all relevant inputs into the planning process are taken into account. Critical inputs are:

- Best public health planning practice, including research into improving these practices.
- State and federal public health policies and priorities and the need to integrate government effort at the local level.
- Local government corporate priorities, political mandates and governance issues.
- Community participation including providers, stakeholders and the many communities that make up the municipality, including the need to use community resources wisely.

The synthesis of these critical inputs through the planning process produces an output in the form of an MPHP, and improved public health outcomes.

In summary, government policies, local government corporate circumstances and governance issues, best practice, and the municipal community, all inform the development of the MPHP and ongoing planning processes. This is illustrated in Figure 3 below.

Figure 3 Systems Approach to MPHP Planning Process



4.2 Health Outcomes

Successful public health programs lead not only to the prevention and reduction of disease and disability, but also to the creation of environments in which people can lead productive and rewarding lives. Public health programs differ from other health programs in that they focus on improving the health of populations through personal, social and environmental change rather than individual treatment. The action taken reflects this.

Health systems around the world are embarking upon reform processes based on approaches to population health planning, the notion of investment for health, and preventive strategies and health promotion. Central to this approach is the focus on population rather than the individual, the causes of illness rather than treatment, and a strong scientific basis in measurement of outcomes.

Health outcomes are achieved via action that is informed by the fields of epidemiology, environmental and social research:

- They rely on work that draws on research into **risk behaviours**, such as smoking, that form areas of proven association with the susceptibility to disease or ill health.
- The **settings** for public health inquiry are the place or social context in which people engage in daily activities and in which environmental, organisational and personal factors interact to affect health and wellbeing.
- **Risk factors** such as social, economic or biological status provide an entry point to, or a focus for health promotion strategies and actions.
- **Disease prevention** covers measures that not only prevent the occurrence of disease but also arrest its progress and reduce its consequences once established.
- **Investments for health** are the resources explicitly dedicated to the production of health and health gain, based on the determinants of health and developed as healthy public policy. One example is the health goals and targets defined and set at both state and national level.

The systems approach outlined in this framework reflects the growing evidence that local environments in which we live have profound effects on health. See:

Harris, E., & Wills, J. (1997). Developing healthy local communities at local government level: Lessons from the past decade. *Australian and New Zealand Journal of Public Health*, 21, 403-412.

Health Outcomes: A Definition

“A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.” (WHO Health Promotion Glossary).

4.2.1 Local Government and Health Outcomes

In order to have a greater influence on improving health outcomes, a range of professionals within local governments must be involved in public health across all strategic planning functions. This includes the technical, economic, environmental and social planning areas, as well as health and human services.

The public health mandate is very broad and complex, involving a multitude of concerns. It follows that public health cannot be the preserve of one agency, professional group or level of government, but must be the responsibility of agencies at all levels. MPHs provide a means by which local governments, in partnership with the Department of Human Services, service providers, other stakeholders and the community within the municipality, can plan public health services and programs. MPHs aim to improve coordination, reduce unnecessary gaps, provide a framework for innovative local public health programs, and enhance local responsibility and accountability for performance of municipal public health outcomes.

In terms of health outcomes, the priority issues of MPHs should continue to reflect the following:

- **Health protection** services such as food safety, immunisation, infectious disease notification, water quality and environmental health.
- **Health development** issues that can be advanced by local government (within state-wide frameworks), such as prevention of injuries, cancer, cardiovascular diseases, drug and alcohol use, tobacco control and nutrition.
- **Population health strategies** that address the preventive needs of population groups considered being at risk. This includes strategies to address child and family health, aged care, youth health, and the **health of vulnerable groups**.
- **Public health emergency** requirements.
- **Community capacity building and community wellbeing** These should be grounded in work occurring at a state level.

Useful Resources

Saving lives: Our Healthier Nation (OHN) White Paper is a comprehensive Government wide public health strategy for England.
<http://www.official-documents.co.uk/document/cm43/4386/4386.htm>

A New Perspective on the Health of Canadians is one of the founding documents in health promotion.

<http://www.hc-sc.gc.ca/hppb/healthpromotiondevelopment/pdf/perspective.pdf>

Future Directions in Public Health in New South Wales: A Consultation Paper:

<http://www.health.nsw.gov.au/public-health/>

Defining Capacity Building

“Developing sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors... [to] prolong and multiply health gains many times over. Capacity building not only can occur within programs, but also more broadly occurs within systems and leads to greater capacity of people, organisations and communities to promote health. This means that capacity building activity may be developed with individuals, groups, teams, organisations, inter-organisational coalitions, or communities.”

Hawe, P., King, L., Noort, M., Jordens, C., & Lloyd, B. (2000).

Indicators to Help with Capacity Building In Health Promotion. Sydney: NSW Dept. Health. Available:

<http://www.health.nsw.gov.au/public-health/health-promotion/hpss/capacitybuilding/indicators/indicators.htm>

4.3 Environmental Dimensions

'Environments for Health', the conceptual framework that underpins the systems approach to public health planning, states that health and wellbeing is affected by factors originating across any or all of four environmental dimensions (as illustrated in Figure 2 on page 18).

This is supported nationally through the Environment Protection and Biodiversity Conservation Bill 1999, which defines *environment* as including:

- “a) Ecosystems and their constituent parts, including people and communities; and
- b) Natural and physical resources; and
- c) The qualities and characteristics of locations, places and areas; and
- d) The social, economic and cultural aspects of a thing mentioned in paragraph (a), (b) or (c).”

By including consideration of people and their communities, this holistic definition provides an opportunity to map the relationship between environments and health and wellbeing.

To assess the overall impact on health outcomes of factors originating across any or all of the built, social, economic and natural environments, some analysis is required. Figure 4 below shows the components, characteristics and council action areas for the four environmental dimensions that affect health and wellbeing.

Definition of Community Wellbeing:

“Wellbeing 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.” (Measuring Progress, 1998).

Environment Protection and Biodiversity Conservation Bill 1999
available at: <http://www.aph.gov.au/library/intguide/law/envlaw.htm>

Figure 4 Environmental Dimensions and Corresponding Council Action Areas [Adapted from Wills, J. (1995, December). A new public health agenda. Australian Municipal Journal, p. 18.]

Environmental Dimensions	Components	Characteristics	Council Action Areas - Examples
Built / Physical	<ul style="list-style-type: none"> • Transport • Roads • Urban planning outcomes, such as housing • Built form • Amenities: parks, street lighting, footpaths, shops • Permeable neighbourhoods • Recreation facilities: playgrounds, sports facilities 	<ul style="list-style-type: none"> • Liveable 	<ul style="list-style-type: none"> • Land use planning • Industrial development • Transportation • Traffic management • Housing • Recreation • MSS, EES, works approvals
Social	<ul style="list-style-type: none"> • Demographics • Ethnicity • Sense of place and belonging • Sense of community • Social capital • Social support • Social inclusion or isolation • Lifelong learning • Gender • Language • Art and culture • Participatory democracy • Community facilities • Perceptions of safety • Globalisation 	<ul style="list-style-type: none"> • Equitable • Convivial 	<ul style="list-style-type: none"> • Community support services • Community safety • Art and cultural development • Library services • Adult education services • Neighbourhood houses • Recreation programs
Economic	<ul style="list-style-type: none"> • Globalising economy • Economic policy • Industrial development • Employment • Resources 	<ul style="list-style-type: none"> • Sustainable 	<ul style="list-style-type: none"> • Employment • Income distribution • Community economic development • EES, works approvals • Access and equity
Natural	<ul style="list-style-type: none"> • Climate • Geography • Air quality • Natural disasters • Global climate change • Ozone layer • Impact on food production • Farming practices • Water quality • Native vegetation 	<ul style="list-style-type: none"> • Viable 	<ul style="list-style-type: none"> • Water quality • Waste management • Energy consumption

Figure 5 below illustrates how various health issues across health protection, health development and various population target groups can be affected by the built/physical, social, economic and natural environmental dimensions. This diagram provides just some examples of health issues; clearly there are many additional examples that could be used.

Figure 5 Examples of the Influence of Environmental Dimensions on Health Issues

Examples of Health Issues	Environmental Dimensions			
	Built/Physical	Social	Economic	Natural
Health Protection				
Immunisation	<ul style="list-style-type: none"> • Provision of immunisation facilities • Physical access • Access via public transport 	<ul style="list-style-type: none"> • Demographic distribution of services 	<ul style="list-style-type: none"> • Cost of services 	
Food safety	<ul style="list-style-type: none"> • Structural integrity of food premises 	<ul style="list-style-type: none"> • Food standards to meet community expectations • Education for food handlers 	<ul style="list-style-type: none"> • Cost of healthy food • Corporate promotion of genetically modified foodstuffs 	<ul style="list-style-type: none"> • Impact of salinity, drought, urbanisation and climate change on food quality
Air pollution	<ul style="list-style-type: none"> • Infrastructure planning promoting dependence on private transport: freeways • Industrial impacts of chemical waste and spills • EPA neighbourhood air improvement plans • Works approvals 	<ul style="list-style-type: none"> • Car dependency • Car culture 	<ul style="list-style-type: none"> • Subsidisation of motor transport via economic policy • Privatisation: City Link, public transport 	<ul style="list-style-type: none"> • Geographical features that trap air pollution, such as valleys
Health Development				
Community safety / injury prevention	<ul style="list-style-type: none"> • Quality of curbs, footpaths, street lighting, public transport, traffic management, pedestrian crossings 	<ul style="list-style-type: none"> • Perceptions of safety • Risk-taking behaviour by age, gender, ethnicity • Farming practices • Traffic signalling that favours cars over pedestrians 	<ul style="list-style-type: none"> • Cost of infrastructure maintenance and improvement 	<ul style="list-style-type: none"> • Environmental hazards
Housing	<ul style="list-style-type: none"> • Quality of housing stock • Designing for sense of community 	<ul style="list-style-type: none"> • Geographic dispersal of people requiring affordable housing 	<ul style="list-style-type: none"> • Employment policy • Economic policy • Provision of affordable housing options 	<ul style="list-style-type: none"> • Impact of climate on housing design

Examples of Health Issues	Environmental Dimensions			
	Built/Physical	Social	Economic	Natural
Mental health	<ul style="list-style-type: none"> • Provision of urban planning features, housing, parks, roads and transport options that foster access, belonging and social inclusion 	<ul style="list-style-type: none"> • Community building initiatives • Community facilities and support programs • Art and cultural programs 	<ul style="list-style-type: none"> • Employment • Economic policy – eg rural decline 	<ul style="list-style-type: none"> • Presence of natural vegetation to promote recreation, leisure, and ‘contact with nature’
Drugs / Alcohol / Tobacco	<ul style="list-style-type: none"> • Access to point-of-sale • Injecting patterns across cityscape • Smoke-free venues • Advertising and displays 	<ul style="list-style-type: none"> • Risk-taking behaviour • Service provision • Education • Sense of community • Systemic discrimination against minorities 	<ul style="list-style-type: none"> • Cost of liquor and tobacco • Employment • Rural economy 	<ul style="list-style-type: none"> • Pollution from cigarette butts, needles, syringes, bottles and cans

Target Groups				
Youth	<ul style="list-style-type: none"> • Availability of spaces and places where young people can interact and experience a sense of belonging 	<ul style="list-style-type: none"> • Policies that exclude young people from privatised shopping malls • Mainstream attitudes and beliefs about young people 	<ul style="list-style-type: none"> • Cost of providing holistic, preventative support and education, vs. cost of correctional programs • Employment initiatives 	<ul style="list-style-type: none"> • Availability of bushland and wilderness to encourage active leisure and appreciation of natural environment
Older people	<ul style="list-style-type: none"> • Availability of local shops and amenities to encourage incidental exercise and social interaction • Presence and timing of traffic lights to afford safe crossing of roads 	<ul style="list-style-type: none"> • Demographic distribution of aged population • Indicators of social inclusion • Participation by older people in civic debate and service decision making 	<ul style="list-style-type: none"> • Cost of nursing home accommodation vs. private accommodation with access to community support 	<ul style="list-style-type: none"> • Convenient access to national parks • Impact of climate and weather on community participation
Koori	<ul style="list-style-type: none"> • Acknowledgement of, and provision for, places traditionally used as meeting places, now part of urban landscape 	<ul style="list-style-type: none"> • Legislation, social policy and education curricula that acknowledge and address dislocation & discrimination • Mainstream attitudes and beliefs 	<ul style="list-style-type: none"> • Long term costs of investment in prevention / empowering programs vs. policies that reinforce dependence on State 	<ul style="list-style-type: none"> • Acknowledgement of sacred sites in natural environment

4.4 The Built Environment and Wellbeing: The Need to Integrate Urban Planning and Health Planning

This document has clearly demonstrated the interrelated impacts on health of factors in the social, economic, natural and built environments. The present section will outline in more detail the link between urban planning and health, and the need to integrate these planning approaches. Special attention is given to this issue, because:

- Urban planning and health planning are key activities of state and local government (see Section 3.3);
- These planning processes frequently occur in isolation;
- There is a concerted international effort by WHO to highlight and build on this relationship.

4.4.1 The Built Environment Defined

The built environment has been defined by Health Canada as:

“... part of the overall ecosystem of our earth. It encompasses all the buildings, spaces and products that are created, or at least significantly modified by people. It includes our homes, schools and workplaces, parks, business areas and roads. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains and across the country in the form of highways.”

The built environment contains “the basic services that are needed to keep a society running”, otherwise known as infrastructure. Infrastructure is seen as essential to health and includes services delivered physically (roads, communications, provision of drinking water mains, sewerage systems and so on), and utilities such as electricity and gas. Furthermore, the built environment can include broad features of urban layout, such as cityscapes (building heights, shapes and overall density) and streetscapes (width, tree cover, housing density, and the diversity of building uses). Provision of transport facilities for road, rail, tram, bicycle, pedestrian, air and sea traffic forms a key component of infrastructure (Health Canada).

Key WHO Documents Linking Health and Urban Planning

Healthy cities and the city planning process: – A background document on links between health and urban planning. (Duhl & Sanchez, 1999) – explores and analyses the relationship between urban planning and public health in terms of history and current issues in cities: <http://www.who.dk/healthy-cities/hcpub.htm#Plan>.

Community participation in local health and sustainable development: A working document on approaches and techniques (WHO, 1999). This document describes community participation and why it is important. The document provides specific guidance to people wishing to engage in their own community participation activities. Case studies, contacts and reference material are included: <http://www.who.dk/healthy-cities/pdf/book4.pdf>

City planning for health and sustainable development
City health plans form an important model for local Agenda 21 plans, using local health profiles and promoting community participation to achieve change at the municipal level: <http://www.who.dk/healthy-cities/hcpub.htm#planning>

Towards a new planning process. A guide to reorienting urban planning towards Local Agenda 21 (WHO, 1999)

Urban planning plays a critical role in reducing the levels of pollution and increasing the quality of life in cities: <http://www.who.dk/healthy-cities/hcpub.htm#book3>

For a full list of available WHO literature:

<http://www.who.dk/healthy-cities/hcpub.htm>

Health Canada (1997). Health and environment: Partners for life.

For section on the built environment:

<http://www.hc-sc.gc.ca/ehp/ehd/catalogue/general/97ehd215/built.pdf>

4.4.2 Built Environment, Health and Wellbeing

A strong link exists between the built environment, health and wellbeing. The built environment forms the backdrop to our lives. As we pass through buildings and spaces, we generate meanings, which we 'read' as we pass through them. The built environment impacts on our senses, our emotions, our opportunity to partake in physical activity, and the way we participate in community life. Our sense of community and general wellbeing are affected as a result. Built environments can vary across a range of characteristics, such as the quality of infrastructure, public spaces, a sense of safety and amenity, availability of healthy foods and health-affirming services, community norms and so on, which influence individual and collective behaviour. Health disadvantage is exacerbated in socially and economically disadvantaged settings.

When we speak of urban planning, we are not just referring to buildings, but also about the notion of conservation. Furthermore, notions of heritage and conservation are linked to sustainability, not only of natural environments, but also human communities. Health promotion, as detailed in the Ottawa Charter, is concerned with highlighting and building on the connection between ecologically sustainable development and human wellbeing, by fostering the creation of supportive environments and healthy public policy.

Physical and social environments play major roles in the health of communities. Since a principal focus of the planning profession is the design and creation of sound places for people, planning and public health professionals are intrinsically linked. Urban planning is a form of primary prevention and a contributor to health outcomes.

Eleven Elements as Key Parameters for Healthy Cities, Communities And Towns

(cited in Duhl & Sanchez, 1999)

1. A clean, safe, high-quality environment (including housing).
2. An ecosystem that is stable now and sustainable in the long term.
3. A strong, mutually supportive and non-exploitative community.
4. A high degree of public participation in and control over the decisions affecting life, health and wellbeing.
5. The meeting of basic needs (food, water, shelter, income, safety, work) for all people.
6. Access to a wide variety of experiences and resources, with the possibility of multiple contacts, interaction and communication.
7. A diverse, vital and innovative economy.
8. Encouragement of connections with the past, with the varied cultural and biological heritage and with other groups and individuals.
9. A city form (design) that is compatible with and enhances the preceding parameters and forms of behaviour.
10. An optimum level of appropriate public health and sick care services accessible to all.
11. High health status (both high positive health status and low disease status).

USEFUL LINK: Supportive Environments for Physical Activity (SEPA)

SEPA is a project of the National Heart Foundation that aims to increase environmental support and opportunities for people to be physically active in their daily life.

http://www.heartfoundation.com.au/sepa/index_fr.html

4.4.3 Questions to Ask of Urban Planners

Urban planners must accept that their decisions have consequences, both intended and unintended, that could potentially lead to ill health within communities. However, there are techniques and skills that planners can use to promote the building of strong, healthy neighbourhoods, towns and cities. Some universally applicable questions that can be asked are:

- What are the potential unintended consequences of the planning efforts?
- Are the planning efforts addressing the symptoms of a problem, or the root causes? For example:
 - Are housing programs that are aimed at people on low incomes simply displacing this population, or are they truly working to solve the underlying issues behind the scarcity of safe, clean, affordable housing?
 - Will planning serve to enhance the social inclusion and participation of women with children, people with disabilities and older people (through provision of local services, well-lit streets, and accessible buildings, footpaths, streets and transport), or extend their isolation?
- Are planning efforts working on behalf of healthy urban public policy? A system must be in place that enforces checks and balances between policy-makers, policies and plans.
- What are the direct and indirect effects of planning decisions? How will these decisions affect the built, natural, social, political and economic environments? Politicians, planners, government officials and citizens must all be able to understand fully the reasoning and implications behind policies, that is, asking questions that look at the whole picture.

Asking these kinds of questions in urban planning practice promotes critical analysis of decisions about the future of cities. Such questions are indispensable to the process of healthy urban planning and sustainable development (See Duhl & Sanchez, 1999: <http://www.who.dk/healthy-cities/hcppub.htm#Plan>).

Tools Needed for Healthy and Sustainable Urban Planning

- **Policy tools**
General and specific guidelines and indicators such as biophysical, health, economic, social and cultural indicators
- **Planning tools**
Techniques and information for day-to-day planning in transport, residential housing, natural landscaping and programs to reduce, reuse and recycle.
- **Information tools**
Baseline and periodic data within reports on the state of the environment, or health reports such as city health profiles, impact monitoring and exchange of information through networks.
- **Fiscal tools**
These draw attention to equity: for example, incentives such as tax relief for those who live close to where they work; disincentives such as tax subsidies for commuting by car; subsidies for public transit; life cycle costing; and appropriate government procurement policies.
- **Decision making tools**
Urban planning, environmental impact assessment, strategic environmental assessment or strategic sustainability assessment, mediation skills, stakeholder and interdisciplinary teams and mechanisms to ensure greater public involvement.
- **Educational tools**
These target urban planners and health practitioners and can include conferences, workshops, task forces, case studies, training and small-group sessions.
- **Participation tools**
Innovative techniques such as participatory mapping of a settlement, modelling of new housing designs, collective planning, seasonal calendars and forums for ideas.

From (WHO, 1999) Towards a new planning process. A guide to reorienting urban planning towards Local Agenda 21, p. 31
<http://www.who.dk/healthy-cities/hcppub.htm#book3>

PART B: A PRACTICAL GUIDE TO PLANNING

5 Introduction

The MPHP is a strategic plan that integrates with the strategic corporate plan of the Council, and with those community partners having an interest in local public health. The MPHP sets the broad mission, goals and priorities to promote municipal health and wellbeing, and these in turn are intended to inform the operational processes of Council and local organisations.

This section provides some tools to guide public health planning. It aims to present the process and components of 'good planning practice' as it relates to public health. Access to existing generic resources on planning, quality programs and project management is assumed.

The systems approach 'Environments for Health', discussed in Section 4 needs to be embraced at all stages of planning. Tools are included to assist with this, the 'process system' and health outcomes (also discussed in Section 4.2).

If you have never conducted strategic planning before, we suggest that you visit the Web site links on the following pages, and discuss key documents with your colleagues and planning partners.

Some Best Practice Examples: Strengthening Integration of Municipal Public Health Plans into Local Government Strategic Planning

In 1999 North East Health Promotion Centre published this research report. It aimed to strengthen integration of Municipal Public Health Plans within corporate strategic planning among the four local governments within Melbourne's Northeast region. The project identified good practice models and case studies in municipal public health planning through:

- A literature search on good practice in building an integrated approach to health planning.
- A survey of metropolitan and large provincial councils to gain an understanding of the current status of health planning and implementation within each council.
- Qualitative interviews with managers or coordinators in local councils who had identified good practice in their Councils.

Go to <http://home.vicnet.net.au/~nehpc/>, and follow the link to 'Documents'.

Useful Planning Documents

Twenty Steps for Developing a Healthy Cities Project (WHO, 1995):
<http://www.who.dk/healthy-cities/pdf/twentyv.pdf>

Towards a New Planning Process: A Guide to Reorienting Urban Planning Towards Local Agenda 21 (WHO, 1999):
<http://www.who.dk/healthy-cities/hcppub.htm#book3>

The National Public Health Partnership's Planning Framework for Public Health Practice is "a tool to improve planning and management in public health. It complements existing planning processes in public health and draws them together under a common, over-arching approach": <http://www.nphp.gov.au/ppitools/planfrwk/index.htm>.

Department of Human Services Local Government Health Planning Site:

<http://www.dhs.vic.gov.au/phd/topics4.htm#localgovernmenthealth-planning>

Municipal Public Health Plans: Guidelines for Development:
<http://www.dhs.vic.gov.au/phd/hdev/localgov/mphp/mphp.html>

Public Health Planning in Local Government: Information Pack:
<http://www.dhs.vic.gov.au/phd/0001051/index.htm>

5.1 Building Community Capacity to Achieve Health Outcomes

Planning for health is about planning to enhance the community's capacity to achieve positive health outcomes. Capacity building involves developing "sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors... [to] prolong and multiply health gains many times over" (Hawe et al., 2000).

Capacity building not only can occur within programs, but also within systems. It can lead to greater capacity of people, organisations and communities to promote health. This means that capacity building activity may be developed with individuals, groups, teams, organisations, inter-organisational coalitions, or communities (NSW Dept. Health, 2000).

In accordance with the Ottawa Charter, the aim of municipal public health planning is to assist communities to build healthy public policy, create supportive environments, strengthen community actions, develop personal and collective skills by providing learning opportunities, and reorient health services (see Section 3.2).

Particular attention needs to be paid to the reorientation of health services, through a focus on organisational development, workforce development, and resource allocation. Strategies need to be developed to enhance the quality and range of leadership and partnerships available to a program. Such a planning approach to capacity building on health can enhance health service infrastructure, program sustainability and organisational and community problem solving capability (NSW Dept. Health, 2000).

Three Dimensions of Capacity Building

1. Health Infrastructure or service development:
Capacity to deliver particular program responses to particular health problems. Usually refers to the establishment of minimum requirements in structures, organisations, skills and resources in the health sector.
2. Program maintenance and sustainability:
Capacity to continue to deliver a particular program through a network of agencies, in addition to, or instead of, the agency that initiated the program.
3. Problem solving capability of organisations and communities:
The capacity of a more generic kind to identify health issues and develop appropriate mechanisms to address them, either building on the experience with a particular program or as an activity in its own right (Hawe et al., 2000).

Capacity Building References

- Hawe, P., King, L., Noort, M., Jordens, C., & Lloyd, B. (2000). Indicators to Help with Capacity Building In Health Promotion. Sydney: NSW Dept. Health. Available:
<http://www.health.nsw.gov.au/public-health/health-promotion/hpss/capacitybuilding/indicators/indicators.htm>
- NSW Dept. Health (2000). Building Capacity to Improve Health: A Strategic Framework (Draft). Available:
<http://www.health.nsw.gov.au/public-health/health-promotion/hpss/capacitybuilding/cbframework/framework2.htm>

6 Planning Stages

The overall development of an MPHP consists of five broad stages:

1. Pre-planning
2. Municipal scanning
3. Partnership development
4. Implementation, comprising
 - a. Prioritisation
 - b. Strategy development
 - c. Action planning
 - d. Monitoring
5. Evaluation.

Planning does not progress in a linear fashion from pre-planning to implementation and evaluation, but rather tends to be a series of cyclic, overlapping or spiralling processes. That is, various activities from each of these stages tend to be occurring at the same time and there is a coursing backwards and forwards between the stages and activities within each of these stages. In this regard, planning can be seen as a form of ‘action planning’ (or ‘action research’ – see the links provided in Section 6.3).

Strategic vs. Operational Planning

Planning exercises aim to provide some certainty in the face of an ambiguous or uncertain future and are often associated with change. Two interconnected levels of planning are important to Municipal Public Health Plans – strategic and operational.

Strategic level planning is about acknowledgement that there are choices in the directions that can be taken in the future. The development of a vision, mission and values is used to assist in selecting priorities for future decision making. Strategic plans tend to pay particular attention to the analysis of the broad or macro environment, the identification and response to issues, and longer-term goals and objectives.

Typical features associated with strategic planning processes include:

- Broad scale information gathering
- An exploration of alternatives
- An emphasis on future implications of present decisions
- Fostering orderly decision making and successful implementation.

In contrast to strategic planning, operational level planning (‘service’, ‘program’ or ‘business’ planning) is more detailed and is focused on the implementation of strategic-level plans. Typically operational planning activities look to the short term, such as the current fiscal year or life of a project or program.

Questions often associated with operational planning include:

- Who wants the service or product (customer, client, consumer)?
- What specific program or service do they want?
- Where do they want the service delivered?
- When do they want the service delivered?
- How do they want the service delivered?
- Why do they want the service? (What purposes are served, functions fulfilled?)

MPHPs may involve a combination of strategic and operational planning

6.1 Pre-planning

The development of an MPHP is a process of gathering appropriate and relevant information, analysing it and then determining priorities, objectives and strategies to be pursued by all the stakeholders in the process. Other critical functions requiring a concerted effort include:

- Managing and coordinating the planning development process
- Ensuring that all stakeholders, potential partners and the broad local community are involved and informed in a timely and meaningful fashion
- Coordinating information
- Ensuring accountability for the planning process
- Keeping it on track.

Pre-planning is a critical management process to be undertaken by those responsible for the MPHP. Elements that need to be considered for a project plan include:

- Ensuring that the MPHP project is based on a clear need and rationale
- Ensuring the participation of stakeholders
- Ensuring strong leadership
- A process champion
- A tailored planning process
- Open communication leading to commitment.

A key component of project planning is to be clear about the capacity of the contributing organisation(s) to foster and implement creative strategic planning. Organisational capacity involves at least three components: organisational commitment, skills, and structures. In order to enhance health outcomes, we may first need to improve programs by using organisational development strategies to strengthen organisational support systems.

It should be noted that many organisational development initiatives will require the systematic involvement of all organisational stakeholders, and be led by specialist staff in management and human resources. It is not the intention of this document to create an expectation that MPHP planning and project staff be responsible for instigating processes that require an organisation-wide response. Rather, the intention is to assist MPHP staff to gain a realistic perspective of what organisational change needs to occur, and what they can realistically achieve.

Some organisational issues for management and practitioners to consider are listed in Checklist 1.

Organisational Development Issues in Pre-planning

Organisational development processes ensure that the structures, systems, policies, procedures and practices of an organisation reflect its purpose, role, values and objectives and ensure that change is managed effectively (NSW Dept Health, 2000, p. 21).

Organisational development strategies can include a focus on:

- Policies and strategic plans
- Organisational management structures
- Management support and commitment
- Recognition and reward systems
- Information systems – monitoring and evaluation
- Quality Improvement systems
- Informal organisational culture

For detailed discussions on organisational development concepts and strategies, refer to:

- Pages 20-22 of NSW Dept. Health (2000). [Building Capacity to Improve Health: A Strategic Framework](http://www.health.nsw.gov.au/public-health/health-promotion/hpss/capacitybuilding/cbframework/framework2.htm) (Draft). Available: <http://www.health.nsw.gov.au/public-health/health-promotion/hpss/capacitybuilding/cbframework/framework2.htm>
- Hawe, P., King, L., Noort, M., Jordens, C., & Lloyd, B. (2000). Indicators to Help with Capacity Building In Health Promotion. Sydney: NSW Dept. Health. Available: <http://www.health.nsw.gov.au/public-health/health-promotion/hpss/capacitybuilding/indicators/indicators.htm>

6.2 Municipal Scanning: Collecting Information

Information can be used to build a profile of the community and major health issues affecting it, which all participants in the process share. Although sharing a picture of the municipality does not necessarily mean that everybody will immediately agree on what is important, it does provide a common starting point for the discussions and decisions that follow.

Collection of information will help determine:

- The nature and characteristics of a community
- Community strengths, resources and capacities
- Whether current services and initiatives are responding appropriately to illness and are promoting health
- Where there is a gap in services
- Where new services are necessary to remove an existing health inequality
- Where existing services can be better targeted
- What environmental changes are necessary to improve health
- How community structures are affecting health and the need for community development.

Needs assessments are conducted to:

- Bring about change and adapt to a changing environment
- Challenge established thinking and educate about new issues and priorities
- Guide policy, planning and the allocation of funding
- Prevent costly mistakes.

In the context of developing an MPHP, a major source of health information is derived from community consultation exercises from which community-identified health capacities and needs emerge.

See Checklists 2 & 3

Community Participation and Data Collection

Refer to WHO (1999) Community participation in local health and sustainable development: a working document on approaches and techniques. Available:

<http://www.who.dk/healthy-cities/pdf/book4.pdf>.

This important document reminds us that meaningful community participation in municipal public health planning can generate important, 'grounded' information that will inform the development of useful, locally relevant plans, and also provide a direct link to community capacity development. However, the extent to which this will occur will depend on whether residents are informed, consulted, give advice, share in the planning process, have delegated responsibility, or assume control. A range of skills and resources will be required to encourage participation along this continuum (see Checklist 2).

Refer to 'Health Planning Concepts', Section 2.2 pp. 6-7.

Also see 'Partnership Development', Section 6.3 below.

A useful way to ensure that comprehensive information is collected, is to map municipal data across the four environmental dimensions (discussed in Section 4.3), as shown in Figure 6 below. Other useful sources of information can be found in the Victorian Burden of Disease Study and the Primary Care Partnerships' Core Data Set, Integrated Service Planning: Interim Guidelines, and Selecting and Accessing Population Data: An information Resource. (These are available on the primary health knowledge base: <http://hnb.dhs.vic.gov.au/acmh/phkb.nsf>).

Figure 6 Environmental Dimensions and Data Sources

Environmental Dimensions	Components	Data Sources	
Built / Physical	<ul style="list-style-type: none"> • Transport • Roads • Urban planning outcomes, such as housing • Built form 	<ul style="list-style-type: none"> • Amenities: parks, street lighting, footpaths, shops • Permeable neighbourhoods • Recreation facilities: playgrounds, sports facilities 	<ul style="list-style-type: none"> • DoI • TAC • MSS • Burden of Disease • Local Government Data Sets
Social	<ul style="list-style-type: none"> • Demographics • Ethnicity • Sense of place and belonging • Sense of community • Social capital • Social support • Social inclusion or isolation • Lifelong learning 	<ul style="list-style-type: none"> • Gender • Language • Art and culture • Participatory democracy • Community facilities • Perceptions of safety • Globalisation 	<ul style="list-style-type: none"> • Burden of Disease • ABS • PCP Core Data Set • Centrelink • Monash University (MUARC) • LGAs • DoI
Economic	<ul style="list-style-type: none"> • Globalising economy • Economic policy • Industrial development 	<ul style="list-style-type: none"> • Employment • Resources 	<ul style="list-style-type: none"> • Employment rates • Local government data sets • MSS
Natural	<ul style="list-style-type: none"> • Climate • Geography • Air quality • Natural disasters • Global climate change 	<ul style="list-style-type: none"> • Ozone layer • Impact on food production • Farming practices • Water quality • Native vegetation 	<ul style="list-style-type: none"> • DNRE • EPA • DHS Environmental Health Unit

6.3 Partnership Development

6.3.1 Vision and Goals

'Effective partnerships require the establishment of a clear vision which speaks to the ethical and moral underpinnings of the work of the member organisations, and to which individual participants can make personal commitments' (Labonte 1997, p.100).

Vision in this context relates to a description of what municipal public health looks like when the plan is successfully developed and implemented, which in turn, inspires others to commit to this vision. The overall goal of the MPHP is to improve municipal public health status and this should be stated at the beginning and throughout the planning process, so that every participant remains focused.

6.3.2 Inter-organisational Partners: Involving Key Stakeholders

Council's role in municipal public health planning is as a coordinator and facilitator — it certainly is not the role of Council to undertake all of the strategies in the MPHP. Many organisations in the municipality will be undertaking initiatives and projects, which will be reflected in the goals and priorities of the MPHP. One of the marks of a successful MPHP is the extent of ownership and participation of local health, welfare and community organisations.

Input from people and organisations from a diverse background creates an opportunity for the discussion of different issues and a subsequent sharing of knowledge and understanding, better relationships, and an appreciation of the issues and features of the key stakeholders. The result of this active participation is a better planning process, a quality MPHP, and improved chances of enhancing municipal public health status. In this way, gaps in program delivery and target groups not being adequately serviced will be more easily identified. The involvement of other key organisations also increases the knowledge, skill and resource base of the MPHP.

Labonte R. (1997). Power, participation and partnerships for health promotion. Melbourne: Victorian Health Promotion Foundation.

Walker, R. (2000). Collaboration and alliances: A review for VicHealth. Available: <http://www.vichealth.vic.gov.au/publicat/canda.htm>

This document is a review of the research literature on collaboration, and related issues, that is pertinent to the VicHealth Strategic Directions and the Primary Care Partnership Strategy in Victoria.

For a detailed discussion on action planning, refer to Section 3 of Community Participation In Local Health And Sustainable Development: A Working Document On Approaches And Techniques (WHO, 1999): <http://www.who.dk/healthy-cities/pdf/book4.pdf>

What is Participatory Action Research? by Dr Yoland Wadsworth: <http://www.scu.edu.au/schools/sawd/ari/ari-wadsworth.html>

Melbourne Action Research Issues Centre: <http://www.staff.vu.edu.au/ARIC/Default.htm>

See section on 'Getting started: building partnerships' (p. 33) of WHO (1999). Towards a new planning process: A guide to reorienting urban planning towards Local Agenda 21: <http://www.who.dk/healthy-cities/hcppub.htm#book3>

The identification of key stakeholders or partners is essential; they should be brought into the process as early as possible. Once the key organisations and stakeholders in the municipality have been identified, a decision will have to be made as to the membership of the MPHP Advisory/Steering Committee, who will be kept informed of progress, and who will be consulted.

Examples of key organisations within the municipality are many and varied, but could include those listed in Figure 7.

Figure 7 Examples of Key Organisational Partners in MPHPs

<ul style="list-style-type: none"> • Primary Care Partnerships • Community health services • Divisions of General Practice • Department of Human Services Regional Office • Key health and welfare organisations and networks in the municipality • Hospitals 	<ul style="list-style-type: none"> • Metropolitan Health Services: Primary and population health advisory committees • Environmental action groups • Service clubs • Community-based organisations • Department of Education, Employment and Training • Schools
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6.3.3 Internal Local Government Stakeholders

Careful consideration must also be made to identify the individuals and departments within Council that have a critical role in the successful planning, implementation and evaluation of the MPHP. Without the communication, commitment and involvement of these key internal stakeholders in the development of the MPHP, the document risks being seen as purely the role and responsibility of the 'health' branch and will not reflect the whole-of-council approach required.

6.3.4 Why Is Community Participation Important?

The involvement and participation of the municipal community in the development of the MPHP is an important part of the planning process. Community participation involves engaging people as members of communities in identifying, deciding about, planning for, managing and/or delivering programs and policy. Ideas of social justice and equity involve inclusion and participation and the need to include not just other service providers but also the users of those services. The term, 'community participation', is often used in conjunction with other terms such as consultation, collaboration, involvement, empowerment, community capacity building, and community development.

Refer to Checklists 2, 3, 4 and 5, and the Glossary

Participation and Collaboration

See:

- WHO, 1999, pp. 9-10: <http://www.who.dk/healthy-cities/pdf/book4.pdf>.
- Walker (2000), Section 5: <http://www.vichealth.vic.gov.au/publicat/canda.htm>
- Wadsworth (1998): <http://www.scu.edu.au/schools/sawd/ari/ari-wadsworth.html>

Refer to Checklists 3, 4 and 5 for a detailed system for identifying and engaging stakeholders, including community members.

6.4 Implementation

6.4.1 Deciding on MPHP Priorities

The MPHP must be designed with the contexts of the local, state, and national health policy and issues in mind, and can be used as a rationale for attracting additional funding. Importantly, public health issues are usually broad in scope and consequently demand approaches that are intersectoral in nature, so there is a critical need for implementation by collaboration. Objective and priority setting therefore are processes that are part of implementation planning.

In practice, priorities fall into two categories:

- Public health priorities, that is, those priorities that have been identified to be particularly relevant to the municipality.
- Planning process priorities, that is, those priorities that are particularly relevant to the sustainability and success of the planning process.

The MPHP is a document that Council manages; it is not a document in which Council (in isolation) undertakes all of the strategies. **Refer to Checklist 6 and 7**

6.4.2 Strategy Development

The formulation of MPHP strategies is the critical link between:

- The vision of the MPHP
- The identified public health issues in the municipal environment
- The auspicing MPHP Committee / Reference / Advisory Group
- The purpose of the public health planning process
- The intent of the legislation.

The development of strategies in the context of the MPHP is as much an exercise in the appropriate management of community resources as it is an exercise in planning practice.

Useful Planning Documents

The following are useful guides for implementation:

See “Stage 4. Getting organized: action planning” (pp. 36, 39) of WHO (1999). Towards a new planning process: A guide to reorienting urban planning towards Local Agenda 21: <http://www.who.dk/healthy-cities/hcppub.htm#book3>

See pp. 34 – 40 of Community participation in local health and sustainable development: A working document on approaches and techniques for a comprehensive guide to ‘generating ideas and plans for action’: <http://www.who.dk/healthy-cities/pdf/book4.pdf>.

Strategy formulation by definition provides an opportunity for innovation. For local strategic public health planning, there is a need, because of the changing local environment, to identify and recognise changes and issues and be creative (the ability to combine ideas in a new way) and innovative (the implementation of a new idea) in response to these changes and issues.

Formulating strategies to address public health issues involves selection, that is, deciding which strategies will be adopted for particular issues. To assist the selection of strategies, it is necessary to describe them in enough detail to permit judgements to be made. Further, selection of strategies must take into account whether they are consistent with the vision and values of the MPHP and the participating organisations and individuals, and with resource limits. The added advantage of setting criteria is that they can be used for future evaluation purposes.

Refer to Checklist 8

6.4.3 Action Planning

The development of operational or service plans is required to implement the strategic planning that has occurred so far. Action planning involves putting the strategies into practice and involves review of progress.

Action planning can be progressed by utilising existing plans such as Community Safety, Disability Access, Health Promotion Plans, Recreation Strategies, Local Drug Strategies and so on, which can further the action required to address the priorities identified in the MPHP. In this way, duplication of effort is avoided and more detailed and specific action plans are directly linked to the strategic priorities identified in the MPHP.

Relevance of Quality Management

Quality management, corporate planning, and procedures for process management in local government can inform and assist with the effective implementation of the MPHP. Such management systems provide tools against which judgements about the MPHP processes can be made.

Quality Improvement in Municipal Public Health Practice (Department of Human Services, 1999):
<http://www.dhs.vic.gov.au/phd/9904087/index.htm>

This Project was coordinated by Public Health Division, Department of Human Services, the Centre for Development and Innovation in Health (at La Trobe University), and the School of Health Sciences, Deakin University

The project aimed to support the capacity of local government to provide effective, good quality public health programs and services, and to strengthen the infrastructure for public health practice at a municipal level. The methodology included surveys of local government officers, interviews with key informants, a focus group, and an issues workshop with practitioners.

The study found that there was considerable variety among councils in the level of application and types of quality improvement processes utilised. However, the principle of actively considering program quality in public health programs and services has developed a culture of continuous quality improvement.

6.4.4 Monitoring

Monitoring enables responsible agencies and stakeholders – especially local government – to see first hand how implementation of the MPHP is progressing.

The project management approach taken to develop the MPHP so far should be continued, with communication of progress a critical ingredient in the overall MPHP process.

Monitoring is useful:

- For ensuring accountability to fund providers
- For gaining access to resource allocations from within Council and from other funding bodies
- For signalling when opportunities arise for further development of the Plan or when milestones are achieved.

It is important to develop a process for monitoring progress that gives attention to:

- How progress is recorded and reported
- To whom, and how often, progress is reported
- What actions will be taken if a strategy is facing difficulties or is not implemented.

An implementation steering committee, linked to a regular reporting mechanism to Council through the relevant Council committee, can keep Councillors and the Executive informed about the progress of the MPHP.

Useful Monitoring Resources

- WHO (1999). Community participation in local health and sustainable development: a working document on approaches and techniques. Copenhagen: WHO. <http://www.who.dk/healthy-cities/pdf/book4.pdf>.

See pages 51-57 of this document for a description of a number of monitoring techniques, including community indicators

- Health Canada. (1996). Guide to Project Evaluation: A Participatory Approach. Available: <http://www.hc-sc.gc.ca/hppb/familyviolence/html/1project.htm>

See Appendix 5 for Success Indicators of Increased Public Participation and Strengthened Community Groups. Examples are given of indicators of success for two health promotion program/project impacts: increased public participation and strengthened community groups. For each impact, sample indicators of success are given. Below the indicators are the types of questions project staff can ask themselves in order to determine these indicators of success.

- Indicators of Community Wellbeing (Jenny Wills). See the Local Government Community Services Association of Australia Web site: <http://www.lgcsaa.org.au/benchmarking.htm#WebH15>
- Community and Social Indicators — Mike Salvaris, Swinburne Institute for Social Research: http://www.sisr.net/programcsp/published/com_socind.PDF

6.5 Evaluation

Evaluation is the process by which we assess whether the MPHP has made a difference to municipal public health status. Useful evaluations have been defined as involving:

...the systematic collection of information about the activities, characteristics and outcomes of programs, personnel and products for use by specific people to reduce uncertainties, improve effectiveness and make decisions with regard to what those programs, personnel or products are doing and affecting (Patton, 1982).

6.5.1 Why Evaluate?

Evaluation is conducted for a wide range of reasons, including:

- **Feedback and Accountability**

- To provide information to evaluation users on, for example, how a particular program within the plan was being used or understood.
- To provide feedback to inform decision making at all levels: community, regional and national.
- To account for what has been accomplished through project funding.

- **Improvement**

- To provide information on how a program or plan could be improved and made more effective; this idea is closely related to ideas associated with the review processes.

- **Resource Allocation**

- To assist with the allocation of resources and make decisions as to whether targets and agreements have been met, for example, funding agreements or contract requirements.
- To position high quality projects for future funding opportunities.

Useful Evaluation Resources

The following evaluation guides are particularly useful:

Hawe, P., Degeling, D., & Hall, J. (1990). Evaluating health promotion: A health worker's guide. Sydney: MacLennan & Petty.

Health Canada. (1996). Guide to Project Evaluation: A Participatory Approach. Available: <http://www.hc-sc.gc.ca/hppb/familyviolence/html/1project.htm>

Swerissen, H., et. Al. (2001). Health promotion and evaluation: A programmatic approach. Health Promotion Journal of Australia, 11 (1, April). Supplement. Available on-line: http://www.vichealth.vic.gov.au/hpja/2001_1/18.html

Wadsworth, Y. (1991). Everyday Evaluation on the Run. Melbourne, Australia: Action Research Issues Association Inc.

Other Resources

WHO (1999). Community participation in local health and sustainable development: a working document on approaches and techniques. Copenhagen: WHO. <http://www.who.dk/healthy-cities/pdf/book4.pdf>. See pages 51-57.

Best Practice in Primary Health Care. A detailed report by the Australian Institute for Primary Care / Centre for Development and Innovation in Health on current best practice in primary health care from throughout Australia <http://aipc.latrobe.edu.au/cdih/ordering.htm>

Section 5 of Primary Care Partnerships' Draft Health Promotion Guidelines presents a detailed discussion on planning and evaluation. This document also has a list of useful references: <http://www.dhs.vic.gov.au/acmh/ph/pcp/index.htm#dhpg>

Patton, M. Q. (1982). Practical evaluation. London: Sage

Patton, M. Q. 1997. Utilization-Focused Evaluation (3rd Ed). Sage Publications

- **Policy Development**

- To contribute to policy development, an appropriately structured evaluation allows for the identification and assessment of any impacts or potential impacts on the planning process coming from policy and/or legislative changes, and changing state and federal government public health policies and priorities.

- **Best Practice**

- By promoting learning about which strategies work and which don't, the insights gained can contribute to the body of knowledge promoting health and wellbeing.

It is important to ensure that the plan is implemented in such a way that the information needed for evaluation is collected. This suggests that the purpose of the evaluation – and the evaluation questions asked – will guide the method of data collection, analysis, and the dissemination of results.

6.5.2 Evaluations Need to be 'Do-able' and Useful

Usefulness and utilisation are common themes of program evaluation. Practical, do-able evaluations will be guided by attention to four criteria of excellence:

Usefulness How can we make sure that the findings will be used?

Practicality How can we make the evaluation process practical and feasible?

Ethics How can we ensure that our particular evaluation questions and process are ethical?

Accuracy Which methodology is the best for helping us to capture our evaluation questions? (Patton, 1982)

The values that inform evaluation should come from the people who want the information, and who have the responsibility for using the findings, rather than from the evaluator. The role of the evaluator is to act as an advocate for process — to ensure that the evaluation aims to produce relevant, timely and useful information in a way that is practical, ethical and participatory. To do this, the evaluator must seek out and work closely with the MPHP's primary intended users, and clarify and facilitate their commitment to concrete, specific uses.

Five Key Evaluation Questions

Each evaluation will be different, but five fundamental questions remain the same for all MPHPs:

1. What? Did we do what we said we would do?
2. Why? What did we learn about what worked and what didn't work?
3. So what? What difference did it make that we did this work?
4. Now what? What could we do differently?
5. Then what? How do we plan to use evaluation findings for continuous learning?

Five Evaluation Process Steps

Seeking answers to the five key evaluation questions will guide the way you evaluate your MPHP. The insights gained from answering the questions can then be used to shape current and future work. Five useful, practical steps for evaluating your MPHP are:

1. Define the project work.
2. Develop success indicators and their measures.
3. Collect the evaluation data.
4. Analyse and interpret the data.
5. Use the evaluation results.

See Sections 3.1 and 3.2 of Health Canada (1996) <http://www.hc-sc.gc.ca/hppb/familyviolence/html/1project.htm>

Key stakeholders of the MPHP, such as Councillors, other Council Departments, local community and health organisations, must seek to agree on the purpose and parameters of the evaluation and how it will proceed, and what can be realistically achieved. Key stakeholders will need to maintain a belief that the evaluation is being conducted effectively and that the exercise is worthwhile. It is important to actively involve the primary intended users, and show them the usefulness of both the evaluation process itself and its results. **See Checklist 9**

6.5.3 Communicating the Effectiveness of the MPHP

A well-conducted evaluation is a part of demonstrating the effectiveness of the MPHP and, in turn, the achievements should be widely promoted and acknowledged. Strategies that assist in the reporting of information to the local community include:

- Launching the MPHP
- Regular newsletter to the community
- A community information/health issues day
- Presentations to local organisations
- Spreading information through the networks of organisations involved
- Press releases and articles in local newspapers
- Producing a video, a strategy which is good for people with low literacy levels
- Posters in public places
- Distributing the report widely to key local organisations.

If community members and other stakeholders have been closely involved in all stages of the MPHP process, then it is likely that they will also seek to be involved in disseminating the effectiveness of the MPHP.

Common Evaluation Terms and What They Mean

Evaluation A way of measuring if a project is doing what it says it will do.

Goals General statements of what an organisation is trying to do.

Objectives Specific, measurable statements of what an organisation wants to accomplish by a given point in time.

Objective approach One that values the perspective, views and opinions of those outside of or distanced from the situation, event, organisation, project, etc., as the primary basis for making an assessment or judgement.

Informant In research and evaluation terminology, the person you interview or question is called the “informant”.

Impact or outcome evaluation Gathers information related to the anticipated results, or changes in participants, to determine if these did indeed occur. It may also be used to test the effectiveness of a new program relative to the results of an existing form of service. An impact evaluation will tell you about the effects of a project.

Process or formative evaluation An ongoing dynamic process, where information is added continuously (typically using a qualitative approach), organised systematically and analysed periodically during the evaluation period. A process evaluation will tell you how the project is operating.

Quantitative approach An approach that tries to determine cause and effect relationships in a program. A quantitative approach will use measurements, numbers and statistics to compare program results. The information is considered “hard” data.

Qualitative approach An approach that examines the qualities of a program using a number of methods. This approach uses non-numerical information – words, thoughts and phrases from program participants, staff and people in the community – to try and understand the meaning of a program and its outcome. The information is considered “soft” data.

From Health Canada, (1996). Appendix 1

<http://www.hc-sc.gc.ca/hppb/familyviolence/html/1project.htm>

7 Checklists

7.1 Checklist 1: Organisational Checklist for Embedding Health Promotion

Practitioners — does the agency have:

- Policies for health promotion? Describing priorities, processes, values, philosophies, professional codes of practice, quality improvement for health promotion.
- A multi-disciplinary internal health promotion committee or advisory group for decision making, sharing ideas, support?
- Suitably experienced and qualified health promotion staff? Is the mix of staff skills appropriate? Is health promotion experience valued? Is staff development for health promotion supported? Is health promotion knowledge supported, with subscriptions to relevant journals, newsletter, and professional associations?
- Opportunities for health promotion action? Is health promotion included in job descriptions? Is dedicated time available for health promotion work (planning, needs identification, collaboration)?
- Dedicated and innovative leadership for the coordination of health promotion?
- Reporting processes (planning, implementation and evaluation) and documentation of health promotion achievements? Is there recognition and incentives for staff to be involved in quality health promotion?

Management — does the agency have:

- Health promotion principles (empowerment, public participation, broader determinants of health, equity and justice, intersectoral collaboration) in the mission statement or organisational values?
- Structures that support consumer and community participation in decision making and project operations?

- Open short and long term planning processes that include health promotion? Are there dedicated finances for health promotion (an allocated minimum percentage of the overall budget)? If so, do the practitioners know how much and how decisions are made about its distribution? Does a three-year plan and vision for health promotion exist? How are priorities established?
- Suitably experienced and qualified management? Do they understand and value health promotion? Do they recognise and support the health promotion requirements of staff?
- Are staff members actively involved in planning their (and the organisation's) work, assessing progress towards their goals, and redesigning office practices? This enables employees to have more control and greater variety, which benefits health and improves productivity. Health promoting organisations are also workplaces and as such should provide staff with an environment (physical and mental) that is health promoting. Appropriate involvement in decision making and suitable rewards or recognition is likely to benefit employees' health at all levels of an organisation.

Change is influenced with each of these mechanisms, and when several are activated simultaneously significant system changes are achievable. Which areas need to be addressed in your organisation?

Source: *Infrastructure and Organisational Change for Health Promotion*. M. Bensberg, 1999

Another useful reference is by Dalmau, T., & Dick, B. (1985). *A diagnostic model for selecting interventions for community and organizational change*. Kenmore, Australia: Dalmau & Associates.

7.2 Checklist 2: Ladder of Community Participation

Ladder of Community Participation. (Brager & Specht, cited in Who, 1999, p. 12.)
<http://www.who.dk/healthy-cities/pdf/book4.pdf>

Control	Participant' s action	Examples
High 	Has control	Organisation asks community to identify the problem and make all key decisions on goals and means. Willing to help community at each step to accomplish goals.
	Has delegated authority	Organisation identifies and presents a problem to the community. Defines limits and asks community to make a series of decisions which can be embodied in a plan which it will accept.
	Plans jointly	Organisation presents tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises	Organisation presents a plan and invites questions. Prepared to change plan only if absolutely necessary.
	Is consulted	Organisation tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
	Receives information	Organisation makes plan and announces it. Community is convened for informational purposes. Compliance is expected.
	None	Community told nothing.
Low		

“Both Local Agenda 21 and Healthy Cities call for high degrees of community participation. The challenge for many people working in local authorities, health authorities and other agencies is to move up the ladder, finding new tools and techniques that promote active and genuine involvement and empowerment rather than settling for the more passive processes of providing information and consultation” (WHO, 1999, p. 11)

Where would you place your organisation on the ladder above? What would you need in order to move up the ladder?

See Section 3 (pp. 17 – 57) of *Community participation in local health and sustainable development: A working document on approaches and techniques* for an extremely comprehensive ‘toolbox’ of many community participation techniques and methods: <http://www.who.dk/healthy-cities/pdf/book4.pdf>.

7.3 Checklist 3: Community Consultation and Participation

Ask the following questions:

- What are the aims of the consultation? Do you want to consult your communities primarily to seek confirmation of their needs as you see them? – OR Do you want to involve yourself in communities so that you can find out their issues and concerns and participate with them in addressing them?
- What information is to be conveyed?
- What information is being sought?
- How will this information be used in the planning process?
- How can participants be involved in decision making?
- How will participants be informed of outcomes and actions?
- Will follow-up contact be required?

7.4 Checklist 4: Stakeholder Matrix

1. Identify the issue/s that you need to address.
2. For each issue, who are the stakeholders across the following domains?
 - Built/Physical Environment
 - Social/Cultural Environment
 - Economic Environment
 - Natural Environment

When brainstorming the list of stakeholders, consider the following sectors (see Figure 7, p. 36):

- Commonwealth Government
- State Government
- Regional organisations
- Local Government (consider stakeholders in all divisions across Council)
- Private sector
- Non- government bodies, community leaders and Representatives
- Potential users

3. What is the major interest of each stakeholder?
4. What is their power base — from where do stakeholders derive their power?
5. On what or whom is each stakeholder dependent — for resources, information, influence and so on?
6. What is each stakeholder's potential for conflicts with other stakeholders?
7. Is each stakeholder a potential ally or adversary, or neutral?
8. Is each stakeholder:
 - A key player (KP)?
 - A participant (P)?
 - To be advised only (A)?
 - A significant individual (SI)?
9. What type of involvement is to be offered to each stakeholder — are they to be informed, consulted, or involved? Insert into the matrix below the type of involvement to be offered to each stakeholder in the management of outcomes.

Stakeholder Matrix

Key Bodies	Built/Physical Environment	Social/Cultural Environment	Economic Environment	Natural Environment	Sources of Power	Dependency	For / Against / Neutral?	Informed / Consulted / Involved?
Commonwealth Government								
State Government								
Regional Organisations								
Local Government								
Private Sector								
Non-Government Bodies, Community leaders and Representatives								
Potential Users								

7.5 Checklist 5: The Collaborative Processes

The collaborative process (Walker, 2000, adapted from Gray 1989:57)

Phase	Tasks to be achieved
Phase 1: Problem setting	<ul style="list-style-type: none"> • Shared definition of the problem • Shared commitment to collaborate • Identification of stakeholders • Establish legitimacy of the stakeholders • Identify and establish the legitimacy of an appropriate convener • Identification of resources required to support the collaboration
Phase 2: Reaching agreement	<ul style="list-style-type: none"> • Establish the ground rules for the collaboration • Agree on an agenda for the collaboration • Organise sub-groups if required • Jointly search for information that will inform understanding of the problem and potential solutions • Explore options for solving problems • Reach agreement on how the problems will be solved
Phase 3: Implementation	<ul style="list-style-type: none"> • Dealing with the negotiators' constituencies • Building external support for the problem solutions agreed • Institutionalising of the agreements reached • Monitoring the agreement and ensuring compliance

The collaboration process is seen to develop through three phases. Over time a successful process establishes a new set of institutional arrangements within the problem domain. There will be new understandings that are shared, new ways of working together, and new ways of working within organisations to achieve goals that are common to the participating organisations.

(Walker, 2000, citing Gray, 1989. Go to:

<http://www.vichealth.vic.gov.au/publicat/canda05.htm#a>)

7.6 Checklist 6: Priority and Objective Setting

Ask the following questions when making decisions:

- How should Council decide on the priorities for the MPHP? There are many ways and many models but it is essentially a decision based upon values.
- Who should you talk to?
- How much do you involve the community?
- How do these priorities relate to current state, and national health priorities?
- What are the funding and planning priorities of federal and state governments that have an influence on health?
- What are the limits and responsibilities of different organisations?
- What are other organisations in your municipality planning?
- What are their resources and priorities?

7.7 Checklist 7: Deciding on MPHP Priorities

The following list is useful to assist in prioritising needs:

- **Prevalence** Is the problem widely experienced?
- **Severity** Is the problem debilitating, or does it cause minor inconvenience? What does it mean in terms of potential years of life lost, quality of life and health care costs?
- **Selectivity** Does it affect a group in the population in particular; say a group that is chronically disadvantaged and least able to cope without assistance?
- **Amenability to intervention** Is it known that interventions have succeeded with this problem?
from Hawe, P., Degeling, D., & Hall, J. (1990). *Evaluating Health Promotion*. Sydney: McLennan & Petty. (p. 28, citing Wilson and Wakefield).

Other factors to consider when deciding on priorities can include:

- What are your community's key strengths and capacities that can be built on?
- How can we best enhance sense of community?

7.8 Checklist 8: Developing Strategies for MPHPs

The selection of strategies is based on comparing alternatives. Judgements should be made on agreed selection criteria:

- Acceptability to key decision-makers and stakeholders (this could also include funding bodies)
- Acceptance by the general public
- Technical feasibility
- Relevance to the issue
- Cost effectiveness
- Timing
- Client or user impact
- Long term impact
- Flexibility and adaptability
- Coordination and integration with other strategies, programs and activities.

The added advantage of setting criteria is that they can be used for future evaluation purposes.

7.9 Checklist 9: Evaluation

Commitment to evaluation and its use can be gained by following suggested steps:

- Taking time to explore the perceptions, past experiences and feelings that stakeholders bring to an evaluation.
- Developing a shared definition of program evaluation and what the process will involve.
- Helping primary users to see and value evaluation as a process for testing the reality of whether the program is doing what they think it is doing.
- Taking primary intended users through a process of generating evaluation questions that are meaningful to them, by the evaluator asking for: “Things you would like to know that would make a difference to what you do.”

7.10 Checklist 10: Suggested Review Process — Evaluation

The review processes should involve stakeholders and planning team members with sessions being structured around the following:

- Overview of the plan.
- General discussion of the plan and reactions to it (SWOT analysis):
 - Strengths – what worked?
 - Weaknesses – what did not work?
 - Opportunities
 - Threats.
- Modifications that would improve on strengths and minimise or overcome weaknesses.
- Agreement on the next steps to complete the plan.

In many ways, the review process provides for reflection on the planning process and an opportunity to anticipate upcoming events and issues

Appendix 1: Glossary

Collaboration

A 'mechanism by which a new negotiated order emerges among a set of stakeholders'. In other words, the stakeholders interact with one another to negotiate a new set of shared norms, informal and formal rules of behaviour, and a shared understanding of the problems to be solved and the goals to be pursued in their relationships with one another.¹

Community

A group of people who not only live in proximity to one another, but who also share common interests or concerns. It may refer to an ethnic or cultural group, a neighbourhood, those who have similar social, economic or health conditions or even a group of organisations or agencies that have a common interest. A specific group of people, often living in a defined geographical area, who share a common culture, share values and norms, and are arranged in a social structure according to relationships that the community has developed over a period of time. Members of the community gain their personal and social identity by sharing common beliefs, values and norms that have been developed by the community in the past and may be modified in the future. They exhibit some awareness to their identity as a group, and share common needs and a commitment to meeting them.²

Community Building

Community building should be understood as a joined-up way of thinking and working to achieve better social, economic and environmental outcomes, particularly in areas characterised by disadvantage. Community building is based on:

- Harnessing and energising the strengths, resources, creativity and energy of communities to design and implement distinctively local responses and actions.
- Collaboration between governments, business, local communities and the voluntary and philanthropic sectors, recognising that no single partner can achieve the desired outcomes alone.

- Enhanced relationships and networks that promote social, economic and electronic connectedness, mutuality and trust.
- Combining the physical, intellectual and financial resources of State and local government, communities and other contributors to promote social and economic development in communities.³

Community Capacity Building

Development work – involving training and providing resources – that strengthens the ability of community organisations and groups to build structures, systems and skills that enable them to participate and take community action.⁴

Community Development

A way of working underpinned by a commitment to equity, social justice, participation and empowerment that enables people to identify common concerns and that supports them in taking action related to them.⁵

Community Wellbeing

Wellbeing 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.⁶

Consultation

Often forms an integral part of statutory urban planning processes and involves people being referred to for information and asked their opinions. Although this implies that communities' views may be taken into consideration, it has not generally meant that people are actively engaged in the decision making process.⁷

Empowerment

The process by which people gain efficacy and control over their own lives while learning to participate democratically in the life of their community⁸.

Empowerment not only conveys a psychological sense of control, but is also concerned with actual social influence, political power and the rights of all individuals and communities.⁹

Environmental Health

Environmental health refers to those aspects of human health and disease that are determined by factors in the environment. It also refers to the theory and practice of assessing and controlling factors in the environment that can potentially affect health. Environmental health includes both the direct pathological effects of chemicals, radiation and some biological agents, and the effects (often indirect) on health and wellbeing of the broad physical, psychological, social, and aesthetic environment, which includes housing, urban development, land use and transport.¹⁰

Equity

Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential, and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided. The term inequity refers to the differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Equity in health is the absence of systematic differences in one or more aspects of health across socially, economically, demographically defined population groups or subgroups. Inequity in health refers to the systematic differences across the same domains.¹¹

Governance

Democratically elected councils have responsibility to their constituents for good governance of their municipalities within the terms of the Victorian Local Government Act. Council's governing role includes such responsibilities as strategic planning, advocacy, coordination, representation on behalf of all citizens, facilitation of community participation and management of the community's assets.

Within a local government context, Councillors have a responsibility for the direction and success of a complex corporate entity. As for many other organisations managed by elected individuals, Councillors have a broad responsibility to ensure that the corporate organisation is managed effectively and is accountable to their constituents. At an operational level, the Chief Executive Officer and corporate managers are delegated responsibility to support the council's broad governance responsibilities and manage council programs and services.¹²

Health

Health is defined in the WHO constitution as:

“A state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity.” In functional terms, health is a resource which permits people to lead an individually, social and economically productive life. Health is a resource for everyday life, not the object for living, a positive concept emphasising social and personal resources as well as physical capabilities. The Ottawa Charter emphasises certain prerequisites for health, which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these prerequisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health.¹³

Health Development

Health development is the process of continuous, progressive improvement of the health status of individuals and groups in a population.¹⁴

Health Outcomes

A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.¹⁵

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve their health. A comprehensive social and political process that embraces actions to strengthen the skills and capabilities of individuals and actions directed towards changing social, environmental and economic conditions to alleviate their impact on public and individual health. Participation is essential to sustain health promotion action.¹⁶

Investment for health

Investment for health refers to resources that are explicitly dedicated to the production of health and health gain. They may be invested by public and private agencies, as well as by people as individuals and groups. Investment for health strategies are based on knowledge of the determinants of health and seek to gain political commitment to healthy public policy.¹⁷

Involvement

“A term often used synonymously with participation. It implies being included as a necessary part of something.”¹⁸

New Public Health

Emphasises strategies outlined in the Ottawa Charter, such as strengthening community action, developing health-promoting environments and public health policy.¹⁹

Participation

A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change.²⁰

Population Health Approach

A population health approach emphasises a view of the community as a whole, addressing the key determinants of health and wellbeing of the population and reducing health inequities, in addition to treating and supporting individuals. Population health activity encompasses organised responses to promote and protect health, to prevent illness, injury and disability, to decrease the burden of illness and to restore and rehabilitate those with chronic disease. It also

encompasses an understanding of the social and economic determinants of health. Individual care and a community focus complement each other and lead to better health and wellbeing outcomes by addressing health and community support issues from different perspectives.²¹

Primary Care

The first level of care, generally provided in an ambulatory setting (as opposed to secondary and tertiary care which would normally be hospital-based). Primary health care is the central function and main focus of a country's health system, the principal vehicle for the delivery of health care, the most peripheral level in a health system stretching from the periphery to the centre, and an integral part of the social and economic development of a country.²²

Public Health

Public health is the science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society. It is a social and political concept, aimed at improving the quality of life among whole populations through health promotion, disease prevention and other forms of intervention. Approaches that are usually considered to come under the umbrella of public health include health protection, health promotion and disease prevention.^{23 24 25}

Social Capital

Term used to describe what creates and sustains groups of people in society. It refers to the forms of social cohesion or 'social glue' that enable people to work together civilly, in formal and informal groupings.²⁶

Social Model of Health

A social view of health implies that we must intervene to change those aspects of the environment which are promoting ill health, rather than continue to simply deal with illness after it appears, or continue to exhort individuals to change their attitudes and lifestyles when, in fact, the environment in which they live and work gives them little or no choice or support for making such changes.²⁷

Sustainable Development

Development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It incorporates many elements, and all sectors, including the health sector, which must achieve it.²⁸

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- ²⁸ *Health and Environment in Sustainable Development: Five Years after the Earth Summit*, WHO, Geneva, 1997.

Appendix 2: List of Abbreviations

ACCV	Anti Cancer Council of Victoria	MAV	Municipal Association of Victoria
ACMH	Aged, Community and Mental Health Division of DHS	MSS	Municipal Strategic Statements
CHP	Community Health Plan – developed by PCPs	MPHP	Municipal Public Health Plan (or planning)
DEET	Department of Education, Employment and Training	NPHP	National Public Health Partnership
DHS	Department of Human Services	PCP	Primary Care Partnerships
DoI	Department of Infrastructure	SPPF	State Planning Policy Framework
EES	Environmental Effects Statements	VLGA	Victorian Local Governance Association
EPA	Environmental Protection Authority	WHO	World Health Organisation
ESD	Ecologically Sustainable Development		

Appendix 3: MPHP Framework Reference Group

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