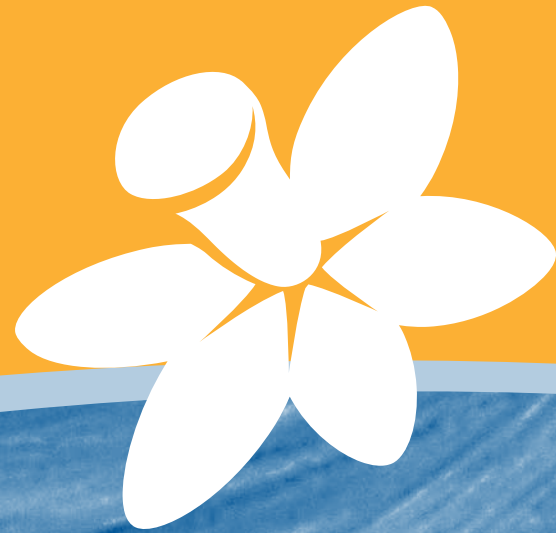


Partnerships for Building Healthy Communities



Working with local government
to help prevent cancer and other
chronic disease in Western Australia

Monograph No 1



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Abbreviations

AHMAC	Australian Health Ministers' Advisory Council
AHPC	Australian Health Protection Committee
AIHPS	Australian Institute of Health Policy Studies
ALGA	Australian Local Government Association
APHDPC	Australian Population Health Development Principal Committee
CCNSW	Cancer Council New South Wales
CCQ	Cancer Council Queensland
CCSA	Cancer Council South Australia
CCV	Cancer Council Victoria
CCWA	Cancer Council Western Australia
COAG	Council of Australian Governments
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CVD	cardiovascular disease
DAO	Drug and Alcohol Office
DSR	Department of Sport and Recreation
HCI	Healthy Communities Initiative
ICLEI	Local Governments for Sustainability (formerly the International Council for Local Environment Initiatives)
LGA	Local Government Authority
LGMA	Local Government Managers Australia
MAV	Municipal Association of Victoria
MHWA	Mental Health WA
NPHP	National Public Health Partnership
SMAHS	South Metropolitan Area Health Service
SMPHU	South Metropolitan Public Health Unit
VDH	Victorian Department of Health
VHPF	Victorian Health Promotion Foundation (also known as VicHealth)
WA	Western Australia
WACHS	Western Australian Country Health Service
WALGA	Western Australian Local Government Association
WAPC	Western Australian Planning Commission
WHO	World Health Organization

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In 2010 the original report was updated and the content revised to reflect a broader recognition of the potential for health charities to partner local government with the shared goal of reducing the burden of chronic disease in the community.

The project has benefited from the advice and expertise of several individuals. Max Williams (former Chief Executive Officer of the Shire of Mundaring) and Ian Cowie (Chief Executive Officer of the City of Gosnells) provided useful insights into the concerns and workings of local government. Anita Tang (Cancer Council New South Wales) and Naomi Henrickson (Drug and Alcohol Office) provided additional information on the work of their organisations. As well as reporting on projects undertaken by the South Metropolitan Public Health Unit, Peter Erceg provided helpful comment on the document during drafting. Ged Dibley (PDF Management Services) reviewed the section of the monograph which relates to local government activities in Victoria.

John Belohradsky of Whitecasle Design and Illustration designed and produced this publication with characteristic patience and attention to detail.

“The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programs should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.”

The World Health Organization. From the *Ottawa Charter for Health Promotion*, 1986^[1]

Foreword

Why produce a monograph examining how Cancer Council WA can work more closely with local government? Because, to a large extent, individual and community health is influenced by a range of external elements which affect how and where we live and work. The ways in which our suburbs, towns, cities and parks are planned and managed have a direct impact on how much we use the car, whether our children can walk or cycle to school, the types of food we have access to, opportunities for sport and recreation, the range of options available for young people to engage in safe and healthy local activities, and the overall quality of life offered by our environment. Viewed from this perspective, it is clear that local government has an immense potential to shape the health of our communities through its considerable responsibilities for planning and community infrastructure. This potential is now widely appreciated and as a result, federal and state governments are increasingly expecting local government to integrate health considerations into their decision-making frameworks.

Over the years Cancer Council WA has been privileged to have a close relationship with many Western Australians who have so generously supported our work and with their help, we have touched the lives of thousands of people through our programs and services. Partnering more closely with local government would provide us with even greater opportunities to work with Western Australians to reduce the incidence and impact of cancer in our community. We could help positively shape health outcomes by offering expert input in health, planning and other relevant areas of decision-making. Supporting local governments in fulfilling their obligations to improve public health, would also help us ensure that the broader community, and importantly, groups with special needs, receive accurate and timely information on how to access our programs and support services and maintain behaviour change that will reduce their risk of getting cancer.

This brief monograph is intended to serve as a starting point for a new discourse on how Cancer Council WA can partner with local government to help reduce cancer in the community. But it goes further than that. By working on the so-called “lifestyle” factors which are the cause of so much cancer—bringing down the prevalence of smoking, reducing the amount of unsafe drinking, and encouraging people to watch what they eat and to get more exercise (while being “sunsmart”, of course!)—we will also see declines in other major chronic diseases which beset Western Australians. Heart disease, diabetes, stroke, and lung, kidney and liver diseases are closely linked with one or more of these “lifestyle” factors, and considered together, are responsible for a huge toll of preventable long-term disability and premature death in our community. There is clearly, therefore, tremendous scope for Cancer Council WA to look at joining forces with the many other agencies which have a shared vision of shaping a healthier way of living for the community.

This potential for collaboration is exciting and I believe that the time is right for Cancer Council WA to examine closely opportunities to work more closely with local government and other sectors. This monograph is a first step in investigating how this process might occur. I have no doubt that by working in partnership, we can reduce the incidence and impact of cancer as well as other chronic disease, in our community.

Susan Rooney
Chief Executive Officer
Cancer Council Western Australia

About this monograph

In September 2005, Cancer Council WA (CCWA) commissioned a study into the benefits and feasibility of working with local government. Initially intended as an internal report, the study comprised a review of the literature, an audit of relevant Western Australian and other state programs, and the capacity of CCWA to extend its reach into this new field. The audit involved desk-based research as well as interviews with 46 key informants representing CCWA and from external programs, including the local government sector.

In deciding the feasibility and possible elements of a local government strategy, the study considered:

- The role of local government in health at the time,
- Evidence that local government is an effective setting and mechanism for promoting health,
- Local and other Australian health programs' experiences of working with local government, and
- Matters likely to hinder or facilitate partnerships with local government.

The study examined the functions and responsibilities of local government, as well as the policy and regulatory framework guiding its work in health. While the catalyst for this study was an assumption that partnering with local government would provide some benefits to CCWA and communities served by local governments, it was important to determine if CCWA was expecting more than is reasonable or achievable with this sector.

This report was updated in 2010. As well as including more recent material throughout, this monograph also takes into account the possibility of a new Public Health Act for WA which could expand local government responsibility for the delivery of community-based health promotion strategies. In recognition that some of the same lifestyle factors which contribute to about 50% of cancer deaths in developed countries like Australia^[2] (including tobacco use, drinking alcohol, poor nutrition, lack of exercise, carrying too much weight and excessive sun exposure) are also important preventable risk factors for other chronic disease in the community, the emphasis on cancer has been broadened to include chronic disease in general.

This monograph is primarily intended for individuals working in the health field, who are interested in learning more about the potential for linking with local governments as a means of improving health outcomes at a community level.

Executive summary

Australia has a three-tier system of government, of which local government is the level closest to the community. Local governments have diverse responsibilities which affect nearly all areas of day-to-day life, including infrastructure and property services, building and planning services, provision of sporting, recreation and cultural amenities, and health services including food inspection and sanitation.

Western Australia's vast size and variations in population density between regions have contributed to difficulties for some local governments in remaining financially viable, and a general recognition that there is a need for reform in the sector to ensure sustainability. Added to this, issues such as projected surges in population growth in some areas, an ageing population and climate change are future challenges for local governments.

Against this background, there is now widespread acknowledgement that individual and community health is influenced by a broad range of "social determinants", including education, the built environment, and access to housing, healthcare, public transport, affordable and healthy food, employment, and other forms of amenity which shape the environments in which we live and work. The regulatory responsibilities of local government give it a major role in directly or indirectly influencing many of these "determinants." Local governments also face growing expectations from the community, and state and federal government that they will take a more central role in providing and planning for healthy communities. In Western Australia, this could be mandated by law if legislation for a new Public Health Act is passed.

Looking to experience from other countries provides useful insights into how local government can operate successfully in coalitions with health agencies and organisations from many other sectors to promote healthy communities. For example, for more than twenty years, The World Health Organization has fostered healthy neighbourhoods globally through its *Healthy Cities* project. Australia has a small core of cities which have participated successfully in this international project; and there are a number of diverse examples from Western Australia and other states which illustrate the potential for local government to work in close partnership with a range of local health agencies to improve health. The complementary programs developed in Victoria by that state's Department of Health, the Municipal Association of Victoria and the Victorian Health Promotion Foundation probably demonstrate current best practice in the Australian setting, while the comprehensive approach to engaging with local government initiated by Cancer Council New South Wales is especially salient to agencies such as CCWA.

Studying these programs, and interviewing a range of officers from local government, health agencies and state government, has made it possible to summarise key points which should be taken into consideration before organisations such as CCWA seek to form partnerships with local government. In summary, local governments are more likely to take up initiatives that:

- Specifically address local needs and priorities,
- Are framed in language which has meaning for local government and are a good "fit" with the local government agenda,
- Take account of local government's budget and planning cycles,
- Are supported by key individuals—elected representatives, local government staff and community members,
- Can access external funding or other support mechanisms, and
- Are clearly distinguishable from existing federal or state government programs.

It is also important that health agencies:

- Adopt a methodical approach to working with local government,
- Demonstrate realistic expectations of local government and an understanding of the framework within which it operates,
- Understand the need for proper planning to ensure best outcomes,
- Emphasise the value of consultation, participation and commitment in the partnership,
- Make clear, regular communication a priority—face to face is best,
- Are flexible, adaptable and persist with their efforts,
- Make best use of existing assets and are mindful of resource implications for all participants,
- Take a broad view—too narrow a focus on health may alienate local government officers who do not necessarily associate health issues with their brief,
- Focus on achievable, tangible outcomes,
- Assist in obtaining additional resources or funding where appropriate,
- Offer the necessary support with marketing and implementation of ideas and activities, and
- Celebrate wins with their local government partners.

The findings of this monograph suggest, as a first step, that there is great potential for CCWA and other health agencies to seek collaborative partnerships with local governments in Western Australia. Further work is required to determine how best CCWA should pursue this opportunity.

PART 1

AN OVERVIEW OF LOCAL GOVERNMENT AND ITS POTENTIAL TO PROMOTE COMMUNITY HEALTH

1.1 What is local government?

Australia has a three-tier system of government (federal, state or territory, and local) based on the Westminster tradition.^[3] The roles and responsibilities of each tier of government differ although there are substantial areas of overlap. The federal government is responsible for matters in which a national approach is required (such as defence, foreign affairs, immigration, trade and commerce, finance, taxation and communications). State government responsibilities include education, transport, policing, emergency services, corrective services, agriculture, energy and resources.^[3] The health system is complex, with some areas falling under federal jurisdiction and others within state or territory control.^[4]

Each state and the Northern Territory is further divided into local government areas, which may also be known as cities, towns, municipalities, boroughs, shires or districts. In this monograph, the term “local government” is used to cover each of these entities. There are currently 563* local governments in Australia.^[3] Local governments operate under state *Local Government Acts*, which effectively place them under state jurisdiction.^[5] Of all tiers of government, local government generally has the strongest links with its local residents, businesses and industry.^[6]

The public administration of local governments is the responsibility of its Council, which is made up of individuals elected by the local residents. Councils set the strategic direction for local governments and ensure that community needs are being met.^[7] The day-to-day operations of local government are overseen by a non-elected chief executive officer and staff.^[5]

Local governments’ operations are funded by taxes in the form of rates, charges for the sale of goods and services, and grants from the federal and state governments.^[8] The responsibilities of local government are diverse and influence nearly all areas of day to day life^[9] (Text Box 1). Activities undertaken by local governments vary around the country according to state requirements, as well as responses to local concerns, conditions and challenges. In recent decades, local governments have generally expanded their portfolios of facilities, services and activities.

Text Box 1: Typical roles and responsibilities of local government

- Infrastructure and property services, including local roads, bridges, footpaths, drainage, waste collection and management,
- Provision of recreation facilities, such as parks, sports fields, golf courses, swimming pools, sports centres, halls, camping grounds and caravan parks,
- Health services such as water and food inspection, immunisation services, toilet facilities, noise control and animal control,
- Community services such as child care, aged care and accommodation and welfare services,
- Building services, including inspections, licensing, certification and enforcement,
- Planning and development approval,
- Administration of facilities such as airports, ports and marinas, cemeteries and parking,
- Cultural facilities and services such as libraries, art galleries and museums,
- Water and sewerage services in some states, and
- Overseeing of other services, such as abattoirs, sale-yards and group purchasing schemes.

Source: WA Local Government Association^[9]

The Australian Local Government Association (ALGA) represents the interests and concerns of local governments at the national level and provides policy advice and resources to its membership.[†]

* As of October 2009.

† See: <http://www.alga.asn.au>

1.2 Local government in Western Australia—an overview

Occupying about one third of Australia's land mass, Western Australia is Australia's largest state, but home to only 10% (2.2 million) of the Australian population.^[9] About 85% of the state's population is located within the Perth metropolitan area and in the South West of the state.^[9] WA's size and population distribution has led to considerable diversity between local governments (Text Box 2).

Text Box 2: Local government in Western Australia: a snapshot

- Western Australia has 141 Local Government Authorities (GLAs), (including the Christmas and Cocos Keeling Islands), which are served by 1300 elected members.^[8]
- Local governments range in area from 1.5 square kilometres (the Shire of Peppermint Grove in the Perth metropolitan area) to 378,533 square kilometres (the Shire of East Pilbara in the north of the state).^[10]
- The resident population in local government areas varies from 110 in the rural Shire of Murchison in the state's mid-west, to more than 193,000 in the City of Stirling (in the Perth metropolitan area).^[9]
- Nearly half of the local government areas in Western Australia have a population of less than 2,000 people.^[9]
- Local government employs about 13,500 employees in more than 600 different roles, making it the third largest employer in the state.^[11]
- In some regional and remote areas, local government may provide the only institutional presence, and is critical to economic activity.^[6]
- Total operating revenue of local government exceeds \$2 billion annually*. Local governments also control substantial infrastructure, and have a net asset value of more than \$12.4 billion.^[10]
- However, many smaller local governments have a limited revenue base. Almost half (44%) of local governments earn less than \$1 million from rates or fees for goods and services.*^[10]
- About half of local government expenditure is related to the provision of human services, such as welfare, housing, health, community amenities, recreation and culture.^[10, 25]

The rapid rate of technological, demographic and social changes, combined with shifts and increases in community needs and expectations has had a substantial impact on the functioning and ongoing viability of local governments Australia-wide.^[6] In Western Australia, the future of some local governments has appeared parlous: a state government review from 2006 found that a growing number of local governments were struggling to recruit and retain appropriately skilled staff; some (mainly rural) areas were facing difficulties sustaining their local communities as populations shrank and businesses and services closed or downsized; and some entities were not generating enough revenue to meet their operating demands and long term infrastructure needs.^[10] The Western Australian Local Government Association (WALGA), the peak organisation which represents the state's local governments, commissioned an independent and wide-ranging review of its members' sustainability. WALGA subsequently produced a detailed agenda for reform in order to ensure the future sustainability and effectiveness of its constituents.^[11]

In broad terms, the state government^[12] and WALGA^[11] have agreed to an agenda for reform. Key recommendations include the voluntary amalgamation of local governments, and sharing of services and resources within regions. Some progress has already been made towards these goals.^[13] These reforms are intended to generate a stronger local government sector which will be better able to negotiate with other levels of government, as well as the private sector, and therefore serve the community better.^[12]

* The financial data in these paragraphs are for the financial year 2004-05.^[10]

Added to the complexity of future planning within this sector, Western Australia faces external challenges which will have important ramifications for the operations of many local governments. Firstly, the state's population has grown at more than 2% annually over the past five years,^[9] and could as much as double between 2007 and 2056 (from 2.1 to 4.3 million).^[14] To date, most of this influx has affected the Perth metropolitan area, those regions rich in natural resources, and "sea change/tree change" areas.^[9] Secondly, the firmly-established trend of an ageing population is set to continue.^[14] Finally, planning must take into account the likely impacts of climate change (including higher temperatures, changes in patterns of rainfall and higher sea levels^[15]). These three factors may well have profound implications for most, if not all areas of local government—socially, financially and environmentally.

1.3 The role of local government in health

1.3.1 The theoretical framework

It is widely acknowledged that individual health is the result of complex interactions between personal and external elements (Figure 1).^[16] These multiple influences shape the social conditions in which people live and work, which in turn impact on health and wellbeing at every life stage—from birth and early childhood, through to the ways in which societies cope with ageing and dying. Differences in these broad influences lead to different health outcomes, often within the same society.^[17] In Australia, as in many other high income countries, there is a clear socioeconomic gradient linking disadvantage with poorer health outcomes.^[4]

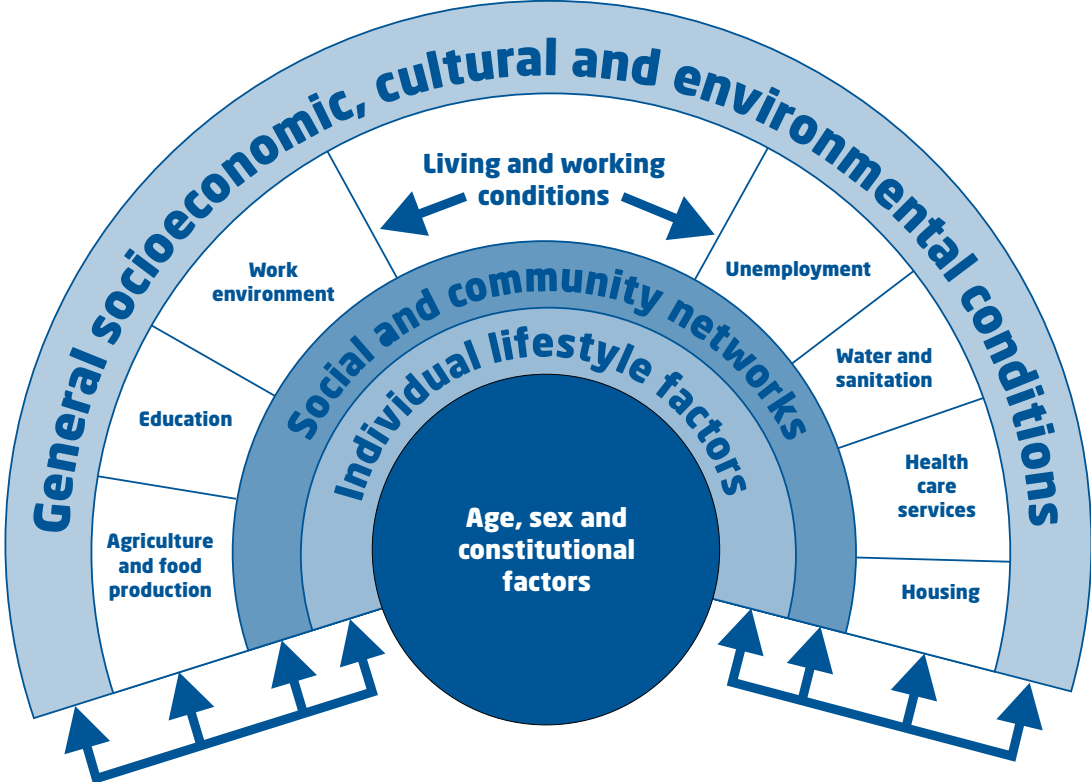
Viewed within this framework, it can be seen that most, if not all areas of local (and of course state and federal) government responsibility have the capacity to impact—directly or indirectly—on community health. Its key role in policy and planning and its close relationship with the communities it serves therefore makes local government a central player in strategic health planning. Added to this, its engagement across all sectors—its relationships with state government departments, other local governments, community groups, commercial interests and non-government agencies—place it in a unique position to form partnerships with the power to effect real change.

There are many instances of how health issues are most effectively tackled through a multisectoral approach. A well-understood example is the comprehensive suite of measures which have been used to reduce tobacco use in the community. One important component is to encourage smokers to quit, but operating in isolation, it is of limited effect. However if supported by a portfolio of initiatives, such as increasing the price of cigarettes and reducing accessibility, banning advertising, introducing regulations about smoking in the workplace and in public places, conducting public education campaigns, supporting the effort to quit and restricting activities of the tobacco industry; then quit rates increase, fewer children start smoking, and the amount of death and disease caused by smoking starts to decline. In countries such as Australia where this comprehensive framework for tackling smoking has been implemented, it has required combined efforts of all levels of government, as well as the health, education, finance and corporate sectors.

Skin cancer prevention offers another striking example of how cross-sectoral cooperation can support and reinforce healthy behaviours. Almost all skin cancers can be avoided, simply by reducing UV exposure.^[18] There are a number of preventive measures which people are encouraged to adopt. These include wearing protective clothing, using sunscreen, and avoiding sunbeds or sunlamps. While public education campaigns raise community awareness, penetrance of these health messages is greatly reinforced by the introduction of "no hat—play in the shade" policies by schools, and the enforcement of occupational health and safety provisions in workplaces with employees in outdoor occupations. Added to this, building, planning and design regulations which incorporate the construction of shaded areas and include tree-planting policies make it easier for people to find shade in our towns and suburbs, as well as in parks, playgrounds, and at sporting facilities. At an industry level, labelling and content requirements for sunscreens come under federal regulation to ensure quality assurance,^[19] and the artificial tanning industry is party to guidelines to help reduce inappropriate use in some states,^[20] and subject to legislation in others. Effective prevention of skin cancer

therefore falls within the remit of community groups, educational bodies, public and private sector workplaces, occupational health and safety organisations, local and state government planning bodies, industry groups, trade associations, and state and federal regulatory authorities.

Figure 1: The main determinants of health



Source: Dahlgren G and Whitehead M. *Tackling inequalities in health: what can we learn from what has been tried?* © Copyright 1993. The King's Fund—reproduced with permission.

Emerging public health issues are equally complex. The burden of chronic disease, much of which is preventable, is of increasing concern (Text Box 3). Obesity, for example, is reaching epidemic proportions

Text Box 3: **Cancer and other chronic disease in Western Australia: a snapshot**

- Cancer causes more than 30% of all deaths and is the largest contributor to disease burden in the state.^[83] Each year, about 3,600 Western Australians die of cancer and another 9,500 people are diagnosed with the disease.^[84]
- About half of all deaths from cancer could be prevented with a healthy lifestyle:^[2] through smoking prevention, adoption of a healthy diet, avoiding alcohol use, participation in regular sustained physical activity, maintenance of a healthy body weight, and avoiding excessive sun exposure.
- Melanoma, the most serious type of skin cancer, is the most common cancer diagnosed in males and females aged between 15–39 in Western Australia.^[84] Sun exposure causes about 95% of melanomas (and 99% of non-melanoma skin cancers) in Australia.^[18] Simple preventive measures—the use of protective clothing, wearing sunscreen, and seeking shade—are the most effective ways to avoid skin cancers.
- Smoking, alcohol use, poor nutrition, sedentary behaviours and being overweight or obese also make a substantial contribution to the incidence of other chronic diseases, including heart disease, stroke and other circulatory diseases, lung diseases, type 2 diabetes, and diseases of the liver and kidneys. As the population ages and improvements in medical care help extend life expectancy, the burden of chronic disease and disability in the community is expected to become greater.
- People in lower socioeconomic groups are more likely to be exposed to a range of risk factors (especially smoking, poor nutrition, sedentary behaviours and being overweight) which results in a greater burden of many of the chronic diseases in these populations.^[85]
- Aboriginal people are more likely to develop a range of chronic diseases (especially circulatory, kidney, respiratory, and eye and ear problems) than the non-Aboriginal population, and are hospitalised for potentially preventable conditions at five times the rate of non-Aboriginal Australians. Factors which contribute to the greater disease burden felt in this population include socioeconomic dimensions and greater exposure to risk factors such as smoking, poor diet, alcohol misuse and substandard living conditions.^[86]
- Among adults aged 16 or over in Western Australia in 2009:^[87]
 - Thirteen percent reported smoking daily and a further 4% were occasional smokers
 - Thirty-seven percent of adults reported drinking alcohol at risky or high risk levels for long-term harm (elevating the risk of chronic disease) and 17% reported drinking at risky or high risk levels for causing short term harm (such as car crashes, unintentional injury or episodes of violence)
 - Approximately one in 16 respondents had been diagnosed with diabetes. Older people (aged 65+) were much more likely to report having diabetes (16%)
 - More than two-thirds of respondents (67%) were classified as overweight or obese
 - Three in five respondents (63%) reported spending most of the day sitting or standing, and almost one third of respondents (31%) spent 21 hours or more per week watching TV or videos, or using the computer
 - Forty-six percent of respondents were not eating the recommended daily intake of two or more serves of fruit, and nearly nine out of ten respondents (87%) were not eating the recommended five or more servings of vegetables daily
 - One in four respondents reported doing less than 150 minutes of moderate physical activity, and 18% reported having no leisure time physical activity in the last week
 - Nearly half of 65+ year olds (49%) had high blood pressure

with recent national data showing that 68% of adult males and 55% of adult females are either clinically obese or overweight.^[21] There are already a range of public awareness programs underway to prompt Australians to eat healthily and exercise more. But the factors which have led to our nation becoming fatter and more sedentary for the most part fall outside the control of the health sector, and include broad social changes in how we live and work, the physical layout of our urban areas and the cost and availability of good food choices. Again, dealing with the “causes of the causes” of obesity is a matter for intersectoral collaboration*, bringing together disciplines as diverse as finance, health, education, trade, agriculture, housing, urban planning, sport and recreation.^[17]

Closely connected with the importance of building healthy communities is the need for our urban areas to be sustainable.^[23] Sustainability refers to reducing the ecological impact of our urban lifestyle, which has profound ramifications for housing size and density, energy and water supply and usage, transport infrastructure and environmental preservation. It also has implications for food policy—ensuring availability of healthy food choices to all sectors of the community, and how (and where) our food is produced – and for building economic resilience into communities through local employment and commercial opportunities. Table 1 gives a broad overview of the kinds of actions required, and the players involved, for developing healthy and sustainable communities.^[24]

Table 1: Actions necessary for transition to healthy and sustainable cities in Australia

Action necessary	Who is responsible for the action?
Shared understanding of the challenge	Opinion leaders, professional groups, media
Demonstration projects	Industry, government, community groups, individuals
Decision-support tools	Researchers, policy makers, industry, community groups
Coordinated urban policy: <ul style="list-style-type: none"> • <i>Improved conditions for walking and cycling</i> • <i>Suburban economic development</i> • <i>Local food policy</i> • <i>Substantial funding for mass transit</i> 	All levels of government (including national)
Corporate citizenship	Industry
Vision and leadership	Elected representatives, business leaders, community leaders

Source: Capon AG. The way we live in our cities. *MJA* 2007; 187:658-661.

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* The importance of intersectoral collaboration as an agent for change has become a specialist area of research and evaluation by the World Health Organization. For further discussion readers are referred to recent WHO publications, including: *Crossing sectors - experiences in intersectoral action, public policy and health*.^[22]

Over the last two decades pressure on local government to adopt a more proactive approach to public health has grown. This has been driven by shifts in community needs and expectations, as well as increasing recognition in both health* and local government^[10, 25, 26] arenas of the impact of the built environment on health. Recent national and state policy initiatives addressing chronic diseases, mental health, public safety, the ageing of the population, and community infrastructure and sustainability have unequivocally articulated the view that local government has a responsibility to engage in chronic disease prevention and health promotion (see section 1.3.3 below).^[10, 26, 27]

In 2003 the Parliament of Australia's House of Representative's Standing Committee on Environment and Heritage announced a public inquiry into the future sustainability of Australian cities.^[28] In its submission to the Standing Committee, the CSIRO stated that:^[29]

"As a society, we need to develop initiatives that use integrated approaches to both primary health prevention and the design and implementation of health services. Considerable opportunity exists for intelligent urban planning and design to improve human health through:

- Planning, designing and constructing urban forms that provide access to urban greenspace, safe ways to encourage walking and bike-riding and access to safe places for exercise and relaxation in order to help society address the major new epidemics of obesity and mental depression.
- Reduction of negative environmental impacts such as air pollution, noise and transmission of disease caused by ineffective urban design and inadequately maintained infrastructure.
- Improving the spatial distribution of access to health and community services.
- Increasing livability and encouraging healthy lifestyle choices.
- Facilitating community cohesion and a sense of belonging."

The CSIRO's vision for the future is of "cohesive communities that take an active interest in creating an urban environment that maximizes health and wellbeing and minimises overt health risks;" and the CSIRO predicts that by 2025, health impact statements will be used much in the same way that environmental impact statements are used in the planning process today.^[29] The *Final Report* of the Standing Committee emphasises the importance of cross-sectoral collaboration and recognises the fundamental impact of the urban environment on health.^[28]

There are a number of other expert organisations contributing to national research and debate on how to plan for healthy and sustainable communities in Australia. For example the Australian Institute of Health Policy Studies[†] (AIHPS) is a collaborative, "virtual" institute with a major focus on developing research programs and an improved evidence base that will contribute to better long-term decision-making and health policy in Australia. AIHPS works across academic, business, government and industry boundaries. Other centres of excellence include the Planning Research Centre within the Faculty of Architecture, Design and Planning in the University of Sydney,[‡] and the Planning Institute of Australia.[§] Their websites provide further information.

* Two special issues of the *NSW Public Health Bulletin* provide a collection of articles which examine healthy and sustainable cities from an Australian perspective. The first of these (*New South Wales Public Health Bull* 2007: 18 (3&4) "Cities, Sustainability and Health", available from: www.publish.csiro.au/nid/226/issue/4090.htm) introduces the topic and identifies the challenges for public health workers and their counterparts in urban management and the land development and infrastructure sectors of industry. The second issue (*New South Wales Public Health Bull* 2007: 18 (11&12) "Cities, Sustainability and Health - part 2", available from www.publish.csiro.au/nid/226/issue/4094.htm) examines urban planning and design approaches to enhance population health. The full contents of both issues are available online.

† See: <http://healthpolicystudies.org.au>

‡ See: <http://www.arch.usyd.edu.au/prc/index.shtml>

§ See: <http://www.planning.org.au/>

1.3.2 The regulatory framework in Western Australia

Local government has had long-standing responsibilities for a range of vital public health matters. The *Health Act (1911)** provides for the prevention and control of infectious disease, management of water supplies, waste and sanitation management, control of nuisances and offensive trades, and responding to emergency situations. Other acts which specify particular local government responsibilities and powers, and directly or indirectly impact on public health include the *Environmental Protection Act (1986)*, the *Liquor Control Act (1988)*, the *Planning and Development Act (2005)* and the *Food Act (2008)*.

The *Local Government Act (1995)*† provides a framework for the establishment and operation of councils. Although this Act does not prescribe the public health functions of local government *per se*, it does require the preparation of budgets and future planning. Consequently, all local governments in Western Australia currently prepare strategic plans that identify priorities for the medium term (three to five years). These plans cover capital works, services and new initiatives. Human services, such as health and aged care, are an important component.^[10]

A new Public Health Act is currently being drafted, which if passed will have important implications for health planning among local governments in Western Australia. The draft Act clarifies and formalises the public health roles and responsibilities of local governments, and includes a provision requiring local governments to develop, deliver and evaluate local public health plans, (Text Box 4) similar to the requirements now expected of local government in Victoria.

* Available from: http://www.austlii.edu.au/au/legis/wa/consol_act/ha191169/

† Available from: http://www.austlii.edu.au/au/legis/wa/consol_act/lga1995182/

Text Box 4: A new Public Health Act for Western Australia?

At the time of writing, a new public health act* is being drafted, in recognition that the *Health Act (1911)* no longer accurately reflects current public health needs. Whereas the 1911 legislation is primarily concerned about health issues arising from sanitation and water supply, the new legislation takes a far broader approach to public health and the factors which determine it. As part of the planning for the new Public Health Act, there has been extensive consultation with local government.

The draft Bill defines public health as “the physical, mental and social wellbeing of the community.” In general terms, the objects of the draft Bill are intended to “protect and promote the health of the public of Western Australia and to reduce the incidence of preventable illness,” and include provision of a healthy environment, informing people and communities about public health risks, and encouraging individuals and communities to plan for, create and maintain a healthy environment. Government also has a duty to provide for the prevention or early detection of diseases and other public health risks, and to reduce the inequalities in public health of disadvantaged communities.

The duties of local government are specified under Section 42 of the draft Bill, which states that each local government must prepare a “local public health plan” for its district. The plan must:

- identify public health needs,
- provide data relating to health status and health determinants,
- establish objectives and policy priorities for the promotion and protection of public health, and for the development and delivery of public health services,
- identify how these objectives are to be achieved,
- ensure that the plan is consistent with overarching state public health policy,
- describe how local government intends to work with other public health agencies which share similar goals,
- include a framework for identification, evaluation and management of local public health risks,
- review performance to date, and
- be subject to regular review.

Formulation of public health plans is intended to give local government the flexibility to identify any emerging health issues within their community and to respond with appropriate strategies. Public health plans also encourage local government to link with state, other local government, and external bodies which have shared goals.

1.3.3 Current national and Western Australian policy frameworks

Australian Local Government Association initiatives

ALGA is actively involved in debating and developing public health policy on behalf of its members. Areas covered have included food regulation, provision of health services to rural and remote communities, and planning for an ageing population.[†] ALGA has also formed partnerships with the federal government (see below) and with other peak bodies to formulate policy on other health matters, a notable example being the *Healthy Spaces and Places* initiative (Text Box 5).

* The draft Act is available from: <http://www.newpublichealthact.health.wa.gov.au>

[†] See: <http://www.alga.asn.au/policy/healthAgeing/health/>

Federal government initiatives to engage with local government in health promotion

Federal government has explicit expectations that local government will engage directly in public health issues. A range of formal agreements have been in existence since at least the mid-1990s. Between 1996 and 2006, the *National Public Health Partnership* provided a forum for all three levels of government in Australia to develop a joint agenda for public health.^[30] In 2006 the Council of Australian Governments (COAG), comprising the Prime Minister, Premiers, Chief Ministers and the President of the Australian Local Government Association, agreed on a major package of measures designed to shift the focus in health care to prevention and early detection of avoidable chronic disease. Planned to run for four years, with a budget of \$500 million, the *Australian Better Health Initiative* was intended to promote healthy lifestyles, support early detection of lifestyle risk factors and chronic disease, support lifestyle and risk modification, encourage active self-management of chronic disease and improve communication and coordination of care services.^[31] In recognition that the transfer of responsibilities between government sectors has cost implications, COAG also reached an agreement to ensure that when a responsibility is devolved to local government, local government is consulted and the financial and other impacts on local government are taken into account.^[32]

In 2009 the *Australian Better Health Initiative* was subsumed and its provisions extended by a new COAG agreement, *The National Partnership Agreement on Preventive Health*, which will remain in force until June 2015.^[33] In broad terms, the agreement's purpose is to lay "the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and [to support] these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation." The *Partnership Agreement* stipulates specific performance targets for reductions in smoking prevalence and harmful alcohol use and improvements in healthy eating and bodyweight. Financial aspects of the *Partnership Agreement* come under the provisions of the *Intergovernmental Agreement on Federal Financial Relations*, a new arrangement for federal and state funding which will enable special payments to fund specific projects, and a system of incentive and reward payments for delivery on nationally-significant reforms.^[34] As part of the *Partnership Agreement*, the federal government has provided \$72 million to support COAG's *Healthy Communities Initiative* (HCI) over the period 2009-10 until 2012-13. The HCI is a grants program aimed at supporting local government in delivering effective community-based physical activity and dietary education programs and supporting policy development which will encourage healthy lifestyle behaviours.*

The National Preventative Health Taskforce

The National Preventative Health Taskforce was established in April 2008 with a brief to develop a national strategy to address obesity, tobacco use and excessive alcohol use. The Taskforce's comprehensive response, *Australia: the healthiest country by 2020*,^[27] declares that good health is the responsibility of all sectors and sees a clear and pivotal role for local governments, not only through their statutory roles in planning, but also by working with community groups and non-government organisations with interests in physical activity, food security, and drug education.^[27]

The Taskforce has recommended the development of a *National Framework for Active Living*, which will involve local government along with urban planners, the building industry and developers, health, transport, sport and active recreation interests. It is intended that a new COAG agreement—a *National Partnership on Active Living*—will evolve from this framework. The Taskforce has also called for the wider adoption of *Healthy Spaces and Places* guidelines by local government (Text Box 5).

* See: <http://www.healthyactive.gov.au/internet/healthyactive/publishing.nsf/Content/healthy-communities>

Text Box 5: **The *Healthy Spaces and Places* project**

Healthy Spaces and Places is a unique collaboration between the Australian Local Government Association, the Heart Foundation and the Planning Institute of Australia, and is funded by the Commonwealth Department of Health and Ageing.

Healthy Spaces and Places aims to:

- encourage the development of built environments that provide opportunities for physical activity and other health-related activities,
- continue to improve health outcomes for all Australians through better-designed built environments,
- raise awareness of the relationship between physical activity and the built environment, and
- contribute to policy development at a national level.

The *Healthy Spaces and Places* website offers a range of resources, including information on design principles and on the different kinds of developments where these principles can be applied, information on planning for healthier communities, and providing Australian case studies showing where the program has been used. The website also includes an extensive database of supporting research and resources.

Its primary audience is planners, but it is also relevant for design professionals, health professionals, the property development industry, governments and the community.

The National Preventative Health Taskforce has recommended that local governments should be encouraged to adopt *Healthy Spaces and Places* principles.^[27]

Source: <http://www.healthylaces.org.au/site/>

Western Australian state health planning policy

State government departments which have directly engaged in health promotion activities are discussed in section 3.5.

The *Western Australian Health Promotion Strategic Framework 2007-2011*^[35] builds on the policy commitments outlined in the Western Australian Department of Health's *Strategic Intent 2005-2010*.^[36] The *Strategic Intent* identifies key areas for the improvement of health in the WA population. These include measures for improving the healthcare workforce and health delivery frameworks, partnering with other government and non-government agencies; and improving community health.

The *WA Health Promotion Strategic Framework 2007-2011*^[35] provides a plan for broadening the reach of health promotion in order to reduce the impact of chronic disease and injury. The *Framework* takes account of the social determinants of health and the importance of working at the community level to improve health outcomes, as well as the need to engage with all levels of government and other agencies and services with an interest in health. The *Framework* endorses a comprehensive approach to health promotion, which includes policy and legislative initiatives, support for lifestyle and behavioural change, and building of community capacity to take action. The *Framework* is designed to complement national initiatives.

Western Australian state town planning policy

The Western Australian Planning Commission (WAPC) has endorsed a *Liveable Neighbourhoods** policy which is to be applied to structural planning and subdivision of greenfield sites, and for the redevelopment of large brownfield and urban infill sites. The *Liveable Neighbourhoods* policy aims to facilitate the establishment of strong and connected communities which have ready access to local amenities, a reduced reliance on cars, and a range of types of housing. The direction taken by the WAPC exemplifies the broadening acceptance across the planning sector that the built environment is a key contributor to community health and wellbeing.

* See: <http://www.planning.wa.gov.au/Plans+and+policies/Publications/1594.aspx>

PART 2

LEARNING FROM INTERNATIONAL EXPERIENCE

A large volume of literature describing programs based on intersectoral collaboration has been published and it is not proposed to provide more than an overview here. Readers seeking further information are directed to the website of the World Health Organization's Regional Office for Europe in the first instance, as well as the publications referred to in this section, many of which are available online.*

2.1 Early interventions: The North Karelia Project

The potential for intersectoral collaboration to enhance public health policy has been recognised for several decades. Among the earliest of projects to adopt an approach of this nature was the pioneering North Karelia Project[†] which began in 1972. The purpose of the project was to reduce the risk factors for cardiovascular disease in the region, from which there was an exceptionally high death rate. The North Karelia Project was characterised by its broad-based approach to health which saw it engage with government and non-government organisations, community groups, health and other services, schools, supermarkets, the wider food industry, the agricultural sector and the media. The project was planned and coordinated by local and national Finnish authorities, but also drew heavily on the expertise of the WHO.^[37] Following its initial success, the project's remit was broadened to encompass other chronic diseases, as well as the prevention of risk-related lifestyles among children and young people, and its reach was extended to other regions of Finland. In an evaluation of its 25 years of operation, the project has been credited with reducing the annual mortality rate in North Karelia by about 73%. Declines in annual mortality have also been observed in other parts of Finland, but the downward trend commenced later.^[37]

The early achievements of the North Karelia Project generated other community-based interventions for heart disease in Western Europe and the United States of America in the following years,^[38] and an extension of the WHO's work in the field^[37] into what has become the global *Healthy Cities Project* (see below). Variations on models for intersectoral collaboration continue to be used to address cardiovascular and other chronic diseases, adapted to suit the specific conditions of a given population.^[38-41] The experiences of the North Karelia Project and other community-based interventions bring together a wealth of international knowledge about the factors which are critical to the success of community-based campaigns. These are summarised in Text Box 6.^[37-40]

* See <http://www.euro.who.int/en/what-we-do/health-topics/environmental-health/urban-health>

† For a detailed account of how the North Karelia project was organised, see Puska *et al.* The community-based strategy to prevent coronary heart disease: conclusions from the ten years of the North Karelia project. *Ann Rev Public Health.* 1985;6:147-193.

Text Box 6: **Lessons from successful international community interventions**

Successful interventions typically include:

- Collaboration with national (and where appropriate, international) health authorities.
- A thorough understanding of the needs and priorities of the particular community or communities which are being targeted, and tailoring of any intervention to ensure that it is appropriate. One size does *not* fit all.
- Multisectoral partnerships which include health agencies, the government and non-government sector, commercial interests, education, recreation, urban planners and fiscal policy experts.
- Application of sound behavioural theory and models to the overall design of the project.
- A reliable approach to planning, implementation, monitoring and evaluation of the project. A successful project may be adapted for use elsewhere.
- Keeping the intervention responsive and flexible, taking monitoring and feedback into account.
- Strong emphasis on the credibility of messages and messengers, using both local and mass media.
- Engagement of community organisations and leaders (both formal and informal) in collaborating on the project and championing its key messages.
- Activities relating to the project are best integrated into the community environment, such as via primary health care services, voluntary organisations, shops, restaurants, work sites, schools and local media.
- Keeping activities simple and practical, making it easier for the broader community to get involved.
- Focus on improving the skills of health professionals and other participants in helping individuals modify their health behaviours.
- Supporting policy changes to bring about the social and physical environments needed to encourage and maintain healthy behaviours in the population.
- Adequate and sustained investment of resources and efforts to ensure that the project is effective.

Sources: Puska,^[37] Papadakis and Moroz,^[38] Nissinen *et al*,^[39] Parker and Assaf.^[40]

2.2 The World Health Organization's *Healthy Cities* projects

The World Health Organization (WHO) defines the prerequisites for health as peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity.^[1] At the local level, a healthy city (whether defined as city, town, shire or municipality) strives to provide the environment (built and natural) and the community infrastructure conducive to attaining health for all.^[42] The WHO has summarised the qualities of a healthy city (Text Box 7). Because responsibility for controlling these determinants falls across many domains, the WHO argues that the pursuit of health rightly belongs on the agendas of policy makers in all sectors and at all levels,^[1] and that the development of healthy public policy is as critical at the local government level as it is nationally.^[43]

Text Box 7: **What are the qualities of a healthy city?**

The qualities of a healthy city include:

- a clean, safe physical environment of a high quality (including housing quality),
- an ecosystem that is stable now and sustainable in the long term,
- a strong mutually supportive and non-exploitative community,
- a high degree of participation in and control by the citizens over the decisions affecting their lives, health and well-being,
- the meeting of basic needs (food, water, shelter, income, safety and work) for all the city's people,
- access by the people to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication,
- a diverse, vital and innovative economy,
- the encouragement of connectedness with the past, with the cultural and biological heritage of city dwellers and with other groups and individuals,
- a form that is compatible with and enhances the preceding characteristics,
- an optimum level of appropriate public health and sickness care services, accessible to all, and
- high health status (high levels of positive health and low levels of disease).

Source: World Health Organization. *Twenty steps for developing a Healthy Cities project*. © Copyright 1997. WHO Regional Office for Europe – reproduced with permission.

To encourage, inform and facilitate intersectoral collaboration for healthy communities, the WHO established the *Healthy Cities* project in 1986. The project provides a detailed framework for initiating, establishing and maintaining health-oriented communities. Local government is central to the process, and as every locality is different, the project encourages cities to target and solve local problems. In particular, the needs of disadvantaged and vulnerable groups are a priority for consideration. The WHO observes that a healthy city is not one which has achieved a particular health status, but a city which has made a commitment to health and established a process and structure by which to achieve it.

The WHO defines six characteristics which are common to *Healthy Cities* projects everywhere (Table 2).^[42]

Table 2: Characteristics common to *Healthy Cities* projects

1. Commitment to health	The project affirms that health is influenced by physical, mental, social and spiritual elements; health promotion and disease prevention are their priorities; and the project functions on the basis that health can be created by the co-operative efforts of individuals and groups in the city.
2. Political decision making	Local government has input into housing, environment, education, social service and other programs which impact on health. <i>Healthy Cities</i> projects help ensure that these programs contribute positively to community health by influencing political decisions.
3. Intersectoral action	<i>Healthy Cities</i> projects generate mechanisms which enable co-operation between diverse agencies—health and non-health, government and non-government, community groups and so forth; in order to maximise healthy outcomes.
4. Community participation	Members of the community are invited to participate directly in project decisions. Structures are created which allow for this process.
5. Innovation	<i>Healthy Cities</i> projects need to be willing to experiment and explore innovative ideas to support change.
6. Healthy public policy	The components above lead to the development and adoption of appropriate public health policy for the community. This is an important measure of success for a <i>Healthy Cities</i> project.

Source: WHO.^[42]

Over the past two decades the *Healthy Cities* project has evolved into an international movement with networks of members in every WHO region. The WHO's European Region has by far the most highly developed network of *Healthy Cities* projects. In its third phase (1998-2002), the European *Healthy Cities Network* numbered 56 cities, with a further thousand cities engaged in national *Healthy Cities* networks.^[44]

Evaluations of the effectiveness of these projects have been hampered by their sheer number and diversity, and the often limited capacity of local communities to undertake assessments of this nature. Other factors have also contributed to difficulties in measuring progress. For example, some communities have worked towards long-term strategic goals, while others have initiated more specific, short-term projects.^[45] Due to their experimental nature, initiatives also tend to develop through a process of trial and error, and they may also be subject to complex, changing conditions.^[42] Further, important indicators such as improved quality of life and individual well-being are not apparent in basic morbidity and mortality statistics, and need specialised research tools.^[45] Finally, the process of change is sometimes of necessity slow; and the measurable effects on population health may take a decade or more to become apparent.^[44] Issues surrounding the complexity of designing appropriate frameworks for evaluating of *Healthy Cities* projects continue to be examined in the literature.*

Despite these challenges, the balance of evidence shows that adoption of the *Healthy Cities* principles has prompted the development of local comprehensive health policies; and that simply by being involved in a *Healthy Cities* network has empowered communities to address issues of health and its determinants. From an evaluation of key measurable outputs of *Healthy Cities* projects in Europe (such as compiling community health profiles, development plans, advances in social equity, community participation, and addressing the issues of an ageing population) the WHO has concluded that of the "active national *Healthy Cities Networks* in Europe, most significantly influence public health policy at the city, regional and national levels."^[46]

* An entire supplement to the journal *Health Promotion International* (2009; 24: suppl1) is dedicated to evaluation of Phase III of the WHO European *Healthy Cities*. See: http://heapro.oxfordjournals.org/content/vol24/suppl_1/index.dtl

There have been a small number of *Healthy Cities* projects in Australia, two of which have been in operation for 20 years. These are discussed in Part 3 of this monograph.

2.3 Local Governments for Sustainability

The International Council for Local Environmental Initiatives (ICLEI)* was founded in New York in 1990, at the United Nations' World Congress of Local Governments for a Sustainable Future. Now known as Local Governments for Sustainability, the original acronym has been retained. Sustainable communities and cities are those in which justice, security, resilience, viable economies and healthy environments have been attained.

ICLEI provides technical consulting, training, and resources to support local government in the development and adoption of sustainable development. ICLEI has a membership of more than 1,000 local governments across 68 countries, including 145 local governments in Australia (18 of which are in Western Australia). The aims of ICLEI overlap with those of the WHO *Healthy Cities* project.

2.4 National programs

In some other countries, national programs have been developed to engage local government in working towards healthier communities. For example in 2003 the UK government released the *Sustainable Communities Plan*, involving a major overhaul to infrastructure and planning across all sectors. The plan aims to foster successful, thriving and inclusive communities, and envisages that better health will be an important outcome.^[47] In support of the plan, the *Sustainable Communities Act* was passed in 2007, giving local communities and local government authorities the capacity to apply directly to central government for support in implementing policies designed to further the economic, social or environmental wellbeing of the community.^[48] An Academy for Sustainable Communities has also been established, serving as "a national centre of excellence to improve the skills, knowledge and behaviours needed to deliver and maintain sustainable communities across the country."[†]

National programs with a health-specific remit which rely on intersectoral collaboration have also been introduced. For example the *Every Child Matters* program aims to ensure the well-being of children from birth through to early adulthood in the UK. The program takes an holistic view of well-being, and requires extensive inter-agency collaboration at all levels to ensure an integrated and seamless approach.^[49] In the US, the Centers for Disease Control launched its *WISEWOMAN* program in 1995, targeting disadvantaged women who were missing out on basic health screening for a range of chronic diseases. Although centrally funded, the program is co-ordinated through the local healthcare community and engages with other community networks. *WISEWOMAN* has been adopted in twenty states and is credited with reducing smoking, blood pressure and cholesterol levels among participants.^[50]

* See <http://www.iclei.org/>

† See <http://www.communities.gov.uk/communities/sustainablecommunities/academy/>

PART 3

AN OVERVIEW OF HEALTH PROMOTION PROGRAMS PARTNERING WITH LOCAL GOVERNMENT IN AUSTRALIA

There are a number of initiatives, national and state-based, which have focussed on increasing local government capacity for building healthy communities. A small number of Australian communities have also followed the global WHO *Healthy Cities* model. This section draws on the websites and published literature about some of these programs, as well as interviews with a small number of individuals who have been directly involved in the development and delivery of these programs. *It is important to note that this is not an exhaustive account of all health promotion activities involving local government in Australia, which is beyond the remit of this monograph.* Instead, programs which have demonstrated proven effectiveness in forming cross-sectoral partnerships with local governments, and innovative projects which offer a sense of the breadth of possibilities for working with this sector are featured. Special emphasis has been placed upon Western Australian activities since the primary intention of this monograph is to foster partnerships in this state.

3.1 WHO *Healthy Cities* projects in Australia

The WHO model for Healthy Cities projects is described in detail in section 2.2. The experience of Australian projects is discussed here.

Healthy Cities projects were first introduced in Australia between 1987 and 1990, with the establishment of initiatives in Canberra, Noarlunga (now known as Onkaparinga (SA)), and Illawarra (NSW).^{*} The projects were intended to test the European *Healthy Cities* concept in an Australian environment. The projects initiated in Onkaparinga^{**} and Illawarra[†] remain active and are now managed by stand-alone, not-for-profit community organisations, and receive funding from regional health services. As well as these projects, six local governments[§] and one other non-government organisation (the Corio Norlane Development Advisory Board (Vic)) are currently involved with *Healthy Cities* projects. Deakin, Griffith and Flinders Universities lend academic support. Participants in *Healthy Cities* projects in Australia are members of the Australian Chapter of the *Healthy Cities Alliance*,[‡] which shares membership of the WHO's Western Region *Healthy Cities Network*^{††} with around 120 cities in Japan, Korea, China, Vietnam, Malaysia, Vietnam and Mongolia.

Early evaluations of Australian *Healthy Cities* projects showed that they made a considerable impact on their local communities by tackling a broad range of issues^[53] but also drew attention to factors that discouraged participation in the program. These included the complex nature of healthy cities based on the WHO paradigm, differences in interpretation of what is meant by "a healthy city," use of goals and performance indicators that lacked meaning for other sectors, low support from the health sector, poor understanding among proponents of how local government works, limitations in capacity, and the difficulties of undertaking community participation and intersectoral action simultaneously in the local government environment.^[54, 55]

Healthy Cities Illawarra (HCI) and *Healthy Cities Onkaparinga (HCO)* provide detailed accounts of their history and achievements on their websites (provided in the footnotes). A brief summary of their work is included here.

In its first ten years of operation, HCI addressed a diverse portfolio of issues, including children's health and nutrition (dental care, child injury prevention, breakfast clubs), the environment (a major clean up of Lake Illawarra, tree plantings, community food gardens and "bush tucker" plantings) and road safety initiatives.^[56] A number of projects focussed on the needs of the local Aboriginal communities, as well as finding ways to promote and honour their music, art and cultural heritage. Intersectoral task forces were formed to support the needs of the aged and people living with HIV/AIDS, and to work on solutions for local sources of pollution.^[56]

* For a brief overview of the history of these programs, see: *Regional guidelines for developing a Healthy Cities project*, by the WHO Regional Office for the Western Pacific (2000).[51]

** See <http://www.healthycitiesonkaparinga.org.au/>

† See <http://www.healthycitiesillawarra.org.au/>

§ These are the City of Casey (Vic), Gold Coast City (Qld), Kiama Municipal Council (NSW), Logan City (Qld), the City of Marion (SA) and Townsville City (Qld).

‡ See <http://australianchapter.alliance-healthycities.com/>

†† See http://www.alliance-healthycities.com/htmls/about/index_about.html

More recent initiatives have included working towards increased active transport,^[57] advancing *Child Friendly by Design* projects,^[58] food security,^[59] and bringing together youth organisations to run workshops on using mobile phones for older community members.^[60] HCI also engages in advocacy on a wide range of issues which have an impact on community health.^[61]

HCO has been subject to more formal ongoing evaluation. A review by Baum *et al*^[52] draws on documentation dating back to 1987, including accounts of 25 specific initiatives including school-based, environmental, safety and drug use projects. While acknowledging that it is difficult to attribute complex health outcomes to a single particular intervention (since individuals are exposed to a number of external influences), the authors of the HCO review conclude that “complex, multi-sectoral community-based health promotion initiatives can be sustained longer term and do bring significant benefits to their communities, at little cost.”^[52] Drawing on the experience of HCO, the review identifies nine key factors which have contributed to the HCO’s sustainability (Text Box 8).

Text Box 8: **WHO *Healthy Cities* in Australia: factors central to the sustainability of the *Healthy Cities* Onkaparinga project**

- **Acceptance of a “social health vision.”** It is understood and agreed by all partners that a complex mix of social and economic factors can contribute to chronic ill health.
- **Leadership.** Consistent leadership—the long-term association of energetic and positive individuals with the project helps ensure its continuity. Leaders also need to have administrative skills, networking capability and tenacity.
- **Adapting the *Healthy Cities* framework for local conditions.** It is important to using the existing administrative structures and organisations in the community.
- **Juggling competing demands.** Tensions may arise when different partners do not agree on priorities. At times HCO has acted as mediator between different groups. It is also important to achieve short term goals, as well as work towards longer term ones.
- **Strongly supported community involvement.** Community members hold the majority of places on the management committee. This has consistently been seen as a strength of HCO.
- **Recognition of the project as a “neutral game board”.** HCO has created a stable platform which has allowed a range of government and non-government organisations to engage with various projects. HCO has been rigorous in its efforts to maintain bi-partisan support.
- **University links and research focus.** HCO’s links with Flinders University have allowed for ongoing evaluation of projects. The University has developed academic expertise in the area which has enabled training opportunities for local and international participants.
- **Value of international links.** The *Healthy Cities* profile has given HCO access to an international network of colleagues, ideas and expertise. The project has linked with a community in Bangladesh with shared aims. These overseas connections have proved to be very rewarding and have been an important factor in sustainability for the project.
- **Transition from project to an “approach”.** HCO evolved from a pilot scheme into an independent incorporated body with its own constitution. The HCO embodies an approach to addressing community health issues which involves meaningful and sustained engagement with local government, public housing, mental health, police, education and welfare sectors.

Source: Baum *et al*^[52]

Both projects have received WHO awards for their work as *Healthy Cities*. In 2004, *Healthy Cities* Illawarra was recognised for its “track record in sustained improvement in the overall quality of life of its citizens using the *Healthy Cities* approach.”^[62] *Healthy Cities* Onkaparinga was honoured in 2006 for its work addressing unemployment, developing multicultural activities and taking on environmental issues.^[63]

3.2 The National Heart Foundation of Australia

The Heart Foundation conducts a range of programs designed to help local government develop healthy communities in all states and territories. The Foundation's *Local Government Awards* program honours initiatives which have contributed to improving heart health by promoting healthy lifestyle choices and building a sense of community.* Its *Active by Design* project aims to promote the design and development of environments conducive to active transport by engaging with a range of sectors including planning, property development, transport, health, sport and recreation, environment, education and local government.† The Heart Foundation's innovative partnership with the Planning Institute of Australia and the Australian Local Government Association to develop the *Healthy Spaces and Places* project (see Text Box 5) has produced a template for design collaboration which has been recommended for wide adoption by the National Preventative Health Taskforce.^[27]

State divisions of the Heart Foundation have also devised initiatives for working with local government. For example, the Heart Foundation's Victorian‡ and Tasmanian§ Divisions have introduced versions of *Healthy by Design*, a program which assists local government in enabling communities to become more physically active by building health considerations into their planning. Also in Victoria, the *Safe Speed Forum* has brought together the Heart Foundation, local government and other relevant organisations to consider options for promoting active transport and reducing vehicle speed in urban areas. In South Australia, the *Active Living Coalition*** comprises all levels of government and key organisations (including Cancer Council SA) which have shared goals of improving health and well-being, in order to foster collaboration and a united approach to planning for urban environments which support active living. Priorities include planning for active transport, community safety and local amenity.

3.3 Activities in Victoria

Victoria offers the most highly-developed framework for intersectoral collaborative health promotion in Australia, due to the work of the state government's Department of Health (VDH), the Municipal Association of Victoria (MAV) and the Victorian Health Promotion Foundation (VicHealth). Each of these agencies has developed components which combine to make a substantial program for implementing policies for healthier communities through local government.

3.3.1 State government initiatives

Underpinning the framework is a regulatory background with an explicit emphasis on public health. In 1988 the Victorian Government amended the *Health Act (1958)* to require local governments to prepare a Municipal Public Health Plan every three years, addressing both specific public health issues as well as more general matters concerning community well-being.^[64] Subsequent passage of the *Public Health and Wellbeing Act (2008)*†† requires local governments to prepare a Municipal Public Health and Wellbeing Plan, to be reviewed on an annual basis (Section 26). Under the new provisions, Municipal Public Health and Wellbeing Plans must:

1. include an examination of data about health status and health determinants in the municipal district;
2. identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing;

* See: http://www.heartfoundation.org.au/Get_Involved/Local_Government_Awards/Pages/default

† See: http://www.heartfoundation.org.au/Professional_Information/Lifestyle_risk/Physical_Activity/Active_by_Design/Pages/default.aspx

‡ See: [http://www.heartfoundation.org.au/SiteCollectionDocuments/Healthy by Design.pdf](http://www.heartfoundation.org.au/SiteCollectionDocuments/Healthy%20by%20Design.pdf)

§ See: http://www.heartfoundation.org.au/SiteCollectionDocuments/TAS_Healthy_by_Design.pdf

** See: http://www.heartfoundation.org.au/SiteCollectionDocuments/SA_ALC_Flyer_January09.pdf

†† *Public Health and Wellbeing Act (2008)*. Available from: http://www.austlii.edu.au/au/legis/vic/num_act/phawa200846o2008268/

3. provide for involvement of people in the local community in the development, implementation and evaluation of the public health plan; and
4. specify how the Council will work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan.

In support of the new legislation, the VDH has produced *A practical guide to municipal public health planning*.^[65] The *Guide* builds on the *Environments for Health—Municipal Public Health Planning Framework*^[66] (described below) and incorporates advice and background information to support local governments in complying with the new *Public Health and Wellbeing Act*. A series of accompanying papers has been produced which cover the impacts of urban design^[67] and climate change^[68] on physical health, as well as tools for evaluating local health and wellbeing planning.^[69]

The *Environments for Health—Municipal Public Health Planning Framework*^[66] is a detailed and practical guide to developing a Municipal Public Health Plan, focusing on the social determinants of health. It shows how decisions and actions across all departments of local governments can create positive health outcomes for communities. *Environments for Health* was first developed in 2001 by the Public Health Division of the VDH, in partnership with the MAV, the Victorian Local Governance Association,* local governments and other stakeholders, and revised following evaluation in 2006. The evaluation showed that *Environments for Health* had effectively communicated the social model of health to local government, and that about two-thirds of local governments had used the document to a “moderate” or “substantial” degree in devising their Municipal Public Health Plan. Community members and local agencies had been consulted in the development of nearly all plans. To continue advancing the aims of *Environments for Health*, the evaluation proposed provision of further assistance for local government with progressing from health planning to policy implementation, offering ongoing education and support for networking for councillors, senior management and other staff; and developing a range of new resources and activities to help engage other sectors and raise the profile of Municipal Public Health Plans.^[70] The VDH continues to work with local governments to ensure that *Environments for Health* and its support resources and activities meet their needs.^[70]

The extent to which Municipal Public Health Plans have impacted upon planning outcomes in Victoria has also been reviewed. Bagley *et al* report that up until 2006, Municipal Public Health Plans led to an improvement in systems planning, but had not necessarily helped with the transition from planning to implementation. The report also found that there were substantial differences between local governments’ approaches to the process, as well as the level of importance they attached to it. Some local governments also experienced internal tension over prioritisation of health issues.^[64] Since the evaluation of *Environments for Health* in 2006,^[70] the upgraded version of the resources has addressed some of these issues.

To support new developments and innovative approaches to Municipal Public Health Planning within the *Environments for Health* framework, the VDH also established a grants system called the *Good Practice Program*.[†] Between 2002–2004, half of all local governments in Victoria took part in *Good Practice* initiatives.^[71] The *Good Practice Program* was evaluated in 2005, with the aim of identifying successful models and approaches which might have wider applications, as well as analysing projects which experienced difficulties.^[71] A publication analysing a range of case studies from the program has also been produced.^[72]

In other initiatives designed to assist local governments in fulfilling their responsibilities for community health and wellbeing, the VDH offers planning and health forums throughout the state, supports regional public health teams, participates in regional local government networks, disseminates workforce development resources, distributes an electronic newsletter, fosters stronger partnerships between planners across all government levels, builds collaborative relationships with partners such as the Primary Care Partnership Strategy and Neighbourhood Renewal, and funds research and evaluation in the area.

* <http://www.vlga.org.au/>

† See: <http://www.health.vic.gov.au/localgov/goodprac/index.htm>

3.3.2 Leading the Way. Councils creating healthier communities—VicHealth

Leading the Way. Councils creating healthier communities,^[73] was launched by VicHealth in 2003 as a complementary resource to the VDH's *Environments for Health*. *Leading the Way* was developed in close consultation with the VDH and the MAV. The program is designed to increase understanding about the social determinants of health, and to provide a practical framework to enable councils to consider policy and strategic priorities in a more integrated way. Its target audience is elected councillors and senior local government management, in recognition that their understanding of the issues and their support for the process of health promotion at a local level is critical for program uptake and success.^[64]

To maximise the resource's saliency and effectiveness, VicHealth engaged consultants with extensive, high-level experience of working with local government to develop, pilot and assist in marketing the resource. Local councillors and senior managers were also consulted during the development and piloting of the resource, and the partnership with MAV ensured expert practical advice on strategies for engaging local government. This range of professional input, combined with a rigorous process of consultation and development (Text Box 9), undoubtedly contributed to the program's success.

Text Box 9: Key steps in developing *Leading the Way*:

- VicHealth, the MAV and the VDH jointly hosted a forum to which key individuals from a range of councils were invited. The forum explored how best to engage local government in promoting healthier communities. The need was identified for a simple and practical tool for marketing an integrated approach to social, economic and environmental influences on community health to councillors and senior officers.
- A small steering committee with representation from selected councils, MAV, VDH and VicHealth was appointed to guide the development and marketing of *Leading the Way*.
- Councillors and senior managers were consulted on the development and piloting of the resource.
- The resource was piloted in a small number of representative local governments, both metropolitan and rural.
- Community consultation was included.
- A letter was sent to all local governments jointly signed by the Chief Executive Officers of VicHealth and MAV requesting the opportunity to present *Leading the Way* to councillors and senior managers, and offering support for its implementation.
- The consultants made presentations to local governments throughout Victoria (ranging from brief overviews to half-day workshops).
- Presentations were given by the Chief Executive Officer and senior officers of VicHealth at appropriate local government forums.
- *Leading the Way* was distributed to participating local governments (74 out of 79), with provision of consultancy support. Timing of the roll out was scheduled to suit local governments and tailored to their planning activity.
- Development of a corporate training video (well-received), train-the-trainer programs (less successful) and additional web-based case studies helped local government staff to deliver presentations and workshops to interested local people.
- Uptake of the resource, gains made (tangible and intangible) and enabling factors were assessed.

Source: PDF Management Services Pty Ltd^[88, 89]

The effectiveness of *Leading the Way* has been demonstrated by its widespread adoption by local government as a framework for compiling Municipal Public Health Plans and in developing long term Council planning.^[64,70] *Leading the Way* is also credited with having helped build trust between local government and VicHealth, putting the social determinants of health on the broader agenda of local government, facilitating policy, planning and major decision making, and leading to the establishment of a dedicated grants scheme for local government, although the work of VDH and MAV has been complementary. MAV has remained a credible and influential champion of the resource. Program activities supporting *Leading the Way* are ongoing, including provision of short courses on subjects such as food security, planning for increased participation in physical activity, councillor development weekends and regional workshops (run in partnership with MAV), and promoting good practice through the VDH's regional networks.

Leading the Way is complemented by *Community Indicators Victoria*^{*}, a collaborative project between VicHealth and the McCaughey Centre (within the School of Population Health, University of Melbourne). *Community Indicators Victoria* gathers and presents information at local government level on the wellbeing of Victorians, using an integrated range of indicator measures which are markers for the social determinants of health. Data are collected from a range of sources including the Australian Bureau of Statistics and state government departments. More than 70 separate indicators are covered, including personal health and well-being, community connectedness, early childhood, personal and community safety, lifelong learning, skills, income, employment, access to housing, transport and open spaces, cultural richness and community connectedness. Data collected by *Community Indicators Victoria* are freely available online. The resource is intended to help inform community planning and policy making, and to track progress towards agreed goals and outcomes.

VicHealth has run other programs which recognise the central role local governments can play in promoting community health and wellbeing, focussing on issues such as increasing physical activity,[†] dealing with food security[‡], and preventing domestic violence[§].

3.3.3 Cancer Council Victoria

Based within Cancer Council Victoria (CCV), the Quit Victoria and *SunSmart* programs have implemented a range of strategies for enlisting local government support for cancer control policies and messages.

Quit Victoria works with local governments in tobacco control activities through^{††}:

- Production of research reports on the impact of tobacco on individual communities (for example, *The Big Kill*, which provides statistical information on the level of deaths caused by smoking in every local government area in Victoria^{††}),
- Promotion of a range of strategies that local governments might implement that are consistent with guidelines developed by the VDH (including local promotion of activities and media publicity supporting campaigns, dissemination of health information through local networks, proactive enforcement of tobacco control legislation and encouragement of smoke-free policies),
- Supporting the training of local Quit Educators,
- Supporting community action groups which are advocating for smokefree environments, and
- Input into Municipal Public Health Plans.

* See: http://www.communityindicators.net.au/about_us

† See: [http://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/Physical activity/MetroACTIVE_evaluation_Final.ashx](http://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/Physical%20activity/MetroACTIVE_evaluation_Final.ashx)

‡ See: <http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Healthy-Eating/Food-for-All/How-local-government-is-improving-access-to-nutritious-food.aspx>

§ See: <http://www.vichealth.vic.gov.au/en/Seminars-and-Events/Conferences-and-Symposia/Local-Government-Leaders-Preventing-Violence-Against-Women.aspx>

†† See: <http://www.quit.org.au/article.asp?ContentID=6900>

‡‡ Available from: <http://www.quit.org.au/thebigkill/>

The *SunSmart* program provides information and resources for local government to assist with developing shade policy, planning and design of shaded areas, adoption of a sun protection program for council employees, promotion of the *SunSmart* message to the community, dissemination of *SunSmart* information to relevant local government operations and facilities, such as swimming and sporting facilities and child care centres, and advice on outdoor summer events planning.*

Recognising the important role of local government in helping prevent skin cancer, *SunSmart* has employed a part-time coordinator to liaise with local governments, and has established a reference group to advise on working with local government. The group comprises a mix of local government representatives (from senior management to front-line staff, and including planners, engineers, and environmental health officers).

CCV has developed a database of all local governments and their key contacts. Compiling the database has provided an opportunity to establish contact with local governments, identify their priorities, and assess how CCV might offer assistance. For instance, if better facilities for encouraging physical activity are identified as priorities, then the potential arises to raise sun protection as an important factor and encourage adoption of comprehensive shade policies.

3.4 Cancer Council New South Wales

Of all of the Cancer Councils in Australia, Cancer Council New South Wales (CCNSW) has introduced the most comprehensive program to engage with local government. Established in 2005, CCNSW's *Local Government Community Partnership Program*[†] is the umbrella under which all work with local government is undertaken. The program was initiated following a local government smoke-free playgrounds project conducted by CCNSW in 2004, as a way of building on new relationships, extending existing cancer prevention programs and helping shape healthy community policy. As of June 2010, 116 of the 152 local governments (76%) in NSW have joined the program.

Local governments become Community Partners by adopting a resolution to establish a formal relationship with CCNSW and making a commitment to:

- Learn about and adopt new policies that will lead to a reduction in the incidence of cancer,
- Support advocacy campaigns of CCNSW that benefit the residents of local communities,
- Use local government's communication channels, venues, staff and networks to disseminate CCNSW health promotion and patient support materials,
- Help CCNSW support patients and their families in local communities by allowing free use of council venues for support group meetings and education programs, and
- Support efforts for CCNSW fundraising in the local area.

In return, local governments are officially recognised as Community Partners at a special ceremony where they are presented with a certificate by local CCNSW staff. CCNSW offers its partners assistance in developing a strategic planning document, and provides materials, policies, activities and program updates on a regular basis, and small grants on an occasional basis. It also offers media support, and health-related copy for inclusion in newsletters and other publicity. The overall strategy, including priority program offerings and mass communications, is conducted through a dedicated local government officer within CCNSW which ensures consistency of approach. Local CCNSW staff manage the relationship with individual Councils in their area, which helps build strong local relationships with key individuals within each Council. CCNSW also offers education opportunities and support for local government officers.

* See: http://www.sunsmart.com.au/protecting_others/in_local_government/

† See: <http://www.cancercouncil.com.au/editorial.asp?pageid=2057>

In 2009, CCNSW reviewed its program for engaging local government and has now adopted a strategic framework by which it identifies priority local governments on the basis of need (using sociodemographic data as the key indicator), the capacity of CCNSW to dedicate staff and resources, and the degree to which individual local governments are prepared to become committed to the program. These considerations determine the level of engagement which CCNSW will offer. At a minimum, CCNSW will exchange information and provide support for CCNSW activities in the area, and at its most intensive level, CCNSW has developed an extensive portfolio of options for working closely with local governments.

An over-riding consideration in developing the *Community Partners Program* has been its sustainability. To this end, the program has designed to be low-cost, simple to execute, and complementary to existing programs and priorities of CCNSW. Equally, CCNSW has worked hard to keep the program viable and of value to its partners.

The networks which have subsequently been formed with local government in all parts of the state represent a great development in capacity for the prevention of cancer. CCNSW credits the *Community Partnership Program* with extending the reach of its skin cancer prevention messages through the community (including into childcare centres and workplaces) and increasing the numbers of councils which have introduced smoke-free outdoor areas. The program has also enhanced local government support for regular Cancer Council events (such as Daffodil Day and Relay for Life) and raised support for advocacy issues (such as changing federal government health policy for bowel cancer screening). In some instances, CCNSW, their local government partners, and other agencies have worked together towards common goals. For example the Heart Foundation, Action on Smoking and Health (ASH) Australia and the Australian Medical Association NSW have partnered with CCNSW and local government in developing smoke-free resources.

3.5 Activities in Western Australia

Local governments in WA engage in a range of activities to promote health issues in their communities. These include: dissemination of information and hosting community forums on health issues; supporting and improving recreation and leisure facilities; development of strategies addressing local concerns (such as childhood obesity, men's health, and healthy ageing); and the establishment of programs encouraging residents to be more active, eat well, be smoke-free and participate in community life.* Some local governments (such as the Town of Kwinana[†] and the City of Mandurah[‡]) have employed staff with expertise in health promotion or physical education; however it is probable that most local governments are not in a position to do this. A recent survey investigating public health activity undertaken by WA local governments suggests that competing demands, lack of long-term planning, problems with recruitment and retention of appropriate staff, and under-resourcing are key barriers to engaging in health promotion activities.^[74] However the same study observes that there is considerable scope for successful partnerships between local governments and non-government health agencies (such as the Cancer Council, the Heart Foundation and Diabetes WA).^[74]

There are currently a number of important collaborations occurring with local government, some of which are described here.

* There are many and varied examples. Some include: the City of Mandurah's learn to surf courses (<http://www.mandurah.wa.gov.au/tourism>), the City of Stirling's walking groups (<http://www.stirling.wa.gov.au/home/recreation/Follow+My+Lead+Walking+Groups>) and the Town of Bassendean's organised bike rides (http://www.bassendean.wa.gov.au/2_news_events/events.html).

[†] <http://www.kwinana.wa.gov.au/standard.asp?pg=217>

[‡] <http://www.mandurah.wa.gov.au/community/recreation/activity/>

3.5.1 Department of Sport and Recreation

The state's Department of Sport and Recreation (DSR) works closely with local government in the provision of services, programs and facilities to the community.* DSR also provides funding to local government and community groups through the Community Sporting and Recreation Facilities Fund, and offers extensive resources covering areas including needs assessment, planning, feasibility, and assets management for facilities. DSR strongly promotes the use of sport and recreation as a conduit for building stronger, healthier, happier and safer communities, on the basis that these activities firmly underpin social inclusion and community connectedness. DSR supports planning for active transport, increasing physical activity in the workplace, and lifting levels of physical activity through the community.

3.5.2 Department of Transport's TravelSmart program

The WA Department of Transport introduced the *TravelSmart*[†] program in the mid-1990s, in an effort to encourage people away from car transport and into increased use of public or active forms of transport.

As well as working directly with individuals at the household level, *TravelSmart* works with local governments, schools, universities, hospitals and workplaces, to help them self-manage the process of change. In this way, *TravelSmart* enlists the support of organisations and institutions to influence the travel behaviour of their communities, staff and customers. *TravelSmart* resources provide practical advice on a range of activities including walk to school and walk to work days, "walking school buses", car-pooling and cycleway planning. Local governments are encouraged to participate in *TravelSmart* programs by employing a *TravelSmart* officer to work with the community to encourage transport options; by producing local guides to public transport facilities, cycling and walking paths; by providing facilities such as bicycle racks so that staff and customers are comfortable riding to council offices; and by hosting walking or cycling events.

TravelSmart is an innovative program which has now been adopted elsewhere in Australia[‡] and overseas.

3.5.3 The Physical Activity Taskforce

The Physical Activity Taskforce[§] was established in June 2001 to oversee development and implementation of a whole-of-community physical activity strategy for WA. Chaired by the Minister for Sport and Recreation, the Taskforce brings together senior representatives from state government Departments of Sport and Recreation, Health, Education and Training, and Transport. Local government is represented by WALGA. Healthway, Lotterywest, academic staff from Edith Cowan University and representatives from non-government health charities including the Heart Foundation and CCWA also participate in the Taskforce.

One of the Taskforce's objectives is to encourage local governments to embrace and develop opportunities for physical activity in their communities. It works directly with local governments by encouraging the development of initiatives to meet local needs; assisting with the preparation of physical activity plans; fostering partnerships and collaboration between all levels of government, non-government organisations, community groups and volunteers; advocating for policies that support public and active transport (walking, cycling and use of public transport); providing resource support to local governments and communities; and facilitating participation in a statewide community-based walking movement.

* See: <http://dsr.wa.gov.au/facilities>

† See: <http://www.transport.wa.gov.au/travelsmart/14890.asp>

‡ TheTravelSmart Australia website at <http://www.travelsmart.gov.au/index.html> contains background information and links to activities in other states

§ <http://www.beactive.wa.gov.au/>

Since its establishment the Taskforce has put in place a number of strategies specifically intended to help engage local governments, including:

- Formation of a Local Government Working Group,*
- Establishment of a web-based resource† for local governments which provides access to information and services for local government (including an email update service, “how to” guides, fact sheets, guidance on devising physical activity and walk plans),
- Establishment of a Physical Activity Taskforce local activity grants scheme with funding support from Lotterywest (now concluded),‡
- Promotion of other potential funding sources,
- Coordination of forums and workshops on promoting walking in the local community, urban planning for physical activity, funding and partnership opportunities for projects, public open space policy, and so forth, and
- Appointment of a dedicated Local Government Officer to provide support to local government (with funding support from Healthway).

Taskforce staff initiate meetings with local government elected members and senior officers to brief them on activities of the Taskforce and receive updates on local activities and issues. They ensure representation at functions to which they may be invited and participate in key forums (for example the Local Government Week Expo, and meetings of the Local Government Managers’ Australia).

3.5.4 Act-Belong-Commit *Mentally Healthy WA* campaign

Healthway has funded the development of the innovative *Act-Belong-Commit Mentally Healthy WA* campaign, with substantial support from WA Country Health Services (WACHS), Lotterywest, Mental Health WA (MHWA) and Pilbara Iron Ltd.^[75] The purpose of the campaign is to encourage individuals to be proactive about maintaining and improving their mental health and well-being, and recognises that community connectedness is central to achieving this.^[76] The project was developed in consultation with six regional communities in WA, and subsequently piloted in these communities over a two year period. WACHS committed regional staff for the duration of the pilot period.^[75]

The project sought to engage with all local organisations that provide or support activities which could be considered to contribute to positive mental health. This includes local government organisations, businesses, educational institutions, libraries, sporting and other recreational clubs and interest groups, professional associations, workplaces and cultural and ethnic groups. These organisations were encouraged to form partnerships, as well as to devise their own activities, under the *Act-Belong-Commit* banner.^[76] Healthway provided a grant scheme to provide funding for activities.^[75]

Evaluation of the program to date shows that in the communities in which it operated, *Act-Belong-Commit* achieved wide recognition.^[75] The campaign produced strong cross-sectoral partnerships, and enthusiasm for continuation of the campaign among communities. Importantly, the program’s success has also resulted in a commitment to ongoing support from WACHS and MHWA and a roll out of the program in all areas under WACHS’ jurisdiction.^[75] Several metropolitan local governments and some other non-health state government departments have expressed interest in joining the project.^[75]

* For this Working Group’s Terms of Reference, see: [http://www.beactive.wa.gov.au/docs/LGWGTerms of Reference 2006.pdf](http://www.beactive.wa.gov.au/docs/LGWGTerms%20of%20Reference%202006.pdf)

† http://www.beactive.wa.gov.au/resources_localgov.asp

‡ The Local Grants Activity Scheme was concluded in 2008. A number of case studies reporting on these grants are included on the website http://www.beactive.wa.gov.au/resources_localgov_casestudies.asp and a formal evaluation of the scheme is available from [http://www.beactive.wa.gov.au/docs/LAG evaluation technical report October 2009.PDF](http://www.beactive.wa.gov.au/docs/LAG%20evaluation%20technical%20report%20October%202009.PDF)

3.5.5 Healthway's Healthy Local Government Grant Scheme

Healthway provides a limited number of grants valued up to \$50,000 to local government authorities, to fund programs or projects which promote one of the following six key initiatives: healthy eating, smoke free public and private spaces, skin cancer prevention strategies, prevention of alcohol misuse, promotion of physical activity, and integration of planning and public health to create supportive environments for health and wellbeing.* Healthway's Annual Report for the financial year 2008-09^[77] lists more than 30 sponsorships and grants which have been awarded to local governments in support of health promotion messages and healthy community activities.

3.5.6 The Drug and Alcohol Office

The Drug and Alcohol Office[†] (DAO) is a government agency which is responsible for alcohol and other drug strategies and services in WA. The DAO recognises the local government sector as an important stakeholder in alcohol and other drug issues. Its work with local governments primarily relates to building capacity, and promoting expertise, resources and other support available through the DAO.

The types of dealings the DAO has with local government vary depending on the priorities of individual program areas, but include responding to requests for assistance with the development of policies and programs to manage alcohol availability using existing legislative and policy mechanisms, advice on addressing alcohol and drug use in local communities, advice on participating in Alcohol Accords[‡], disseminating relevant information on drug issues and priorities, consulting on the development of DAO policies and programs, and assisting with preparation of funding submissions (if appropriate).

In addition, the DAO provides support to a network of over 65 local drug action groups, a proportion of which include representatives from local governments. Communication with these groups via email, meetings and newsletters provides more opportunities to encourage local government support for prevention activities, although the role of local governments in these groups has tended to be small.

More recently, in response to increasing requests for assistance from local governments, the DAO established a local government advisory committee to assist with the development of a Local Government Alcohol Management Package. The committee comprised representatives of WALGA, as well as local government managers selected for their expertise and experience. The Management Package has been written with a focus on evidence-based approaches to preventing alcohol-related problems, using existing legislative and policy tools available to local government.^[78]

The DAO has continued to expand on the foundation of the Local Government Alcohol Management Package through ongoing collaboration with WALGA and the Department of Racing, Gaming and Liquor. The DAO has also conducted presentations on ways of managing alcohol at local government level, including through town planning and use of liquor licensing laws.

3.5.7 South Metropolitan Public Health Unit

The South Metropolitan Public Health Unit (SMPHU) provides public health services to the population living within the South Metropolitan Area Health Service (SMAHS) region. This region comprises the health districts of Fremantle, Bentley, Armadale, and Peel & Rockingham/Kwinana (PARK), and is represented by sixteen local governments.

* See: <http://www.healthway.wa.gov.au/>

† <http://www.dao.health.wa.gov.au/Home/tabid/174/Default.aspx>

‡ Alcohol Accords are agreements negotiated between alcohol industry representatives such as hoteliers, local government, health professionals/agencies, police and local community representatives to minimise harm from alcohol use. See: the *Western Australian Alcohol Plan, 2006-2009*, at: <http://www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=513&Command=Core.Download>

The core business of the Unit is prevention, with a focus on the health and wellbeing of whole populations. In line with the broader SMAHS approach, the SMPHU specifically aims to provide flexible and responsive services which meet the changing needs of communities, based on identified health priorities and issues and emerging evidence. The SMPHU works in partnership with other government and non-government organisations, community members, community groups and industry to provide local interventions to promote health and prevent illness.

The SMPHU employs a dedicated local government liaison officer, and has undertaken a variety of capacity-building projects that support health promotion initiatives, public health planning and partnerships between local governments and other organisations. Issues which have been addressed include alcohol use, physical activity, healthy eating, tobacco control, Aboriginal health and sexual health.^[79]

Recognising the vital role which local government has to play in creating healthier communities, the SMPHU undertook a survey in 2007 to assess the extent to which the sixteen local governments in its region were engaging in a range of activities to promote community health and wellbeing.^[80] The survey found that while a substantial amount of excellent work was being done, local governments varied widely in their perceived roles in promoting community health.^[80] Following on from this work, SMPHU received funding from Healthway to develop a *Healthy Councils, Healthy Communities* Resource. The resource is based on VicHealth's *Leading the Way* resource (see section 3.3.2), adapted to suit WA conditions.^[81] The aim of the resource is to build the capacity of, and support six local government organisations in the region in focussing on public health issues and addressing the social, economic and environmental factors that contribute to the health and wellbeing of their communities. It is overseen by a Project Advisory Group comprising representatives from SMPHU, councillors from the six local governments in which the resource is to be piloted, and representatives from WALGA.^[79] The project is due to be completed by late 2010.

PART 4

PREPARING WESTERN AUSTRALIAN HEALTH AGENCIES TO PARTNER WITH LOCAL GOVERNMENT

4.1 Lessons learned from interviews with key individuals in the field

The preceding sections have outlined what is known from the published literature about what is needed to generate successful and effective relationships with local government, and a range of examples have been provided which draw on overseas, national and local experience. While reviewing this information provides a useful basis for improving our understanding, it was felt essential that it be complemented by local knowledge: the experiential learning that is not necessarily found or elaborated on in the published literature.

In 2005–2006, interviews were conducted with 26 key individuals. These were identified through an audit of relevant Western Australian and other state programs that involved or targeted local government in some way. All interviewees had considerable knowledge of the local government sector and processes involved in the direct delivery of health and social services to local government communities, or in the administration of statewide regulatory, community, research or grants programs. The key informants fell into three broad categories: those who work *for* local government, those who work *with* local government on statewide initiatives, and those who *fund* projects at local government level.

The interviews with key informants explored how people work with local government, and issues health agencies should consider in their approach to working with local government.

4.1.1 Those who work in local government

Interviews were conducted with six local government officers. They included environmental health, health promotion and community development officers, as well as a representative of the (then) Department of Local Government and Regional Development (now known as the Department of Local Government).

Most interviewees were involved in the direct delivery of local government health and community services. They were familiar with the challenges of working in a local government environment, and had experienced attempts by other sectors to engage local government in their programs.

Reassuringly, these informants thought local governments were open to working collaboratively with other sectors in promoting good health, although they identified a number of pressures on local government which could cause reluctance to embark upon joint ventures. These include constraints on infrastructure and resources, demands from competing interest groups (both local and state), growth and changes in the characteristics of local populations, increases in statutory responsibilities, and greater requirement for accountability. Conservatism within this sector, differing perceptions of the role of local government in health, concerns over the sustainability of “new initiatives”, and lack of expertise in health promotion can be barriers too.

All respondents felt that having an understanding of the pressures on local government, as well as their processes, was critical to successful engagement with this sector. This would ensure more realistic expectations of local governments, as well as leading to more effective marketing of initiatives in a highly competitive environment. To paraphrase one informant, “worthy causes in and of themselves will not win support.”

Collectively, those interviewed provided advice on matters that potential partners should consider in marketing health promotion initiatives to local government. These are summarised in Table 3.

Table 3: Factors to consider when marketing initiatives to local government—advice from local government officers

Do not assume that local governments are familiar with all that a given health agency has to offer	Most local governments know of the leading health charities, but would know little about their mission or work in the community.
Ensure that proposals, activities or resources offered are relevant and demonstrate benefits for local communities	Local governments are most receptive to initiatives that address local needs and priorities. Information on the existing work and priorities of local governments can be found in their strategic plans. Local governments regularly conduct needs analyses to evaluate their own performance or ascertain community needs, and results of this research is often contained in reports accessible through their websites.
Use language and concepts that have meaning for local government	Ideas need to be framed in terminology which is salient to potential partners.
Be aware of budget and planning cycles of local governments	If participation in an initiative requires an investment of staff time and resources, then local governments—if ready to commit to it—need to plan for this.
Look for the best way to make contact with key decision-makers in local government	Choosing the right people or forum in which to do this will depend on your goals (Text Box 10).
Be willing to partner or assist local governments with grant applications for health promotion projects where appropriate	Local governments are more likely to take up programs if there are funds or additional resources to help with their implementation. Even so, this is not sufficient in isolation, particularly if the application processes for additional resources or funding, or outcomes expected of funded projects, are considered burdensome or unreasonable. Local governments are also wary of major grant initiatives where there are expectations that projects will be absorbed within 'core business' once the grant money is expended.
Be flexible and adaptable	Local governments are not all the same. They differ in their populations, infrastructure, capacities and priorities.
Be patient—and persistent!	Partnerships with local governments take time to develop. The structures and workings of local governments can sometimes militate against organisation-wide uptake of health promotion initiatives with health issues often being relegated to particular officers or service areas. High turnover of staff, and the consequent loss of valuable corporate memory, expertise and advocates, can impact on the momentum and sustainability of projects. As a result, enthusiasm and commitment to projects can wax and wane over time. Building partnerships requires patience and persistence.
Ensure that there is a clear distinction between the health initiatives being mooted and other related government programs	Cost shifting is a major concern for local governments, although there are different views on what constitutes cost shifting. If local governments perceive an initiative as a federal or state government responsibility, then it may not be supported.
Initiatives must have the support of the Chief Executive Officers and relevant staff, as well as the Mayor/President	As the individuals who will drive implementation, they must be able to see the benefits for interest to translate into action.

Text box 10: Some examples of ways to reach to key people in local government

Generating support for projects depends on making contact with the key decision makers in local government. For example, if the aim is to:

- Target Chief Executive Officers—then it would be useful to approach Local Government Managers Australia, the professional association for local government officers. LGMA has state divisions as well.
- Reach all local governments—then it would make sense to involve WALGA (but not if only focussing on a very small number of local governments).
- Recruit local champions who can help communicate messages to key individuals within local government—then it might be helpful to identify elected members and other credible and respected community leaders with a particular interest in health issues.
- Maximise population impacts—the focus needs to be on the larger local governments in the northern corridor of the Perth metropolitan area.
- Target rural areas—then it would be worthwhile approaching Regional Development Commissions, and larger regional centres like Albany or Geraldton.
- Build relationships with staff of local governments—community development officers may be useful intermediaries for networking with local governments and building interest in issues and projects.

4.1.2 Those who work with local government

Interviews were conducted with six officers involved in the administration of statewide health promotion programs. They included a consultant to local government, as well as representatives from the Drug and Alcohol Office, the Department of Health, Mentally Healthy WA and the Physical Activity Taskforce. Details of some of the work done by these organisations with local government are outlined in Section 3.5.

Meetings with these staff, as well as officers of other statewide programs, highlighted a range of factors that health agencies need to take into account when planning and implementing programs with local governments, which are summarised in Table 4.

Table 4: Factors to consider when working with local government—advice from health professionals

Shared knowledge and expertise	Health agencies have expertise across a range of public health areas, extensive professional networks, the capacity to raise funds and a solid reputation in the community. Local governments also have areas of expertise in addition to knowledge of their local communities. Partnerships with local governments should build on known strengths and assets. Acknowledge their experience and expertise.
Work around local government's budgetary concerns	Look at using existing frameworks and pooling resources to help keep down costs. Where external funding can be accessed, grant application processes for health programs may be complex and time consuming, and local government officers may appreciate offers of assistance with this process. Some informants found the establishment of a grants scheme has helped engage local governments in programs and make some things happen faster.
Maintain regular contact with local government – face to face is by far the best	This is an important way to build trust and goodwill within this sector. Mechanisms include advisory groups, appointment of a full-time officer to liaise with local governments, participation in local government forums, and the development of communication channels (eg. email listings, web pages, newsletters) that focus on local government needs and interests. Regular contact with local governments will ensure relevance and timely responses to changing conditions and issues.
Recruit local champions within local government	People in local government listen to one another. It is important to market initiatives at all levels of local government: from frontline staff to executives and elected members. This is most effective in building a groundswell of support, as communication can be an issue for local government—internally and with external organisations. It is important, therefore, to build a diverse network of contacts within and across local government so engagement is not hampered by beliefs and values of individual officers, turnover of staff, or pigeon-holing of issues.
Keep it simple	Few local government officers have expertise in health promotion priorities, concepts or good practice. It is important, therefore, that language, ideas and activities put forward are clear, readily understandable, and relevant, and that there is some flexibility in the development and evaluation of initiatives.
Avoid using health as the primary driver in communications	It can inadvertently militate against engaging a broad cross section of local government officers and functions who might not see health as relevant to their area of expertise (such as planning, recreation services, community development, parks and gardens and engineering).
Be flexible	Sometimes assisting with non-related issues can help enormously in building relationships with local government.
Offer support with marketing and implementation of new concepts	Simple tool kits that can assist in marketing changes in policies and practice to senior officers and elected members, and provide guidance on any sample policies, are generally well-received. However, dissemination of kits should be linked with workshops and seminars demonstrating how the resource can be used locally.
Be mindful of costs	Remember to consider the expenses to your organisation associated with the roll-out of statewide initiatives, such as airfares, accommodation, communications, and other costs associated with training, meetings, research, and the production and distribution of resources.
Remember the "diffusion of innovations" theory	Target the early adopters—those local governments most willing to work collaboratively, and officers within local government with shared values and visions.
Celebrate and acknowledge!	Remember to say thank you! Celebrate your successes and acknowledge all partners.

4.1.3 The views of organisations which fund projects through local government

Interviews were conducted with four officers involved in the administration or evaluation of grants programs. They included representatives of Healthway, the Health Promotion Evaluation Unit (funded by Healthway and then based within the School of Population Health at the University of Western Australia), and Lotterywest.

All interviewees affirmed that grants programs have encouraged local governments to play a more proactive role in promoting good health, although some had reservations about the sustainability and rigour of programs. Some also conceded that local governments lack expertise in health promotion and found it challenging to meet the more complex requirements of grants for health-related projects.

Overall, these representatives felt that local governments were good intermediaries for agencies wanting to connect with community groups, and that the events and projects which they manage can reach a large proportion of their communities. Health promotion projects they undertake primarily assist in raising awareness of issues and encouraging local activities or initiatives that help promote healthy behaviours; however, projects are often short-term, which limits their impact and the sustainability of gains made.

Whether health charities should consider offering a grants program to local government was canvassed. On balance, thoughts on the utility of grants schemes were mixed, and suggest caution (Text Box 11).

Text Box 11: Factors for charitable organisations to consider before establishing a grants scheme for local governments

Charitable organisations considering establishing a grants scheme need to ensure that they are able to offer grants of a sufficient value, and that they have the capacity to administer and sustain the scheme in the longer term. Poorly-run grants schemes are likely to engender distrust and generate poor publicity. Charities also need to be mindful of the perceptions of their donors and members, and the general public. Would a grants scheme be deemed to be an appropriate use of donors' funds? Could there be a risk of fuelling misperceptions that the charity has funds to spare?

If a charity wishes to investigate the possibility of establishing a grants scheme, it might consider doing this through a managed "expression of interest" in the first instance, clearly flagging that the scheme is "new" and "in development". This provides an opportunity to refine processes for administration of the grants scheme over time. It also minimises the risk of inundation with applications for a limited pool of funds and a corresponding level of disaffection with the charity among unsuccessful applicants.

4.1.4 Summarising the key points gained from interviews

All of the individuals interviewed had experience in working with local government and offered useful insights into how to work more effectively with this sector. These interviews were particularly helpful in collating a set of common principles that should guide our work with local government (Text Box 12).

Text Box 12: Principles which should guide the work of organisations planning to work in partnership with local government

- Ensure that key individuals in local government have been fully briefed about, and support the partnership. Depending on the size of the local government, this will mean consultation with the President/Mayor, as well as the Chief Executive Officer and relevant staff members.
- Equally, ensure that the executive leadership of the partnering organisation supports, and is actively engaged in promoting initiatives to local government.
- Demonstrate respect, trust and commitment.
- Have clear shared goals and values, as well as realistic expectations of what might be achieved by working together. Most importantly, recognise the benefits of working together.
- Agree on roles and responsibilities of partners. Be aware of each partner's needs, priorities and limitations. Roles, norms and processes are agreed upon with input from all partners. The partnership builds on known strengths and assets, but also identifies areas for improvement.
- Be consultative, collaborative and participatory. Partners listen to one another, share ideas and resources, and work together to find solutions to problems.
- Communication between partners should make best use of appropriate and available means. Clarity is vital.
- Be flexible and adaptable—a robust partnership is able to adapt and respond quickly to changing conditions and resources.
- Stay focussed on the achievement of tangible outcomes. Recognise and celebrate achievements as they accrue over time, and share the credit for accomplishments.
- Maintain momentum and sustainability of efforts over time. Be prepared to take the initiative in seeking the resources and expertise needed to sustain efforts where necessary.
- Allow adequate time for planning, costing and staged implementation of projects. This will ensure demand can be met and that the quality and timeliness of services is not compromised.
- Appoint the right people to do the work. Maturity and having the capacity to manage complex relationships are skills vital to the success of any collaborative initiatives. These should be essential criteria for staff and consultants.
- Think outside the box. Don't become preoccupied with tapping into health services. Look at creative ways of making use of existing resources.
- Collate and disseminate case studies. These are a useful tool for promoting good practice as well as recognising the achievements of standard bearers.
- Ensure evaluation tools are sensitive to the sometimes intangible benefits of collaborative working relationships.

These interviews also highlighted the dynamism of the political environment for local government. Election cycles for local government mean that the composition, and the values and priorities, of councils can change quite significantly as a consequence. This underscores the need for health agencies to be responsive to changing circumstances among local governments and the opportunities they allow.

In summary, local governments are more likely to take up initiatives that:

- Specifically address local needs and priorities,
- Are framed in language which has meaning for local government and are a good “fit” with the local government agenda,
- Take account of local government's budget and planning cycles,
- Are supported by key individuals—elected representatives, local government staff and community members,

- Can access external funding or other support mechanisms, and
- Are clearly distinguishable from existing federal or state government programs.

It is also important that health agencies:

- Adopt a methodical approach to working with local government,
- Demonstrate realistic expectations of local government and an understanding of the framework within which it operates,
- Understand the need for proper planning to ensure best outcomes,
- Emphasise the value of consultation, participation and commitment in the partnership,
- Make clear, regular communication a priority—face to face is best,
- Are flexible, adaptable and persist with their efforts,
- Make best use of existing assets and are mindful of resource implications for all participants,
- Take a broad view—too narrow a focus on health may alienate local government officers who do not necessarily associate health issues with their brief,
- Focus on achievable, tangible outcomes,
- Assist in obtaining additional resources or funding where appropriate,
- Offer the necessary support with marketing and implementation of ideas and activities, and
- Celebrate wins with their local government partners.

PART 5

TAKING STOCK AND PLANNING FOR THE FUTURE

The findings of this monograph underscore the pivotal role of local government in promoting healthy communities. As the level of government which is closest to the community it serves, it is uniquely placed to identify and respond to the health needs of its constituency and increasingly expected to do so. Policy frameworks for improving healthy communities endorsed by the World Health Organization,^[42] overseas governments,^[49, 50] the Australian government^[27, 33] and at state^[82] and local government level^[79] attest to this core principle.

The regulatory framework around public health, including the role of local government, is currently under review, and the subject of a draft Public Health Act for Western Australia. If passed in its current iteration, this legislation will place a formal requirement upon local government to “establish objectives and policy priorities for the promotion and protection of public health...”. To this end, local governments will be expected to work with other government and non-government organisations which share similar goals (Text Box 4). Should the draft bill become WA law, it will be incumbent upon health agencies to find ways to support local governments in meeting their obligations. In turn, this provides an opportunity for health agencies to extend the reach of health messages, increase public awareness of health support services (such as, in the case of CCWA, assistance available for cancer patients and carers), contribute to developing best-practice public health policy at the community level, and ultimately to help reduce the burden of cancer and other chronic disease in Western Australia.

A review of the literature and interviews with key individuals with experience of working with and/or within local government in Australia, and in WA in particular, has allowed for the identification of factors that militate against, or facilitate working with local government. It has also allowed us to distill a set of core principles that should underpin partnerships with local governments (Text Box 12).

While some agencies, as discussed in Part 3, have well-developed programs designed to facilitate partnerships with local government, others have tended to function on a more *ad hoc* basis, forming productive relationships with individual local governments in regard to specific projects, but lacking an overarching framework to inform strategy, reach, policies and protocols.

One of the purposes of this monograph is to determine how health agencies such as CCWA can prepare for developing sustainable, effective partnerships with the local government sector in this state. It is clear that there is already very good work being done in Australia from which a great deal can be learned. The detailed framework developed by Cancer Council New South Wales for successfully fostering links with local government provides an especially useful model for health agencies. Operating from a different perspective, the collaborative approach adopted in Victoria by the state Department of Health, VicHealth and the Municipal Association of Victoria shows what can be achieved when partners with a common goal share their expertise. Aspects of the Victorian approach are already being translated into action in WA. These initiatives deserve further examination to determine whether they include other elements which may be successfully translated to the WA environment.

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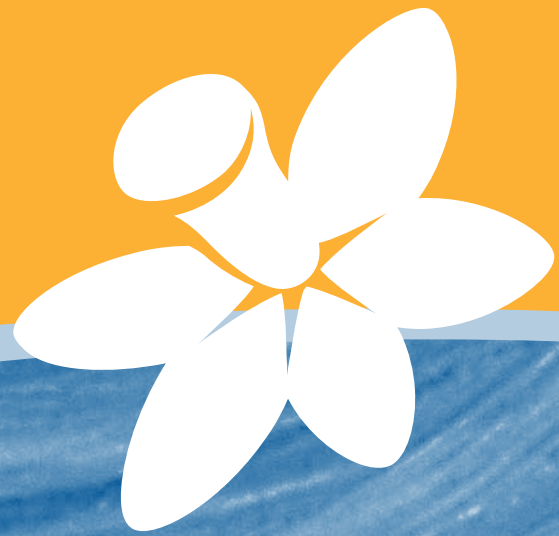
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