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Report:

**ENVIRONMENTS FOR HEALTH: MUNICIPAL PUBLIC HEALTH PLANNING
IN VICTORIA**

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Abstract

Local governments in Victoria are mandated to prepare municipal public health plans (MPHP) to improve health status. This article reports on a project initiated by the Victorian Department of Human Services (DHS) to develop a new municipal public health planning framework, in partnership with local governments and other stakeholders. Based on extensive research and consultation conducted in 2000-2001, the new systems approach to MPHPs embraces consideration of factors impacting on health and wellbeing that originate in the built, social, economic and natural environments. The new municipal public health planning framework draws on the strengths of a number of approaches to public health planning, including: strategic local area planning, a social model of health, health promotion, health outcomes, and participation and partnership.

Key Words: Municipal Public Health Planning, local government, environmental health, participation, ecological

A new policy framework for Municipal Public Health Planning

The MPHP program provides a holistic framework for public health planning by Victorian local governments to help communities achieve maximum health and wellbeing.

A new framework for municipal public health planning has been developed through a partnership between the Public Health Division of DHS, the Municipal Association of Victoria (MAV), the Victorian Local Governance Association, local governments and other stakeholders. An extensive consultation process, including forums across the State and written submissions, has informed its development.

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

Local governments have a traditional geographical concern with people and place, which includes the local context of health, disease and social process. Recognition that place influences health may help to balance an individual focus, by redirecting attention to interventions at the environmental level.

MPHPs are integral to any comprehensive strategic planning process undertaken by local governments (McBride, Hulme & Butler 1999). This new framework promotes a renewed effort in local area planning and should ensure that MPHPs can inform other planning processes effectively and prevent duplication of planning effort at a local level.

Research

Ten years of development of MPHPs across Victoria has provided the basis for a strategic and integrated approach to public health planning at a municipal level. In 1990 eleven councils participated in a pilot program to put into practice the new section of the Health Act relating to MPHPs. By 1994, 76 per cent of the then 210 councils had an MPHP and others were in the process of developing plans (Frew 1993, Garrard & Schofield 1991; McBride, Stubbings & Legge 1999; Smith 1995).

Development of the new municipal public health planning framework was initiated firstly by the appreciation of the need to support greater planning consistency amongst councils. Secondly, there was a realisation that MPHPs needed to be informed by an ecological, holistic consideration of the impact on health and wellbeing of factors originating across and between the four environmental dimensions.

In August 2000 a questionnaire was sent to all Victorian local governments. The questionnaire sought information about the status and content of current MPHPs, and to uncover issues requiring consideration in the development of the new planning

framework. Data was received for 63 of the 78 local governments in Victoria. Additional data was received from DHS Regional offices, and a regional local government workshop to explore the development of a consistent planning approach to MPHPs and primary care.

The 2000 survey found that over 52 per cent of the 78 new councils were implementing a plan, 18 per cent were developing a new plan, and 15 per cent were under review. Numerous positive features of MPHPs were identified, including:

- Providing a strategic planning focus,
- Promoting useful partnerships and networks throughout the municipality,
- Highlighting local health issues and providing a vehicle by which to address them,
- Involving all divisions of council,
- Promoting community involvement and ownership,
- Enabling councils to integrate a social model of health into public health planning, and
- Linking regional, state and national priorities.

The research also showed a number of areas for consideration when developing the new framework. There was extensive acknowledgement about the role of MPHPs in promoting useful networks and partnerships throughout the municipality. In addition to appreciation of the value of external partnerships was the recognition that to have maximum impact, MPHPs needed to embrace – and be embraced – by all sections of council operations. A new view of health to enable local governments to integrate a social view of health was required to provide the new framework with a sound theoretical base. There was a need to develop a clearer model to underpin population based health planning and to gain greater consistency in municipal health planning across local governments, whilst retaining local issues and flavour. Community involvement and a sense of ownership were seen as key components to the new approach for local area planning. Community input will translate into overall commitment from the community to the plan.

This survey provided a rich, diverse range of themes and issues, which gave significant insight and impetus for the development of the new municipal public health planning framework. As part of the partnership approach to development of the new framework, the findings were provided back to the field in the form of a summary (Department of Human Services 2000).

Process for development

The partnership approach used to develop the new framework has been advanced with the assistance of a skilled reference group, representing stakeholders from the field and from policy development areas. Reference group members helped shape the conceptual framework, provided links to key research and practice, provided material for inclusion and commented on drafts. Development has been further enhanced by an extensive consultation process including written submissions and forums held throughout Victoria.

Consultation Findings

In April 2001 the *Municipal Public Health Planning Framework: Draft Document for Consultation* was released (Department of Human Services 2001). The consultation process provided an opportunity to contribute to the future direction of planning for health on a municipal wide basis.

Five Consultation forums were held across Victoria in April and May 2001, allowing over 200 participants from all regions to attend. Representatives from 62 of the 78 local governments in Victoria attended the forums.

At each forum, DHS presented an overview of the municipal public health planning framework that explained the rationale, process for development and features of the document. This was followed by a brief comment by a representative from the MAV about the partnership approach between state and local government needed to develop it. With the assistance of facilitators from DHS, participants discussed in small groups the strengths and limitations of the framework, and how it might contribute to integrated planning (including internally within council and with external stakeholders).

In addition to the data gathered during the consultations forums, feedback was received from written responses. Further to the questions posed at the consultation respondents were invited to:

- Comment on how the framework would be used at a local level, and
- Make suggestions for future directions for municipal public health planning.

Thirty-two written submissions were received, representing the input of over 70 people. A wide range of organisations responded, including Commonwealth and State government agencies, Local governments, state-wide and local non government organisations, and the primary care sector. Some of the respondents had also attended the forums.

There was a strong positive response to the framework document itself and its potential to improve municipal public health planning. There was a great deal of interest in the next steps to be taken to implement the new framework once finalised. Analysis of the extensive feedback generated by forums and written comments was used to strengthen the new direction in municipal public health planning. The revised document was discussed by the reference group and finalised. Comments on the next steps to be taken will be used to develop the implementation phase of the new framework.

Environments for Health

The new municipal public health planning framework is titled “*Environments for Health – Promoting Health and Wellbeing through Built, Social, Economic and Natural Environments*”.

The Victorian Burden of Disease Study shows that although the overall health status of Victorians has improved over the past 20 years, it varies according to where people live (Magnus, Vos & Begg 2001). Many of the factors influencing health lie in the social, economic and physical environments in which people live. We cannot continue

simply to deal with illness after it appears, or keep exhorting individuals to change their attitudes and lifestyles, when the environments in which they live and work give them little or no choice or support.

The framework emphasises the need to make environments supportive, rather than damaging, to health. This can be advanced by considering the impact on health and wellbeing of factors originating across any or all of four environmental dimensions – built, social, economic and natural.

Environmental Dimensions	Components	Characteristics	Council Action Areas – Examples
Built / Physical	<ul style="list-style-type: none"> ▪ Provision of infrastructure ▪ Amenities: parks, street lighting, roads, footpaths 	<ul style="list-style-type: none"> ▪ Liveable 	<ul style="list-style-type: none"> ▪ Land use planning ▪ Transport and traffic management ▪ Recreation facilities
Social	<ul style="list-style-type: none"> ▪ Sense of community ▪ Participation ▪ Perceptions of safety 	<ul style="list-style-type: none"> ▪ Equitable ▪ Convivial 	<ul style="list-style-type: none"> ▪ Community support ▪ Art and cultural development ▪ Library services
Economic	<ul style="list-style-type: none"> ▪ Economic policy ▪ Industrial development ▪ Employment 	<ul style="list-style-type: none"> ▪ Sustainable 	<ul style="list-style-type: none"> ▪ Community economic development ▪ Access and equity
Natural	<ul style="list-style-type: none"> ▪ Geography ▪ Air & water quality ▪ Native vegetation 	<ul style="list-style-type: none"> ▪ Viable 	<ul style="list-style-type: none"> ▪ Water quality ▪ Waste management ▪ Energy consumption

Environmental Dimensions and Corresponding Council Action Areas

Politicians, planners, government officials and citizens need to appreciate the reasoning and implications behind policy decisions across all four environmental dimensions. The benefits of involving these areas of council core business in addressing health issues is demonstrated in the following examples:

- Action on the built environment can include better lighting and maintenance of public spaces. Together with social programs to promote community participation such as walking groups, this action can promote physical activity, reduce injuries and crime, encourage use of public spaces, change perceptions of safety and manage risk more effectively.
- Creating opportunities for community participation can enhance mental and physical wellbeing of specific groups, such as older people, while building local economy and community infrastructure. This may involve liaising with adult learning centres, working with libraries and local employment agencies, encouraging local commerce and services, and maintaining parks, playing fields and footpaths
- Effective action to ensure food safety and promote healthy eating may focus on local business innovation, cultural diversity and social needs for access to nutritious food, which can then contribute to both economic viability and community vitality.

Everyone has a role to play in creating supportive environments for health. Municipal public health planning offers a collaborative approach to creating supportive environments that can be used by local policy makers, decision-makers and community members.

For Further information

To obtain copies of the municipal public health planning framework, and for further information, visit the Department of Human Services' website:
www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm

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References:

Department of Human Services. (2000). *Municipal Public Health Plan Questionnaire Summary Report November 2000*. Available:
<http://www.dhs.vic.gov.au/phd/healthupdate/questionnaire/mphpsumm.pdf>

Department of Human Services. (2001). *Municipal Public Health Planning Framework - Draft Document for Consultation*. Available:
<http://www.dhs.vic.gov.au/phd/mphp/index.htm>

Frew, R. (1993) *The Municipal Public Health Program*. Paper presented at the Australian Institute of Environmental Health National Conference, October 1993. Australian Institute of Environmental Health, New South Wales.

Garrard, J., & Schofield, H. (1991). *Evaluation of the municipal public health plans pilot program*. Health Department Victoria, Melbourne.

Magnus, A., Vos, T., & Begg, S. (2001). Improvement in the Life Expectancy of Victorians. *Health of Victorians: The Chief Health Officer's Bulletin*. Vol 1 No 1 July 2001. Department Human Services, Melbourne. Available:
<http://www.health.vic.gov.au/chiefhealthofficer/chobulletin/july2000.htm>.

McBride, T., Hulme, A, & Butler, P. (1999). Strengthening Integration of Municipal Public Health Plans into Local Government Strategic Planning: Report to the North East Health Promotion Centre. Melbourne: North East Health Promotion Centre.

McBride, T., Stubbings, K., & Legge, D. (1999). Quality Improvement in Municipal Public Health Planning and Practice. Department of Human Services, Melbourne.

Smith, J. (1995). *Planning for health in local government: A review of the implementation of the municipal public health plans and discussion of the future health role of local government in Victoria*. Municipal Association of Victoria, Melbourne.