



PROMOTING PARTNERSHIPS SERIES

INJURY

**WORKING WITH LOCAL GOVERNMENT
HOW ADVOCACY CAN ASSIST**

Background

PHAIWA is committed to working with all levels of non-government and government, including local government and recognises the important contributions that local government can make to creating healthy local communities.

A survey of local governments in Western Australia was recently conducted to identify opportunities for working together, to assess if specific training is required and to generally assess expectations about a range of organisations including non-government agencies. The response rate of 53% represented a total of 75 local governments completing the survey.

What did we ask local governments about injury?

Respondents were asked to consider three categories of issues within their local government authority. These included:

- The most important public health issues (top 3);
- The most urgent public health issues (top 3); and
- The most resource intensive public health issues (top 3).

Collectively, local governments did not rank injury within their top ten most important public health issues. Similar results were found when analysing the most urgent public health and most resource intensive issues in local government.



The survey did however assess whether local government authorities dealt with PHAIWA priority issues and specifically asked respondents to rank their level of involvement in each issue on a scale of 1 (low involvement) to 10 (high level involvement). Injury is one of PHAIWA's priority areas. Figure One illustrates the responses.

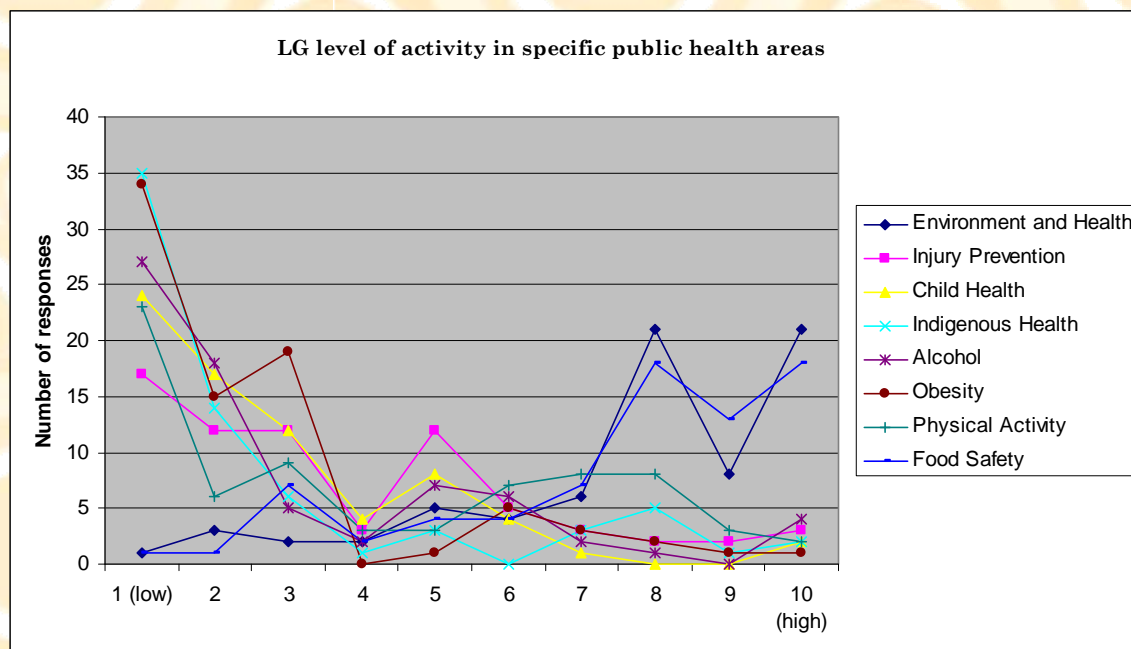


Figure One - Local Government involvement in PHAIWA Priority Issues

Figure One highlights there is little local government involvement in the areas of obesity, Indigenous health, alcohol and child health. There does appear to be some activity in injury within local governments with 35% of respondents suggesting there is some (i.e. a ranking of 5 and over) focus on injury prevention.

What about prevention?

It is acknowledged that prevention of events likely to result in injury is usually the best approach. For example, risk of cars crashing is reduced by good road design and traffic control, by designing vehicles that are easy to control, and by ensuring that drivers are well-trained and sober. Barriers can also reduce injury risk such as suitable pool fences and child-resistant closures on containers for poisons. The likelihood and severity of injury can also be reduced by safety devices such as seat belts, air bags and crumple zones in cars, helmets for cyclists, motorcyclists and people in certain jobs and sports, and various other types of personal protective equipment (C'wealth Aust, 2005).

Advocacy is widely accepted as a fundamental component of effective health promotion and public health, and if based on a careful analysis of the potential contribution of other sectors, is clearly a precondition of healthy public policy and good practice (Milio, 1991).

To gain a better understanding of how public health professionals in local government allocate time, particularly around prevention, the survey asked the respondents to indicate the percentage of time dedicated to the following activities:

- Planning
- Building
- Health promotion
- Indigenous health
- Food safety

The survey results identified that public health in local government in WA remains firmly grounded in the more traditional and legislative approaches to public health. For example, 92% of respondents sent less than 30% of their time conducting health promotion activities. Figure Two illustrates the allocated times.

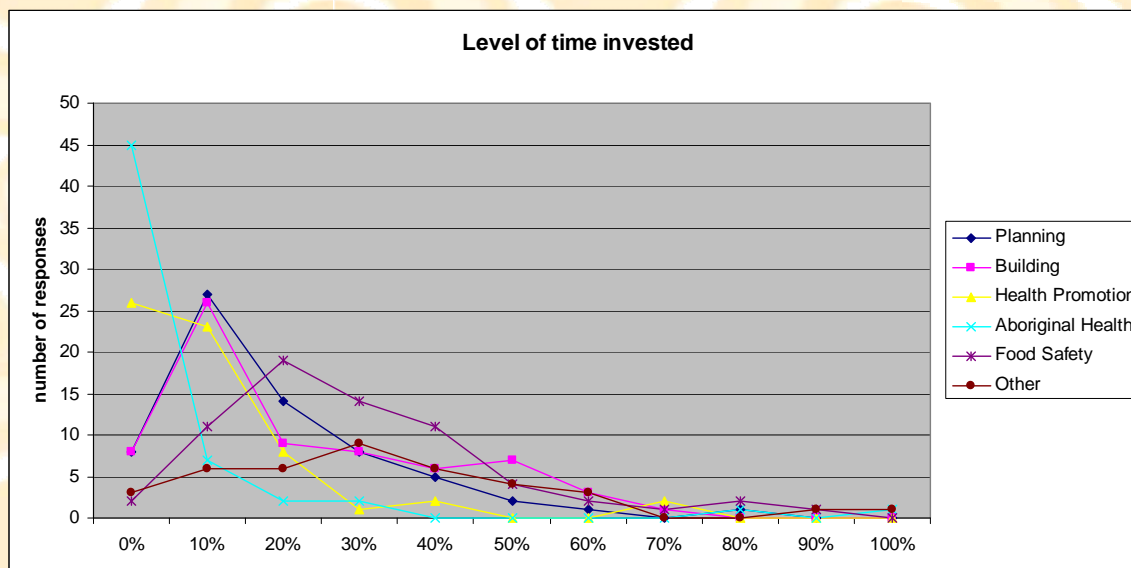


Figure Two – Local government's active or performing duties in specific areas and estimates of the percentage of time.

When looking further at these data, 61% of respondents advised they did not allocate any time on Indigenous health and 35% spent no time on health promotion. Over three-quarters (79.4%) of local governments advised they spent no or less than 10% of their time on health promotion, and only 3.2% of respondents invested over 50% of their time on health promoting activities or services.

What else did the survey highlight?

Other interesting data from the survey relevant to injury included:

- Almost three-quarters of the respondents advised they spent less than 30% of their time planning.
- More than half (57%) of the respondents did not have an annual business plan and 1% were unsure if a plan existed.
- Only 5% of local governments had worked with an NGO in the past 12 months.
- 56% of respondents advising they had difficulty recruiting Environmental Health Practitioners and 42% stating they had difficulty retaining these professionals.

How can advocacy address this lack of investment in local injury issues?

Local governments have scarce resources and competing priorities. One method of promoting, ensuring and developing advocacy to support the development of healthy communities may be to encourage collaboration between local governments and organisations with an interest in injury, with the intent of sharing resources, and in particular funds.

ICCWA acknowledge that local governments are injury prevention stakeholders yet the survey indicates there is room for improvement in this area. Given the wide range of agencies and organisations involved in injury prevention or safety promotion, it is necessary to ensure that messages are consistent and not unnecessarily duplicated. Injury prevention activity needs to be integrated through coordination and collaboration between government agencies and other organisations

It is clear that local governments are not fully aware of the benefits of working with organisations that have an interest in injury or the processes of establishing useful partnerships. The following tips may provide some assistance to increase your profile with local governments.

Be aware: Every local government is different. The diversity of our state means that the way local governments do business varies from region to region. Local governments are autonomous and although governed by the *Local Government Act 1995*, are primarily responsible for their own strategic direction. In terms of funding, local governments are primarily funded through the collection of property rates and the allocation of government grants, so resources are generally limited.

Be patient: Local governments are vital and multi-functional organisations within local communities. As such, they are responsible for a diverse range of issues, some of which are defined under statutory requirements. It may take some time to ensure that your issue is seen as a priority in local government. It is also important to understand that local government business units differ between councils, and it may take some time and a number of requests before you speak to the right Officer.

Be known: Local governments, both large and small, must be aware of DAO and the services it offers, its role, areas of expertise and avenues for support. Strategies to disseminate this information to local governments include through WALGA, the peak body for local government in WA, through individual correspondence, through professional associations, through links with the Environmental Health Directorate and through publications.

References

Commonwealth of Australia (2005) National Injury Prevention and Safety Promotion Plan 2004-2014. Canberra, NPHP.

Milio N (1991) Making healthy public policy: developing the science by learning the art: an ecological framework for policy studies. In Bandura B & Kickbusch I (1991) Health Promotion Research – towards a new social epidemiology. WHO, Copenhagen

