Local Government Survey 2012

Major Findings Report

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The Public Health Advocacy Institute of Western Australia (PHAIWA) is committed to working with all levels of government, including local government. PHAIWA recognises the important contributions that local government can make to creating healthy local communities.

1.0 What is the Problem?

Traditionally many local governments have taken a 'government of the area' approach to managing local communities. This approach reinforces the different management frameworks that local governments adopt across the state. Being the closest form of government to the people, local governments deal with a multitude of issues, including managing significant physical and social changes brought about by the policies of other levels of government and private sector, as well as the implementation of more typical local government services. PHAIWA conducted a survey in 2010 with local governments in Western Australia to identify important public health issues and establish areas in which local governments needed support. The findings indicated that support was required in the areas of planning and promotion as well as building partnerships with government and non-government agencies.[1]

[1] http://www.phaiwa.org.au/images/stories/Local_Government_Survey_general_report.pdf

2.0 What did PHAIWA want to Learn?

PHAIWA is interested in how to best support local governments achieve their public health goals and also to identify what resources and skills are required to implement the Public Health Bill once it is proclaimed. This is the second local government public health survey to be administered in WA, with the initial survey being distributed in late 2009[2]. The survey questions have remained consistent with the previous tool to allow comparisons over time, although a number of new questions have been added.

PHAIWA remains keen to establish lines of communication and partnerships between NGOs and local governments. Nurturing these collaborations requires learning the extent to which local governments work with non-government agencies to achieve public health outcomes and whether there has been progress in the 3 years since the first survey. Organisations such as the Heart Foundation and Cancer Council have significant resources to support local governments in many health related areas. PHAIWA also wants to learn whether local governments are accessing this support, and if not in devising ways to assist, as a supportive strategy to local governments.

This survey aims to identify the links between local government issues and the current priority issues addressed by PHAIWA. These data will assist PHAIWA to continue to meet the public health needs of local governments across the state, provide information to allow meaningful advocacy and create resources to support public health in the local government sector.

There is scope for independent organisations to advocate to government and non-government agencies with and on behalf of local governments. Understanding the complexity of issues that confront local governments in the areas of public health, the implementation of the proposed Public Health Act and the changes that have occurred over the last 3 years is an important step to providing the necessary support.

3.0 The Purpose of the Survey

PHAIWA surveyed all local governments in WA to identify the public health issues that are important, urgent and time intensive. Additional information was collected relating to partnerships, skill acquisition and future training, confidence to implement the proposed Public Health Act and workforce issues.

4.0 Sample and Methods

An online survey was developed using a web based survey development site. Questions remained consistent with the previous survey to allow for comparisons. A number of additional questions related to the forthcoming WA Public Health Act were added. The survey uses a combination of open and closed questions to maximise efficiency in completing the survey and analysing results, while allowing flexibility in providing answers.

[2] Please note that the 2009 survey will be referred to the 2010 survey throughout the report as the analysis was completed in 2010.

The introductory page to the survey informed respondents that the survey would take approximately 20 minutes to complete and would 'identify the links between local government issues and the priority issues addressed by PHAIWA'.

In August 2012, PHAIWA sent an email invitation with a link to the online survey to the Principal Environmental Health Officers (PEHOs) of the 138 Western Australian local government areas. For those completing, a personal thank you email for completing the survey was forwarded.

A series of reminder emails were sent to the non-responding PEHOs two weeks after the initial invitation was sent. The survey was deactivated after being available for 4 weeks. The final response rate was 57.2%.

5.0 Results

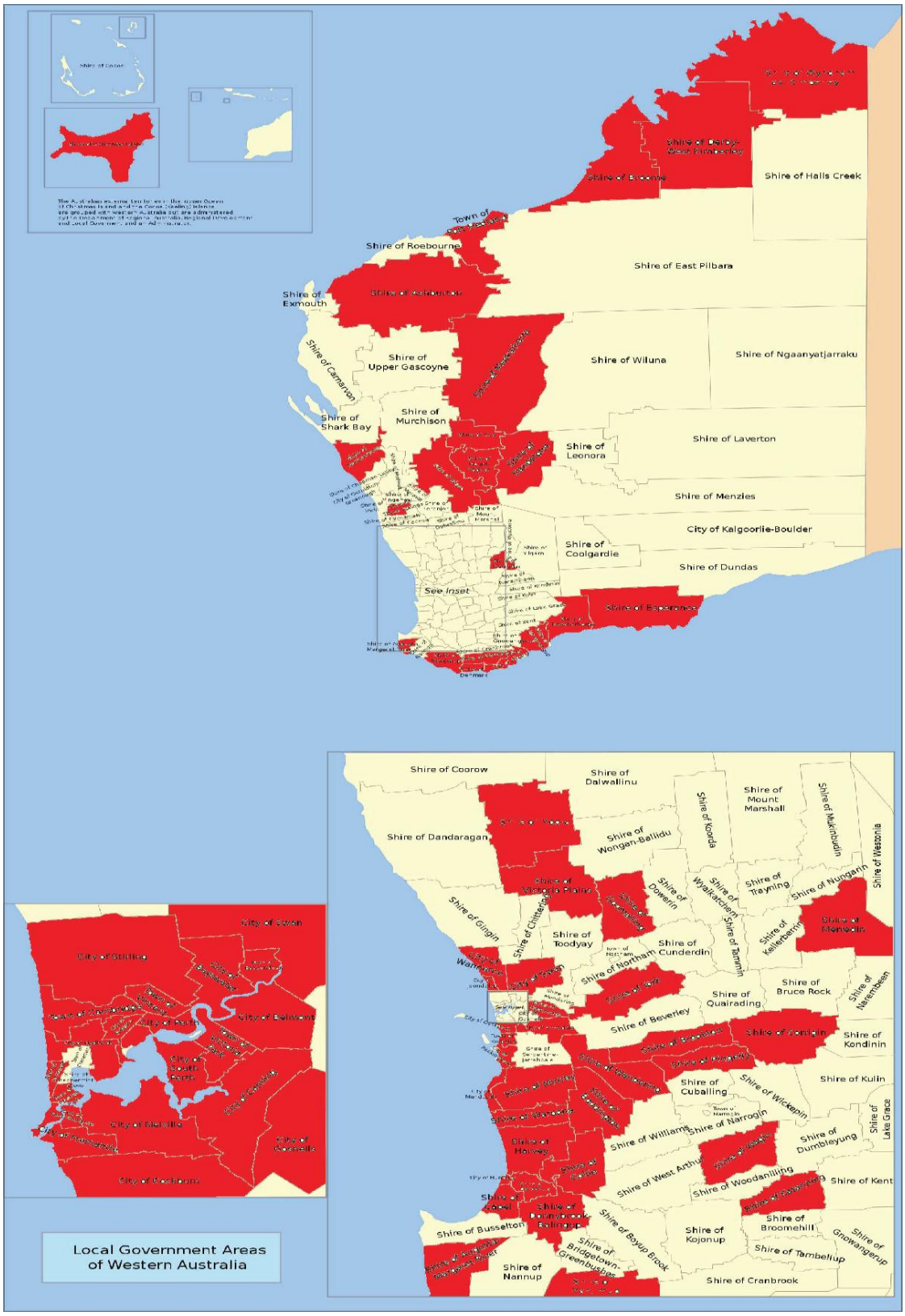
5.1 About the Respondents

There are three classifications of local government in Western Australia including:

- City (predominantly urban, some larger regional centres);
- Town (predominantly inner urban and three medium sized rural centres) and,
- Shire (predominantly rural or outer suburban areas).

Of the 71 responses, 36 were from Shires, 9 were from Towns and 26 were from Cities. One of the responses from Shires represented 3 local government areas, one represented 2 local government areas and another represented 6 local government areas making a total of 79 local governments represented and a response rate of 57.2%.

Map 1 identifies the local governments in Western Australia that responded to the survey. All red areas represent positive responders.



Map 1 – Responding local governments in WA

The majority of respondents (56.2%) had worked in the local government industry for more than 10 years, as indicated in Figure One. Only 5.5% of respondents had been employed in the local government sector for less than one year.

The target local government officer for these surveys was the Principal Environmental Health Officer, as traditionally this has been the primary public health discipline in local government. In addition all local governments are required to employ an EHO, whether full time or on contract.

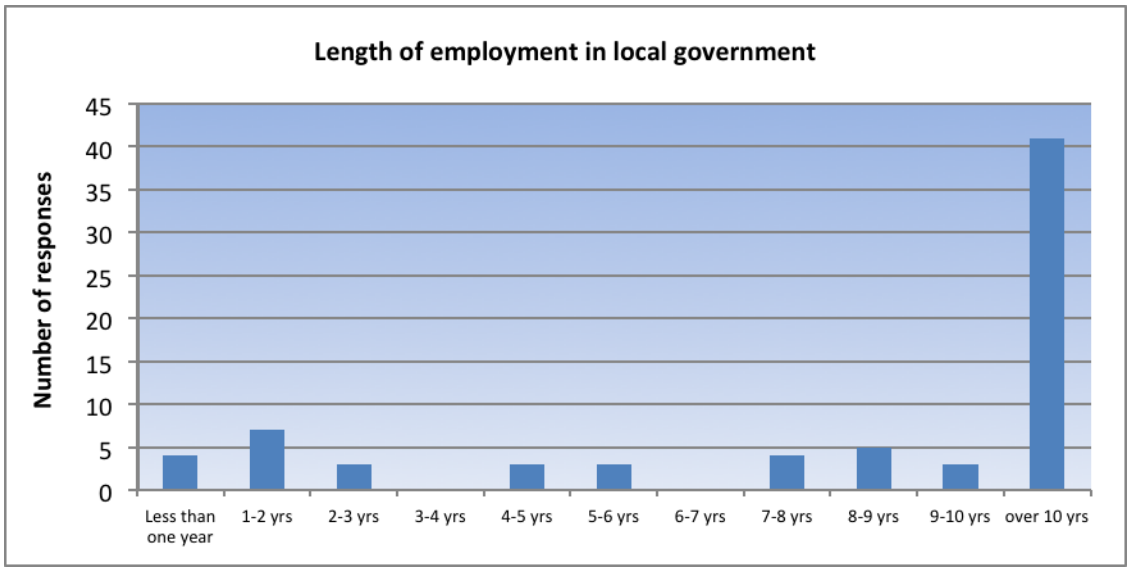


Figure One: Length of employment in local government

5.2. Priority Issues in Local Government

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).

In relation to the most important public health issues in their local government authority, aggregate responses indicated that 18% identified food safety as their most important issue. Figure Two provides an overall picture with the four most important issues in local government being identified as:

- Food safety 18%
- Alcohol and drugs 11%
- Vector control 10%
- Lifestyle diseases 10%

While food safety remains the most important health issue since the last survey, alcohol and drugs, lifestyle diseases and health and wellbeing have become significantly more important, while sewerage and waste management have declined in importance. Indigenous health has also declined in importance since the 2009 survey.

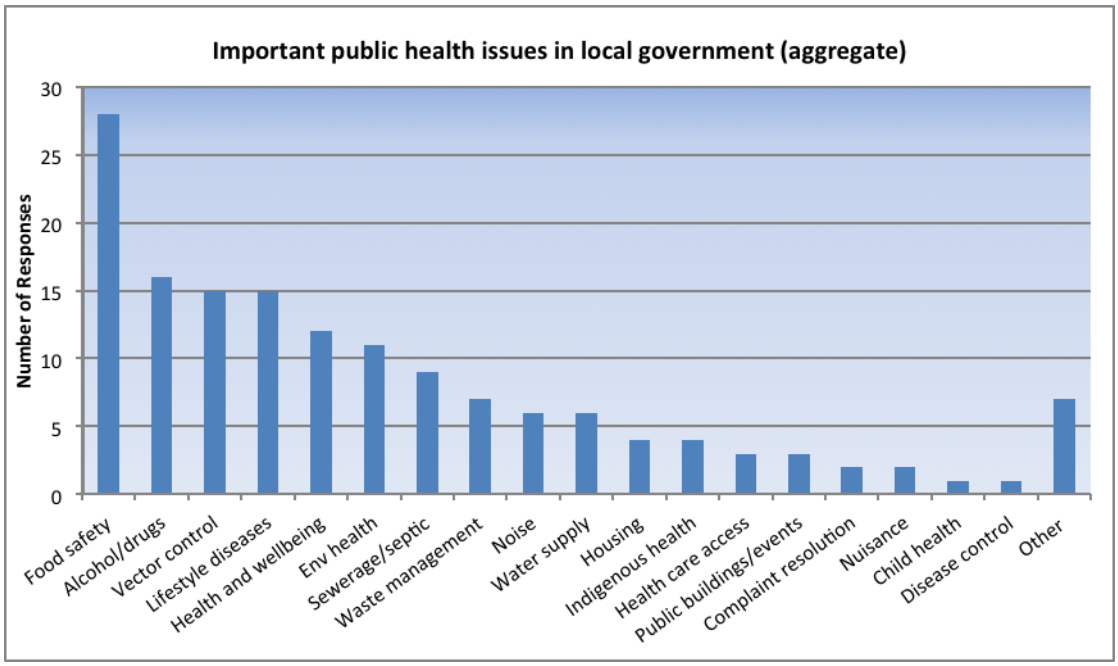


Figure Two – Most important issues in Local Government (aggregate ranking)

Figure Three indicates the issues identified as the most important (ranking one – i.e. first past the post verses aggregate) by the respondents. It is interesting to note that since the last survey, lifestyle diseases have moved up the list and this is now equal second most important issue. This change may be linked to factors such as:

- Mixed results in tackling chronic disease. For example a 2011 Australian Institute for Health and Welfare (AIHW) report outlining key indicators of progress for chronic disease found that while gains had been made in relation to mortality and risk factors such as smoking, the rates of obesity had increased over time. Around a quarter of Australian children and around 63% of Australian adults are overweight or obese. This trend is concerning given the link between obesity/overweight and chronic disease.[3]

- Increased awareness of chronic disease prevention in the local government sector (e.g. The National Partnership on Preventative Health has seen the Australian government commit $71.8 million through the Healthy Communities Initiative to supporting local governments in delivering physical activity and healthy eating programs for 5 years from 2009-2010 .[4]

Indigenous health has slipped down in priority and features in the lowest three public health priorities. This result is surprising, given that while small improvements have been made in closing the gap in Indigenous health, there is still a long way to go. Life expectancy is a widely used measure of population health and the current gap in life expectancy for Indigenous Australians is estimated at 11.5 years for males and 9.7 years for females. Two thirds of the gap in Indigenous health is due to

[3] AIHW 2012. Australian Health Survey: First Results 2011-12, Cat No: 4364.0.55.001. Canberra: AIHW

[4] http://www.health.gov.au/internet/healthyactive/publishing.nsf/Content/healthy-communities

chronic disease which is often linked with lifestyle factors such as smoking, alcohol, nutrition, obesity and a lack of physical activity.[5] Based on these statistics, closing the gap in Indigenous health should be a key priority for all health professionals in all sectors.

It is also interesting to note the variance between perceived importance of lifestyle disease and health and wellbeing when the two are obviously connected. Lifestyle disease is ranked quite high as an important public health issue, while health and wellbeing is perceived as significantly less important although good outcomes in health and wellbeing could be linked to improvements in lifestyle disease.

Alcohol and drugs did not appear as an individually ranked priority (i.e. first past the post) issue in the 2010 survey but based on this year's survey data, is currently of significant importance to local government health professionals. Graphs for issues that individually ranked second and third are included in the appendices.

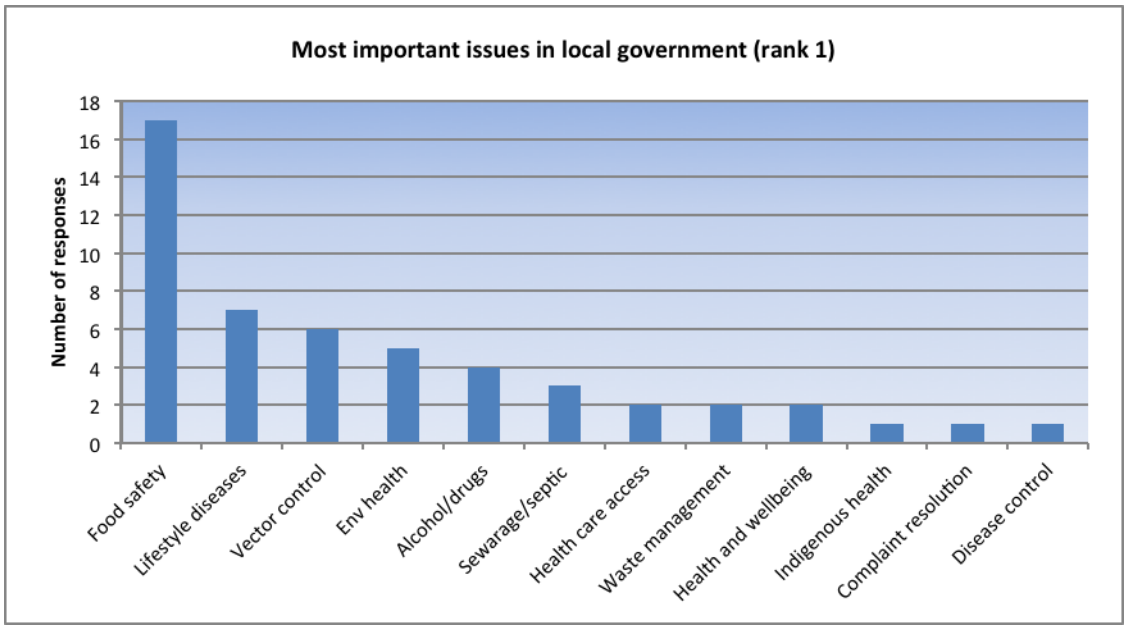


Figure Three – Most important issues in Local government (ranking 1)

5.3. Differences between important and urgent issues

Respondents were asked to nominate the most urgent public health issues. The definition of "important" verses "urgent" issues are explained as follows: "Important" tasks are of significant value but do not have an immediate deadline. "Urgent" tasks tend to have looming deadlines and involve crisis management instead of focused, prioritised work.

Issues that are urgent demand attention, and need to be dealt with swiftly, but they are often the demands or goals of others and may not be mission critical to the business of environmental health. Important activities are those that, once completed, achieve the goals of the local government strategic plan.

[5] http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/publications-articles/closing-the-gap/closing-the-gap-prime-ministers-report-2012

Overall, after aggregating the three top responses, there were few differences to the most important public health issues, with 13% identifying food safety as their most urgent issue. Figure Four provides an overall picture, with the four most urgent aggregate issues being identified as:

- Food safety (13%)
- Alcohol and drugs (9%)
- Vector control (9%)
- Sewerage (9%)

The most significant differences between importance and urgency issues were:

- Lifestyle diseases and particularly health and wellbeing which were ranked higher in importance than in urgency;
- Sewerage was seen as more urgent than it was important.

The most significant difference between the 2009 and 2012 survey results were:

- Since the last survey, alcohol and drugs appears less urgent as a public health issue for local governments at 9% compared with 11% in 2009.
- Noise, asbestos, housing and health and wellbeing did not feature in urgency in the 2009 survey, however rate at 7%, 4%, 4% and 4% respectively in 2012.
- Indigenous health has decreased in urgency for WA local governments (4% compared with 2%) along with access to health services (4% compared with 2%) and disease control (5% compared with 3%).

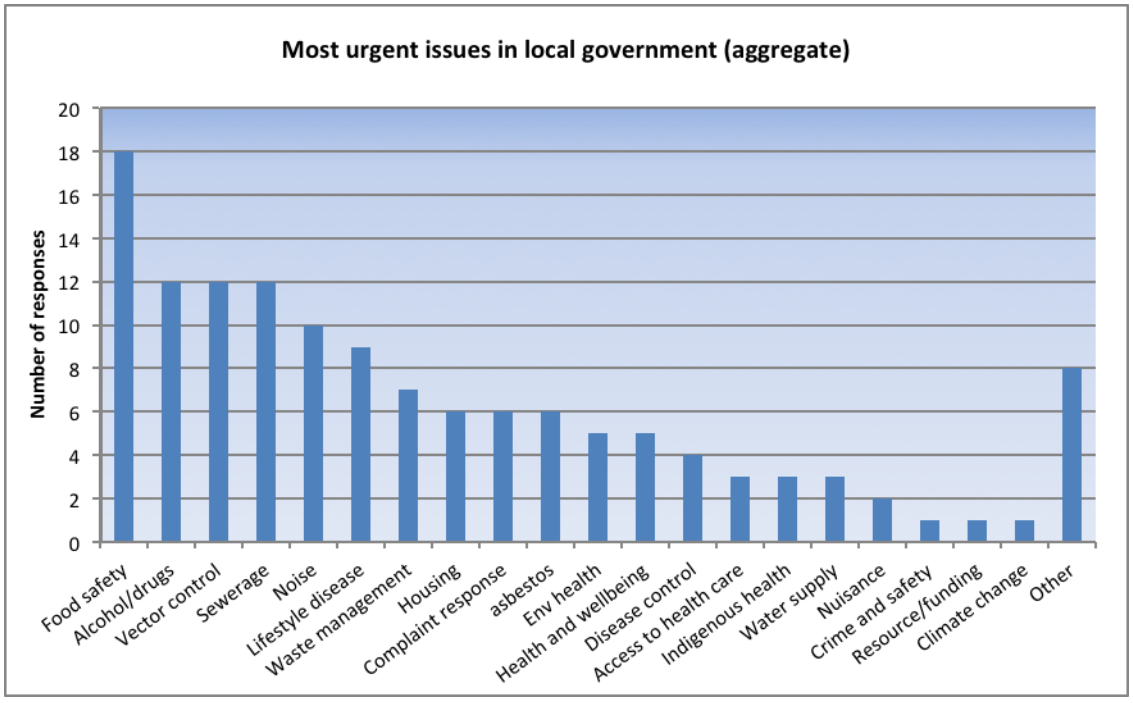


Figure Four – Most urgent issues in Local government (aggregate ranking)

The top ranking most urgent issue for local government was sewerage followed by vector control and food safety. Since the last survey, food safety (11% compared with 21%), access to health care (4% compared with 6%) and Indigenous health (4% compared with 7%) moved down the list of priorities, while alcohol and drugs (11% compared with 9%) has become more urgent. New categories have also emerged from the 2012 survey, including complaint resolution (7%) and noise (7%) occurring in the mid-range, and resources (2%) and climate change (2%) featuring further down the priority list. These did not feature as priorities in the 2010 survey.

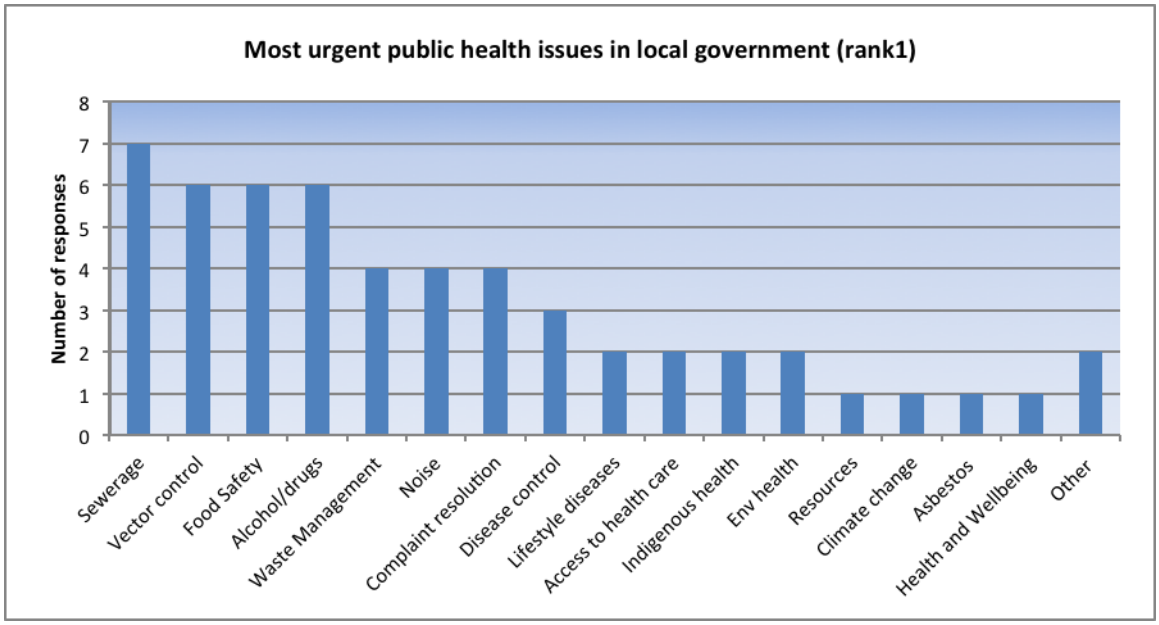


Figure Five – Most urgent issues in Local Government (ranking 1)

Respondents were requested to nominate the most resource intensive activities undertaken in public health within their local government authority. Respondents were asked to rank the top three resource intensive activities.

Overall, after aggregating the data as shown in Figure Six, the top 4 most resource intensive activities were:

- Food safety (21%);
- Vector control (12%);
- Complaint resolution (11%), and
- Noise (9%).

While food safety and vector control feature as both highly important and urgent public health issues, complaint resolution is seen as less urgent and significantly less important despite being one of the top four resource intensive activities.

It is also important to note that issues such as alcohol and drugs, lifestyle diseases and health and wellbeing which were seen to be relatively important and urgent, ranked very poorly in terms of division of resources. There have been minimal increases between surveys in the direction of

resources towards issues such as health and wellbeing (5% compared with 0%) and lifestyle disease (1% compared with 0%), however these do not correspond with their increasing importance.

Indigenous health features with these issues as extremely low in terms of resource intensive activities, correlating with perceived reduction in terms of importance and urgency.

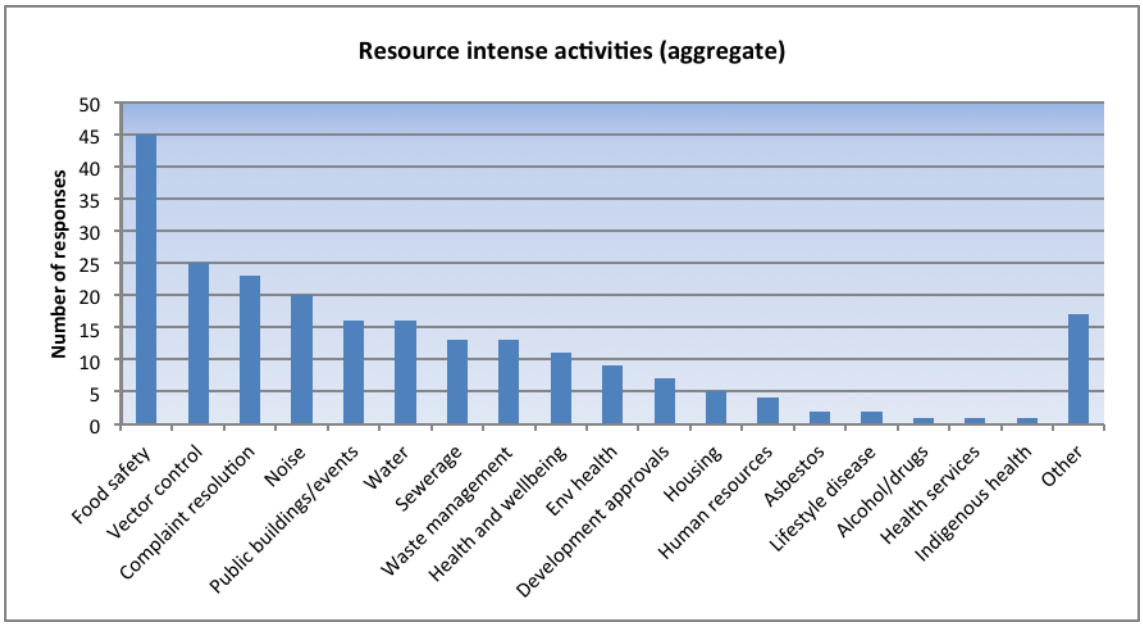


Figure Six – Resource intensive activities in local government (aggregate ranking)

When reviewing data for the issues that were individually reported to be resource intensive, there are some changes in comparison to the aggregate data. Waste management features higher as a first past the post ranked issue while noise, public buildings/events, water and health and wellbeing all feature higher in the aggregate data.

The top ranked first past the post resource intensive activity, being food safety, clearly corresponds with the top urgent issue. However the resources directed towards health and wellbeing and health services do not correspond with the rising urgency and importance of lifestyle diseases.

Since the 2009 survey, complaint resolution has become significantly more resource intensive (19% compared with 10%) while waste management has become significantly less important (9% compared with 15%).

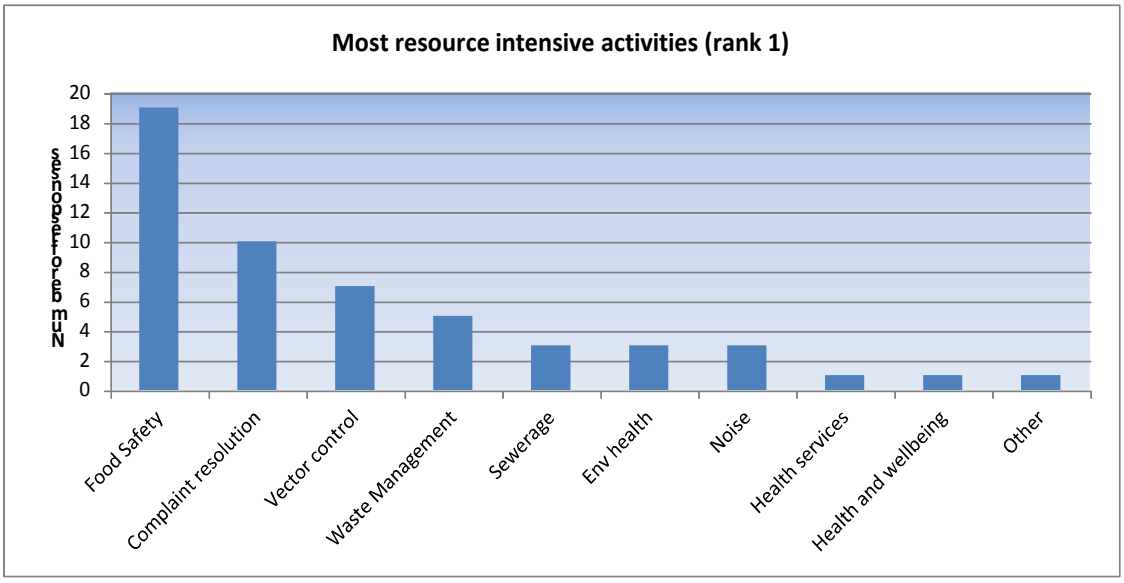


Figure seven – Resource intensive activities in local government (ranking 1)

6. The level of Local Government activity in relation to PHAIWA's priority issues

The PHAIWA has identified seven priority issues in its Strategic Plan. These issues include:

- Obesity
- Injury
- Local government
- Alcohol
- Environment and Health
- Indigenous Health
- Child Health

PHAIWA was interested to assess whether local government authorities dealt with these 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). Figure Eight illustrates the responses.

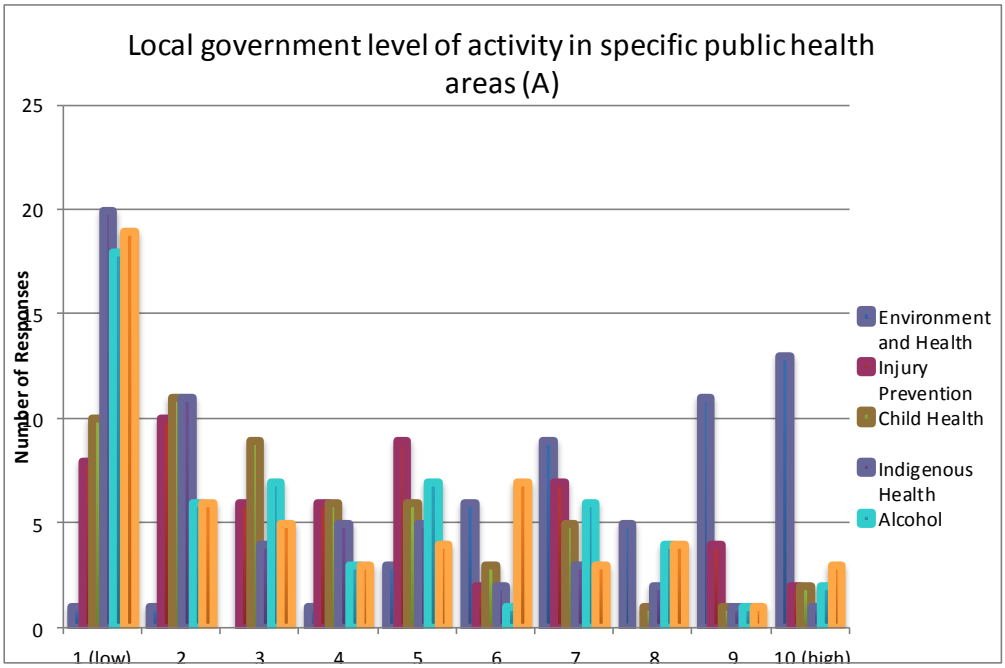


Figure Eight (a) – Local governments' involvement in PHAIWA priority issues

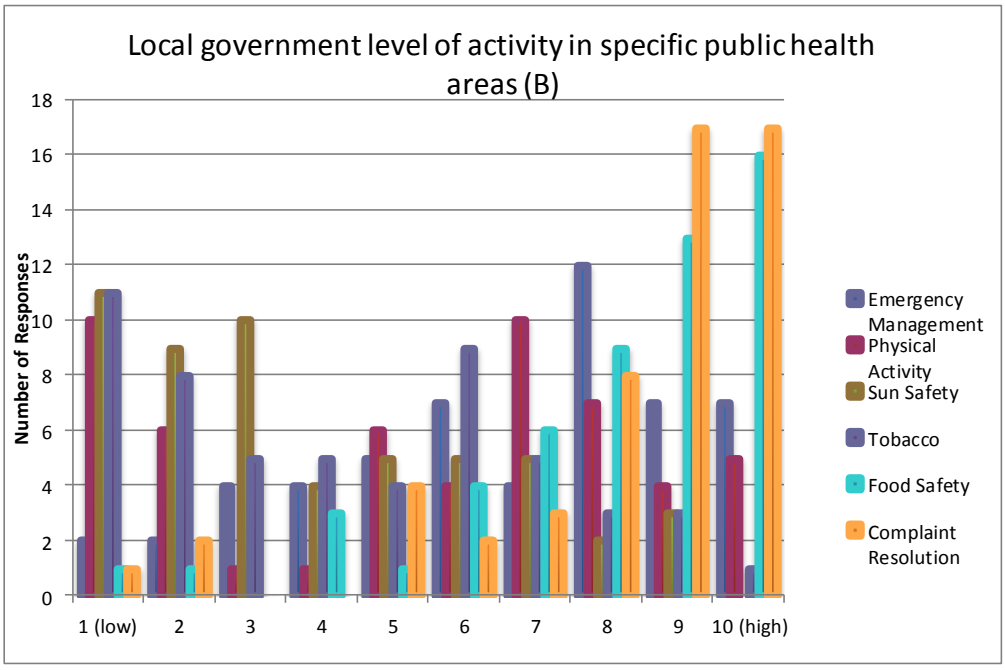


Figure Eight (b) – Local governments' involvement in PHAIWA priority issues

Figures Eight (a) and (b) highlight the following key points:

- There is little involvement in the areas of Indigenous health, obesity, alcohol, tobacco, child health and sun safety at the local government level;

- Since the last survey, there remain high levels of involvement in the food safety and the environment and health areas;
- In the current survey, complaint resolution entails high levels of activity;
- Physical activity and emergency management are afforded higher levels of priority than many of the options. While the Premier's Physical Activity Taskforce Local Government Physical Activity grants have ceased, the 'Be Active WA – Physical Activity Taskforce' website provides valuable information relating to grants and funding for physical activity in WA. The Physical Activity Taskforce in conjunction with the Department of Health WA and the WA Local Government Association conducted a Local Government Grants Seminar in July 2011. The seminar attracted over 75 attendees with presenters providing information on funding opportunities available to support local government physical activity, health and wellbeing priorities. The Healthy Communities Initiative, funded by the Federal Government has a specific focus on physical activity and healthy eating and has been allocated $71.8 million over 5 years[6].

  Extreme weather events such as bushfires like the 2009 Toodyay bushfire, the 2011 Roleystone Kelmscott fire[7], and the devastating Margaret River fires[8] and storms[9] such as those that hit Perth and surrounding areas in 2010, 2011 and 2012 and the associated damage and effects could explain the levels of activity in emergency management for the 2012 survey.

7. Local Government Partnerships

It is recognised that non-government organisations (NGOs) help to support an active and vibrant democracy as they provide community based and professional services, education, advocacy, often represent marginalised members of the community, and support services offered by the government. NGO advocacy also informs debate and challenges government by seeking accountability and changes in public policy.

Health advocacy, defined as "a combination of individual and social actions designed to gain political commitment, social acceptance, and supportive policy and systems" is widely accepted as a fundamental component of effective health promotion[10] , and if based on a careful analysis of the potential contribution of other sectors, is clearly a precondition of healthy public policy and good

[6] http://www.health.gov.au/internet/healthyactive/publishing.nsf/Content/healthy-communities

[7] http://www.roleystone.net.au/fire-watch/105-roleystone-kelmscott-fire-2011.htm

[8] http://www.slatergordon.com.au/media/news-media-releases/Margaret-River-fire-class-action-investigations-underway

[9] http://www.abc.net.au/perth/topics/disasters-and-accidents/storm/?page=4

[10] World Health Organization: Report of the Inter-Agency Meeting on Advocacy Strategies for health and Development Communication in Action. Geneva; 1995.

practice. It is argued that the health sector, particularly local governments, must build capacity in this area, given the importance of advocacy in progressing health outcomes.[11] While the survey results show an increase in collaboration with NGOs since the initial survey, it is clear that operationalising this concept within local government remains a challenge. Figure Nine highlights the NGOs working with local government, as nominated by respondents. The percentage of respondents working with these NGOs has remained relatively static with a slight increase since the last survey with:

- Heart Foundation 22% compared with 12%;
- Cancer Council 18% compared with 13%;
- Diabetes WA 22% compared with 7%;
- Asthma Foundation 5% compared with 3%;
- AMA 9% compared with 3%, and
- ACOSH 5% compared with 5%.

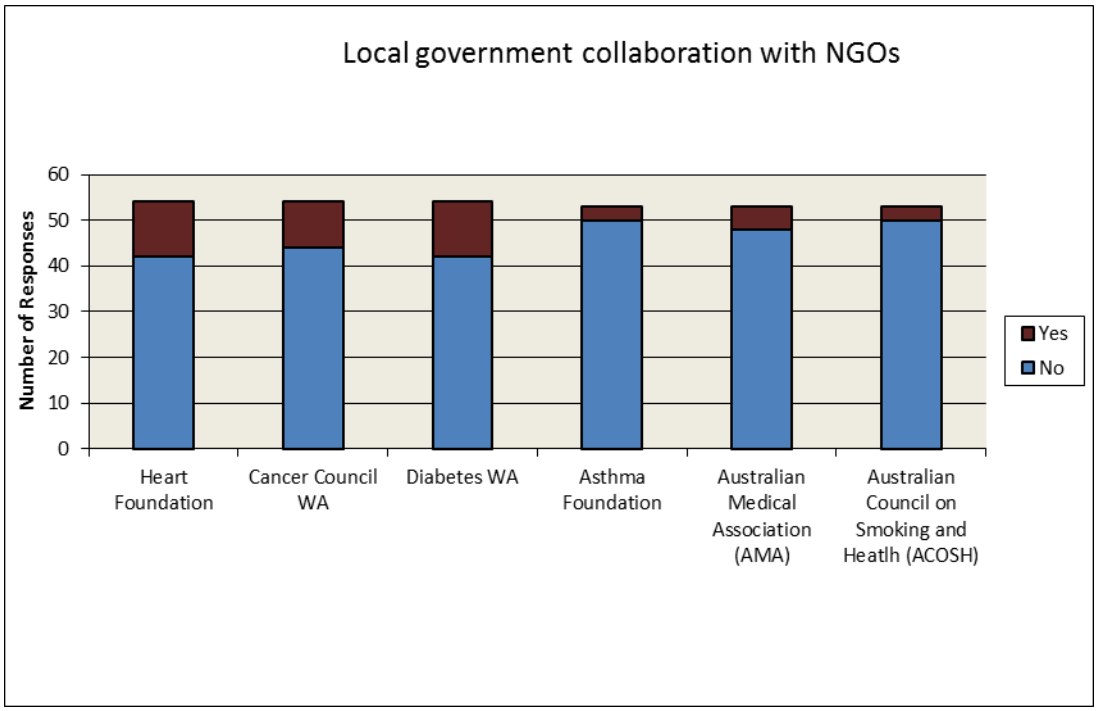


Figure Nine – The NGOs that local government collaborate with

[11] Richards et al (2011) "Political activity for physical activity: health advocacy for active transport" International Journal of Behavioral Nutrition and Physical Activity 2011, 8:52

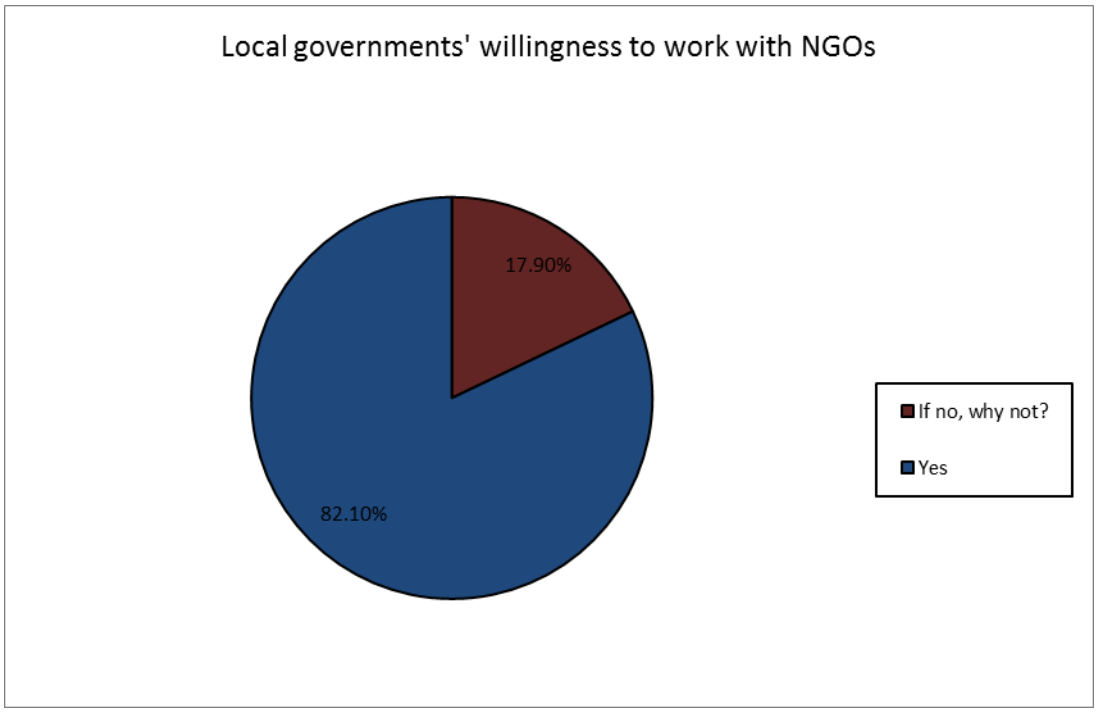


Figure Ten – Willingness of local governments to work with NGOs if approached

Figure Ten indicates the majority of local governments interviewed would be willing to work with NGOs if approached with a request to work on an issue that was both a local concern and aligned with local government business. Of the 17.9% that responded negatively, the primary rationale for their response was a lack of resources and/or time. This is despite research indicating that local governments that work with NGOs tend to reap benefits, with examples including access to external funds, new partnerships, and the development of a collaborative resource base for policy development.[12]

There is a clear divide between the willingness of local governments to work with NGOs and the practical experience of local government and NGO collaboration. A survey was carried out by PHAIWA with West Australian Physical Activity Network (WAPAN)[13] members in late 2010 in relation to working with local government. The results indicated that there is limited contact between WAPAN members and local government officers, and WAPAN members had limited knowledge of the importance (or existence) of local governments' corporate plans, public health plans and goals. The results showed that WAPAN members had little understanding of, and had given little priority to, the perspective in which local government sees public health problems. However, almost three-quarters (68%) of respondents said they would be interested in attending training on how to access and work with local governments. This connection between local governments and NGOs needs additional and constant attention to bridge this knowledge gap and build further engagement between the two sectors.

[12] Stoneham M (2001) Healthy Public Policy in Local Government. PhD Thesis. QUT Library, Brisbane

[13] WAPAN is convened by the Heart Foundation WA

8. Recruitment and Retention of Environmental Health Practitioners

While Environmental Health Officers (EHOs) still comprise a large part of the local government public health workforce (see Figure Eleven), it is widely acknowledged that there is currently a workforce shortage of suitably qualified EHOs in WA which is magnified in rural and remote areas.[14,15] Studies have indicated that in order to meet the demand for EHOs, local governments need to create and maintain supportive and flexible work environments and cultures that value the role and provide opportunities for career advancement, as well as flexible family friendly workplace arrangements in order to encourage high retention rates.[16]

With the enactment of the Public Health Bill, additional workforce issues will need to be addressed. As this legislation is risk based, as opposed to the current prescriptive legislation, new skills and knoweldge will need to be adopted to ensure that this legislation is capably and confidently enforced. Examples of new public health strategies in the Bill include:

- Managing serious and material risks to public health;
- Developing Public Health Plans;
- Managing serious public health incidents and emergencies, and
- Conducting public health assessments.

[14] http://www.stonehamandassociates.com.au/pdfs/0053-Microsoft%20Word%20-%20Local%20Government%20Environmental%20Health%20Workforce%20Final.doc.pdf

[15] Mazzarol, T.W., Wong, J. (2005) Recruitment & Retention Issues in WA's Local Government: A Study to Determine the Challenges Western Australian Local Government Councils Face to Create a Sustainable Workforce, Centre for Entrepreneurial Management and Innovation, Graduate School of Management, UWA.

[16] http://www.health.gov.au/internet/main/publishing.nsf/content/D86B3948C12FF1A4CA2576720077D23C/$File/ohp-enhealth-skills.pdf

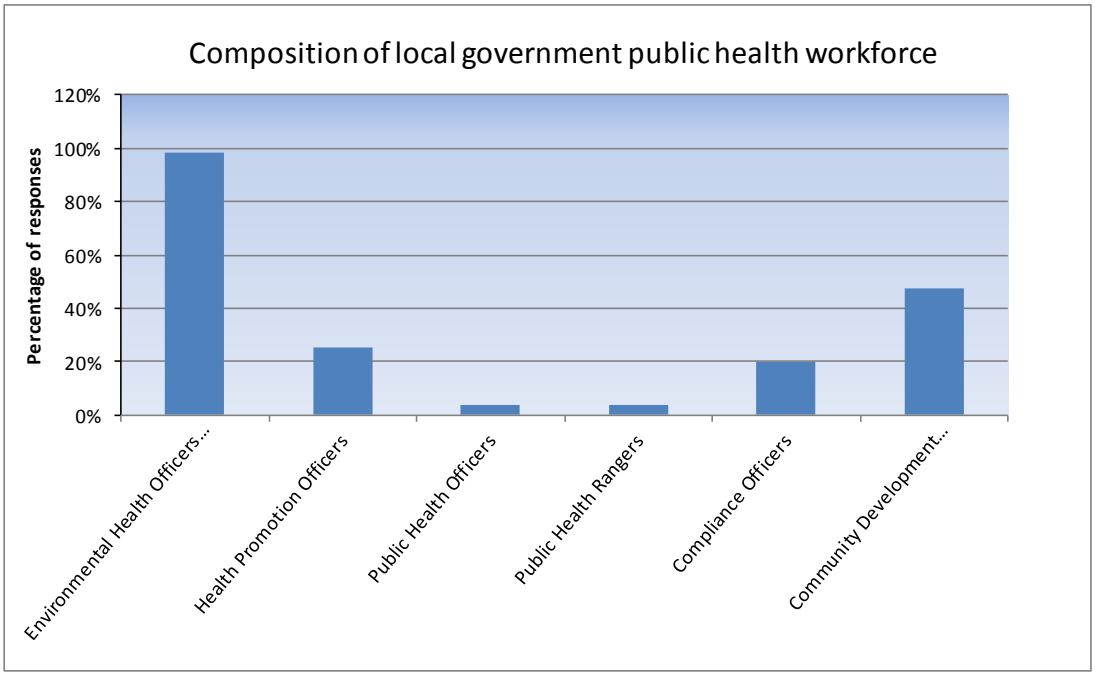


Figure Eleven – The Composition of Local Government Public Health Force

Respondents were asked to indentify how many professional staff were employed within the public/environmental health area. Almost half of local governments surveyed had less than 5 people working in the public health area.

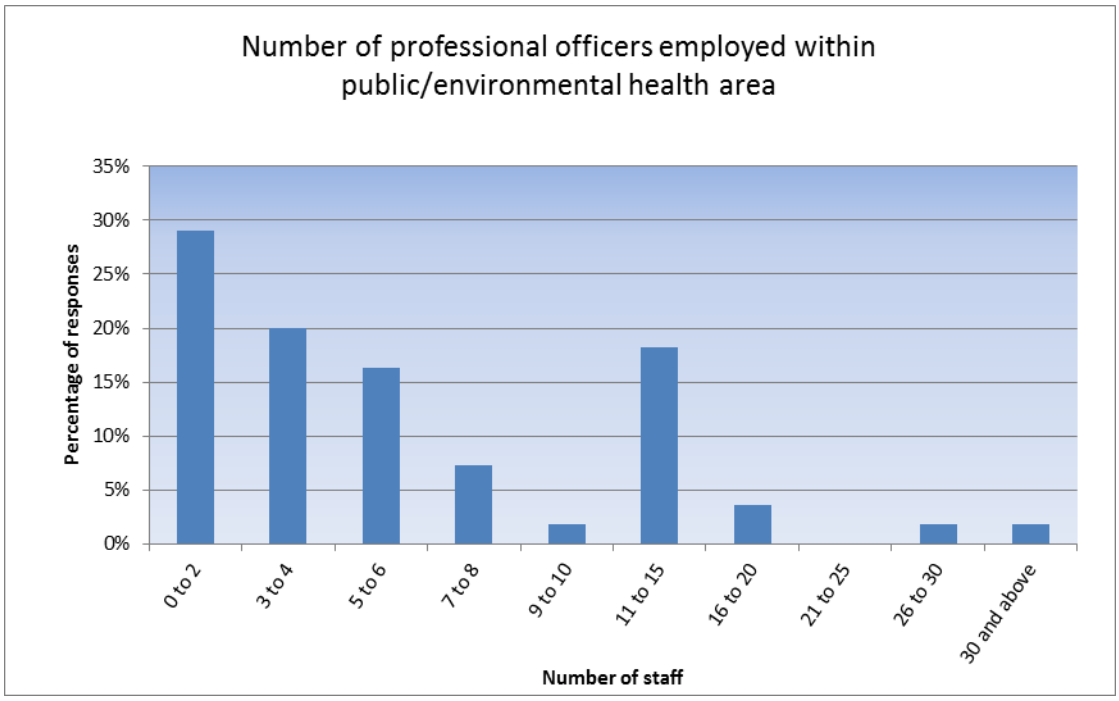


Figure Twelve – Number of professional officers employed within public/environmental health area

Local governments were asked to indicate if they had difficulties recruiting and retaining the local government public health workforce. The results continue to justfiy concerns regarding a workforce shortage with:

- 59% of respondents (compared with 56% in the last survey) advising that they had difficulty recruiting Environmental Health Practitioners (Figure Thirteen), and
- 41.5% (compared with 42% in the last survey) stating they had difficulty retaining these professionals (Figure Fourteen).

These results clearly indicate that more work is needed to address the conditions which attract people to the profession and impact upon retention rates.

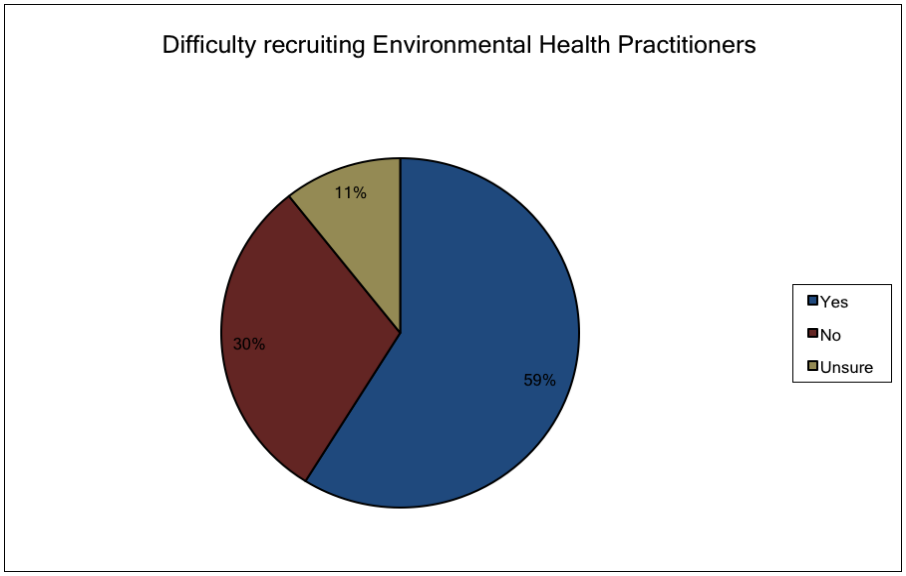


Figure Thirteen – Percentage of local governments expressing difficulty in recruiting EHPs

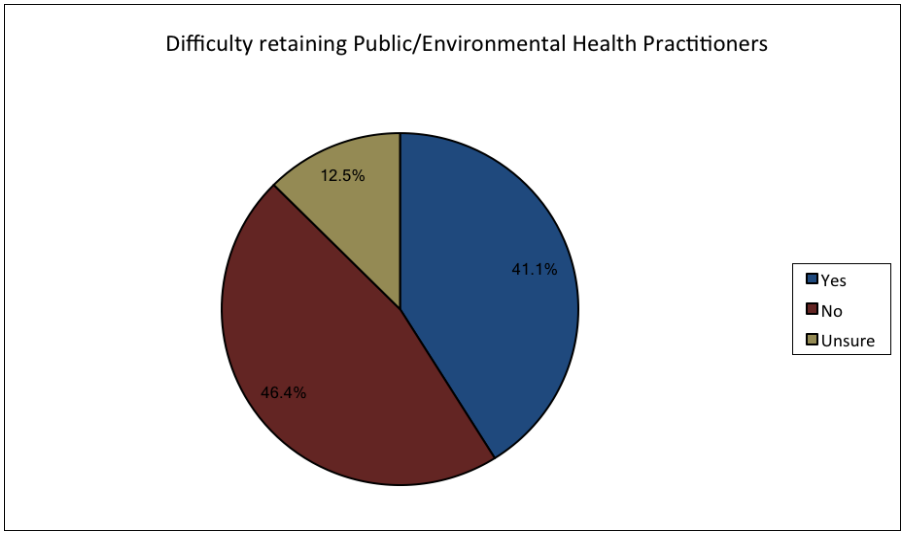


Figure Fourteen – Percentage of local governments expressing difficulty in retaining EHPs

In order to better understand how public health professionals in local government allocate their time, respondents were asked to indicate the percentage of time committed to the following activities:

- Planning for health;
- Building;
- Health Promotion;
- Aboriginal communities;
- Food safety, and
- Urban planning.

The key points illustrated in Figure Thirteen are discussed below.

8.1 Food safety

Food safety was allocated the highest proportion of time . Almost three-quarters (73%) of respondents allocated between 20-60% of their time to food safety, an important but long- standing responsibiity of local government.

8.2 Health promotion

There has been an increase in the time allocated for health promotion activities since the 2010 survey. Almost one-fifth (24.5%) of local governments spend no time at all on health promotion (compared with 35% in last survey) and 81.6% spend less than 30% of their time on health promotion (compared with 92% for the last survey). There remains much room for improvement considering the impact that well planned health promotion and prevention programs can have on public health outcomes. The emphasis of the new Public Health Act towards towards risk, prevention and promotion rather than reaction will require local governments to either redirect some of their time towards health promotion/prevention activities or employ staff to carry out this activity.[17]

8.3 Indigenous environmental health

Since the last survey a higher percentage of respondents allocate no time at all for Indigenous health (65.3% compared with 61% in the 2010 survey) while 89.7% of local governments (compared with 92% in the last survey) spend less than 30% of their time on Indigenous health. This result does not match the evidence that the burden of disease for Indigenous people is two-and-a-half times that of other Australians, nor does it align with the WA environmental health needs assessment results from the 2008 report.[18] This report identified that:

- 76% of the population of Aboriginal communities rely on a bore for the provision of their potable and non-potable water;
- 69% of the population of Aboriginal communities rely on community generators for the provision of their electricity;
- 89% of the population of Aboriginal communities rely on a community effluent system for the disposal of their sewerage;

[17] http://www.public.health.wa.gov.au/cproot/3751/2/Explanatory%20paper%20final%20Qs%20CLEAN%207%20Feb%2008.pdf

[18] Dept Health WA (2008) Environmental Health Needs of Aboriginal Communities in Western Australia – 2008 survey and its findings. Perth.

- 70% of the population of Aboriginal communities do not have their rubbish collection services managed by the governing shire;
- 65% of the population of Aboriginal communities live in communities that do not have a dust suppression program;
- 7% of the population of Aboriginal communities live in communities that do not have a dog program, and
- 75% of the population of Aboriginal communities live in communities where no members are trained in emergency management.

Local governments can play a significant role in the management of environmental health risks that often lead to enteric and other diseases and should be allocating significantly more time on Indigenous health. Recent evidence suggests that the use of systematic population focused approaches to Indigenous environmental health will have a greater effect on individual and community health outcomes than individual care, and will be far more financially efficient in the longer term[19,20]. This should not be perceived as arguing for any diminution in focus on individual care, but as supporting greatly increased support for population approaches.

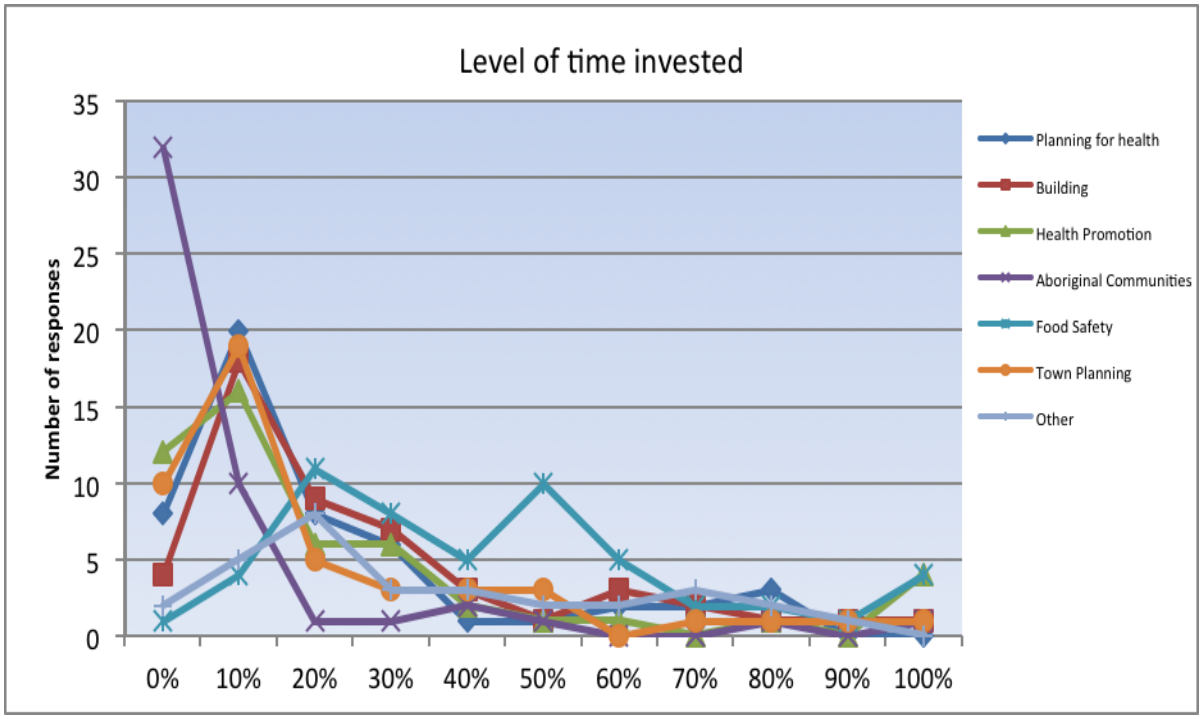


Figure Fifteen – EHO's active or performing duties in specific areas and estimates of the percentage of time

[19] WHO (2002) Innovative care for chronic conditions: Building blocks for action. Geneva: WHO.

[20] Howie, R.J (2004) A best practice model for health promotion programs in Aboriginal communities. Perth: Western Australian Department of Health.

8.4 Planning for health

Over four-fifths (82%) of the respondents reported spending less than 30% of their time on planning compared with around 75% in the 2010 survey. This is despite widespread recognition of the importance of planning, and that local governments and communities that are prepared and have an understanding of how best to deal with the public health risks they face, are more efficient and effective. The fact that more local governments are now spending less time on planning is surprising, particularly given the recent Department of Local Government Integrated Planning Framework requirements.

Strategic planning plays an important role in prioritising work and for resource planning. Respondents were asked to identify if they had either a Public Health Plan, Environmental Health Strategic Plan, an Annual Environmental Health Business Plan and/or an Annual Food Safety Plan. More than half (52.8%) of respondents had an annual business plan for Environmental Health which was an increase since the previous survey (42%). The annual Environmental Health Business Plan was the most common of all strategic plans, followed by the Environmental Health Strategic Plan (34.6%), the Public Health Plan (28.8%) and finally the Annual Food Safety Management Plan (25.5%).

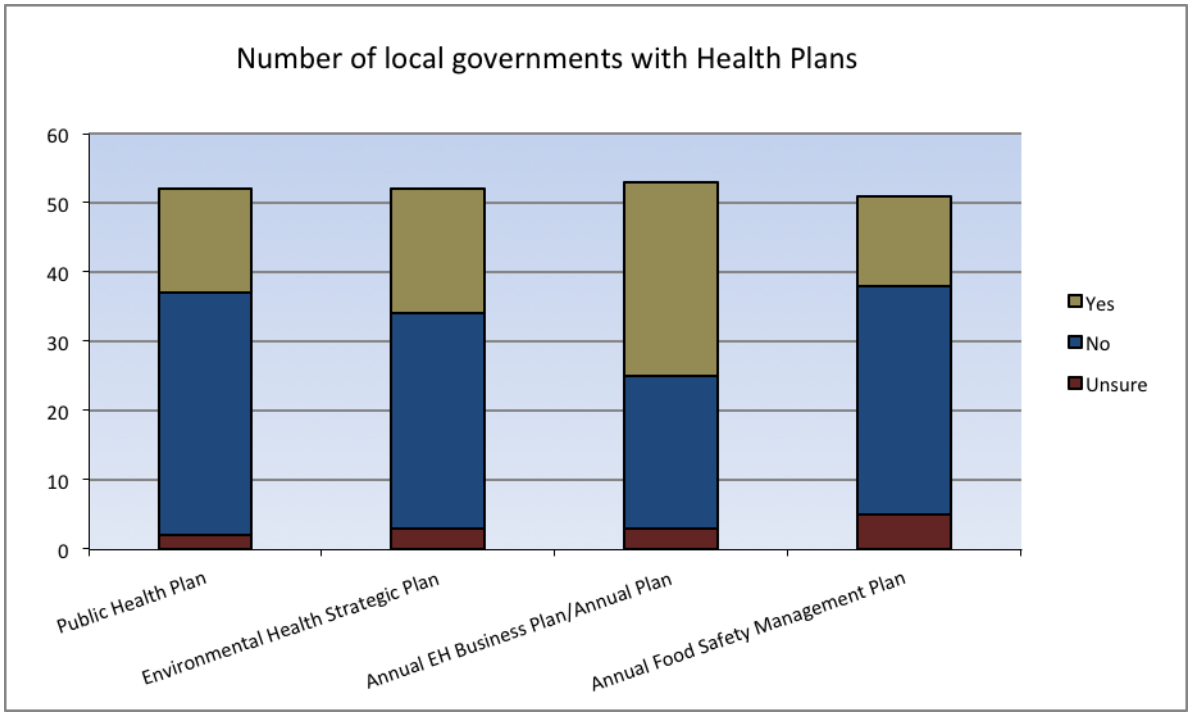


Figure Sixteen – Number of local governments possessing a Health Plan (Public, EH Strategic, Business, Food Safety)

When asked how confident Local Government Officers were that the new Public Health Bill would be proclaimed within the next 12 months, 59.6% were not at all confident and only 1.9% very confident (Figure Seventeen). It is not suprising that almost two-thirds of the respondents thought the Bill would not be proclaimed, as the process of developing the Bill commenced back in 2006 and in the

past 18 months, there have been two broken promises from the Minister for Health that the Bill would be proclaimed within the following 12 month period.

Respondents were then asked how confident they would be in administering the Bill once it had been announced, on a scale of 1 (low) to 10 (high) confidence(Figure Eighteen). 80% of respondents selected 5 or above indicating a reasonable level of confidence in implementing the Bill.

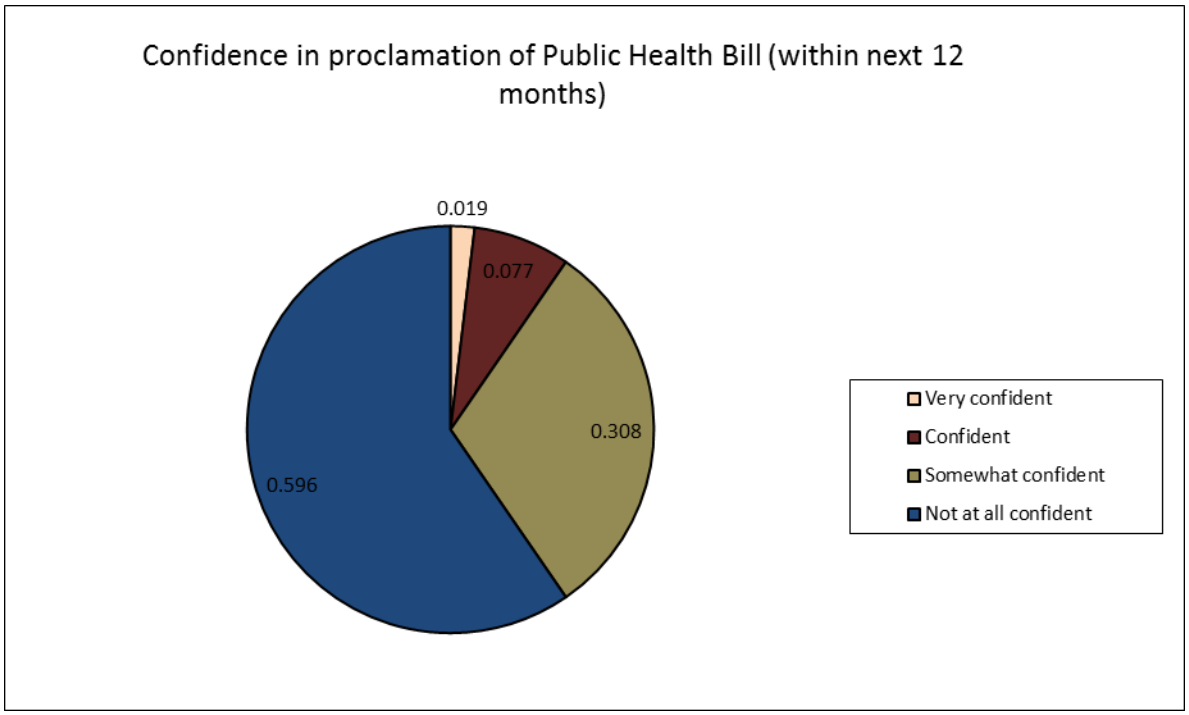


Figure Seventeen – Percentage of local governments expressing confidence in the proclamation of the new Public Health Bill in the next 12 months

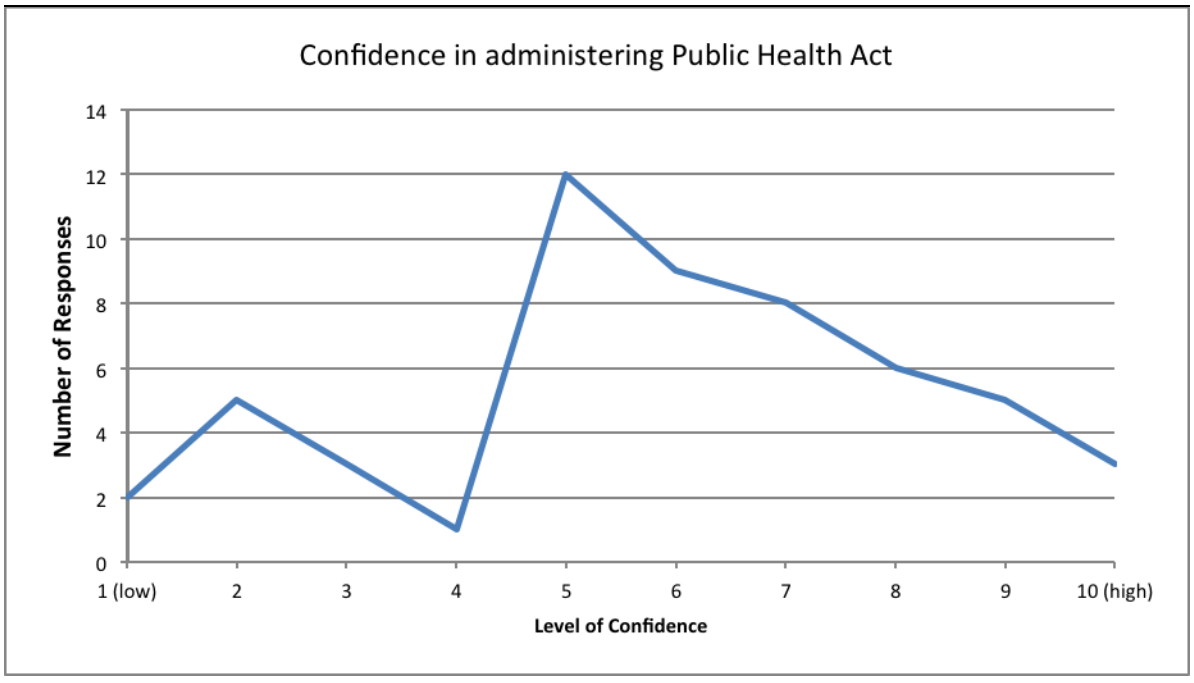


Figure Eighteen – Number of local governments expressing confidence in administering the new Public Health Bill (on a scale of 1 (low) to 10 (high)

Despite a reasonable level of confidence in administering the Public Health Bill, respondents also indicated that significant support would be needed to implement the Act (Figure Nineteen). Support to recruit new professionals was the only category that did not receive a high response with just over 30% of respondents selecting this category. This is surprising considering the previous response regarding difficulties in recruiting new professionals and the suite of new roles that will be rquired to administer the Act once proclaimed. As outlined in Figure Nineteen, the key areas for support were identified as:

- Traning in public health planning;
- Information about the new public health approach for local government;
- Funding support, and
- Development of "How to" resources.

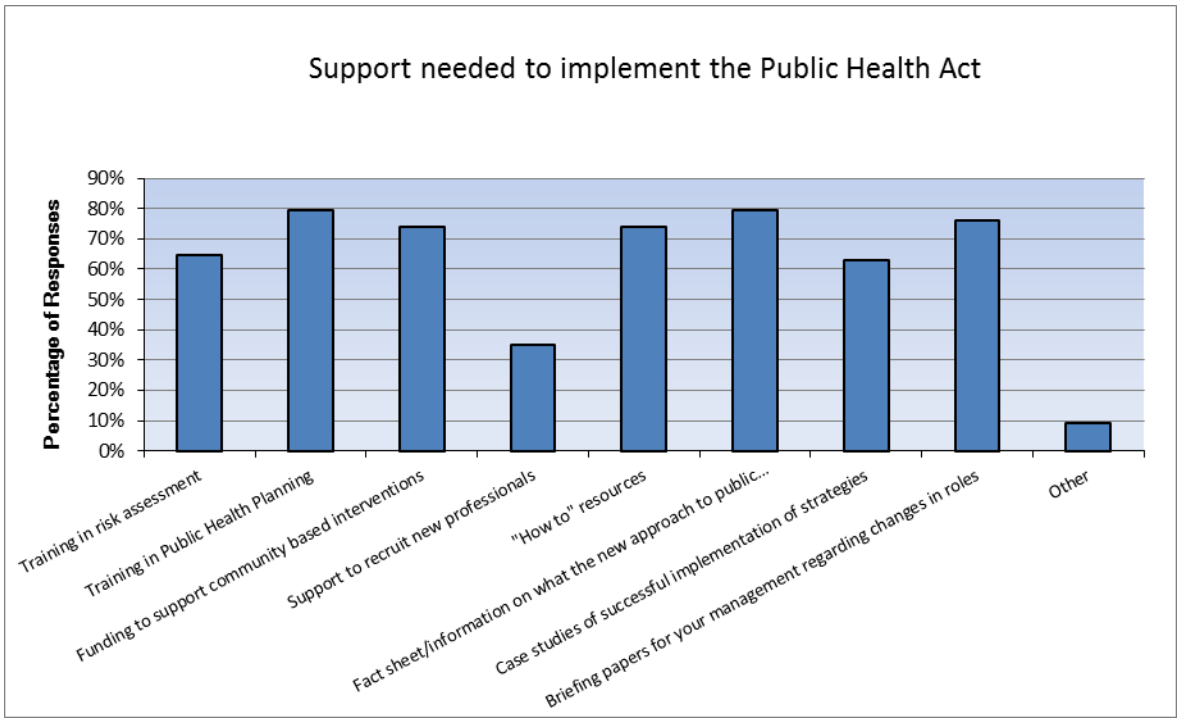


Figure Nineteen – Percentage of local governments identifying various supports needed to implement the Public Health Act

The survey also asked respondents to nominate ideas on training needs or capacity building required to support local government public health professionals in their everyday work. Categories were provided, however respondents were also encouraged to offer any further suggestions. Figure Twenty illustrates that training is required in a number of areas, particularly planning for public health and prioritising public health within the community. Environmental health specific training also received a high response followed by training in risk managment and community consultation. Training in media and advocacy recieved the lowest response.

Figure Twenty – Training requirements for local government Officers

9. Conclusions

There is no doubt that we ask a great deal of local government. We expect them to repair roads, to collect rubbish, to maintain parks, libraries and swimming pools, to oversee urban planning and to create connected communities – and that is the starting point.

At some stage in the not-too-distant future, Councils will be expected to implement a new Public Health Act. While this will be an exciting move signalling the end of traditional and prescriptive approaches to public health and heralding in new risk and evidence based strategies, the funding and resource implications remain unclear.

This new public health legislation will require local governments to continue to protect the public from health problems related to the spread of infectious diseases and carry out other functions, but also marks the inevitable development that with the changing burden of disease and shifting public health priorities, the role of local government will need to encompass at least in part, the prevention of lifestyle related diseases such as obesity and diabetes, and the creation of healthier communities.

These results from the 2012 public health in local government survey indicate that there is some work to be done to ensure that WA local governments embrace this new ethos and style of legislation. The findings suggest that Councils continue to struggle with balancing the traditional and time consuming environmental health tasks with the more proactive public health approaches that can improve community health and wellbeing.

An alarming finding was the small proportion of time allocated by local governments to Indigenous health issues. Evidence from WA communities indicates that environmental health conditions in

Aboriginal communities are identified as being poor, and below the standards found in the wider community, yet this is being largely ignored or inadequately addressed by local Councils.

The need to foster partnerships between local governments and non-government agencies is another priority area for action.

On a positive note it is pleasing to see an increase in the importance placed on issues such as alcohol and drugs and lifestyle diseases, indicating that local governments are starting to contribute to and address the chronic disease agenda.

Local government in Western Australia will continue to have a vital role in creating healthy communities in its role as advocate, planner and deliverer of services. PHAIWA is committed to supporting local governments to continue to achieve this and assist them to meet the upcoming challenges associated with the successful implementation of the Public Health Bill in improving community outcomes.

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Appendices – Additional Data

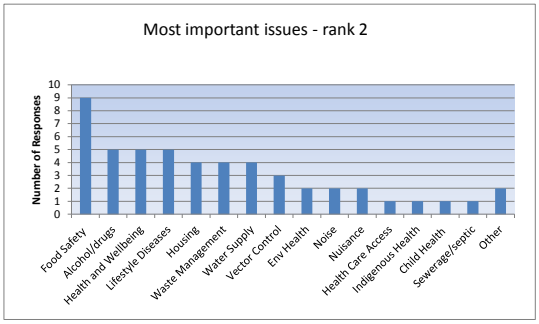

Figure Twenty One - Most important health issues in local government – rank 2

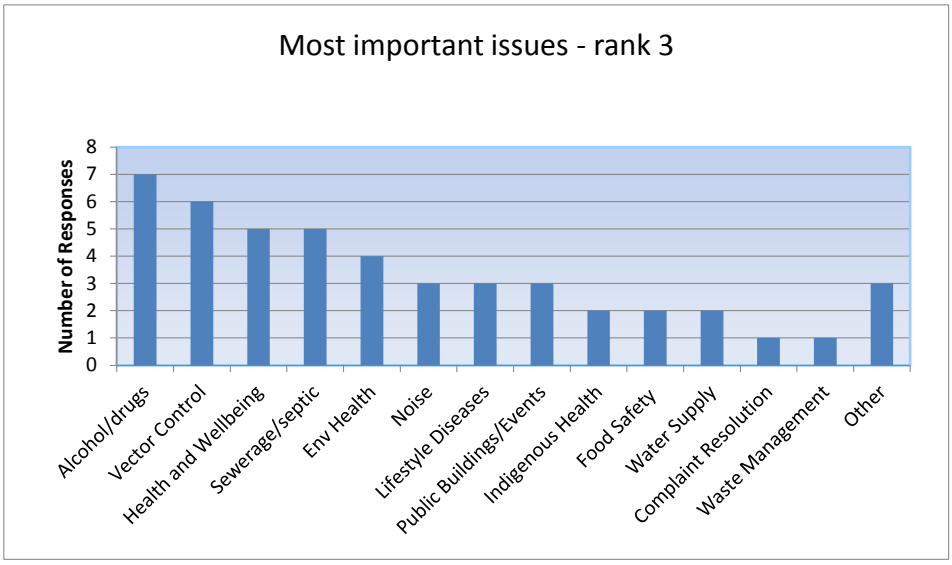

Figure Twenty Two – Most important health issues in local government – rank 3

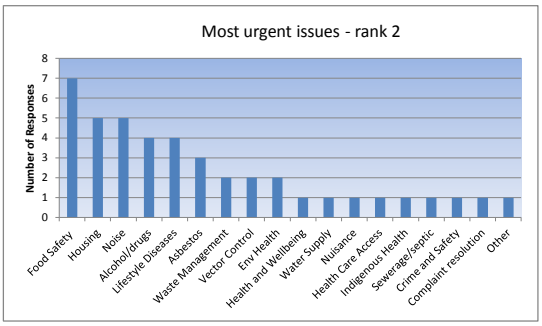

Figure Twenty Three – Most urgent issues in local government – rank 2

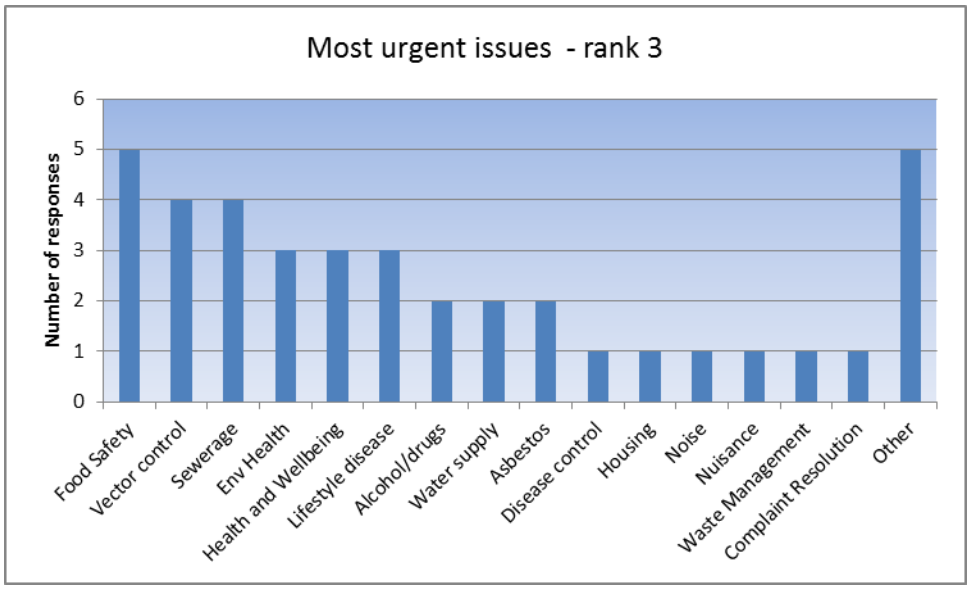

Figure Twenty Four – Most urgent issues in local government – rank 3

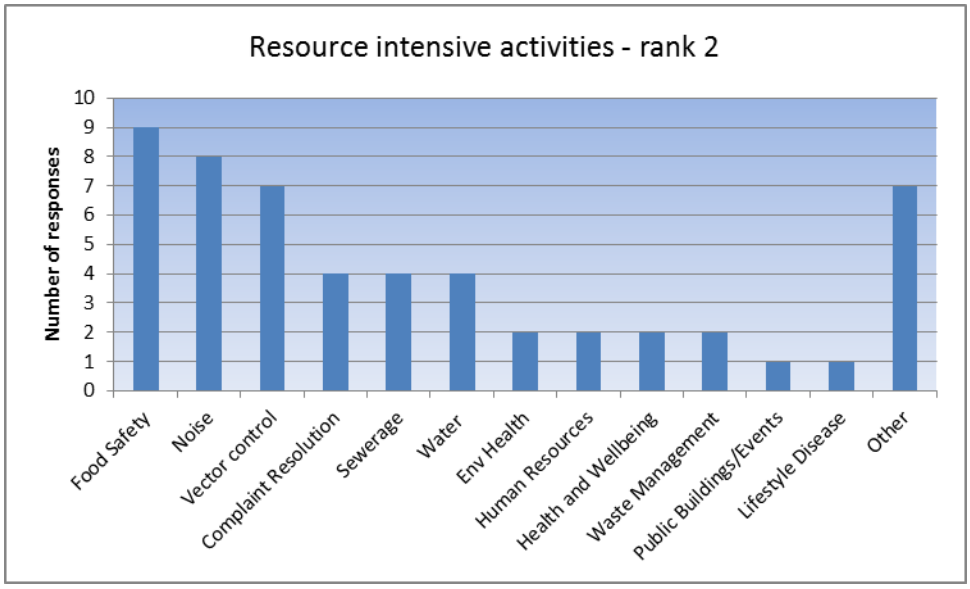

Figure Twenty Five – Most resource intensive activities in local government – rank 2

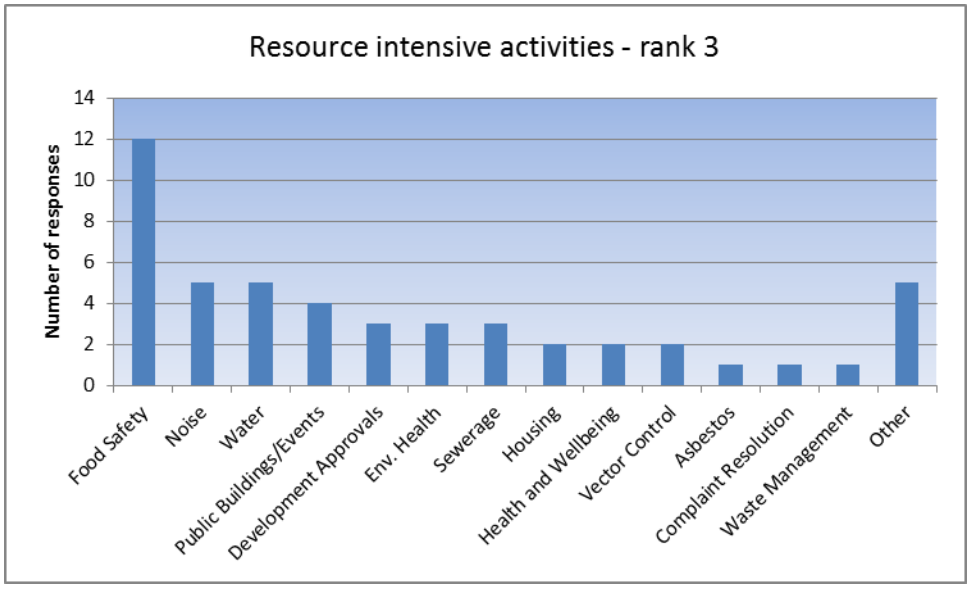

Figure Twenty Six – Most resource intensive activities in local government – rank 3