Local Government Survey 2015

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 has conducted three yearly surveys in 2009* and 2012 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] This highlighted the importance of continuing this 3 yearly survey, in order to build evidence regarding the public and environmental health needs at a

*The 2009 Survey results were analysed and published in 2010, and for consistency with the 2012 Local Government Survey Report, will be referred to as the 2010 survey.

[1] Stoneham M & Goodman J (2012) Local Government Survey 2012: Major Findings Report. PHAIWA, Perth. Available at: http://www.phaiwa.org.au/local-government-survey-2

local government level, and inform future action to address gaps in policy, planning and service delivery.

2.0 What did PHAIWA want to learn?

PHAIWA is interested in how to best support local governments to 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 third local government public health survey to be administered in WA. The survey questions have remained consistent with previous surveys to allow comparisons over time, although a number of new questions were added in 2012.

This survey aims to identify the links between local government issues and the current priority issues addressed by PHAIWA. This 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.

PHAIWA remains keen to establish lines of communication and partnerships between NGOs and local governments. Utilising the findings from the 2010 and 2012 surveys, a fact sheet for local governments was developed outlining the issue. PHAIWA regularly works with local government and encourages collaboration between local governments and non-governmental organisations, with a local government resource section available on the PHAIWA website. 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 over the past 6 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.

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 6 years is an important step to providing the necessary support. PHAIWA has so far utilised survey findings to advocate for the Public Health Bill to be ratified. The findings have also been used as evidence within public health policy in the local government sector, and as an advocacy tool in conjunction with WALGA to ensure environmental health issues remain firmly on their agenda.

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 Bill and workforce issues.

4.0 Sample and Methods

An online survey was developed using a web based survey development site. Ethics approval was obtained. Questions remained consistent with the previous 2009 and 2012 surveys to allow for comparisons. A number of additional questions relating to the WA Public Health Bill that were added in the 2012 survey were retained in this survey. 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.

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'. A fact sheet was developed and included with the survey, comparing findings from the 2010 and 2012 surveys to provide context of previous results for EHOs completing the 2015 survey.

In March 2015, 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. [2] A factsheet of previous 2010 & 2012 survey results were included (see Appendix A). Whilst EHOs were targeted, all responses from local government were welcomed, and this was stated in the survey. 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, and followed up with a phone call. The survey was deactivated after being available for 8 weeks, double the time the previous surveys were made available for. The final response rate was 54%.

Results were interpreted by Dr Melissa Stoneham who oversaw the previous two surveys, to ensure consistency of interpretation and categorisation of the respondent's freely typed answers, and to allow for comparisons across the survey results. However some changes were made for the 2015 survey which are reported here for completeness and to enable comparisons:

- The separation of Obesity, Physical Activity and Lifestyle Issues as separate entities;
- Integration of Health and Wellbeing into Lifestyle Issues (this was done for purposes of condensing results given a larger variety of factors across more categories were identified this survey than in previous surveys);
- Nutrition and Obesity were integrated into one category as Obesity and Nutrition;
- Tobacco related issues were included within Alcohol and Drugs; and
- Where two responses were provided in place of one, both issues were included as separate responses.

[2] Note: There are 140 local governments in Western Australia (Department of Local Government). The Shires of Cocos (Keeling) and Christmas Island were not included in this survey.

5.0 Results

5.1 About the respondents

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

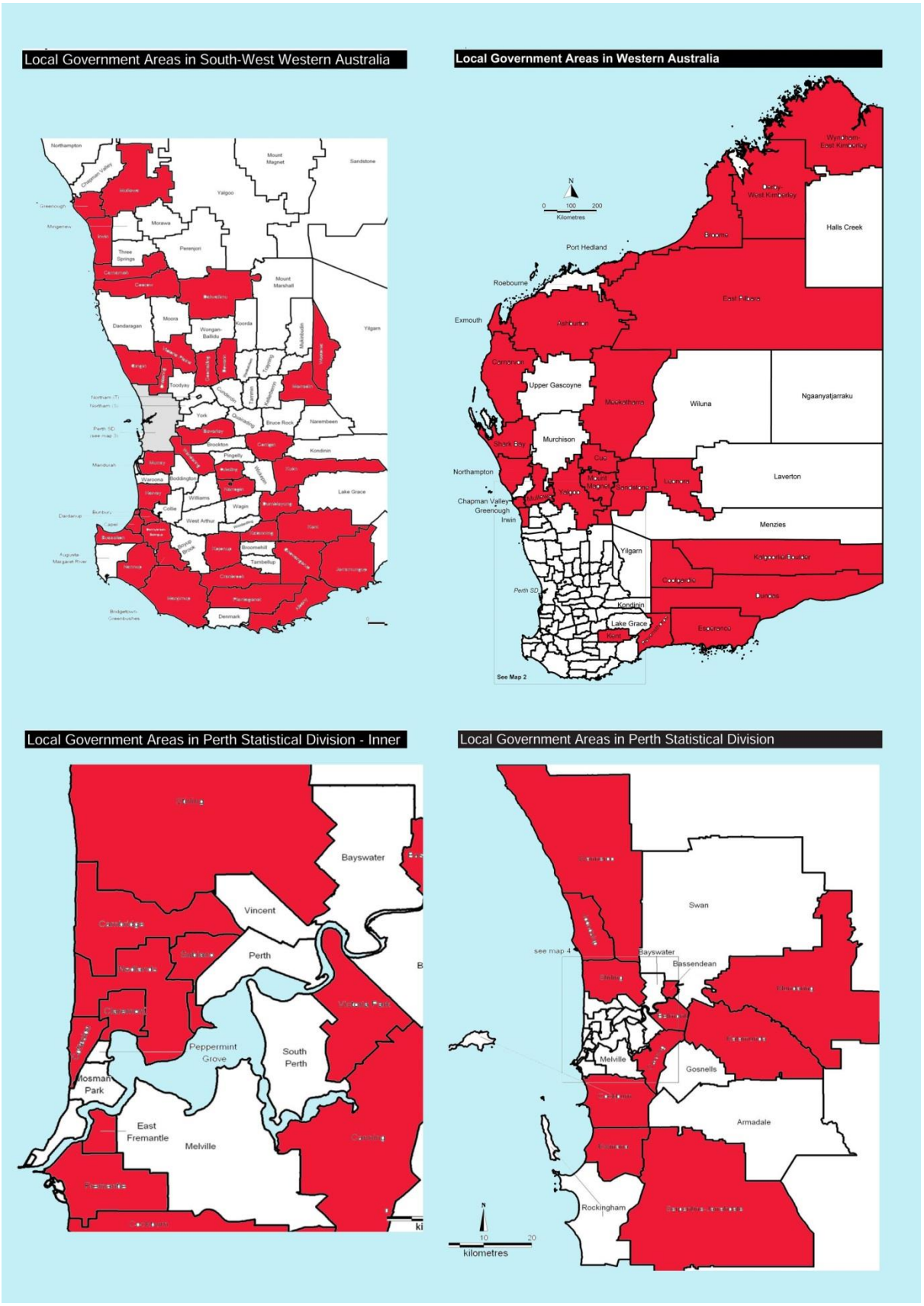
- City (predominantly urban, some larger regional cities);
- Town (predominantly inner urban and three medium sized rural centres); and
- Shire (predominantly rural or outer suburban areas).

Of the 74 responses, 7 responses were discarded due to:

- 3 respondents completed the survey twice for the same council; of these, the second full survey or the incomplete survey response was discarded;
- 4 local government areas were represented twice due to two different individuals submitting survey responses for the same local government area; of these, the incomplete survey response was discarded in each instance.

Of the 67 responses remaining, 44 were from Shires, 7 were from Towns and 16 were from Cities. One of the responses from Shires represented 3 local government areas, 2 represented 6 local government areas and another 2 represented 2 local government areas. Overall, the responses represented a total of 78 local governments with a response rate of 57% of all local governments.

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 (58%) had worked with local government for more than 10 years, as indicated in Figure 1. Only 4.5% of respondents had been employed in local government 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.

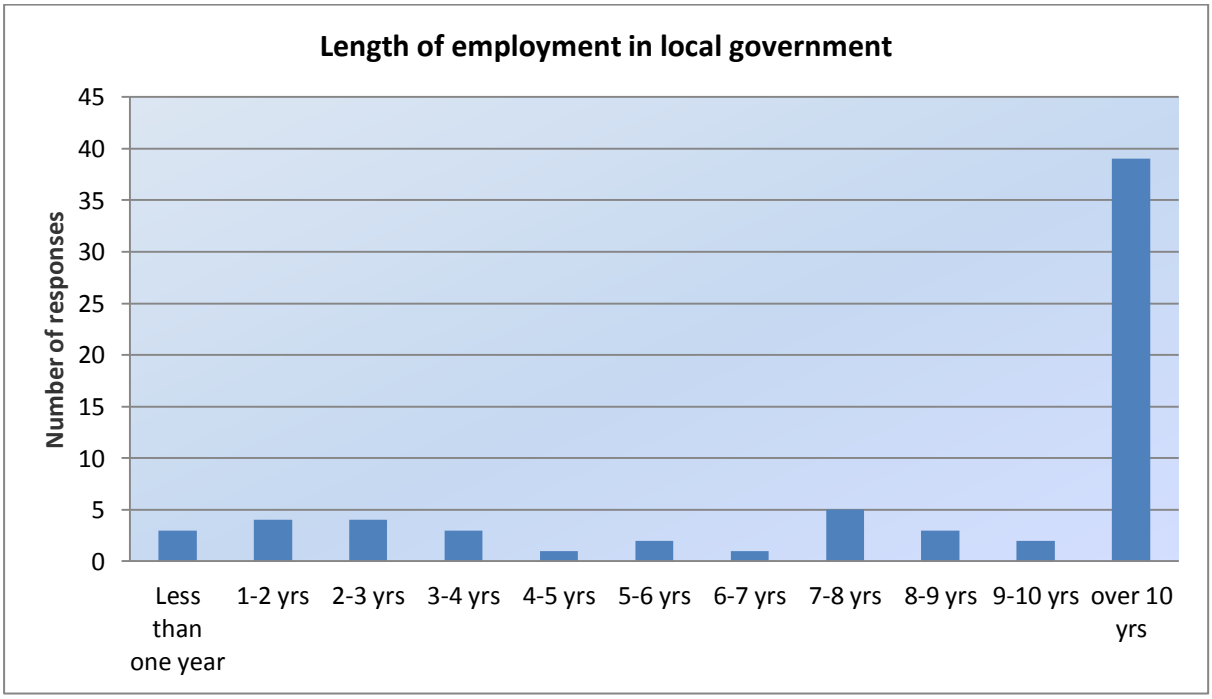


Figure 1: Length of employment in local government

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

In relation to the most important public health issues identified within their local government authority, aggregated responses indicated that 19% identified food safety as their most important issue. Figure 2 provides an overall picture, with the four most important issues in local government being identified as:

- Food safety 19%
- Sewerage/Septic 10%
- Vector Control 8%
- Alcohol/Drugs 7%

Food safety has remained the most important health issue since 2010, rating at 29% in 2010 and 18% in 2012. Sewerage and septic management has become an issue of greater importance since

2012 relative to other concerns, in line with findings from the 2010 survey. Vector control and alcohol and drugs remain two of the top four most important issues, followed closely by lifestyle issues, obesity and nutrition, and waste management each ranking at 6%. Unlike the two previous surveys, obesity has been separated from lifestyle issues for the 2015 survey, to highlight its increase in importance. It is important to note that if these two were combined, they would rank as the second most important issue after food safety affecting local governments in WA.

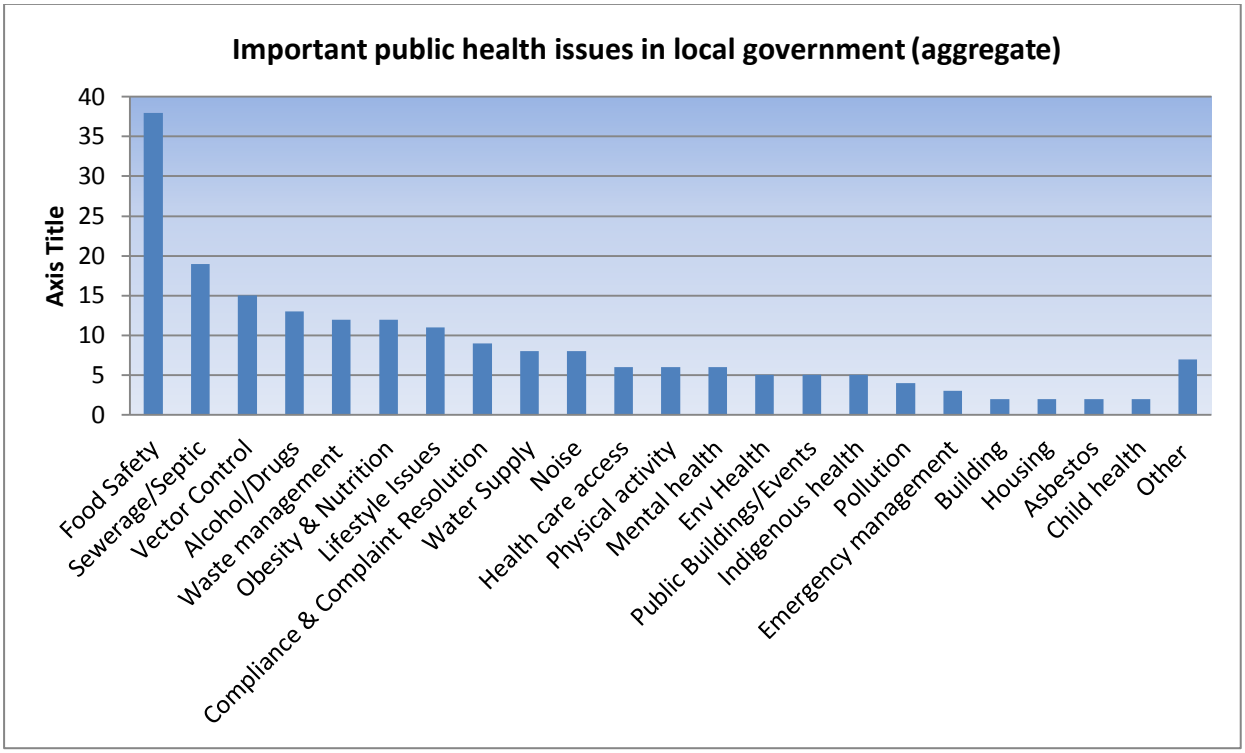


Figure Two – Most important public health issues in local government (aggregate ranking)

Issues which were only listed once across all three rankings have been incorporated into 'other', and include health impact assessments, resources, health and safety, nuisance, health inequality, education, and injury prevention.

Figure Three indicates the issues which were identified as most important (ie. ranked first) by the respondents. Food safety remains the number one priority, with vector control and obesity remaining a high priority. It is again worth noting that combining lifestyle issues and obesity would rank this issue as second after food safety. This would be in line with 2012 results, which found lifestyle diseases were on the increase compared to the 2010 survey.

Whilst food safety, sewerage/septic management and vector control are traditionally important factors for Environmental Health Officers to address within local government, it is important to highlight the rising prevalence of obesity and lifestyle related diseases across the Australian population, as reflected in the increase in importance of these issues at a local government level as evidenced by the trends from the past two surveys.

Another influencing factor for the rise of obesity and lifestyle related diseases could be the development of Public Health Plans by some of the more innovative local governments, in preparation for the release of the Public Health Bill. These community based plans are broad in nature and reflect the public health risks in their communities.

It is interesting to note that environmental health (general) was not identified as one of the highest priorities compared to previous years. Alcohol and drugs remains a high priority in local government.

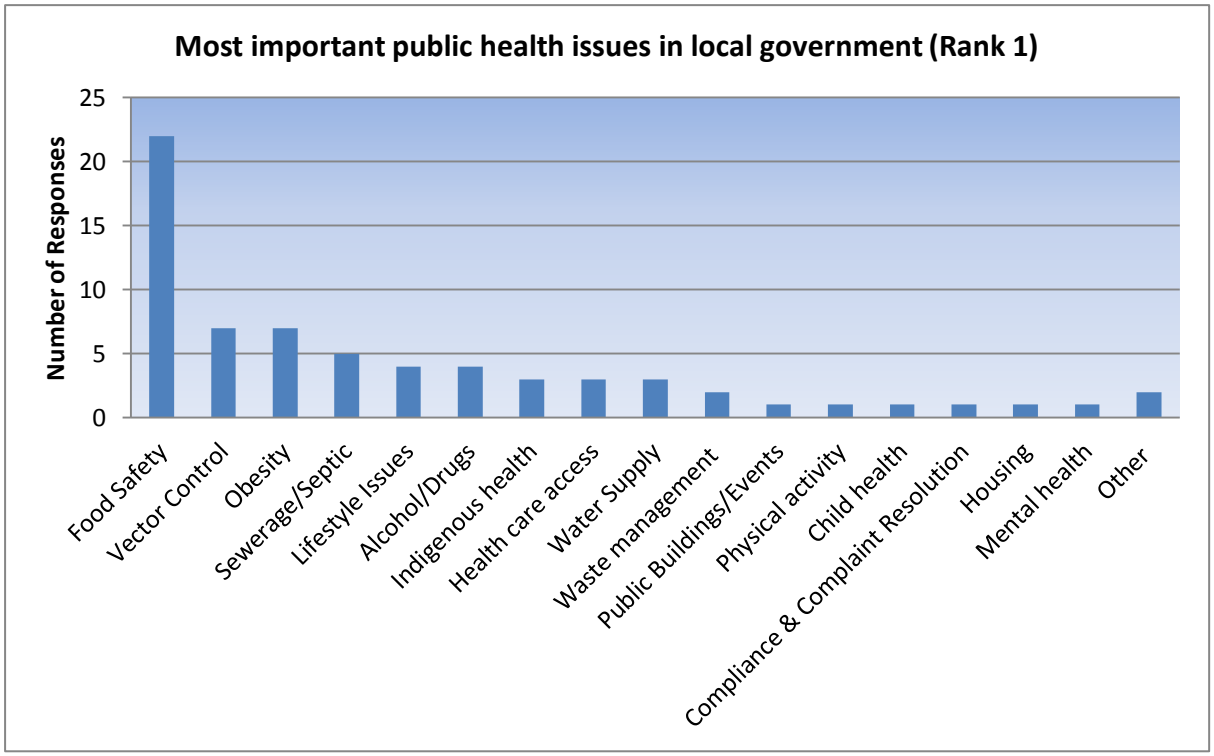


Figure Three – Most important public health issues in local government (ranked 1)

Issues ranked as most important and identified as 'other' include resources and health impact assessments. Graphs for issues that were ranked as second and third highest in importance are included in Appendix B.

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.

Overall, after aggregating the three top responses, there were few differences to the most important public health issues, with 14% 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 14%
- Sewerage/Septic 10%
- Vector Control 9%
- Compliance and Complaint Resolution 7%

The most significant differences between important and urgent (aggregate) issues were:

- Alcohol and Drugs ranked higher in urgency than importance;
- Both Compliance and Complaint Resolution, Noise, and Asbestos ranked higher in urgency than importance;
- Lifestyle Issues and Obesity and Nutrition were seen as more important than urgent.

The most significant differences between the 2010, 2012 and 2015 survey results were:

- Alcohol and Drugs appear as an increasingly urgent public health issue in 2012 and 2015 compared to 2010;
- Noise remained a comparatively urgent issue since 2012, compared to 2010 when it didn't rank.
- Lifestyle issues and Obesity (previously Lifestyle Disease) when combined have remained an urgent priority, compared to 2010 results when it was low ranking.

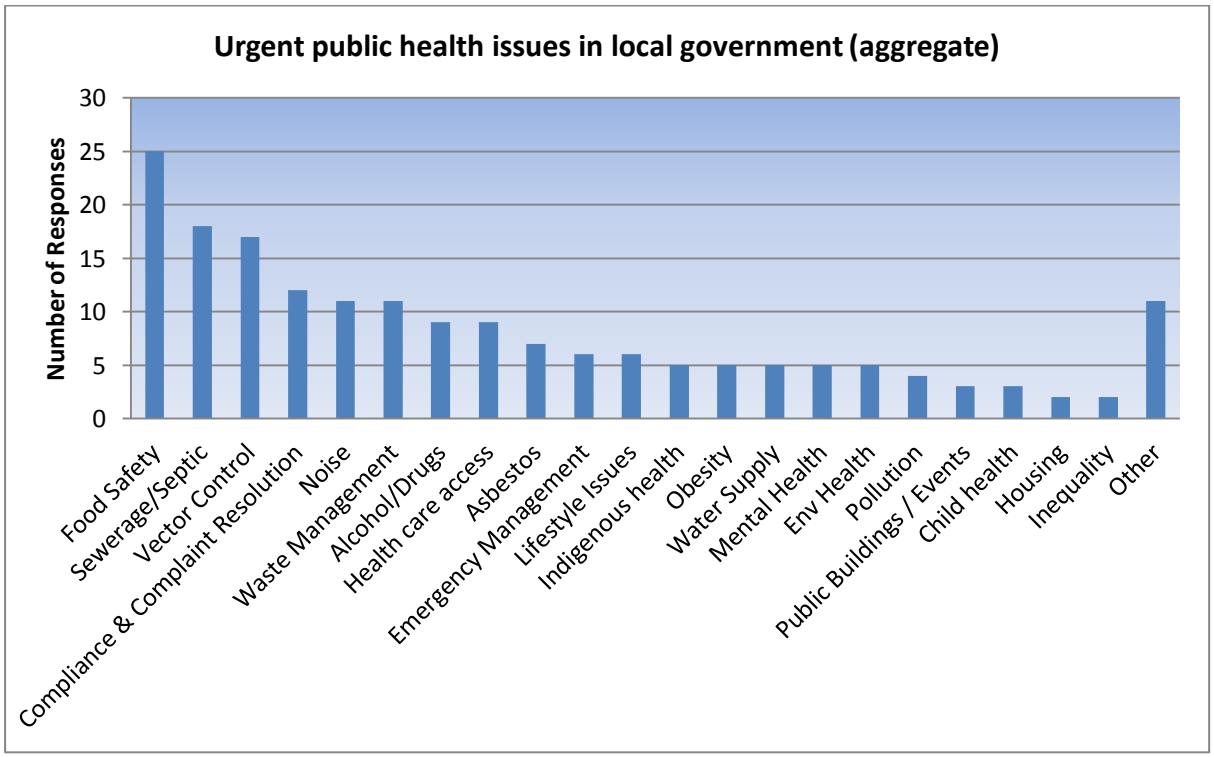


Figure Four – Most urgent public health issues in local government (aggregate ranking)

Issues ranked as urgent and identified as 'other' include community safety, resources, injury prevention, respiratory disease, sun exposure, education, local government politics, hoarding, population growth, physical activity and building.

The top ranking most urgent issue for local government was food safety followed by sewerage and septic management and vector control. Food safety is once again the highest ranking urgent issue (19% compared to 11% in 2012, 23% in 2010), with sewerage/septic (13% compared to 13% in 2012, 17% in 2010) and vector control (8% compared to 11% in 2012, 9% in 2010) both remaining urgent issues. In comparison, lifestyle issues (8% compared to 4% in 2012, 3% in 2010) have increased in urgency, whilst alcohol & drugs (5% compared to 11% in 2012, 2% in 2010) and Indigenous health

(3% compared to 8% in 2010) have moved down the list of priorities. New categories have emerged including emergency management (5%), obesity (3%) and child health (2%).

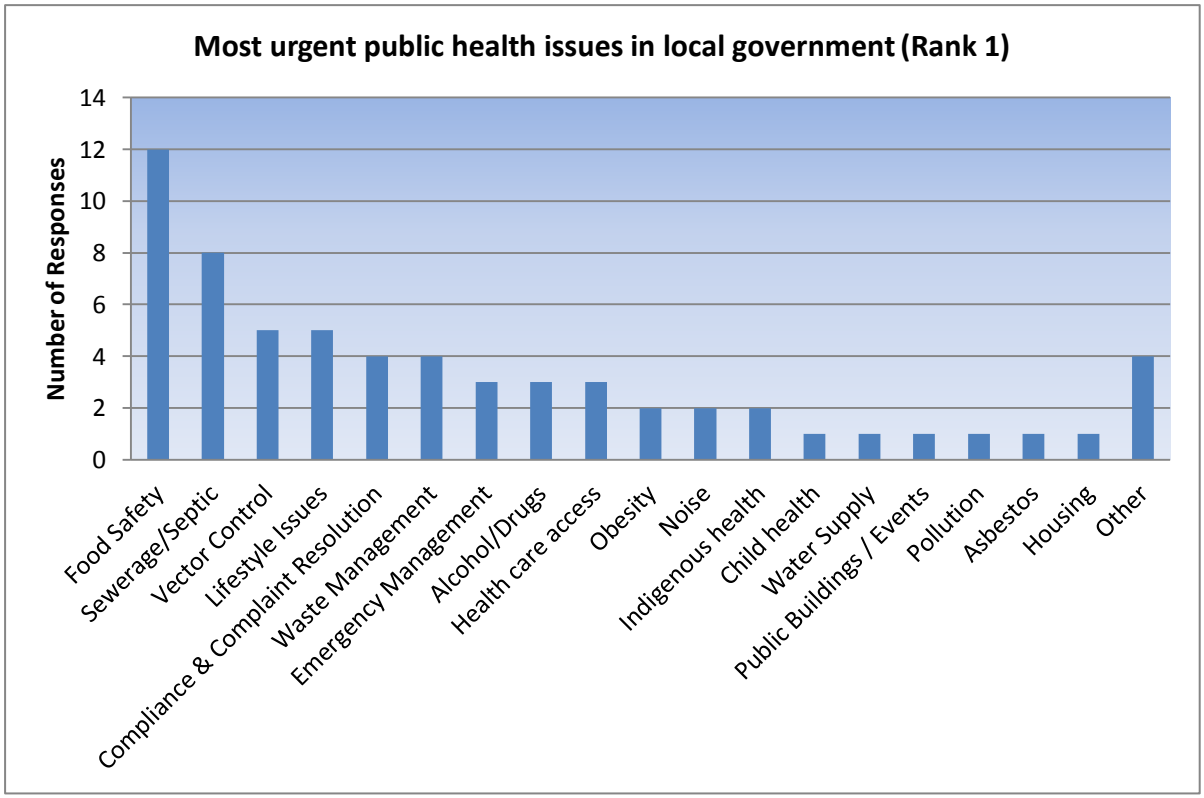


Figure Five – Most urgent issues in local government (ranking 1)

Issues ranked as most urgent (ranked 1) and identified as 'other' include community safety, resources, population growth and injury prevention.

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 five resource intensive activities.

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

- Food safety 19%
- Compliance & Complaint Resolution 14%
- Public Buildings/ Events 10%
- Vector Control 9% } Equal fourth
- Sewerage/Septic 9%}

This is in keeping with findings from the 2010 and 2012 surveys, where food safety and vector control both featured as both highly important and urgent issues, however compliance and complaint resolution is seen as less urgent and significantly less important despite being one of the top four resource intensive activities. Public buildings/events is noted to be resource intensive as in 2010 and 2012, despite its low ranking as an important and urgent public health issue.

Issues such as lifestyle issues and obesity are viewed as relatively important and urgent, however rank poorly in terms of resource division, as in 2012.

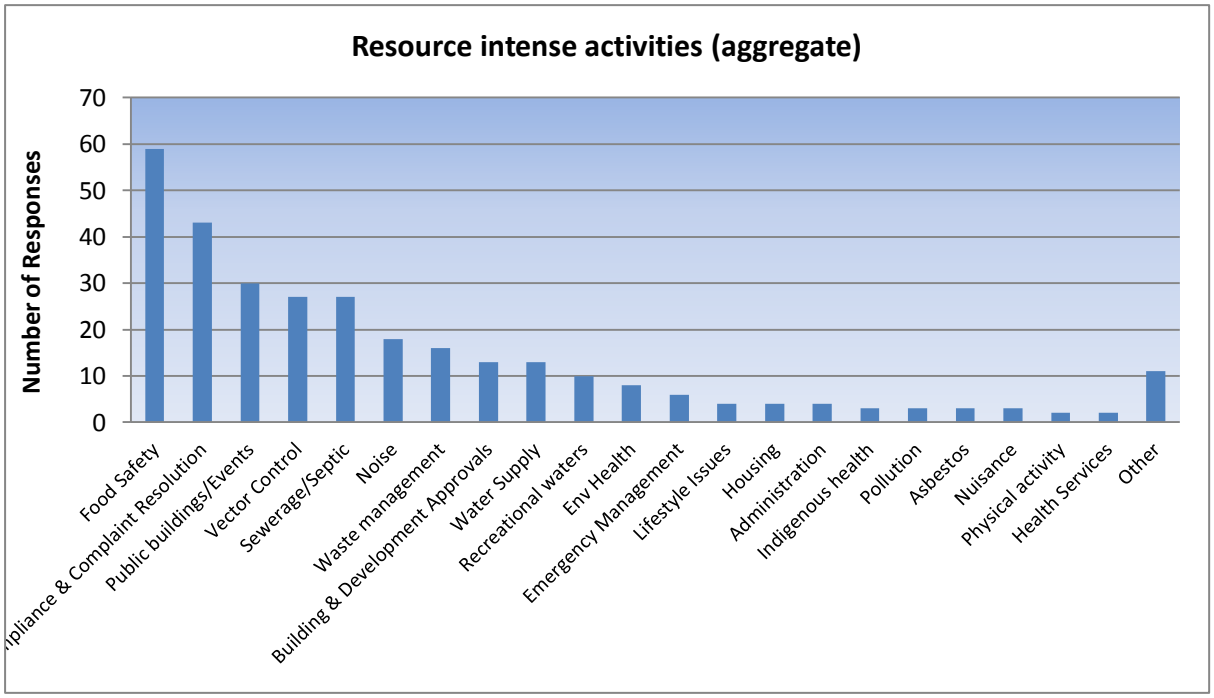


Figure Six – Resource intensive activities in local government (aggregate ranking)

Issues ranked within the top 5 resource intensive activities and identified as 'other' include health impact assessment, injury prevention, asset management, offensive trades, disease prevention, hotel meetings, travel, staff management, resources, child health, and climate change.

When reviewing data for the issues that were individually reported to be resource intensive, there are some differences between the aggregate data, and the highest ranked resource intensive issue as seen in Figure Seven. Vector control features higher for issues ranked first, whereas public buildings/events, sewerage/septic and noise feature higher on the aggregate data.

The highest first ranked resource intensive issue, food safety, is in line with the top urgent and important issue identified, and similarly for vector control, a high rating urgent and important issue. In keeping with 2012 survey findings, whilst lifestyle issues and obesity have increased in importance and urgency, they remain low in priority in regards to resources directed towards them.

In comparison with the 2012 survey, food safety remains the most resource intensive activity, as do vector control and compliance and complaint resolution. Since 2010, waste management and compliance and complaint resolution have both reduced in resource intensity.

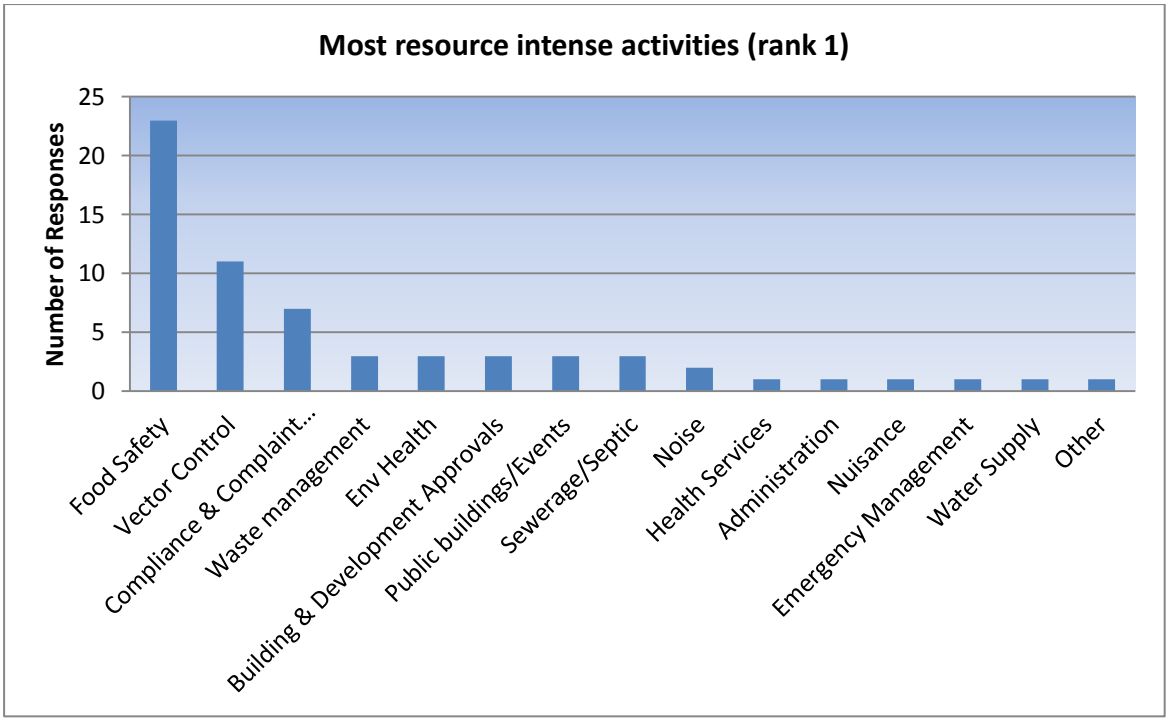


Figure Seven – Most resource intensive activities in local government (ranking 1)

The issue ranked as most resource intensive and identified as 'other' includes travel.

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 prevention[3]
- Tobacco
- 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). Figures Eight (A) and Eight (B) illustrate the responses.

[3] Note: Injury was replaced with Gambling as a priority area for PHAIWA in July 2015 following survey response collection, however it is noted here as a priority issue for purposes of result interpretation and survey comparisons.

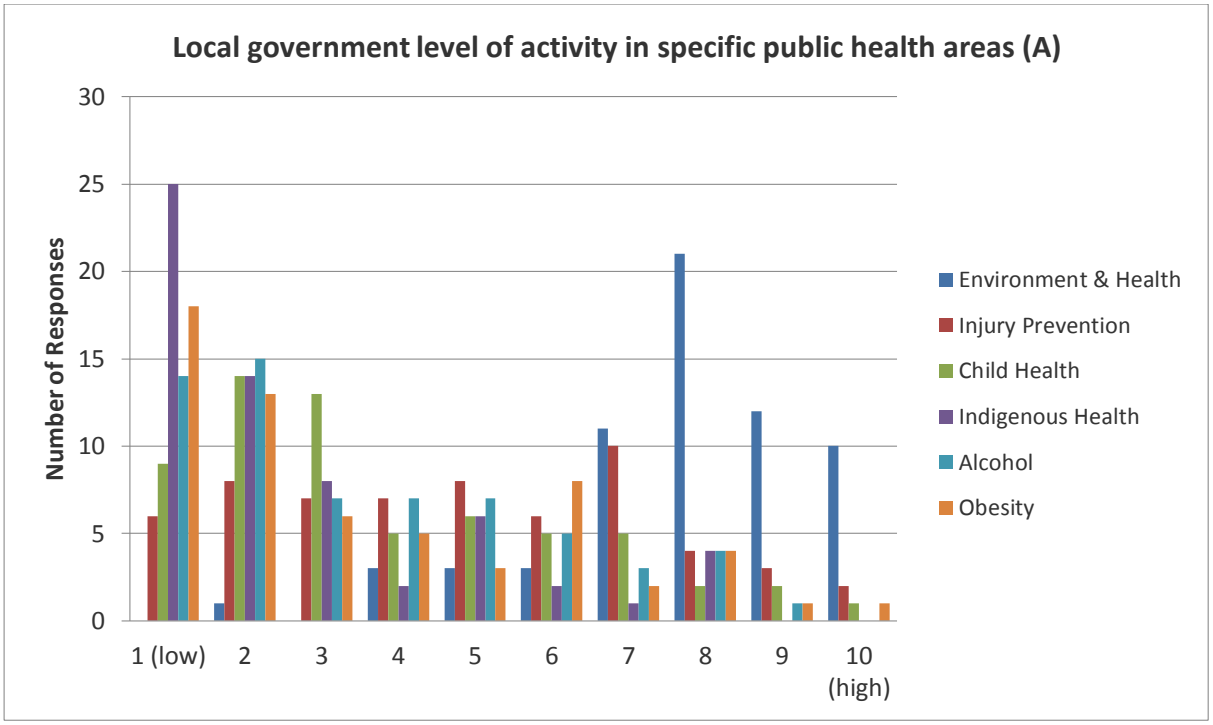


Figure Eight (A) – Local governments' involvement in PHAIWA priority issues

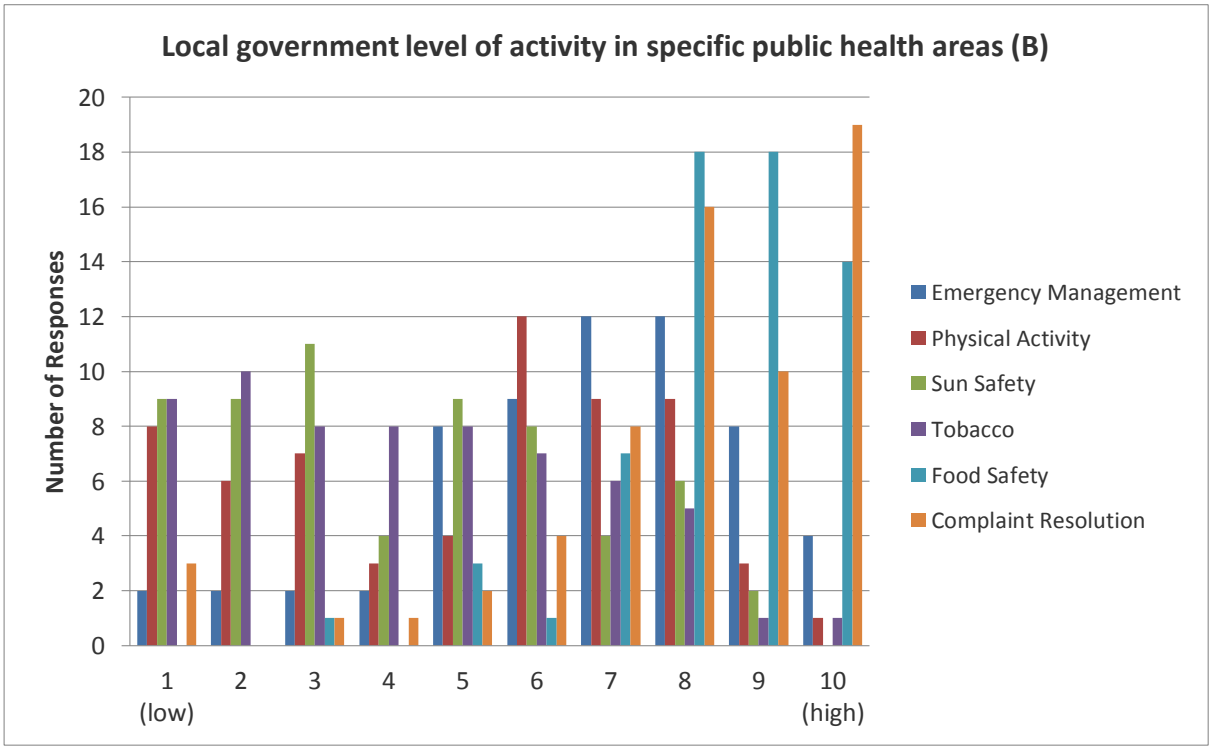


Figure Eight (B) – Local governments' involvement in PHAIWA priority issues

Figures Eight (A) and (B) highlight the following key points:

- There is little involvement in Indigenous health, child health, alcohol, obesity, tobacco and sun safety at the local government level, in keeping with 2012 survey findings;
- The highest levels of involvement relate to complaint resolution, food safety, and environment and health issues;

- Physical activity and emergency management remain at higher levels of priority than many of the options.

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,[4] 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. 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.[5] 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 dropped to 2010 levels after an increase was seen in 2012:

Trends in local governments self-reporting collaborations with NGOs			
NGO	**2010**	**2012**	**2015**
Heart Foundation	12%	22%	13%
Cancer Council	13%	18%	16%
Diabetes WA	7%	22%	7%
Asthma Foundation	3%	5%	2%
AMA	3%	9%	2%
ACOSH	5%	5%	3%

Table 1 - Trends in local governments self-reporting collaborating with NGOs over time

This decrease in collaboration may reflect resource limitations at both the local government and NGO levels, as evidenced by limited public health funding at federal and state levels. It may also be due to underreporting of local government activities by the Environmental Health Officer, however this is less likely given the general longevity of reported employment time as represented in Figure 1. It is PHAIWA's view that the factors that limit partnerships between local governments and NGOs inlcude the following:

- Location of regional NGO offices in relation to WA local governments;
- A number of unfilled positions within NGO offices;

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

[5] 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

- A lack of understanding of the core business of both sectors;
- The difficulty of finding an approporiate 'entry point' into local governments.

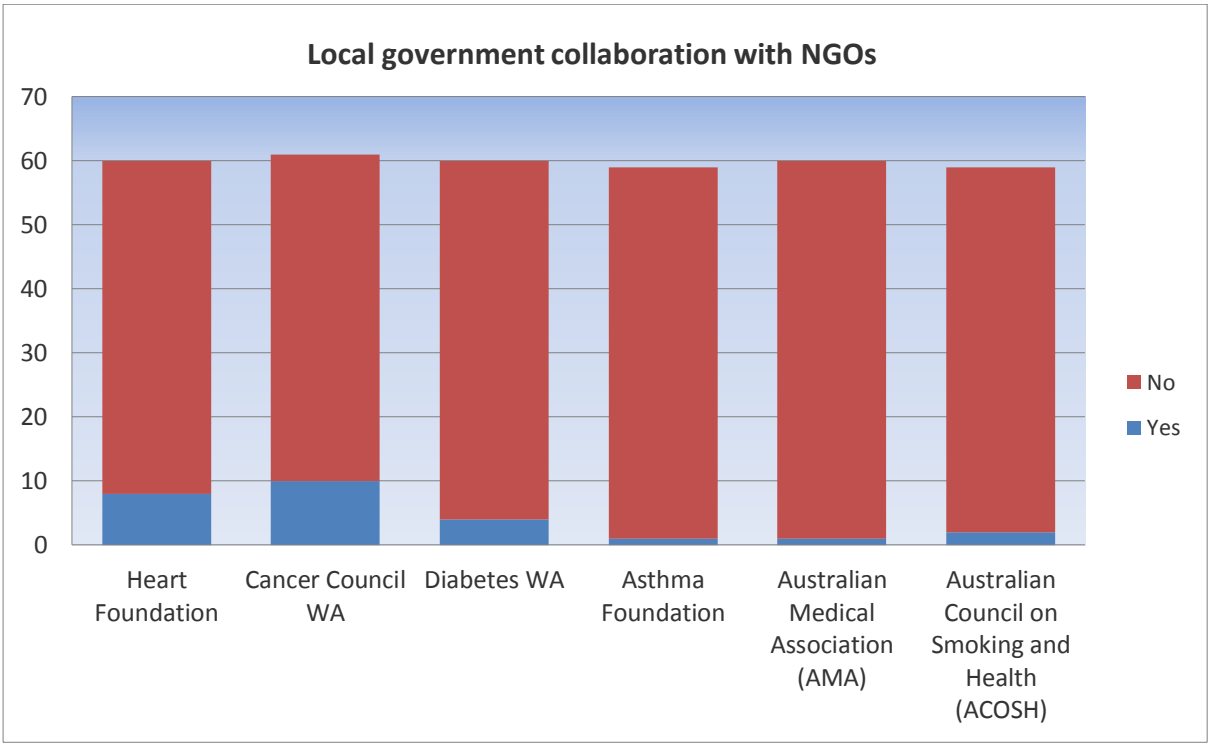


Figure Nine – The NGOs that local governments collaborate with.

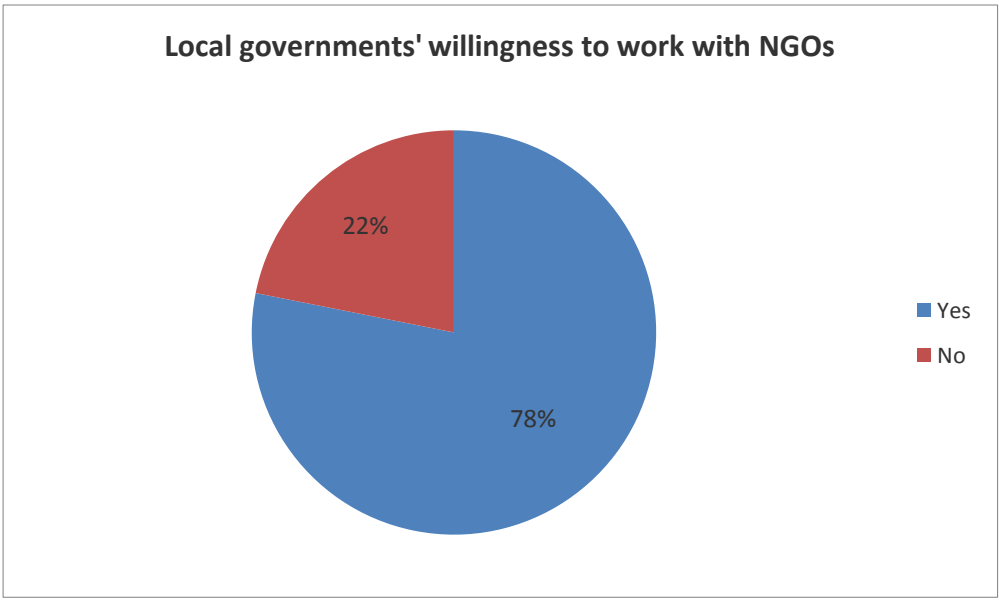


Figure Ten – Willingness of local governments to work with NGOs if approached.

Figure Ten indicates that 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. This figure has remained fairly static, at 78% compared to 82% in 2012. Of the 22% who responded negatively, insufficient resources regarding to time, finances and staff shortages were cited by all.

Respondents were also asked to identify collaboration with their Medicare Local and Local Public Health Units. It is worth noting that 13% reported having collaborated with their Medical Local in the past 12 months, with 53% reporting having collaborated with their Local Public Health Unit in the previous 12 months. Medicare Locals have since been defunded as of mid-2015, and replaced by larger scale Primary Health Networks.

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.[6,7] 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.[8]

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.

[6] http://www.eh.org.au/documents/item/358

[7] 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. Available at: http://www.cemi.com.au/node/404

[8] http://www.lga.sa.gov.au/webdata/resources/files/Environmental_Health_Officer_Workforce_Review_2004.pdf

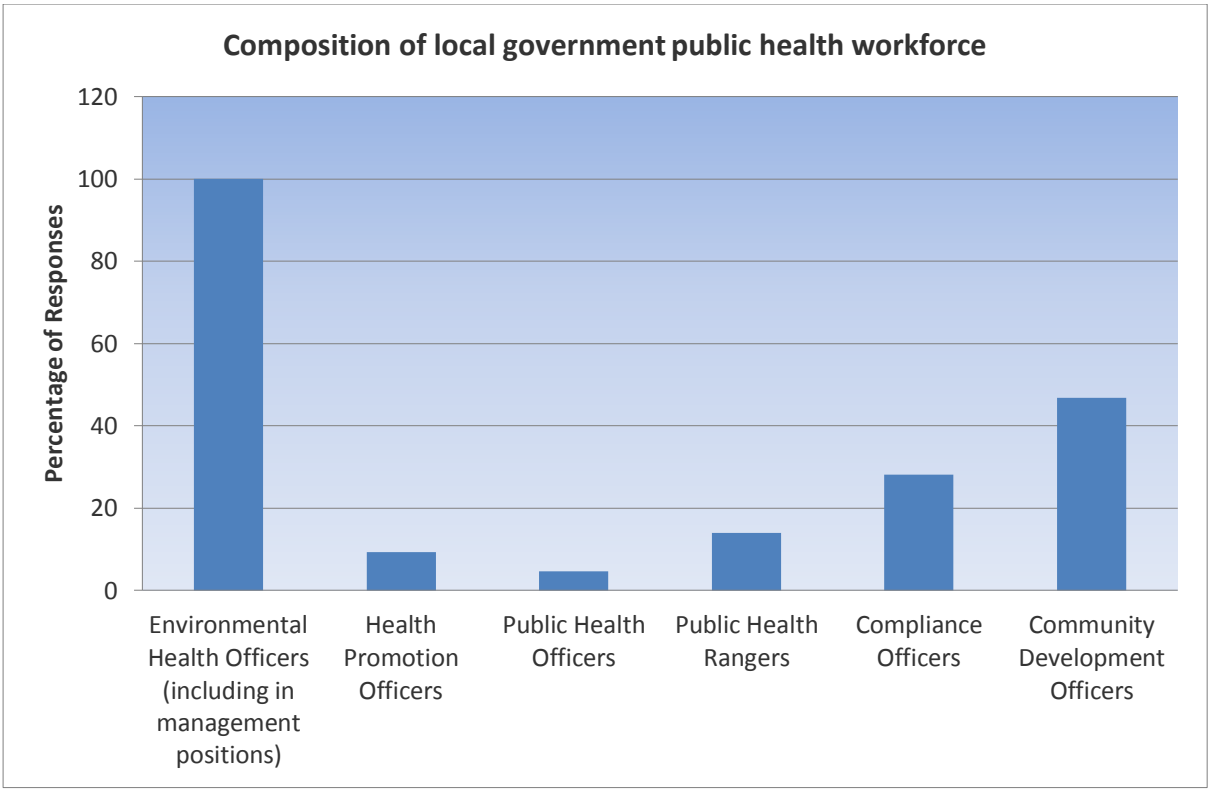


Figure Eleven – The Composition of Local Government Public Health Workforce

Of those who also selected Other, additional positions included Aboriginal environmental health workers, Aboriginal health workers, Indigenous communities coordinator, Field Services, Youth Workers, Meat inspection staff, Environmental Health Technician, Health Assistant, Administrative Officers, Environmental Health Assistant, and an external contractor for food inspections.

Respondents were asked to identify how many professional staff were employed within the public/environmental health area. Two thirds of local governments surveyed had less than five people working in the public health area.

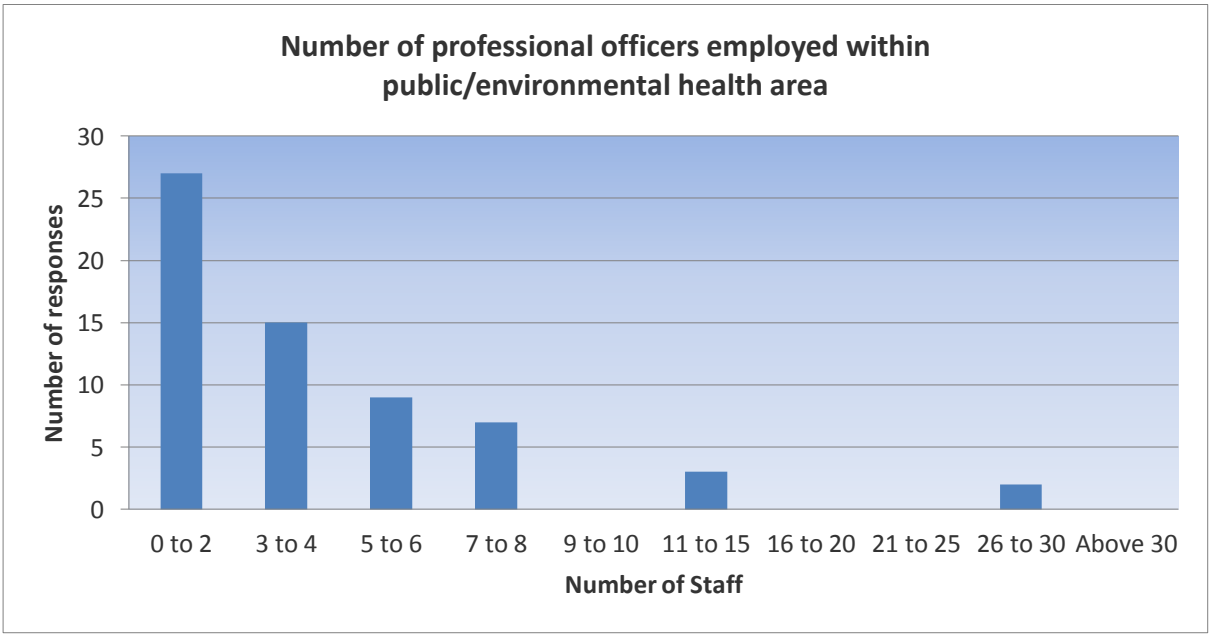


Figure Twelve – Number of professional officers employed within public/environmental health area

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:

- 45% of respondents (compared with 56% in 2010, and 59% in 2012) stated that they had difficulty recruiting Environmental Health Practitioners (Figure Thirteen), and
- 25% (compared with 42% in 2010, and 41.5% in 2012) stated they had difficulty retaining these professionals (Figure Fourteen).

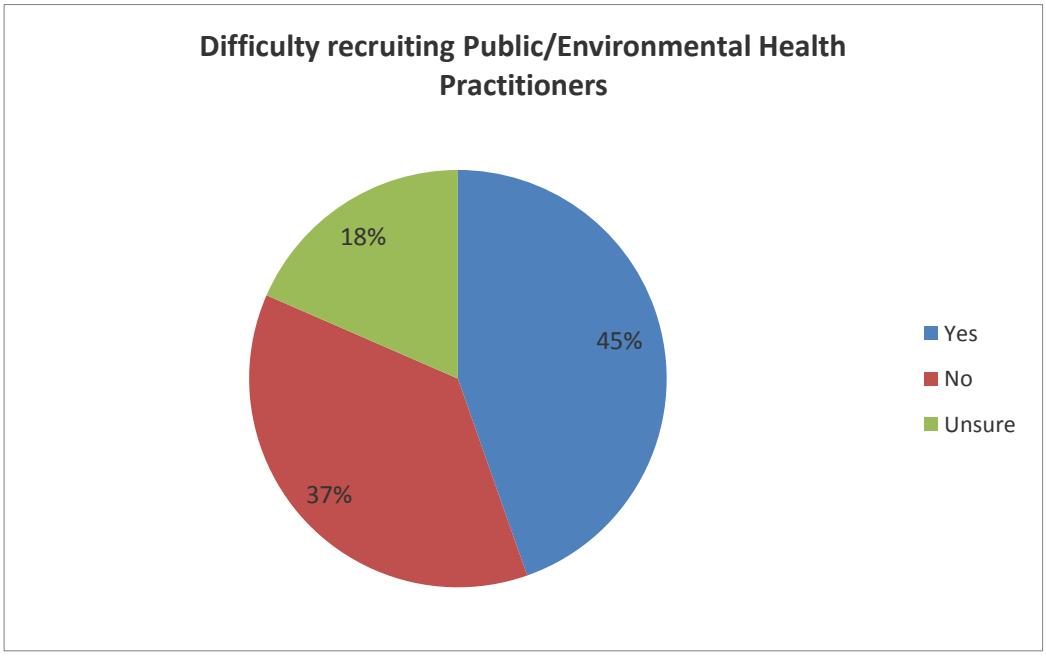


Figure Thirteen – Percentage of local governments expressing difficulty in recruiting EHPs

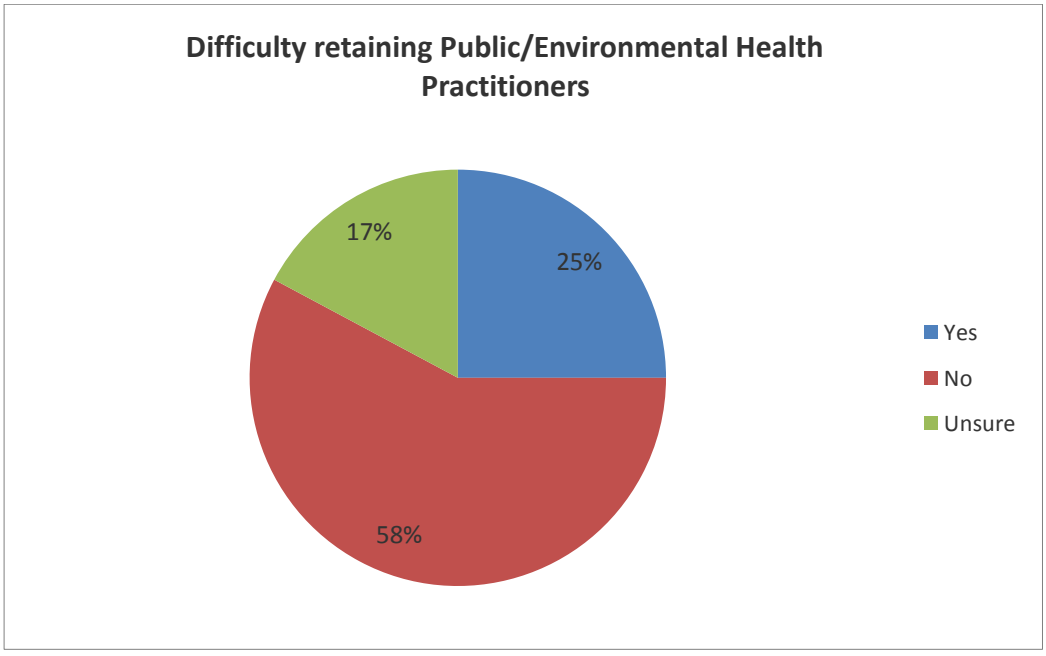


Figure Fourteen – Percentage of local governments expressing difficulty in retaining EHPs

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
- Town planning.

The key points illustrated in Figure Fifteen are discussed below.

8.1 Food Safety

Food Safety was allocated the highest proportion of time, with 77% of respondents allocating between 20-60% of their time to food safety, in keeping with 2012 survey findings, and reflective of this issue as an important and long-standing responsibility of local government.

8.2 Health promotion

A quarter (25%) of local governments continue to spend no time at all on health promotion, similar to 2012 findings (35% in the 2010 survey), and 87% spend less than 30% of their time on health promotion (compared to 82% in 2012, and 92% in 2010). There remains much room for improvement considering the impact that well planned health promotion and prevention programs can have on public health outcomes.

8.3 Indigenous environmental health

Since previous surveys, a higher percentage of local governments allocate no time at all for Indigenous Health (71% compared to 65% in 2012, and 61% in 2010), whilst 89% of local governments (90% in 2012, and 92% in 2010) spend less than 30% of their time on Indigenous health. This lack of investment in time does not reflect the burden of disease within the Indigenous population which is higher than other Australians, and for whom social determinants of health play such a vital role, with the national 2015 Closing the Gap Report concluding that many Closing the Gap targets will not be met due to slow progress.[9] As highlighted in PHAIWA's 2012 Local Government Survey Report,[10] these findings remain out of sync with the WA environmental health needs assessment results of 2008.[11] The 2008 assessment found many gaps within environmental health service provisions in Aboriginal communities, including the majority not having a dog program, dust suppression program or members trained in emergency management. It also found a

[9] Australian Government (2015) Closing the Gap Prime Minister's Report 2015. Available at: http://www.dpmc.gov.au/pmc-indigenous-affairs/publication/closing-gap-prime-ministers-report-2015

[10] Stoneham M & Goodman J (2012) Local Government Survey 2012: Major Findings Report. PHAIWA, Perth. Available at: http://www.phaiwa.org.au/local-government-survey-2

[11] Dept Health WA (2008) Environmental Health Needs of Aboriginal Communities in Western Australia – 2008 survey and its findings. Perth. Available at: http://www.public.health.wa.gov.au/cproot/2971/2/70650_2008_EHNS_Report1_FINAL.pdf

high reliance on community generators for electricity use, community effluent systems for sewerage disposal, and rubbish collection services not overseen by the governing local government.

Environmental Health Practitioners can make an enormous contribution to Closing the Gap within the current policy frameworks and by reassessing current financial resources. However, to effectively achieve this, a state-wide vision, framework and commitment to Indigenous environmental health is required. Working with the Indigenous Environmental Health Unit (WA Environmental Health Directorate) to assist with appropriate policy development, negotiation of NGO contracts, advocating for ongoing environmental health needs surveys and data and discussions on how best to support and sustain remote communities, health programs need to continue and wherever possible, be advanced. The main contributions that Environmental Health Practitioners can make to close the gap relate to housing and health hardware, and the inclusion of the main health contributions to the gap within forward public health planning documents including cardiovascular diseases, type 2 diabetes, respiratory diseases, mental health and injury.

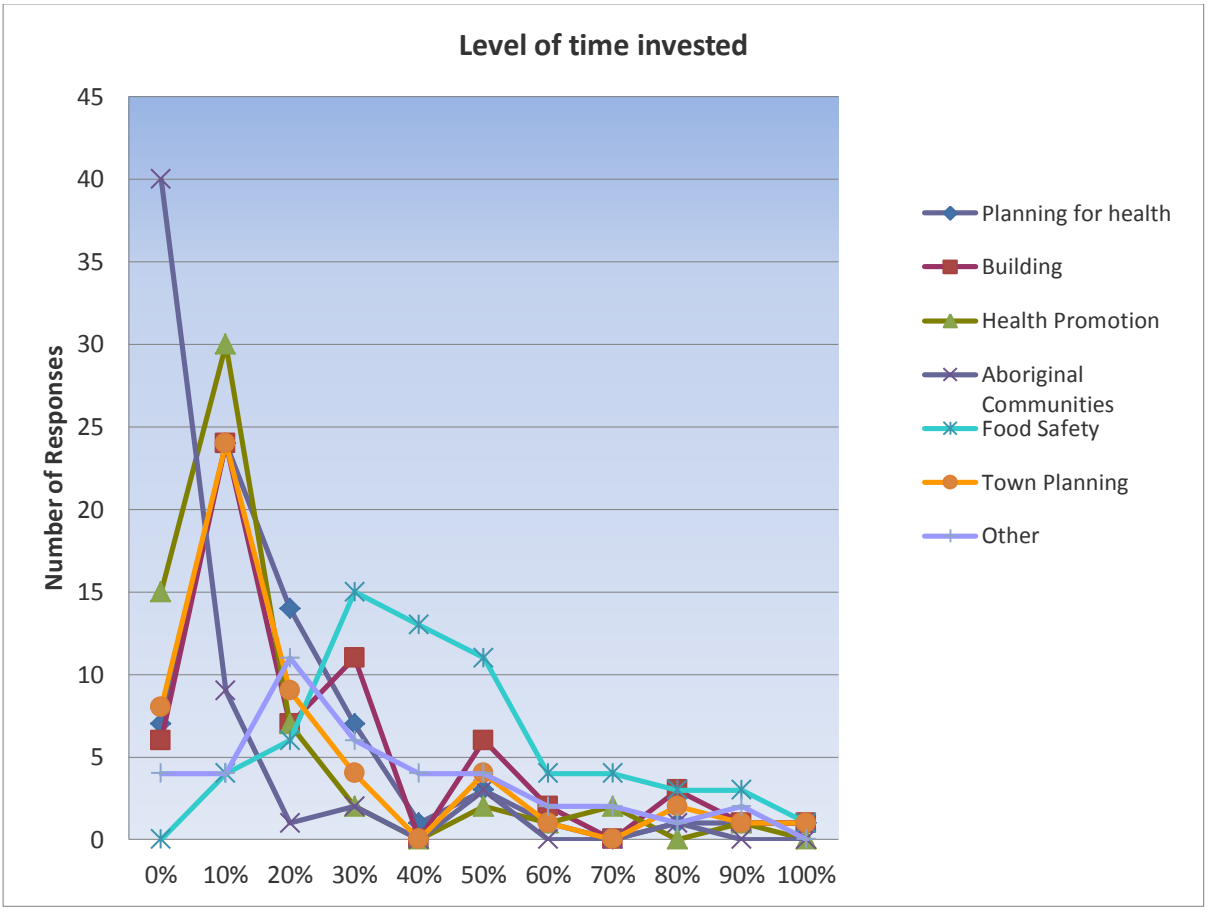


Figure Fifteen – EHO's active or performing duties in specific areas and estimates of the percentage of time invested

Respondents were able to identify other issues where time was invested, and these reflected urgent and important public health issues identified within local government. Other issues included vector control, waste management, sewerage/septic, water management, compliance & complaint resolution, public building/event management, recreational waters, resources, community development, and various administrative duties.

8.4 Planning for health

The proportion of local governments who spend little time on planning for health has remained static over the last six years, with three quarters (75%) of respondents reporting spending less than 30% of their time on planning compared with 82% in 2012, and 75% in 2010. Despite widespread recognition of the importance of planning towards efficiency and effectiveness for both local government function and community benefit, there has been little improvement in time invested in this area.

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. Only 40% of local governments had an Annual Environmental Health Business Plan, a drop since 2012 when 53% reported having one, compared to 42% in 2010. This however, was the most common of all the strategic plans, followed by the Environmental Health Strategic Plan (35% compared to 35% in 2012), a Public Health Plan (22% compared to 29% in 2012), and an Annual Food Safety Management Plan (21% compared to 26% in 2012).

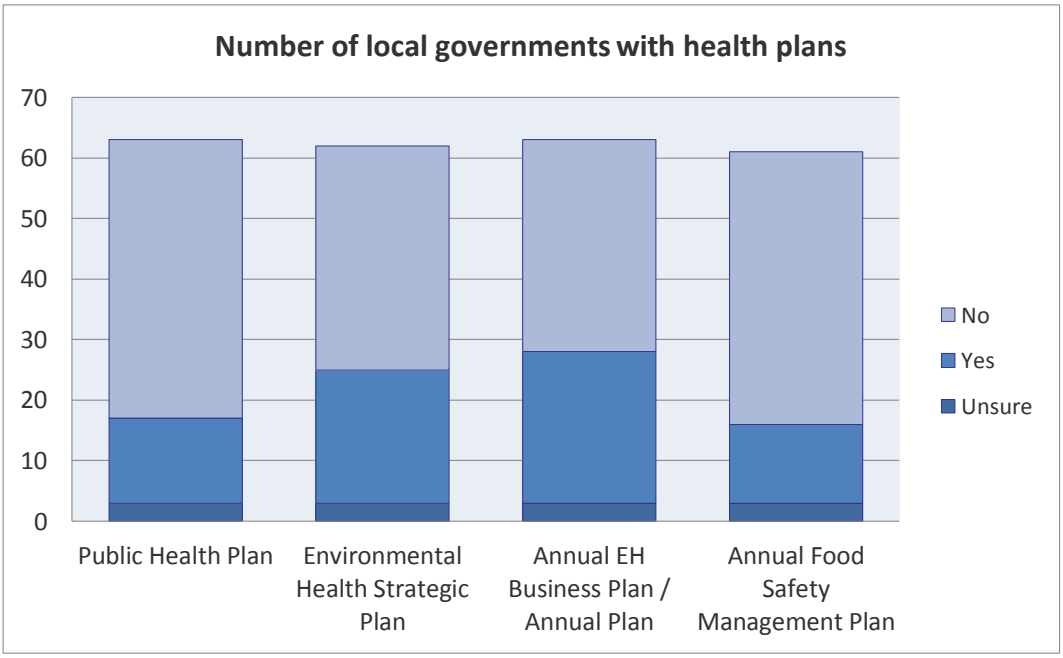


Figure Sixteen - Number of local governments possessing a Health Plan (Public, EH Strategic, Business, Food Safety)

Respondents were able to provide a comment to this question where it was noted that two local governments were currently developing or had in place a Mosquito Management Plan, one was currently developing an Environmental Health Plan, one local government was currently developing an Environmental Health Business Plan, one was currently developing a Public Health Plan, and three respondents noted that these strategic plans were tied in with other Council related Strategic or Operational Plans. One respondent noted that they were unsure about the need for a Food Safety Management Plan.

When asked how confident Local Government Officers were that the new Public Health Bill would be proclaimed within the next 12 months, 36% were 'not at all confident' (compared to 59.6% in 2012), with 49% being 'somewhat confident' and only 6% being 'very confident' (compared to 1.9% in

2012), as seen in Figure Seventeen. This shows an increase in confidence in the Public Health Bill being proclaimed since 2012 however their indifference and willingness to wait for the new legislation which was evident in some responses is understandable given the large time lapse that has occurred since the Bill was first developed. The West Australian Government is urged to advance the proclamation of this Bill as a matter of urgency.

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). A total of 83% of respondents selected 5 or above indicating a reasonable level of confidence in implementing the Bill, similar to 2012 results (80%). It is worth noting that 45% of respondents were quite confident, ranking at 8-10 on the level of confidence in administering the Public Health Bill, compared to 26% exhibiting that same level of confidence in 2012. This may be due to a raised awareness in legislation over the past few years.

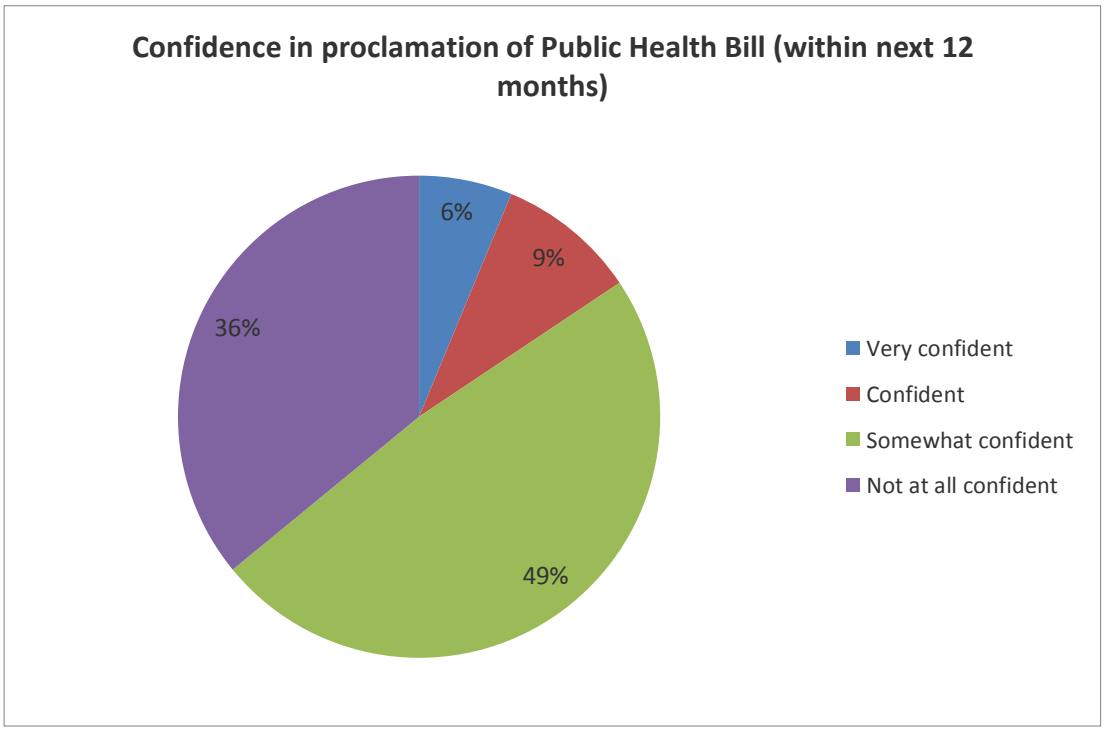


Figure Seventeen - Percentage of local governments expressing confidence in the proclamation of the new Public Health Bill in the next 12 months

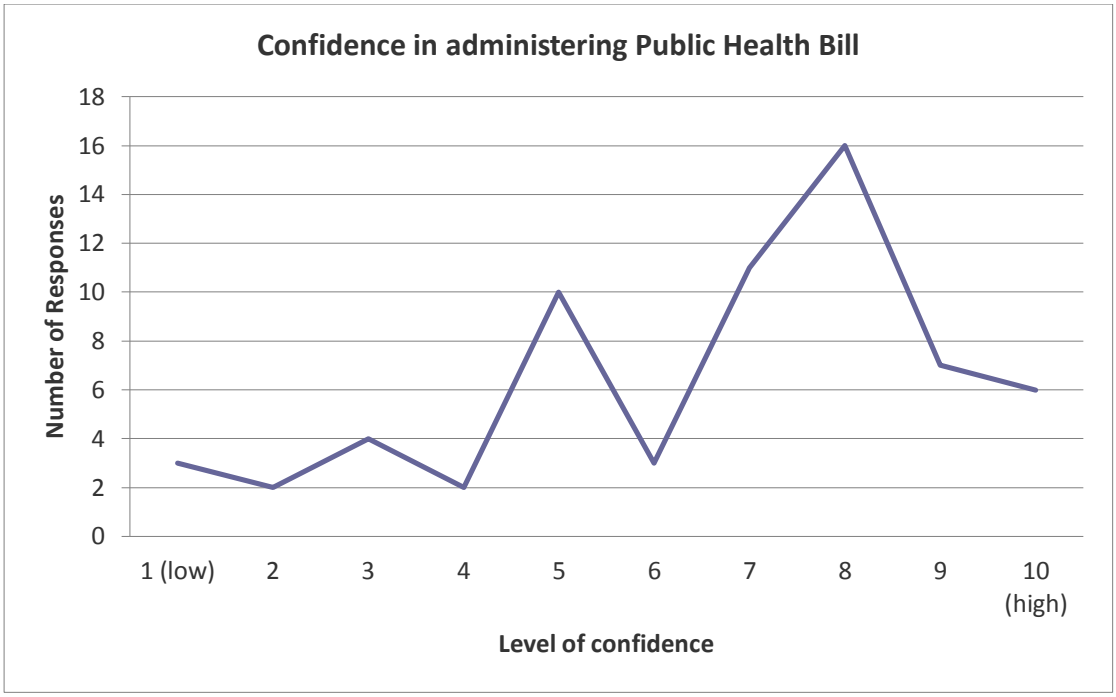


Figure Eighteen – Number of local governments expressing confidence in administering the new Public Health Bill (on a scale of 1 (low) to 10 (high))

Despite a rising level of confidence in administering the Public Health Bill, respondents also indicated that significant support would be needed to implement the Bill (Figure Nineteen). Support to recruit new professionals was the only category that did not receive a high response with under 30% of respondents selecting this category. This is in keeping with previous responses regarding a decreasing trend in difficulty in recruiting new professionals, however it doesn't reflect the suite of new roles that will be required to administer the Bill once proclaimed. As outlined in Figure Nineteen, the key areas for support were identified as:

- Information about the new public health approach for local government (89%);
- Briefing papers for your management regarding changes in roles (82%);
- Funding to support community based interventions (74%); and
- Development of "How to" resources (72%).

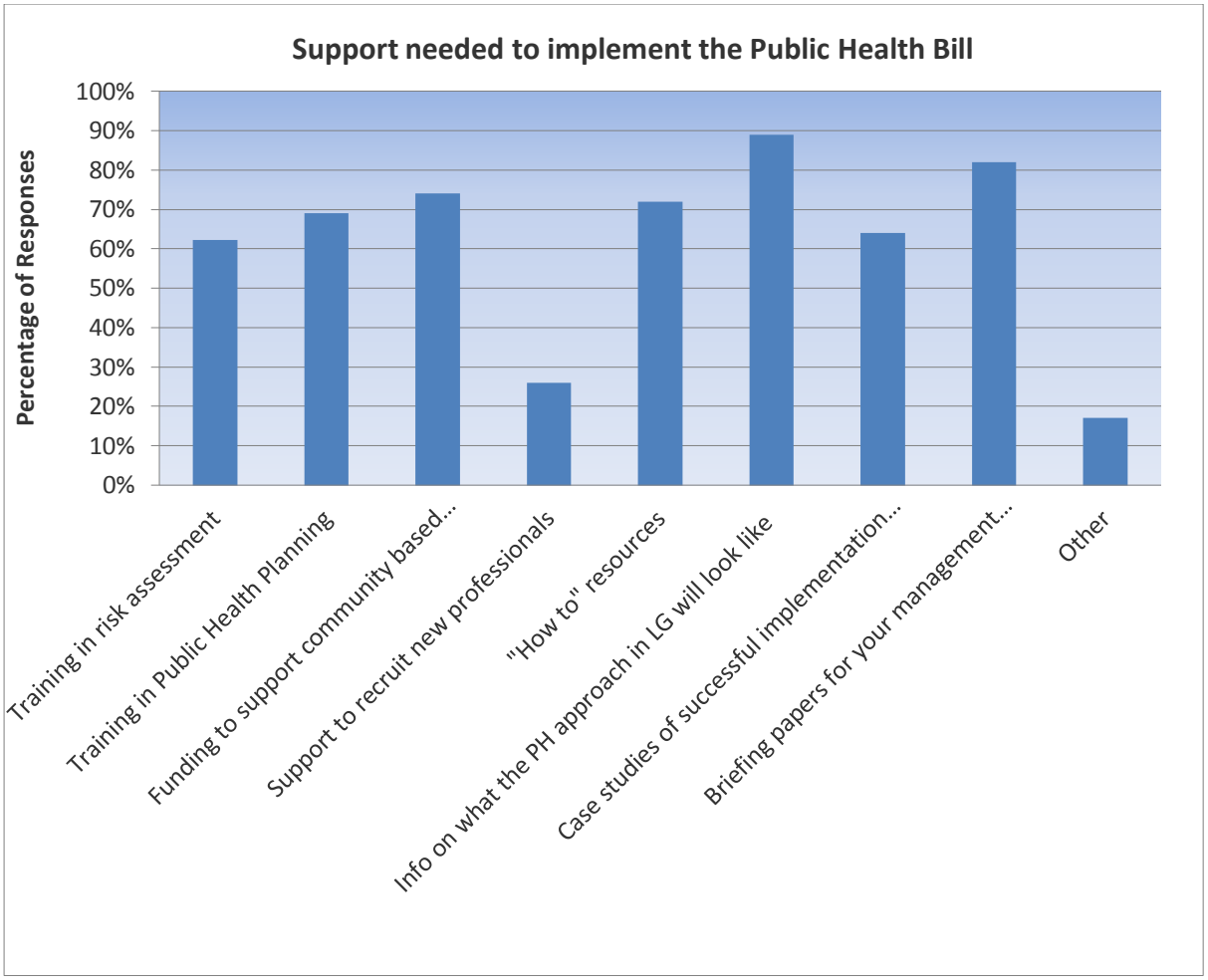


Figure Nineteen – Percentage of local governments identifying various supports needed to implement the Public Health Act

Training in public health planning, at 69% in 2015 compared to 80% in 2012, has dropped in support required since 2012, however information about the new public health approach for local government (89% compared to 80% in 2012) and briefing papers for management regarding role changes (82% compared to 76%) have risen in importance.

Respondents were able to identify 'other' support measures which would be needed to implement the Public Health Bill, and these included: increased support by the Department of Health, implementation workshops, regional based training, resources, the need to adequately inform Council on the issue, development of overarching policies and procedures, further training on public health assessments, notifiable infectious disease enforcement and responsibilities regarding public health emergencies, support for evaluation of measures implemented, and briefing on administrative aspects of the Bill.

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, in keeping with 2012 findings.

Environmental health specific training and risk management training also received high responses. Training in media and advocacy and community consultation received the lowest responses.

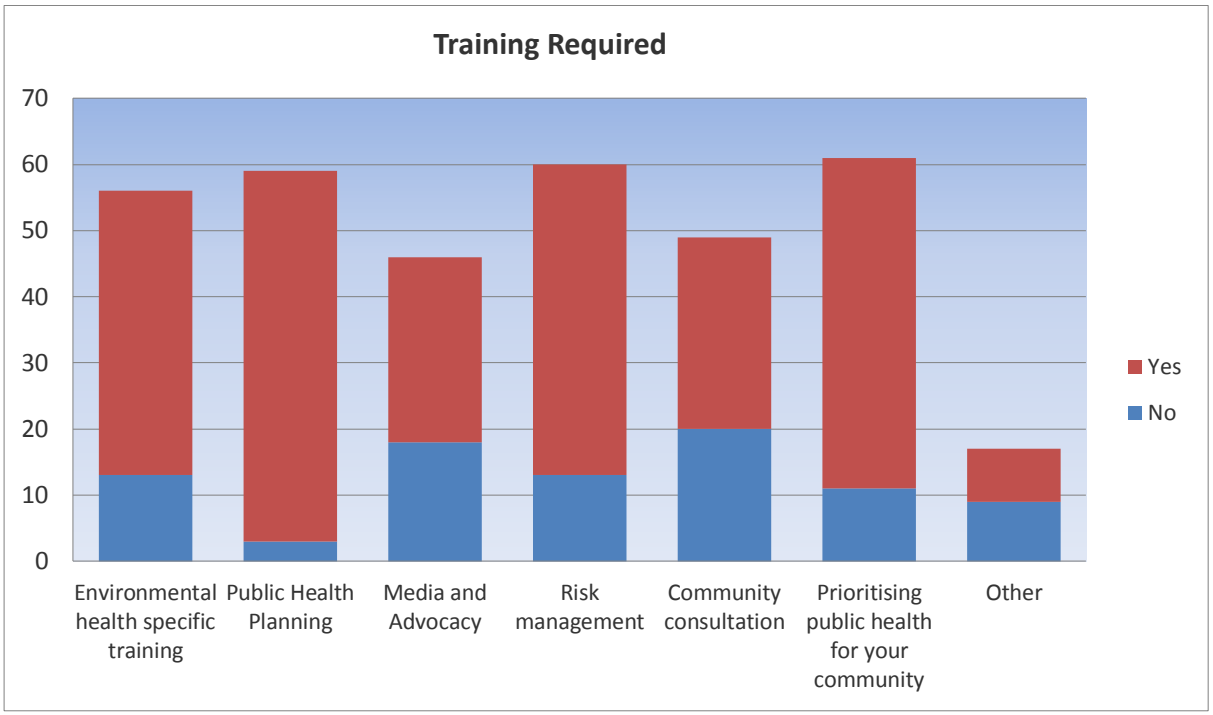


Figure Twenty – Training requirements identified for local government officers

Respondents identified 'other' training requirements, which included further training in: vector control, public health plans, noise, sewerage/septic, waste management, implementation and nuances of the new Public Health Bill, emergency management, and the need for formal training for environmental health assistants. Respondents also identified the need to provide further training in regional areas, and to address broader issues in respect to community development, environmental health, and health promotion strategies at a local government level.

9. Conclusions

Local governments are in a unique position to influence environmental health conditions and related community health outcomes. Western Australia is not without its challenges, with 138 local governments covering a wide and diverse landscape, catering to many cultures and demographics. Whilst they face pressures from numerous stakeholders to address a variety of community based issues, environmental health issues should remain at the forefront of their activities in ensuring safe local environments. This also highlights the vital role which local governments have in improving public health measures in WA's communities.

Shifting public health priorities are reflected at a local government level in the findings of this 2015 survey, and the trends seen since the 2009 and subsequent 2012 surveys. The rise in importance of addressing lifestyle issues and obesity from an environmental health perspective, mirrors Australia's rising chronic disease burden. However there is much work to be done for these health issues to be addressed within local government policies, resource allocation and resulting activity levels. Utilisation of existing resources by local governments through partnerships with non-governmental organisations can be improved to aid in filling this gap.

Of continuing concern is the small proportion of time spent on Indigenous environmental health issues, despite the acknowledgement of the poor conditions which exist within Aboriginal communities. This highlights the importance for this to remain a high priority area for action and advocacy issues.

In relation to the Public Health Bill, equipping environmental health officers with relevant skills to implement the Bill by addressing training requirements will become a priority when the Bill is proclaimed. Filling current position shortages within public health in the face of limited resources in local government will also become a priority issue.

PHAIWA calls on local governments to take an active role in creating healthier communities for their residents, and to ensure they are adequately equipped in the event of the Public Health Bill being proclaimed. Providing essential public health services to the local community can only be achieved if local governments balance the implementation of long term strategies to improve the public health environment, whilst simultaneously allowing the flexibility to be able to refocus their resources and energies on environmental and public health issues as they arise. PHAIWA is committed to supporting local governments to achieve this and in facing future challenges to improve community outcomes.

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Appendix A – Local Government Survey Snapshot 2009 & 2012

PUBLIC HEALTH ADVOCACY INSTITUTE OF WESTERN AUSTRALIA

WALGA

Local Government Public Health Survey Snapshot 2009 & 2012

The Public Health Advocacy Institute of WA (PHAIWA) and the Western Australian Local Government Association (WALGA) collaborated to survey local governments in WA with regards to public health activities. Environmental Health Officers (EHO) were surveyed in 2009 and 2012 respectively, and key issues were identified. EHO's were asked to rank issues which they viewed as Important, Urgent, and Resource Intensive.

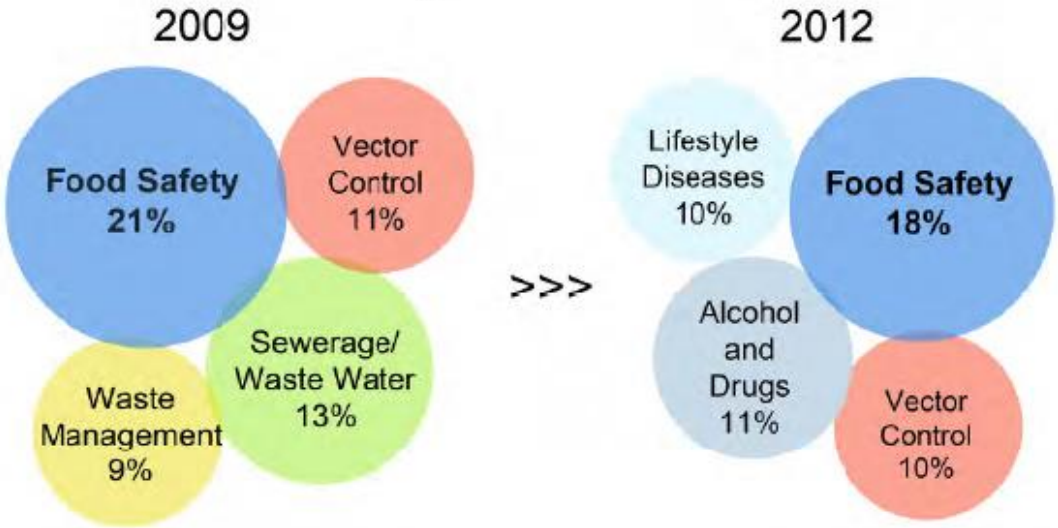
The new 2015 survey is now available for completion.

This fact sheet provides a summary of the main issues identified by EHO's during these two surveys in 2009 and 2012.

94 Local Governments participated

63 Shires >> 20 Cities >> 11 Towns

Priority Issues Identified



Food safety remains the most important health issue for EHOs in 2012 when compared to 2009, whilst alcohol and drugs and lifestyle diseases have become significantly more important. On the other hand, sewerage and waste management have declined in importance.

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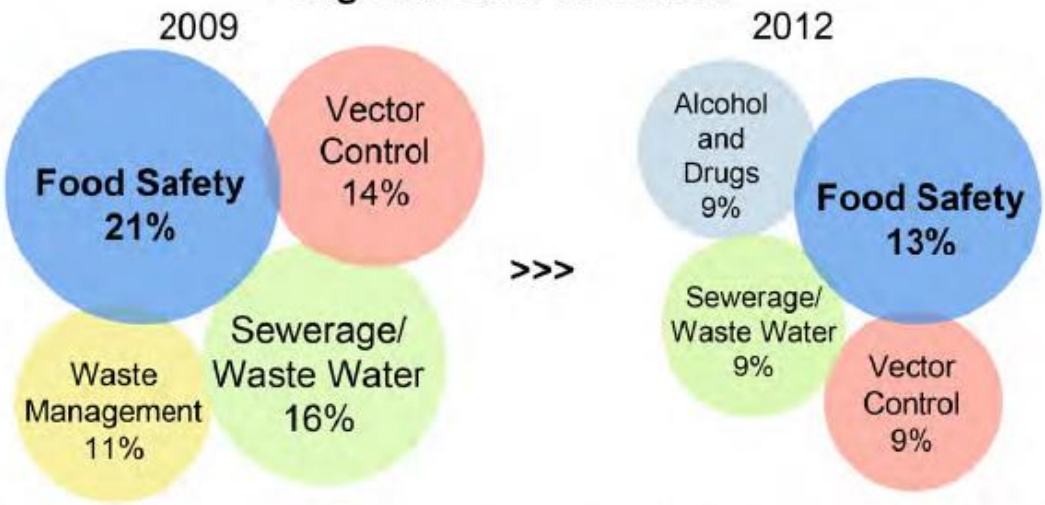
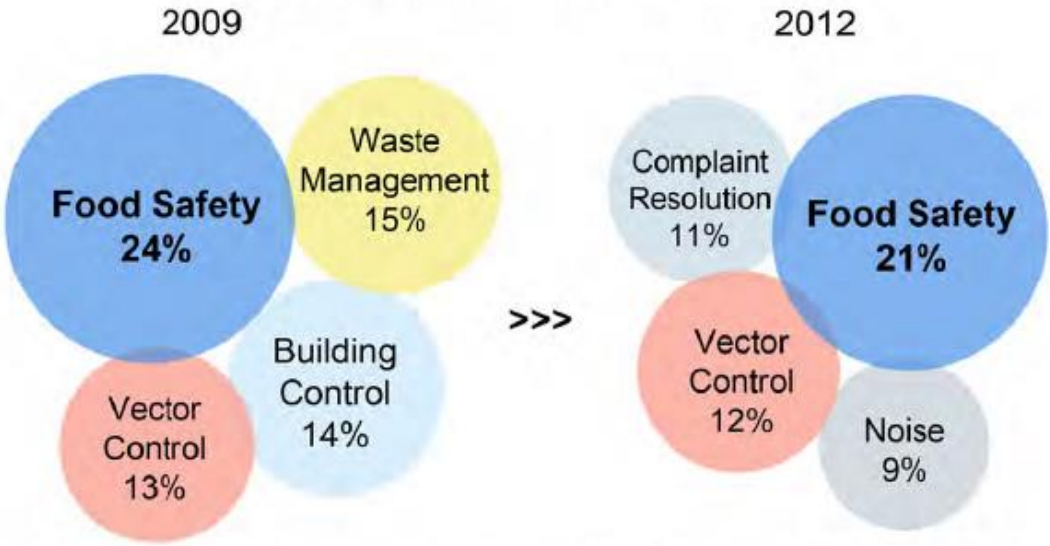
Urgent Issues Identified



Comparing survey responses between 2009 and 2012, alcohol and drugs was identified as a more ugent issue in 2012 than in 2009. Food safety sewerage & waste water, and waste management were seen as less urgent in 2012 than in 2009.

Resource Intensive Issues Identified



Food safety was ranked as the most important and urgent public health issue, as well as the most resource intensive issue. Complaint resolution was seen as being more resource intensive in 2012 than 2009. Waste management and building control were seen as being less resource intensive in 2012.

Appendix B – Additional data

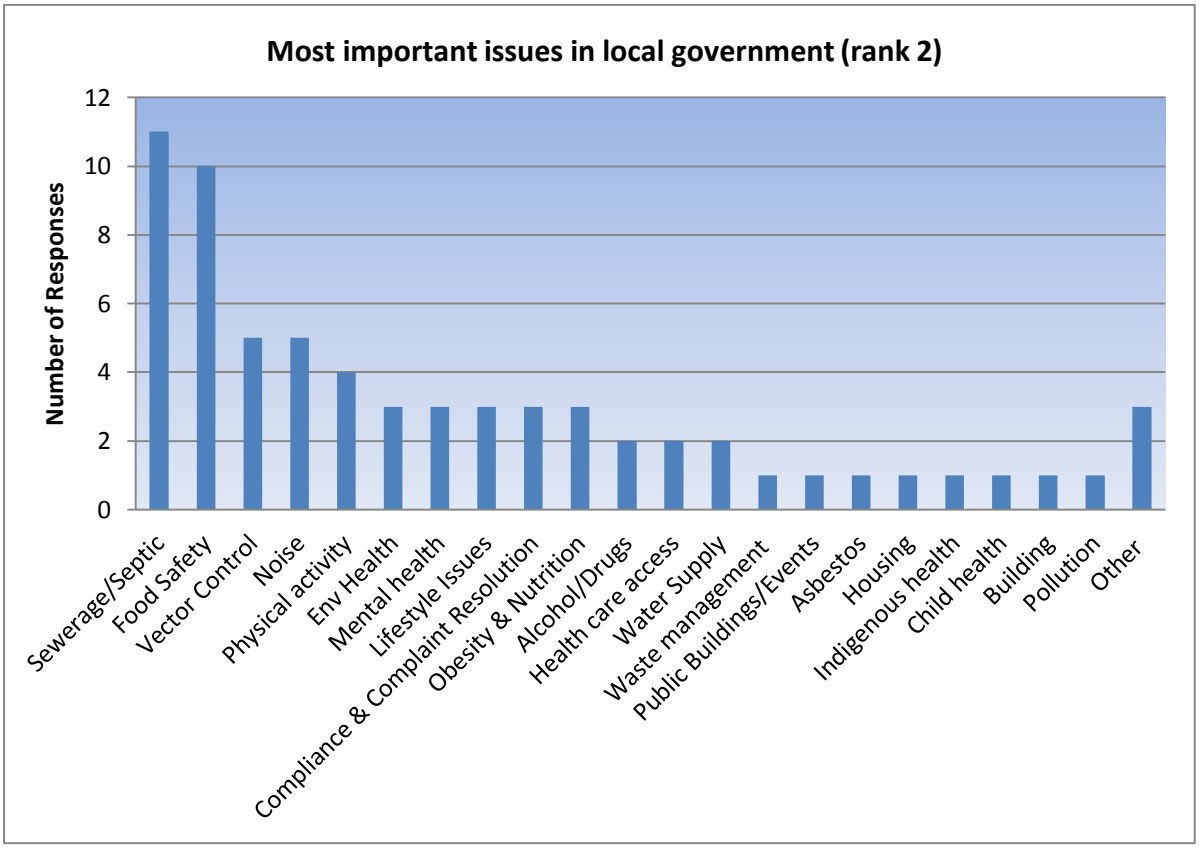


Figure Twenty One – Most important issues in local government (ranked 2)

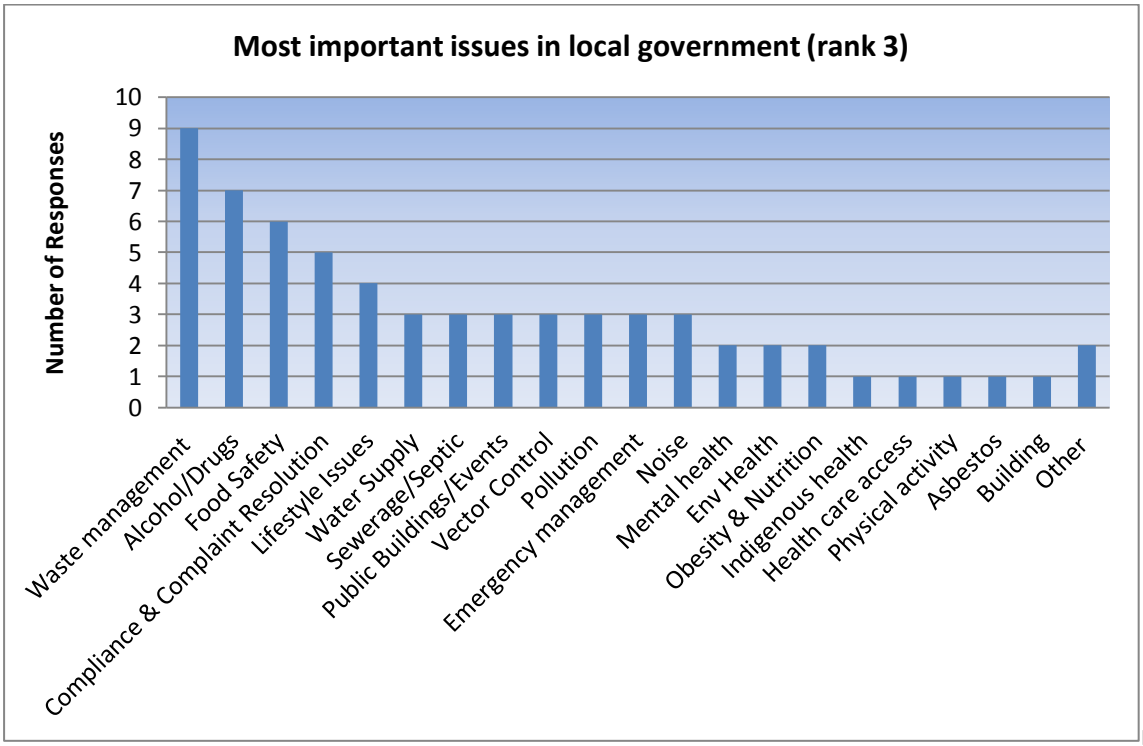


Figure Twenty Two – Most important issues in local government (ranked 3)

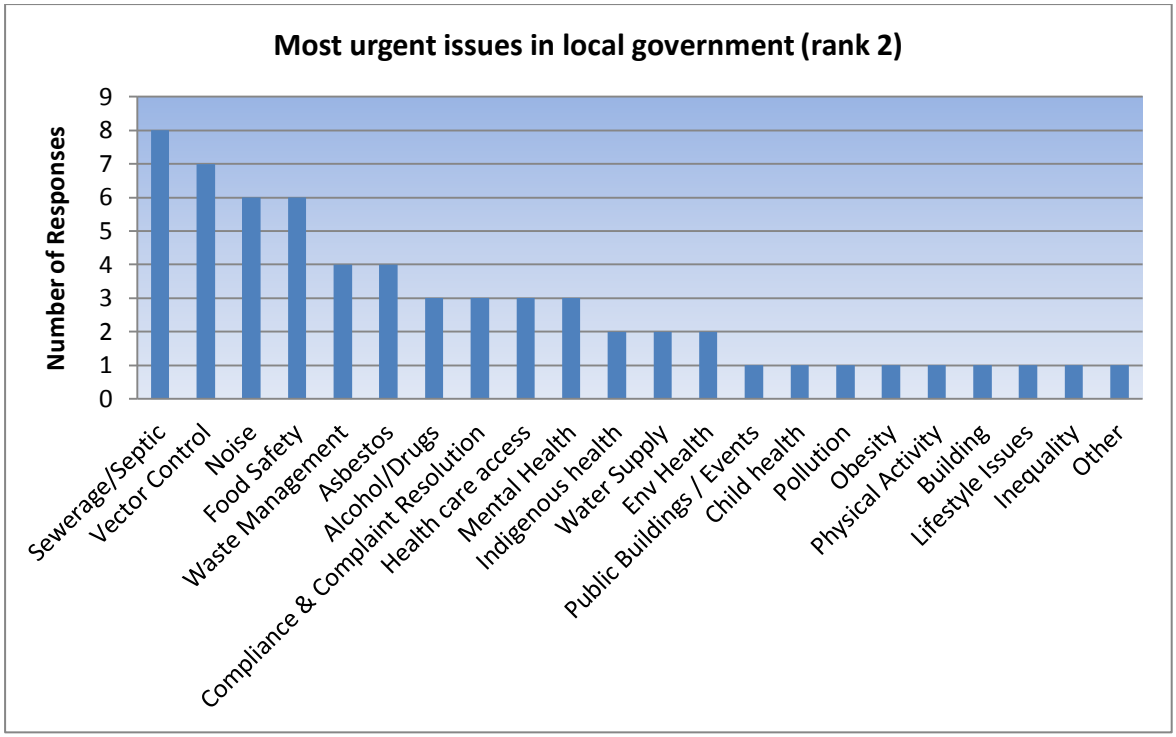


Figure Twenty Three – Most urgent issues in local government (ranked 2)

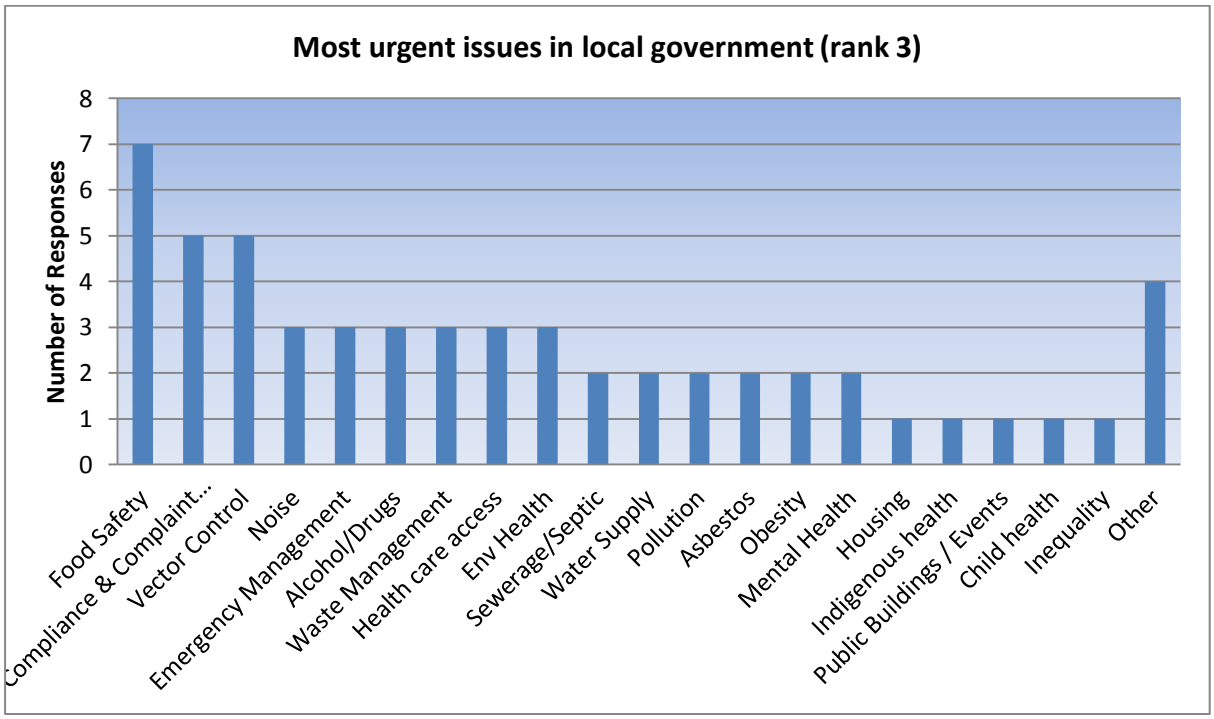


Figure Twenty Four – Most urgent issues in local government (ranked 3)

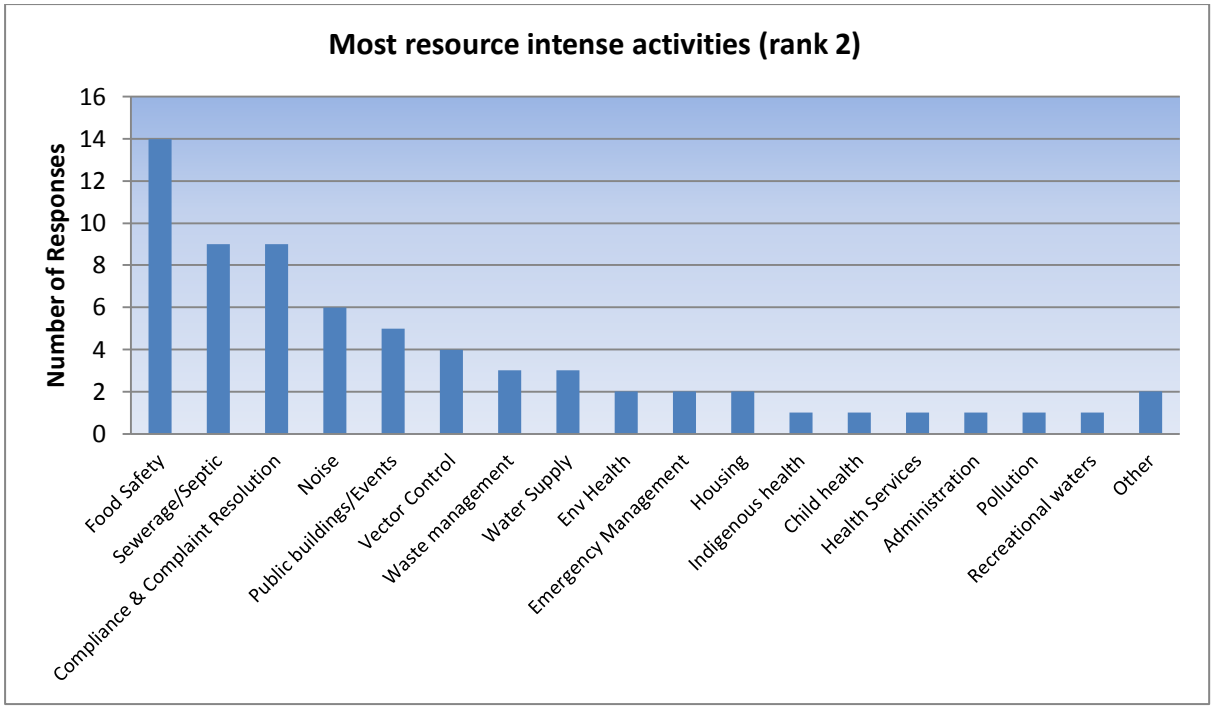


Figure Twenty Five – Most resource intensive activities in local government (ranked 2)

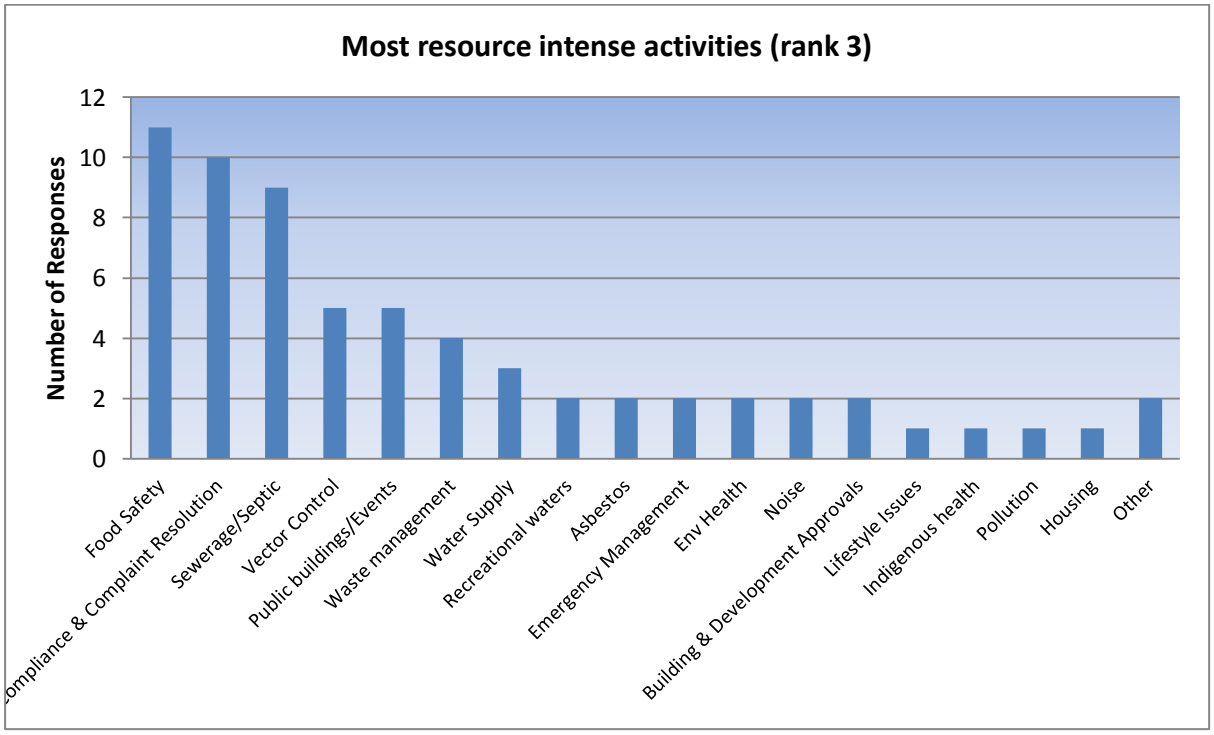


Figure Twenty Six – Most resource intensive activities in local government (ranked 3)