Contents

Local Government Survey
Major Findings Report

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 the implementation of more typical local government services.

2.0   What did PHAIWA Want to Learn?

PHAIWA is interested in how best to support local governments achieve their public health goals.

As local governments are constantly creating solutions to issues that involve other institutions, PHAIWA would like to consider avenues of support through the development of capacity building in the areas of advocacy and development of relationships.

Parallel to this issue is the extent to which non-government agencies can assist or support local governments to achieve public health outcomes. Organisations such as the Heart Foundation and Cancer Council have enormous scope to assist and support local governments in many health related areas, yet there is evidence to suggest that few local governments are taking advantage of this. PHAIWA is keen to establish lines of communication and partnerships between NGOs and local governments.

PHAIWA is interested in establishing links between local government issues and our priority issues. We would like to pursue the breadth of issues that affect metropolitan and non-metropolitan areas - from growing regional centres and their hinterlands that cannot expand services and facilities fast enough to meet the influx of residents and tourists who expect 'maximalist' conditions, to static or declining small towns in rural areas that have too narrow an income base and have difficulty attracting and retaining sufficient professional staff to maintain even a 'minimalist' role.

PHAIWA also wants to learn more about how to influence the design of local government legislation and state based legislation that impacts on local governments. The Institute is interested in whether legislative provisions should vary depending on the category of the council, or whether the provisions should be sufficiently broad to enable the full range of councils to operate somewhere within the framework.

Being an independent organisation, there is scope to advocate to government and non-government agencies on local governments behalf. Understanding the complexity of issues that confront local governments in the area of public health is an important first step.

3.0   The Purpose of the Survey

PHAIWA surveyed all local governments in WA to investigate their expectations with regard to public health from both government and non-government agencies. This online survey requested information on support strategies that could be offered by PHAIWA.

4.0   Sample and Methods

An online survey was developed using the Survey Monkey web tool (www.surveymonkey.com). A combination of 18 open and closed questions were developed to maximise efficiency in completing the survey and analysing results, while allowing flexibility in providing answers. An additional 16 questions regarding food safety management were included at the request of the Western Australian Department of Health (DoH).

The introductory page to the survey informed respondents that the survey would take approximately 15 minutes to complete and examined "the links between local government issues and their priority issues plus investigates how

to influence the design of local government legislation and state based legislation that impacts on local government".

In May 2009, PHAIWA sent an email invitation with a link to the online survey to the Principal Environmental Health Officers (PEHOs) of the 142 Western Australian local government areas.

A reminder email was sent to the PEHOs who had not completed the survey two weeks after the initial invitation was sent. A response rate of 48% was achieved one week after the reminder email was sent.

A telephone follow up of selected PEHOs who had not completed the survey was conducted by staff from the PHAIWA and the WA DoH to increase the response rate. The final response rate was 52%.

The survey was deactivated after being available for 4 weeks.

5.0   Results

5.1   About the Respondents

There are three classifications of local government in Western Australia:

- 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 75 responses, 49 were from Shires, 10 were from Towns, and 16 were from Cities. Three of the responses from Shires represented multiple local government areas, with one response representing 6 local government authorities and an additional three responses representing 2 local government authorities each.

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

Map 1

Local Government Areas in Western Australia
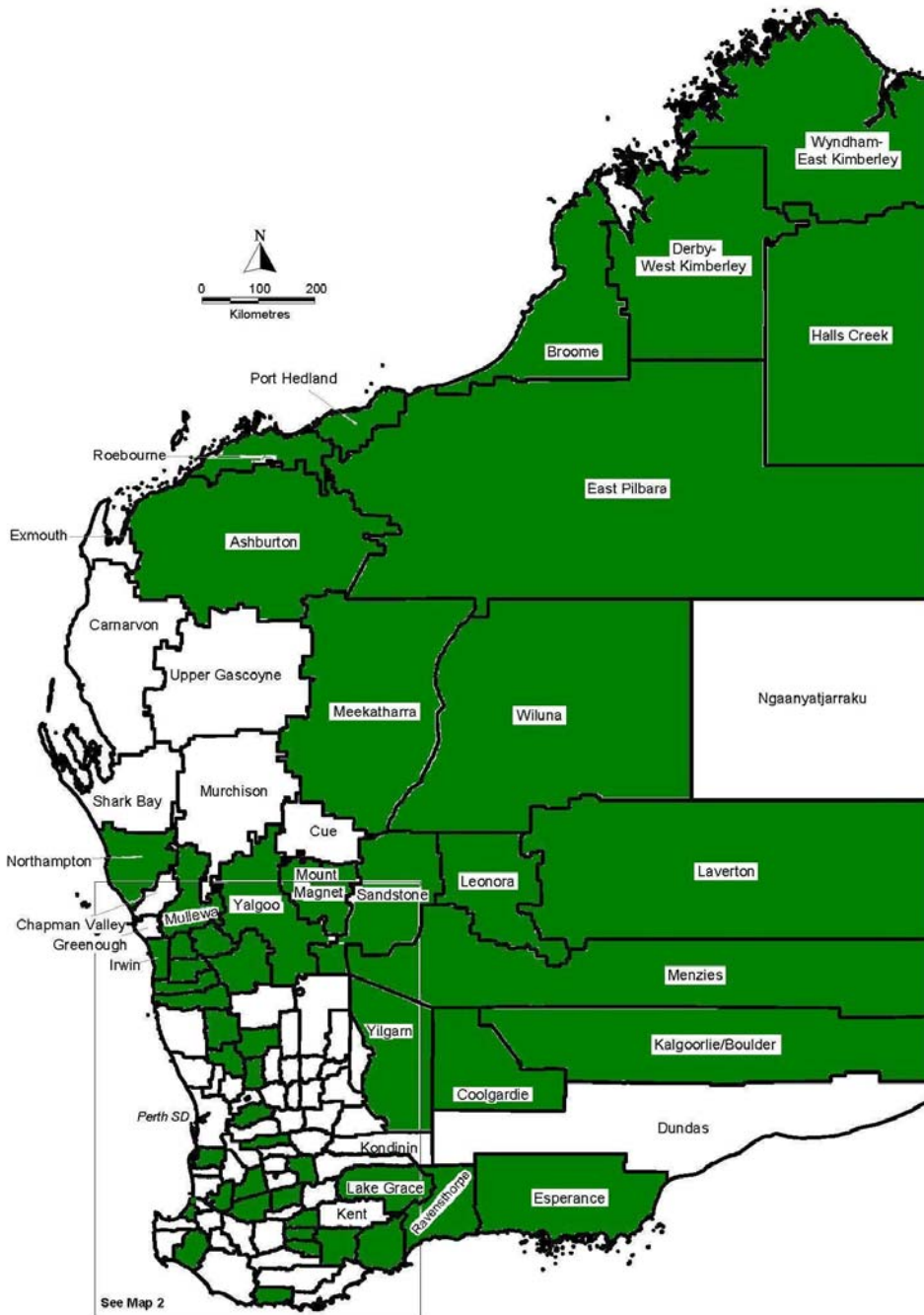
The majority of respondents (54%) had worked in the local government industry for more than 10 years and this is indicated in Figure One. Only 6% of

respondents had been employed in the local government industry less than one year.
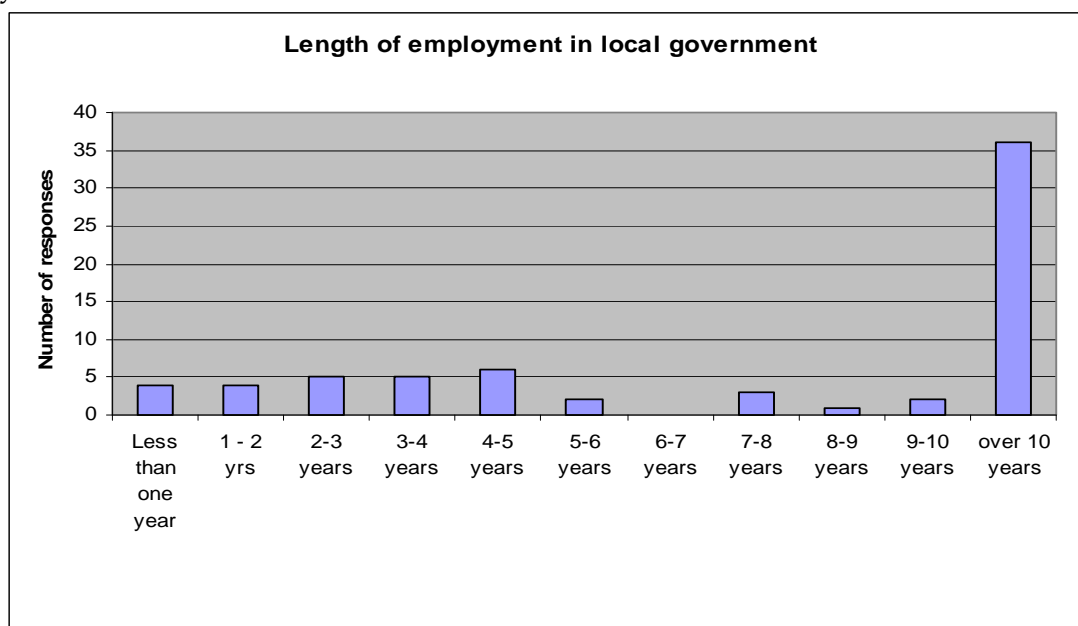
Length of employment in local government

Figure One: Length of employment in local government

Traditionally, as environmental health has been the primary public health discipline in local government, with the Environmental Health Officer (EHO) the primary public health professional, the majority of surveys were completed by these Officers.

6.0   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 29% identified food safety as their most important issue. Figure Two provides an overall picture.
Other high rating responses included:
- Sewerage/waste water   13%
- Vectors   11%
- Waste management   9%
- Disease control, pollution and public buildings   7% respectively

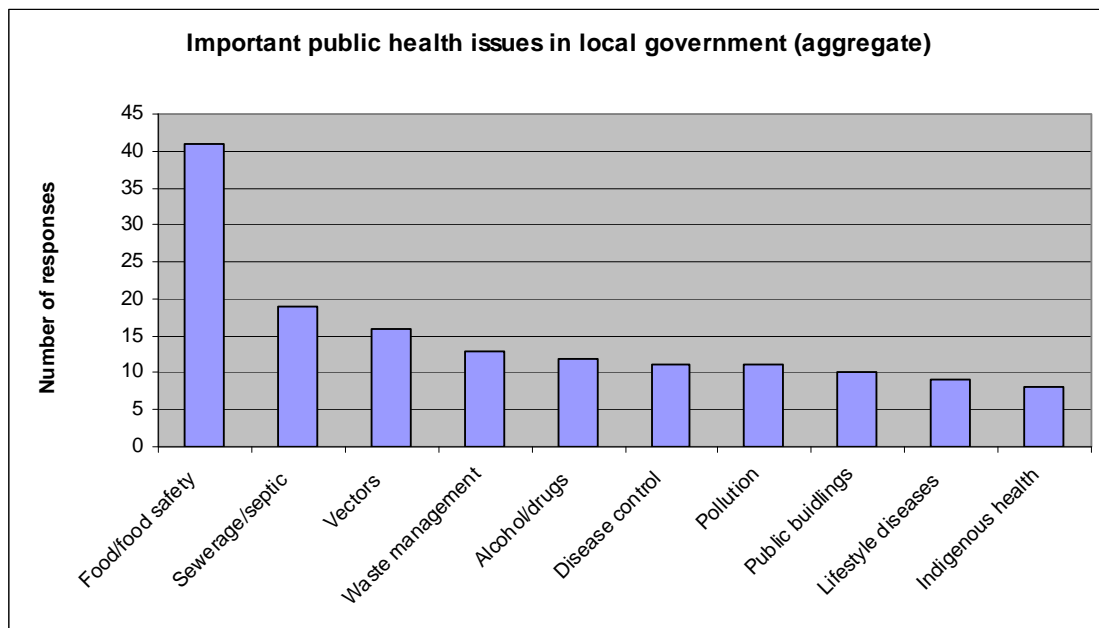**Important public health issues in local government (aggregate)**

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

Figure Three indicates the issues identified as the most important (ranking one) by the respondents. It was interesting to note that lifestyle diseases and Indigenous health ranked in the middle of the most important public health issue (Figure Three). Graphs for ranking 2 and 3 are included in the appendices.
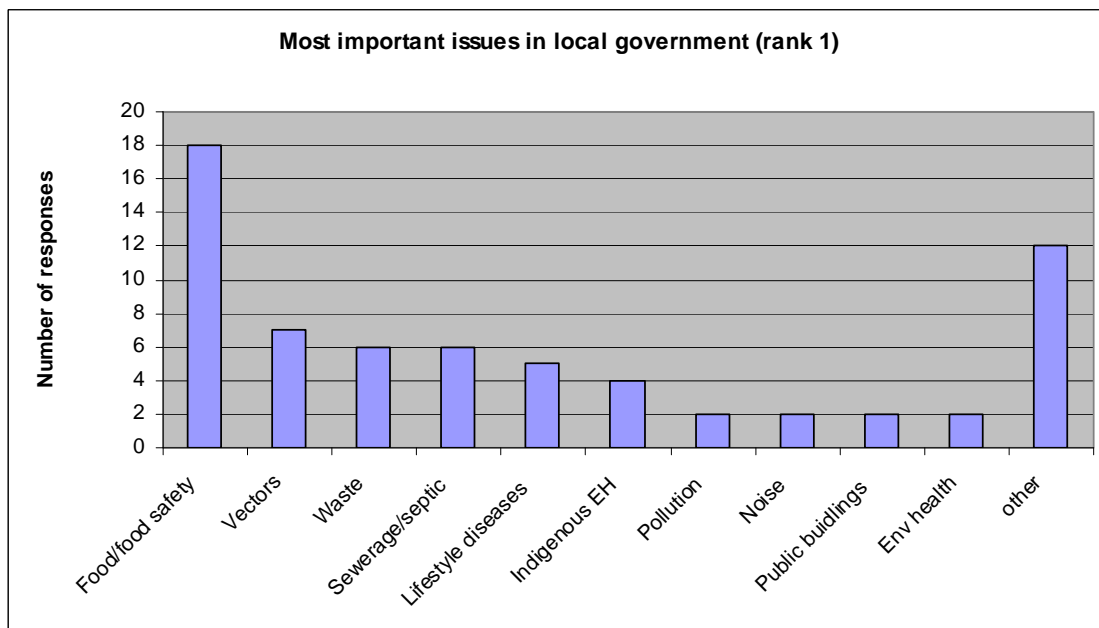

Most important issues in local government (rank 1)

Figure Three - Most important issues in Local Government (ranking 1)

6.1 Differences between important and urgent issues

Respondents were then asked to nominate the most urgent public health issues. The definition of "important" verses "urgent" issues can be 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 do demand attention, and need to be dealt with swiftly, but they are often the demands or goals of others and are not 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 responses, there were few differences to the most important public health issues, with 21% identifying food safety as their most important issue. Figure Four provides an overall picture. Other high rating responses included:

- Sewerage/waste water   16%
- Vectors   14%
- Waste management   11%
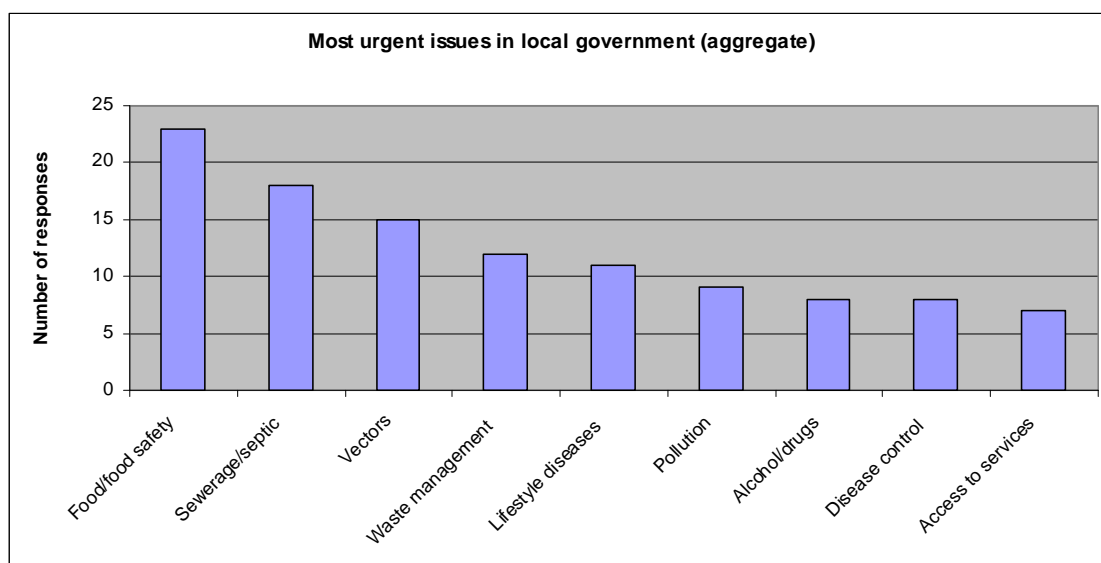- Lifestyle diseases   10%
- Pollution   8%

Figure Four - Most urgent issues in Local Government (aggregate ranking)

When reviewing data for the issues reported to be the primary urgent issues, access to health services appears within the top four issues. Indigenous health and disease control also emerge in the mid range. Figure Five illustrates these data. Graphs for ranking 2 and 3 are included in the appendices.
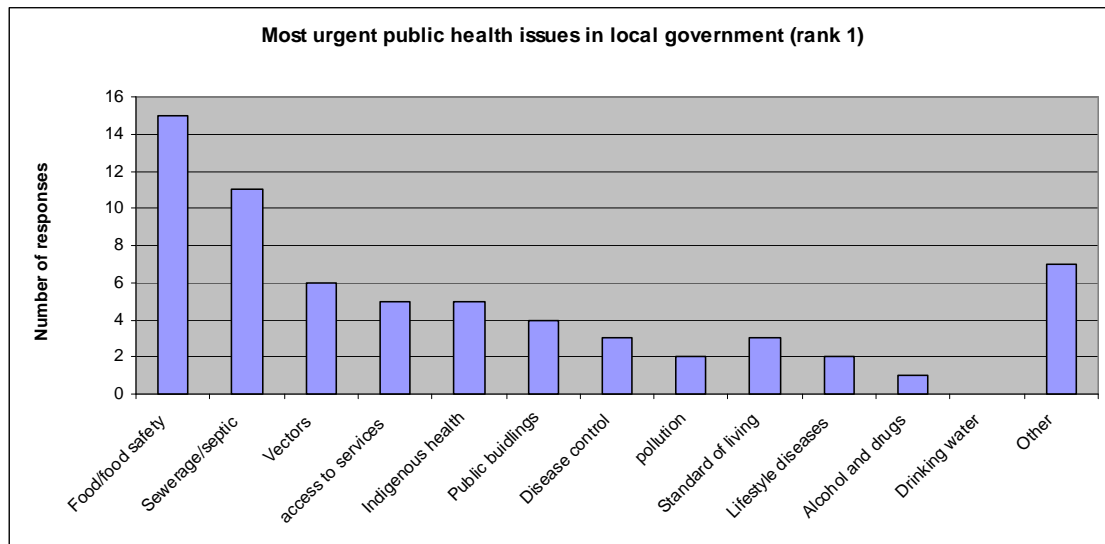

Figure Five - Most urgent issues in Local Government (ranking 1)

Respondents were then 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 three responses as shown in Figure Six, food safety (24%), waste management (15%), and vector control (13%) were ranked in the top four. Building control was introduced as the third highest resource intensive issue with 14% and complaint resolution ranked fifth highest with 10%.
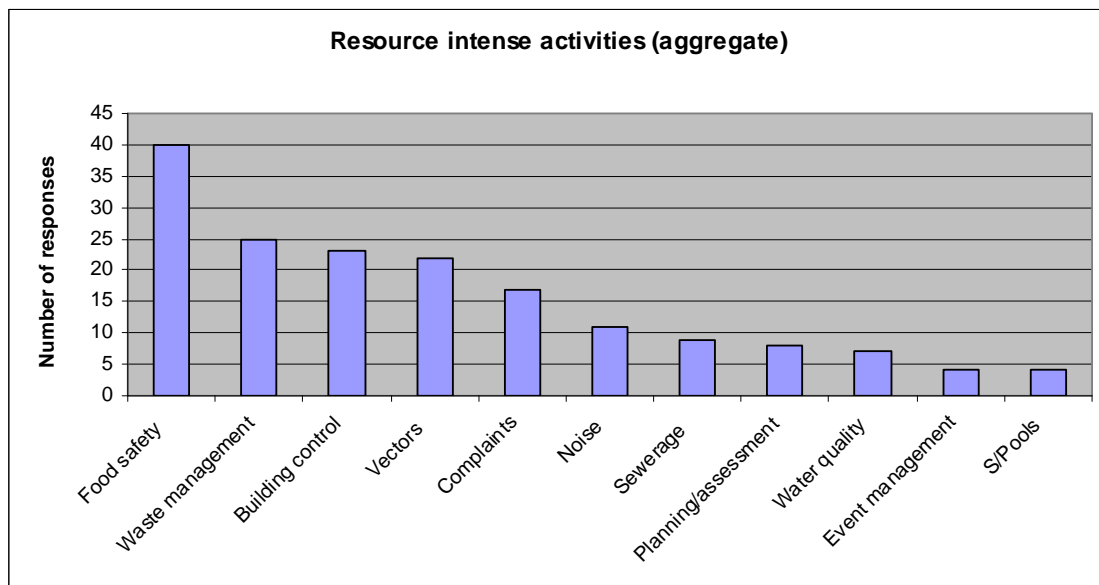
Figure Six - Resource intensive activities in Local Government (aggregate ranking)

When reviewing data for the issues reported to be the primary resource intense issues, there is little change to the aggregate data. Figure Seven illustrates these data. Graphs for ranking 2 and 3 are included in the appendices.
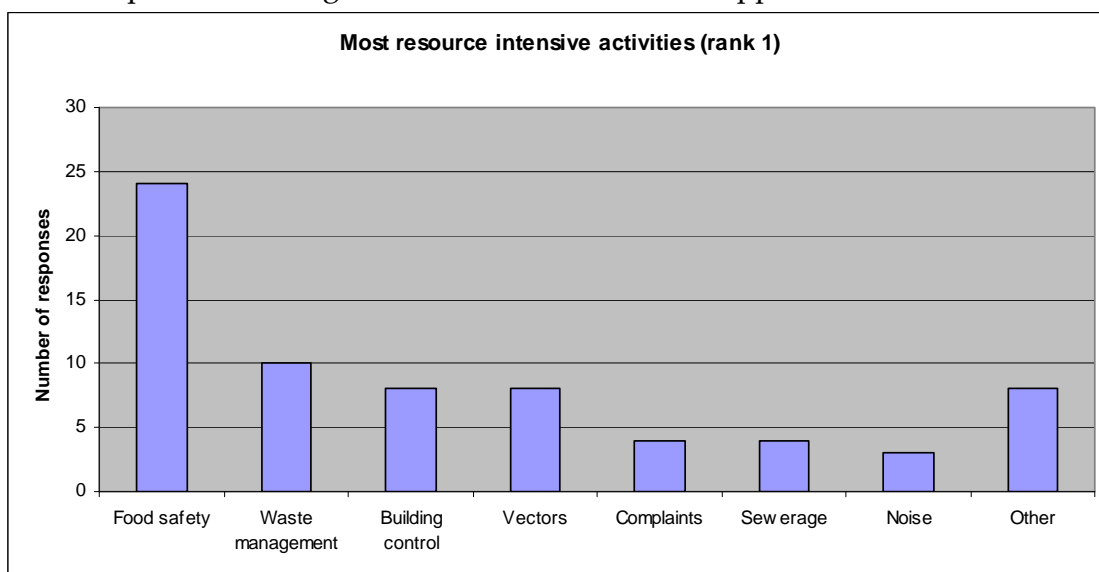

Figure Seven - Resource intensive activities in Local Government (ranking 1)

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

The PHAIWA has identified six priority issues in its Strategic Plan. These issues include:
- Obesity
- Environment and Health
- Indigenous health
- Alcohol
- Child health
- Injury

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.
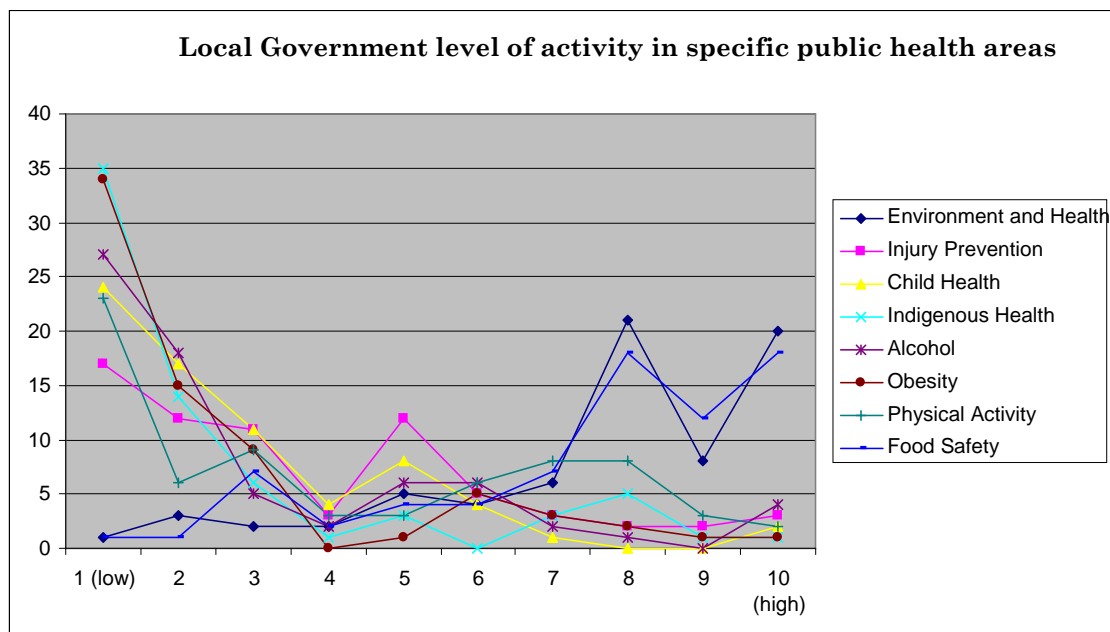

Figure Eight – Local Government involvement in PHAIWA priority issues

Figure Eight highlights the following key points:
- There is little involvement in the areas of obesity, Indigenous health, alcohol and child health.

- As expected, there are high levels of involvement in the food safety and environment and health areas.
- Physical activity and injury are afforded higher levels of priority than many of the options. The Premier's Physical Activity Taskforce Local Government Physical Activity grants would explain the activity in physical activity.

8.0   Local Government partnerships

It is recognised that non-Government organisations (NGOs) help produce 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.

Advocacy is widely accepted as a fundamental component of effective health promotion, and if based on a careful analysis of the potential contribution of other sectors, is clearly a precondition of healthy public policy and good practice (Milio, 1991). Yet, the survey results identified that operationalising this concept in the local government arena remains a challenge. Figure Nine highlights the NGOs working with local government, as nominated by respondents.
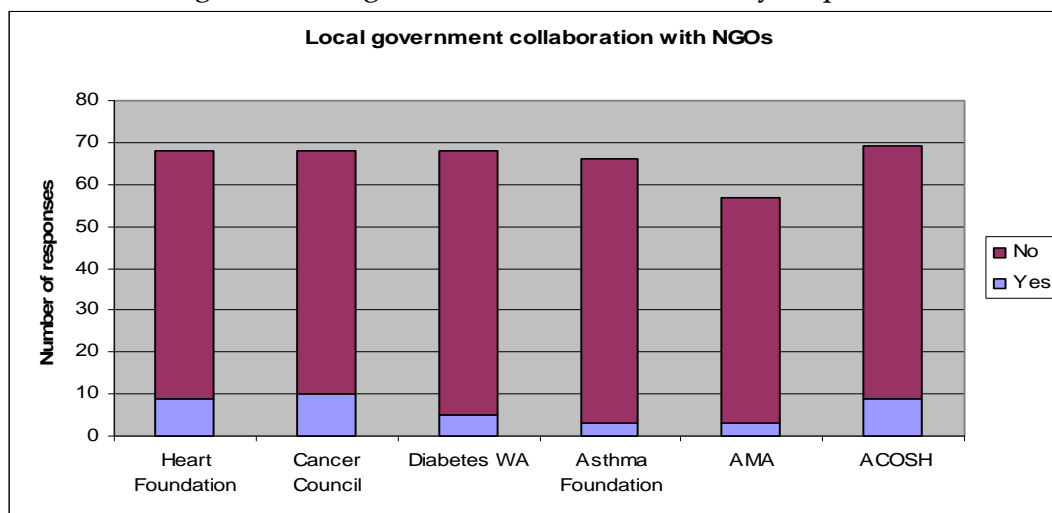

Figure Nine – The NGOs that local government collaborate with

Figure 10 indicates that of the 75 local governments surveyed, only fifteen used NGOs to assist with their business.

*It is acknowledged that the AMA is a professional body rather than a service provider

Percentage of local governments that have worked with NGOs

22%

78%

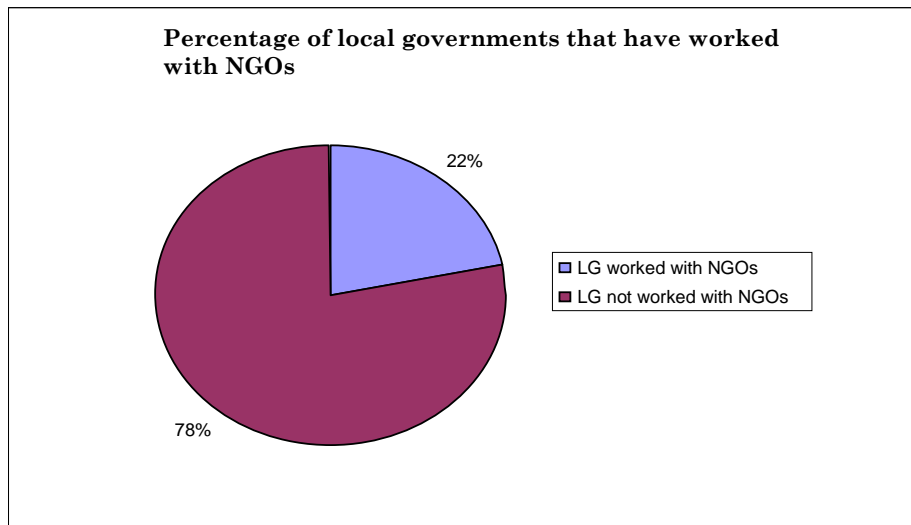- LG worked with NGOs
- LG not worked with NGOs

Figure 10 – The total number of local governments working with the NGO sector

Research by Stoneham (2001) identified that willingness and interest of NGOs to participate and support processes within local government stemmed, in part, from the perception of community ownership generated by the local governments. Representatives from NGOs who were involved in local government business were motivated to assist and driven by the opportunity to be perceived as providers of a particular service, thus enhancing their own involvement and personal efficacy.

The research also identified that the local governments that did include NGOs reaped rewards from such action. Some examples of these rewards included external funding to support policy implementation, new partnerships, and the development of a collaborative resource base for policy development.

The level of involvement by local governments with NGOs was disappointing. Advocacy strategies could assist by proposing changes at a functional rather than structural level, creating opportunities for local government to see the value in partnering with external agencies to increase the level and quality of services, and functions through collaborative arrangements at both regional and state levels.

The challenge is for NGOs to promote the expertise, resources and in kind services they can provide to local governments; particularly with current plans for a new Public Health Act.

9.0   Recruitment and Retention of Environmental Health Practitioners

It is recognised that there is currently a workforce shortage of suitably qualified EHOs in WA which is magnified in rural and remote areas. There is a need for strategies to be implemented to achieve a workforce supply that meets changing needs, growth in demand, and that is sustainable. It has been suggested that Councils need to be encouraged to develop and maintain work environments and cultures where the EHO workforce is valued and supported, where they gain career satisfaction, and where workplace flexibility arrangements and family friendly policies encourage high retention rates.

Local governments were asked to indicate if they had difficulties recruiting and retaining the local government public health workforce. The results support concerns about a workforce shortage with 56% of respondents advising they had difficulty recruiting Environmental Health Practitioners (Figure 11) and 42% stating they had difficulty retaining these professionals (Figure 12).
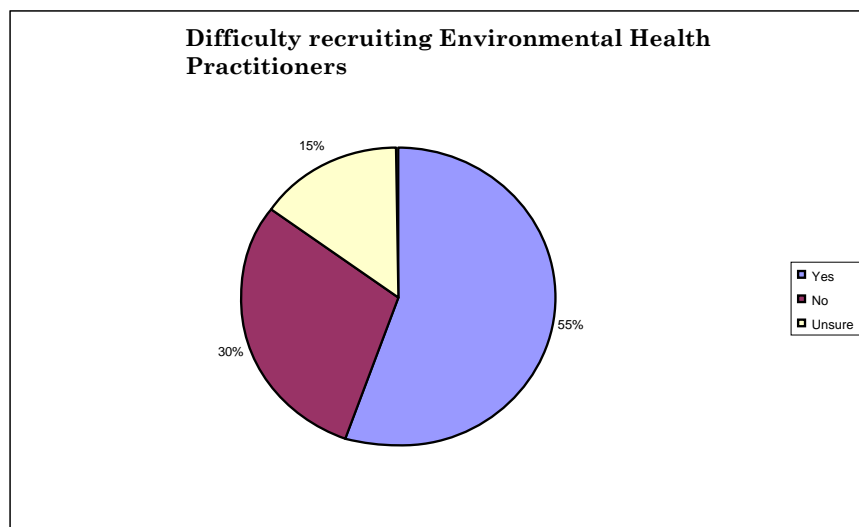

Difficulty recruiting Environmental Health Practitioners

15%

55%

30%

■ Yes
■ No
□ Unsure

Figure 11 - Number of local governments expressing difficulty in recruiting EHPs

Difficulty Retaining Environmental Health Practitioners
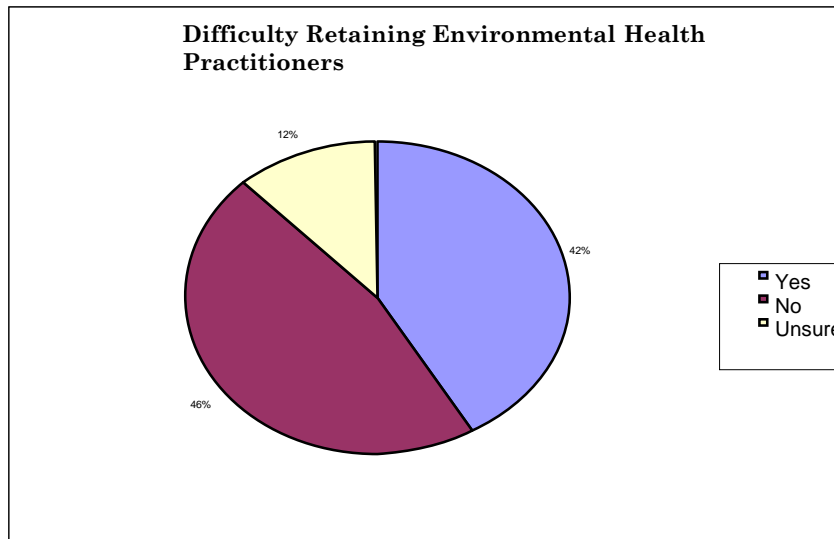
12%

42%

46%

- Yes
- No
- Unsure

Figure 12 - Number of local governments expressing difficulty in retaining EHPs

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

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

Figure 13 illustrates the allocated times. It is clear from these responses that public health in local government in WA remains firmly grounded in the more traditional and legislative approaches to public health. For example, 92% of respondents spent less than 30% of their time conducting health promotion activities.

When looking further at this data, 61% of respondents advised they did not allocate any time on Indigenous health and 35% spent no time on health promotion.

Well planned health promotion or prevention programs can make enormous contributions to improving the quality of life and not only safeguards people from harm or poor health, but also encourage and support positive health outcomes for local communities. This has been demonstrated in the areas of tobacco (Taylor & Clements, 2003), road trauma (AIHW, 2008), SIDS (d'Espaignet, et al., 2008), and HIV (Abelson & Applied economics, 2003). More specifically in the area of

environmental health, there are some key historical events that reinforce the importance of prevention and laid the foundation for the profession. For example, John Snow proved cholera was being spread in piped water when he quarantined a pump in a district of London and prevented the spread of the disease in that district.

Edwin Chadwick, the principal architect of the Sanitary Reform movement, also serves as a useful case study. He linked homes to clean drinking water and properly drained sewage to reduce the spread of illnesses. Between 1901 and 1970, as a result of this and subsequent action, deaths due to diarrhea and dysentery went down by 12% in England, Wales and the Netherlands (Watts, 2001).

Preventing environmental health problems at the source—through the redesign of production processes, the substitution of less toxic production materials, the screening of new chemicals and technologies before they are introduced and the development of less-polluting transportation systems—is usually a far cheaper, more effective way to reduce environmental health risk and improve health outcomes, especially over the long term.

A surprising finding was that 92% of respondents spent less than 30% of their time in Indigenous health. With almost one-third of Indigenous people living in metropolitan regions of Western Australia and an estimated 25% of Indigenous people living in remote or very remote areas (compared to 2% of non-indigenous Australians), Indigenous health should be an issue for all local governments.

The 17 year gap between Indigenous and non-indigenous populations' life expectancies signifies the poor state of Indigenous Australians. Respiratory, gastrointestinal, infectious and parasitic diseases are reported as being disproportionately higher among Indigenous Australians, especially the young. Many factors that put Indigenous Australians, especially those residing in rural and remote areas, at a higher risk of poor health are related to environmental health determinants such as inadequate housing or harmful levels of community or personal hygiene. A survey of communities in Western Australia stated where large problems with water supply and sanitation problems, overcrowding and substandard housing, waste-water disposal problems and the absence of rubbish disposal existed, there was a high prevalence of vermin and pests and a lack of hygiene (ABS, 2006).
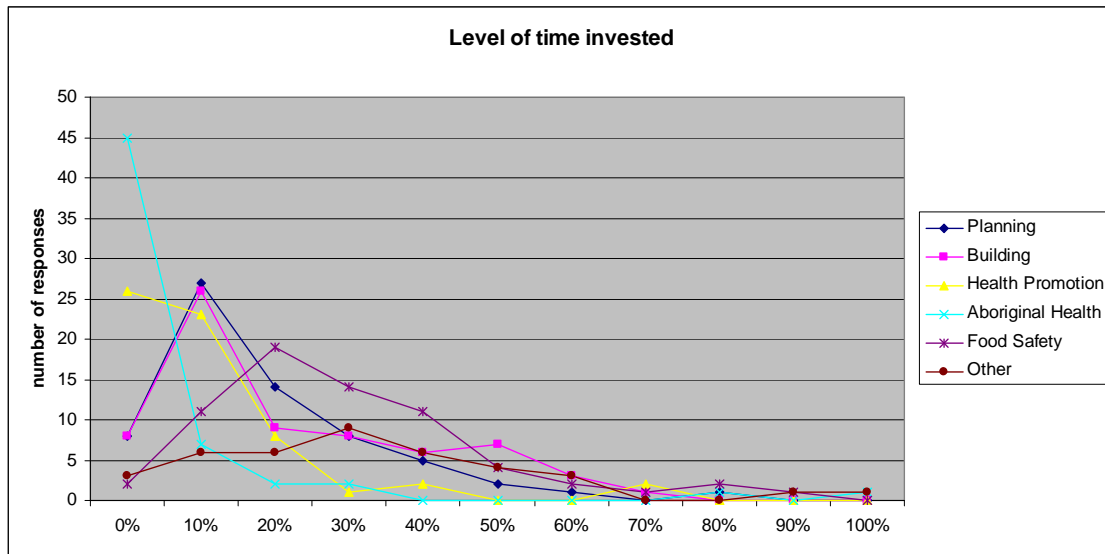
Level of time invested

Figure 13 - EHO's active or performing duties in specific areas and estimates of the percentage of time.

Almost three-quarters of the respondents advised they spent less than 30% of their time planning. Program planning is the process of articulating what the program is trying to achieve, why it is being done and how it will occur. It involves setting measurable goals and objectives, selecting appropriate strategies, and designing specific activities for the implementation and evaluation of the program. Planning also takes into consideration the availability of good resources along with commitments to customers and the organisation.

It is acknowledged that in the real world, planning is a complex task often involving many partnerships within the community and other stakeholders. However, the importance of planning is widely recognised and local governments and communities who are prepared and have an understanding of, and how best to deal with the public health risks they face are more efficient and effective.

Strategic planning is an important area for prioritizing work. Respondents were asked to identify if they had an annual business plan for environmental or public health. More than half (57%) of the respondents did not have an annual business plan and 1% were unsure if a plan existed.

The survey 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 provide ideas in other areas. Figure 14 illustrates that training is required in the areas of food safety and public health, with a smaller number of respondents identifying advocacy as an area of need.
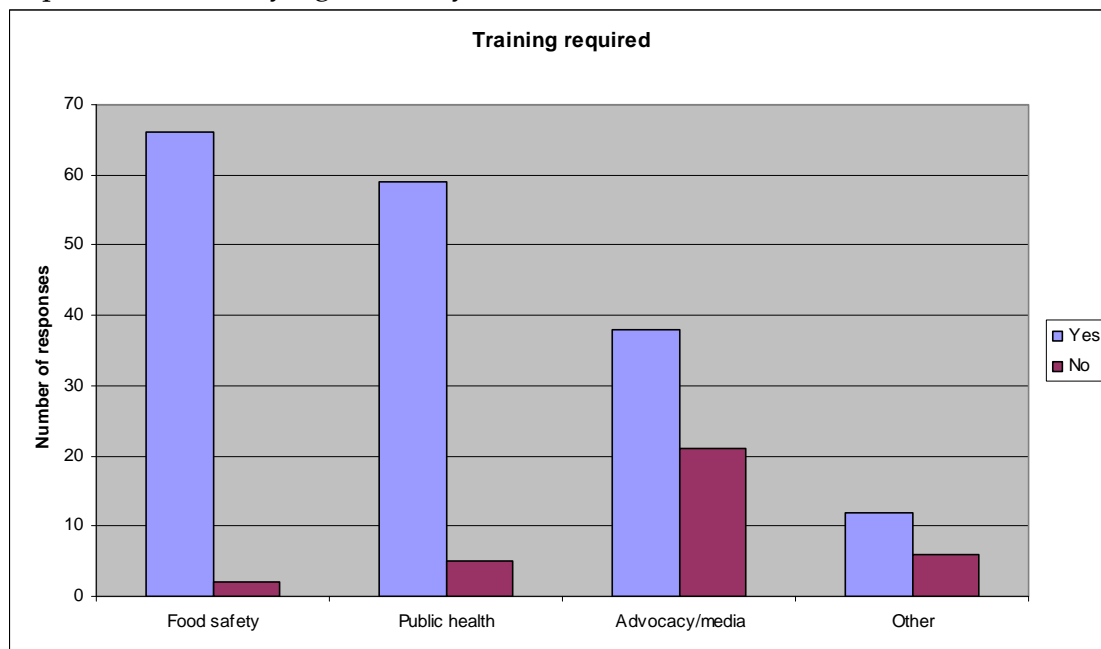

Figure 14 - Training opportunities for local government

Other ideas for capacity building included:
- New Public Health Act (2)
- Waste (2)
- Public health risk
- Noise
- Leadership

10.   Conclusions

The results from this survey are extremely useful in providing guidance on how to better meet the needs of local government public health practitioners. The findings reinforce that for many decades, local governments have played a very important role in managing public health issues and ensuring the delivery of a range of services to protect and promote the health of the people in their area.

The findings from this survey acknowledge that many factors affect local government's role in public health, including political and organisational commitment, practitioner skills, geographical location, strategic direction, ability

to recruit and retain professionals, demographic profiles, and community needs and resources.

The results highlight that the majority of Western Australian local governments undertake statutory roles as their principle method of managing public health issues, while few combine these roles with discretionary services (e.g. health promotion) as a way of managing and communicating their commitment to public health.

The survey findings clearly demonstrate that local government is busy and in some cases, under resourced. Being busy is a good problem to have, but there is a need to ensure that the "busyness" argument does not prevent local governments from dealing and learning about issues outside of their routine statutory and daily business.

The lack of planning in local government public health is seen as a barrier to good practice and needs to be addressed. The introduction of the new Public Health Act may alleviate some of these barriers.

There is scope and opportunity for local governments to partner more effectively with non-government agencies and other external partners. The onus for developing and fostering these partnerships does not solely lie with local governments, and there is a need for external partners to be more proactive in how these deal and work with local governments.

The expectations of government agencies from public health practitioners working in local government are high. In some cases, this demonstrates a lack of understanding of state government roles and constraints. In other situations, it reinforces that local government is often delegated roles without financial assistance and left to manage public health using existing and often insufficient resources.

The role of local governments is to build strong, self-reliant communities through community capacity development and engage with the community to make sure that decisions, services and resources align with the community's needs and expectations. The PHAIWA, through the development and fostering of partnerships with local governments, intends to provide assistance to local governments to ensure this goal is met.

11. References

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Taylor R & Clements M (2003) <u>The contribution of the decline in tobacco smoking to reduced lung cancer mortality in Australia: an epidemiological and economic analysis.</u> Dept Hlth and Ageing, Canberra.

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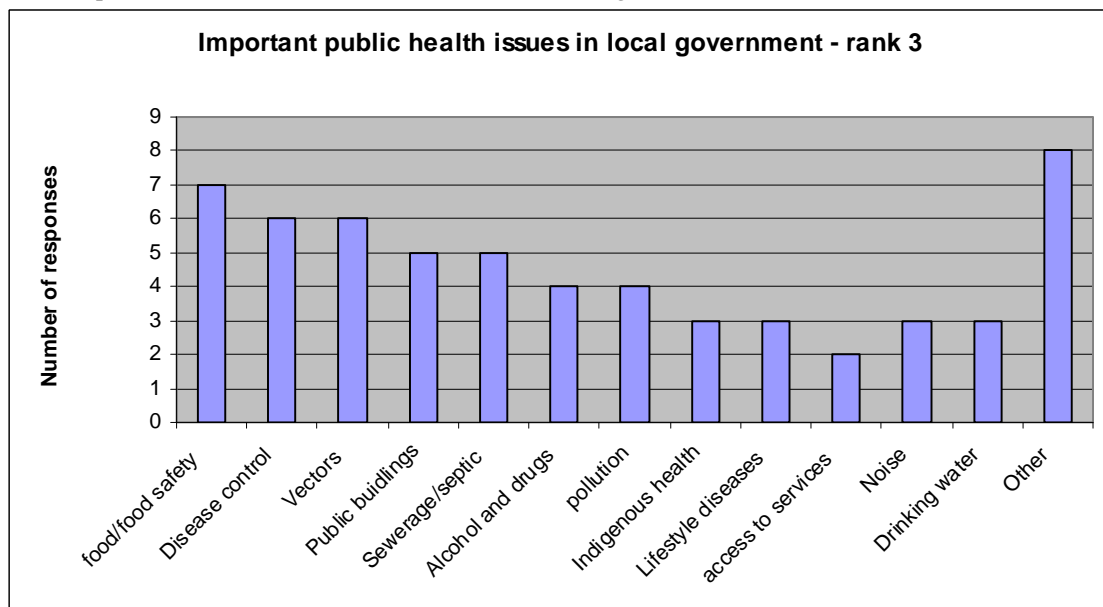
Appendices
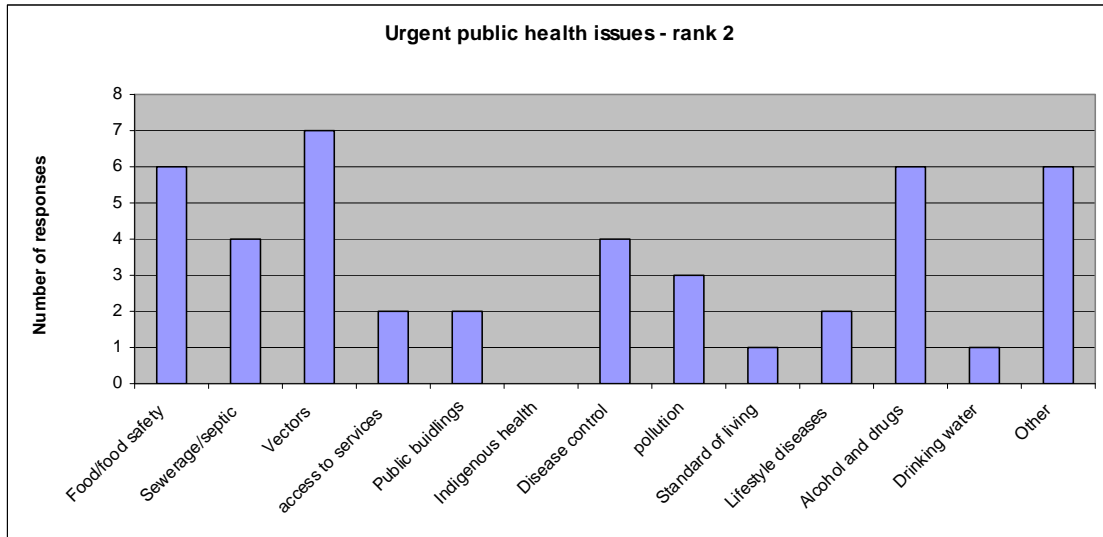## Appendices – Additional Data

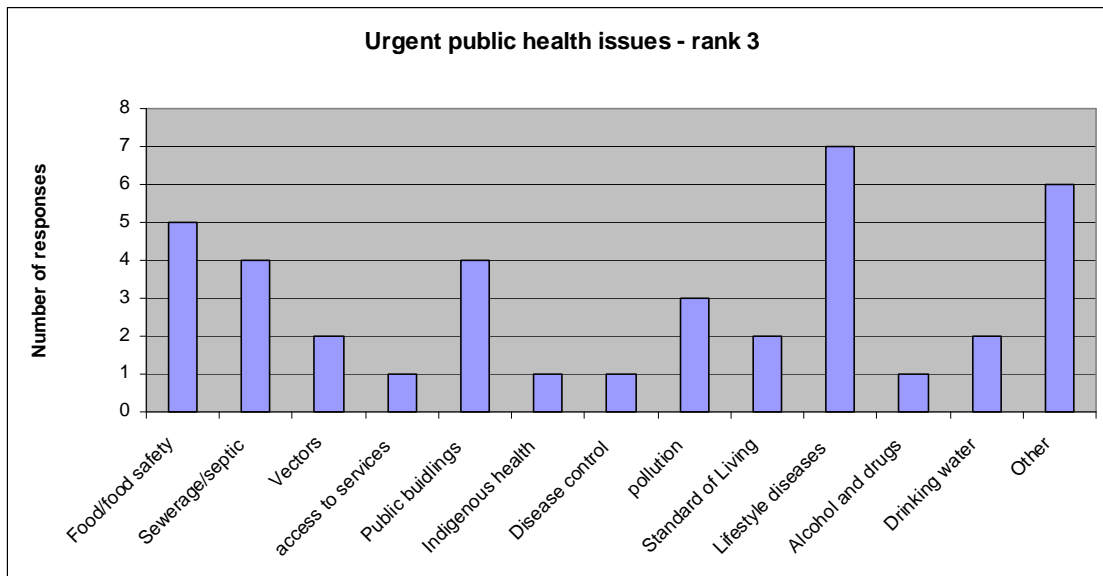Most Important Issues in Local Government – Ranking 2
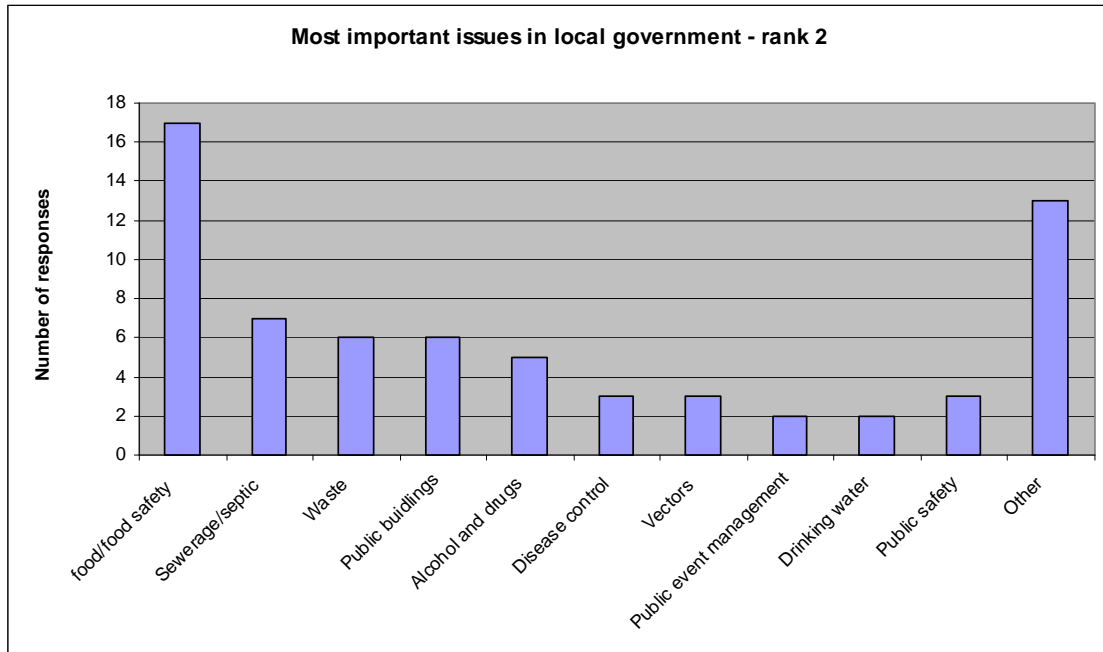
Most Important Issues in Local Government – Ranking 3

Most Urgent Issues in Local Government – Ranking 2

Urgent public health issues - rank 2

Most Urgent Issues in Local Government – Ranking 3

Urgent public health issues - rank 3

Resource Intensive Activities in Local Government – Ranking 2

Resource intensive activities - rank 2

Resource Intensive Activities in Local Government – Ranking 3
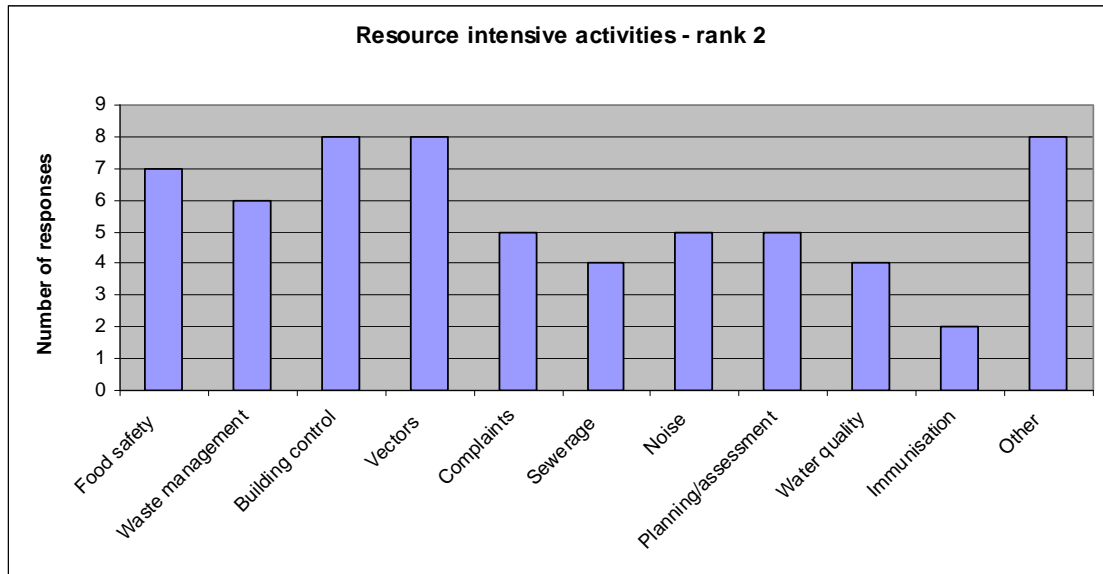
Resource intensive activities - rank 3
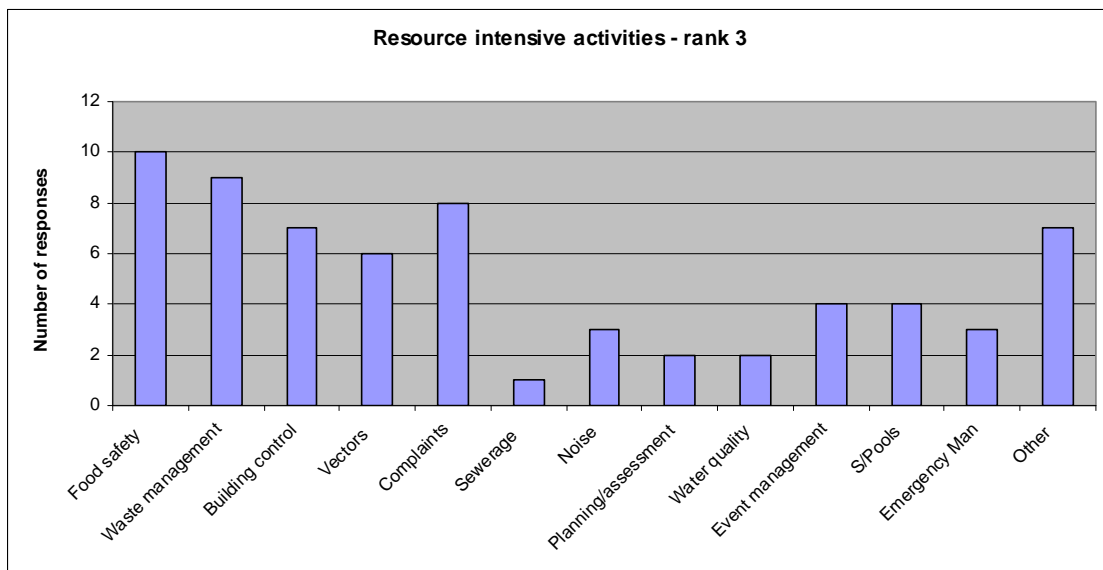
Complete data for areas of improvement in relation to meeting needs and addressing expectations relating to services provided by the EHD.

Communication/Advice
- Better two-way communication/ strategic communication (10)
- Regular mail outs about what's new/upcoming programs, events and training (5)
- Clear opinions, consistent advice (3)
- Regular meeting gatherings/briefings with local government (3)
- Get people to answer their phones
- More openness and freedom to offer opinions and advice

Training/Capacity Building
- More regional training (4)
- Implement the new Health and Food Acts (3)
- Integration of Local Government EHOs and Dept of Health
- Capacity building
- Secondment of Department staff to Local Government so that staff have an appreciation of what and how their strategies etc impact on local government officers. Perhaps there should be some prerequisite to work in local government, prior to working in the State Department?

Policy Development
- Consultation - left out of policy development (3)
- Development of more policy and guidance targeting local government needs, including development of an EH Plan for the directorate

Staffing
- Better understanding by DoH officers of how local governments work and their limitations (2)
- Increased skill knowledge of new staff in the DOH (2)
- To have experienced DOH staff to provide professional practical advice to local govt. EHO's
- Ensure the staff are of a high calibre and retained - not new graduates. Must have at least 5yrs local government experience (subject to area they work in).
- The DOH seems to be loosing its level of expertise in specific areas (Therefore reinstating Experienced officers in specific areas
- Retention of good practical and experienced officers

- Ensuring appropriate staff are on hand for Food, Water, Pool and Septic Regulatory enquiries
- More regular updates on staffing changes

Regional Focus
- Greater face to face contact in regional areas
- More on site visits and understanding Local Government processes

Advocacy
- WADH needs to become more vocal and demand EHO be able to carry out their duties and not other work
- Far more representation to country areas from the Dept officers through bi annual reviews of Local Authority effectiveness
- Health Dept to take a lead role in collaborating with LEMACs to have field exercises in (e.g.,) pandemics or other emergencies of a public health nature

Customers
- Better customer service - inconsistent service among officers

Other
- Instigation of a registration board for all EHO's
- More leadership
- More interaction between regional and metro practitioners