



PROMOTING PARTNERSHIPS SERIES

**OBESITY**

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

**Background**

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

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

**What did we ask local governments about obesity?**

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

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

Collectively, local governments ranked obesity ninth in their top ten most important public health issues (Figure One). However 6.6% of local governments specifically nominated obesity/diet and lifestyle as their priority issue, 1.3% of local governments nominated it as their second priority and 4% nominated it as their third priority.



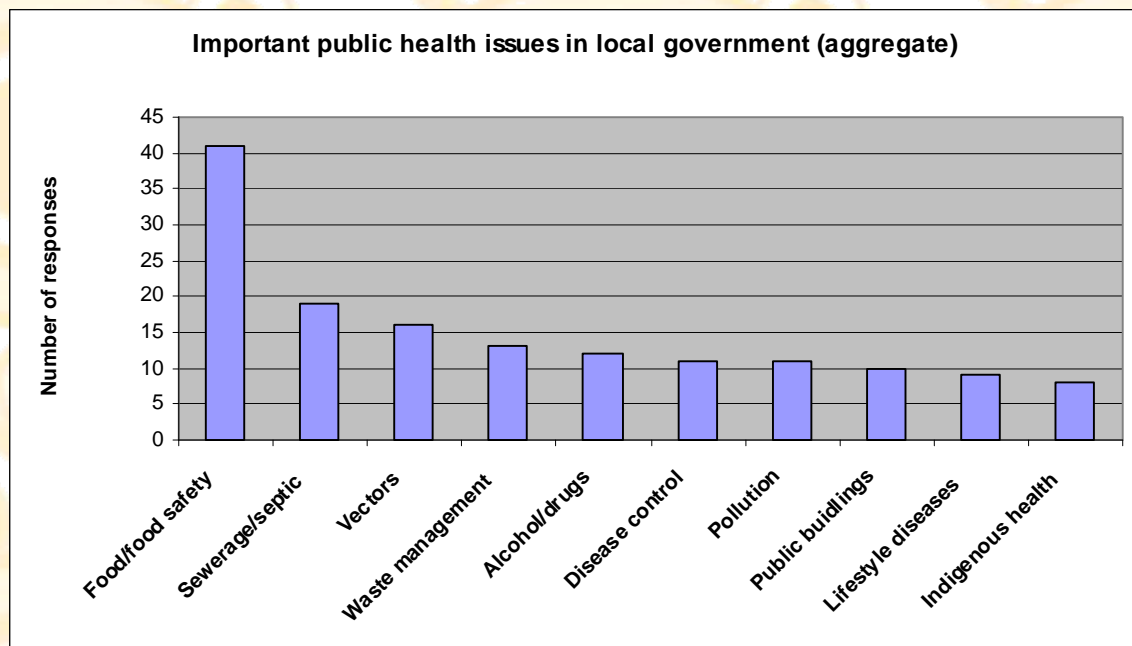


Figure One – Most important public health issues in local government (aggregate)

Similar results were found when analysing the most urgent public health issues in local government. The issue of obesity/lifestyle appeared as the fifth most urgent issue in the aggregate data, with 2.6% ranking it as their most urgent issue, 2.6% ranking it as their second urgent priority and 9.3% ranking it as their third most urgent issue. These data are illustrated in Figure Two.

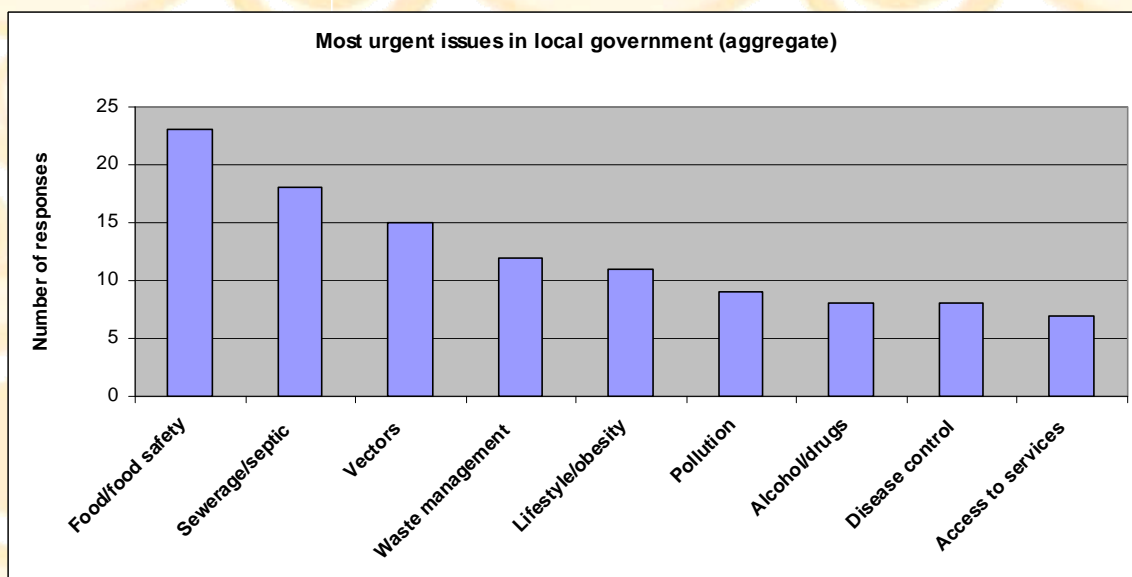


Figure Two – Most urgent public health issues in local government (aggregate)

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. No local governments nominated obesity at any ranking in this category.

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



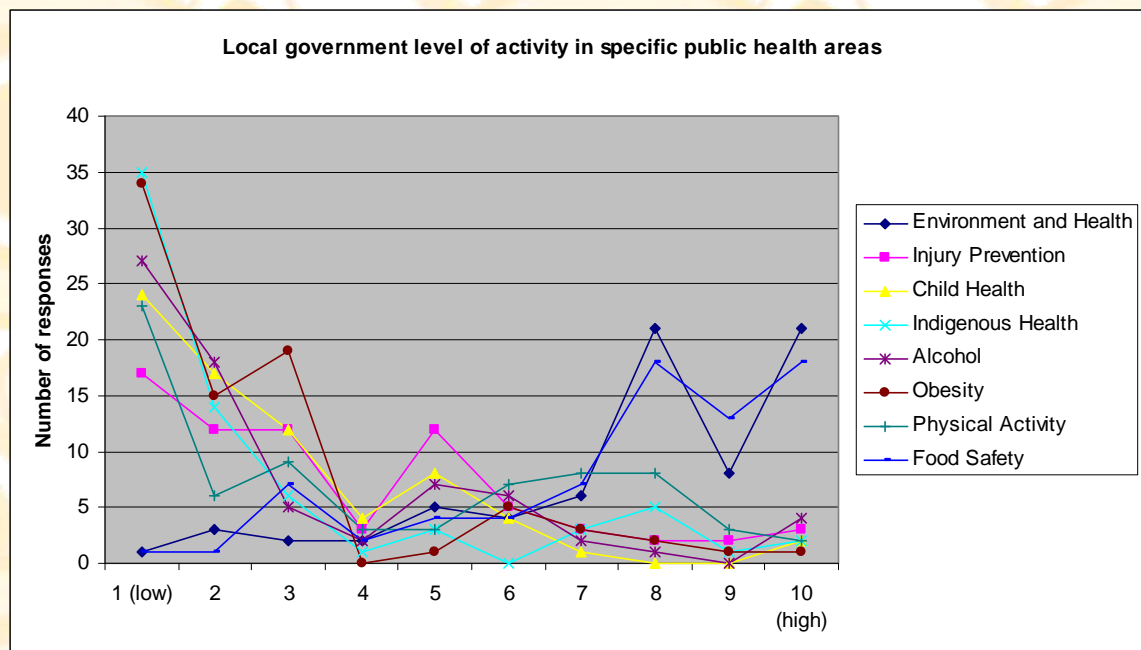


Figure Three - Local Government involvement in PHAIWA Priority Issues

Figure Three highlights there is little local government involvement in the areas of obesity, Indigenous health, alcohol and child health.

## What about prevention?

It is acknowledged that individual dietary and physical activity behaviours ultimately determine energy balance and therefore body weight, however these behaviours are influenced by a multitude of other factors including physical infrastructure, occupation, cultural norms and social trends, technological advances, market forces, individual preferences and personal motivation.

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

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

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

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



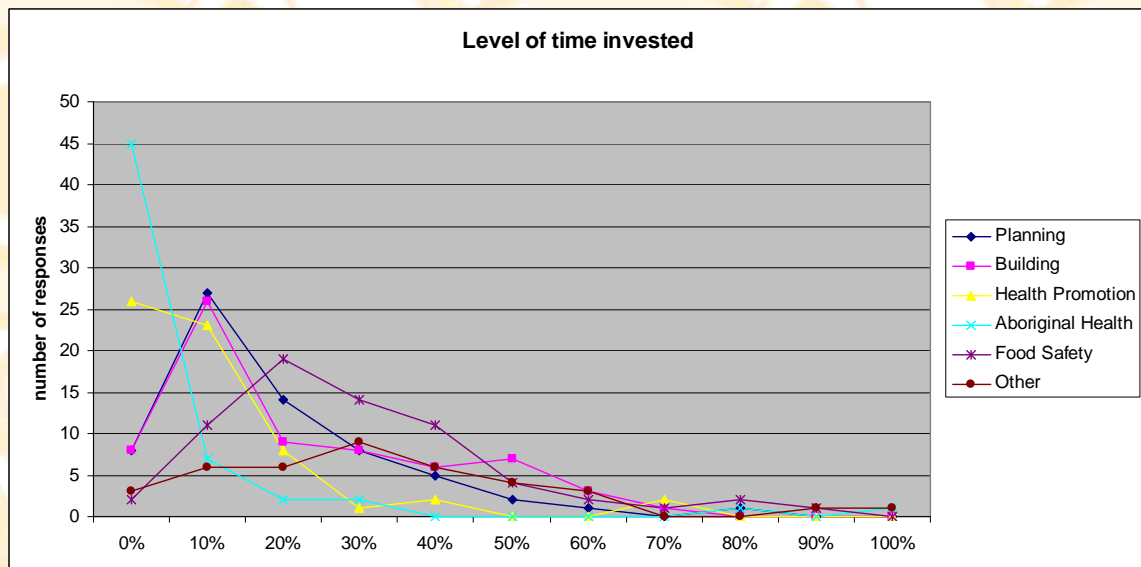


Figure Four – Local Government's active or performing duties in specific areas and estimates of the percentage of time.

When looking further at these data, 35% of respondents advised that they spent no time on health promotion. Over three-quarters (79.4%) of local governments advised they spent no or less than 10% of their time on health promotion, and only 3.2% of respondents invested over 50% of their time on health promoting activities or services.

## What else did the survey highlight?

Other interesting data from the survey relevant to obesity included:

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

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

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

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



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

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

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

## References

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

