Local government capacity to deliver health promotion initiatives: a case study

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Increasingly, Australian local governments are being asked to strengthen their commitment and role in public health and health promotion. Federally, the National Partnership Agreement on Preventive Health (NPAPH), funded local government to deliver community-based physical activity and healthy eating programs, and to develop a range of local policies that support healthy lifestyle behaviours.\textsuperscript{1} In South Australia, the Public Health Act 2011 makes local government responsible, for the first time, for taking action to preserve, protect and promote public health within its area.\textsuperscript{2} Similar legislation has been enacted in other states. In this letter we discuss the evaluation of a local government project and what this tells us about the capacity of local government to deliver effective health promotion programs.

The City of Marion Healthy Communities Initiative 2011–2014, funded under the NPAPH, aimed to reduce the prevalence of overweight and obesity within the local adult population. The City of Marion is located in the southern metropolitan area of Adelaide, South Australia, where nearly half the adult population is overweight or obese.\textsuperscript{3} The initiative focused on adults in four suburbs who are predominantly not in the paid workforce, are of low socioeconomic status, from culturally and linguistically diverse background or new arrivals. Activities, mostly based in neighbourhood centres, evolved over time and included community meals, edible gardening classes, cooking and physical activity sessions and volunteer training. Barriers to participation were reduced by adopting a socially inclusive environment, minimising cost, setting up ‘buddy’ systems and provision of appropriate clothing for physical activity.

Aspects of the initiative were evaluated by Flinders University with ethics approval from the Social and Behavioural Research Ethics Committee. Evaluation focused on engagement (through attendance and satisfaction) of participants in the programs. Methods included a survey of participants (\(n = 83\)), two participant focus groups (\(n = 18\)) and interviews with six advisory group members. The evaluation report is available from http://www.flinders.edu.au/medicine/fms/sites/southgate_old/documents/City%20of%20Marion%20Healthy%20Communities%20Evaluation%202013.pdf.

Fifty-one (64\%) survey participants reported improved knowledge about healthy eating and physical activity and 43 (54\%) had changed, or intended to change, their behaviour. Inclusive, welcoming programs decreased barriers to participation. A pathway through participation, volunteering and skills development was achieved by several participants, with eleven attaining employment.

Factors facilitating the successful implementation of the initiative were identified from the evaluation data, see Table 1. The focus on addressing barriers to healthy eating and physical activity for the priority groups identified by the initiative has led to a more equitable approach, reaching many who would not otherwise have been able to participate. Engagement and participation was encouraged through using or developing relationships with existing community-based organisations representing the desired community of interest.\textsuperscript{5,6} In acting as facilitators rather than experts, a model of engagement that recognises the power differences between professional people and community members was followed.\textsuperscript{6} Working with neighbourhood centres and training of volunteers enabled community capacity building.\textsuperscript{5}

The City of Marion had demonstrated readiness to take on a health promotion role by, for example, its support of neighbourhood centres and becoming a WHO-accredited Healthy City. Thus, the project has value-added to the infrastructure and culture that exists in the City of Marion. Some policies and models developed during the initiative are likely to have an impact at a structural level and may flow on to other local governments.

However, recent budget constraints and structural changes have put pressure on many federal- and state-funded health promotion programs. The NPAPH and associated health promotion program funding was cut in the 2014 budget. Thus, $368 million has been stripped from various preventive health agreements that the previous federal government had made with the States and Territories.\textsuperscript{7} A South Australian State Government review\textsuperscript{8} has resulted in the loss of almost all health promotion programs from its primary health care services. The expectation is that, under the 2011 Public Health Act, local government will take on this role,
although research with Victorian local governments suggests that
they face barriers to doing this. These barriers include insufficient
capacity and confidence in health promotion activity and lack of
guidance and resources in evidence-informed health promotion
planning. The case study reported here suggests that local
government can deliver effective health promotion programs if
they have supportive infrastructure, a solid understanding and
commitment to health promotion as well as support and
collaboration of stakeholders, including federal and state
governments.

Local government is being asked to take on an increased role in
health promotion at a time when resources are being taken from
the preventative health sector. With state health services withdrawing
from health promotion, it seems that local government is expected
to fill the gap. However, for many local governments this is new
and uncharted territory. To be effective in health promotion,