

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

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Received 5 September 2014, accepted 18 January 2015, published online 21 May 2015

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.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.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.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.^{4,5} In acting as facilitators rather than experts, a model of engagement that recognises the power differences between professional people and community members was followed.⁶ Working with neighbourhood centres and training of volunteers enabled community capacity building.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.⁷ A South Australian State Government review⁸ 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,

Table 1. Facilitating factors in program implementation and achievement

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- accreditation of program facilitators and the adoption of nationally quality assured programs helped to reassure referring agencies of the quality of the programs
 - the initiative was strong in building capacity, with a large proportion of participants taking on volunteering roles that supported skill development and built confidence and self-esteem
 - diversity of culture and ability was valued and steps taken to overcome barriers to engagement
 - program facilitators shared learning rather than presenting themselves as the 'experts'
 - support and resources for the initiative extended beyond immediate program staff to include City of Marion staff and elected members
 - the Advisory Group was the formal mechanism for establishing and maintaining partnerships with stakeholders and was valuable in sharing information and resources and getting referrals to programs
 - programs were adapted to suit the local context and informed by local organisations through the Advisory Group.
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although research with Victorian local governments suggests that they face barriers to doing this.⁹ These barriers include insufficient capacity and confidence in health promotion activity and lack of guidance and resources in evidence-informed health promotion planning.⁹ 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,

local governments will need access to funding, training and development opportunities and, in many cases, a change in organisational culture in order to develop capacity in this new responsibility. It would be unfortunate if health promotion falls between the gaps because local governments lack expertise and resources to take on this expanded role.

Acknowledgement

We acknowledge the contribution of Ms Sue Elliott, former Project Manager, City of Marion.

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