

# A practical guide to municipal public health planning

A resource for public health and social planners in local councils in Victoria







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## Foreword

Since its release in 2001 the Environments for Health Municipal Public Health Planning Framework has represented a leading edge approach to supporting quality health planning at a local government level.

The Environments for Health framework incorporates an awareness of the social, economic, natural and built environments and their impacts on health and wellbeing. The Framework has had a major impact on local government planning and influenced the conceptual understanding of population health at a local level and beyond.

The Framework has been adopted by a range of other local government areas including municipal early years plans, neighbourhood renewal, and emergency management and encouraged a greater understanding of the social impacts of decisions made in land-use planning and urban design.

Collaboration between Municipal Association Victoria (MAV) and Department of Health and other stakeholders has been a critical feature of the success of Environments for Health over nearly ten years of development, refinement and implementation. This collaboration led to the vigorous support for maintaining municipal public health plans in local government and framing the further requirements of the new Public Health and Wellbeing Act 2008. For some this was a case of regulation catching up with current practice.

To maintain continuity of planning at a local level the requirements of the Act have been brought forward. The new requirements will need to address such issues as evidence, community consultation, and evaluation. All councils will be required to have a plan or be developing a plan by November 2009. For the first time this will mean MPHPs will be in line with the four year cycle of local councils.

This Practical Guide to Municipal Public Health Planning does not replace the Environments for Health framework. The guide has been produced at this time to support municipal public health and wellbeing planning in a new phase of development. This Guide is supplemented with a set of policy and practical guides. The first set of material covers urban design and physical health, evaluation and climate change. These publications can also be downloaded from the Local Government Health and Wellbeing webpage, <[www.health.vic.gov.au/localgov](http://www.health.vic.gov.au/localgov)>

We encourage you to use this Planning Guide in the development of municipal public health and wellbeing plans and to communicate the principles of Environments for Health to your stakeholders. Comments on the content and usefulness of this Planning Guide are welcome as are suggestions for future areas to be addressed.



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# 1 Introduction

## 1.1 Purpose of this guide

The purpose of this guide is to provide local governments with up-to-date guidance on the development of municipal public health plans reflecting recent developments in public health policy, legislation and practice. This is in response to the Victorian *Public Health and Wellbeing Act 2008*. This new Act replaces the *Health Act 1958* and has created a new legislative environment for municipal public health planning, a function of local governments.

This guide presents the process and components of good planning practice to support greater consistency related to public health planning among local councils. Generic resources on strategic planning and project management may be used to supplement this guide.

The primary audience for this guide is those directly involved in public health and social planning and practitioner roles in local government.

## 1.2 Relationship of this guide to other public health planning methodologies

This Planning Guide was first published by the Department of Human Services in 2001 as Part B in *Environments for Health: Municipal Public Health Planning Framework*. It has become an established methodology for municipal health and wellbeing planning used by many local councils in producing plans and strategies to meet their legislative requirements. For example, the Department of Human Services' *Heatwave Planning Guide* (DHS 2009) uses this planning methodology to guide councils in developing heatwave plans to address the risks associated with heatwaves at a community level.

Established planning methodologies also exist for other areas of public health, such as emergency management and integrated health promotion. The Department's *Heatwave Planning Guide* (DHS 2009) compares municipal public health and emergency management planning methodologies to highlight the implications heatwave planning has for each plan and to demonstrate how the particular heatwave actions could be featured in a number of existing municipal plans and strategies.

Like municipal public health planning, planning for integrated health promotion includes a focus on partnerships, the determinants of health and the use of a systematic strategic framework. While the language is slightly different, the planning steps for integrated health promotion are similar to those for municipal public health: they are cyclic in nature and emphasise the link between good planning and evaluation.

## 1.3 Environments for Health: Municipal Public Health Planning Framework

The *Environments for Health: Municipal Public Health Planning Framework* was designed to assist local governments to plan for the impact of the natural, built, social and economic environments on health. Since its publication in 2001, this framework has provided a focus for municipal public health and wellbeing planning. *Environments for Health* provides the guiding principles to be used as the basis for planning for public health and wellbeing and should be read in conjunction with this Planning Guide.

The guiding principles, now embedded in the *Public Health and Wellbeing Act 2008*, hold that primary prevention is achieved by viewing health as the product of multiple factors. These factors extend from the individual to the environment in which they live: the interaction and relationship between these factors have a major influence on health.

This Planning Guide and further guides are available on the Victorian Government Health Information Local Government Planning for Health and Wellbeing webpage <[www.health.vic.gov.au/localgov/](http://www.health.vic.gov.au/localgov/)>. They do not replace the *Environments for Health* policy framework. The guides have been produced to support municipal public health and wellbeing planning in a new phase of development. The first set of material covers:

- urban design and physical health
- evaluation and
- climate change.

## 1.4 How to use this guide

Resources have been provided to assist health and social planners and practitioners in local government and other agencies. The resources include toolkits and checklists.



The **Toolkits** include lists of additional relevant resources to supplement the main text of this guide.



There are ten **Checklists** for planning at the end of this guide.

This Planning Guide should be read in conjunction with the following Department of Human Services documents:

- *Environments for Health—Promoting health and wellbeing through built, social, economic, and natural environments: Municipal Public Health Planning Framework* (Public Health Branch, DHS 2001) <[www.health.vic.gov.au/localgov/mphpfr/](http://www.health.vic.gov.au/localgov/mphpfr/)>.
- *Heatwave Planning Guide: Development of heatwave plans in local councils in Victoria* (Public Health Unit, DHS 2009) <[www.health.vic.gov.au/environment/downloads/planning-guide.pdf](http://www.health.vic.gov.au/environment/downloads/planning-guide.pdf)>.
- *Integrated Health Promotion: A practice guide for service providers* (Primary Health Unit, DHS 2003) <[www.health.vic.gov.au/healthpromotion/evidence\\_res/integrated.htm](http://www.health.vic.gov.au/healthpromotion/evidence_res/integrated.htm)>.

Like municipal public health planning, planning for integrated health promotion includes a focus on partnerships, the determinants of health and the use of a systematic strategic planning framework.

- *Towards Healthy Environments: Case studies from the Municipal Public Health Planning Good Practice Program* (Public Health Unit, DHS 2007) <[www.health.vic.gov.au/localgov/forum\\_enviro.htm](http://www.health.vic.gov.au/localgov/forum_enviro.htm)>.
- *Leading the Way: Councils creating healthier communities* (Victorian Health Promotion Foundation 2002) complements the *Environments for Health* framework. This resource provides councilors' and senior managers in local government with information and tools to develop policy and directions that will create healthier communities.

<<http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Planning-Healthy-Environments/Leading-the-Way-Councils-Creating-Healthier-Communities.aspx>>



## Toolkit

### World Health Organization's Healthy Cities program

The *Environments for Health* framework was based on principles from the World Health Organization's (WHO) Healthy Cities program, designed to support local efforts to develop healthy public policy. The WHO Healthy Cities program is a long-term development project that seeks to place health on the agenda of cities around the world and to build a constituency of support for public health at the local level.

References promoting this approach include:

WHO 1995, 'Twenty Steps for Developing a Healthy Cities Project', Geneva, <[www.euro.who.int/document/E56270.pdf](http://www.euro.who.int/document/E56270.pdf)>.

WHO 1999, 'Towards a new planning process: A guide to reorienting urban planning towards local agenda 21', Geneva, <[www.euro.who.int/document/e77398.pdf](http://www.euro.who.int/document/e77398.pdf)>.

## 2 Health and wellbeing planning in local government

The Public Health and Wellbeing Act 2008 mandates councils to 'to seek to protect, improve and promote public health and wellbeing within the municipal district' (s. 24) by fulfilling a range of functions.

### Box 1: Functions of councils

- 1 Creating supportive environments for health and strengthening the capacity of the community and individuals to achieve better health
- 2 Initiating, supporting and managing public health planning processes at the local level
- 3 Developing and implementing local policies for health
- 4 Developing and enforcing up-to-date public health standards
- 5 Facilitating and supporting local agencies with an interest in local public health
- 6 Coordinating and providing immunisation services
- 7 Maintaining the municipal district in a clean and sanitary condition.

Source: *Public Health and Wellbeing Act 2008* (Vic), s. 24.

Local government is ideally placed to develop and implement local policies and actions to address health and the broad range of determinants that influence health. This involves actions in a range of areas, including transport, roads, parks, waste, land use, housing and urban planning, recreation and cultural activities and creating safe public places.

Under the Act, local government is mandated to prepare a municipal public health and wellbeing plan (MPHP). The MPHP is a strategic plan that sits alongside and integrates with the corporate plan of the council, the council land use plan required by the Municipal Strategic Statement (MSS) and other local plans of community partners with an interest in local public health. The MPHP sets the broad mission, goals and priorities to promote municipal public health and wellbeing; these, in turn, are intended to inform the operational processes of council and local organisations.

The Public Health and Wellbeing Act strengthens this Municipal Public Health Planning role of local government by including evidence, community consultation and evaluation.

### Box 2: Municipal Public Health Plans—New requirements

A municipal public health plan must:

- a include an examination of data about health status and health determinants in the municipal district
- b identify goals and strategies based on evidence for creating a local community in which people can achieve maximum health
- c provide for involvement of people in the local community in the development, implementation and evaluation of the public health plan
- d specify how the council will work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals identified in the public health plan
- e be consistent with the Council Plan ... and the municipal strategic statement ...

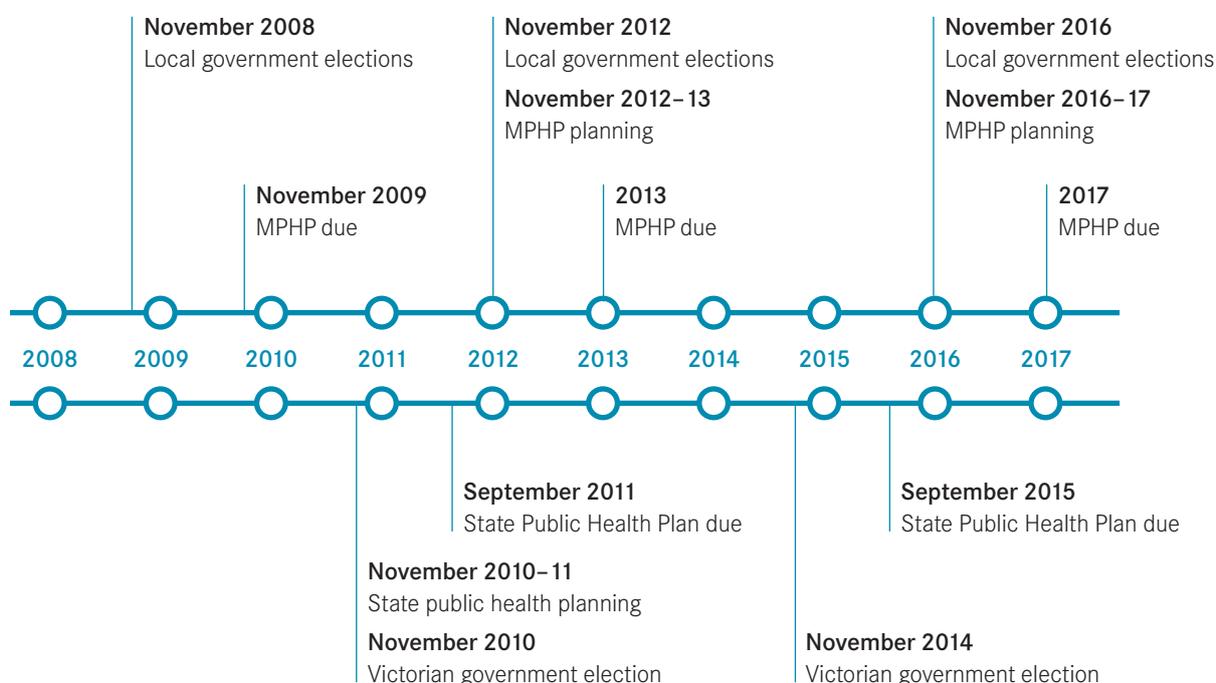
Source: *Public Health and Wellbeing Act 2008*, 263(2).

Note: points a, c and d above are new requirements. A factsheet is available on the DHS website's 'Public Health and Wellbeing Act 2008' page <[www.health.vic.gov.au/phwa/](http://www.health.vic.gov.au/phwa/)>.

The new Act provides a strong platform for an enhanced planning role for local government. The Act moves municipal public health planning from a three-year to a four-year planning requirement, aligning the planning cycle of Municipal Public Health Plans with Council Plans so population health becomes a shared goal across all parts of council.

A whole-of-government response to deal with the environmental causes of ill health will be captured through the State Public Health and Wellbeing Plan, required every four years under the Public Health and Wellbeing Act. This will be informed by and will guide municipal public health planning development (see Figure 1).

**Figure 1 Cycle for public health planning in Victoria, 2008–2017**



## 2.1 Building community capacity to achieve better health

Creating supportive environments for health is one of the five action areas for health promotion laid out by the World Health Organization in the 1986 Ottawa Charter for Health Promotion. The Jakarta Declaration on Leading Health Promotion into the Twenty-First Century (WHO, 1997) went further in emphasising the value of settings for implementing comprehensive strategies and providing an infrastructure for health promotion. Healthy Cities are regarded as the best known and largest of the settings approaches. A healthy city is

*one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential*

Source: World Health Organization 1998, 'The WHO Health Promotion Glossary', Geneva.

Councils can act as 'community builders' to achieve a strong and healthy community. However, they are not the only ones responsible for achieving this result (Victorian Health Promotion Foundation 2002, p. 5). The WHO Healthy Cities program considers that a healthy city depends on 'a commitment to improve a city's environs and a willingness to forge the necessary connections in political, economic and social arenas' (WHO 'Types of Healthy Settings').

The public health mandate is very broad and complex, involving a multitude of concerns. It follows that public health cannot be done by one agency, professional group or level of government, but must be the responsibility of agencies at all levels. MPHs provide a means by which local governments, in partnership with the Department of Health, service providers, other stakeholders and the community within the municipality, can plan public health services and programs.

Planning to create supportive environments for health therefore needs to strengthen the local community's capacity to achieve better health. This capacity building involves developing 'sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors ... [to] prolong and multiply health gains many times over' (Hawe et al. 2000). It can occur within a specific program and as part of broad agency and system development. 'This means that capacity building activity may be developed with individuals, groups, teams, organisations, inter-organisational coalitions or communities' (Hawe et al. 2000).

Figure 2 highlights the pathways and categories (key action areas) of strategies to build capacity to promote health and wellbeing.

**Figure 2 Building capacity to promote health**



Source: Primary Health Branch 2003, *Integrated Health Promotion: A practice guide for service providers*, Department of Human Services, Melbourne.

Implementing strategies from each category or key action area should build the ability of the organisation or coalition to enhance health service or system infrastructure, program sustainability and organisational and community problem-solving capability (NSW Health Department 2000) (see Toolkit below).

Further details and examples of organisational development strategies for building commitment, skills and structures to strengthen organisational systems for strategic planning are detailed in Section 3 below 'Assessing organisational capacity for strategic planning' (page 9).



## Toolkit

### Three dimensions of capacity building

- 1 Health Infrastructure or service development—capacity to deliver particular program responses to particular health problems. Usually refers to the establishment of minimum requirements in structures, organisations, skills and resources in the health sector.
- 2 Program maintenance and sustainability—capacity to continue to deliver a particular program through a network of agencies in addition to or instead of the agency that initiated the program.
- 3 Problem-solving capability of organisations and communities—capacity of a more generic kind to identify health issues and develop appropriate mechanisms to address them, either building on the experience with a particular program or as an activity in its own right (Hawe et al. 2000).

### Capacity-building references

Hawe, P, King, L, Noort, M, Jordens, C & Lloyd, B 2000, *Indicators to Help with Capacity Building in Health Promotion*, NSW Health Department, North Sydney <[www.health.nsw.gov.au/pubs/2000/capbuild.pdf](http://www.health.nsw.gov.au/pubs/2000/capbuild.pdf)>.

NSW Health Department 2001, *A Framework for Building Capacity to Improve Health*, North Sydney <[www.health.nsw.gov.au/pubs/2001/pdf/framework\\_improve.pdf](http://www.health.nsw.gov.au/pubs/2001/pdf/framework_improve.pdf)>.

Department of Human Services 2003, *Integrated Health Promotion: A practice guide for service providers*, Primary Health Branch, Melbourne, (Section 5: Health promotion interventions and capacity building strategies), <[www.health.vic.gov.au/healthpromotion/downloads/integrated\\_health\\_promo.pdf](http://www.health.vic.gov.au/healthpromotion/downloads/integrated_health_promo.pdf)>.

### 3 Planning stages

The development of an MPHP is a process of gathering appropriate and relevant information, analysing it and then determining priorities, objectives and strategies to be pursued by all the stakeholders in the process. The overall development of an MPHP consists of five broad stages:

- 1 Pre-planning
- 2 Municipal scanning
- 3 Partnership development
- 4 Implementation, comprising
  - a prioritisation
  - b strategy development
  - c action planning
  - d monitoring
- 5 Evaluation.

The four-year cycle of planning for MPHPs ‘encourages an iterative development that takes advantage of a longer term outlook and the learning derived from repeated processes’ (Public Health Branch, 2009). This guide is structured around the recognised MPHP planning cycle.

**Figure 3 Planning cycle for Municipal Public Health Planning**



### 3.1 Pre-planning

Pre-planning is a critical management process to be undertaken by those responsible for the MPHP. Elements that need to be considered in this establishment phase include:

- ensuring that the MPHP project is based on a clear need and rationale
- ensuring a shared vision and focus for planning
- ensuring strong leadership and a process champion
- ensuring the participation of stakeholders
- a tailored planning process
- open communication leading to commitment.

#### Guiding principles and focus for public health and wellbeing planning

Principles to be used as the basis for planning for public health and wellbeing are embedded in the Victorian Public Health and Wellbeing Act, as discussed in Section 1.2 above. The *Environments for Health* framework has provided a focus for MPHP development since its publication in 2001. This framework was designed to assist local governments to plan for the impact of the natural, built, social and economic environments for health.



#### Toolkit

##### Principles for planning for public health and wellbeing

The principles for planning for public health and wellbeing are listed in Sections 4–11, ‘Part 2: Objective, principles and application’ of the *Public Health and Wellbeing Act 2008*.

This legislation can be found via the Australasian Legal Information Institute website <[www.austlii.edu.au/au/legis/vic/consol\\_act/phawa2008222/](http://www.austlii.edu.au/au/legis/vic/consol_act/phawa2008222/)>.

See *Environments for Health* (DHS 2001) and *Public Health and Wellbeing for Victoria*, available as a supplement to *Environments for Health*, for further discussion of the principles and policy context for public health and wellbeing planning. Both documents are available at <[www.health.vic.gov.au/localgov/](http://www.health.vic.gov.au/localgov/)>.

#### Assessing organisational capacity for strategic planning

A key component of planning for municipal public health and wellbeing is to be clear about the capacity of the contributing organisation(s) to foster and implement creative strategic planning. Organisational capacity involves at least three components:

- organisational commitment
- skills
- structures.

Successfully developing and implementing an MPHP relies on strong leadership, champions within council and organisational systems to support strategic planning.

Many organisational development initiatives require:

- the systematic involvement of all organisational stakeholders
- leadership by specialist management and human resources staff
- an organisation-wide response.

This guide enables MPHP staff to gain a realistic perspective of what organisational change needs to occur and what they can achieve.



Some organisational issues for management and practitioners to consider are listed in Checklist 1: Organisational checklist for embedding health promotion. This is important to ensure significant system changes are achievable.

For further information and examples of organisational development strategies, see information and references provided in the Toolkit below.



## Toolkit

### Organisational development issues in pre-planning

Organisational development processes ensure that the structures, systems, policies, procedures and practices of an organisation reflect its purpose, role, values and objectives and ensure that change is managed effectively (NSW Health Department 2000, p. 21).

Organisational development strategies can include a focus on:

- policies and strategic plans
- organisational management structures
- management support and commitment
- recognition and reward systems
- information systems—monitoring and evaluation
- quality Improvement systems
- informal organisational culture.

For detailed discussions on organisational development concepts and strategies, refer to:

NSW Health Department 2000, *Building Capacity to Improve Health: A Strategic Framework*, <[www.health.nsw.gov.au/pubs/2001/pdf/framework\\_improve.pdf](http://www.health.nsw.gov.au/pubs/2001/pdf/framework_improve.pdf)>, pp. 20–22.

Hawe, P, King, L, Noort, M, Jordens, C & Lloyd, B 2000, *Indicators to Help with Capacity Building In Health Promotion*, NSW Health Department, North Sydney, <<http://www.health.nsw.gov.au/public-health/health-promotion/capacity-building/resources/glance.pdf>>.

Department of Human Services 2003, *Integrated Health Promotion: A practice guide for service providers*, Primary Health Branch, Melbourne, <[www.health.vic.gov.au/healthpromotion/evidence\\_res/integrated.htm](http://www.health.vic.gov.au/healthpromotion/evidence_res/integrated.htm)>, Section 5.3.1, pp. 55–57.

## Stakeholder participation and commitment

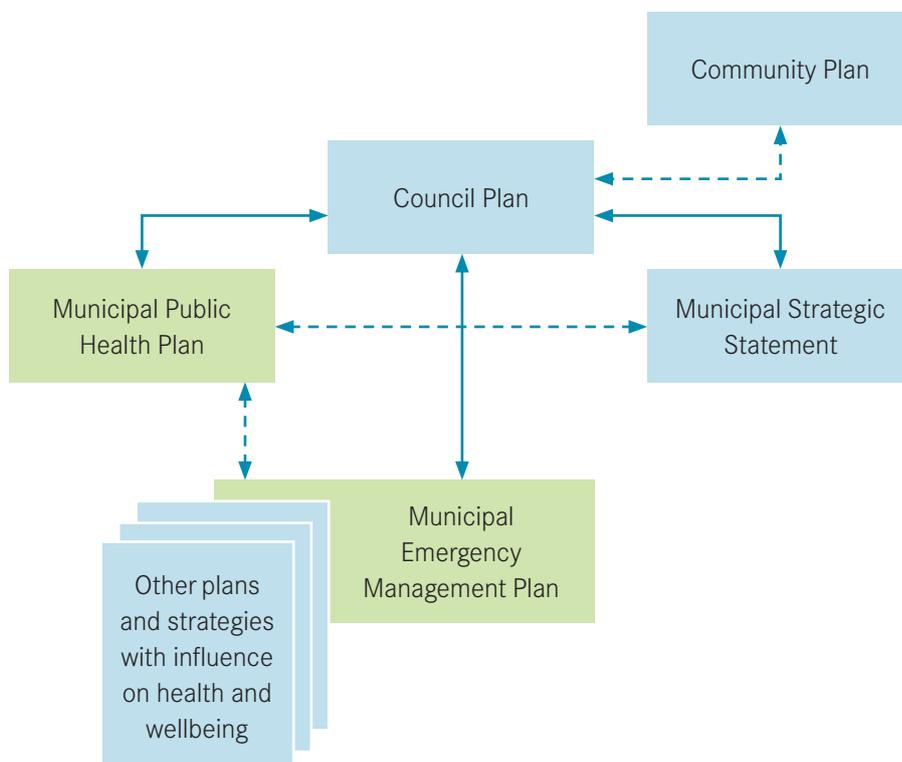
Section 3.3 of this Guide discusses council's role as a coordinator and facilitator of public health planning and provides guidance on identifying and engaging stakeholders. These activities need to be considered early in the planning process to ensure commitment and involvement of key stakeholders, both within the council and external to it. A small working party to assist in establishing the project would ensure early input on potential stakeholders to involve and the appropriate mechanisms for enabling their participation.

## Integrating the MPHP

Municipal Public Health Plans (MPHPs) are one of three major council documents required by legislation (see Figure 4). The Public Health and Wellbeing Act, in aligning the planning cycle of MPHPs with Council Plans, provides the opportunity for councils to integrate their public health planning processes within their strategic planning processes. This integrated approach to planning means that links can be made immediately between various action areas and duplication of separate planning for all the different council activities can be avoided.

The *Environments for Health* framework is designed to assist local governments to identify potential partners and build processes for supporting collaborative inter-sectoral planning and strategy development, avoiding duplication of planning effort at a local level. *Leading the Way: Councils creating healthier communities* (Victorian Health Promotion Foundation 2002) complements the *Environments for Health* framework. This resource provides councillors and senior managers in local government with information and tools to develop policy and directions that will create healthier communities.

**Figure 4 Council planning hierarchy**





## Toolkit

### Integrated planning

Some good examples for integrated planning using the *Environments for Health* framework are included in the summary of case studies in *Towards Healthy Environments: Case studies from the Municipal Public Health Planning Good Practice Program* (Department of Human Services 2007), <[www.health.vic.gov.au/localgov/goodprac/round3.htm#gpp](http://www.health.vic.gov.au/localgov/goodprac/round3.htm#gpp)>.

The Department's 2009 *Heatwave Planning Guide* considers these integration issues in determining where heatwaves best fit within councils' overall planning frameworks and offers some principles concerning integrated planning for health and wellbeing, <[www.health.vic.gov.au/environment/downloads/planning-guide.pdf](http://www.health.vic.gov.au/environment/downloads/planning-guide.pdf)>.

The Department of Health (then the Department of Human Services) Southern Metropolitan Regional Office used funding from the Good Practice Program to implement the Environments for Health Integrated Planning Project, summarised in *Navigating for Health and Wellbeing: a resource for integrating health planning in councils* <[www.dhs.vic.gov.au/operations/regional/southern/regional-programs/public-health](http://www.dhs.vic.gov.au/operations/regional/southern/regional-programs/public-health)>.

Another resource for local government has been developed by the Eastern Metropolitan Regional Network. This resource, *Solving the Puzzle of Integrated Planning*, is available from the Regional Public Health Team at the Department of Health Eastern Metropolitan Office.

With support from local governments and the Department of Planning and Community Development, the Local Government Professionals (LGPro) Corporate Planners Network commissioned guidelines for the integration of community and council planning, *Embedding Community Priorities into Council Planning: Guidelines for the integration of community and council planning*. This 2008 document may also provide some guidance to local government health planners seeking to integrate MPHPs with their strategic plans, <[http://www.dvc.vic.gov.au/Web20/rwpgslib.nsf/GraphicFiles/Embedding+Comm+Prior+word/\\$file/Embedding+Community+Priorities+into+Council+Planning+-+May08.doc](http://www.dvc.vic.gov.au/Web20/rwpgslib.nsf/GraphicFiles/Embedding+Comm+Prior+word/$file/Embedding+Community+Priorities+into+Council+Planning+-+May08.doc)>.

### Integrating with local plans of community partners

As well as integrating with the strategic corporate plan of the council, the municipal public health and wellbeing plan (MPHP) also needs to integrate with the plans of community partners with an interest in local public health. Key stakeholders with this interest include community and women's health services, primary care partnerships (PCPs) and general practice networks.

PCPs are voluntary alliances of health and community service agencies whose programs and services are delivered within a defined catchment. Across Victoria there are 31 partnerships—typically covering at least two local government areas—with the aim to promote health and wellbeing in the community and reduce preventable use of hospital services.

Member agencies of these alliances typically include: Community and Women's Health services, general practice networks, health services and the Royal District Nursing Service. Local governments are leading members of all primary care partnerships.

Strategic links with member agencies of PCPs and with PCP planning can build the resource base for implementation of MPHP strategies at a local level. PCPs can also be used to support members in developing the activities and processes for building capacity for health promotion to achieve sustained change in policy and practice.

The *Environments for Health* framework can be used with integrated health promotion planning frameworks, used by community and women's health services and PCPs, to strengthen planning and capacity building for community health and wellbeing.

## Evaluation

The Public Health and Wellbeing Act reinforces that MPHPs should be evaluated by requiring goals and strategies to be based on evidence (see Box 2: MPHPs: New requirements, page 4). A local government resource for building evaluation into municipal health and wellbeing planning has been produced by the Western Metropolitan Region Local Government Health Planners Network with funding provided by the North and West Metropolitan Department of Health Regional Office (then the Department of Human Services Regional Office).

Tools developed with staff in the pilot councils who participated in the Western Metropolitan Region project are designed to help planners to:

- determine the stage and status of MPHP in the hierarchy of their council planning
- become familiar with existing MPHP evaluation processes or measures and with existing whole-of-council evaluation and reporting mechanisms
- develop a plan for undertaking evaluations of discreet activities, programs or projects that are contributing to MPHP objectives.

*Raising the bar on evaluation: tools for building evaluation into local government health and wellbeing planning* provides a summary of this project. See references listed in Section 3.5 for a link to the project report.



### Toolkit

#### Key questions for planning an evaluation

- 1 What do you want to achieve?
- 2 What questions need to be answered?
- 3 Who is the evaluation for?
- 4 What information do they want?

See references for useful evaluation resources in section 3.5.

## 3.2 Municipal scanning: collecting information

The Public Health and Wellbeing Act requires that a municipal public health plan must:

- include an examination of data about health status and health determinants in the municipal district
- identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing.

As well as data collections and analysis, the needs assessment process should involve literature searching, community stakeholder consultations and internal consultations.

This section leads council planners to some key resources for obtaining data through these processes to develop well-targeted interventions for improving population health.

## Health status

The health status profile should or could include:

- potentially preventable hospital admissions (Ambulatory Care Sensitive Conditions)
- burden of disease in the population
- life expectancy
- mortality rates and
- modifiable behavioural risk factors in the population, such as, smoking, intake of fruit and vegetables, alcohol consumption and physical activity levels (Victorian Population Health Survey).

With the exception of the Victorian Population Health Survey (VPHS), these data are currently available at a local area level. The VPHS data will be available at a local area level in 2010. Tailored graphs and tables containing some of the health status data above can be generated using the Victorian Health Information Surveillance System (VHISS) on the Health Status of Victorians website (see Toolkit below).

As well as describing the health status profile of residents in the municipality the data may be used to seek answers to questions such as:

- which are the populations are at risk?
- what are the opportunities for improving the health status of the population?



### Toolkit

#### Health status data

Links to health status data sets are available on the Health Status of Victorians webpages <[www.health.vic.gov.au/healthstatus/index.htm](http://www.health.vic.gov.au/healthstatus/index.htm)>.

Some further examples of other data sets to inform the health status profile include the number of people diagnosed with diabetes (Diabetes Victoria) and data available through community health services and other health services, such as Dental Health Services Victoria <[www.dhsv.org.au](http://www.dhsv.org.au)> and the Victorian Injury Surveillance Unit <[www.monash.edu.au/muarc/VISU/](http://www.monash.edu.au/muarc/VISU/)>.

## Determinants of health

The *Environments for Health* framework is used below as a template to identify data sets that provide information on the determinants of health, that is, the conditions in which people are born, grow, live, work and age, including the health system. The questions this data is used to seek answers to include:

- Are the factors determining health changing for the better?
- Is the situation the same for everyone?
- Where and for whom are they changing?

Source: Australian Institute of Health and Welfare 2003, *Rural, Regional and Remote Health: Information Framework and Indicators*; Canberra, Version 1 in Barwon South Western Region 2009, *G21 Health and service planning, an area-based approach (draft)*.

Figure 5 Environmental dimensions and data sources

Environmental dimensions	Components	Examples of data sources
<b>Built/physical</b> 	<ul style="list-style-type: none"> <li>• Provision of infrastructure</li> <li>• Amenities: parks, street lighting, roads, footpaths</li> </ul>	<ul style="list-style-type: none"> <li>• ABS Index of Relative Socioeconomic disadvantage, Census 2006 and other important indicators of socio economic status</li> <li>• Department of Education, Employment and Workplace Relations—unemployment estimates</li> </ul>
<b>Social</b> 	<ul style="list-style-type: none"> <li>• Sense of community</li> <li>• Participation</li> <li>• Perceptions of safety</li> </ul>	<ul style="list-style-type: none"> <li>• Victorian Commission for Gambling Regulation—expenditure on electronic gaming machines</li> <li>• Victoria Police—crime statistics, family violence incidents</li> </ul>
<b>Economic</b> 	<ul style="list-style-type: none"> <li>• Economic policy</li> <li>• Employment</li> <li>• Industrial development</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Planning and Community Development—Indicators of Community Strength</li> <li>• Community Indicators Victoria</li> <li>• Department of Sustainability and Environment—Population projections by age and sex, regional climate change projections</li> </ul>
<b>Natural</b> 	<ul style="list-style-type: none"> <li>• Geography</li> <li>• Air and water quality</li> <li>• Native vegetation</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental Protection Authority—air quality</li> <li>• DoH Environmental Health Unit—water quality</li> </ul>

Further examples of data sources for planning indicators can be found through work undertaken in regions including:

Directory of Data sources available on the Healthwest Partnership website <[www.healthwest.org.au/page.php?2](http://www.healthwest.org.au/page.php?2)>. This directory containing statistical information relevant to health and wellbeing, is the result of work undertaken by six councils in Melbourne's west funded through the Department of Planning and Community Development's Local Area Planning Support Program in 2007–08.

Gippsland Health Online, an initiative of the Gippsland Department of Health Regional Office (then the Department of Human Services), providing a set of planning indicators and data on the demography and health status of the Gippsland population. <<http://www.dhs.vic.gov.au/operations/regional/gippsland/regional-initiatives/gippsland-health-online>>

## Community consultation

In the context of developing an MPHP, a major source of health information is derived from community consultation exercises from which community-identified health capacities and needs emerge.



Refer to Checklist 2: Ladder of community participation and Checklist 3: Community consultation and participation



### Toolkit

#### Community participation and data collection

The Victorian Local Governance Association (VLGA), Consultation and Engagement Resource website <[www.vlgaconsultation.org.au](http://www.vlgaconsultation.org.au)> provides information, tools and support to assist local government to consult effectively to engage communities in local decision-making processes.

See also the World Health Organization's 1999 *Community participation in local health and sustainable development: A working document on approaches and techniques* <[www.euro.who.int/document/e78652.pdf](http://www.euro.who.int/document/e78652.pdf)>.

This important document reminds us that meaningful community participation in municipal public health planning can generate important 'grounded' information that will inform the development of useful, locally relevant plans and also provide a direct link to community capacity development. However, the extent to which this will occur will depend on whether residents are informed, consulted, give advice, share in the planning process, have delegated responsibility or assume control. A range of skills and resources will be required to encourage participation along this continuum (see Checklist 2).

Further references on participation and collaboration are provided below.

## 3.3 Partnership development

### Vision and goals

'Effective partnerships require the establishment of a clear vision which speaks to the ethical and moral underpinnings of the work of the member organisations, and to which individual participants can make personal commitments'

Source: Labonte, R 1997, 'Power, participation and partnerships for health promotion', Victorian Health Promotion Foundation, Melbourne, p.100.

Vision, in this context, relates to a description of what municipal public health looks like when the plan is successfully developed and implemented, which, in turn, inspires others to commit to this vision. The overall goal of MPHPs is to improve municipal public health status. The *Environments for Health* framework provides a focus for municipal public health and wellbeing planning and can assist in establishing a vision.

In the public health policy environment an increasing emphasis is placed on developing liveable communities and tackling inequality, disadvantage and equity as major strategies for improving population health. Liveable communities and health and wellbeing are two areas of priority in *A Fairer Victoria*, a whole-of-government social policy action plan to address disadvantage and promote inclusion and participation. Liveable communities are described as:

Liveable communities are where people feel safe, there is a sense of belonging and community pride ... there are job opportunities, affordable housing, good local services and facilities and enjoyable environments.

Source: Department of Planning and Community Development 2008, *A Fairer Victoria: Strong people, strong communities*, Melbourne, p. 46.

The Growth Areas Authority commissioned, in partnership with key government and other stakeholders, a strategic framework for creating liveable new communities in Melbourne's growth areas. The four liveability goals identified are:

- high-quality jobs and a thriving local economy
- healthy, safe and socially connected communities
- affordable living
- sustainable built and natural environments.

The Checklist for Liveability Planning (Growth Areas Authority 2008) is generally considered to be applicable to existing communities and can be used with the *Environments for Health* framework to assist in creating a vision of a healthy and sustainable community.

### Inter-organisational partners: Involving key stakeholders

Council's role in municipal public health planning is coordinator and facilitator—it is not the role of council to *undertake* all of the strategies in the MPHP. Many organisations in the municipality will be undertaking initiatives and projects, which will be reflected in the goals and priorities of the MPHP. One of the marks of a successful MPHP is the extent of ownership and participation by local health and community service organisations and other community agencies.

Input from people and organisations from diverse backgrounds can create opportunities for discussion and sharing of knowledge and understanding, better relationships and an appreciation of the issues and features of the key stakeholders. Cultivating partnerships with universities and research centres will enable research and practice knowledge exchange supporting the development of evidence informed public health interventions.

The result of this active participation is a better planning process, a quality MPHP and improved chances of enhancing municipal public health status. In this way, gaps in program delivery and target groups not being adequately serviced will be more easily identified. Involvement of other key organisations, including member agencies of primary care partnerships, also increases the knowledge, skill and resource base of the MPHP.



## Toolkit

### Partnerships

Labonte R 1997, 'Power, participation and partnerships for health promotion', Victorian Health Promotion Foundation, Melbourne.

World Health Organization 1999, 'Towards a new planning process: A guide to reorienting urban planning towards Local Agenda 21', <[www.euro.who.int/document/e77398.pdf](http://www.euro.who.int/document/e77398.pdf)>. See 'Getting started: building partnerships' on p. 33.

A range of self assessment tools can be used by partnerships to systematically monitor their development. One example is the *VicHealth Partnership Analysis Tool*. This tool is used to assess how well the collaborative process is working and identifying specific areas for improvement. <[www.vichealth.vic.gov.au/~ /media/ResourceCentre/PublicationsandResources/General/VHP%20part%20toollow%20res.ashx](http://www.vichealth.vic.gov.au/~ /media/ResourceCentre/PublicationsandResources/General/VHP%20part%20toollow%20res.ashx)>

### Participation and collaboration

Walker, R 2000, Collaboration and alliances: A review for VicHealth, Victorian Health Promotion Foundation (VicHealth), Carlton South, <<http://www.vichealth.vic.gov.au/~ /media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/Collaboration%20%20alliances%20report.ashx>>.

This document is a review of the research literature on collaboration and related issues that is pertinent to the VicHealth Strategic Directions and the Primary Care Partnership Strategy in Victoria. See Section 5 for discussion on participation and collaboration.

WHO 1999, *Community Participation In Local Health And Sustainable Development: A working document on approaches and techniques* <[www.euro.who.int/document/e78652.pdf](http://www.euro.who.int/document/e78652.pdf)>. For a detailed discussion on action planning, refer to Section 3.

Wadsworth, Yoland 1998, 'What is Participatory Action Research?', Action Research International, Paper 2, <<http://www.scu.edu.au/schools/gcm/ar/ari/p-ywadsworth98.html>>.

Melbourne Action Research Issues Centre <[www.staff.vu.edu.au/ARIC/Default.htm](http://www.staff.vu.edu.au/ARIC/Default.htm)>.

World Health Organization 1999, *Community participation in local health and sustainable development: A working document on approaches and techniques* <[www.euro.who.int/document/e78652.pdf](http://www.euro.who.int/document/e78652.pdf)>.

See pp. 9–10 for a comprehensive guide to generating ideas and plans for action.



For a detailed system for identifying and engaging stakeholders, including community members, refer to Checklist 3: Community consultation and participation, Checklist 4: Stakeholder matrix and Checklist 5: The collaborative process.

The *Environments for Health* framework can be used to identify potential stakeholders to engage in local planning and strategy development (see Checklist 4). Once the key organisations and stakeholders in the municipality have been identified, a decision will have to be made about the membership of the MPHP Steering Committee, who will be kept informed of progress and who will be consulted.

Examples of key organisations within the municipality are many and varied, but could include those listed in Figure 6.

**Figure 6 Examples of key organisational and consortia partners in MPHs**

- Primary Care Partnerships
- Community health services
- General practice networks
- Department of Health Regional Office
- Department of Human Services Regional Office
- Department of Planning and Community Development
- Key health and community service organisations and networks in the municipality
- Hospitals
- Neighbourhood renewal and community renewal projects
- Metropolitan Health Services: Primary and population health advisory committees
- Environmental action groups
- Service clubs
- Community-based organisations
- Department of Education, Employment and Early Childhood Development
- Schools
- Employers, education and training providers through Local Learning Employment Networks (LLENs)
- Local traders associations

### Internal local government stakeholders

Careful consideration must be made to identify the individuals and departments within and on council that have a critical role in the successful planning, implementation and evaluation of MPHs. Without the communication, commitment and involvement of these key internal stakeholders, including councillors, in the development of the MPH, the document risks being seen as purely the role and responsibility of the ‘health’ branch and will not reflect the whole-of-council approach required (see ‘Integrating the MPH’ section above). Forging the necessary connections in political, economic and social arenas will facilitate commitment to improving the city environs.

### Why is community participation important?

The involvement and participation of the municipal community in the development of the MPH is an important part of the planning process. Community participation involves engaging people as members of communities in identifying, deciding about, planning for, managing and delivering programs and policy. Ideas of social justice and equity involve inclusion and participation and the need to include not just other service providers but also the users of those services. This participation in social and civic activities all work to produce a resource called social capital, a key indicator of the building of healthy communities through collective and mutually beneficial interaction and accomplishments. Research has linked these types of activities to improved health outcomes (Department of Human Services, *Integrated Health Promotion: A practice guide for service providers*, 2003).



Refer to Checklist 2: Ladder of community participation, Checklist 3: Community consultation and participation, Checklist 4: Stakeholder matrix and Checklist 5: The collaborative process

## 3.4 Implementation

### Deciding on MPHP priorities

The MPHP must be designed with the contexts of local, state and national health policy and issues in mind and can thus be used as a rationale for attracting additional funding. Councils should consider Victoria's health promotion priorities for 2007–2012, which include nutrition, physical activity, smoking, injury, alcohol and other drugs, sexual and reproductive health and mental health <[www.health.vic.gov/healthpromotion/stakeholders/role.htm#ppps](http://www.health.vic.gov/healthpromotion/stakeholders/role.htm#ppps)> and strategies such as the Victorian Immunisation Strategy 2009–2012 <[www.health.vic.gov.au/immunisation/](http://www.health.vic.gov.au/immunisation/)>.

Public health issues are usually broad in scope and demand approaches that are intersectoral in nature, so there is a critical need for implementation by collaboration. Agreement on local priorities and alignment of activities with other local organisations, including member agencies of primary care partnerships, can strengthen efforts to promote and improve health.

In practice, priorities fall into two categories:

- public health priorities—that is, those priorities that have been identified to be particularly relevant to the municipality
- planning process priorities—that is, those priorities that are particularly relevant to the sustainability and success of the planning process (see Section 2.1 'Building community capacity to achieve better health' above).

The MPHP is a document that councils manage; it is not a document for which council (in isolation) is responsible for undertaking all of the strategies.



Refer to Checklist 6: Priority and objective setting and Checklist 7: Deciding on MPHP priorities

### Strategy development

The formulation of MPHP strategies is the critical link between the:

- vision of the MPHP
- identified public health issues in the municipal environment
- auspicing MPHP committee, reference or advisory group
- purpose of the public health planning process
- intent of the legislation.

Formulating strategies to address public health issues involves selection—that is, deciding which strategies will be adopted for particular issues, and whether they are consistent with the vision and values of the MPHP. Further selection of strategies must take account of contextual information (e.g. current government plans and budget) and consideration of other issues such as impact on health inequalities, strength of evidence, feasibility and acceptability to stakeholders.





## Toolkit

### Strategic versus operational planning

Planning exercises aim to provide some certainty in the face of an ambiguous or uncertain future and are often associated with change. Two interconnected levels of planning are important to Municipal Public Health Plans: strategic and operational.

Strategic-level planning is about acknowledgement that there are choices in the directions that can be taken in the future. The development of a vision, mission and values is used to assist in selecting priorities for future decision making. Strategic plans tend to pay particular attention to the analysis of the broad or macro environment, the identification and response to issues and longer term goals and objectives.

Typical features associated with strategic planning processes include:

- broad-scale information gathering
- an exploration of alternatives
- an emphasis on future implications of present decisions
- fostering orderly decision making and successful implementation.

In contrast to strategic planning, operational-level planning (service, program or business planning) is more detailed and focuses on the implementation of strategic-level plans. Typically operational planning activities look to the short term, such as the current fiscal year or life of a project or program.

Questions often associated with operational planning include:

- Who wants the service or product (customer, client or consumer)?
- What specific program or service do they want?
- Where do they want the service delivered?
- When do they want the service delivered?
- How do they want the service delivered?
- Why do they want the service? (What purposes are served, what functions are fulfilled?)

MPHPs may involve a combination of strategic and operational planning.



## Toolkit

### Useful planning documents

The following are useful guides for implementation:

World Health Organization 1999, 'Towards a new planning process: A guide to reorienting urban planning towards Local Agenda 21', <[www.euro.who.int/document/e77398.pdf](http://www.euro.who.int/document/e77398.pdf)>. See 'Stage 4. Getting organized: Action planning', pp. 36, 39.

World Health Organization 1999, *Community participation in local health and sustainable development: A working document on approaches and techniques* <[www.euro.who.int/document/e78652.pdf](http://www.euro.who.int/document/e78652.pdf)>. See pp. 34–40 for a comprehensive guide to generating ideas and plans for action.

## Monitoring and review

Monitoring enables responsible agencies and stakeholders—especially local government—to see first-hand how implementation of the MPHP is progressing. The Public Health and Wellbeing Act requires that councils review their MPHP annually and, if appropriate, amend the plan (see Public Health and Wellbeing Act, Section 29B(3)).

Monitoring is useful for:

- ensuring accountability to fund providers
- gaining access to resource allocations from within council and from other funding bodies
- signalling when opportunities arise for further development of the plan or when milestones are achieved.

It is important to develop a process for monitoring progress that gives attention to:

- how progress is recorded and reported
- how often and to whom progress is reported
- what actions will be taken if a strategy is facing difficulties or is not implemented.

An implementation steering committee, linked to a regular reporting mechanism to council through the relevant council committee, can keep councillors and the executive directors informed about the progress of the MPHP.

Key data collected through the municipal scan process can be selected to provide the baseline for measuring the progress of the MPHP.



### Toolkit

#### Relevance of quality management

Quality management, corporate planning and procedures for process management in local government can inform and assist with the effective implementation of the MPHP. Such management systems provide tools against which judgements about the MPHP processes can be made.

Department of Human Services 1999, *Quality Improvement in Municipal Public Health Practice* <<http://health.vic.gov.au/archive/archive2004/localgov/9904087/index.htm>>.

This project was coordinated by Department of Human Services' Public Health Division, La Trobe University's Centre for Development and Innovation in Health and Deakin University's School of Health Sciences.

The project aimed to support the capacity of local government to provide effective, good-quality public health programs and services and to strengthen the infrastructure for public health practice at municipal level. The methodology included surveys of local government officers, interviews with key informants, a focus group and an issues workshop with practitioners.

The study found that there was considerable variety regarding the level of application and types of quality improvement processes utilised in councils. However, the principle of actively considering program quality in public health programs and services has developed a culture of continuous quality improvement.



## Toolkit

### Useful monitoring resources

See the resources listed in Section 3.5.

World Health Organization 1999, *Community participation in local health and sustainable development: a working document on approaches and techniques*, Copenhagen <[www.euro.who.int/document/78652.pdf](http://www.euro.who.int/document/78652.pdf)>. See pages 51–57 for a description of a number of monitoring techniques, including community indicators.

Health Canada 1996, *Guide to Project Evaluation: A participatory approach*, Ottawa, <[www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/introduction-eng.php](http://www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/introduction-eng.php)>. See Appendix 5, 'Success Indicators of Increased Public Participation and Strengthened Community Groups'. Examples are given of indicators of success for two health promotion program and project impacts: increased public participation and strengthened community groups. For each impact, sample indicators of success are given. Below the indicators are questions that project staff can ask themselves in order to determine these indicators of success.

## 3.5 Evaluation

Having developed the evaluation strategy in the pre-planning phase, the evaluation process should start when the MPHP is implemented. Evaluation is the process by which we assess whether the MPHP has made a difference to municipal public health status. Useful evaluations have been defined as involving:

... the systematic collection of information about the activities, characteristics and outcomes of programs, personnel and products for use by specific people to reduce uncertainties, improve effectiveness and make decisions with regard to what those programs, personnel or products are doing and affecting.

Source: Patton, MQ 1982, *Practical evaluation*, Sage Publications, London.

An evaluation of the process will review whether the actions in the adopted MPHP occurred and achieved their stated objective.



## Toolkit

### Five key evaluation questions

Each evaluation will be different, but five fundamental questions remain the same for all MPHPs.

- 1 What? Did we do what we said we would do?
- 2 Why? What did we learn about what worked and what didn't work?
- 3 So what? What difference did it make that we did this work?
- 4 Now what? What could we do differently?
- 5 Then what? How do we plan to use evaluation findings for continuous learning?

### Five evaluation process steps

Seeking answers to the five key evaluation questions will guide the way you evaluate your MPHP.

The insights gained from answering the questions can then be used to shape current and future work.

Five useful, practical steps for evaluating your MPHP are:

- 1 Define the project work.
- 2 Develop success indicators and measures.
- 3 Collect the evaluation data.
- 4 Analyse and interpret the data.
- 5 Use the evaluation results.

See Sections 3.1 and 3.2 of Health Canada's *Guide to Project Evaluation: A participatory approach* (1996) <[www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/index-eng.php#contents](http://www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/index-eng.php#contents)>.



## Toolkit

### Useful evaluation resources

Department of Human Services 2009, *Municipal Public Health Plan Evaluation Tools Development Initiative: A local government resource for building evaluation into health and wellbeing planning (Phase 1)*. Produced by PDF consultants for the North and West Metropolitan Region of DHS <[www.health.vic.gov.au/localgov/](http://www.health.vic.gov.au/localgov/)>

Department of Human Services 2005, *Planning for effective Health promotion evaluation*, <[http://www.health.vic.gov.au/healthpromotion/evidence\\_res/planning.htm](http://www.health.vic.gov.au/healthpromotion/evidence_res/planning.htm)>

Department of Human Services 2003, *Measuring health promotion impacts: A guide to impact evaluation in integrated health promotion* <[www.health.vic.gov.au/healthpromotion/evidence\\_res/integrated.htm](http://www.health.vic.gov.au/healthpromotion/evidence_res/integrated.htm)>

Hawe, P, Degeling, D & Hall, J 1990, *Evaluating health promotion: A health worker's guide*, MacLennan & Petty, Sydney.

Health Canada 1996, *Guide to Project Evaluation: A participatory approach* <[www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/index-eng.php#contents](http://www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/index-eng.php#contents)>.

Owen, John M 2006, *Program Evaluation: Forms and Approaches*, 3rd edn, Guilford Publications, New York.

Swerissen, H et al. 2001, 'Health promotion and evaluation: A programmatic approach', *Health Promotion Journal of Australia*, vol. 11, no. 1, pp. 1–28.

Wadsworth, Y 1991, *Everyday Evaluation on the Run*, Action Research Issues Association Inc, Melbourne.

### Other resources

WHO 1999, *Community participation in local health and sustainable development: a working document on approaches and techniques*, Copenhagen, pp. 51–57, <[www.euro.who.int/document/e78652.pdf](http://www.euro.who.int/document/e78652.pdf)>.

Patton, MQ 1982, *Practical evaluation*, Sage Publications, London.

Patton, MQ 1997, *Utilization-Focused Evaluation*, 3rd edn, Sage Publications, London.

## Evaluations need to be 'do-able' and useful

Usefulness and utilisation are common themes of program evaluation. Practical, do-able evaluations will be guided by attention to four criteria of excellence:

- *Usefulness*—How can we make sure that the findings will be used?
- *Practicality*—How can we make the evaluation process practical and feasible?
- *Ethics*—How can we ensure that our particular evaluation questions and process are ethical?
- *Accuracy*—Which methodology is the best for helping us to capture our evaluation questions? (Patton 1982)

The values that inform evaluation should come from the people who want the information and who have the responsibility for using the findings, rather than from the evaluator. The role of the evaluator is to act as an advocate for process—to ensure that the evaluation aims to produce relevant, timely and useful information in a way that is practical, ethical and participatory. To do this, the evaluator must seek out and work closely with the MPHP's primary intended users and clarify and facilitate their commitment to concrete, specific uses.

Key stakeholders of the MPHP—such as councillors, other council departments, local community and health organisations—must seek to agree on the purpose and parameters of the evaluation, how it will proceed and what can be realistically achieved. Key stakeholders will need to maintain a belief that the evaluation is being conducted effectively and that the exercise is worthwhile. It is important to actively involve the primary intended users and show them the usefulness of both the evaluation process itself and its results.



Refer to Checklist 9: Evaluation

### Using evaluation and evidence effectively

Evaluation is conducted for a wide range of reasons, including:

- Feedback and accountability:
  - to provide information to evaluation users on, for example, how a particular program within the plan was being used or understood
  - to provide feedback to inform decision making at all levels (community, regional and national)
  - to account for what has been accomplished through project funding.
- Improvement:
  - to provide information on how a program or plan could be improved and made more effective; this idea is closely related to ideas associated with the review processes.
- Resource allocation:
  - to assist with the allocation of resources and make decisions as to whether targets and agreements have been met—for example, funding agreements or contract requirements
  - to position high-quality projects for future funding opportunities.
- Policy development:
  - to contribute to policy development, an appropriately structured evaluation allows for the identification and assessment of any impacts or potential impacts on the planning process coming from policy or legislative changes and changing state and federal government public health policies and priorities.
- Building the evidence base:
  - by promoting learning about which strategies work and which don't, the insights gained can contribute to the body of knowledge promoting health and wellbeing.

It is important to ensure that the plan is implemented in such a way that the information needed for evaluation is collected. This suggests that the purpose of the evaluation—and the evaluation questions asked—will guide the method of data collection, analysis and the dissemination of results.



## Toolkit

### Common evaluation terms

*Evaluation*—a way of measuring if a project is doing what it says it will do.

*Goals*—general statements of what an organisation is trying to do.

*Objectives*—specific, measurable statements of what an organisation wants to accomplish by a given point in time.

*Objective approach*—an approach that values the perspectives, views and opinions of those outside of or distanced from the situation, event, organisation, project, etc., as the primary basis for making an assessment or judgement.

*Informant*—in research and evaluation terminology, the person you interview is called the ‘informant’.

*Impact or outcome evaluation*—gathers information related to the anticipated results or changes in participants to determine if these did indeed occur. It may also be used to test the effectiveness of a new program relative to the results of an existing form of service. An impact evaluation will tell you about the effects of a project.

*Process or formative evaluation*—an ongoing dynamic process, where information is added continuously (typically using a qualitative approach), organised systematically and analysed periodically during the evaluation period. A process evaluation will tell you how the project is operating.

*Quantitative approach*—an approach that tries to determine cause and effect relationships in a program. A quantitative approach will use measurements, numbers and statistics to compare program results. The information is considered ‘hard’ data.

*Qualitative approach*—an approach that examines the qualities of a program using a number of methods. This approach uses non-numerical information—words, thoughts and phrases from program participants, staff and people in the community—to try and understand the meaning of a program and its outcome. The information is considered ‘soft’ data.

Source: Health Canada 1996, *Guide to Project Evaluation: A participatory approach*, ‘Appendix 1: Definitions of evaluation terms’, Ottawa, <[www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/](http://www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/)>.

See also references provided in ‘Tools for evaluation’ <[www.health.vic.gov.au/localgov/](http://www.health.vic.gov.au/localgov/)>

## Communicating the effectiveness of the MPHP

A well-conducted evaluation is a part of demonstrating the effectiveness of the MPHP and, in turn, the achievements should be widely promoted and acknowledged. Strategies that assist in the reporting of information to the local community include:

- launching the MPHP
- a regular newsletter to the community
- a community information or health issues day
- presentations to local organisations
- spreading information through the networks of organisations involved
- press releases and articles in local newspapers
- a video (a strategy that is good for providing information to people with low literacy levels)
- posters in public places
- distributing the report widely to key local organisations.

If community members and other stakeholders have been closely involved in all stages of the MPHP process, then it is likely that they will also seek to be involved in disseminating information about the effectiveness of the MPHP.

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## 5 Checklists

Checklist 1: Organisational checklist for embedding health promotion

Checklist 2: Ladder of community participation

Checklist 3: Community consultation and participation

Checklist 4: Stakeholder matrix

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## Checklist 1: Organisational checklist for embedding health promotion

### Practitioners

Does the agency have:

- policies for health promotion that describe priorities, processes, values, philosophies, professional codes of practice and quality improvement?
- a multi-disciplinary internal health promotion committee or advisory group for decision making, sharing ideas and support?
- suitably experienced and qualified health promotion staff? Is the mix of staff skills appropriate? Is health promotion experience valued? Is staff development for health promotion supported? Is health promotion knowledge supported with subscriptions to relevant journals, newsletters and professional associations?
- opportunities for health promotion action? Is health promotion included in job descriptions? Is dedicated time available for health promotion work (planning, needs identification, collaboration)?
- dedicated and innovative leadership for the coordination of health promotion?
- reporting processes (planning, implementation and evaluation) and documentation of health promotion achievements? Is there recognition and incentives for staff to be involved in quality health promotion?

### Management

Does the agency have:

- health promotion principles (empowerment, public participation, broader determinants of health, equity and justice, intersectoral collaboration) in the mission statement or organisational values?
- structures that support consumer and community participation in decision making and project operations?
- open short- and long-term planning processes that include health promotion? Are there dedicated finances for health promotion (an allocated minimum percentage of the overall budget)? If so, do the practitioners know how much and how decisions are made about its distribution? Does a three-year plan and vision for health promotion exist? How are priorities established?
- suitably experienced and qualified management? Do managers understand and value health promotion? Do they recognise and support the health promotion requirements of staff?
- staff members actively involved in planning their (and the organisation's) work, assessing progress towards their goals and redesigning office practices? Employees involved in planning have more control and greater variety, which benefits health and improves productivity. Health promoting organisations are also workplaces and as such should provide staff with an environment (physical and mental) that is health promoting. Appropriate involvement in decision making and suitable rewards or recognition is likely to benefit employees' health at all levels of an organisation.

Change is influenced with each of these mechanisms, and when several are activated simultaneously significant system changes are achievable. Which areas need to be addressed in your organisation?

Source: adapted from Bensberg, M 2000, Infrastructure and Organizational Organisational Development: A Regional Approach to Health Promotion', *Australian Journal of Primary Health*, vol. 6, no. 1, pp 67–75.

Another useful reference is Dalmau, T & Dick, B 1985, *A diagnostic model for selecting interventions for community and organisational change*, Dalmau & Associates, Kenmore, Qld.

## Checklist 2: Ladder of community participation

Control	Participants' action	Examples
High	Has control	Organisation asks community to identify the problem and make all key decisions on goals and means. Willing to help community at each step to accomplish goals.
	Has delegated authority	Organisation identifies and presents a problem to the community. Defines limits and asks community to make a series of decisions that can be embodied in a plan that it will accept.
	Plans jointly	Organisation presents tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises	Organisation presents a plan and invites questions. Prepared to change plan only if absolutely necessary.
	Is consulted	Organisation tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
	Receives information	Organisation makes plan and announces it. Community is convened for informational purposes. Compliance is expected.
Low	None	Community told nothing.

Source: Brager, GA & Specht, H 1973, *Community Organizing*, Columbia University Press, New York, cited in World Health Organization 2002, *Community participation in local health and sustainable development: Approaches and techniques*, European Sustainable Development and Health Series: 4, p. 14 <[www.euro.who.int/document/e78652.pdf](http://www.euro.who.int/document/e78652.pdf)>.

Both Local Agenda 21 and Healthy Cities call for high degrees of community participation. The challenge for many people working in local authorities, health authorities and other agencies is to move up the ladder, finding new tools and techniques that promote active and genuine involvement and empowerment rather than settling for the more passive processes of providing information and consultation.

Source: WHO 1999, p. 11.

Where would you place your organisation on the ladder above? What would you need in order to move up the ladder?

See Section 3 (pp. 17–57) of *Community participation in local health and sustainable development: A working document on approaches and techniques* (World Health Organization 1999) <[www.euro.who.int/e78652.pdf](http://www.euro.who.int/e78652.pdf)> for a comprehensive toolbox of many community participation techniques and methods.

### Checklist 3: Community consultation and participation

Ask the following questions to establish your aims and outcomes for community consultation and participation:

- What are the aims of the consultation? Do you want to consult your communities primarily to seek confirmation of their needs as you see them? or Do you want to involve yourself in communities so that you can find out their issues and concerns and participate with them in addressing them?
- What information is to be conveyed?
- What information is being sought?
- How will this information be used in the planning process?
- How can participants be involved in decision making?
- How will participants be informed of outcomes and actions?
- Will follow-up contact be required?

## Checklist 4: Stakeholder matrix

- 1 Identify the issue/s that you need to address.
- 2 For each issue, who are the stakeholders across the following domains?
  - Built/physical environment
  - Social/cultural environment
  - Economic environment
  - Natural environment

When brainstorming the list of stakeholders, consider the following sectors (see Figure 6, p. 19):

- Commonwealth Government
  - State Government
  - regional organisations
  - local government (consider stakeholders in all divisions across council)
  - private sector
  - non-government bodies, community leaders and representatives
  - potential users.
- 3 What is the major interest of each stakeholder?
  - 4 What is their power base—from where do stakeholders derive their power?
  - 5 On what or whom is each stakeholder dependent—for resources, information, influence and so on?
  - 6 What is each stakeholder’s potential for conflicts with other stakeholders?
  - 7 Is each stakeholder a potential ally or adversary—or neutral?
  - 8 Is each stakeholder:
    - a key player (KP)?
    - a participant (P)?
    - to be advised only (A)?
    - a significant individual (SI)?
  - 9 What type of involvement is to be offered to each stakeholder—are they to be informed, consulted or involved? Insert into the matrix below the type of involvement to be offered to each stakeholder in the management of outcomes.



## Checklist 5: The collaborative processes

The collaboration process is seen to develop through three phases. Over time a successful process establishes a new set of institutional arrangements within the problem domain. There will be new understandings that are shared, new ways of working together, and new ways of working within organisations to achieve goals that are common to the participating organisations.

Phase	Tasks to be achieved
Phase 1: Problem setting	<ul style="list-style-type: none"> <li>• Shared definition of the problem</li> <li>• Shared commitment to collaborate</li> <li>• Identification of stakeholders</li> <li>• Establish legitimacy of the stakeholders</li> <li>• Identify and establish the legitimacy of an appropriate convener</li> <li>• Identification of resources required to support the collaboration</li> </ul>
Phase 2: Reaching agreement	<ul style="list-style-type: none"> <li>• Establish the ground rules for the collaboration</li> <li>• Agree on an agenda for the collaboration</li> <li>• Organise sub-groups if required</li> <li>• Jointly search for information that will inform understanding of the problem and potential solutions</li> <li>• Explore options for solving problems</li> <li>• Reach agreement on how the problems will be solved</li> </ul>
Phase 3: Implementation	<ul style="list-style-type: none"> <li>• Dealing with the negotiators' constituencies</li> <li>• Building external support for the problem solutions agreed</li> <li>• Institutionalising of the agreements reached</li> <li>• Monitoring the agreement and ensuring compliance</li> </ul>

Source: Walker R 2000, 'Collaboration and alliances: A review for VicHealth', adapted from Gray 1989, *Collaborating: Finding common ground for multi-party problems*, Jossey Bass, San Francisco, p. 57.

## Checklist 6: Priority and objective setting

Ask the following questions to clarify priorities and objectives when making decisions:

- How should council decide on the priorities for the MPHP? There are many ways and many models, but it is essentially a decision based upon values.
- Who should you talk to?
- How much do you involve the community?
- How do these priorities relate to current state and national health priorities?
- What are the funding and planning priorities of federal and state governments that have an influence on health?
- What are the limits and responsibilities of different organisations?
- What are other organisations in your municipality planning?
- What are their resources and priorities?

## Checklist 7: Deciding on MPHP priorities

The following list is useful to assist in prioritising needs.

- *Prevalence*—Is the problem widely experienced?
- *Severity*—Is the problem debilitating, or does it cause minor inconvenience? What does it mean in terms of potential years of life lost, impact on quality of life and healthcare costs?
- *Selectivity*—Does it affect a group in the population in particular? (Such as a group that is chronically disadvantaged and least able to cope without assistance?)
- *Amenability to intervention*—Is it known that interventions have succeeded with this problem?

Source: Hawe, P, Degeling, D & Hall, J 1990, *Evaluating Health Promotion: A health worker's guide*, McLennan & Petty, Sydney, p. 28, citing Wilson and Wakefield.

Other factors to consider when deciding on priorities can include:

- What are your community's key strengths and capacities that can be built on?
- How can we best enhance a sense of community?

## Checklist 8: Developing strategies for MPHPs

The selection of strategies is based on comparing alternatives. Judgements should be made on agreed selection criteria. The added advantage of setting criteria is that they can be used for future evaluation purposes.

Criteria can include:

- acceptability to key decision-makers and stakeholders (this could also include funding bodies)
- acceptance by the general public
- technical feasibility
- relevance to the issue
- cost effectiveness
- timing
- client or user impact
- long-term impact
- flexibility and adaptability
- coordination and integration with other strategies, programs and activities.

## Checklist 9: Evaluation

Commitment to evaluation and its use can be gained by following suggested steps:

- Taking time to explore the perceptions, past experiences and feelings that stakeholders bring to an evaluation
- Developing a shared definition of program evaluation and what the process will involve
- Helping primary users to see and value evaluation as a process for testing the reality of whether the program is doing what they think it is doing
- Taking primary intended users through a process of generating evaluation questions that are meaningful to them, by the evaluator asking for: 'Things you would like to know that would make a difference to what you do'.

## Checklist 10: Suggested review process—Evaluation

The review processes should involve stakeholders and planning team members with sessions being structured around the following:

- an overview of the plan
- general discussion of the plan and reactions to it (SWOT analysis):
  - strengths—what worked?
  - weaknesses—what did not work?
  - opportunities
  - threats.
- modifications that would improve on strengths and minimise or overcome weaknesses
- agreement on the next steps to complete the plan.

In many ways, the review process provides for reflection on the planning process and an opportunity to anticipate upcoming events and issues.



