ABSTRACT

Creating healthier cities requires an integrated approach to planning at the local level. Working partnerships have been established in 18 local government communities in Queensland (Qld) to develop and implement Municipal Public Health Planning (MPHP) - the building block for a Healthy City. The Healthy Cities and Shires Network, Qld facilitates partnerships and learning environments between local government and community agencies to plan for health.

The paper will discuss the following issues: -
1. activities of the Network and CEPH;
2. urban planning schemes;
3. Healthy City and ‘Seven-Step MPHP’;
4. Implementation and Evaluation issues; and
5. the ‘Platform Approach’.

Urban planning provides consistency for major infrastructure and land development and social health planning is an important factor in this process. A ‘seven step’ planning model provides the framework for healthy city needs-based planning in Qld. Organisational capacity has been built in networking and support, political and community advocacy, agency communication, health profiling, gap analysis, action planning and monitoring and evaluation.

A ‘Platform Approach’ for partnership development has been constructed. This model advocates for government and non-government agencies and community members to form a network and engage in the business of sustainable strategic health planning on a common platform. Barriers to planning and implementation success factors will be highlighted in the paper and recommendations will be made for best practice health planning.
Living in cities can either reduce or enhance the wellbeing of residents and visitors. In many ways cities and towns / shires represent the reality of political, economic and social decisions made locally, at a state level, nationally and globally.

On the other hand, past and present progress for local autonomy has created the identity of each city or shire. The state of our cities and shires is the outcome of patterns of development that have yielded differing forms and location of infrastructure and organisation of public buildings and public space, residential areas and services including health, recreational and cultural facilities. Aggregations of people bring together a range of skills and new ideas and ensure that the accumulated wealth, services, education, and cultural opportunities can potentially be provided efficiently and effectively (The European Sustainable Development and Health Series: 2 document, 1997).

A social model of health is described in this paper. The links between environmental factors and health outcomes have been recognised and acted on since the early days of the public health movement. The public health action planning methods described consider health as an outcome of the effects of all the factors affecting the lives of individuals, families, and communities in different ways and through different pathways.

This view is a contrasting approach to the medical model, which underpins disease-focused interventions. This view makes health care services responsible for improving and maintaining health. A linking of these models is fundamental to the good health and quality of life of residents in communities.

The report on European Sustainable Cities tried to conceptualise a new model of the interrelationships between all the activities taking place in communities and, all the challenges in cities were highlighted pictorially (see Figure 1). This model has been adapted for Australia and describes the relationship between cities, sustainable development, global environmental crises and the outcome of a healthy society in a healthy environment.
The social, economic and environmental contexts, which contribute to the creation of healthy human society, do not operate separately or independently of each other. Rather, they are interacting and interdependent, and it is the complex interrelationships between them, which determines the conditions that promote health.

Cities hold the key to sustainable development, quality of life and healthy human society, however urban life is partly responsible for the global environmental crises. Healthy environments are certainly a precondition to quality of life in communities (European Sustainable Development and Health Series 2, 1997).

Trevor Hancock (1997) describes the new conceptual model of human development. Figure 2 has three main areas: community, environment and economy. The outcome of the interrelationship of these areas can be conceptualised as health or, more broadly, as human development.

The model suggests that good health and sustainable human development will only be achieved if the relationships between the areas are equitable, sustainable and livable. Community conviviality, environmental viability and economic adequacy need to be balanced. Community conviviality is related to the web of social relations, civic community and social solidarity.

Environmental viability refers to the quality of the local ecosystem, including air, water, soil and the food chain. Economic adequacy means having a level of economic activity that can meet basic needs.
In this model a healthy community has an integrated approach to developing all its components and tries to be equitable, livable, sustainable and cohesive, to achieve high environmental standards and to adequately prosper.

This model of integrated action has underpinned the 'Healthy Cities and Shires Approach' to planning work in Queensland in developing a public health action plan for cities and shires.

Most initiatives taken principally for environmental reasons improve human health, although this may not be explicit. In exploring new responses to the health problems found in cities and towns, the WHO Healthy Cities project represents the relationships between municipal departments, other bodies, the community and the policy framework as pillars of health.
Figure 3 highlights the need for cities to extend or develop existing collaboration, both horizontally within the city and vertically with other levels of government and the wider community.

![Diagram of City Health Plan](image)

**CITY HEALTH PLAN**

**COMMUNITY**

- Business Sector
- Transport Sector
- Economic Sector
- Health and Social Sector
- Environment
- Industry
- Education

**Local Policies and Legislation**

**National Policies and Legislation**

**Health for All / Agenda 21 Strategy**

**FIGURE 3: THE PILLARS OF HEALTH**

(The European Sustainable Development and Health Series: 2 document, 1997)

The European Sustainable Development and Health Series: 2 document, 1997 comments that formulating a city health plan is an important process for a city because the plan:

- places the challenges related to health and the quality of life on the agenda of policymakers within local government, health authorities and other organisations;
- links health gains to environmental issues;
- rationalises scarce resources, including people's time and energy;
- establishes a basis for monitoring the progress of initiatives and evaluating success;
- develops a basis for budgeting for the development of appropriate services and programs for health;
- demonstrates the commitment of city organisations to greater participation in local decision making; and
- can improve the experience of living in cities, neighbouring areas and communities over time.

Effective planning is complex and demanding. It involves developing a climate with the political will for planning for health, which means that the strategies must accommodate the unique political context of cities and their organisation.
The aim of this paper is to outline the need for structured planning mechanisms across Commonwealth, State and Local Government to promote health and environment issues at a local level. Once these mechanisms support health planning then communities can be engaged and participate in decision making about environmental health.

THE MUNICIPAL PUBLIC HEALTH PLANNING (MPHP) APPROACH

MPHP has its foundation in the WHO Healthy Cities Movement. The international Healthy Cities movement was initiated in Europe in 1986 as a means of supporting the World Health Organisation’s ‘Health for All’ strategy and implementing the action areas of the Ottawa Charter (Chapman & Davey, 1997). MPHP has been the ‘tool’ used in many local communities in Queensland to plan and implement more efficient public and environmental health services and conditions.

The Who’s Healthy Cities approach is based on a number of key principles (WHO, 1997):

- health should be an integral part of settlements (urban) management and development;
- health can be improved by modifying the physical, social and economic environment;
- conditions in settings such as home, school, village, workplace and city, profoundly influence health status; and
- intersectoral coordination for health is necessary at the local level.

The Healthy Cities approach is noted to have important political and process elements such as:

- it promotes political commitment;
- it advocates for a fundamental change in the local government relationship with its community;
- the process advocates participatory activities; and
- it suggests that developing solutions to problems on a community wide basis requires partnerships between both local government departments and outside government and non-government agencies.

The Guiding Principles include intersectoral collaboration, interdepartmental collaboration and community participation.

The process advocates for the formulation and adoption of local public and environmental health plans. The process in Queensland is called Municipal Public Health Planning (MPHP), however each community has named its planning process based on their local agenda eg MPHP, Community Health Plan, Public Health Plan.

LEVELS OF COMMUNITY PARTICIPATION AND AGENCY INVOLVEMENT

In developing a MPHP decisions have to be made as to what level of community participation will be built into the project. Appendix 1 describes different degrees of participation in respect of levels of control and participant's action and illustrative examples for achieving it (Brager & Sprecht). A range of participation with communities can be achieved from communities having high levels of control and participation in decision making, to low levels of input and no participation.

Achieving meaningful participation means changing some organisational processes and supporting the communities' involvement. Health planning initiatives need to consider the balance between 'token' involvement and 'full' public consultation and participation.
The development of wide ranging health and environment agency participation is a key factor for the success of collaborative approaches to health planning in a city. Representatives of agencies and communities should be involved in the process of developing, carrying out and evaluating a city health plan. Community and agency participation in the planning process has to be clearly structured and agreed upon in the scope of the pending health initiative (European Sustainable Development and Health Series 2, 1997).

BACKGROUND TO LOCAL HEALTH PLANNING IN QUEENSLAND

In Queensland, since 1996 many Local Government communities have developed MPHPs. The process has been supported by the Healthy Cities and Shires Network based at Griffith University in the School of Public Health.

A network of health and environment professionals supports the planning processes. The process applies the ‘new’ public health approach, namely the ‘settings approach’ in communities by managing and facilitating public and environmental health gains.

Queensland Health, through health promotion policy and the activities of the regionally based Public Health Units, have supported and funded the following initiatives in collaboration with Local Government:

- initially, a Healthy Cities Project (1992-1995);
- provided seeding funding to nine (9) Councils to develop MPHPs (1995-1999);
- currently through local government and Griffith University in joint funding arrangements with five (6) public health planning initiatives in Cities and Shires; and
- Environmental health officers have been the professional group to manage the projects.

The initial pilot project included the funding of a project coordinator, assisted by a Steering Committee in the development of a framework for guiding the development of MPHP in nine (9) Councils. The Network has evolved with improved processes since 1996 and some 15 Local Governments are now involved in MPHP. Local Government is seen as the facilitator of collaborative partnerships between relevant stakeholders to address factors affecting health in the community (Chapman & Davey, 1997). This planning process currently impacts on over half the population of Queensland.
THE PLANNING PROCESS

At the end of the first phase of the pilot projects in Queensland the process for developing a ‘Municipal Public Health Plan’ was published in a resource book (see Chapman, P and Davey P, 1997).

Figure 4 describes the evolved planning process. The MPHP process in Queensland has adapted this documented planning model to specific communities.

Queensland Health, Local Government and Griffith University have formed a ‘working partnership’ to develop and implement MPHPs in Queensland. Getting the planning structures right at State and Local Government level has been the key to a successful MPHP process at the local level.

NATIONAL HEALTH PLANNING AND POLICY

The National Public Health Partnership (NPHP) in its publication titled ‘A Planning Framework for Public Health Practice’ (CHAC, 2000) which was endorsed by the Australian Health Ministers Advisory Council, asks the question Why public health practice needs a planning framework? The framework aims to contribute to public health planning in three broad ways, namely a common language, a systematic approach and integrating action by recognising commonalities. More specifically the framework identifies ten (10) public health intervention types including collaboration, partnership building and community and organisational development in broad domains which include environmental health, communicable disease, lifestyles and health to name a few.

From a national perspective the National Environmental Health Strategy supports health planning that shapes Australian towns and cities (NEHS, 1999:51). The Strategy notes that the key to creating healthy environments is good planning that recognises potential health impacts from the outset. A range of tools is recommended to achieve planning including community health plans and legislation that supports healthy planning at the local level.
The foundation of good planning is also discussed in the NEHS. The strategy highlights that environmental health is highly intersectoral in nature, and that a commitment to partnerships is essential to improve environmental health. This requires all stakeholders and effected groups to recognise their common aspirations, develop common goals, work to strengthen their communication and links and to forge partnerships on common action (NEHS, 1999).

Engaging with partners to design and implement the 'whole of government' Regional Framework for Growth Management for Sustainable Futures

How is Queensland attempting to implement NPHP and enHealth recommendations together with a range of other state and local policy in a complex array of planning frameworks? The process of developing structured planning mechanisms in levels of government is aimed at creating a sustainable foundation for health gains.

In Queensland several structured frameworks have been developed at a State and Local level as a response to the growth of populations from urbanisation and the impacts on quality of life.

The South East Queensland Regional Framework Plan for Growth Management 2001 (SEQ2001) sets out the responsibilities of all state and local government agencies to work in collaboration on agreed priority planning actions across the region. Each Local Government in the region sits on the South East Regional Organisation of Councils which links with the SEQ2001.


Within the SEQ2001 Framework a document called the Regional Outline Plan has been published and describes the various priority action areas and accountable agencies. To date SEQ2001 has successfully initiated and developed a range of strategies that are helping to create a positive future for the region. So far the following strategies have been delivered in South East Queensland: Integrated Regional Transport Plan, Regional Air Quality Strategy, Economic Development Strategy, Metropolitan and Key Regional Service Centres, Regional Landscape Strategy and Cultural Strategy.

In particular, Chapter 10 of the Regional Outline Plan ‘Social Justice and Human Services’ has an objective to develop communities where people have fair and equal access to services which are essential to achieving and maintaining a decent lifestyle. In particular, affordable housing, employment and the full range of social and community functions, where opportunities are provided for participation in social and political life.

Queensland Health is the lead agency in coordinating and implementing parts of the priority actions in Chapter 10 of the Regional Outline Plan. These include actions like developing collaborative area based public health projects, with a focus on reducing drug and injury related harm. Other actions include enhancing child and youth health and well-being, health outcomes for indigenous peoples, building local capacity to identify and respond to priority health needs and mobilising appropriate responses. Queensland Health has a structured role in initiating discussions through Public Health Unit Networks to identify Local Governments that are interested in participating in the development of municipal public health plans, community renewal programs, place management projects, employment initiatives and other interagency projects.

Local Governments are represented on SEQ2001 committees and also participate in the South East Regional Organisation of Councils (SECROC) which meets regularly to discuss regional approaches to community service delivery.
These structured policy initiatives are important in legitimising the processes of planning which enable better health infrastructure and services to be developed in communities. Avenues for securing funding of the priority action areas are sought in the process.

In 2004 a Regional Framework for Growth Plan with a twenty year vision was published by the Queensland State Government to guide urban development, this Growth Plan recognises the need for economic, social and cultural considerations in planning urban development.

The Role of Queensland Health

Queensland Health has representation on SEQ2001 and has established a Communities and Local Government Team to implement priority actions. Functions include community public health planning, development of partnerships, community capacity building, addressing the social determinants of health and health impact assessment.

A key function of this Committee is to engage with communities through Local Government, Universities and other agencies to develop structured mechanisms for the development of MPHP. MPHP are considered the tool to achieve healthy planning at a local community level. This function builds local capacity to identify and respond to priority public health issues and to mobilise appropriate resources.

Local Government – ‘A Public Health Partnership Protocol’

Local Governments of Queensland through the peak body of the Local Government Association have signed a protocol agreement with Queensland Health. This protocol (2000) sets out agreed to action plans for issues of common interest and provides a framework to undertake joint activities. In the Public Health Planning Action Area, the parties have agreed to enhancing mechanisms for collaborative community public health planning. This protocol refers to the primary existing planning process and advocates for formalised planning processes, including for example:

- Local Government Corporate Plans;
- Integrated Planning Act Planning Schemes;
- Regional Communities Program; and
- Municipal Public Health Planning.

This is another example of structured mechanisms to formalise the partnerships and legitimise the actions of Public and Environmental Health planning initiatives. More recently in 2004 the State Government has developed a consultation document highlighting changes to the Local Government Finance Standards.

Local Government and Queensland Health are the primary providers of public health services in Queensland. Both organisations share a role in protecting and promoting the health of the community and developing capacity to enable the advancement of healthier communities.

Local Government can demonstrate commitment to public health through its corporate and operational plans and through other planning instruments, such as local government planning schemes, as well as its effective administration and enforcement of public health related legislation.

The Local Government Finance Standard 2005 requires local government to address public health management in preparing its corporate and operational plans. The inclusion of public health management as a reporting requirement will enable local government to assess its performance in delivering the desired public health outcomes reflected in its corporate plan. The new requirement to report against public health management under the Local Government Finance Standard 2005 will first apply to plans prepared for the 2006/07 financial year. Part 5 of the Finance Standard prescribes the issues a local government must address.
in preparing its corporate and operational plans. An amendment to section 30 now requires a local government to consider its role in public health management as part of its management of local and regional issues. MPHP is not required by law in the Public Health Act in Queensland, but Councils are encouraged to develop a MPHP as a foundation to becoming a Healthy City. Victoria is the only State in Australia to mandate for MPHP.

Another approach to integrating these activities is through municipal public health planning. MPHP aims to build strong, self-reliant local communities that can identify and address local health issues in the community using capacity building and community engagement methods. MPHP provides the opportunity for local government to take a leadership role in the implementation of a process that engages the community, government and non-government organisations in identifying, prioritising and addressing public health issues. MPHP will feed information to the Corporate Plans of Council and document all public health management issues.

**Structures are Right for Joint Funding for Integrated Health Planning within Local Government Communities**

The development of legitimate planning frameworks has allowed Queensland Health to provide seed funding to Local Government to develop Municipal Public Health Plans. Projects have been completed in 18 cities. Appendix 1 highlights all projects to date. Projects are being evaluated to assess their ability to respond to community concerns for health and environment matters.
Health Planning Outcomes and Implementation at the Local Level

The MPHP model has many positive outcomes, both in the development of participatory processes and a strategic planning document for health.

The following local structural issues / outcomes of MPHP projects include:

• networking of all agencies that impact on quality of life issues;
• breaking down barriers between the many agencies that have health outcomes;
• community participation in needs assessment and decision making about health services;
• educating elected representatives about health and environment matters;
• increase in research funding to communities to fund identified strategies;
• partnership development with intersectoral agencies; and
• utilising University expertise as a ‘broker’ in engaging partners.

A integrated model for implementing public health plans was developed by the author in 2003 funded, by a the provincial health department.

Figure 5 is an example of an Implementation Model used by Townsville City Council Healthy City Advisory Committee in 2005. The model highlights the need for integrating strategies vertically through the community to higher planning mechanisms and linking horizontally to the agencies and other networks that can assist with implementing action strategies.

The main action is to promote the funding of actions in partnership and reduce duplication and organisation barriers to a way forward for local health agenda. Within this process, agencies need to ‘sign-off’ to work together in partnership to implement the action strategies in the Plan.
FIGURE 5: IMPLEMENTING A HEALTHY CITY PLAN

CONCLUSION

There is a need to get the planning structures in place across the levels of government initially to allow for integrated health planning, eg MPHP, to be activated at a local level.

The key structural mechanisms of health planning that have provided a sustainable foundation for MPHP projects in Queensland include:

- policy support from National Partnerships and Strategies eg NPHP, enHealth;
- ‘whole of Govt approach’ at a State level eg RMF;
- inclusion in Regional Planning Frameworks eg SEQ2001;
- partnership approach to planning eg Queensland Health / Local Government Protocol;
- political support from Local Government;
- community and Local Government Teams eg Qld Health Partnership Area Teams;
- integrated MPHP at Local Government level;
- collaborative partnerships with health agencies, including government and non-government bodies;
- collaboration with a third party to assist the planning eg Universities; and
- community engagement and capacity building.
MPHP has been funded in Queensland by State and Local Governments 'working in partnership' with health agencies, community groups and Griffith University as a direct outcome of *getting the structures right!*

Several Councils in Australia have joined the Asia and the Pacific Healthy City Alliance, which is supported by WHO. The Alliance provides an important networking structure for country and project collaboration and member information exchange. The biannual International Healthy City Alliance is central to on-going support for healthy city planning in the region and encourages Mayors of Cities to develop a Charter for a Healthy City.

The Centre for Environment and Population Health (CEPH) at Griffith University hosts the Healthy City and Shires Network in Queensland and is an Associate Member of the Alliance for Healthy Cities. The CEPH provides research and consulting advice to Healthy Cities and Shires in the Region.
REFERENCES


The National Public Health Partnership (NPHP) in its publication titled ‘A Planning Framework for Public Health Practice (CHAC, 2000)


Queensland Government Publications
- Regional Framework for Growth Management for Sustainable Futures 2020
- Chapter 10 of Regional Outline Plan ‘Social Justice and Human Services’

### Degrees of Participation Model

<table>
<thead>
<tr>
<th>Control</th>
<th>Participant’s Action</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Has Control</td>
<td>Organisation asks community to identify the problem and makes all key decisions on goals and means. Willing to help community at each step to accomplish goals.</td>
</tr>
<tr>
<td></td>
<td>Has delegated authority</td>
<td>Organisation identifies and presents a problem to the community. Defines limits and asks community to make a series of decisions which can be embodies in a plan which it will accept.</td>
</tr>
<tr>
<td></td>
<td>Plans Jointly</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Advises</td>
<td>Organisation presents a plan and asks questions. Prepared to change plan only if absolutely necessary.</td>
</tr>
<tr>
<td></td>
<td>Is Consulted</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Receives Information</td>
<td>Organisation makes plan and announces it. Community is convened for informational purposes. Compliance is expected.</td>
</tr>
<tr>
<td>Low</td>
<td>None</td>
<td>Community told nothing.</td>
</tr>
</tbody>
</table>

(Source: The European Sustainable Development and Health Series: 2 document, 1997)
APPENDIX 2

List of Municipal Public Health Planning Projects in Queensland

Local Governments have invested money into MPHP since 1995, by way of salaries and provision of administrative support, for the development and ongoing implementation of the plans.

Since 1995, Queensland Health has provided up to $20,000 seeding funding to several Councils with matching funding from Local Government.

Local Government in the management and delivery of the planning and implementation have contributed considerable funding. No cost details are available.

Griffith University has provided the research and consulting expertise. The following table briefly describes the current status of MPHP in Queensland.

<table>
<thead>
<tr>
<th>PROJECTS</th>
<th>BRIEF COMMENTS ON PROJECT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot projects Round 1 (funding $10,000 grant)</td>
<td>Community Health Plan 1996-1999 developed and in 1999 reviewed by consultant, strategies rolled up into Corporate and Operational Plans of Council and Health and Safety plans become part of Local Area Planning Process. Initial seed funding by Qld Health $10,000.</td>
</tr>
<tr>
<td>Brisbane City Council</td>
<td>Plan implemented, Evaluation and review of first three (3) year plan in 2000. Initial funding from Qld Health $10,000.</td>
</tr>
<tr>
<td>Cairns City Council</td>
<td>Plan implemented, Evaluation and review of first three (3) year plan in 2000. Initial seed funding from Qld Health $10,000.</td>
</tr>
<tr>
<td>Pilot Projects Round 2 (funding $5,000.00 grant)</td>
<td>First 3 year plan still in implementation, monitoring and reviewing strategies in 2000. Seed funding from Qld Health $5,000.</td>
</tr>
<tr>
<td>Burnett Shire Council</td>
<td>Initial $5000 funding Plan still in draft. In 2000 there is a plan to re-establish process. Funding from Qld Health</td>
</tr>
<tr>
<td>Cambooya Shire, funded $1000 by Healthy Cities and Shires in 1998</td>
<td>1998-2001 MPHP completed and being implemented. Seed funding from Qld Health $1000</td>
</tr>
<tr>
<td>Boonah Shire Council</td>
<td>1996-1999 Developed and Plan implemented. Seed funding from Qld Health $5,000.</td>
</tr>
<tr>
<td>Bamaga Community</td>
<td>Awarded encouragement award but project didn’t commence due to a similar Commonwealth Infrastructure project starting.</td>
</tr>
<tr>
<td>1999 Projects</td>
<td>Launch of plans in Dec 1999. Currently implementing strategies in Maryborough and Hervey Bay with CPHUN, Qld Health funding and CPHUN funding of for each Council.</td>
</tr>
<tr>
<td>Local Government</td>
<td>Details</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kolan Shire Council with Qld Health, Central Public Health Unit Network Wide Bay (CPHUN)</td>
<td>Joint funding from Shire Council and Qld Health, completed late 2002</td>
</tr>
<tr>
<td>Bundaberg City Council with CPHUN-Wide Bay</td>
<td>Joint funding from Shire Council and Qld Health, completed late 2002</td>
</tr>
<tr>
<td>Logan City Council with Qld Health Public Health Unit (PHU) – South Brisbane</td>
<td>Joint funding from City Council and Qld Health, completed public health plan late 2003</td>
</tr>
<tr>
<td>Townsville City Council</td>
<td>Developed a Healthy City Plan in late 2003, Member of Healthy City Alliance</td>
</tr>
<tr>
<td>Rockhampton City Council</td>
<td>Completed in July 2003</td>
</tr>
<tr>
<td>Kingaroy Shire</td>
<td>Developing Sustainable Community Strategy 2004/2005</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

Acknowledgment to all participating local governments, public health units and community agencies/groups in Queensland.