

## Social Determinants of Health and the Role of Local Government Project

### PHASE 2

Report on the dissemination of  
***Leading the Way***



March 2004

## ACKNOWLEDGEMENTS

This Report describes the project of disseminating ***Leading the Way – Councils creating healthier communities: A Resource Guide for Councillors.***

The project was reliant on a complex multi-layered promotion and flexible delivery strategy. The level of cooperation and support from the many individuals and agencies involved was tremendous and made the strategy work.

Thanks to:

- the Steering Committee members who provided valuable input to this project.  
Members were:
  - Kellie-Ann Jolly, VicHealth
  - Clare Hargreaves, Municipal Association of Victoria
  - John Biviano, Iain Butterworth, Ron Frew, Holly Piontek-Walker and Julie Hoy, Department of Human Services, Public Health
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- the councillors and officers of the many councils who participated in the presentations and workshops
- the many Department of Human Services Regional Office staff who used their networks to encourage councils to take up the offer.

A special thanks to Kellie-Ann Jolly, (Project Manager, VicHealth), for her encouragement and support.

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# Social Determinants of Health and the Role of Local Government Phase 2

## FINAL REPORT

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### EXECUTIVE SUMMARY

This Report outlines Phase 2 of the project *Social Determinants of Health and the Role of Local Government*. This phase of the project was undertaken by PDF Management Services Pty Ltd (PDF), to promote the resource package, '*Leading the Way – councils creating healthier communities*' to all local councils across Victoria.

The resource package had been developed and produced by PDF as the Phase One of the Project.

The primary approach to disseminating *Leading the Way* was to offer face-to-face presentations to councillors and/or senior managers. It was considered that a simple mail-out of the resource provided little certainty that it would reach its intended audience. From the outset it was recognised that councillors and senior managers face high workloads and competing demands. It would be necessary therefore, to be flexible and to fit in, as much as possible, with council timetables and events.

A multi-faceted strategy was developed to promote the value of *Leading the Way* at various levels within councils. This reflected the diverse nature of Victorian councils organisationally and where they might be up to in their thinking about social models of health and integrated planning.

Promotion of the project commenced with a formal launch by Dr Rob Moodie (CEO VicHealth), Cr Brad Matheson (President, Municipal Association of Victoria) and Cr Kate Redwood (Councillor, City of Melbourne) in May 2002.

This was followed immediately with letters to all council Chief Executive Officers (including a copy of *Leading the Way*), articles in the VicHealth letter and elsewhere, formal contact with senior council managers and using informal networks.

*Leading the Way* was also included on the agenda of the Councillor Development weekend hosted by the Municipal Association of Victoria (MAV) in July 2003.

As a result of high demand, in particular from council planning staff, additional funding was made available to VicHealth from the Department of Human Services (DHS) in early 2003 to support the project objectives and enhance dissemination. This funding was used to develop a video, write further case studies, extend sessions to council staff and run a 'train the trainer' program for local government, DHS officers and other relevant people.

In total, 74 (or 94%) of councils were directly exposed to *Leading the Way*.

As at the end of December 2003, councillors from 62 councils had received presentations of *Leading the Way* either in a council based presentation or at the MAV Councillor Development Weekend. This represents 78.5% of councils across Victoria. Overall, an estimated 275 councillors attended *Leading the Way* presentations.

Of those councils that did not have councillor involvement, 6 had presentations or briefings to senior management. A further 6 had coordinators and project staff involved in workshops that featured *Leading the Way*.

In many cases councils were exposed to more than one presentation, with 60% of the 74 councils exposed to *Leading the Way* on multiple occasions and/or at different levels within the organisation. For 20% of them it was three or more occasions.

The form of the presentations varied. Presentations generally took two forms:

- an information session – where the background and content of the resource was outlined, and questions and discussion followed as time allowed
- a workshop – where the information session was provided, followed by exercises and targeted scenarios and discussion to apply the intent of the resource package to the context of that particular council.

The information style presentations were the most popular form of presentation and were most commonly held as an agenda item on a regular council briefing session. The time made available for presentations varied from usually 30 - 60 minutes. This contrasts significantly with feedback through Phase One, which suggested more like a 20-minute time allocation.

Workshop style presentations made up about 28% of all presentations. A quarter of these would have involved councillors as participants. Workshops were all run as special events outside regularly scheduled activity.

One of the major factors affecting the presentations was the council's current position in relation to the Municipal Public Health Plan (MPHP) cycle. Those developing new plans used the presentations to set the context for the development of a new MPHP; those launching draft or final plans used it to explain the rationale of their plans. For councils with a current MPHP, the presentation was more of a general information session.

Other presentations to support the project were provided to various groups including a MAV Human Services Managers Conference, a meeting of Regional Sports Assemblies Coordinators, a forum of Drought Program officers and a number of regional planning forums attended by local government, Primary Care Partnerships (PCPs) and DHS officers.

The resource itself was widely distributed. 3,000 copies were produced with more than 2,500 copies going to Victorian councils. Several hundred copies were also distributed to other agencies, such as Department of Human Services program areas, Primary Care Partnerships, universities and interested health or council organisations. Many of these organisations were from interstate and some were from overseas, including New Zealand, Canada and the United Kingdom.

In general, providing flexible options for delivering presentations worked well. Councils were able to fit presentations into their timetables and tailor them to their specific circumstances.

'Train the trainer' workshops were conducted in November 2003 and February 2004 in five locations around the State. These were Carlton, Frankston, Geelong, Bendigo and Wangaratta. The idea of conducting 'train the trainer' style workshops was conceived as a way of creating a pool of people who would have a strong understanding of the concepts behind *Leading the Way* and who would have the skills to deliver information sessions or workshops to interested people. This might include future induction for new Councillors or staff, cross-council projects or community partnerships where a common vision and language is required.

The invitation was open to any council officer or Regional DHS officer, who identified themselves as having a key role in local area planning and who had a keen interest in promoting integrated health and wellbeing into the core business of local government.

Workshop attendance was free and participants were provided with a *Leading the Way* kit, including a copy of the resource, a copy of the video, a set of customisable slides for presentations and accompanying training notes.

The original target for this program was 50 participants. However, demand was such that, overall, the five workshops were provided to 84 participants. 40 Councils were represented from a broad cross-section of the State. 8 of these councils had not had prior presentations of *Leading the Way* to their councils. Other participants came from DHS Regional Offices, Public Health and Primary Health Head Office Units, rural PCPs and one from a regional Office Of Youth Affairs.

When asked to indicate their readiness to deliver *Leading the Way* sessions participants all indicated they could do so. There was strong feedback that these sessions, along with the *Leading the Way* Video, have provided a much needed tool for council staff and others to continue rolling out the messages of *Leading the Way*.

In combination, the *Leading the Way* presentations and the 'train the trainer' program have developed a strong foundation for local government to better understand the social determinants of health and use this to influence the health and wellbeing of their communities.

It is clear that *Leading the Way* has made a real impact on local government in terms of supporting the more effective integration of health into planning. For the primary audience (councillors), this has been predominantly at an awareness raising level. Councillors' responses to *Leading the Way* have been mixed – the ideas sound sensible and compelling for some, but there are others who are cautious or even dismissive, particularly in the light of perceived cost shifting. This is, nonetheless, a good start and has laid the foundation for new approaches in the future.

For senior managers and planning practitioners it has gone well beyond awareness raising. Facing the pressures - and appeal - of better integrated planning, *Leading the Way* has come along at the right time.

There has been a huge response to *Leading the Way* from this group who have warmed to it as a vehicle for achieving change. The social models of health are well understood by them but *Leading the Way*, in association with *Environments for Health*, has provided a tool for marketing these concepts upwards (to the executive management and councillors) and sideways (to internal colleagues and other agencies).

To quote Nick Matteo of the City of Yarra, “ *Leading the Way* has legitimised the work we knew we had to do.”

## 1. INTRODUCTION

This Report has been prepared by PDF Management Services Pty Ltd, to detail the process of disseminating *Leading the Way: Councils creating healthier communities* to councils around Victoria.

The resource package had been developed and produced by PDF as the first phase of the Project. (See Project Overview Appendix A).

The primary approach to disseminating *Leading the Way* was to offer face-to-face presentations to councillors and/or senior managers. It was considered that a simple mail-out of the resource provided little certainty that it would reach its intended audience. From the outset it was recognised that councillors and senior managers face high workloads and competing demands. It would be necessary therefore, to be flexible and to fit in, as much as possible, with council timetables and events.

As a result of high demand, in particular from council planning staff, additional funding was made available to VicHealth from the Department of Human Services (DHS) in early 2003 to support the project objectives and enhance the dissemination (Extension Project). This funding was used to develop a video, write further case studies, extend sessions to council staff and run a 'train the trainer' program for local government, DHS officers and other relevant people.

This Report incorporates all workshop and presentation activity (including Extension Project activity) within the description of the project results. The Report also includes some observations about the response from councils to the resource. Results from the 'train the trainer' program are included.

The Report is divided into three main sections as follows:

- **Project Description** which describes project objectives, agreed methodology and reporting requirements
- **Project Delivery** which describes how the methodology was carried out in terms of promotion, delivery mechanisms and the response to the project
- **Train the Trainer** which describes the methodology and response to this program

## 2 PROJECT DESCRIPTION

### 2.1 Project Objectives

The objectives of Phase 2 of the Project were:

- to raise awareness of the social determinants of health and the role of local government and the methods for applying this awareness to core council business
- to promote the distribution and use of *Leading the Way* amongst councillors and senior managers in all Victorian councils
- to promote *Leading the Way* as a resource amongst other stakeholders involved with local government, such as the Department of Human Services, the Municipal Association of Victoria and the Victorian Local Government Association

### 2.2 Methodology

A Feedback Session with pilot councils involved in the development of *Leading the Way*, canvassed views on the roll-out of the resource once it was produced. Key messages from this consultation process appear below:

#### **Key messages**

- *use a multi-pronged approach*
  - *target Mayors, Councillors, CEOs and Managers*
  - *conduct workshops with each level*
- *favour face to face information sessions rather than providing it unannounced through the mail and provide opportunities for questions*
- *look for multiple exposure – eg Council meetings, Council planning workshop, Regional Forums, Newsletters, Internal Briefing papers*
- *use flexible approaches and customise delivery (councils are very diverse )*
- *use presenters from outside council – there is a risk that internal presenters will be connected with pre-existing roles eg health planner*
- *foster champions of the ‘social determinants’ approach within councils (pilot sites may become mentors)*
- *package-up and make clear the benefits to councillors of the resource*
- *a launch by the Minister would reinforce its importance.*

**Extract from Social Determinants of Health and the Role of Local Government Phase 1 Report**

These messages shaped the approach to the project, which was to provide a flexible strategy that reflected the diversity of councils across the State. The stated methodology for the project was to:

- prepare brochures and other material to promote *Leading the Way*
- provide sessions to councils that introduce them to *Leading the Way*
- tailor timing and format of sessions to suit the circumstances of each council. This might include:
  - an item on a council agenda
  - a component of a council planning workshop
  - a special purpose seminar for councillors
  - a multi council event e.g. rural councils
  - other opportunities
- provide sessions available from 1 June 2002 to 30 June 2003 (revised to December 2003 following the Extension Project)
- provide seminars on *Leading the Way* to local government stakeholders, as agreed with the steering committee, including consideration of:
  - Municipal Association of Victoria Board
  - Department of Human Services regional staff
  - Department of Human Services divisional managers
  - Councils' social and health planners
  - Municipal Association of Victoria conference.

## 2.3 Reporting

- The consultants were required to report to the steering committee comprising:
  - VicHealth
  - Municipal Association of Victoria
  - Department of Human Services.
- A written report was provided to VicHealth at the end of December 2002 that described the progress of the project.
- The consultants were to provide a written report at the end of the project that described the methods that were used to roll out the strategy and the profile of councils and stakeholders that were introduced to *Leading the Way*.
- Subsequently it was agreed that the final report would incorporate the extension activities including any sessions to councils and the 'train the trainer' program.
- The consultants were also to provide a commentary on any impacts of the project.

### 3. PROJECT DELIVERY

#### 3.1 Promotion

The development of *Leading the Way* was very inclusive of local government, with 33 councils contributing in some way to its production. An article titled *Local Government: Resource* appeared in the VicHealth Letter Issue No 17 Autumn 2002 (p12) intended to keep the local government sector informed of its imminent release. So by May 2002, when the final resource was launched, there was already a strong awareness of *Leading the Way* and building interest from many councils considering how they might apply it.

The formal launch of *Leading the Way* was conducted by Dr Rob Moodie (CEO, VicHealth), Cr Brad Matheson (President, Municipal Association of Victoria) and Cr Kate Redwood (Councillor, City of Melbourne). This small media event was attended by a broad cross-section of people from local government, MAV, DHS and VicHealth. A number of inquiries to conduct council presentations originated directly from this event.

Following the launch a letter was distributed to Chief Executive Officers of all Victorian councils inviting them to have *Leading the Way* presented to their councillors and senior management by PDF. The letter was sent under the joint signatures of the CEOs of VicHealth and MAV. The letter was accompanied by a single copy of *Leading the Way*, a brochure outlining the contents of the resource, and an Expression of Interest form offering alternative delivery options (see Appendix B).

PDF followed up some councils by phone where Expressions of Interest were slow in coming back. On occasions this involved phoning a health or human services contact on a semi-formal basis and encouraging them to do some internal promotion. These contacts were often referred by MAV or DHS officers. At other times it involved a more formal contact with the CEO or other senior manager. In a number of instances, it involved a meeting to discuss the opportunity prior to a presentation going ahead.

Regional DHS officers also used their informal networks and working relationships to encourage participation in the project. In mid-2002, Round One of the *Municipal Public Health Planning Good Practice Program* funded by DHS also got underway. This provided a stimulus for many councils involved in these projects to use *Leading the Way* as a component in their various projects.

This initial promotion resulted in a steady stream of Expressions of Interest, with 43 having been received in the first six months.

In early 2003, MAV took a decision to include *Leading the Way* on the agenda of its Councillor Development Weekend conducted in July 2003. This two-day workshop is the major professional development event in Victoria for councillors. It was timed to follow the March 2003 local government elections and attracted a great many new councillors.

The original project was intended to complete in June 2003. However, owing to strong demand, combined VicHealth and DHS funding was used to extend presentations to the end of December 2003. This also allowed for additional staff-focused sessions to be made available, the production a video, additional case studies and 'train the trainer' sessions.

As a result, a further letter was sent in September 2003 as a reminder to those councils who had not expressed interest. The letter was again sent under the joint signatures of the CEOs of VicHealth and MAV, and was again accompanied by a single copy of the *Leading the Way*, a brochure outlining the contents of the resource package, and an Expression of Interest suggesting alternative delivery options.

An article titled *Council Create Healthier Communities* also appeared in the VicHealth Letter Issue No 19 Summer 2003 (pp14-15) that talked about the progress of dissemination and included comment on presentations from two councils.

As in earlier stages, direct contact with councils and the involvement of Regional DHS officers (in particular Public Health Managers), helped generate ideas amongst council officers, about how *Leading the Way* might be most useful for a particular council's circumstances.

The final promotional event was the *Integrating Health into Local Government* Conference in October 2003. Organised by DHS, the conference was a showcase for projects funded under the Good Practice Program - Round One (many of which had incorporated *Leading the Way* in their implementation) This provided a platform to provide an update on where the project was up to and an opportunity to launch the *Leading the Way* video.

By the end of December 2003, 66 of the 79 Victorian councils had formally expressed interest in *Leading the Way* presentations.

This level of success was the result of using such diverse promotion and also of providing flexible options for delivery.

## 3.2 Presentations

The primary approach to disseminating *Leading the Way* was to offer face-to-face presentations to councillors and/or senior managers. It was considered that a simple mail-out of the resource provided little certainty that it would reach its intended audience. From the outset it was recognised that councillors and senior managers face high workloads and competing demands. It would be necessary therefore, to be flexible and to fit in, as much as possible, with council timetables and events.

As a result, presentations generally took two forms:

- an information session – where the background and content of the resource was outlined, and questions and discussion followed as time allowed
- a workshop – where the information session was provided, followed by exercises and targeted scenarios and discussion to apply the intent of the resource package to the context of that particular council.

The information style presentations generally involved a majority of councillors and the CEO and executive management team. They were the most popular form of presentation and were most commonly held as an agenda item on a regular council briefing session. Sometimes the staff attended the councillors' session, but more often separate sessions were delivered to the staff.

The time made available for presentations varied from usually 30 - 60 minutes. This contrasts significantly with feedback through Phase One, which suggested more like a 20-minute time allocation.

Workshop style presentations make up about 28% of all presentations. A quarter of these would have involved councillors as participants. This was commonly 2-4 councillors and generally included those with a related portfolio responsibility or recognised interest. Workshops were all run as special events.

As far as workshops were concerned, most dealt with *Leading the Way* as the topic. In others, it was simply a component of a broader planning agenda. In both cases, however, usually 1½ – 2 hours was dedicated to *Leading the Way*.

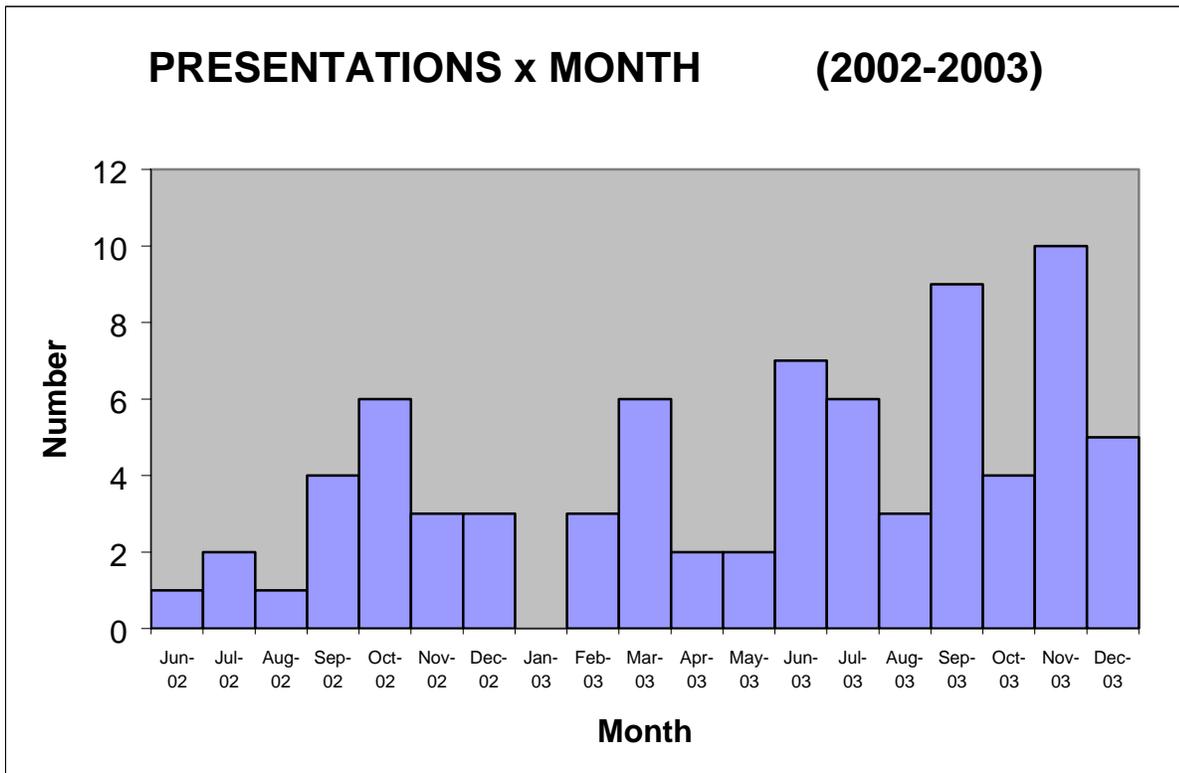
Some councils invited other relevant stakeholders to their session or workshop. Examples of external parties invited to sessions included representatives from organisations such as the local Division of General Practitioners, local Department of Human Services, Public Health or Community Health Managers, Primary care Partnerships, University of Latrobe (Nillumbik) and University of Melbourne (Shepparton).

Other presentations and seminars were also provided to support the project.

- As stated above, *Leading the Way* was included on the program of the Councillor Development Weekend hosted by MAV in July 2003. This was made up of a plenary session provided by Rob Moodie on councils' role in health and wellbeing and two workshops that introduced *Leading the Way* in more detail, provided by PDF.
- Other presentations included sessions delivered to:
  - the board of the Municipal Association of Victoria (MAV – this occurred in May 2003 and predated the formal launch of the resource)
  - a MAV Human Services Managers Conference
  - a state-wide meeting of Regional Sports Assemblies coordinators
  - a forum of Project Officers involved in the DHS Drought Recovery Program
  - a West Bay Health Alliance forum
  - a workshop to support the development of the *Walking in their Shoes Planning Toolkit* - an Upper Hume Good Practice Project
  - a regional integrated planning workshop for the Grampians Region
  - a planning meeting of the South Western Victoria Integrated Planning group.

Following the release of the *Leading the Way* video in October 2003, the video became a key aspect of subsequent presentations.

Presentations were provided throughout the period June 2002 to December 2003. The graph below indicates the spread of presentations across this period.



The graph illustrates:

- a relatively steady delivery following a start up period
- a dip in Jan 2003 because of Christmas holidays
- another dip in April - May 2003 - reflecting local government elections
- increased activity towards the end of the project resulting from an eagerness to get in before the project concluded and the capacity to do additional sessions for staff as a result of the DHS target group extension. The additional promotion conducted in July 2003 also accounts for the increase at this time.

The type of presentations chosen by councils was determined by their individual needs and reflected:

- where they were up to with respect to their MPHP
- what they thought would work with their council
- what opportunities were available to make use of *Leading the Way*.

### 3.3 Response

The primary target group for *Leading the Way* was councillors – as the policy makers informing council action. Senior managers formed a largely parallel target group – as those most closely informing and influencing policy. Other council staff and local external agencies formed a next layer – as those practitioners and partners working to achieve agreed policy directions.

The following description of response follows this general hierarchy. Therefore, the reach of dissemination is gauged firstly by whether councillors were directly exposed to *Leading the Way*, secondly by whether senior managers were directly exposed to *Leading the Way*, and thirdly whether other council staff were exposed to *Leading the Way*.

In total, 74 (or 94%) of councils were directly exposed to *Leading the Way*.

Councillors from 62 councils received presentations of *Leading the Way* either in a council based presentation or at the MAV Councillor Development Weekend. This represents 78.5% of councils across Victoria with at least one councillor exposed to the resource.

At least half of these councils would have had the majority of councillors involved. Overall, an estimated 275 councillors attended *Leading the Way* presentations. This equates to an average of 4.4 councillors per council receiving a presentation.

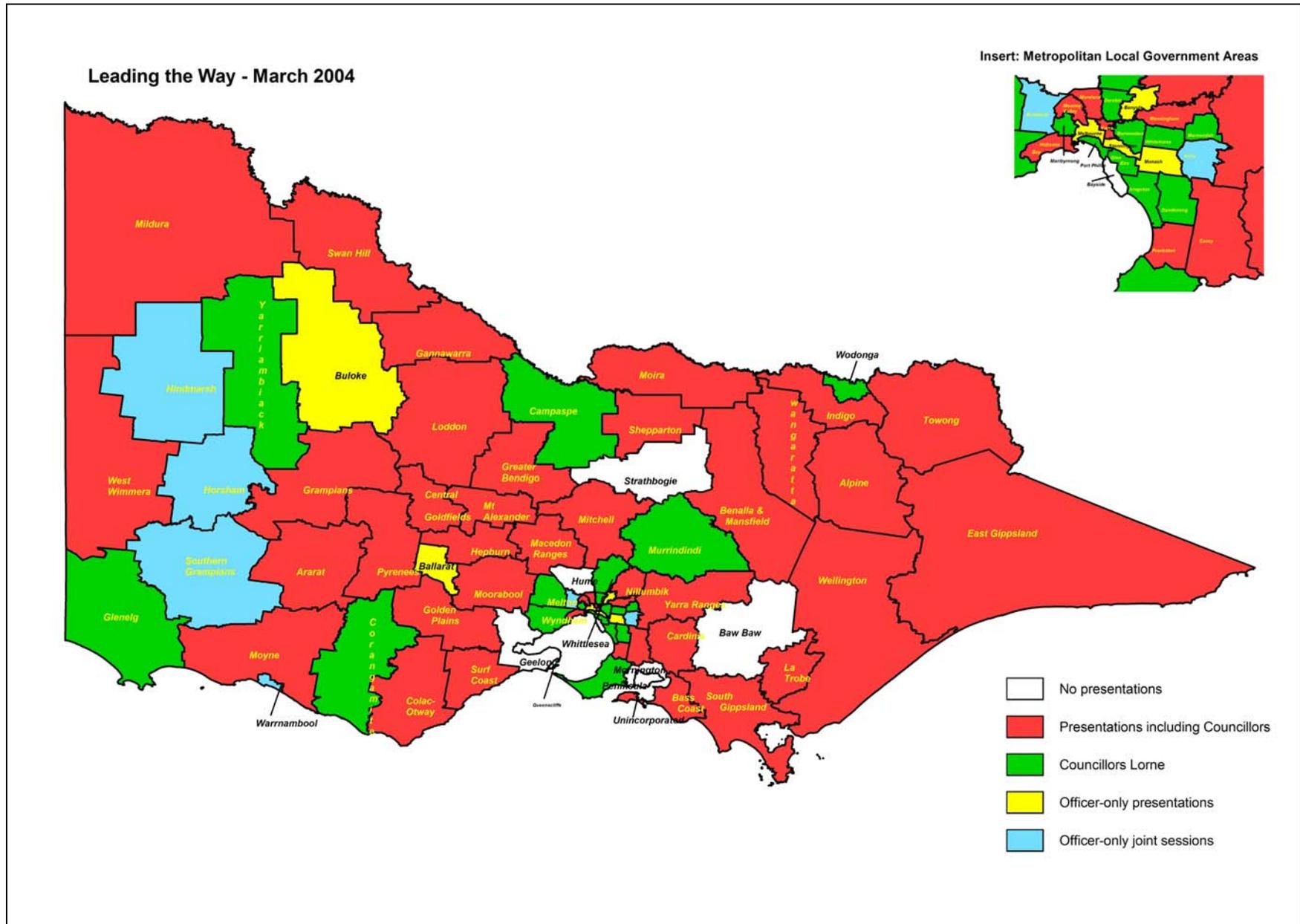
Of those councils that did not have councillor involvement, 6 had presentations or briefings to senior management. A further 6 had coordinators and project staff involved in workshops that featured *Leading the Way*.

Overall, it is estimated that 550 council officers attended *Leading the Way* presentations, either within a council presentation or through joint offer forums. This equates to an average of 8 council officers where council officers participated.

As mentioned above, where there was an imperative to build partnerships with community stakeholders, presentations often included external agencies. Most often these were Community Health agencies, PCPs, Divisions of General Practice and Universities. It is estimated that 130 participants in workshops or presentations were from external agencies.

Distribution of presentations across the State is fairly even as shown overleaf in Map 1.

Map 1: Reach of Presentations



In many cases councils were exposed to more than one presentation. For example, 23 of the 36 councils represented at the MAV Councillor Development Weekend workshops were involved in other presentations – although the participants may have been different. Similarly, many councils represented at a regional forum may have had a presentation delivered at a council meeting or senior staff event. The effect of this was that 60% of the 74 councils were exposed to *Leading the Way* on multiple occasions and/or at different levels within the organisation. For 20% of them it was three or more occasions. The capacity to achieve this multi-layered delivery was largely due to the flexibility and additional resources provided by the Extension Project referred to in the Introduction.

Almost all Expressions of Interest were able to be satisfied. However, there were a few presentations that were cancelled or did not proceed as result of practical issues for the council involved.

The resource itself was widely distributed. 3,000 copies were produced with more than 2,500 copies going to Victorian councils. Several hundred copies were also distributed to other agencies, such as Department of Human Services program areas, Primary Care Partnerships, universities and interested health or council organisations. Many of these organisations were from interstate and some were from overseas, including New Zealand, Canada and the United Kingdom.

No formal participant survey of presentation sessions was conducted through the dissemination phase. This was largely owing to delivery constraints, for example, the inclusion of presentations on already tight council briefing agendas. An evaluation, however, conducted on the MAV Councillor Development Weekend workshops reported 59% agreeing that the *Leading the Way* workshop information was useful, 23% finding it not useful and 18% unsure. If these same percentages were applied to a single council (of 7 councillors) this would translate (very roughly) as 4 positive responses, 1-2 negative responses and 1 unsure.

Based on the observations of the presenters, this spread of response is close to the mark. That is, in discussions with councillors following presentations, there were sometimes negative reactions to the material, usually expressed by one or two councillors. These negative reactions were based predominantly on perceptions that the resource placed unreasonable – and unfunded – expectations on councils to do more. The argument was that the State is attempting to cost-shift to local government.

In the majority of cases, however, these issues were not voiced and presentations were received with many positive comments on the clarity and usefulness of the material.

Often raised as a corollary to the cost-shifting issue – though sometimes raised independently – was the question of whether additional resources or grants were available to help progress the ideas contained in *Leading the Way*.

A third issue raised by councillors in many presentations was how improvement in health and wellbeing might be measured. The value of integrating health and wellbeing into core business was appreciated but the task of making it happen was challenging. There was a view expressed that sensible measures, which incorporated health and wellbeing, would actually facilitate the practice of integrated planning by creating cross-business unit accountability and public transparency.

This issue was also taken up strongly at the senior management and planning practitioner levels. The take-up of presentations of *Leading the Way* in large part, reflects the way in which council staff recognised it as relevant to emerging planning approaches (particularly the idea of integrated planning) and to the future direction of their council.

The linkage with the MPHP was clear and presentations made the connection between *Leading the Way* and the DHS *Environments for Health* document. Consequently, those councils at the early review stage of their MPHP used *Leading the Way* to establish and/or clarify a framework for their work. *Leading the Way* provided a mechanism for securing a council commitment to apply 'social model of health' principles to the MPHP.

This was also true for the councils looking to build health and wellbeing partnerships with the community sector. *Leading the Way* was used as a front-end framework or in some cases, a way of explaining their 'social model of health' approach to planning work already completed.

Other practical ways councils have used or adapted *Leading the Way* include:

- some of the diagrams and text has been used as contextual information in MPHP Background Papers
- the 'Contents statements' (page 1, Part 1) have been used as a planning/decision making checklist
- the Population level – Environments of Health matrix has been used as a planning template.

## 4. TRAIN THE TRAINER

### 4.1 Program Objectives and Methodology

The idea of conducting ‘train the trainer’ style workshops was conceived as a way of creating a pool of people who would have a strong understanding of the concepts behind *Leading the Way* and who have the skills to deliver information sessions or workshops to interested people. This might include future induction for new councillors or staff, cross-council projects or community partnerships where a common vision and language is required.

Five one-day workshops were held around the State with locations of workshops as follows:

Carlton	26 November 2003
Frankston	19 February 2004
Geelong	20 February 2004
Bendigo	25 February 2004
Wangaratta	26 February 2004

**NB.** Originally all workshops were scheduled for pre-Christmas. However, all but the Carlton workshop were rescheduled to 2004 to maximise attendance. See flyer at Appendix C)

The invitation was open to any council officer or Regional DHS officer, who identified themselves as having a key role in local area planning and who had a keen interest in promoting integrated health and wellbeing into the core business of local government.

Participants were expected to be willing to deliver sessions within their own council and community as the opportunity arose and be keen to work cooperatively with others to achieve the aims of the program.

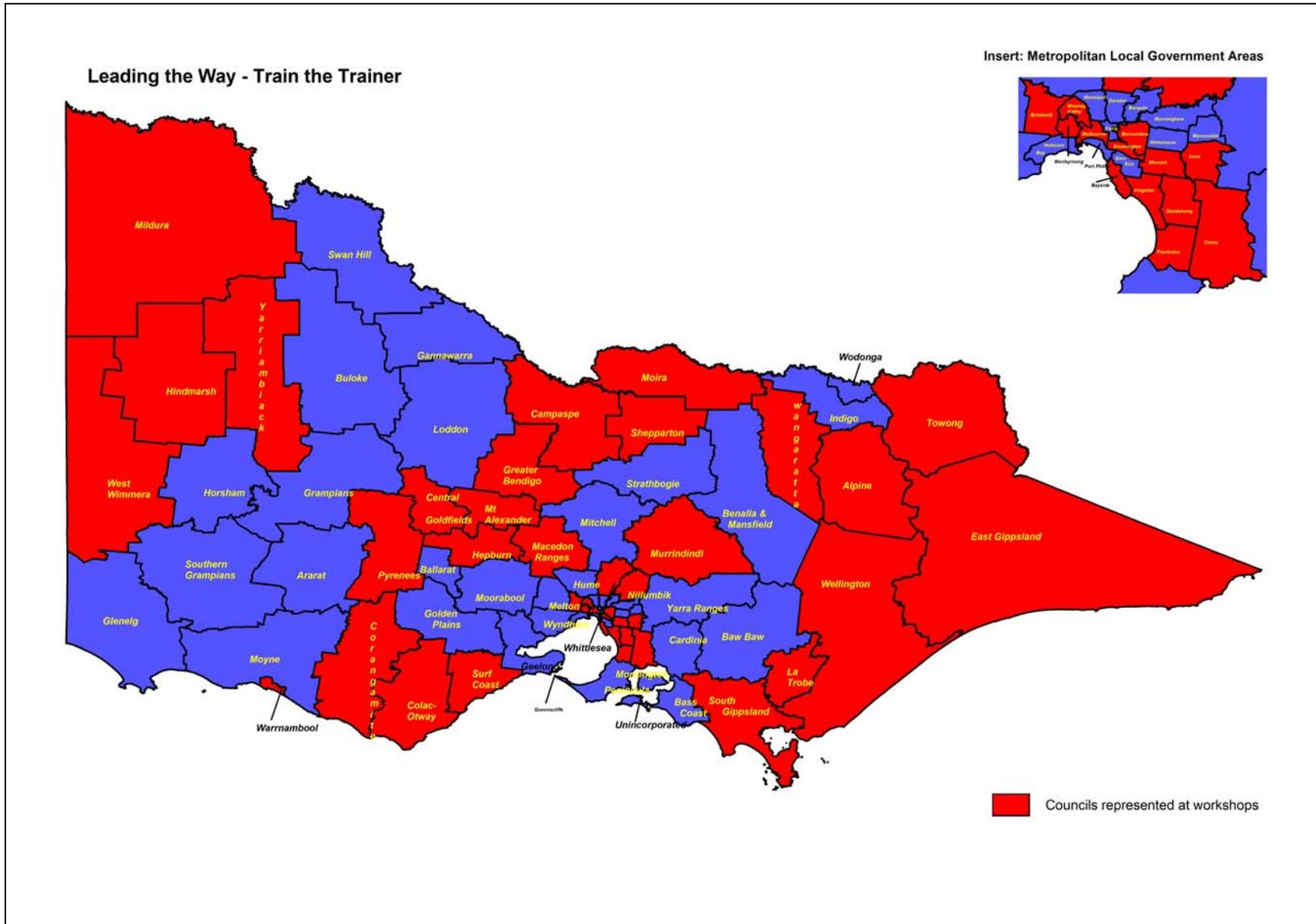
Workshop attendance was free and participants were provided with a *Leading the Way* kit, including a copy of the resource, a copy of the video, a set of customisable slides for presentations and accompanying training notes.

### 4.2 Response

The original target for this program was 50 participants. Therefore, councils and DHS Regional Offices were invited to nominate one person for the program plus a second person as a reserve (This reserve was to be used where the primary nominee became unable to attend or there is an additional place available). Interest in the program far outstripped these parameters and a decision was made to stretch workshop capacity to meet the demand.

Overall, the five workshops were provided to 84 participants. 41 Councils were represented from a broad cross-section of the State. (See Map 2). 8 of these councils had not had prior presentations of *Leading the Way* to their councils.

### Map 2. Councils represented

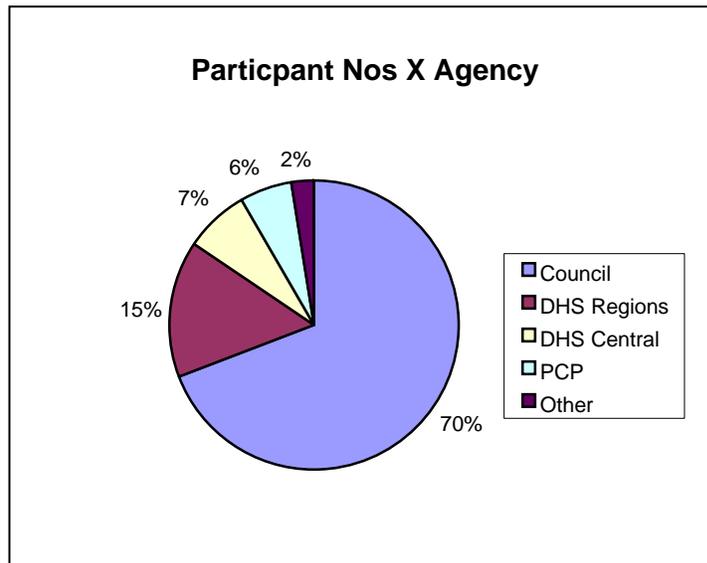


Other participants came from 8 DHS Regional Offices, Public Health and Primary Health Head Office Units, 4 rural PCPs and 1 regional Office of Youth Affairs.

The chart below illustrates the proportion of workshop participants from different sectors. The clear majority were representing councils. (See also Appendix C)

DHS were also strongly represented with all but one region able to participate. It is worth noting that the ninth Region was keen to attend but prevented by competing commitments.

PCP from the rural areas also had a strong representation.



A brief survey conducted at the end of each workshop indicated a high level of satisfaction with the content and delivery of the workshops. (4.91 average for content - on a 1-6 scale where 1 is low and 6 is high - and a 5.11 average for delivery).

When asked to rate their readiness to deliver *Leading the Way* on the same scale, the average survey score was 4.18. This figure suggests that the participants feel they have the understanding, confidence and tools to present *Leading the Way* to councils (at councillor and/or senior management level) and to use *Leading the Way* in workshops in a range of settings and for various purposes. Comments on this section, however, suggest that a level of support and practice is still required by some. (See Survey Results Appendix C)

## 5. CONCLUSION

The Project is now completed. The impact of *Leading the Way* on council business has not been formally evaluated. Nonetheless, indications from activities like the Good Practice Programs and feedback from council officers, suggest that the resource has been actively embraced.

The prime objective of the Project was:

*“ to raise awareness of the social determinants of health and the role of local government, and the methods for applying this awareness to core council business.”*

This has been largely achieved. However, the process of raising awareness is one of cultural change and long-term investment.

In meeting with and discussing *Leading the Way* with councils, many had stories and examples of the things they were already doing that were contributing significantly to the health and wellbeing of their communities. Many councils, therefore, begin this process from a high base.

In summary, councillors’ response to *Leading the Way* has been mixed – the ideas sound sensible and compelling for some, but there are others who are cautious or even dismissive, particularly in the light of perceived cost shifting.

For senior managers however, facing the pressures - and appeal - of better integrated planning, *Leading the Way* has come along at the right time. To quote Nick Matteo of the City of Yarra “ *Leading the Way* has legitimised the work we knew we had to do.”

This response from council officers is also borne out in the higher than expected interest in the ‘train the trainer’ sessions. Over 50% of councils participated – a clear indication that they see the resource as having some longer-term application. Indeed, there is a strong interest in ‘what comes next’, that is: How can we build on this to embed the culture and practice of integrated planning – with a health and wellbeing focus?