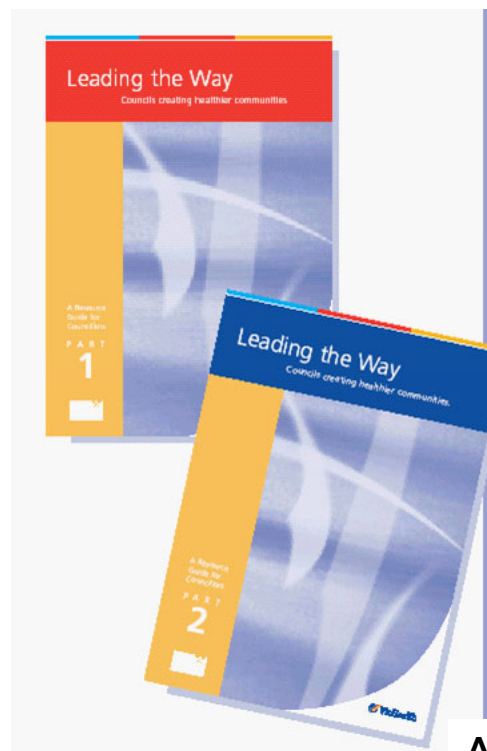


## Social Determinants of Health and the Role of Local Government Project

### PHASE 1

Report on the development of  
***Leading the Way***



April 2002

## ACKNOWLEDGEMENTS

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

From the outset, the project was intended to be consultative in its approach. The level of cooperation and support from the thirty-three councils who gave their time to critique the resource or provide other assistance to the project was tremendous.

We would like to acknowledge the many organisations and individuals who contributed to the development of the resource. Thanks to:

- the Project Advisory Committee and Steering Committee members who provided valuable input into content and design. Members were:
  - Yvonne Robinson, VicHealth
  - Miranda Sage, Mayor, Bass Coast Shire Council
  - Neville Kurth, Whittlesea City Council
  - Kerry Stubbings, Moreland City Council
  - Jan Norton, Department of Human Services
  - Clare Hargreaves, Municipal Association of Victoria
  - Tony Mc Bride, Commonwealth Department of Health and Aged Services
  - Catherine Doherty & Helen Zohopolous, Victorian Local Governance Association
  - Andrea Hay, Department of Human Services
- the seven councils who, as pilot sites, took on the task of reviewing and testing the resource
- the eighteen councils who also provided input through the online reference group
- the ten councils who willingly shared their time and their stories for the case studies
- the councillors and staff of the above councils (most of whom appear in the appendices of the Report or as contacts for the case studies)
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# Social Determinants of Health and the Role of Local Government Phase 1

## Final Report

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### EXECUTIVE SUMMARY

This Report outlines the project undertaken by PDF Management Services Pty Ltd (PDF), to develop a resource package intended to help explain the concept of 'social determinants of health' and its impact on the role of local government. The particular focus of the project was to produce material that would be read by councillors and senior managers with a view to influencing policy development across all local council activities.

The project is Phase 1 of a two-part project. The second phase is concerned with the dissemination of the resource package to all local councils across Victoria. This Report therefore does not deal with the outcomes of producing such a package but rather looks at the process used to develop it.

The end product of the project is a two-part resource entitled "***Leading the Way – councils creating healthier communities***" *A Resource Guide for Councillors*. *Part 1* of the resource takes the reader through the notion of local council as community leader and community builder and goes on to develop an understanding of social determinants and how councils might act on this understanding. *Part 2* of the resource is a set of questions designed to assist councillors and others, identify relevant social, economic and environmental issues. It also includes brief case studies that illustrate how some councils have been able to tackle complex issues and influence a community's health and wellbeing.

The decision to create a two-part resource arose from the consultation process in which the consensus was that the resource be something that could make its points clearly but could be easily read at a short sitting. This is the intent of *Part 1*. *Part 2* was created to provide tools to those who want to take their understanding further. It is not necessary to read *Part 2* to understand social determinants. It is, however, useful in providing some practical ways in which councillors might approach their role as community leaders.

The commencement of the project coincided with a review by the Department of Human Services of the Municipal Public Health Plan Framework. Subsequently the framework was refined and released in September 2001 as "***Environments For Health – Promoting Health and Wellbeing through Built, Social, Economic and Natural Environments***" *Municipal Public Health Planning Framework*. The framework is intended for use by council planners and is quite detailed in its information, tools and references.

*Leading the Way* complements this framework by targeting councillors and senior managers who influence council policy. For this reason, *Leading the Way* has been linked to *Environments for Health* as a further source of information on the topic. The

cover of *Leading the Way* shares a common graphic with *Environments of Health* as a way of reinforcing this connection.

The development of *Leading the Way* was an iterative one: moving through drafting, consultation, redrafting, piloting and completion stages. This was intended to maximise the ownership of the resource particularly within local government. Indeed, consultation was a key plank of the project starting with the formation of a Project Advisory Committee comprising VicHealth, the Municipal Association of Victoria (MAV), the Department of Human Services, the Victorian Local Governance Association and three councils.

A cross-section of councils was engaged throughout the project, to look more closely at the resource as it was developed and to provide insights into its appropriateness and usefulness. Each of the seven participating councils were asked to commit about three days to the process and involve one or more councillors, the Chief Executive Officer and other senior council staff. This was a particularly important stage of the project and proved successful both in terms of refining the resource but also in promoting the understanding of social determinants across the pilot councils.

An online feedback group was also established comprising some 15 councils who were circulated with a draft of the resource at the same time as it was piloted. A small number of councils were used specifically to comment on the question component and a further 8 were contacted as sources for the case studies. In all, thirty-three councils contributed to the development of the resource.

The resource package has benefited tremendously from this approach, resulting in a concise document that covers those areas that councils themselves have identified as critical to selling the message of social determinants to local government. The level of cooperation from councils in this project and the level of interest it has attracted, augur well for the adoption of a social determinants approach to local council decision-making.

Dissemination of the resource is an issue that was canvassed with pilot sites. The general view was that the diversity of councils meant that a range of dissemination strategies would be necessary. For example, some councils thought that a 15 minute slot on a regular council meeting Agenda might be possible, where others saw a an hour and a half special meeting as reasonably likely. Another strongly expressed view was that the resource be introduced to councillors from outside council. The concern here was that the overarching nature of the resource could be compromised if it were delivered by, for example, the health planner, whereby, it could be dismissed as 'just more health information'.

While the resource targets councillors as its audience, the various layers of local government management also warrant attention. As councillors begin to ask the policy and planning questions suggested in the resource, it will be Chief Executives and senior managers who will need to answer many of them. It is suggested therefore that dissemination be geared as flexibly as possible to the availability and interest of each council and that opportunities for introducing council staff to the resource are considered.

# 1 PROJECT OUTLINE

## 1.1 Objectives

The important role of local government in improving health outcomes for the community is widely recognised. However, the potential to significantly improve health outcomes by better understanding and influencing the social determinants of health is largely underdeveloped. Local government plays a key role in creating the environment for communities to prosper and enjoy improved health and wellbeing. Acting at a local level, local government can directly influence things like employment, social support and access, which are key ingredients to the good health of its population.

The objective of this project, which arose from a consultation forum with representatives of local government in 2000, was to develop a resource package that would better explain social determinants and effectively equip councils to respond with practical solutions to local circumstances. Particular focus was placed on providing strategies designed to address the social determinants of health, together with those expected within the Municipal Public Health Plans and other core planning processes of councils.

Given the 'local accountability' of councils, it is critical that they have a strong grasp of the implications of social determinants in order that their strategic directions are informed and coherent. For this reason, the resource package is targeted at councillors and senior managers who are responsible for developing council policy and strategic priorities.

In summary, the objectives of this project were to develop a resource package that would:

- better explain social determinants
- provide the tools that equip councils to respond with practical solutions to local circumstances
- bring social determinant strategies together with other core planning processes of councils
- target councillors and senior managers who are responsible for developing council policy and strategic priorities
- provide flexible resources - 'one size will probably not fit all'

## 1.2 The Resource Package

The resource package was to be a combination of information and tools that provide practical prompts to assist needs identification, strategy development and performance management. Information will cover questions such as:

- What are 'social determinants of health'?
- What do they mean for local government business?
- How do we integrate planning processes?
- How do we work with partners?

The resource package evolved as a two-part resource entitled: “**Leading the Way – councils creating healthier communities**” *A Resource Guide for Councillors*. *Part 1* of the resource takes the reader through the notion of local council as community leader and community builder and goes on to develop an understanding of social determinants and how councils might act on this understanding. *Part 2* of the resource is a set of questions designed to assist councillors and others, identify relevant social, economic and environmental issues. It also includes brief case studies that illustrate how some councils have been able to tackle complex issues and influence a community’s health and wellbeing.

The decision to create a two-part resource arose from the consultation process in which the consensus was that the resource be something that could make its points clearly but could be easily read at a short sitting. Dividing the resource into two parts helps to do this by explaining ‘social determinants’ in *Part 1*, and providing tools to those who want to take their understanding further, in *Part 2*.

## **2 METHODOLOGY**

### **2.1 Consultation**

This project came out of consultation with representatives of local government conducted by VicHealth in partnership with the Municipal Association of Victoria (MAV). It was critical therefore that the project continue to consult with local government as the project developed. Features of this consultation included:

- the establishment of a **Project Advisory Committee**.
- the use of **pilot sites** to review and test the resource
- establishment of an **Online Feedback Group**, including local government and other key players, for example council strategic planners and community services managers.

### **2.2 Project Initiation and Research**

The initial phase of the project involved research, including:

- searching the literature for pertinent papers on social determinants and their application to a local government context) ;
- examining of the Municipal Public Health Plan Framework;
- examining progress to date on the Local Government Community Services Association (LGCSA) benchmarking framework for community well-being indicators for local government;
- examining existing planning approaches across local government, including identifying acknowledged best practice.

## **2.3 Product Development – the Resource Package**

Drawing on the research above, a Resource Package Outline was developed for the Reference/Advisory Group to consider. Once the approach was agreed, a prototype Resource Package was developed in preparation for piloting.

## **2.4 Piloting**

Piloting was intended to test the design and usability of the Social Determinants of Health for Local Government Resource Package, and to evaluate its capacity to positively contribute to the development of effective Municipal Public Health Plans and other local government planning processes.

## **2.5 Product Completion**

This phase involved applying the lessons from the piloting to refine and complete the resource to print-ready standard.

# **3 PROJECT IMPLEMENTATION**

## **3.1 Consultation**

The Advisory Group met three times over the course of the project. Members were:

- Yvonne Robinson, VicHealth
- Miranda Sage, Mayor, Bass Coast Shire Council
- Neville Kurth, Whittlesea City Council
- Kerry Stubbings, Moreland City Council
- Jan Norton, Department of Human Services
- Clare Hargreaves, Municipal Association of Victoria
- Tony Mc Bride, Commonwealth Department of Health and Aged Services
- Catherine Doherty, Victorian Local Governance Association
- Helen Zohopolous, Victorian Local Governance Association
- Andrea Hay, Department of Human Services

(The Advisory Group's Terms of Reference are at Appendix B)

A Project Overview was written outlining the project objectives and processes. This was provided to interested parties to promote and encourage their involvement in the project (see Appendix A).

The Online Feedback Group comprised some 15 Councils in all (see Appendix E) The Online Reference group was managed as an Email list and circulated with information and drafts as the Project developed. Feedback through this avenue was patchy, however, very useful resources and inputs were received from some members.



### 3.2 Project Initiation and Resource Outline

Initial research looking at existing literature on social determinants of health was undertaken. This included an examination of international and national sources (Appendix C is a working paper documenting key concepts and references resulting from this search). This paper formed the basis of a Resource Package Outline, which was endorsed by the Advisory Committee as the starting point for developing the prototype Resource Package. The decision to produce a two-part resource was made at this time so that the prototype was made up of Part One of the resource plus the prompting questions of Part Two. It was also confirmed at this stage that since the references and practice tools contained in *Environments for Health* were very comprehensive, the Resource Package would not include this kind of material.

### 3.3 Piloting

The stated objectives of the pilot were to consider the Package from the following perspectives:

- (a) to provide feedback on the content, design, and usability
- (b) to assess the potential application
- (c) to provide advice on additional supporting material which could be included in Part 2 of the Resource Package which is under development, and
- (d) to obtain feedback from Councillors; Chief Executive Officers; Senior Managers and/or staff with primary responsibility for the development of the Municipal Public Health Plan

Originally, five pilot sites were envisaged for the project. However, after considering a range of demographic, socio-economic and geographic factors, including their distribution across Department of Human Services regions, the Steering Committee selected ten councils as representing a useful cross-section for piloting. The councils were approached initially by VicHealth and followed-up by PDF or other Steering Committee members. The result was seven of the ten councils, were able to make the commitment to participate in the project as pilot sites. This commitment required a willingness to actively involve one or more Councillors and the CEO or one or more senior managers. Of the seven councils participating, four mayors were actively involved in the piloting process. The pilot sites were:

- Towong Shire Council
- Bass Coast Shire Council
- Banyule City Council
- Brimbank City Council
- Yarra Ranges Shire
- City of Greater Dandenong
- Corangamite Shire Council

A copy of the Piloting Strategy, Pilot Site Induction Papers, Piloting Instructions and a list of representatives from the participating councils is at Appendix D.

### **3.4 Pilot Process**

The Pilot was conducted using the following stages:

- (a) Induction Session (where participants were provided with information about the content and design of the Package, and undertook a number of exercises to practice using it). Pilot sites were divided into two groups and each group attended a full day induction workshop. The first group comprised City of Greater Dandenong, Brimbank City Council, Towong Shire Council and Banyule City Council. The second group comprised Shire of Corangamite, Shire of Yarra Ranges and South Gippsland Shire.
- (b) Resource Package Assessment in their own Council (this involved revisiting their Municipal Public Health Plan and assessing the potential of this Package to further enhance future MPHPs)
- (c) Completing and returning a feedback survey (see Appendix E). This was to be returned two days before the Feedback Session
- (d) Feedback Session (a session designed to discuss pilot site experiences and provide additional advice to assist complete the Package)

### **3.5 Key Messages**

The Induction Sessions, whilst ostensibly concerned with introducing councils to the material they were to be testing, proved to be a useful introduction for participants, to the 'social determinants of health'. Many participants commented that they had learned a great deal from the session they attended and their early input was significant in terms of the development of the resource package.

The pilot phase of the project was conducted over a two-week period. In some pilot sites the task was undertaken by individuals and in others people came together as a group to gain a joint input into the process (In one instance this was a forum of five councillors along with senior staff members).

All pilot sites completed their piloting tasks. In all, twenty completed surveys were received. 40% of respondents were councillors. A Summary of Surveys is at Appendix E).

The Feedback Session was run as a single event bringing together all the pilot sites. This was the indicated preference of the pilot sites. This session allowed for the messages coming from the piloting to be validated and the inclusion of all pilot sites provided a strong cross-pollination of ideas and suggestions.

These layers of consultation and piloting confirmed the project's focus and elicited the following key messages:

- keep it short
- keep it simple
- use appendices if more information necessary
- content about right
- the logic of the draft works
- focus on assets not deficits
- impacts not only on MPHP but all planning levels
- acknowledge councils can't resource everything themselves
- keep examples tight
- use diagrams
- use case studies
- use of questions works
- use eye-catching design

### **3.6 Product Completion**

The comments and key messages were applied to the prototype resource, which was then edited for plain English. The Prompting Questions of Part Two were further refined through consultation with people identified by MAV as having expertise in both the particular specialist area and local government.

Case Studies were written to illustrate ways in which some councils had approached complex local issues. In each case the council's actions have helped improve the health and wellbeing of their communities, even though the examples are not of health and community services. This approach was intended to highlight the less obvious areas in which councils influence health and wellbeing. A Case Study Criteria (Appendix F) was used to ensure a cross-section of examples.

Originally, case studies were sought both internationally and nationally. However, it was considered that many Victorian examples existed that were comparable to anything being done elsewhere. Consequently Victorian case studies have been used exclusively. An attempt has been made to provide case studies covering a cross-section of councils ie urban, regional and rural and a cross section of social determinant areas. The case studies were written in close discussion with the councils involved in order to ensure they were not only correct but also current.

The resource package was professionally designed and brought to print ready stage.

## 4 IMPLICATIONS FOR DISEMMINATION (PHASE 2)

The Feedback Session conducted with pilot sites also provided an opportunity to canvas views on the roll-out of the resource once it was produced. Key messages were

- 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.

## 5 CONCLUSION

The development of *Leading the Way* was always intended to be practical in its focus and consultative in its approach. The level of contribution from the thirty-three councils who gave their time to critique the resource or provide other support to the project, far exceeded expectations and was a strongly positive sign of the degree of interest in the topic. The finished product reflects this input and hopefully will find a receptive audience as a result.

The opportunity to work closely with the Department of Human Services to link the development of the resource with the release of *Environments for Health* has also added to the practical focus of the project. This approach has meant that the delivery of information and tools to improve practice has been coordinated with the provision of information and tools to inform policy.

Local government therefore will become better equipped to tackle the challenges of improving the health and wellbeing of their communities.