Municipal Public Health Planning and Implementation in Local Government in Queensland: Achievements, Barriers and Success Factors

Peter J Davey
AD Hlth Surv, BBus (Health Admin), MEnvCHlth, FAIEH

Submitted in fulfilment of the requirements of the degree of Doctor of Philosophy

Centre for Environment and Population Health
Australian School of Environmental Studies,
Griffith University

November 2006
Abstract

The furious pace of global urbanisation has serious impacts on the long-term sustainability and health of the local communities in which we live. The debate about relationships between population size, environmental management and human well-being must now encompass the fundamental concept of sustainability (Rees, 1992; WCED, 1990; McMichael, 2002; Hancock, 1996). Increasingly, the local municipal level is the most influential setting in which to change our relationship with the environment (Chu, 1994; Chu et al., 2000).

In the 1980s, the World Health Organisation (WHO) met this global challenge by advocating healthy public policy and laying foundations for its global Healthy Cities Movement. Significant support developed in the early nineties for participatory health planning action in local government: over 2000 cities world-wide developed municipal public health plans (MPH Plans). The Healthy Cities Movement through regional networks of cities and towns encouraged government partnerships with non-government agencies and industry, to anticipate and mitigate urbanisation’s negative impacts. In Queensland eighteen local governments have developed and implemented MPH Plans using a seven-step process (Chapman and Davey, 1997; WHO (1997b) to improve local planning for health and address the social determinants of health through agency collaboration.

There is however limited understanding and evidence of the success factors for the effective implementation of MPH Plans. Studies of the evaluation of Municipal Public Health Planning (MPHP) approaches have focused predominately on the evaluation of the process of planning, without conducting comprehensive evaluation of its implementation. The organisational barriers that contribute to ineffective health-planning implementation have not been well researched and documented. Here lies the gap in the research: MPHP requires thorough qualitative assessment, not only of the planning process, but also the implementation impacts.

This research explores the achievements, barriers and success factors associated with MPHP implementation in local government organisations by developing a process and impact evaluation framework and applying it to two MPHP projects in Queensland: one, local planning in an expanding tourist city of over 400,000 people; the second, a regional approach involving two provincial cities with a combined population of 100,000 residents. The research examines the degree of collaboration resulting from health planning and assesses if the aims of the MPH Plans have been met. MPHP is both a health promotion tool and a strategic business planning process applied in local communities: this research seeks to understand more about organisational strategic management issues that act as barriers to planning or impact on the success of planning outcomes.

This study design uses qualitative methods with a triangulation approach to analyse and understand the complexities of MPH Plan implementation. Grounded theory provides a methodology for interpreting
meanings and discovering themes from the comprehensive process and impact evaluation consisting of preliminary cases studies, key informant interviews, using specific process and impact indicator questions and an analysis of MPHP models compared to other CPHP models and legislative frameworks. The impacts of the intervention are discussed and relate to the implementation effects of MPHP on individuals and organisations including council, government and non-government agencies and on the community.

Achievements and barriers associated with MPHP are identified and discussed. Three main factors emerged. Firstly, MPHP had significantly increased the degree of intersectoral collaboration between the agency project partners, with particular success in clarifying the role of agencies in the management and delivery of public health services. The principles of successful partnerships need to be further articulated in local government settings to successfully implement MPHP. Secondly, positive political and organisational support was found to be a critical factor in the success of the planning implementation. Thirdly, and most importantly, the aims of the MPHP had not been substantially met due to a lack of financial and human resources. The study concluded that, although MPHP has strengths and weaknesses compared to other CPHP models, its features most suit local government.

Success factors recommended for effective MPHP include formalising collaboration and partnerships and improved agency organisational governance in planning; building individual and organisational capacity to strengthen strategic planning; integrating the many layers of regulatory planning in local government and other agencies; sustaining planning structures and processes through regulation and commitment to investment in implementation stages of MPHP. The study’s major recommendation is that, for MPHP local government should facilitate a three-dimensional platform approach: healthy governance – long-term vision, recognising the many layers of planning, supported by state legislation and local industry and with awareness of legislative planning frameworks; a platform mechanism – sustaining agency networking, hosting the stakeholder forum, supporting the advisory committee, enhancing communication; and strategy implementation – in the context of an improved understanding of organisational behaviour, local government and agencies must action priority strategies, formalising agency partners responsibility, articulating desired outcomes, monitoring progress and evaluation.

This recommended Platform Approach to MPHP provides an effective model for managing and implementing future MPH Plans, allocating resources three ways: to build people’s capacity to engage in planning mechanisms, to build organisational capacity to manage planning outcomes and to build more effective Healthy Cities planning approaches. The MPHP evaluation framework developed in this thesis could be used to evaluate other MPHP projects in local governments both in Australia and internationally.
Declaration of Originality

This thesis presents the original research of the author. This work has not been previously submitted for a degree or diploma in any university. To the best of my knowledge and belief the thesis contains no materials previously published or written by another person, except where due reference is made in the thesis.

Signed

Peter J Davey
# Table of Contents

Abstract i
Declaration of Originality v
Table of Contents vii
List of Tables xi
List of Figures xiii
Acknowledgements xv
List of Abbreviations xvii

**CHAPTER 1  INTRODUCTION** 1
1.1 Introduction 1
1.2 Background 2
1.3 Nature, Scope and Aim of Research 7
1.4 Methodology 8
1.5 Structure of Thesis 10
1.6 Conclusion 12

**PART 1 LITERATURE REVIEW** 13
**CHAPTER 2  ECOLOGICAL PUBLIC HEALTH and the HEALTHY CITIES APPROACH** 13
2.1 Introduction 13
2.2 Urbanisation, Sustainability and Health 13
2.2.1 Urbanization and Environmental Change 13
2.2.2 The Foundations of Sustainability and Health 18
2.2.3 Agenda 21 – Key Principles of Sustainability 23
2.2.4 Designing Cities for Healthy and Sustainable Living 25
2.3 The Emergence of the Ecological Public Health Concept and Healthy Cities 26
2.3.1 Public Health and Healthy Cities 29
2.4 Healthy Cities Approach 31
2.5 City Health Plan: A Tool to Implement the Healthy Cities Approach 35
2.6 Conclusion 41

**CHAPTER 3  PARTNERSHIPS IN HEALTH PROMOTION: THE REGULATORY ENVIRONMENT AND PARTICIPATORY HEALTH PLANNING** 43
3.1 Introduction 43
3.2 Partnership Approaches and Health Promotion Concepts 43
3.3 Health Promotion and the National Public Health Partnership in Australia 49
3.4 Participatory Health Planning and the Regulatory Environment in Australia 52
3.5 The Influence of Land Use and Development Planning on Participatory Health Planning 55
3.5.1 The Integrated Planning Act 1997 and Associated Planning Schemes 55
3.5.2 Activities in Regional Planning 58
3.6 Local Government – ‘A Public Health Partnership Protocol’ 60
3.7 Community Public Health Planning In Queensland 61
3.7.1 CPHP Historical Context of Models and Health Promotion 62
3.7.2 CPHP Health Promotion Principles and Best Practice Elements 66
3.7.3 CPHP Governance through Partnerships 70
3.7.4 CPHP Planning and Implementation: Evaluation Process 72
3.8 Conclusion 76

**CHAPTER 4  ORGANISATIONS and STRATEGIC PLANNING: MPHP GOVERNANCE** 77
4.1 Introduction 77
4.2 Organisations and Governance 77
4.3 Organisational Behaviour and Impacts on Planning 79
4.4 Managing Capacity Building 82
4.4.1 Defining Management 82
4.4.2 Management Skills 84
4.5 Basic Model of Strategic Management 85
4.6 Strategic Planning in Organisations 90
4.6.1 Strategic Planning 90
4.6.2 Characteristics of Strategic Planning 91
4.7 Organisational Objectives and the Changing External Environment 92
4.8 Nature and Significance of Corporate Culture 93
4.9 Strategy Utilises the Core Competencies of an Organisation 94
4.10 A Need for Strategic Management of Participatory Health Planning 95
4.11 Integration of Strategic Health Planning and Health Promotion 98
4.12 Conclusion 99

PART 2 METHODOLOGY 101

CHAPTER 5 EVALUATION OF HEALTHY CITIES APPROACHES AND MPHP 101
5.1 Introduction 101
5.2 Choosing a Methodological Approach 101
5.3 Theoretical Orientation for the Qualitative Research 104
5.4 Action Research Methods 109
5.5 Evaluation of Public Health and Health Promotion Programs 110
5.6 Process, Impact and Outcome Evaluation 112
5.7 Evaluating the Healthy Cities Approach 114
5.8 MPHP Evaluation in Australia 120
5.9 Conclusion 125

CHAPTER 6 CONCEPTUAL FRAMEWORK, STUDY DESIGN and DATA COLLECTION 127
6.1 Introduction 127
6.2 Developing the Conceptual Framework 128
6.2.1 Research Rationale 128
6.2.2 Research Question 128
6.2.3 Research Objectives 129
6.2.4 Conceptual Framework 130
6.3 Research Design and Methods 131
6.3.1 Triangulation 131
6.3.2 Use of Case Studies 133
6.3.3 Use of Focus Groups 134
6.3.4 Use of Key Informant Interviews 135
6.4 Development of Evaluation Framework for the Research 138
6.4.1 Data Collection Methods: Phase 1 140
6.4.2 Data Collection Methods: Phase 2 140
6.4.3 Data Collection Methods: Phase 3 148
6.5 Conclusion 151

PART 3 FINDINGS, DISCUSSION and RECOMMENDATIONS, CONCLUSIONS 153

CHAPTER 7 PRELIMINARY CASE STUDY: GOLD COAST COMMUNITY HEALTH PLANNING PROJECT 155
7.1 Introduction 155
7.2 Background to the Gold Coast CHP Project 155
7.3 Overview of the Plan 156
7.4 Recognition of Gold Coast CHP in National Environmental Health Strategy 158
7.5 Planning Process Evaluation – Steps in Developing the Plan 160
7.5.1 Step 1: Doing the Groundwork 160
7.5.2 Step 2: Managing the Project 162
7.5.3 Step 2: Needs Assessment 166
7.5.4 Step 4: Determining Priority Issues 167
7.5.5 Step 5: Strategy Development 169
7.5.6 Step 6: Writing the Draft Plan 170
7.5.7 Step 7: Implementation – Monitoring, Review and Evaluation 170
7.6 Findings of External Review of CHP 174
7.7 Lack of Funding to Implement Planning Strategies 175
7.8 Integration of CHP: Other Layers of Planning 177
7.9 Learnings from Case Study 179
7.10 Conclusion 180
List of Tables

Table 1: Possible Adverse Effects on Human Health Caused by Global Environmental Changes 17
Table 2: Planning Models in Queensland 55
Table 3: Five Steps in the Local Agenda 21 Model 72
Table 4: Process Steps in the SEAL Planning Model 75
Table 5: The Parameters and Impact of Coalition Theory 108
Table 6: Study Design and Evaluation Framework 139
Table 7: Gold Coast Community Health Plan – Implementation Process Issues: Aims and Main Elements 145
Table 8: Wide Bay Regional Public Health Plan – Implementation Process Issues: Aims and Main Elements 145
Table 9: Main Elements of Implementation Impacts 146
Table 10: Implementation Impacts: Specific Impact Indicator Questions 147
Table 11: Key Informant Categories Phase 2 148
Table 12: Community Public Health Planning Models and Legislative Planning Frameworks 149
Table 13: Key Informant Categories Phase 3 150
Table 14: Progress of Strategy Implementation 172
Table 15: Focus Group Evaluation Outcomes 175
Table 16: Gold Coast CHP Process Evaluation Learnings 179
Table 17: Vision Statements 184
Table 18: Findings from Wide Bay Community Stakeholders Vision Workshops 186
Table 19: Hervey Bay Themes and Issues 190
Table 20: Community Focus Group Needs Assessment 190
Table 21: Geographical Focus Groups 191
Table 22: Targeted Focus Groups 191
Table 23: Methodology – Prioritisation of Issues 193
Table 24: Community Focus Group Process Evaluation Questionnaire 197
Table 25: Implementation of Themes 203
Table 26: Wide Bay Regional PHP – Learnings 206
Table 27: Phase 2 Key Informants’ Qualifications and Experience 207
Table 28: Gold Coast Community Health Plan – Implementation Process Issues and Aims 209
Table 29: Gold Coast Community Health Plan – Implementation Process Issues: Achievements and Barriers 239
Table 30: Gold Coast Community Health Plan – Implementation Impacts on Individuals and Organisations 240
Table 31: Gold Coast Community Health Plan – Implementation Impacts on the Community 241
Table 32: Wide Bay Regional Public Health Plan – Implementation Process Issues and Aims 243
Table 33: Wide Bay Regional Public Health Plan – Implementation Process Issues: Achievements and Barriers 272
Table 34: Wide Bay Regional Public Health Plan – Implementation Impacts 273
Table 35: Community Public Health Planning Models and Legislative Planning Frameworks 275
Table 36: Key Informant Categories Phase 3 276
Table 37: Document Analysis – CPHP Models and Legislative Planning Frameworks 288
Table 38: MPHP Strengths and Limitations 294
Table 39: Success Factors for Effective MPHP 313
List of Figures

Figure 1: Methodology Framework 9
Figure 2: Concepts of Key Concerns in Health and Sustainable Development 33
Figure 3: The Contexts of Health 34
Figure 4: The Pillars of Health 37
Figure 5: Healthy Cities and Shires Framework 39
Figure 6: A Seven-Step Model for MPHP 40
Figure 7: Basic Elements of the Strategic Management Process 85
Figure 8: Strategic Management Model 88
Figure 9: External Environment of Organisations 93
Figure 10: Conceptual Framework 130
Figure 11: Sample Evaluation Questions 137
Figure 12: Healthy Cities - MPHP Guiding Principles 143
Figure 13: Phase 2 MPHP Implementation Impact Evaluation Framework 143
Figure 14: Phase 2 - MPHP Evaluation of Project Aims 144
Figure 15: Phase 3 - Evaluation Survey Questions 150
Figure 16: Evaluation Framework: Flowchart of Three Phases of Data Collection 154
Figure 17: Case Study Titled 'Healthy Sustainable Gold Coast: A Community Health Plan for Gold Coast' 159
Figure 18: Gold Coast Community Health Planning Project - Committee Structure 162
Figure 19: Priority Issue Classification Scale 168
Figure 20: Gold Coast Community Health Planning Project - Implementation Committee Structure 171
Figure 21: Progress of Strategy Implementation by Three Categories 172
Figure 22: Gold Coast Community Health Planning Project - Proposed Implementation Model 2001-2003 173
Figure 23: Key Questions Proposed in the External Review 174
Figure 24: Integrating the Gold Coast Community Health Plan 177
Figure 25: Wide Bay Regional Public Health Planning Management Model 187
Figure 26: Wide Bay Monitoring, Review, Implementation and Evaluation Model 195
Figure 27: Summary of Study Design and Data Collection and Analysis Methods 295
Figure 28: Communicating Planning Needs to Other Layers of Planning 308
Figure 29: MPHP Implementation Management Model 316
Acknowledgements

I would like to thank Griffith University, particularly the Centre for Environment and Population Health, for support in the development of this research. I have enjoyed the research and look forward to further implementation of the findings in local communities in Queensland and in an international setting.

The valuable contributions of my supervisor Professor Cordia Chu, Director of the Centre for Environment and Population Health and Dr Neil Sipe from the School of Environmental Planning are acknowledged. I especially thank Professor Chu for her assistance and her understanding of the settings approach to health and the linkages of the ecological public health with my research. Special thanks to Queensland Health and participating Local Governments for funding support during the early years of development of a research base for Healthy Cities in Queensland. I would acknowledge Bryan Barker, Darren Hauser and David Logan for their contributions to the development of MPHP. I would also acknowledge the contributions of my research assistant Ermi Ndoen. Thanks to both Jenny Beale, my editor and Claire Rowland who assisted with desktop publishing including editing of tables and diagrams.

My wife Jane and daughter Siobhan have shown great support for this project and I thank them for their patience and understanding. Finally, I would dedicate this work to my family, and in particular my father John Davey who inspired me, and encouraged my academic achievements.
# List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association South East Asian Nations</td>
</tr>
<tr>
<td>CDHAC</td>
<td>Commonwealth Department of Health and Aged Care</td>
</tr>
<tr>
<td>CHP</td>
<td>Community Health Plan</td>
</tr>
<tr>
<td>CPHP</td>
<td>Community Public Health Planning</td>
</tr>
<tr>
<td>CPHPR</td>
<td>Community Public Health Planning Review</td>
</tr>
<tr>
<td>CPHPRRP</td>
<td>Community Public Health Planning in Rural and Remote Areas Project</td>
</tr>
<tr>
<td>CPHUN</td>
<td>Central Public Health Unit Network</td>
</tr>
<tr>
<td>CR</td>
<td>Community Renewal Project</td>
</tr>
<tr>
<td>DEO</td>
<td>Desired Environmental Outcome</td>
</tr>
<tr>
<td>DLGPSR</td>
<td>Department of Local Government, Planning, Sport and Recreation</td>
</tr>
<tr>
<td>EPA</td>
<td>Environment Protection Authority</td>
</tr>
<tr>
<td>ERA</td>
<td>Environmental Relevant Activity</td>
</tr>
<tr>
<td>ERAG</td>
<td>Eagleby Residents Action Group</td>
</tr>
<tr>
<td>ESD</td>
<td>Ecologically Sustainable Development</td>
</tr>
<tr>
<td>GCCC</td>
<td>Gold Coast City Council</td>
</tr>
<tr>
<td>HBCC</td>
<td>Hervey Bay City Council</td>
</tr>
<tr>
<td>HCM</td>
<td>Healthy Cities Movement</td>
</tr>
<tr>
<td>IDAS</td>
<td>Integrated Assessment Development System</td>
</tr>
<tr>
<td>IPA</td>
<td><em>Integrated Planning Act 1997</em></td>
</tr>
<tr>
<td>IQ</td>
<td>Implementation Questionnaire</td>
</tr>
<tr>
<td>KI</td>
<td>Key Informant</td>
</tr>
<tr>
<td>LA21</td>
<td>Local Agenda 21</td>
</tr>
<tr>
<td>LAP</td>
<td>Local Area Planning</td>
</tr>
<tr>
<td>LG</td>
<td>Local Government</td>
</tr>
<tr>
<td>LG Act</td>
<td><em>Local Government Act 1993</em></td>
</tr>
<tr>
<td>LPF</td>
<td>Legislative Planning Framework</td>
</tr>
<tr>
<td>MCC</td>
<td>Maryborough City Council</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MPH Plans</td>
<td>Municipal Public Health Plans</td>
</tr>
<tr>
<td>MPHP</td>
<td>Municipal Public Health Planning</td>
</tr>
<tr>
<td>MERIT</td>
<td>Monitoring, Evaluation, Review, Implementation Committee</td>
</tr>
<tr>
<td>NEHS</td>
<td>National Environmental Health Strategy</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
</tr>
<tr>
<td>NPHP</td>
<td>National Public Health Partnership</td>
</tr>
<tr>
<td>OB</td>
<td>Organisational Behaviour</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>PAR</td>
<td>Participatory Action Research</td>
</tr>
<tr>
<td>PHP</td>
<td>Public Health Plan</td>
</tr>
<tr>
<td>QCPH</td>
<td>Queensland Centre for Public Health</td>
</tr>
<tr>
<td>RFGM</td>
<td>Regional Framework for Growth Management</td>
</tr>
<tr>
<td>ROC</td>
<td>Regional Organisations of Councils</td>
</tr>
<tr>
<td>SEAL</td>
<td>Supportive Environments for Active Living</td>
</tr>
<tr>
<td>SEQ</td>
<td>South East Queensland</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities and Threats</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>TWG</td>
<td>Intersectoral theme working groups</td>
</tr>
<tr>
<td>WBRPHP</td>
<td>Wide Bay Regional Public Health Plan</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>