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G21 Healthy Region Project
Part 2: Business Plan

This document has been prepared for:

G21 Geelong Region Alliance

[Draft, November 2007]

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Deakin University

In collaboration with:

Coomes Consulting
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Executive Summary

The Business Case:

The World Health Organisation’s (WHO) Healthy Cities approach argues that health and well being emerges from positive environmental, social and economic conditions.

The G21 region is well positioned to embrace this approach to better address disadvantage, chronic health problems and the challenges presented by growth and an ageing population.

G21 is the organisation to progress this agenda, with an appropriate Vision, well developed regional plan, an active Health and Wellbeing Pillar Group and informed as well as committed stakeholders. However, G21 also has some limitations that this Business Plan seeks to address. These involve clarity of roles and responsibilities, the coordination of work and the evaluation and monitoring of projects.

A Healthy Region agenda builds on the strengths of G21 but also on national models and relevant State and local government planning and action platforms.

A Healthy Region Agenda - The Preferred Model for G21:

- Adopt Healthy City principles as foundational to its operations. These are:
  - Commitment to health
  - Political decision-making
  - Inter-sectoral action
  - Community participation
  - Innovation
  - Healthy Public Policy

- Prioritise large, regional scale projects.
- Appoint a Healthy Region Officer to align with WHO recommendations, to engage with stakeholders, assist with the use of the Healthy Region Checklist and Health Impact Assessment tools and to ensure that appropriate projects are developed, funded and realised.
- Create a Healthy Region Steering Group comprised of Pillar Group leaders, the Healthy Region Officer and relevant stakeholders.
- Establish systems for measurement, monitoring and evaluation of progress, in particular a Healthy Region Checklist, Health Impact Assessment and Healthy Region Indicators on community capacity building.
- Run annual forums for education, sharing of information, networking and the celebration of successes.

Implementation - G21 Action Plan:

2007 Acceptance by the G21 Board of the Healthy Region Business Plan and dissemination of the Plan to those consulted, to all stakeholders and the community via public fora, workshops, print media

2008 Appointment of the Healthy Region Officer, endorsement of Healthy Regions as a priority high order project for G21, use of the Healthy Region Checklist for all G21 projects, creation of the Healthy Region Steering Group, active encouragement of Health Impact Assessment across the region, development of key performance indicators, re-launch of G21

2009 On-going monitoring and evaluation of Healthy Region projects

Annual conferences to share and celebrate Healthy Region achievements

Budget:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication strategy</td>
<td>$5,000</td>
</tr>
<tr>
<td>Healthy region Project Officer</td>
<td>$43,500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$137,300 (2008-2010)</td>
</tr>
</tbody>
</table>
1. Introduction

G21 Geelong Region Alliance (G21), through the partnership activities of the G21 Health & Wellbeing Pillar, are seeking to position health and wellbeing as a central element to all regional planning processes and outcomes. As a result, G21 wanted to explore the potential application of the World Health Organisation’s (WHO) ‘Healthy Cities’ approach across the region to provide a comprehensive framework and set of principles to inform future planning and decision-making.

With this aim, G21 commissioned Deakin University to undertake an independent research project to:

- Scope and determine the suitability of the World Health Organisations (WHO) ‘Healthy Cities’ approach to the G21 region;
- Scope and determine the capacity of G21 Geelong Region Alliance to be the organisation to facilitate this approach across the region; and
- Develop a Business Plan for creating a ‘Healthy Region’.

Following an in-depth analysis of the ‘Healthy Cities’ literature, G21 documents and consultations with G21 key stakeholders, it is clear that a ‘Healthy Cities’ approach across the region (i.e., a Healthy Region approach) is not only considered suitable and timely, but G21 are also considered well placed to facilitate the application of this approach across the region (refer to Part 1: Research Report for further details on the results found). Indeed, G21’s underlying Vision, Values and Principles upon which they already work reflect many of the characteristics of the WHO ‘Healthy Cities’ approach. However, the analysis of G21 also revealed where gaps and weaknesses lie in G21’s structure and processes which could hinder their effectiveness in facilitating this approach.

The following will outline a Business Plan for G21 which recommends a number of small changes which will build on their existing strengths and addresses their weaknesses to ensure that they can be an effective advocate for the health and wellbeing of the people living, working, visiting and investing in the G21 region.
2. The Business Case: Why a ‘Healthy Cities’ approach?

2.1 What is the Healthy Cities approach?

The World Health Organisation’s (WHO) ‘Healthy Cities’ approach seeks to place health and wellbeing on the agenda of cities around the world and build a local constituency of support (Tsouros, 1995).

The approach is consistent with G21’s triple bottom line approach to regional planning which recognises that health and wellbeing emerge from positive environmental, social and economic conditions. Indeed, a society cannot be well if its environment is polluted and unsustainable, if its members have limited say over its governance, if its member’s mobility and connectivity are restricted, unemployment is high, poverty widespread and violence pervasive, cultural life stifled and basic needs for food, shelter and health care unaffordable. A healthy city therefore far more than one where health services are adequate and accessible, it is a healthy built and physical environment, active citizenship, social equity, safety, lively culture and the meeting of basic needs.

A health city is also not one which has achieved a particular health status; rather it is conscious of health and striving to improve it. A healthy city is defined as ‘one that is continually creating and improving the physical and social environments and expanding the community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential’ (Hancock & Duhl, 1988). Thus, any city can be a “healthy” city, regardless of its current health status but what is required is a commitment to health and a process and structure to achieve it.

‘Healthy Cities’ initiatives involve inter-sectoral political commitment to health and wellbeing in its broadest ecological sense, a commitment to innovation and democratic community participation and healthy public policy. Since 1986, thousands of cities and municipalities have used this approach and it has been internationally effective in progressing health and wellbeing. The idea of adapting the Healthy Cities approach to a regional level or a sub regional (G21) level (i.e., a Healthy Region approach) is new.

2.2 How would a Healthy Region approach differ from what G21 are currently doing?

Within the G21 region there is a strong sense that more can be done to enhance well being, to build on and go beyond a highly effective health sector to embrace this broader notion of ‘Healthy Cities’. The Geelong region has some of the most disadvantaged communities within the nation, as well as a range of chronic health problems and particular challenges of growth and ageing that will need cross-sectoral effort. The work of the G21 Health and Wellbeing Pillar group has both progressed this broader view of health and wellbeing in the region but also tends to attract those interested in these issues to it, allowing other G21 Pillars and sectors to ignore their responsibilities and avoid relevant thinking and actions to support the healthy and wellbeing agenda.

Furthermore, G21 is viewed as a good planning organisation but rather weak in implementation and action. Historically, G21 have been a bottom-up, grass roots organisation which has many pluses but it also has many limitations in that it’s harder to get things done.

The challenge now is for G21 to move roles and responsibilities beyond the health Pillar and to get buy-in from the top-down while also being informed by the bottom-up. It is therefore timely to consider a framework for how health and wellbeing can become everyone’s business.
2.3 What does a Healthy Region approach have to offer G21 and the region?

While it is acknowledged that G21 already have a good foundation for working in a way that is consistent with a Healthy Region approach, a number of gaps and weaknesses were identified through the research analysis and consultations which could impact upon their effectiveness. Key weaknesses identified were:

- Issues with the clarity of roles and responsibilities;
- Issues with coordination of work/projects; and
- Issues with evaluating and monitoring health impacts.

A Healthy Region approach has the potential to provide an overarching framework which can be applied to G21’s existing organisation and its processes. This has the potential to strengthen their identified weaknesses. It is also offers a clear and internationally recognised approach for stakeholders to embrace.

Additionally, a Healthy Region approach applied to the G21 region would further enhance its reputation as progressive and innovative while also adding demonstrable improvements to the health and wellbeing of the region’s population. Such an approach would thereby progress the Vision of the region to be “Australia’s most desirable destination for living, working, visiting and investing...renown for its vibrant, cohesive community, exceptional physical environment and vigorous economy” and see the region as an exemplar for the nation.

2.4 Does G21 have the structure to support a Healthy Region approach?

G21 is uniquely positioned to progress the Healthy Region agenda as it meets many of the above criteria already. In particular:

- The regional Vision encompasses a broad ranging commitment to “becoming Australia’s most desirable destination for living, working, visiting and investing...renown for its vibrant, cohesive community, exceptional physical environment and vigorous economy”.
- Through the new Geelong Region Plan: A Sustainable Growth Strategy, there is a commitment to strengthening communities as well as to environmental sustainability and economic development. The foundations are therefore present for a cross-sectoral approach to enhancing health and wellbeing across the region by connecting the built and natural environment to economic development and to stronger and healthier communities.
- Through the work of the Health and Wellbeing Pillar group Planning for Healthy Communities in the G21 Region 2006-2009 was developed. This plan not only isolated six regional priority areas for action – preparing for population change, community strengthening and social inclusion, healthy active transport, physical activity and healthy eating, better access to services and environmental health – but affirmed the social model of health framework, collaborative inter-agency approaches and the need to develop regional indicators. It also highlighted the need for tools to assist as well as a model to clarify the roles and responsibilities for the relevant agencies in delivering such an agenda.
- Its stakeholders have a strong grasp of ‘Healthy City’ principles and approaches to defining and solving problems.

However, the G21 alliance is also seen as needing a more integrated and effective set of processes to realise a Healthy Region agenda; one that combines clear leadership with broad consultation and effective action.
2.5 Is there support for a Healthy Region approach?

The stakeholder research conducted for this project revealed a broad ranging consensus on the meaning of a Healthy Region as well as a high level of commitment to realising the agenda. In addition, the vast majority of stakeholders (over 90%), saw G21 as the best organisation to realise and facilitate a Healthy Region approach across the G21 region.

In particular, stakeholders agreed that beyond already being established as an innovative organisation with its regional orientation, G21 is also considered a credible organisation which provides a solid planning platform for the region. It is also considered a capable organisation that is effective in bringing together relevant players in the region, including all tiers of government.

A foundation therefore exists across the region, and within G21, for the application of the Healthy Region agenda at this scale.

2.6 How would a Healthy Region approach fit with other planning platforms, legislation, policies and other G21 activities?

Applying a Healthy Region approach across the G21 region would not only be a powerful and proven way to enhance societal wellbeing, but the timing of such a move is ideal, as there is a notable convergence of key government and local policies.

At the national and state level, there is a wide range of policy developments that are actively engaging with the Healthy Cities agenda. In particular, the research report conducted by Deakin University (see Part 1: Research Report) identified a range of policy developments including:

- Two long-running, WHO-sponsored Healthy Cities programs established nationally – namely Illawarra (NSW) and Noralanga (SA)
- A municipal public health planning framework in Victoria – *Environments for Health* - which is based on Healthy Cities principles and encourages integrated local government urban planning, health planning and corporate planning as a priority
- Clause 56 of the Victorian Planning Scheme – *Sustainable neighbourhoods: new planning provisions for residential subdivisions* - has within it many Healthy Cities principles – on walkability, sustainability and good urban design
- A number of local governments in Victoria are integrating walkability into their local land use planning
- The Department of Human Services (Public Health Group) has put Healthy Cities thinking at the centre of its new framework for promoting health and well being in Victoria
- The National Heart Foundation is adopting walkability as a core strategy via its *Healthy by Design* framework
- The *G21 Geelong Region Plan* has as core Directions – to protect and enhance our environment, transform our cities and towns, strengthen our communities which readily align with a Healthy Region agenda.

In addition, the Department of Human Services (DHS) noted in a paper presented to the Geelong Regional Manager’s Forum (RMF), the Victorian Auditor-General’s report titled “Promoting Better Health through Healthy Eating and Physical Activity”. This report was tabled in Parliament on 20 June, 2007 and highlights some of the government agencies that support the direct health promotion goals of DHS, the Victorian Health Promotion Foundation and local councils (see Table 1).
### Table 1. Government Agencies Supporting Health Promotion

<table>
<thead>
<tr>
<th>Government Agency</th>
<th>Government agency response to Victorian Auditor-General’s report</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of Human Services</strong></td>
<td>Health Promotion Priorities for 2007-2010 aim to improve overall health and reduce health inequalities:</td>
<td>‘Go for your life’ Strategic Plan, Victorian Population Health Survey, Victorian Health Monitor 2007/08</td>
</tr>
<tr>
<td></td>
<td>1. promoting physical activity and active communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. promoting accessible and nutrition food</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. promoting mental health and wellbeing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. reducing tobacco-related harm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. reducing and minimising harm from alcohol and other drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. creating safe environments to prevent unintentional injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. promoting sexual and reproductive health</td>
<td></td>
</tr>
<tr>
<td><strong>Department of Education</strong></td>
<td>Acknowledges the importance of education in promoting healthy choices and healthy lifestyles among school aged children</td>
<td>School nursing and other family and children services will be moving from DHS to DoE</td>
</tr>
<tr>
<td><strong>Department of Planning and Community Development</strong></td>
<td>Planning and Local Government &amp; Community Development</td>
<td>Committed to delivering improvements in urban planning and development, particularly in the outer suburbs and regional areas to enhance the liveability of our neighbourhoods, and the strength of our communities</td>
</tr>
<tr>
<td><strong>Sports and Recreations Victoria</strong></td>
<td></td>
<td>Promotes and supports physical activity across Victoria</td>
</tr>
<tr>
<td><strong>Office of Senior Victorians</strong></td>
<td></td>
<td>Promotes positive ageing in the community through social connectedness and physical activity</td>
</tr>
<tr>
<td><strong>Office for Youth</strong></td>
<td></td>
<td>Promotes positive body image through teenagers ‘Go for Your Life’</td>
</tr>
<tr>
<td><strong>Department of Sustainability and Environment</strong></td>
<td>Promotes ‘health’ through its planning scheme.</td>
<td></td>
</tr>
<tr>
<td><strong>Department of Infrastructure</strong></td>
<td>Promotes ‘health’ through the provision of active transport strategies and programs</td>
<td></td>
</tr>
<tr>
<td><strong>VicRoads</strong></td>
<td>Promotes ‘health’ through the planning for and provision of bicycle and pedestrian facilities.</td>
<td></td>
</tr>
<tr>
<td><strong>Local councils</strong></td>
<td>Municipal Public Health Plans/Environments for Health Framework</td>
<td>Councils are well placed to promote wellbeing by changing peoples’ life</td>
</tr>
</tbody>
</table>
circumstances to remove the social, economic and environmental barriers to adopting these healthier lifestyles.

Councils also provide facilities and infrastructure to meet recreational, sports and leisure needs for their communities. Councils provide the opportunity for place-based approaches that support the community’s priorities.

2.7 How can G21 become a WHO Healthy City/Region?

The Alliance for Healthy Cities is an international network of cities using the Healthy Cities approach. Supported by the Western Pacific Regional Office of the WHO, its members include municipal governments, national governments, NGOs, private sectors, academic institutions, and international agencies (Alliance for Healthy Cities, 2007a). The Alliance promotes the interaction of people and information exchange, research development, and capacity building programs. The Alliance was founded in 2003 at the First Organizational Meeting, an inaugural meeting held at the World Health Organization Regional Office for the Western Pacific in Manila, Philippines. The participants of the inaugural meeting were cities, national coordinators, NGOs, and academic institutions engaged in the Healthy Cities program worldwide. In October 2008, the Third Global Assembly of the Alliance for Healthy Cities will be held in Ichikawa, Japan.

Chapters of the Alliance for Healthy Cities (AFHC) are organized at the national, sub-national, or inter-country level. AFHC Chapters are supporting the achievement of the goal and objectives of AFHC by advancing information sharing among members of individual Chapters, promoting membership expansion, disseminating information of Healthy Cities in the respective regions, advocating for advancement of Healthy Cities, and encouraging international partnership. An interim Australia Chapter has existed since September 2007; secretariat is provided by Dr Peter Davey - Healthy Cities and Shires, Qld Centre for Environment and Population Health (CEPH).

The Alliance accepts membership applications from cities, municipalities, NGOs, universities, national agencies, the private sector, and others. Full Membership includes: city governments, governing units of cities/ municipalities/ equivalent organizations. Associate Membership includes: individuals; non-city entities such as non-government organizations, national government agencies, private organizations, international agencies or academic institutions.

Full details on the procedure for applying for membership are available at Alliance for Healthy Cities (2007b). In brief, application for membership involves several steps:

a) Payment of the membership fee and annual dues (Full membership: US$ 500; Associate membership: US$ 500)
b) Completion of an information sheet (mandatory for the first year, update when necessary); and

c) Submission of documentation of the following (mandatory for the first year, update when they are ready):
   a. written policy statement in support of Healthy Cities
   b. future vision and goal
   c. profile of the city (baseline data)
   d. analysis of health priorities
Submission of the following documentation is also recommended (when available):

- intersectoral coordination mechanism in place
- mechanism for community participation
- local action plan to build on capacity and resolve problems
- a set of indicators for monitoring and evaluation
- a system of information dissemination and sharing (Alliance for Healthy Cities, 2007c)

Approximately fifty cities have full membership from across nine counties. Healthy Cities Illawarra and Healthy Cities Noarlunga (a Member of the Steering Committee) are Associate members, by virtue of their NGO status. It is feasible that, were it to lead a Healthy Regions strategy, G21 similarly could join with Associate membership (Alliance for Healthy Cities, 2007d). Visitors to this website will note a certain emphasis on health-centric and problem-focused language. This reflects, in part, the significant variation in cultural expression of health and wellbeing across the many countries represented, and the fact that English is not the first language for most members.

See section for further reading for more details.
3. A Healthy Region Agenda: A Preferred Model

While G21 already have a good foundation for working in a way that is consistent with a Healthy Region approach, a number of gaps and weaknesses were identified through the research analysis and consultations which will impact upon their effectiveness to facilitate this approach across the G21 region. Proposed here are a number of small changes which illustrate the preferred model for G21 to adopt in order to be an effective facilitator and champion of the Healthy Region approach across the G21 region:

a) Adopt Healthy Cities principles
b) Prioritise large, regional scale projects
c) Appoint a Healthy Region Officer
d) Create a Healthy Region Steering Group
e) Establish systems for measurement and evaluation of impact
f) Run annual forums for education and sharing information and success stories

These steps are outlined in further detail below and an implementation plan is detailed in Section 4.

a) Adopt Healthy Cities Principles

If G21 is to facilitate a Healthy Region agenda, the organisation and its stakeholders need to embrace and adopt the following core principles of the WHO Healthy Cities approach: a commitment to health, political decision-making, intersectoral action, community participation, innovation and healthy public policy (WHO, 1995; 1997). Table 2 outlines these principles in more detail.

Table 2. Healthy Cities Principles

<table>
<thead>
<tr>
<th>Commitment to health</th>
<th>They are based upon a commitment to health. They affirm the holistic nature of health, recognizing the interaction between its physical, mental, social and spiritual dimensions. Promotion of health and prevention of disease are their priorities. They assume that health can be created through the cooperative efforts of individuals and groups in the region.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political decision-making</td>
<td>They require political decision-making for public health. Housing, environment, education, social service and other programmes of regional government have a major effect on the state of health in the region. Healthy Region projects strengthen the contribution of such programmes to health by influencing the political decisions of councils.</td>
</tr>
<tr>
<td>Intersectoral action</td>
<td>They generate intersectoral action. The term “intersectoral action” describes the process through which organizations working outside the health sector change their activities so that they contribute more to health. Urban planning which supports physical fitness by providing ample green space for recreation in the city is an example of intersectoral action. Healthy Region projects create organizational mechanisms through which regional organisations come together to negotiate their contribution to such action.</td>
</tr>
<tr>
<td>Community participation</td>
<td>They emphasize community participation. People participate in health through their lifestyle choices, their use of health services, their views on health issues and their work in community groups. Healthy Region projects promote more active roles for people in all of these areas. They provide means by which people have a direct influence on project decisions and, through the project, on the activities of organizations.</td>
</tr>
<tr>
<td>Innovation</td>
<td>They work through processes of innovation. Promoting health and preventing disease through intersectoral action requires a constant search for new ideas and methods. The success of Healthy Region projects depends upon their ability to create opportunities for innovation within a climate that supports change. Projects do this by spreading knowledge of innovative methods, creating incentives for innovation and recognizing the achievements of those who experiment with new projects, policies and programmes.</td>
</tr>
</tbody>
</table>
b) **Prioritise Large, Regional Scale Projects**

Through the research consultations, G21 stakeholders identified a problem with duplication and fragmentation of effort with too many small Pillar-based projects and initiatives running parallel with no coordination or cross-sectoral collaboration.

The following hierarchy system is recommended to prioritise G21 projects and strategies to ensure that large, regional based projects become the focus of G21 and stakeholder resources. This approach is consistent with the suggestions for change developed by Altegis in its Continuous Improvement Project with G21.

- **Tier 1** Projects which are cross-sectoral, regionally significant, complex
- **Tier 2** Projects which are intersectional but limited in regional impact, moderate complexity
- **Tier 3** Projects which fall within the scope of one sector/Pillar group, simple

The level of resources given to a project is determined by where they fall in this hierarchy. For example, projects labelled a Tier 1 would require G21’s full support and energy, including the commitment of a Board member champion. To be considered a Tier 1 project, it must fall high on the Healthy Region Checklist provided in section f)i to ensure that it reflects the Healthy Region principles, is relevant to the Directions outlined in the *Geelong Region Plan* and has adequate resources available.

This system would limit the number of projects taken on and would focus G21’s energy on larger projects which will have the most impact on the health and wellbeing of the region. This would have the added benefit of providing coordination to project work and therefore reducing the duplication of effort and resources which is occurring. It will also foster greater intersectional collaboration which is necessary for conducting a Healthy Region approach. In addition, more people will be involved in large scale projects which may lessen the impact of lost motivation or time from volunteers and therefore enhancing the sustainability of initiatives.

Particular projects which are either already on the agenda for the Pillar Groups (*) or which could readily be adopted within this framework according to the Geelong Regional Plan Directions include:

<table>
<thead>
<tr>
<th>Protect and Enhance our Environment</th>
<th>Transform our Cities and Towns</th>
<th>Strengthen our Communities</th>
<th>Refocus our Economy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduction of pollutants</strong></td>
<td>Armstrong Creek Urban Growth Plan*</td>
<td>Enhance safety in homes *</td>
<td>Reduce skills gaps*</td>
</tr>
<tr>
<td><strong>Open space provision – passive and active</strong></td>
<td>Clause 56 for Sustainable Neighbourhoods *</td>
<td>Child Friendly Cities*</td>
<td>Boost higher *education participation</td>
</tr>
<tr>
<td><strong>Higher density coastal development</strong></td>
<td>Neighbourhood Renewal Projects*</td>
<td><strong>Healthy Ageing</strong></td>
<td><strong>Grow IT connectivity</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local Indigenous Network*</td>
<td></td>
</tr>
</tbody>
</table>
c) **Appoint a Healthy Region Officer**

Important to the success of a Healthy Region approach is the provision of adequate staff within the project office. According to the WHO, with a regional population of 270 000, G21 needs at least five people in the project office (WHO, p34). G21 have 4 people in their project office; an Executive Officer, Executive Assistant, Project & Planning Coordinator and a Marketing & Communications Officer. Further resources will be needed in the G21 office with the adoption of the Healthy Region approach to ensure its effective delivery.

A Healthy Region Officer should be employed to ensure that a broad range of stakeholders are engaged, the Healthy Region Checklist and Health Impact Assessment tools are used well utilised (see below) and that an appropriate projects are developed, funded and realised. They would work closely with G21’s project and planning coordinator.

The officer could be a secondment from one of the relevant government departments, such as the State Department of Premier, Department of Planning and Community Development (DPCD) or another committed stakeholder.

d) **Create a Healthy Region Steering Group**

Some changes are needed to the internal structure of G21 in order to effectively facilitate a Healthy Region approach. It was identified in the research report that there are issues with communication pathways both between the existing G21 Pillar structure and between the Pillars and the G21 board. In order to effectively foster intersectoral action, G21 needs to have open pathways of communication and opportunities for networking.

A preferred organisational structure would involve the development of a Healthy Region Steering Group. This group would open communication pathways horizontally between Pillar groups by involving a forum for all Pillar leaders to get together to discuss their projects and issues. The group should be chaired by the Healthy Region Officer and could involve other key stakeholders such as DHS, DPCD and local government representatives.

To open communication pathways between the Pillars and the G21 Board, all Pillar leaders should join the Board or a separate group should be established with a regular meeting schedule.

This preferred organisational structure, outlined in Figure 1 below, is based upon the effective governance structure used in the case study of Healthy Cities Illawarra (see the section 3.4.1 described in literature review, *Part 1: Research Report*).
The Pillar structure may remain the same as long as communication opportunities, like those mentioned above, are available. However, depending on the level of structural change that can be encompassed, it is strongly suggested that the Pillars are reduced to the four key themes outlined in the Geelong Region Plan; protect and enhance our environment, transform our cities and towns, strengthen our communities and refocus our economy.

This would be consistent with the Healthy Cities triple-bottom line approach. It would remove health as a separate Pillar and avoid taking the responsibility of health promotion activities away from the other Pillars/sectors. It is also consistent with suggestions for change developed by Altegis in its Continuous Improvement Project with G21.

e) Run annual forums for education and sharing information and success stories

In the consultations with G21 stakeholders, they identified the potential benefit of hosting a periodic forum for all G21 members and affiliates to get together to meet, discuss, learn and share their success stories.

G21’s Constitution reports that at least one Strategic Forum is to be held annually. This forum is open to all G21 members and interested members of the public to discuss the strategic direction for G21, to facilitate an exchange of priorities for G21 and provide an opportunity where the G21 Board and G21 members come to understand each other’s perspectives and aspirations for the region and G21.

It is recommended that G21 maintain the presence of this annual forum. Beyond the agenda of allowing members a chance to meet and talk about the work they are doing, this type of event has the opportunity to offer chances for intersectoral networking and potential partnership opportunities. And while in the stages of adopting a Healthy Region approach, such a conference offers the opportunity to educate members about the
approach and their individual roles and responsibilities in the roll out. Other opportunities for education involve Deakin University’s Healthy Cities - Short Course. It is strongly recommended that as many stakeholders as possible complete this course (cost in 2007 = $1,100). Refer to the section on further reading for more information.

Another significant issue for G21 is the sustainability of projects due to the loss of energy and commitment from their volunteers. It is recommended that G21, either as part of this strategic forum or as a separate awards event, acknowledge and reward individuals and organisation’s efforts in front of their peers.

f) Establish Systems for Screening and Evaluation of Impact

There are a number of operational processes which can support G21 make a Healthy Region commitment and impact. The use of screening tools provides a filter by which projects can be quickly evaluated in terms of their consistency with a Healthy Region approach and their impact upon health within the region. It is an objective, public and effective means by which to progress the Healthy Region agenda.

The following outlines a number of tools which could be adopted by G21 to assess and evaluate projects; (i) a Healthy Region Checklist, (ii) Health Impact Assessment and (iii) Healthy Region Indicators.

i. Healthy Region Checklist

A Healthy Region Checklist should be used by the G21 Board and Healthy Region Steering Group to decide what projects and activities are undertaken and what level of priority they should receive.

This Checklist (Figure 2) emerges from the extant literature and sites of best practice around the world. It builds in existing G21 criteria – of delivering regional benefits, involve multi-agency collaboration, addresses one or more of the imperatives and objectives of the Geelong Region Plan and access to funding, leading to an enhancement of leadership and human resources. It also ensures that projects reflect the Healthy Cities principles.

Project proposals which score highly reflect a Healthy Region approach and therefore should be labelled a Tier 1 project and should receive the majority of G21’s resources. Tier 2 and Tier 3 projects should also be encouraged to utilise the Healthy Region Checklist to screen projects.
## Assessment of level in relation to each criteria – 1=low, 2=medium, 3=high

<table>
<thead>
<tr>
<th>On the proposal:</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Does it deliver economic, social and environmental benefits to the region?</td>
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<tr>
<td>Does it fit within G21’s Regional Plan?</td>
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<td>Does it enhance local leadership and human resources?</td>
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<tr>
<td>Is there a likelihood of funding?</td>
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<tr>
<td>Does it involve multi-agency collaboration?</td>
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<tr>
<td>Is there a groundswell of community support for the project?</td>
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<tr>
<td>Is there a research and evidence base for the project?</td>
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<tr>
<td>Do the social determinants of health impact on this issue (poverty, unemployment, education, housing, discrimination etc)</td>
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## Alignment with Healthy Region Objectives:
To what extent have the proponents demonstrated that the proposal will promote:

<table>
<thead>
<tr>
<th>Commitment to well being and health?</th>
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<tbody>
<tr>
<td>Political decision-making and buy in?</td>
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<tr>
<td>Intersectoral action?</td>
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<td>Community participation?</td>
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<tr>
<td>Innovation?</td>
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<tr>
<td>Healthy public policy?</td>
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</tbody>
</table>

## Potential for collaboration
What is the likelihood that G21 will be able to engage other agencies or sectors as partners?

<table>
<thead>
<tr>
<th>How many Pillar Groups will be involved in the project? (‘1’ = up to 3; ‘2’ = 4 to 6; ‘3’ = more than 6.</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What level of project will this be? (Tier 1, 2 or 3)? (‘1’ = Tier 3; ‘2’ = Tier 2; ‘3’ = Tier 1)</td>
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<tr>
<td>Are there other beneficial implications for G21 eg. build relationships, public profile, community involvement, funding?</td>
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<tr>
<td>What will be our required level of commitment/involvement? (participant =1, partner =2 lead agency =3)</td>
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</tbody>
</table>

## Resource availability
Are there sufficient human resources necessary to support this proposal?

<table>
<thead>
<tr>
<th>Does the proposal have appeal for sponsorship funding or in kind support?</th>
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</thead>
<tbody>
<tr>
<td>Can the proposal be staged so resources can be accessed as it develops?</td>
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<tr>
<td>Does the initiative lend itself to team approaches by G21 staff?</td>
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<tr>
<td>Does the initiative lend itself to resourcing by G21 Pillars, stakeholders or Working Groups?</td>
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</tbody>
</table>
ii. **Health Impact Assessment (HIA)**

The objective of Health Impact Assessment (HIA) is to provide decision-makers with sound information on implications on health of any given policy, project or program.

Across the Region, those organisations and stakeholders involved in health and well being can also be encouraged to utilise the well developed Health Impact Assessment approach.

Integration of HIA in regional planning and decision-making would ensure people’s health and wellbeing are being considered while developing projects and initiatives. Internationally, this approach has become a key component of informed decision making and is being undertaken by government’s world wide in a variety of circumstances and situations (WHO, 2007).

A detailed training module for conducting HIA and a case study is provided on the World Health Organisation webpage (refer to section on further reading). Table 3 summarises the steps involved in conducting a HIA along with some prompting questions to facilitate.

**Table 3. Steps for Conducting a Health Impact Assessment**

<table>
<thead>
<tr>
<th>STEPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Screening</strong></td>
<td>Use the Healthy Region Checklist to consider the possible changes in health outcomes from the proposed project.</td>
</tr>
<tr>
<td><strong>2. Scoping</strong></td>
<td>Scoping sets the boundaries for, and considers how the HIA appraisal stage should be undertaken. Terms of reference for the HIA are often drawn up at this stage to clarify exactly what is expected from whom.</td>
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<tr>
<td></td>
<td>- Who will do the HIA and who will be in charge?</td>
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<td></td>
<td>- Are there any specialists or practitioners who could be involved?</td>
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<tr>
<td></td>
<td>- What monitoring and evaluation of the HIA will occur?</td>
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<tr>
<td></td>
<td>- When does the HIA have to be done by, to influence key decision makers (often influencing the choice of whether a rapid or comprehensive HIA is undertaken)?</td>
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<tr>
<td></td>
<td>- Setting and agreeing the aims and objectives of the HIA</td>
</tr>
<tr>
<td><strong>3. Appraisal</strong></td>
<td>Step three is where a large amount of the work is carried out in identifying health hazards and considering evidence and impact. There are two stages involved: a) identify the types of data – qualitative and quantitative – needed to undertake appraisal; and b) characterize the likely effects on health and inequality in health.</td>
</tr>
<tr>
<td></td>
<td>a) There are two main types of appraisal in HIA: rapid and in-depth (or comprehensive). Rapid appraisal does not collect new data but only compiles information or data already available. For in-depth appraisal, new data are collected and analysed, which involves primary research. In either type of appraisal, evidence is collected on the likely effects of the proposal on the determinants of health and health outcome. In general, the only additional information most assessments use is gained through participatory qualitative approaches involving stakeholders and key informants.</td>
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</tbody>
</table>
HIA.
- Identify what data might be available to conduct HIA on the case study. What participatory, qualitative methods would you use to collect data from stakeholders? What would be your question themes?

b) **Impact analysis** is the procedure during which data from all the sources of information is examined. Impact analysis includes characterizing potential effects on health, and the HIA assessors must collate, analyse and interpret the evidence, whether qualitative or quantitative, of the likely effects on health from the various sources of information.

- From the list below, what are the key characteristics of health effects?
  - Activity giving rise to the health effects
  - Health effects – determinants of health affected and the subsequent effect on health outcomes
  - Direction of change – positive or negative
  - Distribution of health effects – different population groups affected and effects on inequality in health
  - Magnitude – the number of people in a community affected
  - Severity – of health outcome (mortality, morbidity or injury and well-being)
  - Likelihood of effects – based on the strength of the evidence
  - Latency – when the effects will occur – in the immediate, short, medium or long term
  - Frequency – how often the effects occur
  - Duration – for how long the effects occur
  - Potential for interaction with other effects

### 4. Profiling

The purpose of profiling is to give a picture of the demography, health and socioeconomic status of the community or population affected by the proposal. Profiling involves collecting data on several indicators relevant to the content of the proposal and its potential impact on the determinants of health and health outcome.

- What information or data do you think would be useful to have in a profile of a community affected by implementing a proposal?

### 5. Reporting

Step four involves developing recommendations to reduce hazards and/or improve of health. Framing and developing suggestions or recommendations about a proposal and its implementation are as important as identifying potential effects on health. Suggestions or recommendations in HIA should ideally be practicable and achievable and, when evidence is available, based on evidence of effectiveness and/or appropriateness. The form in which a HIA report is presented to key stakeholders and the language used throughout the HIA process must be appropriate for a non-health audience.

- Taking into account your responses to Step 3b, Impact Analysis, what do you think should be included in the report of the HIA?
- How would you make the contents of the report accessible to all audiences – decision-makers, other stakeholders and key informants?
• What factors could influence whether the contents of the report are seen as objective? What could you do to address these factors?

6. Monitoring

Evaluating whether the HIA has influenced the decision making process (and the subsequent project proposal) is an important component of HIA. As with any intervention, evaluation is required to see if it has worked. Monitoring the implementation of the proposal is also critical to ensure that any recommendations that decision-makers agreed to, actually occur. Longer term monitoring of the health of populations is sometimes a component of larger proposals. This long term monitoring can be used to see if the predictions made during the appraisal were accurate, and to see if the health, or health promoting behaviours, of the community have improved.

HIA has three types of evaluation: process, effectiveness (or impact) and outcome. Process evaluation aims to identify learning points from the HIA process to improve how HIA is conducted in the future. Effectiveness or impact evaluation aims to determine how the proposal is changed as a result of the HIA and whether these changes are implemented. Outcome evaluation aims to monitor and assess the health outcome of implementing the proposal.

Examples of criteria that can be used in process evaluation include:

• Effectiveness: planned output compared with actual output;
• Efficiency: estimated cost of input and output compared with the actual cost of input and output; and
• Equity: emphasis on addressing inequality in health.

The key tracking points in effectiveness (or impact) evaluation are the points in the design and development of a proposal where changes could be made. The following questions can be posed during this type of evaluation.

• How were the results of the HIA used in the process of developing the proposal?
• How has the proposal changed as a result of the HIA?
• How many of the suggestions or recommendations made in the HIA report did decision-makers accept?
• How many of the suggestions or recommendations decision-makers accepted were implemented?
• Were any other changes made as a result of the HIA?

The challenges associated with outcome evaluation are mainly related to:

• The intervention of HIA: that is, the act of carrying out the appraisal probably changes the likelihood that the predicted effects will occur;
• The suggestions or recommendations not being implemented as intended; and
• The problem of attribution – no proposal is implemented in isolation, and determining whether the health outcome observed a year or more later resulted from a particular proposal or for some other reason or combination of reasons is difficult.

See also section on indicators in section 3(iii) below.
Application of HIA to G21

A Continuum Model (Table 4) has been developed by Blau & Mahoney (2005) to assist in the selection from a range of different HIA appraisal methods that could be used.

According to this model, consideration of health impacts can be classified as routine (Level One), strategic (Level Two) or occasional (Level Three). An organisation that does not have health on its agenda would be advised to initially choose HIA methods in Level One, until it developed a better understanding of and a greater commitment to the Healthy Region approach. The reason for this selection is that staff may have difficulty convincing executive managers to undertake either rapid or comprehensive HIAs.

An organisation that has placed health on its agenda, but has not moved to effective integrated planning with its community, would be advised to choose HIA methods in Level Two, as there may not be sufficient commitment to undertake Level Three tasks.

Over time, as health is more firmly placed on the agenda, HIA methods from Level Three could be selected. G21 should aim to conduct Level 3 scale HIA appraisal on all Tier 1 projects.

Table 4. HIA Methods

<table>
<thead>
<tr>
<th>HIA Methods</th>
<th>Reason for applying an HIA method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL ONE</strong></td>
<td></td>
</tr>
<tr>
<td>Checklists or screening tools routinely applied by trained staff</td>
<td>To improve decision-making, to improve planner’s decision-making, to convince people from other sectors such as engineers and other staff in assets or infrastructure of the need to consider the health impacts of their work. To track the impact of decisions over time by collecting and collating the consequences of these decisions, to increase knowledge of the social determinants of health and to strengthen applications for funding.</td>
</tr>
<tr>
<td><strong>LEVEL TWO</strong></td>
<td></td>
</tr>
<tr>
<td>Rapid, prospective HIA, applied strategically by trained staff early enough to influence decisions</td>
<td>To add another type of evidence from the research literature to support arguments, to facilitate intersectoral work in preparation for the development of council’s MPHP, to legitimize social planning work, to get youth impacts on agenda and to get family impacts on agenda.</td>
</tr>
<tr>
<td><strong>LEVEL THREE</strong></td>
<td></td>
</tr>
<tr>
<td>Comprehensive HIA which includes extensive community participation, applied occasionally by HIA consultants to proposals of enough importance.</td>
<td>To assess the potential health impacts of large proposals (policies, programs or projects) where there is a high probability of an impact of large magnitude on many people in the region.</td>
</tr>
</tbody>
</table>
Benefits of undertaking HIA

As G21’s role is to facilitate key stakeholders in the region to come together to work on projects addressing the issues facing the region, they will rely on these partnership organisations to adhere to HIA as a process in project development. Therefore, information may be needed to give to these organisations advocating the benefits of conducting HIA. The following outlines the key benefits of HIA communicate purpose and worth (WHO, 2007).

i. **Promotes cross-sectoral working**

The health and wellbeing of people is determined by a wide range of economic, social and environmental influences. Activities in many sectors beyond the health sector influence these determinants of health. HIA is a participatory approach that helps people from multiple sectors to work together. HIA participants consider the impacts of the proposed action on their individual sector, and other sectors – and the potential impact on health from any change. Overlaps with other policy and project initiatives are often identified, providing a more integrated approach to policy making.

ii. **A participatory approach that values the views of the community**

An initial stage within the HIA process is to identify the relevant stakeholders to the HIA. This process usually produces a large number of relevant people, groups and organisations. The HIA can be used as a framework to consult meaningfully with stakeholders, allowing their messages to be heard.

**Common stakeholders include:**
- The local community/public, particularly vulnerable groups
- Developers
- Planners
- Local/national Government
- Voluntary agencies/NGOs
- Health workers at local, national or international levels
- Employers and unions
- Representatives of other sectors that are affected by the proposal.
- The commissioner(s) of the HIA
- The decision makers
- The network of people and organisations who will carry out the HIA

In particular the HIA provides a way to engage members of the public affected by a particular project. Given the bottom-up approach used by G21, HIAs can send a clear signal that G21 and their stakeholder organisations genuinely want to involve the community and are willing to respond constructively to their concerns. Because an HIA values many different types of evidence during the assessment of a proposal, the views of the public can sit alongside other evidences such as expert opinion and scientific data, with each presented and valued equally within the HIA.

iii. **The best available evidence is provided to decision makers**

The purpose of an HIA is to provide decision makers with a set of evidence-based recommendations. The decision makers can then make decisions about accepting, rejecting, or amending the project proposal secure in the knowledge that they have the best available evidence before them. Evidence used in an HIA can be both qualitative and quantitative, and each is valuable. HIA should consider a range of different types of
evidence – going beyond published reviews and research papers, to include the views and opinions of key players who are involved or affected by a proposal.

iv. *Improves health and reduces inequalities*

HIA ensures that proposals do not inadvertently damage health or reinforce inequalities. HIA uses a wider model of health and works across sectors to provide a systematic approach for assessing how a proposed project affects a population – but particularly, the distribution of those effects between the different subgroups of the population. Recommendations can specifically target improvement of health, particularly for vulnerable groups.

v. *It is a positive approach*

HIA does not only look for negative impacts of developments (to prevent or reduce them), but it also looks for positive health impacts of proposals. This often provides decision-makers with options to strengthen and extend these features of a project.

vi. *Appropriate for policies, programmes and projects*

HIA is suitable for use at many different levels. HIA can be used on projects, programmes (groupings of projects) and policies, though it has most commonly been used on projects. The flexibility of HIA allows these projects, programmes and policies to be assessed at either a local, regional, national or international level – making HIA suitable for almost any proposal.

vii. *Timeliness*

Choosing when to carry out an HIA is important. To influence the decision making process, the HIA recommendations must reach the decision makers well before any decisions about the proposal will be made. This basic principle of HIA highlights the practical nature of the approach.

viii. *Links with sustainable development and resource management*

When HIA is undertaken early in the development process of a proposal it can be used as a key tool for sustainable development. HIA allows the identification and prevention of possible health (and other) impacts right from the start in policy and decision-making. For example, for an HIA on road building, it enables the inclusion of health and other sustainability aspects to be built in from the very beginning, such as cycle lanes, noise and speed reduction interventions, rather than solving the health impacts at a later date. This enables health objectives to be considered on a par with socio-economic and environmental objectives, bringing sustainable development closer. Another feature of HIA is its possible combination with other impact assessment methods. This integration allows proposals to be assessed from a sustainable development perspective including: health; education; employment; business success; safety and security; culture, leisure and recreation; and environment. Drawing on the wider determinants of health, and working across different sectors, HIA has the ability to link well with the sustainability agenda.

ix. *Many people can use HIA*

Because it is a participatory approach, there are many potential users of HIA, they include:
- Decision makers who may use the information for making decisions.
- Commissioners of the HIA, who use it to consult widely and gather differing views, to build capacity and develop strong partnerships.
- HIA workers, who actually carry out the individual components of the HIA, which may include consultants, local staff from a wide variety of organisations and the community.
- Stakeholders in the community, who want their views to be considered by decision makers.
- Developers, both private and public, who are required to submit applications for new development proposals to a Victorian council.

iii. Indicators for assessing progress towards achieving community capacity

As outlined in the document *Part 1: Research Report*, a number of approaches are currently in use across Victoria to gather information about the changes in variables considered to glean important evidence about the status of various social determinants of health across Victorian local government areas. For example, data collected by the DPCD (Know your area database and measures of social capital); DHS (Burden of Disease) can yield useful information to the five G21 local governments when developing their Community Plans, Municipal Public Health Plans (MPHP) and Municipal Strategic Statements (MSS). G21 also has developed a large repository of information in the development of its regional plans, including *Planning for Healthy Communities in the G21 Region 2006-2009*.

An important resource for the region is the indicator set being compiled by Community Indicators Victoria (CIV). CIV personnel have indicated to the research team their willingness to engage with G21 in exploratory work to investigate the application of CIV’s community indicators across the region. A venture of this kind is worth G21 exploring.

Indicators are most useful when integrated into a conceptual framework. To this end, it is considered that indicators such as those of community strengthening and health outcomes are best integrated into Kegler, Norton & Aronson (2003) community capacity framework (see Figure 3). Because of its use internationally on Health Cities evaluation, and because of its adaptation by DHS to evaluate Environments for Health, it is recommended that G21 formally adopt community capacity as the overarching framework by which to assess its efforts to forge intersectoral collaboration to build the capacity of the region to address systematically the social determinants of health.

*Figure 3. Community Capacity Framework (Kegler et al, 2003, p17)*
As such, the adoption by G21 of a screening tool (Healthy Region Checklist) to assess the suitability of projects to be endorsed under a Healthy Region agenda would serve as a significant indicator of G21’s increased organisational capacity to drive an intersectoral approach to promoting a healthy region. The uptake of HIA by collaborating agencies would serve as an important indicator of increased inter-organisational capacity to address the social determinants of health. Any resulting improved public policy development across the region would provide important evidence of increased community capacity at the community level of analysis.
4. Stakeholder Analysis

Who will provide support to G21?

Over 80 individuals and groups were consulted in the process of researching the viability of a Healthy Region approach being adopted in the G21 region. In particular, stakeholders were asked about their knowledge of the WHO 'Healthy City' approach, to assess the capacity of G21 to realise this approach and to give some indication of their organisation’s willingness to be apart of the agenda. This consultation took the form of focus groups, key person interviews and an online survey (see Part 1: Research Report for details). The ethical terms of this research required that individuals were not to be identified in the course of presenting results. What follows, then, is a Stakeholder Analysis presented in these terms – that notes where possible the views of stakeholders on the key questions.

From this Stakeholder Analysis it is clear once again that there is a broad ranging understanding of the Healthy Cities agenda as well as a widespread faith in G21 to realise it. When it comes to those organisations prepared to be identified as having both the capacity and willingness to actively participate in the realisation of this agenda, methodological and ethical considerations limit those who can be identified. However, this analysis does highlight the fact that a few key State Government departments as well as some local governments and other organisations can readily be incorporated into the structures and processes for realising a Healthy Region agenda. These include (those with four stars):

- The Department of Planning and Community Development (DPCD)
- The Department of Human Services (DHS)
- Barwon Health
- Barwon Primary Care Forum (BPCF)
- Committee for Geelong
- Leisure Networks
- Regional Managers Forum (RMF)

Such a list is not exhaustive but it can serve to assist in creating appropriate consultative and politically active intersectoral working groups.

Also refer to Table 5 for a list of government agencies that support health promotion goals and information on their role and strategies.
# Table 5. Stakeholder Analysis

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Support HR agenda</th>
<th>G21 capacity to adopt HR agenda</th>
<th>Faith in G21</th>
<th>Willingness to work with G21</th>
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<tbody>
<tr>
<td><strong>Federal</strong></td>
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<tr>
<td>Australian Sports Commission*</td>
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<tr>
<td><strong>State</strong></td>
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<tr>
<td>Department of Planning &amp; Community Development (DPCD)</td>
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<td>Department of Human Services (DHS)</td>
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<td>Regional Development Victoria</td>
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<td>Barwon Water*</td>
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<td>Telstra Country Wide</td>
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<tr>
<td><strong>Local</strong></td>
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<td>Surf Coast Shire</td>
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<td>Colac Otway Shire</td>
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<td>Golden Plains Shire</td>
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<tr>
<td>City of Greater Geelong</td>
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<tr>
<td>Borough of Queenscliff</td>
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<td><strong>NGO’s</strong></td>
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<td>Australian Red Cross</td>
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<td>Barwon Primary Care Forum (BPCF)</td>
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<td>Barwon Health</td>
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<td>BeComm</td>
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<tr>
<td>Bethany Community Support*</td>
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<tr>
<td>Centre for Sexual Assault (CASA)</td>
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<tr>
<td>Cloverdale Community Centre*</td>
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<tr>
<td>Committee for Geelong</td>
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<tr>
<td>Corangamite Catchment Management Authority*</td>
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<tr>
<td>Corio Norlane Neighbourhood Renewal</td>
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<td>Country Fire Authority</td>
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<td>Deakin University</td>
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<td>Department of Education</td>
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<td>Geelong Performing Arts Centre (GPAC)</td>
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<td>Geelong Trades Hall Council</td>
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<td>Glastonbury Child &amp; Family Services</td>
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<td>Gordon Institute of TAFE</td>
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<td>GrowthAbility*</td>
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<td>Leisure Networks</td>
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<td>Moongate Studios</td>
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<td>Portarlington Early Years Forum*</td>
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<td>Public Transport Users Association</td>
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<td>Regional Manager’s Forum</td>
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<td>Sinclair Knight Merz*</td>
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<td>St Laurence Community Services*</td>
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<tr>
<td>Vision Australia*</td>
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<tr>
<td>Wathaurong Aboriginal Cooperative</td>
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<tr>
<td><strong>Private Sector</strong></td>
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<tr>
<td>Mayson Properties and Dennis Family</td>
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<tr>
<td>Draper’s Civil Contracting</td>
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<td>Blue Cov Homes</td>
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* Individual organisation data not available due to confidentiality during consultation
5. Communication System for Information Dissemination and Sharing

It is essential to the realisation of the Healthy Region agenda that this Business Plan – if accepted whole or in part by the G21 Board – be effectively communicated across the region but also that the key elements for affecting a Healthy Region are embraced and progressed by relevant stakeholders in a timely manner. The following outlines the steps that should be taken to communicate the Healthy Region Business Plan.

**Step 1**

The first step is acceptance of the *G21 Healthy Region Business Plan* by G21 – its Board, staff and stakeholders. This can and should occur as part of G21 taking the lead on facilitating and realising a Healthy Region approach.

**Step 2**

The second step to realising the Healthy Region agenda, as well as fulfilling the ethical and practical obligations of the methodology used in this project (see Part 1: Research Report), is to communicate findings and recommendations to all of those who attended focus groups, completed the online survey and participated in key person interviews.

**Step 3**

Thirdly the *G21 Healthy Region Business Plan* – in whatever form endorsed by the G21 Board - needs to be communicated to the various stakeholders and community members that make up the region. This is a complex mosaic of groups, organisations and individuals and a range of communication strategies will need to be adopted – including print, online materials, workshops and public fora.

Elected representatives across the region should be sent a full copy of the *G21 Healthy Region Research Report and Business Plan* and invited to a number of workshops where the recommendations and further actions are discussed and hopefully actively endorsed.

Such workshops should be preceded by a series of press releases, preparation of a web-summary and a special edition of “Pillar to Pillar” as well as feature articles in the *Geelong Business News, Geelong Advertiser* and *Independent* (and others across the region).

Also refer to section g) Run annual forums for education and sharing information and success stories.
## 6. Implementation: G21 Action Plan

To realise the Healthy Region agenda, we recommend a staged implementation process:

<table>
<thead>
<tr>
<th>Year</th>
<th>Task/Action</th>
<th>Facilitating body/Responsibility</th>
<th>Budget items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communication of Business Plan to G21 stakeholders and other interested parties via media, web, workshops.</td>
<td>G21 Board, Project Champion and workers Deakin Team</td>
<td>Workshops</td>
</tr>
<tr>
<td>2008</td>
<td>Appoint a Healthy Region Officer to oversee the adoption and roll out of the Healthy Region approach.</td>
<td>G21 Board, CEO and staff</td>
<td>G21 Healthy Region Officer</td>
</tr>
<tr>
<td></td>
<td>Create a new Tier structure for determining the priority of projects to ensure the focus is on large, regional scale projects. Within the new structure, designate becoming a Healthy Region as a Tier 1 project for 2008-2010 - consistent with key recommendations in the <em>Geelong Regional Plan</em> to strengthen communities.</td>
<td>G21 Board, Pillar Leaders, Project and Planning Officer, Healthy Region Officer</td>
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<tr>
<td></td>
<td>Formalise Healthy Cities principles as framework upon which G21 operates.</td>
<td>G21 and stakeholders</td>
<td></td>
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<tr>
<td></td>
<td>Adopt Healthy Region Checklist to screen and prioritise potential projects and activities.</td>
<td>G21 Board, G21 Healthy Region Officer, key stakeholders including DHS, DPCD and Local Government</td>
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<tr>
<td>Establish systems for measurement and evaluation of impact:</td>
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<tr>
<td>- Encourage use and advocacy of HIA</td>
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<tr>
<td>- Development of KPIs. These relate to the Regional Indicators already developed and used by G21 and the indicators listed in section 3(iii) above.</td>
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<tr>
<td>G21 Board, G21 Healthy Region Officer, stakeholders</td>
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<table>
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<tr>
<th>Hold a re-launch with the purpose of:</th>
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<tbody>
<tr>
<td>- Clarifying G21’s role in the planning and development of the region, particularly in light of recent reviews and impending changes in structure;</td>
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<tr>
<td>- Introduce and promote any changes to the organisation structure and/or systems complementing a Healthy Region approach;</td>
</tr>
<tr>
<td>- Re-engage with all existing stakeholders and introduce potential new networks; and</td>
</tr>
<tr>
<td>- Highlight stakeholder’s roles and responsibilities in light of the new focus on a Healthy Region agenda.</td>
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<tr>
<td>All G21 staff</td>
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</tbody>
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<table>
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<tr>
<th>2009-10</th>
<th>Ongoing monitoring and evaluation work.</th>
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<tr>
<td></td>
<td>Run annual forum for education and sharing information and success stories.</td>
</tr>
<tr>
<td></td>
<td>G21 Healthy Region Officer</td>
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<tr>
<td></td>
<td>All G21 staff</td>
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</table>
7. Example: How this might look...

**Commitment to Health**

G21 should consider amending its existing Vision to explicitly encompass health and well being as a regional objective and distinguishing element. The regional Vision would thereby become:

*The Geelong region is Australia’s most desirable destination for living, working, visiting and investing. It is renowned for its vibrant, cohesive and healthy community, exceptional physical environment and vigorous economy*

Values could remain – Sustainability, Community Engagement, Community well being and capability – for they echo the healthy community model.

**Political Decision-Making**

For the Healthy Region agenda to be realised it has to be embraced by key decision makers across the region. These include not only all tiers of government – relevant Federal and State government departments as well as local governments – but also other key regional organisations and sectors which shape the power dynamics of the region. Such a buy-in can and should occur through the operation of the G21 Board and the Pillar Groups. It could also be facilitated by the Inter-Departmental Committee and championed by the Department of Planning and Community Development (DPCD) – which could offer resources, oversight and co-ordination to a range of place-based projects.

At the next level of government, one of the most effective organisations which encompass key decision makers at the regional level is the Regional Manager’s Forum. It is crucial that this group not only embrace the Healthy Region agenda but form a workable relationship with G21 as a major co-ordinating and facilitating agency.

In addition there are other organisations and sectors that shape the region, in particular its major employers, the Committee for Geelong, Chambers of Commerce, Geelong Business Network and Trades Hall as well as key non-government, private sector and community organisations. Such groups are currently represented within G21. The Stakeholder Analysis (Section 4.1) details their commitments to the Healthy Region agenda which can and should be utilised to ensure high level buy-in and intersectoral partnerships. This can and should occur within the operation of a Healthy Region Steering Group.

**Intersectoral Action**

G21 currently is well regarded for being broadly-based and involving a range of government and non-government organisations. However, consultations with G21 stakeholders have revealed gaps in its representation, especially from the private sector, as well as problems in the existing Pillar structure closing opportunities for collaboration. While there were many examples of health-related initiatives across the region, there were very few which involved a cross-sectorial approach, necessary to the realisation of a Healthy Region agenda.

This Business Plan therefore endorses the suggestions for change developed by Altegis in its Continuous Improvement Project with G21. In particular we see the reduction in Pillar Groups to match the main directions of the *Geelong Region Plan* – to Environmental Protection, Sustainable Settlements, Strengthening Communities and Economic Development – as a positive move, along with the...
presence of Pillar Group leaders on the G21 Board and regular interaction via a Healthy Region Steering Group. Such an altered structure, along with the setting of high level, cross-pillar goals will enhance cross-sectoral partnerships working within G21 to allow the implementation of a Healthy Region approach.

**Community Participation**

If a Healthy Region is to be achieved, community engagement in formulating and realising strategies is vital. At a formal level, communities are represented through their elected politicians – at Federal, State as well as local government level. It is therefore part of the Communication Strategy that these individuals are informed and hopefully actively engage with the Healthy Region approach.

However, if the recommendations in this Business Plan are adopted, it will be primarily at the regional and local scale that community participation will have to be negotiated. The continued existence of Pillar groups is a key mechanism whereby individuals, groups and stakeholders can express their views and formulate projects, while annual forums will ensure that agendas will be collectively arrived at, endorsed and owned by a focused but also broad ranging constituency.

Structures and processes therefore need to exist to ensure meaningful and high level participation – that is well beyond the lower levels of information dissemination, passive attendance at meetings, one-way feedback on well worked out proposals – to involve real and active shaping of local agendas and actions for progressing health and well being (Arnstein 1969). The use of a Healthy Region Checklist not only by G21 but by other stakeholders will ensure that community participation is at least considered in their operations and hopefully enhanced. Such mechanisms would be central to any G21 endorsed project. The existence of such mechanisms will be integral to the support by G21 of any Healthy Region initiative as well as its success.

**Innovation**

Local problems are best solved using local skills, knowledge and resources. Research into many of the major preventative health measures – such as Quit and Life Be In It – have indicated that diminishing returns have set in. So there is recognition within the health sector and across the region of a need for innovation and local solutions to problems. By engaging many sectors in collaborative efforts to strengthen communities’ capacity to promote health and wellbeing, the adoption of a Healthy Region approach along the lines suggested in this Business Plan should indeed elicit and effectively implement such problem definition and solutions.

**Healthy Public Policy**

To be effective, a Healthy Region approach has to engage with all aspects of the WHO Healthy Cities approach – by being based on a commitment to health, multi-sectoral partnerships and action, community participation and local innovation. These considerations will ensure the emergence of healthy public policy across the region.
8. Budget

The realisation of a Healthy Region takes time, but it is important that a vision, facilitating structures, a number of objectives along with concrete projects and monitoring processes are put in place as quickly as possible so as to affirm the value of the approach. Much of what has been recommended is structural and strategic and only a few of the suggestions in this Business Plan require large sums of money but rather participation and commitment by a broad range of stakeholders.

The main implementation and budget items relate to the:

- Communication Strategy
- G21 Healthy Region Officer

Funding will be needed for printing, posting and workshopping the G21 Healthy Region Research Report and Business Plan and to appoint a Healthy Region Officer in the G21 office. See proposed budget in section 8.1 below.

8.1 Proposed Budget

<table>
<thead>
<tr>
<th>Costs</th>
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<tbody>
<tr>
<td><strong>Healthy Region – Communication strategy</strong></td>
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<tr>
<td>Copying and dissemination of the G21 Healthy Region Business Plan 300 copies, printing and postage = $3000 + $150</td>
<td>$3,150</td>
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<tr>
<td>Forums and workshops by Deakin team (one forum with regional politicians and three workshops across the region with stakeholders) Two hours for each workshops with two Deakin staff and travel expenses = $200 per session per staff member + travel expenses (of $100) for four sessions = $500 * 4</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>G21 Healthy Region Project Officer (possible seconded from a State government Department)</strong> HEW 5 is $43 113 pa.</td>
<td>$43,113</td>
</tr>
<tr>
<td><strong>Total budget for the attainment of a Healthy Region (2008 = $48 263, 2009 - $44 000, 2010 - $45 000)</strong></td>
<td>$137,300</td>
</tr>
</tbody>
</table>
Further Reading

**Deakin University Healthy Cities Short Course**

Deakin University:

**Healthy Cities**

World Health Organisation (WHO), Regional Office for Europe:
http://www.euro.who.int/healthy-cities

Alliance for Healthy Cities:  http://www.alliance-healthycities.com/

**Health Impact Assessment**

World Health Organisation (WHO):
http://www.euro.who.int/Document/Hcp/HIA_toolkit_2.pdf

Deakin University:  http://www.deakin.edu.au/hmnbs/hia/

**G21 Geelong Region Alliance Strategic Planning Documents**

G21 Geelong Region Plan: http://www.g21geelongregionplan.net/v2/

Planning for Healthy Communities in the G21 Region 2006-2009:

**Indicators**

Community Capacity Framework:

Community Indicators Victoria (CIV):
http://www.communityindicators.net.au/welcome_to_community_indicators_victoria_civ


Department of Planning and Community Development (DPCD):

Department of Human Services (Burden of Disease):
References

Alliance for Healthy Cities (2007a,b,c,d). Available online: http://www.alliance-healthycities.com/


National Heart Foundation of Australia (Victorian Division). (2004). Healthy by Design: A Planners’ Guide to Environments for Active Living, National Heart Foundation of Australia (Victorian Division).


