

## HEALTHY CITIES ILLAWARRA

### 16 years of discovery

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### Introduction

The Illawarra Region is on the south coast of New South Wales, Australia and comprises the local government areas of Wollongong, Shellharbour, Kiama and Shoalhaven. It has a total population of 350,000. In 1987, the Commonwealth government nominated it as one of the three funded pilot Healthy Cities in Australia because of the urban-rural population mix, its heavy industrial base at Port Kembla, multicultural population, high unemployment rate and low average income. The Illawarra Region is also an area of great natural beauty, the aboriginal name Illawarra meaning 'between the mountains and the sea'.

Healthy Cities Illawarra is a non-government, community based organization that receives core funding from the New South Wales (NSW) Health Department through the Illawarra Area Health Service. It is administered by a management committee comprising representatives from local government, health, environment, education and community sectors. As a non-government organization it provides the opportunity to lobby effectively for our community and also apply for grants not available to the government sector. Being incorporated provides legal protection for the volunteers on the management committee and has also allowed us to apply for, and administer grants, for smaller non-incorporated organizations.

## **Looking Back**

Healthy Cities Illawarra, in common with the three pilot Australian Healthy Cities, was commenced shortly after the movement was established in Europe in 1987 so there was little information nor support in Australia for those pioneers wanting to establish Healthy Cities. This required us to make our own way and be willing to take risks as we sought to respond to community need. The single sheet of information we had from the World Health Organization (WHO) stated that we had to involve the whole community and we had to address or help to address major problems facing that community. To do this Healthy Cities Illawarra adopted two important approaches. One was to form intersectoral, problem orientated 'Task Forces' comprising decision makers from a range of government, non-government organisations who acted together to identify major needs and commit resources and effort to acting on these needs. The other key approach was through community development in which Healthy Cities worked using the strengths within communities to facilitate and support the resolution of that community's particular needs. We made a start in involving the whole community at our inauguration when we invited one hundred community, government and non-government organizations and individuals to a public meeting where we asked them to join us in bringing better health to the Illawarra. Supporters signed a Charter which symbolically committed them to the principles of Healthy Cities. A Council of Reference and a management committee were formed at that time. In 1997, the Council of Reference was disbanded and replaced with a membership base of individuals and organisations which was required under our new Constitution.

## **Taskforces – a mechanism for coordinated action**

Over the years Healthy Cities Illawarra has established and resourced a number of Taskforces including: Transport, Transport and Environment, Tobacco Control, Child Injury Prevention, HIV/AIDS Prevention, Aged and Nutrition.

The Task Forces have been very effective in increasing co-operation, promoting healthy public policy and advocating community need. An example comes from the Transport and Environment Task Force which initiated meetings between the Wollongong

University, Wollongong Council, students, bus proprietors and State Rail to improve public transport systems to the university which had thirty thousand car movements a day and only one small bus shelter. These meetings resulted in greatly improved bus services, an integrated bus/rail timetable (also listing cycle paths) and the building of a major bus interchange. As a result public transport usage to and from the University has increased markedly with consequent pollution and stress reduction.

The Aged Task Force identified that many elderly people were having difficulties accessing health/medical services because they did not have transport. The taskforce convened meetings of representatives from local government, aged services, health and others conducted a research project including telephone surveys and face to face interviews to identify the extent and type of transport problems being experienced by the elderly. The information was compiled and was then used to inform the establishment of a pilot regional integrated health related transport strategy. The successful pilot has now become the basis for implementation of a state wide integrated health related transport program.

In Australia, drowning is the leading cause of death in children under 5 years of age. The Illawarra has a high number of swimming pools and most residents would live within 15 minutes drive of a beach. In response, the Child Injury Prevention taskforce conducted a local campaign with local government and other water safety organisations. It became clear that there was inadequate enforcement by local government of the laws relating to the safety of home swimming pools. In 2002, Healthy Cities was able to obtain a state government grant to investigate the level of compliance with the swimming pool legislation. The report has been used by the state government to review the legislation and has also led to the commitment of resources by local government in the Illawarra to conduct regular inspection programs of home swimming pools.

### **Needs, Planning and Evaluation**

As a funded non-government organisation we are required to report on an annual basis to the NSW Health department. Every three years we are required to develop a

strategic plan indicating priority areas and strategies for action. In developing such plans community need is a major consideration but is not the only consideration. We also consider the overall resources available to address that need and the resource implications for Healthy Cities. To this end we identify three levels of involvement when considering which areas we should commit our limited resources to. We act as a 'participant', 'partner' or 'leader' which reflect increasing levels of organisational commitment. The current strategic plan (2001-2004) identifies five priority areas: Supporting Special Populations and Communities, Environment and Health, Community Health Promotion, Enhancing Capacity for Positive Change and Strengthening Healthy Cities.

In developing our organisational directions we use various data and consultative methods including epidemiological data (eg. 1991 Health Atlas), key stakeholder interviews, community surveys, telephone interviews, focus groups and planning workshops. Essential in reviewing our directions and priorities are less formal information channels such as the critical feedback we receive from community members the management committee, Task Force members, Healthy Cities members and other organisations.

Evaluation of our organisation and our individual projects occurs on a regular basis. Each year we report against objectives identified in our funding and performance agreement. In addition we produce a comprehensive annual report which is provided to funding agencies, our members and approved at an annual general meeting. At the project level we specify objectives and are required to report at regular intervals against these objectives. Healthy Cities has also had a number of more formal, external evaluations undertaken. A 1993 report found that 100% of government departments, organizations and community groups on our Council of Reference indicated that their commitment (to the principles of Healthy Cities) had increased and provided examples of how they had implemented this commitment in their own community or organization. Also in 1993 an independent audit of Healthy Cities Illawarra was undertaken by the NSW Department of Health and identified Healthy Cities strengths as:

- the ability to form successful working partnerships
- achieving environmental improvements
- working with disadvantaged groups in practical ways aimed at improving opportunities for better health and
- acting as a catalyst for change.

### **Community Development – the heart of Healthy Cities**

Community development is absolutely central to the work of Healthy Cities Illawarra and it is probably where some of the most enduring and satisfying successes have occurred. In 1990, in response to their request, a 'vision workshop' (reference) was held with the Bellambi community, which is one of the poorest communities in the Illawarra. Significant social problems existed in the suburb however through the vision process their dreams and aspirations emerged. Their dreams were simple, more jobs for their children, more lighting in the streets, more trees, playground equipment in the park, (there was none in the area), a bus shelter and an unpolluted swimming pool - it was contaminated by the sewerage treatment works next door. We asked them who they thought could help them bring their dreams about and the next step was to bring those people and the community together. It was a very moving occasion. The Coal Board promised a bus shelter, the Housing Department promised playground equipment and landscaping, the Health Service an extra community nurse, the Council more trees, better lighting and a clean swimming pool. As a result of this process, the Bellambi Agencies Committee was formed to ensure these commitments were followed through. A breakfast program for school children and a community food garden were established at the Neighbourhood centre and various employment and other grants were sought. The Neighbourhood centre developed as a central support place in the suburb and today an enormous range of programs and activities are conducted at the centre. The Department of Housing has undertaken a massive redevelopment of the suburb knocking down old, poorly designed properties and building new properties, improving open space thereby reducing places where criminal activity can occur. Healthy Cities no longer Chairs the Bellambi Agencies group as the local community have developed the capacity to pursue achievement of their own goals.

Australia is now extremely interested in whole community approaches to improving the health and well-being of people in disadvantaged areas. Although we still refer to the basic process as community development different nomenclature has evolved such as 'place management', 'capacity building' and 'social capital enhancement'. To some extent the Healthy Cities approach was the forerunner to these various place based approaches. Healthy Cities Illawarra has continued to work in disadvantaged areas in a variety of ways and our role is dependent on each community. That is the beauty and, at times, frustration of community development. It is impossible to map the intended outcomes of a community development approach at the beginning of the journey nor is it straightforward to evaluate these outcomes. Our evaluation tools for community development are still relatively crude and it is only with long term reflection, as with the Bellambi case, can we see the achievements and changes that have occurred over a long period.

From the Bellambi experience we have gone on to obtain funding to support ten breakfast programs running in disadvantaged areas throughout the region. These are an excellent practical example of a partnership between Healthy Cities and local organisations which deliver the program. Evaluations of our breakfast programs indicate a range of benefits including improved nutritional status and knowledge, improved concentration at school, reduced absenteeism and improved access to local services and support.

### **The creation of healthy public policy**

As a non-government organisation we are in an excellent position to lobby for the creation of healthy public policy. This is not always by direct political action eg. lobbying government but can occur by working cooperatively with organisations who support the cause but may not be able to pursue action overtly. The swimming pool project is one example of a joint campaign by Healthy Cities with local government to influence legislation which will benefit both Councils and the local community.

Another example of our role in creating healthy public policy was working with one of our local Councils (Kiama) who were encouraged to create a Municipal Health Plan. They were the first Council in NSW to produce such a plan which brought together the economy, environment and the community. The process was exceptional and involved trained community members conducting 23 Vision Workshops with all sectors and all age groups of the community. In addition community members were surveyed and people asked to submit their pictures, thoughts and dreams about the future for the area. This process was then followed by strategic planning workshops and the formation of five Task forces. In 2001, the Council endorsed the plan and the Mayor outlined the many achievements of the process of developing the plan. Some of the major achievements were:

- establishment of the Kiama Safe Communities Project
- support to local businesses to implement the 'Smoke-free Environment Act'
- installation of 'heart care walks'
- commitment to environmentally friendly home design (Energy Smart Home Program)
- diversification of local industry into such areas as wineries, native flowers, gourmet vegetables, farm tourism.

Healthy Cities has also applied a similar process in small towns in the region and also in the southern local government area (Shoalhaven). Healthy Cities Shoalhaven was integral in the development of a regional transport plan which has eventually resulted in the appointment of a transport development officer and significant work in creating a more coordinated and effective transport system.

Advocacy for healthy public policy is essential to the role of a Healthy Cities and the non-government organisation (NGO) status provides a relative amount of freedom to actively advocate. This has been done through individuals raising health related concerns directly with us through to practical assistance being provided to organised community groups who simply require further support for their cause. Although various government departments may be the targets for advocacy, interestingly Healthy Cities is

sometimes used as an ally to assist those within bureaucracies to push difficult issues forward. Our community connections and credibility can be of considerable assistance in pursuing an issue. In the areas of transport, pollution, child and road safety Healthy Cities has been heavily involved in advocacy with information or support often being provided from within government departments. Through public submissions and participation on other organisations committees we also contribute to public policy such as commenting on plans of management, environmental plans, development applications, government inquiries.

Healthy Cities Illawarra is represented on Wollongong City Council's Ecologically Sustainable Development (ESD) committee and through this committee has strongly supported the introduction of the 'Energy Smart Home Program', membership of the world local government environmental initiative (ICLEI) 'Cities for Climate Change program', the first separate state of the environment report and the Greenhouse Action Plan 2001-2002.

Healthy Cities has been a long term member of the Board of Directors of 'Futureworld – the National Demonstration Centre for Appropriate Technology'. In June 2003, Futureworld will open an Eco Technology Exhibition Centre that will exhibit innovative environmentally friendly technologies some which have been developed in the Illawarra region including a solar powered ferry (Solar Sailor), the solid waste to energy recycling plant (SWERF) and the Port Kembla Wave Power Project. Futureworld has also produced appropriate technology kits for primary and high schools and has run a 'Cleaner Production Program' with the building, accommodation and retail industries.

### **Supporting Community Action through projects**

Beyond the more long term, taskforce and advocacy work , Healthy Cities retains a commitment to taking action in practical ways. This is in the form of shorter term projects which are often externally funded by grants. Australia has had a significant increase in the availability of relatively small, short term project grants. These grants are



the subject of some contention within the community sector as the short duration and outcome orientation are at odds with the long term, sustainable, process oriented approach inherent in community development. Nevertheless, these grants provide essential program funds for community based organisations such as Healthy Cities.

Environment Projects - We have lobbied for, organised and taken part in numerous public environmental events and programs, particularly in the Shoalhaven and our disadvantaged communities – tree plantings, community food gardens, establishment of cycleways, recycling, drain stencilling, land regeneration, river, and dune care. We conducted a three year project which used peer education to work with the region's non-English speaking communities to educate them about preservation of the marine environment.

We have supported local aboriginal people and groups on various environment projects including the construction of 'One Track for All' a disabled accessible walking track which reflects on the local history of the region from an aboriginal perspective. It carries a strong theme of reconciliation and some of the carved, wooden art works have been shown in the National Museum.

Community and Professional Education - We have organised various community and professional education seminar and public meetings on important health issues as they arise. We have covered a diversity of topics such as persistent organic pollutants, child health, tobacco smoking in public places, occupational health and safety, road and home safety. To celebrate World Environment Day we joined with Illawarra Environmental Educators to present a public seminar on the theme of "Time to Act" which covered the legal, advocacy, social change and action aspects of bringing about change.

We have worked with the Division of General Practice to pursue Commonwealth grants to involve general practitioners in health promotion and community development

projects, in areas such as aboriginal health, community and school nutrition, medication and the ethnic elderly and prevention of tobacco usage in schools and in their practices.

One of the highlights for us each year is the awarding of Healthy Cities awards to some one hundred individuals, organizations and schools who have helped to build a greener, cleaner, healthier or more caring community. This event is important in recognising voluntary contributions but also serves to reflect on the connections between people all working to create a better, healthier place.

We have worked closely with the University of Wollongong which was one of the original founders, particularly in the areas of public and environmental health. We provide regular education sessions to graduate health professionals from the Western Pacific Region, Africa, India, and Pakistan. We actively participate in the development of Healthy Cities knowledge by receiving visitors from a diverse range of countries and sharing our experiences. We maintain communication to this International family by distributing our regular newsletter, maintaining our website, sending contributions to the WHO Western Pacific office and where possible participating in national and International Healthy Cities meetings.

Research and Reports - Healthy Cities Illawarra's action orientation is well suited to an action research approach. Research is often a component of a project plan in which data is required to define a problem or alternatively data is required to pursue action on a particular issue. Some of the more significant research reports have been:

- Radionuclide Emissions from Heavy Industries
- Sporting Injuries in the region
- Community awareness and knowledge of HIV/AIDS
- Swimming pool safety and approaches by local government
- Nutritional and other benefits of breakfast programs
- A review of aged care services.

Over the years Healthy Cities has also commissioned independent researchers to clarify particularly significant regional issues. This is often when information appears to be lacking or unavailable and makes it difficult for the community to form a judgement about the issue. Reports have been commissioned on:

- Air Quality and Transport Options
- Traffic Noise Study
- Application to re-open the Port Kembla copper smelter
- Economic impact of escape spending from the region and
- A review of injury prevention programs in the region.

### **What have we learned about ‘doing’ Healthy Cities?**

We have realised that ‘Health for All’ really means ‘All for Health’ and that sooner or later, if one wishes to create a significant impact, you have to attempt to involve the whole community. We have learned that particular effort has to be made with those most disadvantaged and those most discriminated against. In fact, it is with these sectors that the work becomes most rewarding and gives us our greatest satisfaction.

We have learned that particular effort has to be made with those organizations that appear to oppose you. It is necessary to identify sympathetic individuals within those organizations and engage with them in practical action to demonstrate to them and others the value of community participation and inter-sectoral collaboration. The results of this process also demonstrate the power of personal relationships, often neglected in this increasingly technological world. Such a human network is essential to any project and it is also essential to give each member of that network fair credit for their efforts. Another lesson we have learnt is the magic of the Ottawa Charter and that given an open mind and a willingness to follow any lead, one principle of the Ottawa Charter inexorably leads to another. However we prefer to change the last principle of that Charter from “Reorienting health services to community need” to “reorientating all services to community need”.

The importance of a shared vision in all we do is paramount and the use of the vision workshop helps not only to identify hidden dreams, but also to diminish difference, encourage innovation and heal past wounds.

Healthy Cities is an evolving process and as with community development it can not be seen as a project in which all phases can be planned, implemented and neatly evaluated. The process is constantly changing and requires an opportunistic and flexible approach to deal with opportunities that arrive over time that were not obvious at the beginning. It incorporates ideas that arise from the grass roots community as well as the integration of the professional or expert to pursue the issue. It has the potential to involve the whole community when they, and circumstances, are ready to be involved. It is relatively unstructured, sometimes worrying and constantly surprising. It is in short the Ottawa Charter in action.

The direction taken by Healthy Cities Illawarra has not always been easy, nor is it the only way to go. Every city or community is different and the great strength of Healthy Cities is its adaptability and its responsiveness to community need. Some other lessons we have have learned:

1. At inception, we gave a clear invitation to the community to join us - we could not do it alone.
2. This was formalised in our structure by the Council of Reference and the Management Committee.
3. We established Task Forces to address major problems facing the Illawarra and have reviewed and changed them after consultation with the community.
4. Our first major project - the Clean-Up of Lake Illawarra addressed a major public concern, gained us wide publicity and acceptance, and was largely responsible for an increase in our funding.
5. We responded to the community in a holistic fashion and were prepared to work with them over time, make mistakes and learn from them.
6. We work by co-operation not confrontation.

7. We have continually worked with the established health sector as they have worked with us to supplement their, and our, efforts particularly in priority health areas.
8. Feedback is given to everyone concerned, both formally and informally, through our newsletter, website and we keep in regular contact with such people as our politicians, media and funding authorities.
9. We have consulted regularly and widely, both formally and informally and changed direction as appropriate.
10. We give credit to everyone involved and have tried to help other new and established Healthy Cities in Australia and overseas.

We have become absolutely convinced of the power of the environment and its overwhelming effect on health. The environment is form of non- verbal communication no less powerful than interpersonal relationships and essential to a viable future for us all. We share the belief with indigenous people all over the world that we are entrusted to love and protect our families and community and also our environment and everything in it - including all creatures both great and small.

We believe the greatest challenge facing all Healthy Cities and the world in general is to take immediate and ongoing action to save our planet and therefore everything and all that depend on it. The Murray River Darling Basin in Australia, which produces about three quarters of our food and water is in great danger, due to too much water being withdrawn for inefficient irrigation. In contrast one of our own Aboriginal communities has recently received a United Nations Global Laureate Award for voluntarily declaring more than 55,000 acres of their traditional land a protected area.

We invite all readers to act in your own ways, however small, to support community and government action on the environment and protect our social, economic and cultural assets. After all it was Nelson Mandela who said in his inaugural presidential speech in 1994 "Our deepest fear is not that we are inadequate, but that we are powerful beyond measure. It is our light, not our darkness, that frightens us"

## **Acknowledgement**

In presenting this case study we would like to thank the World Health Organization and other Healthy Cities, islands, villages and communities around the world for their continuing inspiration – it is wonderful to feel part of the growing Healthy Cities movement and thus feel connected to you all. We would like to particularly thank the past and present staff, Management Committees, Task Forces and members of Healthy Cities Illawarra and indeed the whole Illawarra community, all of whom have made us what we are. We hope we have contributed to the beauty of the Illawarra and the health, cohesion and pride of its indigenous and multicultural people.