

Building capacity in local government for integrated planning to increase physical activity: evaluation of the VicHealth MetroACTIVE program

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SUMMARY

Integrated planning is a holistic approach to addressing the needs of local communities built on partnerships between those responsible for development, environmental quality and service provision. This study investigated the extent and key influences on the use of integrated planning to promote physical activity among six metropolitan councils in Melbourne Australia, which took part in the MetroACTIVE Project funded by the Victorian Health Promotion Foundation from 2005 to 2007. The evaluation entailed interviews conducted at the mid-term (N = 67) and completion (N = 50) of the project, and the review of relevant documents. Respondents included elected councillors, chief executive officers, officers from different council divisions and the project staff employed in each council. Three councils showed evidence of integrated planning for physical activity, whereas the remainder focused on the delivery

of community participation programs. Leadership from senior management and an organizational culture that supported collaboration across council departments were prerequisites for integrated planning. Employment of a dedicated project officer with skills for engaging management and building partnerships within the organization was important. Barriers to integrated planning were a complex organization structure, high demands on the council due to a growing residential population and a poor climate among staff. Overall, integrated planning was found to be a viable approach for developing a coordinated approach to this issue involving the range of council services and functions. Ongoing strategies are needed to facilitate senior management commitment and organizational capacity for integrated planning, with leadership provided by departments responsible for infrastructure or corporate planning.

Key words: physical activity; policy and implementation analysis; capacity building; healthy municipalities

INTRODUCTION

The growth in the burden of chronic disease internationally has placed the promotion of physical activity high on the public health agenda (World Health Organisation, 2004). In Australia, it is estimated that 6.6% of the total burden of disease is attributable to insufficient physical activity (Begg *et al.*, 2007). Low population participation in physical activity is related to at least

five of the national public health priorities, including cardiovascular disease, cancer, diabetes, musculoskeletal injury and depression (National Health Priority Action Council, 2006). Recent evidence suggests that there has been a reduction in the proportion of Australians who are classified as physically inactive, that is, not undertaking at least 30 min of moderate intensity activity on 5 or more days per week, but the prevalence still stands at around 49% (Chau *et al.*, 2008).

As efforts to increase participation in physical activity have progressed, there has been a growing body of research about the contribution of structural factors, in particular characteristics of the physical environment, on participation levels (McCormack *et al.*, 2004). Environmental factors that are positively related to physical activity include high residential density, a mixture of residential, commercial and recreational zones within localities, high street connectivity (Handy *et al.*, 2002), together with the safety, accessibility and the aesthetic quality of the environment (Croucher *et al.*, 2007). Proximity to recreation facilities and pedestrian amenity (i.e. footpaths and traffic calming) are related to participation by children (Sallis *et al.*, 1998; Boarnet *et al.*, 2005).

The growing evidence about the influence of environmental factors highlights the need for collaboration between different sectors of government to address these structural determinants of physical activity (Nutbeam, 1997). Local government authorities have a central role to play, as the only locally based structure with a mandate that encompasses the natural, built, social and economic environments in which people live (Harris and Wills, 1997). In recognition of this, collaborative initiatives in Australia have brought together the local government and health sectors to promote physical activity through urban design and development of the built environment. The 'Healthy Places and Spaces' project is one example, involving the Planning Institute of Australia (2008), Heart Foundation and the Australian Local Government Association. Health promotion practitioners in Australia have found municipal authorities to be amenable to partnerships for promoting physical activity and community well-being (King *et al.*, 1999).

Because the activities of local government affect individual, organizational, community, social and environmental determinants of physical activity and health, achieving a planned approach to health by local councils has been a priority (Department of Human Services, Victoria, 2001). Integrated local area planning has been endorsed by government and planning bodies in Australia (Australian Local Government Association, 1993) and is considered a promising approach to addressing specific needs and health issues in communities. The Victorian Health Promotion Foundation (VicHealth) (2002) has promoted integrated planning as an approach to linking discrete local government

plans (Youth Plans, Age Care Plans, Municipal Public Health Plans, Corporate Plans, Housing Plans etc), to reduce duplication, and achieve improved community well-being outcomes. The Department of Human Services, Victoria, (2001) has promoted integrated planning for health by disseminating the 'Environments for Health Framework' to assist local councils to address the four environments of health (economic social, built and natural) in their Municipal Public Health Plans (MPHP) and other corporate plans. The evaluation of this initiative (Centre for Health through Action on Social Exclusion, Deakin University, 2006) has shown that the relevance of the four environments to health is widely understood in councils, and this is reflected in their MPHP documents, but there is limited evidence of integration of health promotion priorities with other organizational plans (e.g. Municipal Strategic Statement, Corporate Plan). It appears that the rationale for integrated planning is understood, but the steps needed to put this into practice are still being learnt.

Because of the relevance of physical activity to many functions of councils, it is an issue that would benefit from an integrated planning approach, and is one through which greater knowledge can be gained about how integrated planning for health could be facilitated within local government. The VicHealth MetroACTIVE Demonstration Grants Program commenced in 2005 and provided funding to six Victorian metropolitan local governments to conduct 2-year projects to support the use of integrated planning for physical activity. The findings of the evaluation of this project are presented here, addressing the questions: To what extent did participating councils use integrated planning for the promotion of physical activity? What project related, organizational and contextual factors were instrumental in the degree to which integrated planning was adopted? What strategies could be used in future to promote the sustained and effective use of integrated planning by councils?

METHODS

The MetroACTIVE program

The MetroACTIVE program aimed to strengthen local government capacity to adopt integrated planning to promote physical activity.

A further aim was that councils engaged with communities and partner organizations to increase opportunities for those at increased risk of inactivity due to social or economic disadvantage. Funding received by six councils ranged from \$A72 000 to \$A140 000 each and the Sport and Recreation Units managed the funds and lead the project, as these divisions were present in all councils and were understood to have a commitment to promoting physical activity. All of the participating councils employed a project officer either full- or part-time to facilitate implementation of the project.

VicHealth provided ongoing support to participating councils through cluster meetings to share ideas and to identify steps for improving practice. VicHealth also funded short courses in integrated planning to increase the understanding of council staff of the link between environmental, social and economic factors and health, and to examine the opportunities for integrating policy and strategies to promote physical activity across different divisions of council (e.g. Town Planning, Sport and Recreation, Community Services etc). In order to promote integrated planning for physical activity more broadly, VicHealth also set up a Local Government Physical Activity Network for all Victorian councils.

Evaluation design

A qualitative mixed-method approach was used to examine the nature and extent of integrated planning undertaken by councils, and to explore the capacity building efforts and contextual factors that affected the progress achieved by each council. Semi-structured interviews were undertaken with council staff and external stakeholders at the mid-term (12 months) and final stage (24 months) of the projects. In order to verify and further describe the MetroACTIVE project activities, an analysis of project progress reports and relevant council planning documents was undertaken.

Participation in the evaluation was a contractual requirement for the councils receiving funding from VicHealth. The evaluators adhered to the ethical guidelines of the Australian Evaluation Society in the data collection process, including disclosure of the purpose of the evaluation, obtaining consent prior to interviews and maintenance of confidentiality of respondents.

The evaluation was guided by a program logic model that linked the project activities to the intended sequence of impacts (Figure 1).

Respondent selection

Interview respondents were selected purposively from council departments based on the potential of the staff position and the department to influence environments for physical activity and to participate in integrated planning approaches.

In all organizations, MetroACTIVE project officers and representatives from the Sport and Recreation Divisions were interviewed and they were provided with a list of council departments from which to select other council interviewees. Where project staff were unable to recruit interviewees from some of the selected departments, the assistance of senior managers overseeing the project was sought to approach these individuals. In total, there were 117 interviews conducted in the six councils; 67 at the mid-term and 50 near the completion of projects. Respondents were from the strategic planning, leisure and recreation, arts and cultural, social planning, environmental and urban planning, infrastructure and works, parks and gardens, transport and traffic and health and community services departments of councils. Table 1 shows the numbers of respondents in different positions and departments who were interviewed at the mid-term and completion of the project.

Data collection procedures

Face-to-face interviews were carried out at each project site by one of the authors (MT, WB). Topics that were addressed in interviews included: perceived role of council in enhancing physical activity participation; use of training and other MetroACTIVE project activities; involvement in joint activities or planning to increase physical activity; understanding of relevance of integrated planning to physical activity; extent of council adoption of integrated planning; categories of staff who have engaged in integrated planning; leadership for integrated planning in the organization; and perceived facilitators and barriers to achieving the objectives of the MetroACTIVE project.

The researchers examined each council's Corporate Plan for references to health and well-being, integrated planning, creating supportive

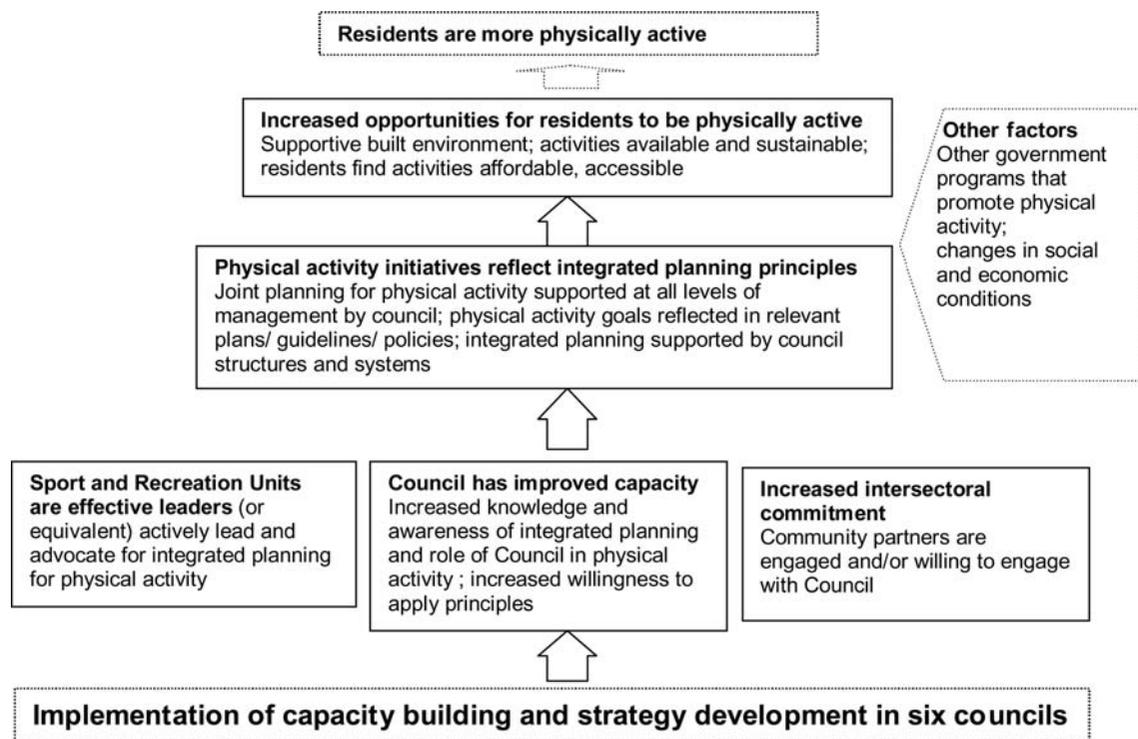


Fig. 1: MetroACTIVE program logic.

environments for physical activity and promotion of physical activity. Project reports to VicHealth were also examined for similarities and differences in project approaches adopted by councils and evidence of success (e.g. membership and activities of the Working Group, involvement of other parts of council in the project, attendance at seminars held by the project).

Data analyses

Data were entered into Microsoft ACCESS and manually analysed using thematic qualitative data analysis techniques. Analysis of the data was focused on project impacts on knowledge of staff about the role of council in enhancing community physical activity participation and impact on knowledge, understanding and skills in applying integrated planning approaches. In addition to this, the content of the interviews were analysed thematically to identify aspects of project delivery, organizational characteristics and wider contexts that influenced the impacts achieved.

RESULTS

Project implementation

The descriptive information about project activities showed that committees, to engage a range of officers in physical activity initiatives, were established in all organizations. Another common step was a preliminary situational assessment to identify needs and opportunities for change; in some cases, these focused on council policies and plans whereas in others there were audits of local infrastructure to support physical activity. While there were these commonalities, three of the councils concentrated on the delivery of programs and the remainder placed most emphasis on developing internal capacity for integrated planning.

In the councils which focused more on capacity building, there were forums and training programs to develop skills in planning for physical activity. There were also reviews of council strategic plans which could support physical activity promotion. Among the three councils which focused on program delivery, two disseminated information materials about

Table 1: Summary of council interviews

| Council | Council A | | Council B | | Council C | | Council D | | Council E | | Council F | | Total |
|--|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-------|
| | Mid-term | End | |
| Timing of interview | | | | | | | | | | | | | |
| CEO/ division head | 0 | 0 | 2 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 10 |
| Strategic planning/ business develop. | 1 | 0 | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 7 |
| Corporate services | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Environmental/ urban/ landscape design | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 8 |
| Community services/access planning | 2 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 11 |
| Health promotion/ community health | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 8 |
| Parks/gardens/ open spaces | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 7 |
| Leisure/recreation/ cultural planning | 3 | 1 | 2 | 1 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 26 |
| Traffic/transport services/planning | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 2 | 1 | 1 | 9 |
| Infrastructure services/ works dept | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | 1 | 0 | 7 |
| Councillor/mayor | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 5 |
| Community stakeholder | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 5 |
| MetroACTIVE project officer | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 12 |
| Total | 12 | 5 | 12 | 9 | 12 | 12 | 9 | 7 | 9 | 10 | 11 | 9 | 117 |

physical activity opportunities (e.g. recreation clubs and walking trails), conducted awareness raising events and developed local walking groups. The other council concentrated on increasing usage of local recreation facilities by disadvantaged residents, with four pilot projects set up for this purpose.

Internal leadership for physical activity promotion

In all councils, project leadership was carried out by a designated unit, although the way in which the role was performed was determined by the function and location of that unit within the organization. Because Recreation and Leisure divisions are primarily responsible for the management of facilities and programs, they were in most cases not suited to leading the adoption of integrated planning. As one informant stated:

‘One key success is that the project wasn’t located in Leisure. Action is expected from Social Planning and the area has more credibility’.

Units responsible for infrastructure, social or corporate planning were regarded as best placed to facilitate the organizational change required for integrated planning for physical activity.

The ability of the project officers to work strategically within council, which involved identifying staff with compatible interests and engaging them early in the process of project development, determined whether strong leadership would emerge. Other important steps were making the project visible, by securing time at council and executive meetings, presenting at staff forums and engaging high level staff on the steering committee. The experience in one council, where there was a number of major projects underway and there was very little scope for middle and senior management involvement in the MetroACTIVE initiative, showed that the existing demands on the organizations affected whether a leadership structure for the project was established.

Understanding of integrated planning for physical activity

The interviews revealed that there was wide understanding about the role that councils could play in promoting physical activity. One informant stated:

‘The increased thinking in Council about physical activity has been driven by the project’.

In several councils, there was early recognition that physical activity could be promoted by initiatives to improve the physical environment and to address social and economic barriers, whereas in others the role of councils was described in more traditional terms, namely the provision of sport and recreation facilities. This understanding evolved as the project progressed. In the words of one informant:

‘From a very low level of knowledge it has helped me to see what Council can do’.

In several councils, it was evident that this understanding influenced the way that different organizational units viewed their contribution to physical activity promotion:

‘They have brought walking into the conversation of others, moved it further up the agenda for traffic engineers, infrastructure and strategic planning’.

The merits of integrated planning for physical activity were generally appreciated by middle and senior level managers, and those whose roles included planning (e.g. social planners and corporate planners). Other informants reported awareness of the concept, but a mixed level of understanding of what this would entail. In the words of one respondent:

‘Integrated planning is a great concept but how people understand it is the key – some people see it as a way to pass on their responsibilities to others – so people are resistant to this’.

Another informant stated:

‘The main barriers have been initially a lack of understanding of why integrated planning is relevant for physical activity. Some people didn’t understand why everyone needed to be involved in walking initiatives’.

Development of partnerships

The project steering committees set up in all councils were a means to establish partnerships for addressing the MetroACTIVE objectives; in some cases, membership was only from a single council division, whereas in others there was representation from across council and involvement of middle and senior management. It was the councils which set up partnerships of the latter

type which were best placed to promote integrated planning for physical activity, although there was one council which was not able to build on its cross-council partnership in this way. It was not clear why this council was unable to capitalize on the cross-council representation to promote integrated planning but progress may have been affected by the many demands for infrastructure planning that this organization was facing because of the rapid expansion of residential development in its area. Several councils were able to engage external organizations, including community health centres, divisions of general practice and neighbourhood centres, although this was for the delivery of community physical activity initiatives rather than collaborative planning.

Adoption of integrated planning

While most councils had experience in cross-organizational ways of working, and a number made reference to physical activity objectives in different organizational plans, there were three that set up new planning processes and structures to support integrated planning for physical activity during the course of the project. In one council, a new process for assessing capital works projects was established, requiring consultation across council divisions about the proposal and assessment of the impact of the project on walkability and access. In another council, a sustainable transport planning group was established to address the ways that walking and cycling, along with other modes of transport with low environmental impacts, could be promoted. In a third council, urban design principles to facilitate walking were adopted within the Municipal Strategic Statement, a key long-term land use planning document.

Differences in the progress that councils made in implementing integrated planning reflected to some extent the depth of understanding of key personnel about how this could be applied to physical activity. In one council, integrated planning was understood to mean strategic planning for community physical activity projects, involving community organizations and other partners where possible, but not necessarily engaging different divisions of council to address environmental and other determinants of physical activity. Where there was a better understanding of integrated planning there was greater effort directed to

establishing cross-organizational partnerships and to linking existing plans of council with relevance to physical activity.

Support from the organization's Chief Executive Officer, and/or others in senior management, was also a key factor. As one informant stated:

'We have always been able to work across Councils on a project basis but struggled to get to the next step, that is a common set of goals for the organisation and to get joint goals for the community and get these into work plans. Integrated planning has been supported in principle, but not by our managers.'

Senior management played the crucial function of creating an organizational culture that was receptive to integrated planning, and the councils which had this in place used the MetroACTIVE strategy as a means of developing this further.

Apart from management support the size of the council was an important influence, with larger organizations having difficulty in bringing their greater number of staff and departments together in integrated planning. Other factors which hindered progress were spread of council departments across geographical locations, a growing residential population and the demands this places on councils, and the presence of stress and conflict among staff. The barriers in one council were described as follows:

'There are many barriers to integrated planning – not having systems in place, not being driven from the top, community and council growing so fast, fact that its not part of the culture and there's a high staff turnover'.

DISCUSSION

The insights this evaluation provides about factors that determined the extent and quality of integrated planning for physical activity by Victorian councils are valuable for those attempting to develop environmental supports for physical activity at the local level and, more broadly, for health promoters who wish to facilitate organizational change among their project partners. Comparison of these findings with lessons gained from capacity building projects in health promotion and efforts to improve municipal health planning is useful for identifying the steps that will achieve the organizational change required for effective integrated planning.

Among the local government authorities taking part in the MetroACTIVE Project, there was widespread recognition of the links between physical activity and the work of councils as developers of infrastructure, providers of recreation facilities and maintainers of local safety and amenity. The merits of integrated planning were acknowledged, but the depth of understanding of what this entailed differed between councils and only three put in place the processes for this to occur. This variability in the engagement of councils in planning for physical activity was also reported by Bullen and Lyne (2006) in New Zealand, where it was uncommon for plans and policies for parks, recreation facilities and other infrastructure to be explicitly linked to physical activity objectives.

Leadership from senior management was a clear prerequisite for the adoption of integrated planning. As MacLean *et al.* (2003) reported in their review of the engagement of municipal organizations in Canada in heart health promotion, leadership plays the critical role of enabling organizational linkages and partnerships needed for planned health promotion. Related to leadership, and also of importance for integrated planning, was organizational culture, which encompasses the norms, values and ways of behaving that characterize how people interact and get things done (Brown, 1995). Organizational culture affects whether cross-council ways of working are familiar and the extent to which there is a value placed upon the corporate outcomes that can be achieved by council, above those of individual divisions.

From a theoretical perspective, Heward *et al.* (2007) identified organizational leadership and culture as forces, applying Lewin's Force Field Model, that influenced the pace and extent of organizational change for health promotion. There is also ample empirical support for the importance of these factors in Australia. In the Healthy Localities Project, which facilitated local government and community partnerships for health promotion in Victoria in the early 1990s, it was found that the presence of a strong advocate at the senior management level and sense of council ownership were critical success factors (Harris and Wills, 1997). Bagley *et al.* (2007) reported that, while Municipal Public Health Plans (MPHP) are mandated by legislation in Victoria, there is wide diversity in the scope and quality of these, with managerial

support and organizational culture influencing the way this responsibility is undertaken.

Interestingly, the present study found little evidence that the MetroACTIVE Project itself was the major contributor to organizational readiness for integrated planning. Rather, the project was used as an opportunity to put into practice this approach by councils which had a preexisting readiness for this way of working. This has implications for the ongoing approach that is used to promote integrated planning for physical activity. Short-term uptake of integrated planning will be greatest in councils where there is clear support for this at the senior management level, understanding of its application to physical activity, and evidence of cross-organizational work to achieve corporate objectives. These factors need to be added to checklists, such as that developed by Hawe *et al.* (2000), which provide indicators of the capacity of an organization to address a health issue like physical activity. The indicators developed by Hawe *et al.* (2000) already address important prerequisites for organizational engagement, such as awareness of the issue and the presence of dedicated personnel with project management skills to work on it. They could be adapted to include items concerning commitment to inter-departmental collaboration and the structures and resources that enable this to be practised effectively.

Ongoing efforts to promote leadership and organizational support for the use of integrated planning will be necessary to widen its long-term adoption. The methods that have been used to improve MPHPs in Victoria, which have included distributing information kits to councillors and chief executive officers, developing a guide to preparing plans, and funding demonstration projects to strengthen planning capacity (Bagley *et al.*, 2007), could be trialled. Training courses for councillors and senior council staff, and dissemination of case studies of integrated planning were also recommended following the evaluation of the impact of the 'Environments for Health Framework' in MPHPs in Victoria (Centre for Health through Action on Social Exclusion, Deakin University, 2006), and these would make a beneficial contribution to integrated planning for physical activity. In a study of the development of public health policies in Dutch municipal authorities, Hoeijmakers *et al.* (2007) found that professional associations are a good point of access to different sections of

the local government workforce. In Australia, organizations such as the Local Government Managers Association, Planning Institute and the Institute of Environmental Health may be useful channels for developing awareness and skills for application of integrated planning for physical activity.

The provision of funding played an important role in supporting the implementation of the MetroACTIVE Project, especially by enabling the employment of a dedicated officer to facilitate project activities. In their study of Dutch municipal authorities, Hoeijmakers *et al.* (2007) reported that the presence of change agent (a 'policy entrepreneur') was an important success factor, which was a role played in some instances by the MetroActive project officer and in others by a senior staff member who was engaged by the project officer. In the Healthy Localities Project, the skills of dedicated project staff were also identified as crucial (Harris and Wills, 1997). Skills of the MetroACTIVE project officer that were particularly beneficial were an ability to engage with senior management and a range of relevant divisions of council, and to make use of different channels (e.g. council meetings and staff forums) to raise awareness about the project.

A further lesson from the MetroACTIVE Project was that, while recreation and leisure divisions of councils have a clear interest in physical activity, those responsible for infrastructure, corporate and social planning were regarded as best placed to achieve cross-organizational planning to address this issue. Steele and Caperchione (2005) found in their study of the implementation of physical activity initiatives by councils in Queensland that the involvement of divisions responsible for infrastructure and the environment is important for achieving the broader involvement of the organization. The significance of these divisions is that they are close to the traditional core business of local government, account for a substantial proportion of the corporate budget and therefore have the potential to promote recognition of physical activity as a legitimate issue for a range of divisions to address.

Characteristics of councils that appeared to hinder progress in integrated planning were greater organizational size and complexity and a poor psychological climate (e.g. high stress and low morale) among staff. This further highlights that the presence of structures for information

sharing and co-operation and a readiness among staff to take on new responsibilities are factors which deserve consideration in selection of councils to work with. A growing residential population and the demands it places on councils were also identified as a potential barrier, which reiterates the need to take into account organizational priorities when assessing the scope for capacity building for physical activity promotion (Yancey *et al.*, 2004).

This evaluation has yielded some rich insights into the adoption of integrated planning for physical activity, but it should be acknowledged that there may be other important factors that did not emerge within the six councils that were included here. Because these organizations had applied for MetroACTIVE funding, they may have a degree of interest in physical activity that is higher than that of councils in Victoria generally. No information was available from councils who applied for MetroACTIVE funding but were unsuccessful. Furthermore, the 2-year time frame of the evaluation may not have been sufficient to show the extent of integrated planning that could be achieved by the participating councils.

Robinson *et al.* (2007), in their study of organizational capacity building for cardiovascular disease prevention in Canada, recognized that this is a process that requires ongoing investment and which involves the inevitable challenge of competing organizational priorities. These observations are relevant to strengthening the capacity of local government for integrated planning to promote physical activity. Strategies to promote leadership, cultural and structural change within councils should be given high priority to increase the use of integrated planning so that they can fulfil their potential to build communities for active living.

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