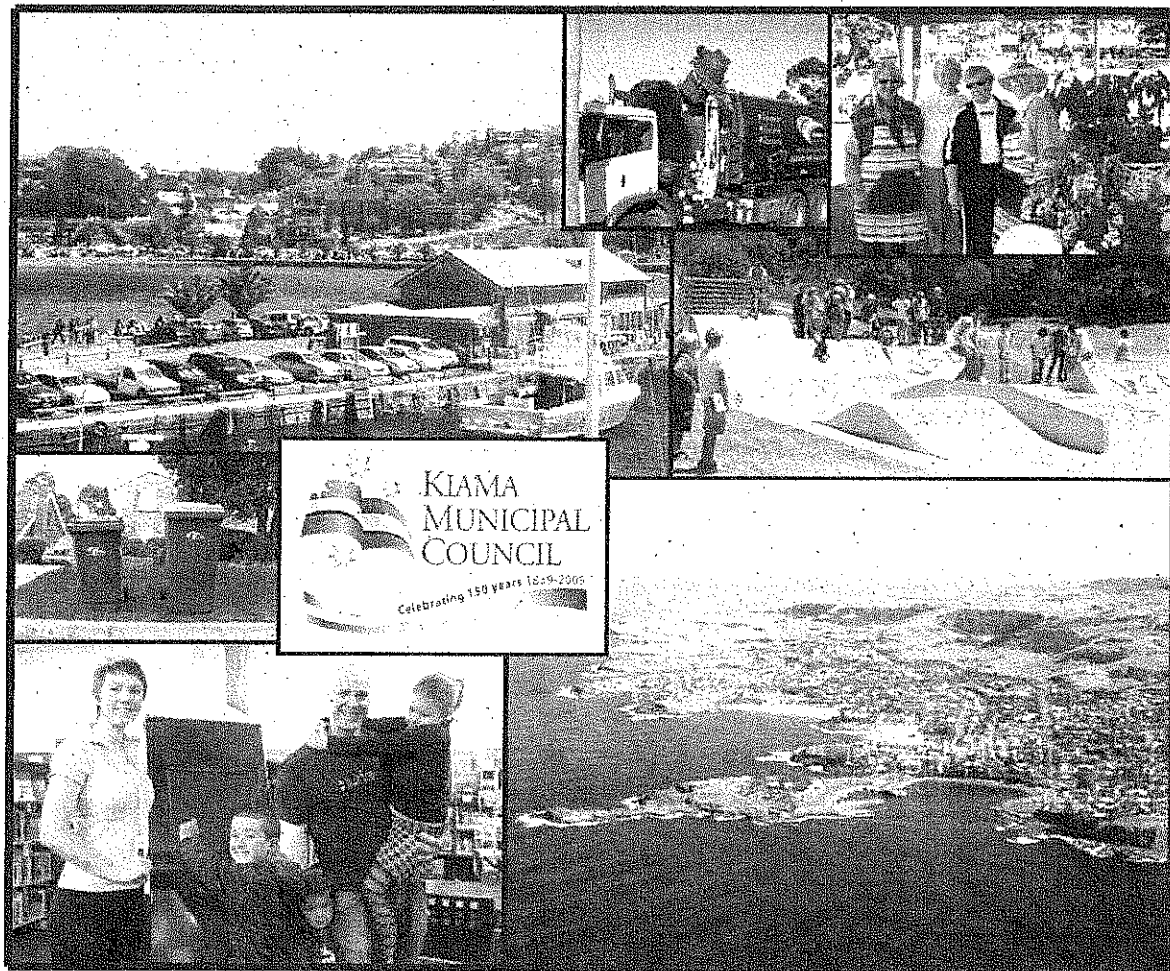


Have We Got it Right?

A Community Engagement Project



Project Report
By Keiken Munzner
Kiama Municipal Council
University of Wollongong

- November 2009 -

Acknowledgements:

Kiama Municipal Council

- **Julie Errey** – Project Field Supervisor (Team Leader - Health and Environment)
- Paul Czulowski and staff - Health and Environment
- Council Media Officer
- Customer Service, administration and IT staff

The University of Wollongong

- **Lesley Hare** – Project Academic Supervisor
- Deanne Condon-Paoloni – Project management and advice

Kiama Library

- For the use of their venue for housing the touch-screen questionnaire over a two week period, as well as their fielding of participant enquiries

The Harbourside Brighton Restaurant

- For the use of their venue and their services in preparing and catering for the two focus group sessions

Participants

- All who contributed their time, thoughts and recommendations

Table of Contents

Acknowledgements	1
List of Tables	3
List of Figures	3
Executive Summary	4
Introduction	6
Project Aim and Objectives	6
A Profile of the Kiama Municipality	7
Report Overview	8
Literature Review – Effective Public Participation in Public Health Priority Setting	9
Introduction	9
Levels of Public Participation	10
Public Participation Techniques	12
Principles for Effective Public Participation	14
Conclusion	16
Methodology	18
Participants	18
Outcome Variables	18
Data Collection and Analysis	18
1. Planning Phase	18
2. Implementation Phase	19
a. Self-administered Questionnaire Presented via Touch-screen	20
b. Self-administered Questionnaire Available for Download	20
c. Semi-structured Focus Groups	20
3. Analysis Phase	21
4. Reporting Phase	21
Ethical Considerations	22
Results	23
Council's Preliminary Priorities Lists	24
Participants' Priorities	25
Most Important Issues	25
Less Important Issues	26
Variation between Age-groups	27
Participant's Additional Priorities	27
Discussion	29
Limitations	31
Conclusions and Recommendations	33
Recommendations to Council	35
References	36
Appendices	39 - 63

List of Tables

Table 1	Age and Gender Distribution of Participants in each Engagement Activity	23
Table 2	Public Health Issues Perceived as Most Important for the Municipality	26
Table 3	Public Health Issues Perceived as Less Important for the Municipality	26
Table E- 1	Print-version Questionnaire Participants' Responses to each of Council's Preliminary Public Health Issues	50
Table E- 2	Print-version Questionnaire Participants' Additional Priorities	51
Table F- 1	Chronological List of Public Health Priorities of each Participant	52

List of Figures

Figure 1	Arnstein's Ladder of Citizen Participation	11
Figure 2	Age Distribution of All Participants	24
Figure 3	Gender Distribution of All Participants	24
Figure 4	Poster-version of Council's Preliminary List of Health Priorities	24
Figure 5	Poster-version of Council's Preliminary List of Environmental Priorities	25
Figure 6	Poster-version of Council's Preliminary List of Priority Values	25
Figure B- 1	Newspaper Article Advertising the Project	42
Figure C- 1	Self-administered Questionnaire (3 parts)	43 – 45
Figure D-1	Full Touch-screen Questionnaire Results (4 parts)	46 – 49
Figure J- 1	Project Poster used in Formal Oral Presentation of Findings	63

Executive Summary

As part of Kiama Municipal Council's commitment to the wellbeing of the region's residents and environment, it operates in alignment with a specified framework known as the Kiama Public Health Plan. The Health Plan is renewed every five years and highlights priority concerns in public health, as well as strategies for intervention. In creating the Health Plan and identifying areas for action, considerations of feasibility must take into account national and state priorities, cost and resource analyses and, importantly also the needs and wants of the community. Community participation in public policy decision making is a key principle underlying numerous international frameworks for health promotion such as the Ottawa Charter and the World Health Organisations' Healthy Cities. Effective public participation provides benefits for not only the individual but also the organisation and the wider community by ensuring the currency, relevancy and thus sustainability of proposed health initiatives. To ensure the success of future Council actions under the new Kiama Healthy and Sustainable City Plan 2010-2015, it is therefore essential that this framework accurately reflects the needs of all of the Municipality's community members.

This project aimed to implement a community engagement strategy for the purpose of consolidating Council's understanding of the residents' current public health priorities, in preparation for the Kiama Healthy and Sustainable City Plan 2010-2015. Previously collected community data owned by Council were collated and perceived priorities were presented to the community for review, under the question "have we got it right?". In achieving this, three separate community engagement activities were facilitated, with the combined findings from all three methods forming an amended list of community priorities for recommendation to Council.

The three engagement activities served the dual purpose of enabling participants to review the preliminary priorities lists as well as allowing them to suggest additional priorities that Council had not yet considered. A self-administered questionnaire was set up via mobile touch-screen and also made available online for download. The questionnaire included both closed- and open-ended questions and was available for a total period of four weeks. Two focus groups were also run for the purpose of

discussing the priorities in greater depth. Both a morning and an evening session were held to accommodate for people's diverse lifestyles and, both sessions were open to any interested community member.

Participants' responses to all three activities were analysed separately and then combined in order to draw overall conclusions for recommendation to Council. Overall all of Council's existing priorities received support from participants, with no issues deemed unimportant or irrelevant. Some issues did however receive more support from participants as priorities than others, including the health issue of access to emergency services, the environmental issue of over-development and much valued beauty of the Kiama area. Issues which were deemed less important included obesity, climate change, traffic congestion and interaction between Council and residents.

Two additional findings of interest were that significant variation was found between the issue-prioritisation of different population age-groups and, a considerable number of additional issues were raised by participants as necessary priorities. Whilst the variance in priorities between age-groups seemed to logically reflect the characteristic needs of specific population sub-groups, additional priorities raised included novel issues for the Municipality such as making Kiama free of plastic bags and purchased bottled water, as well as recommendations for increased or more specialised action on existing priorities.

All in all this project can be considered a success in that allowed for a broad and representative sample of the community to "have their say" about the Municipality's future. In developing the Kiama Healthy and Sustainable City Plan 2010-2015 and, in addressing the question "have we got it right?", the findings from this project show that yes, all of Council's preliminary priorities are valid and should remain priorities. Some issues did however receive more support from participants than others and, Council may want to focus resources on these issues under the new Health Plan. Furthermore, the significant variation that existed between different population age-groups implies that Council would benefit from reviewing these variations in depth and tailoring future actions towards targeted populations. Finally, a considerable number of issues were raised by participants that Council had not yet identified and, these should be reviewed by Council and considered in the development of the new Health Plan.

Introduction

As part of Kiama Municipal Council's commitment to the wellbeing of the region's residents and environment, it operates in alignment with a specified framework for action known as the Kiama Public Health Plan (Kiama Municipal Council, 2005). This plan is renewed approximately every five years, with the new "Kiama Healthy and Sustainable City Plan" due to be released early next year. The Health Plan highlights priority public health issues of concern for the Municipality, as well as strategies for intervention in these areas.

Developing a Health Plan and identifying areas for action requires the complex prioritisation of issues and overall considerations of feasibility (Kiama Municipal Council, 2005). Here decision makers must take into account national and state priorities, opportunity analyses in terms of costs and resources, impact analyses in terms of the severity of a given issue and, importantly also an analysis of the enthusiasm of community members and stakeholders (Kiama Municipal Council, 2005). Community participation in public policy decision making is a key principle underlying numerous international frameworks for health promotion such as the Local Agenda 21, the World Health Organisation's Healthy Cities and the Ottawa Charter (Murray, 2004; WHO, 2002). Effective public participation provides benefits for not only the individual but also the organisation and the wider community by ensuring the currency, relevancy and thus sustainability of proposed health initiatives (IAP2, 2003; Murray, 2004; WHO, 2002). To ensure the success and sufficiency of future Council actions under the new Kiama Healthy and Sustainable City Plan 2010-2015, it is therefore essential that this framework accurately reflects the needs of all of the Municipality's community members.

Project Aim and Objectives

This project aimed to implement a community engagement strategy for the purpose of consolidating Council's understanding of the residents' current public health priorities, in preparation for the Kiama Healthy and Sustainable City Plan 2010-2015. Put simply: to test whether Council has "got it right".

In achieving this, three key objectives were identified:

1. To compile a preliminary list of the Kiama community's perceived priority public health issues, through the analysis of previously collected survey data.
2. To obtain public comment on perceived priority public health issues, via public participation in one of three community engagement activities:
 - a. Self-administered questionnaire presented via touch-screen
 - b. Self-administered questionnaire available for download
 - c. Semi-structured focus groups of up to 12 participants
3. To provide recommendations to Council in regards to the Kiama community's revised public health priorities, through the amendment of the preliminary list using the results of the public consultation.

As the project's title "Have We Got it Right?" indicates, the purpose of this project was not to conduct novel research into residents' needs and concerns, but rather to consolidate Council's current understanding of the region's public health priorities. Previously collected community data owned by Council were collated and perceived priorities were presented to the community for review and comment. In achieving this, three separate community engagement activities were facilitated, with the combined findings from all three methods forming an amended list of community priorities for recommendation to Council.

A Profile of the Kiama Municipality

In order for one to understand the significance of this project and its findings, it is essential to provide a brief overview of the characteristics of the Kiama Municipality. Kiama is part of the Illawarra region of NSW, approximately 120 kilometres south of Sydney and, covers a total land area of 259 square kilometres (Profile.id, 2006). Classified as a predominantly rural Municipality, the surrounding land is chiefly used for dairy farming and cattle grazing (Profile.id, 2006). The area however also encompasses a number of coastal townships, and is known for its many beaches, its national parks and rainforests (Profile.id, 2006).

A community profile of the demographic characteristics of the Municipality was compiled for Council in 2006, utilising both Australian census data and additional local

survey data of relevance. The community profile shows that in 2006 the Municipality had a total of 18,597 residents, with this projected to have increased to over 20,200 by 2008 (Profile.id, 2006). The population is relatively equally distributed in terms of gender (48.7% male, 51.3% female), yet is characterised by a high proportion of adults aged over 50 years (38.7%) as well as a significant proportion of young people under the age of 25 years (32.2%) (Profile.id, 2006). Of the total population, approximately 1.2% of residents identify as Aboriginal or Torres Strait Islander, whilst 12.7% were born overseas (Profile.id, 2006). The majority of residents are part of a single-family household (73.6%), with 45.1% owning their own house and over 88% owning at least one car. In 2006 4.7% of residents were unemployed and 6.0% had no access to a motor vehicle (Profile.id, 2006).

Overview

This report summarises the proceedings and findings of three community engagement activities conjointly executed for the purpose of informing the development of the Kiama Healthy and Sustainable City Plan 2010-2015. To begin, a literature review is presented discussing the importance of public participation in public health priority setting. The review outlines the varying levels and techniques that public participation may encompass and, outlines recommended principles for effective and appropriate community engagement. Following this a detailed project methodology presents the key steps taken in establishing a preliminary list of perceived public health priorities for the Municipality, and then presenting these to the community for review. The project's results highlight participants' overall support for Council's established priorities and reveal which issues were perceived as most important, which were less important, any variation in prioritising between participant age-groups and finally, any additional priorities raised by the community that Council was not yet aware of. In summarising the project's key findings therefore and in answering the question "have we got it right?", this report concludes that yes, the pre-existing priorities identified by Council are valid and should remain priorities, however it is recommended that Council also reviews the numerous additional issues raised by the community and considers these in the development of the new Health Plan.

Literature Review

Effective Public Participation in Public Health Priority Setting

Introduction

Ensuring the involvement of the public in all areas of health policy planning and decision making is becoming increasingly recognised worldwide as central to the success of public health initiatives (CIV, 2006; LGA of SA, 2008; Murray, 2004; WHO, 2002). This issue has been previously discussed as a priority in numerous areas of public life including politics and urban planning, with a growing amount of literature now also surrounding collaboration in the health care and health policy spheres (Baum, 2008; Laverack, 2009; Mitton, Smith, Peacock, Evoy & Abelson, 2009). Today community participation comprises a fundamental principle of numerous international public health frameworks including the World Health Organisation's (WHO) Ottawa Charter, Local Agenda 21 and WHO Healthy Cities (Murray, 2004; WHO, 2002). In terms of public health priority setting, it is considered essential to incorporate the views of a variety of stakeholders including politicians, health professionals, academics, administrators and the community, with each of these contributing their own agendas, level of influence and resources (Eagar, Garrett & Lin, 2001). As Eagar et al. (2001) describe however, out of all stakeholders, community members are the most likely to be overlooked although their views and beliefs hold as much importance as any others.

The opportunity to participate in the planning and implementation of health initiatives is considered by many to be a basic human right (Rowe & Frewer, 2000; WHO, 2002; Wiseman, Mooney, Berry & Tang, 2003). In addition to this, public participation offers numerous benefits to individuals, organisations and the community overall (CIV, 2006; Murray, 2004; WHO, 2002). Firstly it is central to ensuring the currency, relevancy, cultural sensitivity and thus sustainability of health initiatives (Baum, 2008; Eagar et al., 2001; Jason, 2006; Wiseman et al., 2003). It also serves the important purpose of ensuring service accountability (Baum, 2008). For the participants themselves, participation is a key step in community capacity building as it provides new skills and encourages the individual's interest in maintaining their own health (Laverack, 2009; Quantz & Thurston, 2006; Taylor, 2003). However there are also a number of barriers

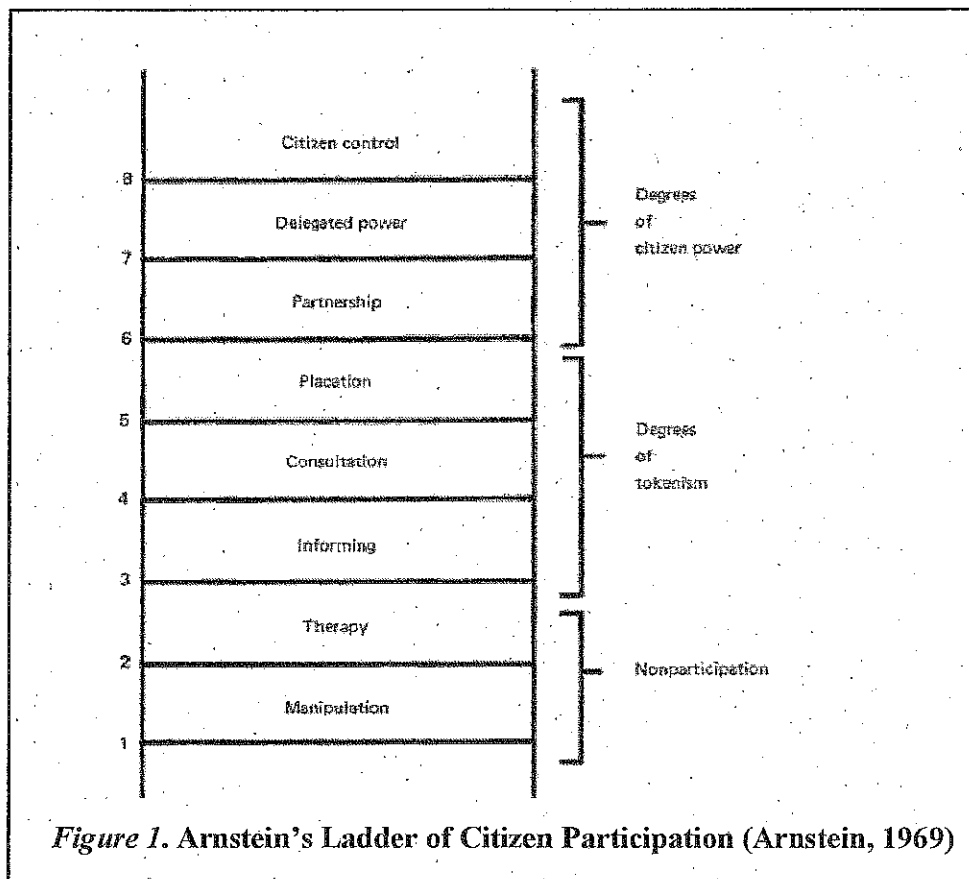
that may hinder effective collaboration. For the facilitator the requirement of time, money, resources and an openness to change may be perceived as burdensome, whilst the participant may fear they lack necessary skills or knowledge (Baum, 2008; Eagar et al., 2001; Jason, 2006; Murray, 2004; Quantz & Thurston, 2006). Basic requirements such as transport, social support or motivation may also play a role (LGA of SA, 2008; Taylor, 2003). As this paper will explore, such barriers will hold more or less influence over effectiveness depending on the context and level of participation being sought.

The WHO (2002) acknowledges that defining exactly what constitutes public participation is difficult and that this involves the complex consideration of context, purpose and audience. This paper will thus firstly address a debate in the literature over “pseudo” versus “real” participation (Baum, 2008), by describing numerous typologies of what is described as a “spectrum” of varying degrees of participation (Arnstein, 1969; IAP2, 2003). Specific engagement techniques will then be discussed as corresponding to the various levels of public participation and, an evaluation of their contrasting strengths and weaknesses will be made. Finally general conditions for effective participation will be described, in the context of an evident lack in the literature of formal evaluation of previous community engagement projects.

Levels of Public Participation

Perhaps one of the most well known discussions of the multiple degrees of public participation stems from Arnstein (1969). Her typology, presented in **Figure 1**, depicts eight levels of participation as distinct rungs on a ladder (Arnstein, 1969). Here each sequential rung corresponds to an increasing degree of citizen control within the participation process. The typology begins by describing two levels of virtual non-participation, “manipulation” and “therapy”, where any interaction is for the sole purpose of educating the participant (Arnstein, 1969). The subsequent three levels, “informing”, “consultation” and “placation” are described by Arnstein (1969) as essentially token-participation in which there is either a one-way flow of information only or a two-way discussion with no promise of action. The “partnerships” level implies some negotiation between facilitator and participant, but meaningful, or “real”, citizen participation is only possible at the highest rung of the ladder (Arnstein, 1969). Whilst Arnstein (1969) clearly emphasises the importance of full redistribution of

power and thus advocates for incorporating the highest possible level of participation into any health initiative, she does however concede that this may not be suitable in all scenarios. Each level is said to hold some value under certain circumstances (Arnstein, 1969).



This idea of a spectrum of participation has remained popular amongst theorists, with a number of adaptations of Arnstein's ladder continuing to inform policy making today. The International Association for Public Participation (IAP2) is a non-for-profit organisation that offers training courses and handbooks to interested organisations and local governments in particular (IAP2, 2004). Its typology of participation mirrors that of Arnstein (1969) in describing five increasing levels of "public impact" ranging from "informing" to "empowering" (IAP2, 2003; IAP2, 2004). It also expands somewhat on Arnstein's typology with its description of the facilitator's obligation to the participant at each level (IAP2, 2003). Further variations of Arnstein's (1969) ladder include those of Charles and DeMaio (1993) and also Rowe and Frewer (2000; 2005), where participation is simplified down to three levels: "consultation", "partnership" and

“control”. Despite differences between the proposed typologies however, the general consensus remains that varying degrees of engagement are possible, culminating in the complete empowerment of the individual.

There appears to be an ongoing debate within the literature concerning “pseudo”, as opposed to “true”, public participation (Baum, 2008). As Baum (2008) describes, participation is often considered useless if full citizen power is not exercised. In Arnstein’s (1969) article she takes the self-confessed “provocative” stance that “public participation without the redistribution of power is empty” (p. 216). On the other hand however, she does concede that a lower degree of participation, such as informing, may be an important step in the engagement process (Arnstein, 1969). This view is shared by numerous other authors also (Baum, 2008; Eagar et al., 2001; Murray, 2004; WHO, 2002). In Mitton et al.’s (2009) review of 391 community engagement activities, conducted in various sectors of public life, 58 percent of cases utilised an engagement method corresponding to only the middle-level of a participation spectrum. This is despite clear advocacy in the literature for higher-order interaction. One explanation for this is provided by Jason (2006) with his evaluation of three public participation case studies in the US. Jason (2006) stresses that due to differences in experience level or resources, some individuals may only feel able to participate at certain levels. Another consideration is raised by Rowe and Frewer (2000) in that the type of issue of concern may influence the level of participation sought, for example with value-based decisions requiring a higher level of deliberation than knowledge-based decisions. Overall therefore it seems the “pseudo” versus “true” participation debate is unnecessary. As Baum (2008) states, provided there is no concealment of the true extent of participation being sought, any one level of participation could be considered valuable in a given context.

Public Participation Techniques

A vast variety of techniques or activities exist for carrying out community engagement. Each of these will vary in terms of the extent of interaction and distribution of power and thus they are commonly discussed in the literature as corresponding to the different levels of a participation spectrum (Arnstein, 1969; IAP2, 2003; LGA of SA, 2008). For

the purpose of brevity, only an overview of key techniques from three core participation levels will be discussed here.

At the lowest level, Rowe and Frewer (2005) explain that participation techniques simply involve the sharing of information with certain audiences, often via the media. Another method may be a publicised meeting. In Quantz and Thurston's (2006) case study of the activities of an Aboriginal Council in Calgary, Canada, this method was highly praised by lay participants. Here it was noted that the non-intimidating nature of these meetings was particularly effective, with some identifying with the oral communication method as "a continuation of their culture" (Quantz & Thurston, 2006, p. 246). On the other hand, Rowe and Frewer (2000; 2005) argue against such methods as the flow of information is predominantly one-way and may be presented at unsuitable times via inaccessible mediums or locations.

At the intermediate level ranging from consultation to collaboration, techniques such as focus groups and workshops are recommended by the IAP2 (2003; 2004). Such techniques benefit from their face-to-face implementation and capacity for raising numerous viewpoints simultaneously (IAP2, 2004; LGA of SA, 2008). A slightly more interactive version of these techniques, the deliberative focus group, has been examined by Abelson et al. (2003; 2007) for numerous years. Here a six hour deliberative technique was implemented over three years across five public health settings in Canada (Abelson et al., 2007). An assessment of the technique's performance found that the method was strongly supported due to its enablement of comprehensive discussion amongst a broad range of persons (Abelson et al., 2007). On the negative side, the authors did warn of the wealth of resources required and the need for a full transparency throughout the session (Abelson et al., 2007).

Finally, at the highest end of the participation spectrum, one technique that allows participants full control over decision making is a citizen jury (IAP2, 2003). This involves a panel of participants sitting for numerous days and being presented both sides of a case in order to produce informed recommendations (WHO, 2002). It is highly regarded by the WHO (2002) as the facilitation of a citizen jury symbolises full commitment on behalf of the facilitating body to respond to community needs. This

method however also incurs a significant cost and has been criticised by Rowe and Frewer (2000) as lacking transparency due to its being removed from the public sphere. Whilst Abelson et al. (2003) believe the technique is favourable under certain circumstances; it is not recommended for widespread use.

Baum (2008) believes that effective participation relies heavily on the selected engagement technique. However no one technique is without limitations and, each technique will be viewed differently by varying population groups and under varying conditions. The previously mentioned review by Mitton et al. (2009) found that of the 391 studies reviewed; 40 percent involved face-to-face interaction. In terms of the redistribution of power, this level of technique might be seen as a good starting point as it ensures at least some transparency and an opportunity for negotiation (Mitton et al., 2009). However as discussed throughout this paper, effectiveness depends on more than the degree of participation and, even the strongest methodology will be ineffective if viewed as inadequate or inappropriate by the community.

Principles for Effective Public Participation

In attempting to describe what constitutes effective public participation overall, there is a problem of a lack of evaluation of past engagement projects. This is lamented by numerous authors as a clear gap in the body of literature overall (Abelson et al., 2007; Mitton et al., 2009; Thurston et al., 2005). In fact, Mitton et al.'s (2009) systematic review of 391 participation studies found that only 32 percent had been formally evaluated. The result of this negligence is significant in that currently no general framework or guidelines exist for facilitating gold-standard community engagement. As Mitton et al., (2009) describes, this presents a challenge for all decision makers contemplating collaboration; on the one hand they are constantly pressured to facilitate meaningful engagement yet, in the absence of proper guidance, any efforts they make will be criticised as inappropriate. To combat this, a number of general considerations for effectiveness have been raised over time, each of which should be assessed and applied as efficiently as possible in each unique engagement setting.

First and foremost, the Local Government Authority of South Australia (LGA of SA, 2008) insists that effective planning needs to precede the selection of participation

techniques. That is, an engagement activity needs to be tailored to the specific needs of the community of interest (Jason, 2006; Peckham, 2003) and, will ideally involve the participants in defining both the purpose and parameters of participation (Eagar et al., 2001; IAP2, 2003). As Quantz and Thurston (2006) explain, in order for collaborative action to be perceived as credible by the community, the level of engagement selected and the choice of activity must reflect the daily life, comfort level and level of experience of the intended audience.

Following the primary need for effective planning are a number of additional requirements for consideration. These are comprehensively described under Rowe and Frewer's (2000) "theoretical evaluation criteria" (p. 11) and are in accord with various efficacy concerns raised throughout the literature. As a general overview, engagement attempts must be clear, specific and as transparent as possible (IAP2, 2003; Murray, 2004; Rowe & Frewer, 2000). As Gilchrist (2003) warns, participants will only be motivated to participate if they feel their input is valued, whilst Charles and DeMaio (1993) warn that ambiguous language and a lack of consistency can be a major deterrent for participants. Finally a key consideration, one that warrants further discussion than is possible here, is the need for representativeness in a population sample (Rowe & Frewer, 2000). Martin (2008) dedicated his paper to a tension between the call for broad public involvement and the perceived superiority of the expertise of a select few. Here Martin's (2008) view reflects that of many in the field that lay people's "typicality and commonality" (p. 49) translates as "lay expertise" (p. 38) in the context of identifying needs and priorities of small community settings (Mitton et al., 2001; Rowe & Frewer, 2000; Quantz & Thurston, 2006; Taylor, 2003).

Overall the prevailing message in the literature in regards to effectiveness is the need to ensure balance. Mitton et al's (2001) review found that the vast majority of studies utilised multiple techniques for engagement, a venture that is highly praised by the authors. This venture ensures a greater depth of understanding amongst both the facilitator and the participant and, is more likely to meet the engagement preferences of a large proportion of the community (Abelson et al., 2007; Rowe & Frewer, 2000). The implication here therefore is that perhaps a generic, gold standard framework for application across all engagement scenarios is not only not possible, but also not

appropriate. The aforementioned conditions of effectiveness, whilst consistently required in all participation activities, will need to be variably implemented in each setting as appropriate to the context, purpose and audience targeted by the program.

Conclusion

Public participation is a complex and broad-ranging concept, and so ensuring its effective implementation requires a number of considerations. Nevertheless it is seen as a basic human right for all individuals and is central to the efficacy and appropriateness of public health initiatives (Murray, 2004; WHO, 2002; Wiseman et al., 2003). This paper introduced the concept of public participation by describing a number of typologies of what is described as a “spectrum” of varying degrees of participation (Arnstein, 1969; Charles & DeMaio, 1993; IAP2, 2003; Rowe & Frewer, 2000). Here the conclusion was drawn that although many scholars consider only the upmost participation levels of full citizen control to be forms of “true” participation, each subsequent level holds relevance also under certain circumstances (Baum, 2008; Eagar et al., 2001; Murray, 2004; WHO, 2002). An evaluation of the strengths and weaknesses of differing participation techniques added further strength to this argument. It was concluded that although some techniques may appear more methodologically sound than others, the true efficacy of a technique depends on its perceived appropriateness by the intended audience. Finally, this paper explored a number of general requirements for efficacy that should be carefully considered and implemented in every collaborative action, to the upmost extent possible.

It is apparent that facilitating effective public participation is dependent on much more than the level of participation achieved or the characteristics of the technique utilised. Whilst many general considerations for gold standard community engagement have been identified throughout the literature (Rowe & Frewer, 2000), a generic and overarching framework for use in all scenarios is still lacking and may in fact not be appropriate to construct. In any one setting factors such as the capacity and dedication of organisations, the motivation, skills and general preferences of individuals and, the social and cultural norms of a community will be unique (Baum, 2008; CIV, 2006; WHO, 2002; LGA of SA, 2008). As such, an engagement strategy that is effective in one area may be inappropriate or inadequate in another. Instead recommendations for

future collaborative action should centre on ensuring comprehensiveness through the triangulation of a number of engagement techniques covering numerous degrees of participation. This should enable the opportunity for a larger proportion of the intended population to participate, thus ensuring the relevancy and future sustainability of proposed public health initiatives.

*A copy of the literature review's abstract and search strategy are presented in **Appendix A**.

Methodology

This section describes the methods used in establishing a preliminary list of the Municipality's public health priorities and presenting these to the community for review via three separate community engagement activities. Data analysis techniques are also described, including the steps taken to analyse data from each separate activity and then combine these to draw overall conclusions from the project. A discussion of ethical considerations relevant to this project is also presented.

Participants

As the findings of this project will serve to inform the new Health Plan and, the projections of Health Plan encompass the entire community, this project aimed to reach as broad-ranging an audience as possible. In particular, it was hoped to attract a group of participants whose demographics align with the current community profile. No specific participant sampling was used, instead each of the three community engagement activities were open to any interested member of the community. Here it was hoped that the facilitation of a range of public consultation methods would suit the varying lifestyles and motivations of a diverse population.

Outcome Variables

In the investigation of public health priorities, three outcomes variables were identified:

1. What residents perceive to be the key **health issues** facing the Municipality;
2. What residents perceive to be the key **environmental issues** facing the Municipality; and
3. What residents **value** about living in the Municipality.

Data Collection and Analysis

The project ran from early August to November, 2009, spanning 15 weeks in total from conceptualisation to final reporting. Four key phases were identified:

1. Planning Phase

Work on the project began with a consideration of ethical concerns and the completion of a thorough literature review. The relevant ethical considerations are discussed in

depth below. The literature review into public participation reinforced the importance of involving the community in local government planning and also highlighted some considerations for effective community engagement practice.

Following this, in order to compile a preliminary list of public health priorities, Council's previously collected community survey data were collated. Data were pooled from three key sources:

1. The 2004 Community Consultation Report, compiled in preparation for the 2005 – 2008 Kiama Health Plan.
2. The Briefing Papers for the 2005 – 2008 Kiama Health Plan.
3. Community survey data from World Environment Day (June 2009).

Recurring themes within these data were noted as perceived priority issues and compiled into three lists corresponding with the three outcome variables of interest in this project: health issues, environmental issues and values. These lists were also published in a large poster format for use in the focus groups.

A final key step in the planning phase involved the design and preparation of the community engagement activities. The Harbourside Brighton Restaurant was approached in regards to hosting the focus groups, whilst the Kiama Library was consulted in regards to housing the touch-screen for a two week period. A media campaign was also run in two local newspapers to raise awareness of the project and to advertise the community engagement activities, their purpose, location and duration. A copy of one article, published in the Kiama Independent on the 2nd September, 2009, is presented in **Appendix B**.

2. Implementation Phase

In order to obtain public comment on the perceived priority public health issues, the community was given the opportunity to participate in one of three community engagement activities, as discussed below. This consultation served the primary purpose of allowing community members to review the preliminary priorities lists but also enabled them an opportunity to suggest additional priorities that Council had not yet identified.

a. Self-administered Questionnaire Presented via Touch-screen

A mobile touch-screen was made available for a total period of four weeks between early September and October, 2009, in two locations in central Kiama; two weeks at the Kiama Library, then two weeks in the Council building's foyer. The questionnaire involved both simple close-ended questions relating to Council's preliminary priorities lists, as well as open-ended questions which allowed participants an opportunity to elaborate and make suggestions. Demographic data, collected for the sole purpose of comparing the population sample to the community profile, included participant age, gender and place of residence within the Municipality. The electronic questionnaire was designed using "Digivey" survey software, a product which is commonly used in contemporary data collection in a range of professional contexts including public health (Digivey, n.d.).

b. Self-administered Questionnaire Available for Download

The same questionnaire was also made available for download from Kiama Municipal Council's website. The purpose of posting the questionnaire online was primarily to increase the accessibility of the survey, particularly for willing participants who may be unable or unwilling to travel to the centre of Kiama to use the touch-screen. This print-version of the questionnaire is presented in **Appendix C**.

c. Semi-structured Focus Groups

Two focus group sessions were held at the Harbourside Brighton Restaurant on Tuesday the 15th September, 2009. To accommodate for residents' varying and busy lifestyles both a morning session and an evening session were held, running for approximately one hour at 10:30am and 5:00pm. Up to 12 participants were accepted per group, with both sessions open to any interested member of the community and expressions of interest received via phone or email. Focus groups were deemed a useful method for exploring the region's public health priorities in greater depth. In particular it was hoped these sessions would provide insight into Council's preliminary priorities lists in terms of revealing the characteristics of an issue which render it a priority. In addition, it was anticipated that the focus groups would provide an ideal opportunity for participants to raise additional priorities.

3. Analysis Phase

In compiling an amended priorities list, findings from each of the three community engagement activities were analysed separately and then combined. Responses to the questionnaire, both via the touch-screen and in print-form, were combined and then digitally analysed using the touch-screen's "Digivey" survey software. Transcripts of the focus groups were taken by two scribes in each of the sessions and, summaries of major discussion points were subsequently produced. Descriptive statistics from each of the three engagement activities were tabulated.

The overall data were then analysed in order to draw a number of conclusions; (1) whether or not Council's pre-existing priorities received support from the community; (2) which of these issues were deemed most important; (3) which were deemed less important; (4) whether or not any differences in priority-setting were apparent between three distinct participant age-groups (under 25 years; 26-50 years; over 51 years); and (5) to document any novel issues raised by participants.

In determining which of the public health issues were deemed to be more or less important for the Municipality, data from the touch-screen were digitally analysed to determine the degree of support, or "Yes" response, each issue received from the participants. Data from the three completed print-version surveys were added to this. In identifying any variation in priority-setting between population age-groups, all survey data were filtered by age-group. Data from the two focus groups were not added to these analyses however, as the sessions' purpose was to qualitatively explore the public health issues in greater depth, rather than rank their importance. Focus group data was included only when determining whether Council's pre-existing priorities received participant support overall and; when identifying any additional priorities raised by participants.

4. Reporting Phase

As aforementioned the findings of this project will, along with other corresponding research, serve to inform the development of the Kiama Healthy and Sustainable City Plan 2010-2015. Formal reporting of the project's findings and key recommendations was provided in both an oral presentation and this final project report. Efforts were also

made to ensure that participants are informed of the results of the project. A summary of the key points raised in the focus group sessions was sent to participants for them to review before the data is utilised for the new Health Plan and, full project results will be posted on the Kiama Municipal Council website as well as presented in the Kiama Healthy and Sustainable City Plan 2010-2015.

Ethical Considerations

This project offered clear benefits to the Kiama community. By conducting this form of collaborative research into public priorities, the community was presented with an opportunity to actively engage with Council and influence the Municipality's future policies.

Council has a legislative obligation to protect participants' identities and so it was ensured that only non-identifiable data would be collected. Only demographic data were collected and, these were used solely for the purpose of comparing the participant sample to the community population profile.

To ensure the informed consent of all participants, written information about the project's context, purpose and methodology was provided at the commencement of each of the three community engagement activities. For the self-administered questionnaires, a title screen or page provided project information along with a disclaimer explaining that adult consent and supervision was advised for children under the age of 18. Tacit consent was provided by the voluntary decision to participate. For the focus groups, information about the project was given verbally prior to the session's commencement and again participation was voluntary with tacit consent provided. In addition, a detailed media campaign ran concurrently with the project, explaining the relevant details of the project and activities and, providing direction to further sources of information or inquiry for any interested participants.

Results

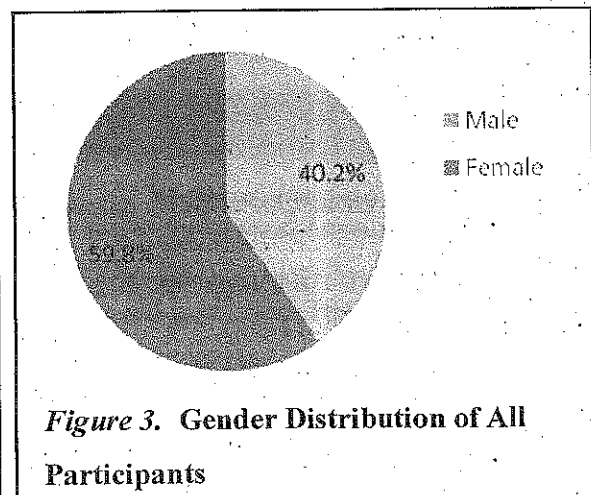
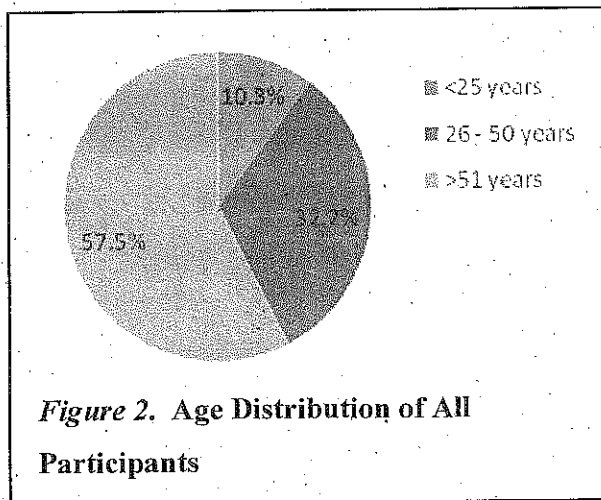
This section presents the results corresponding with each of the project's three objectives. Key findings include participant's overall support of Council's preliminary lists of priorities, those public health issues deemed most important, those deemed less important, any variation in prioritising between age-groups and, any additional issues raised by participants as necessary priorities.

A total of 93 responses were obtained for the touch-screen, of which 63 were valid, complete entries. In addition, three of the downloadable, print-version questionnaires were also submitted. For the focus groups, nine participants attended the first session and seven attended the second. **Table 1** presents the age- and gender-distribution of participants in each of the three consultation activities, where it can be seen that the majority of participants overall were female (59.8%), and aged over 51 years (57.5%). The overall age- and gender-distributions are also presented visually in **Figures 2** and **3**.

Table 1
Age and Gender Distribution of Participants in each Engagement Activity

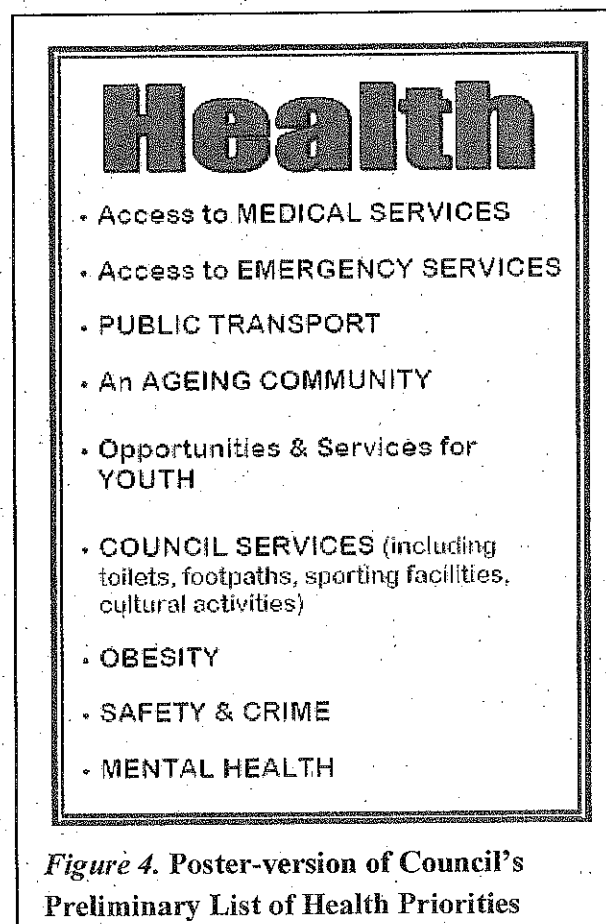
Community Engagement Activity	Age Distribution (%)			Gender Distribution (%)	
	< 25 years	26 – 50 years	> 51 years	Male	Female
*Questionnaire (touch-screen)	30.0	19.0	51.0	40.0	60.0
Questionnaire (print-version)	0.0	66.7	33.3	33.3	66.7
Focus Group 1	11.1	0.0	88.9	44.4	55.6
Focus Group 2	0.0	42.9	57.1	43.0	57.0
Total	10.3	32.2	57.5	40.2	59.8

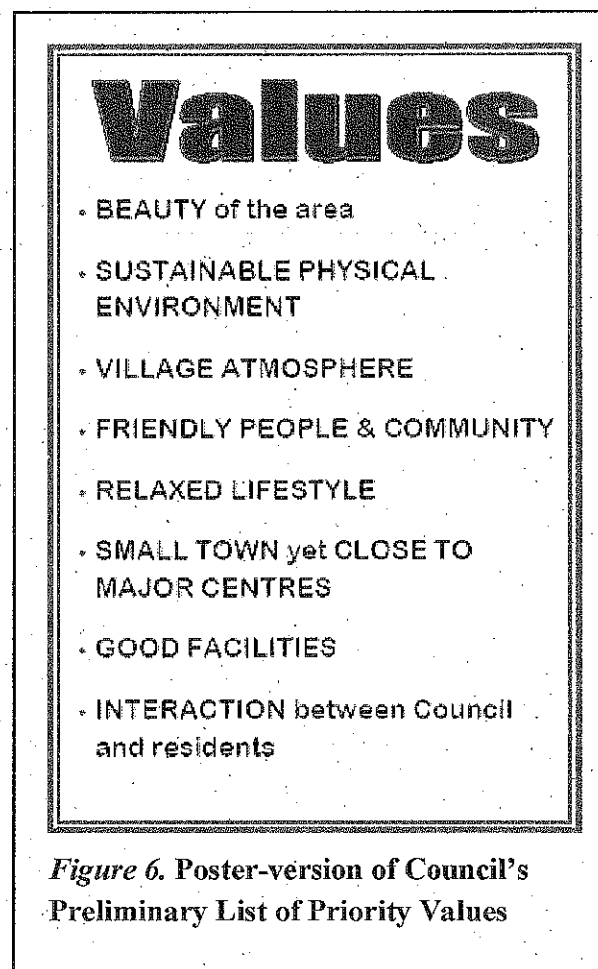
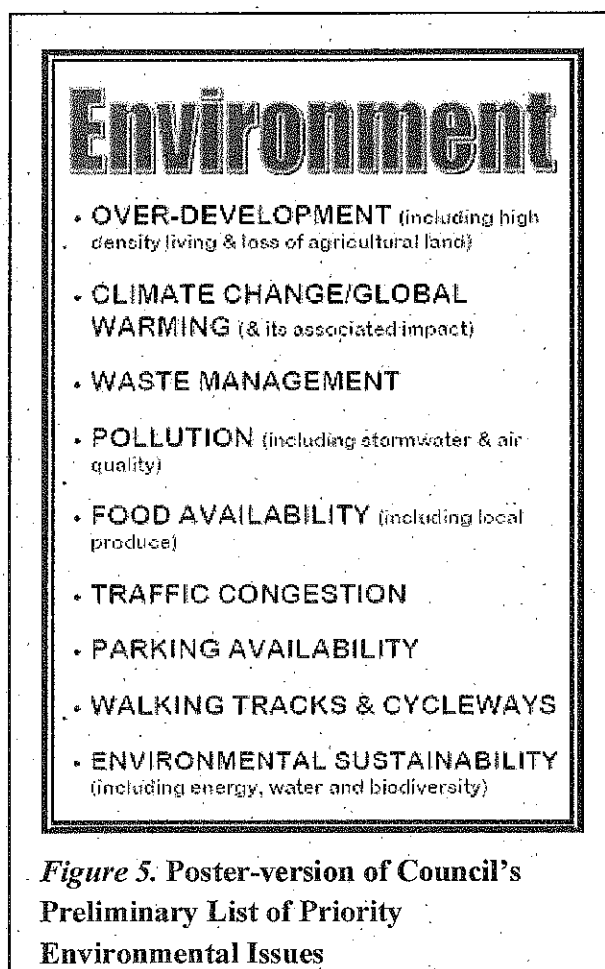
* 10 participants' demographics unknown



Council's Preliminary Priorities Lists

Recurring themes in Council's previously collected community survey data included, amongst others; health issues such access to medical and emergency services and specialised services for youth and the ageing; environmental issues such as over-development, waste management and pollution and; valued aspects of the Municipality such as the beauty of the area and the relaxed and friendly atmosphere. The poster-versions of Council's preliminary priorities lists are presented in Figures 4, 5 and 6.





Participants' Priorities

Overall it was found that all of Council's preliminary priorities received support from participants, with no issues perceived as irrelevant or unimportant.

Most Important Issues

The three most highly supported issues under each topic area of the questionnaire are presented in **Table 2**. Access to emergency services was perceived to be the highest priority health issue (87.9% support), over-development received the most support as a priority environmental issue (90.0% support) and, the beauty of the Kiama area was overwhelmingly shown to be the most valued aspect of the Municipality (91.5% support). Full results of both the touch-screen and the print-version questionnaire are also presented in **Appendices D** and **B** respectively.

Table 2***Public Health Issues Perceived as Most Important for the Municipality***

Public Health Area	Issue	Support by participants (%)
Health	Access to emergency services	87.9
	Opportunities and services for youth	84.9
	Access to medical services / public transport / an Ageing community (equal third)	83.3
Environment	Over-development	90.0
	Waste management	80.0
	Pollution / parking availability (equal third)	76.7
Values	Beauty of the area	91.5
	Relaxed lifestyle	84.7
	Friendly people	81.4

Less Important Issues

The two least supported issues under each topic area of the questionnaire are presented in **Table 3**. Obesity was perceived to be the least important health issue for the Municipality (56.1% support), climate change, walking tracks and traffic congestion were concurrently perceived to be the least important environmental issues (71.1% support each) and, interaction between Council and residents was the least valued aspect of the Kiama Municipality (63.8% support).

Table 3***Public Health Issues Perceived as Less Important for the Municipality***

Public Health Area	Issue	Support by participants (%)
Health	Obesity	56.1
	Mental Health	75.4
Environment	Climate change and global warming / Walking tracks and cycle-ways / Traffic congestion (equal)	71.7
	Food availability / environmental sustainability	73.3
Values	Interaction between Council and residents	63.8
	Good facilities	74.1

Variation between Age-groups

A full summary of the ranked priorities under each of the three topic areas, for each of the three age-groups is presented in **Appendix F**. Under the topic of health issues, participants aged under 25 years ranked public transport and opportunities/services for youth as concurrently most important (87.5% support each) and obesity as least important (50.0% support); participants aged between 26 and 50 years ranked access to medical services, an ageing community, opportunities/services for youth and mental health as concurrently most important (100% support each) and safety and crime and obesity as concurrently least important (60.0% support each) and; participants aged over 51 years ranked access to emergency services as the most important issue (92.6% support) and obesity as the least important (55.6% support).

Under the topic of environmental issues, participants aged under 25 years ranked over-development as most important (87.5% support) and walking tracks/cycle ways as least important (62.5% support); participants aged between 26 and 50 years ranked over-development, walking tracks/cycle ways and environmental sustainability as concurrently most important (100% support each) and traffic congestion and parking availability as concurrently least important (60.0% support each) and; participants aged over 51 years ranked over-development as the most important issue (88.9% support) and environmental sustainability as the least important (63.0% support).

Under the topic of values, participants aged under 25 years ranked the beauty of the area, the sustainable physical environment and the relaxed lifestyle as concurrently most valued (93.8% support each) and the village atmosphere as least valued (81.3% support); participants aged between 26 and 50 years ranked the beauty of the area as most valued (100% support) and the fact that Kiama is a small town yet close to major centres, as least valued (60.0%) and; participants aged over 51 years ranked the beauty of the area as the most valued issue (85.2% support) and ranked interaction between Council and residents as least valued (44.4% support).

Participant's Additional Priorities

A full list of the additional priorities raised by participants overall is presented in **Appendix G**. Elaboration as to the characteristics of these additional priorities is also

presented in **Appendix H** – a full summary of the issues discussed in the focus groups, as well as in the aforementioned **Appendix D, pages 47 to 49** – the full results of the touch-screen questionnaire.

Under the topic area of health, additional priorities raised included, amongst others: the need for an alternative to purchased bottled water, for example through the installation of bubblers; the need for a more specific focus on alcohol, drugs, tobacco and perhaps also energy drinks and; the need to make Kiama a “cancer-smart environment”.

Under the topic area of environment, additional priorities raised included, amongst others: the need for efforts towards making Kiama plastic-bag free and; the need for an active tree policy that includes re-education of the community.

Under the topic area of values, additional priorities raised included, amongst others: the importance of embracing variety within the community, in terms of both age-diversity and cultural-diversity and also sharing with Kiama’s tourists.

This section presented the key results of the project, showing that overall all of Council’s preliminary priorities received support from participants, although some issues, such as access to emergency services, the environmental problem of over-development and the much valued beauty of the area were deemed to be the most important issues. A large number of additional priorities were also raised by participants, as necessary of further consideration.

In the formal reporting of these results, participants in the focus groups were sent a summary document of the issues discussed, for them to review prior to the results being used. A copy of this narrative summary is presented in **Appendix I**. The poster used in the formal presentation of the overall project is also included, presented in **Appendix J**.

Discussion

This section discusses the significance of the project's findings, both in terms of their implications for Kiama's next Healthy and Sustainable City Plan 2010-2015 and also in terms of their contribution to current research on effective public participation.

This project aimed to consolidate Kiama Council's understanding of the residents' current public health priorities, in preparation for the new Kiama Healthy and Sustainable City Plan 2010-2015. Interested members of the community were invited to participate in one of three community engagement activities, where they could review Council's preliminary priorities and also raise additional issues that Council was not yet aware of. The results showed that whilst overall participants do support all of Council's established priorities, they also raised a number of additional issues that need to be considered for the new Health Plan.

In terms of participant demographics, the majority of participants in the project overall were female and aged over 51 years. This age- and gender-distribution directly reflects the Municipality's community profile, which shows that just over half of the population are female and that Kiama's largest population age-group are those aged over 50 (Profile id, 2006). The findings thus indicate the representativeness of the project's participant sample and so, it can be assumed with relative certainty that the conclusions drawn from this project will reflect the opinions of a majority of Kiama residents.

The project's results concluded that all of Council's preliminary priorities received support from participants overall, with no issues deemed as unimportant or irrelevant. Even when considering those issues deemed least important by participants, such as obesity under health issues (56.1% support only) and also interaction between Council and residents under values (63.8% support only), these issues still received support as priorities from over half of the participants overall. Furthermore, all of the remaining issues received between 71% and 91% participant support, thus highlighting the strong importance that all of these issues hold for the community. For Council these findings hold a number of implications. In terms of Council's actions under the most recent Health Plan of 2004-2008, participants' continued support of these established priorities

indicate that Council is on track, that their efforts have been deemed necessary by the community and, that efforts in these areas need to be continued into the future.

The project's results showed that, although all the preliminary priorities received participants' support, some issues were deemed more important than others and, that variation in prioritising existed between age-groups. Whilst access to medical and emergency services, services for youth and the ageing and also public transport were deemed the most important health issues by participants overall, persons aged over 50 agreed that access to emergency service should be the top priority, whilst persons aged under 25 expressed a greater need for public transport and opportunities for youth. This trend was reflected for most issues, with an issue's rank varying slightly with the characteristic needs of a certain population sub-group. Some exceptions included the environmental issue of over-development and the value of Kiama's beauty, both of which were consistently deemed top priorities across all age-groups. The variability of these findings implies that Council action is needed across a broad-ranging field of public health issues and, perhaps to varying extents depending on the population sub-group targeted.

The fact that participants in this project raised a large number of additional priorities also holds a number of implications for Council's future actions. Participants in each of the engagement methods mentioned novel issues for the Municipality such as making Kiama free of plastic bags and commercial bottled water, but they also expressed the desire for some existing issues to receive an increased or more specialised focus, such as alcohol and tobacco. In terms of the new Health Plan, these findings suggest new avenues that Council could expand into, but also highlight the need for the scope and focus of the current priorities to be reviewed. Many of the novel issues raised are multifaceted and require Council to take action on a number of levels and in collaboration with relevant community groups. As one example, efforts to address plastic bags would require both behaviour change on behalf of the residents as well as legislative change, in terms of putting pressure on the corporate policy of large retailers.

The overall project and its findings reinforce the importance of facilitating public participation in public health priority setting. To begin, this project is in accordance

with Arnstein (1969), Charles and DeMaio (1993) and Rowe and Frewer (2000; 2005), by reinforcing the importance of facilitating as high a level of public participation as possible. Rather than simply informing the Kiama community of Council's policy decisions, as is characteristic of the lowest level of public participation (Arnstein, 1969), this project allowed the community to be actively involved in reviewing Council's priorities. By facilitating a mid to high level of community engagement in the form of collaborative focus groups and open-ended questionnaires, participants were also able to raise a number of additional issues that otherwise would have remained unknown to Council. In this way the project's design was consistent with that of Abelson et al. (2007) where the facilitation of a collaborative level of participation ensured that participants were satisfied with their degree of involvement and that the resulting decisions were sustained within the community.

The project also revealed much about principles for effective community engagement. In alignment with previous research into the area, many tailored aspects of the community engagement process contributed to the project's overall effectiveness. Firstly, by facilitating three community engagement activities of differing levels of public involvement, the project tailored to the varying needs of a diverse population. This method of combining different engagement activities is praised by Abelson et al. (2007), Mitton et al. (2001) and Rowe and Frewer (2000) for being more likely to meet the preferences of a large proportion of the community and, ensure a greater depth of understanding by the facilitator. The participation process was also in accordance with the recommendations of Jason (2006), Peckham (2003) and Charles and DeMaio (1993), as the combination of differing engagement methods ensured that the project was visible, accessible and more likely to be perceived as appropriate. The findings of the project thus contribute to existing participation research and provide recommendations for future community engagement, particularly by reinforcing the importance and effectiveness of the triangulation of a number of engagement techniques covering numerous degrees of participation.

Limitations

Although this project strove for a high level of public participation and made numerous adjustments for this as aforementioned, a number of limitations remained in both the

overall project design and the individual engagement activities. To begin, as the project formed part of a university student's assessment, the entire project from conceptualisation to reporting had to be completed within a 14 week period. Here time constraints meant that the engagement activities were only available to the public for a short period of time and, visibility of the project may also have been restricted.

Secondly, a number of limitations were noted of the questionnaire. As the touch-screen was brand new the community had not previously encountered it and so may have felt apprehensive in using it. This may have diminished if the touch-screen was available for a longer period of time and stationed in a more public location, however this was not possible under the constraints of the project. The novelty of the touch-screen may also explain the significant amount of incomplete or invalid responses obtained. By placing the questionnaire online for download it was hoped to combat some of the touch-screen's drawbacks, however although this enabled participants to complete the questionnaire at home, the completed survey still needed to be returned to Council. One method of ameliorating this would have been to place the questionnaire online as an interactive survey; however constraints on the project prevented this.

Finally in terms of the focus groups, the day on which the sessions fell was unfortunate. It coincided with a number of community events, including Council elections, which meant that representatives from a number of local public health bodies could not attend. However the sessions nevertheless attracted an appropriate number of participants and facilitated rich discussion of public health priorities.

This section discussed the importance of this project and its findings. Whilst Council's preliminary priorities received support from participants overall, the emergence of novel issues and variation in prioritising between age-groups holds a number of implications for the development of Council's new Health Plan. The project also holds significance more broadly for the process of public participation. In particular this project reinforced the importance and effectiveness of the triangulation of a number of engagement techniques covering numerous degrees of participation.

Conclusions and Recommendations

This section reviews the significant aspects of this project and its findings. The conclusions drawn hold numerous implications for the development of the new Kiama Healthy and Sustainable City Plan 2010-2015, as well as for the process of community engagement in general. These implications underlie the project's final recommendations to Council.

This project aimed to consolidate Kiama Council's understanding of the residents' current public health priorities, in preparation for the new Kiama Healthy and Sustainable City Plan 2010-2015. In reviewing whether Council has "got it right", interested members of the community were invited to participate in one of three community engagement activities, where they could review Council's preliminary priorities and also raise additional issues that Council was not yet aware of. The results showed that whilst all of Council's established priorities did receive support from participants, they also raised a number of novel issues that need also be considered.

A preliminary list of the Municipality's perceived public health priorities was compiled from previously collected survey data owned by Council. Data were pooled from three key sources including a consultation report and briefing papers for the current Health Plan and, a previous community survey. Recurring themes within the data were noted as perceived priority issues and, three lists of priorities were compiled as corresponding with the three outcome variables of interest in this project: health issues, environmental issues and values. These preliminary priorities were broad ranging and included health issues such as access to medical and emergency services and specialised services for the youth and the ageing; environmental issues such as over-development, waste management and pollution and; valuable attributes of the Municipality such as the beauty of the area and the friendly and relaxed atmosphere.

Community feedback on these preliminary priorities was achieved through the facilitation of three separate community engagement activities. A questionnaire was made available via mobile touch-screen in two locations in central Kiama for a total period of four weeks and, was also made available for download in print-form. Unfortunately due to time and resource constraints it was not possible to provide an

interactive online survey, although this may have improved the accessibility of the questionnaire and the number of responses obtained. Nevertheless, the questionnaire was useful in that it included both closed and open-ended questions to allow participants to elaborate. Two focus groups, a morning and an evening session, were also held to explore the priorities in greater depth. These groups allowed for no more than 12 participants per group but nevertheless produced rich discussion.

The findings from all three community engagement techniques were analysed separately and combined to draw overall conclusions about Council's established priorities. It was found that overall, all of Council's preliminary priorities received support from participants, with no issues perceived to be unimportant or irrelevant. An analysis of which issues were deemed most important revealed that access to emergency services, over-development and the beauty of the Kiama area received the most support from participants as priorities. Issues which received less support and were thus deemed less important included obesity, climate change, traffic congestion and interaction between Council and residents. By using participants' responses to rank the public health issues in this way, these findings can be easily utilised as part of a general feasibility assessment of the necessary action areas of the new Health Plan.

Further implications for the new Health Plan also arise from an analysis of variation in priority-setting between population age-groups. Here a general trend in issue-prioritisation was found to logically reflect the characteristic needs of each population sub-group. Under the topic area of health issues for example, participants aged under 25 ranked public transport and opportunities for youth as most important, whilst participants aged over 50 deemed access to emergency services to be most important. In formulating a plan for addressing these issues under the new health plan therefore; these findings imply that if possible, intervention in some areas may need to be tailored to the specific needs of the population sub-group targeted.

Finally, participants in each of the engagement activities also raised a number of additional priorities, all of which should be considered for the new Health Plan. Issues raised included, amongst others, novel ideas for the community such as making Kiama free of plastic bags and purchased bottled water, as well as recommendations for

increased or more specialised action on existing priorities. For the new Health Plan these responses are invaluable in that they alert Council to emerging issues that have not yet been addressed, or alternatively they may highlight current areas of action that require improvement in the future.

All in all this project can be considered a success in that allowed for a broad and representative sample of the community to “have their say” about the Municipality’s future. The process upheld many of the key principles for effective public participation and, through the triangulation of three engagement activities of differing levels of participation; it ensured that the varying needs and motivations of a diverse population were met. Although the project’s reach and depth was limited by time constraints, its findings support the future facilitation of similar community engagement strategies. Perhaps future projects would however benefit from the use of an interactive online survey, in addition to a more visible and accessible touch-screen location.

Recommendations to Council

In developing the Kiama Healthy and Sustainable City Plan 2010-2015 and, in addressing the question “have we got it right?”, the findings from this project show that yes, all of Council’s preliminary priorities are valid and should remain priorities. Whilst no issues were deemed irrelevant or unimportant, some issues did however receive more support as key priorities than others, indicating that Council’s focus should be on: (1) health issues such as access to emergency and medical services, public transport and specialised services for youth and the ageing; (2) environmental issues such as over-development, waste management and parking availability; and (3) values such as the beauty of the area and the relaxed and friendly atmosphere. Furthermore whilst all of Council’s priorities received support from the participants overall, significant variation did exist between different population age-groups and, Council would benefit from reviewing these variations in depth and tailoring future actions towards targeted populations. Finally, a considerable number of issues were raised by participants that Council had not yet identified, ranging from a specialised focus on alcohol and drugs, domestic violence and dental health, to making Kiama plastic bag free and focusing efforts on weed eradication and revegetation. All of these additional issues should be reviewed by Council and considered in the development of the new Health Plan.

References

- Abelson, J., Eyles, J., McLeod, C. B., Collins, P., McMullan, C., & Forest, P. G. (2003). Does deliberation make a difference? Results from a citizens panel study of health goals priority setting, *Health Policy*, 66, 95-106.
- Abelson, J., Forest, P. G., Eyles, J., Casebeer, A., Martin, E., & Mackean, G. (2007). Examining the role of context in the implementation of a deliberative public participation experiment: Results from a Canadian comparative study, *Social Science and Medicine*, 64, 2115-2128.
- Arnstein, S. R. (1969). A ladder of citizen participation, *Journal of the American Planning Association*, 35(4), 216-224.
- Baum, F. (2008). *The New Public Health*, 3rd edition, Oxford University Press, Melbourne, Victoria.
- Charles, C., & DeMaio, S. (1993). Lay Participation in Health Care Decision Making: A Conceptual Framework, *Journal of Health Politics, Policy and Law*, 18(4), 881-904.
- Community Indicators Victoria. (2006). *A resource Guide using CIV as a tool for Council planning*, The McCaughey Centre, University of Melbourne, Victoria.
- Digivey. (n.d.). *Digivey: Kiosk Survey Systems*, accessed 11/08/09 from http://www.digivey.com/survey_kiosks.htm
- Eagar, K., Garrett, P., & Lin, L. (2001). *Health Planning: Australian Perspectives*, Allen & Unwin, Crows Nest, NSW.
- Gilchrist, A. (2003). Community development and networking for health, in K. Orme., J. Powell, P. Taylor, T. Harrison., & M. Grey (ed.), *Public Health for the 21st century: New perspectives on policy, participation and practice*, Berkshire, England: Open University Press, pp. 145-159.
- International Association for Public Participation (IAP2). (2003). *Handbook – Module 1: The IAP2 Foundations of Public participation*, IAP2, Denver, USA.

- International Association for Public Participation (IAP2). (2004). *IAP2 Public Participation Spectrum*, IAP2 Australasia, Brisbane; accessed 04/08/09 from <http://www.iap2.org/associations/4748/files/spectrum.pdf>
- Jason, L. A. (2006). Benefits and challenges of generating community participation, *Professional Psychology: Research and Practice*, 37(2), 132-139.
- Kiama Municipal Council. (2005). *Kiama Public Health Plan 2005 – 2008: Healthy Communities – Town Country and Coast*, Kiama Municipal Council, Kiama.
- Laverack, G. (2009). Health promotion: how to build community capacity, in S. Jirojwong & P. Liamputtong (ed.), *Population Health, Communities and Health Promotion*, Melbourne: Oxford University Press, pp 195-214.
- Local Government Association of South Australia. (2008). *Community Engagement Handbook: A model Framework for leading practice in Local Government in South Australia*, Local Government Association of SA, Adelaide.
- Martin, G. P. (2008). 'Ordinary people only': knowledge, representativeness, and the publics of participation in healthcare, *Sociology of Health and Illness*, 30(1), 35-54.
- Mitton, C., Smith, N., Peacock, S., Evoy, B., & Abelson, J. (2009). Public participation in health care priority setting: A scoping review, *Health Policy*, 91, 219-228.
- Murray, Z. (2004). Community Participation in Public Health Planning, *Proceedings of the 8th World Congress on Environmental Health*, Durban, South Africa, 22-27 February 2004; accessed 09/08/09 from <http://kharahais.gov.za/files/health/047.pdf>
- Peckham, S. (2003). Who are the partners in public health?, in K. Orme., J. Powell, P. Taylor, T. Harrison., & M. Grey (ed.), *Public Health for the 21st century: New perspectives on policy, participation and practice*, Berkshire, England: Open University Press, pp. 57-78.
- Profile.id. (2006). *Community Profile: Kiama Municipality*, Kiama Municipal Council, accessed 27/10/09 from <http://profile.id.com.au/Default.aspx?id=296&pg=101&gid=10&type=enum>

- Quantz, D., & Thurston, W. E. (2006). Representation strategies in public participation in health policy: The Aboriginal Community Health Council, *Health Policy*, 75, 243-250.
- Rowe, G., & Frewer, L. J. (2000). Public participation methods: A framework for evaluation, *Science, Technology and Human Values*, 25(1), 3-29.
- Rowe, G., & Frewer, L. J. (2005). A typology of public engagement mechanisms, *Science, Technology and Human Values*, 30(2), 251-290.
- Taylor, P. (2003). The lay contribution to public health, in K. Orme., J. Powell, P. Taylor, T. Harrison., & M. Grey (ed.), *Public Health for the 21st century: New perspectives on policy, participation and practice*, Berkshire, England: Open University Press, pp. 128-143.
- Thurston, W. E., MacKean, G., Vollman, A., Casebeer, A., Weber, M., Maloff, B., & Bader, J. (2005). Public participation in regional health policy: a theoretical framework, *Health Policy*, 73, 273-252.
- Wiseman, V., Mooney, G., Berry, G., & Tang, K. C. (2003). Involving the general public in priority setting: experiences from Australia, *Social Science and Medicine*, 56, 1001-1012.
- World Health Organisation. (2002). *Community participation in local health and sustainable development: Approaches and techniques*, European Sustainable Development and Health Series: 4, WHO Regional Office for Europe, Copenhagen, Denmark.

Appendices

Contents:

Appendix A	Literature Review – Abstract	40
	Literature Review – Search Strategy	40
Appendix B	Newspaper Article Advertising the Project	42
Appendix C	Self-administered Questionnaire (print version)	43
Appendix D	Touch-screen Questionnaire – Full Results	46
Appendix E	Print-version Questionnaire – Full Results	50
Appendix F	Summary of Public Health Priorities by Age-group	52
Appendix G	Complete List of Participants’ Additional Priorities	53
Appendix H	Focus Groups – Full Results – Summary of Issues Discussed	54
Appendix I	Focus Groups – Narrative Summary of Results – Compiled for Participants to Review	58
Appendix J	Project Poster (Presentation)	63

Appendix A

Literature Review - Abstract

Public participation, as a key principle underlying numerous international public health frameworks such as the WHO Ottawa Charter, Local Agenda 21 and WHO Healthy Cities, is central to the success of public health initiatives. The facilitation of public participation in public health priority setting ensures the currency, relevancy and thus sustainability of proposed health initiatives. For the participants themselves, participation may also provide new skills and encourage the individual's interest in maintaining their own health. This paper describes the complexity of defining public participation through its analysis of a number of typologies of increasing degrees of participation, as well as their corresponding engagement techniques. Whilst some scholars consider only the upmost participation levels of full citizen control to be forms of "true" participation, efficacy of engagement is dependent on a much larger combination of factors. In the absence of formal evaluation of participative programs throughout the literature, a general framework for effective practice across all possible engagement scenarios is not available. Instead a number of general considerations for effectiveness are described. These conditions are, as with the level and technique of participation chosen, quite sensitive to the context, purpose and intended audience of any one engagement setting. In light of this, it is concluded that perhaps a general framework for gold standard public participation is not appropriate. Instead a general recommendation is made for ensuring comprehensiveness of collaboration. It is believed that through the triangulation of a number of engagement techniques covering numerous degrees of participation, a larger proportion of the intended population will be enabled to participate, thus ensuring the relevancy and future sustainability of proposed public health initiatives.

Literature Review – Search Strategy

In conducting the present literature review on public participation in public health priority setting, a preliminary search was conducted amongst the publications of national and international bodies relevant to public health. In particular, the World Health Organisation as well as a number of Australian governmental agencies were canvassed for official statements or frameworks on the topic.

Following this, an in-depth database search was conducted involving those databases catering specifically to the health and behavioural sciences such as CINAHL, Health Reference Centre Academic and ScienceDirect. An additional search was also conducted using Proquest Central and Sage Journals Online, two less subject-specific but very broad databases, to ensure a comprehensive search and obtain any relevant studies from journals not included in the previous databases.

Key word combinations included “public” OR “community” AND “participation” OR “engagement”, as well as “strateg\$” OR “effective\$”. After obtaining a vast number of results pertaining to different sectors of public life, the search terms “public health” OR “health” AND “Australia” were also included to narrow the results.

A number of restrictions were placed on the search to ensure relevant and useful studies were obtained. Included articles had to be peer-reviewed, written in English and published in the last decade. (Two exceptions to this latter criterion included the Arnstein (1969) paper and an article by Charles and DeMaio (1993) – references to these papers were obtained from the reference lists of suitable articles and deemed necessary for inclusion). After scanning the article titles, those papers considered to be relevant were downloaded and the abstracts read. Articles were accepted for inclusion if they concerned either theories or frameworks of public participation in general or, if they discussed specific participation techniques applied in a health or public health setting. Those studies relating to differing sectors of public life, such as public participation in politics or urban planning, were excluded.

Appendix B

Newspaper Article Advertising the Project

PUBLIC HEALTH PLAN ON TRACK?

Council has begun updating its internationally recognised Public Health Plan and we want you to tell us if it's on the right track.

The new Public Health Plan 2010 - 2015 will direct Kiama's environment and health related priorities and strategies for the next five years. Because the plan is created for residents, Council wants your help to decide what these priorities and strategies will be.

Kelken Monzner, a student studying Population Health at the University of Wollongong and currently undertaking an internship at Council, is working with Council's Team Leader Health and Environment, Julie Errey, to gather feedback on the project by developing a community engagement strategy.

"This is an exciting project for me as it suits my studies perfectly and is in my field of interest. Council has put together some draft points on what it sees as being the community's top priorities for the next Public Health Plan," Kelken said.

"These are a combination of the priorities in Council's last Health Plan, as well as feedback gathered from surveys of residents at Council's World Environment Day events in June."

Julie Errey said, "Some of the things people have already addressed as being priorities in the Municipality include over development, availability of medical services, traffic and parking, and climate change."

"We want residents to look at what we've come up with so far and tell us if we've got our draft right."

Residents can provide their feedback on the Health Plan in three ways:

- Complete the questionnaire on Council's new touch screen computer at the Kiama Library, available until 25 September 2009.
- Complete the questionnaire available for download on www.kiama.nsw.gov.au. Drop completed questionnaires in the drop box at Council's Administration

Centre or post to Kiama Council, PO Box 75, Kiama NSW 2577.

- Participate in one of two Focus Group sessions. The focus groups will consist of 10-12 participants and be held on 15 September from 10.00am until 11.30am and 10 September from 5.00pm until 6.30pm. Contact Julie on 4292 0444 or julie@kiama.nsw.gov.au to express your interest in participating.



Image: Kelken Monzner (left) showed the Kiama town Kiama how to use Council's new touch screen computer as they could provide their feedback on the new Public Health Plan.

Figure B- 1. Newspaper Article Advertising the Project (Kiama Independent, 2 September 2009, p.9)

Appendix C

Self-administered Questionnaire (print version)

Have We Got it Right? ...Have Your Say...

At Kiama Municipal Council, we're committed to providing a healthy environment for the community.

As part of this, work recently began updating Council's internationally recognised Public Health Plan. The new Plan will come into effect in 2010 and will direct Kiama's priorities and strategies for the next five years.

We would now like your advice – Have we got the right priorities?

Please take 5 minutes to complete this questionnaire and to leave any comments – your feedback is very much appreciated!

Disclaimer:

In order for us to gain a better understanding of the types of people participating in this study, the survey will include some basic demographic items. Please be assured that you will not be identifiable.

This data will not be used by Council for any purposes other than the development of the 2010-2015 Health Plan.

Children under the age of 18 are required to have adult supervision/consent if participating in this survey.

1. Previous surveys have identified the following HEALTH ISSUES as priorities amongst Kiama residents and rate payers. Do you agree?

Access to MEDICAL SERVICES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Access to EMERGENCY SERVICES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PUBLIC TRANSPORT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An AGEING COMMUNITY	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Opportunities and services for YOUTH	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COUNCIL SERVICES (including toilets, footpaths, sporting facilities, cultural activities)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OBESITY	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SAFETY & CRIME	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MENTAL HEALTH	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Survey: Page 1 of 3

Figure C-1. Self-administered Questionnaire (Part 1 of 3)

2. In your opinion have any **PRIORITY HEALTH** issues been left out?

3. Previous surveys have identified the following **ENVIRONMENTAL ISSUES** as priorities amongst Kiama residents and rate payers. Do you agree?

OVER DEVELOPMENT (including high density living and loss of agricultural land)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CLIMATE CHANGE/GLOBAL WARMING (and its associated impact)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WASTE MANAGEMENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
POLLUTION (including stormwater and air quality)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FOOD AVAILABILITY (including local produce)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TRAFFIC CONGESTION	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PARKING AVAILABILITY	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WALKING TRACKS & CYCLEWAYS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ENVIRONMENTAL SUSTAINABILITY (including energy, water and biodiversity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. In your opinion have any **PRIORITY ENVIRONMENTAL** issues been left out?

5. Previous surveys have identified the following attributes which residents and rate payers **VALUE** the most about living in Kiama Municipality. Do you agree?

BEAUTY of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUSTAINABLE PHYSICAL ENVIRONMENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
VILLAGE ATMOSPHERE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FRIENDLY PEOPLE AND COMMUNITY	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RELAXED LIFESTYLE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SMALL TOWN yet CLOSE TO MAJOR CENTRES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GOOD FACILITIES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
INTERACTION between Council and residents	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Survey: Page 2 of 3

Figure C-1 continued. Self-administered Questionnaire (Part 2 of 3)

5. Is there anything else that you VALUE about living in the Kiama Municipality?

6. Do you have any other COMMENTS OR RECOMMENDATIONS about what Council can do to manage a healthy environment?

7. I am aged:

18 yrs and under	<input type="checkbox"/>	41 – 50 years	<input type="checkbox"/>
19 - 25 years	<input type="checkbox"/>	51 – 60 years	<input type="checkbox"/>
26 – 30 years	<input type="checkbox"/>	61 – 70 years	<input type="checkbox"/>
31 – 40 years	<input type="checkbox"/>	71 and over	<input type="checkbox"/>

8. I am:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

9. I live in the following area of the Kiama Local Government Area:

North (Bombo, Kiama Downs, Minnamurra)	<input type="checkbox"/>
Central (Kiama, Kiama Heights)	<input type="checkbox"/>
South (Gerrigong, Gerroa, Werri Beach)	<input type="checkbox"/>
Rural (Broughton Village, Foxground, Jamberoo, Jerrara, Omega, Rose Valley, Toolijooa)	<input type="checkbox"/>
Other	<input type="checkbox"/>

Thank You For Participating



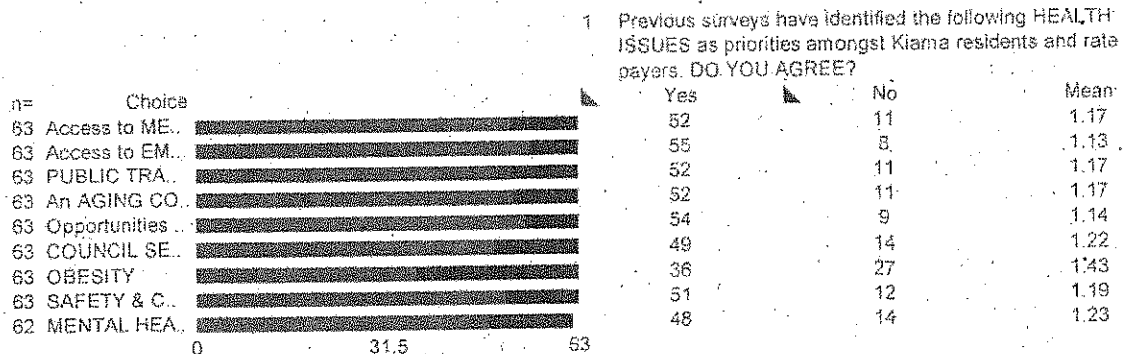
Survey: Page 3 of 3

Figure C- 1 continued. Self-administered Questionnaire (Part 3 of 3)

Appendix D

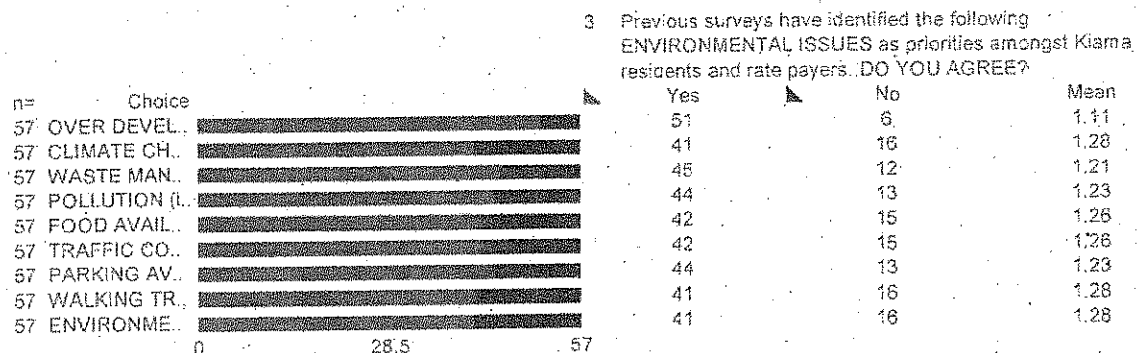
Touch-screen Questionnaire - Full Results

Total respondents: n = 63
 Begin of survey: 1/09/2009 1:21 PM
 End of survey: 21/09/2009 11:28 AM
 Not completed questionnaires: Included
 Location Selection: All records are processed, independent of the origin



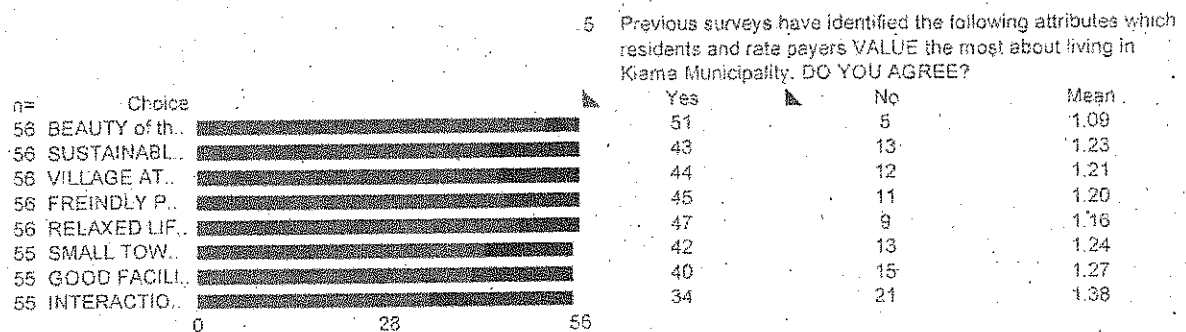
2 In your opinion have any PRIORITY HEALTH issues been left out?

35 Text elements were entered. See list at the end of this report



4 In your opinion have any PRIORITY ENVIRONMENTAL issues been left out?

31 Text elements were entered. See list at the end of this report



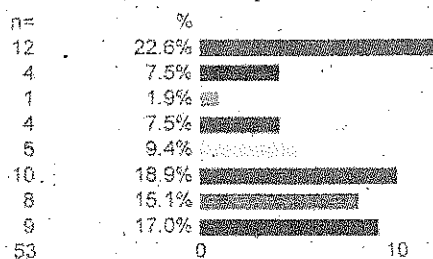
6 Is there anything else that you VALUE about living in the Kiama Municipality?

31 Text elements were entered. See list at the end of this report

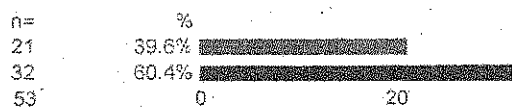
Figure D- 1. Full Touch-screen Questionnaire Results (Part 1 of 4)

28 Text elements were entered. See list at the end of this report

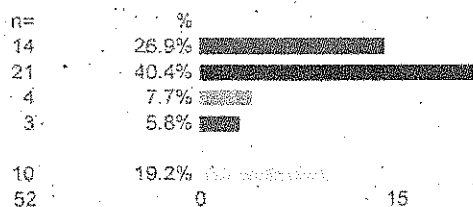
7 Do you have any other COMMENTS OR RECOMMENDATIONS about what Council can do to manage a healthy environment?



- 8 I am aged:
- 18 yrs and under
 - 19 - 25yrs
 - 26 - 30yrs
 - 31 - 40yrs
 - 41 - 50yrs
 - 51 - 60yrs
 - 61 - 70yrs
 - 71yrs and up



- 9 I am:
- Male
 - Female



- 10 I live in the following area of the Kiama Local Government Area:
- North (Bombo, Kiama Downs, Minnamurra)
 - Central (Kiama, Kiama Heights)
 - South (Gerringong, Gerroa, Werri Beach)
 - Rural (Broughton Village, Foxground, Jamberoo, Jerrara, Omec Rose Valley, Toolijooa)
 - Other

Verbatim information for question 2

- 1 TYUIJK
- 2 3t=
- 3 @6ETM
- 4 FITS
- 5 NOOOOOOO
- 6 NO
- 7 FRANK.
- 8 NO
- 9 NO
- 10 CYCLEWAYS AND CYCLING SAFETY
- 11 NO
- 12 NO
- 13 NO
- 14 NO
- 15 AGED CARE LACK OF STAFF IN NURSING HOMES LEADING TO DISTRESS IN RESINENTS AND FAMILY THRSE
OEOPLE ARE HELPLESS AND DOES IT ALL LEAD TOMONEY GRABERS AND THAT OLD PEOPLE DO NOTMATER
- 16 NO
- 17 NO
- 18 NO
- 19 MCDONILDS!
- 20 CANT THINK OF ANY
- 21 CANCER TREATMENT FACILATIES IN AREA/REGION
- 22 @R75
- 23 SARAH CAFE K K
- 24 LILY
- 25 NO
- 26 beautif
- 27 W
- 28 KHKDIKH CIME
- 29 BABY
- 30 NAT IS AWESO

Figure D- 1 continued. Full Touch-screen Questionnaire Results (Part 2 of 4)

Verbatim information for question 2 continued..

- 31 NO
- 32 MENTAL STRESS TO RESIDENTS LIVING ROUND THE HINDMARSH PARK BASIN, FROM AMPLIFIED MUSIC 'CONCERTS' AND FROM THE HOTEL IN MINNAMURRRA STREET AND THE LEAGUES CLUB AT WEEKENDS
- 33 NO
- 34 gzdgvk
- 35 cm.

Verbatim information for question 4

- 1 97100
- 2 O
- 3 ((IB(\$
- 4 FITS
- 5 NO
- 6 NO
- 7 FRANK FURTS ARE YUMMY
- 8 NO
- 9 FOOD FAIRNESS ISSUES
- 10 NO
- 11 NO
- 12 NO
- 13 NO
- 14 NO
- 15 NO
- 16 NO
- 17 KFC
- 18 NO
- 19 7%OK
- 20 SARAH nicolas cAFE
- 21 DTKGHYRRT
- 22 NO
- 23 NATALIE
- 24 OADSCG
- 25 HI
- 26 ILYSM
- 27 YES
- 28 THE NEW SECRETIVENESS OF COUNCIL IN DEMANDING THAT RATEPAYERS PAY F.O.I. FEES AND ASSOCIATED COSTS FOR INFORMATION WHICH USED TO BE FREELY AVAILABLE AT NO COST TO THEM.
- 29 Need more zebra striped crossings
- 30 svfZSVjkIZSBc
- 31 nb..UYJ

Verbatim information for question 6

- 1)T
- 2 Y(Y)J
- 3 YTG
- 4 GOOD LIBRARY
- 5 FITS
- 6 FITS
- 7 NO
- 8 OPEN SPACE AND PARKS
- 9 CLOSE TO THE SEA
- 10 NO
- 11 LOCAL, INDEPENDENT BUSINESSES INSTEAD OF LARGE CHAIN FRANCHISES
- 12 NO EXCEPT 'FRIENDLY' IS SPELT DIFFERENTLY TOTHE WAY U SPELT IT (o-)
- 13 NO
- 14 NO
- 15 NO
- 16 NO
- 17 BEACHES, HUNGRY JACKS

Figure D- 1 continued. Full Touch-screen Questionnaire Results (Part 3 of 4)

Verbatim information for question 6 continued.

18 I LIKE LIVING IN A PLACE CONSIDERED A TOURIST DESTINATION AND DO NOT UNDERSTAND SOME LOCALS
 19 HATING 'THE VISITORS'..SHOULDN' T WE SHARE???

20 SPORT FACILITIES

21 PJU

22 ,HFF {}

23 GOOD SPELLING!

24 SCHOOL COMUNITY SERVICES

25 ICAMERON !"

26 NICE BABY

27 LOVE YOU GREG!!!

28 YES

29 LOSE PROXIMITY TO WOLLONGONG AND SYDNEY..

30 COMMPAETIO | "

31 NO

afSCMv

Verbatim information for question 7

1 VBJGJH

2 TPY

3 FITS

4 NO

5 NO

6 NO

7 ENCOURAGE PEOPLE TO PARK AWAY FROM THE CENTRE OF TOWN AND WALK OR RIDE A BIKE IN

8 ALLOW WIND AND OTHER ALTERNATIVE POWER GENERATING

9 NO

10 DO MORE OF THESE SURVEYS WITHOUT ANY BIASED SUPERVISORS PROMPTING YOU TOWARDS THEIR

11 ANSWERS. THESE MACHINES ARE MUCH BETTER, INSTEAD OF THE PEOPLE WHO SURVEYED US BEFORE

12 NO THEY ARE DOING A FANTASTIC JOB ATKEEPING KIAMA LOOKING AT ITS BESTY

13 O THEY ARE DOING A FINE JOB,KEEPING THE AREA CLEAN

14 NO i think it is clean

15 YORTETRT#1112324%RFHM JPIUY08776%3GEE()%\$

16 KEEP LISTENING TO YOUR COMMUNITY. THEY WILL ALERT YOU TO 'THE PROBLEMS'

17 ALWAYS REMEMBER HY THEY CAME TO THE AREA AND OR WHY THEY CONTINUE TO REMAIN, AND STRIVE TO

18 MAINTAIN THOSE REASONS.

19 LHUK

20 REPLACE STREET LIGHTS WHEN NOT WORKING

21 THEY SHOULD SET UP A WATER SLIDE

22 FTQL

23 ILYSM

24 CALL ME!!42379982

25 NO

26 DEAL PROMPTLY WITH DIMINISHING NOISE NUISANCE . WE NHAVE A STUDENT, ACAEMIC AND BUSINESS

27 POPULATION WHICH NEEDS A QUIET COMMUNITY TO SUCCEED AND PROSPER. LET'S NHAVE A QUIET TOWN.

28 B ALITLEMORE

Renewable energy needs to be at the for front of all decissions made

REDUCE CRIME INCLUDING DOMESTIC VIOLENCE

avgdb

Figure D- 1 continued. Full Touch-screen Questionnaire Results (Part 4 of 4)

Appendix E

Print-version Questionnaire – Full Results

N = 3

Demographics:

Age: 26 – 50 years = 2; > 51 years = 1

Gender: Male = 1; Female = 2

Priorities:

Table E- 1

Print-version Questionnaire Participants' Responses to each of Council's Preliminary Public Health Issues

HEALTH	Survey 1	Survey 2	Survey 3	Y:N
Access to medical services	Y	Y	Y	3:0
Access to emergency services	Y	Y	Y	3:0
Public transport	Y	Y	Y	3:0
An ageing community	Y	Y	Y	3:0
Opportunities/services for youth	N	Y	Y	2:1
Council services	N	Y	Y	2:1
Obesity	N	N	Y	1:2
Safety and crime	Y	Y	Y	3:0
Mental health	N	Y	Y	2:1
ENVIRONMENT				
Over-development	Y	Y	Y	3:0
Climate change	N	Y	Y	2:1
Waste management	Y	Y	Y	3:0
Pollution	Y	N	Y	2:1
Food availability	N	Y	Y	2:1
Traffic congestion	N	N	Y	1:2
Parking availability	N	Y	Y	2:1
Walking tracks and cycle ways	N	Y	Y	2:1
Environmental sustainability	Y	Y	Y	3:0
VALUES				
Beauty	Y	Y	Y	3:0
Sustainable phys environment	Y	Y	Y	3:0
Village atmosphere	Y	Y	Y	3:0
Friendly people and community	Y	Y	Y	3:0
Relaxed lifestyle	Y	Y	Y	3:0
Small town yet close to major centres	Y	Y	Y	3:0
Good facilities	Y	Y	Y	3:0
Interaction - council/residents	Y	Y	Y	3:0

Additional Priorities:

Table E- 2

Print-version Questionnaire Participants' Additional Priorities

Question	Survey 1	Survey 2	Survey 3
2 – Health	n/a	<i>Dental services (free service for children / aged persons)</i>	n/a
4 – Environmental	<i>Revegetation / reforestation of land that council manages (enough of the acres of mown grass!)</i>	n/a	n/a
6 – Values	n/a	n/a	n/a
7 – Comments	<i>Stop these new "caravan parks" and prevent any more rural land being subdivided</i>	n/a	n/a

Appendix F

Summary of Public Health Priorities by Age

Table F- 1

Chronological List of Public Health Priorities of each Participant Age-group

Public Health Area	< 25 years		26 – 50 years		> 51 years	
	Issue	Support by Participants (%)	Issue	Support by Participants (%)	Issue	Support by Participants (%)
Health	Public transport	87.5	Access to medical services	100.0	Access to emergency services	92.6
	Opportunities/services for youth		An ageing community		Access to medical services	85.2
	Access to medical services	81.3	Opportunities/services for youth		Public transport	
	Access to emergency services		Mental health		An ageing community	
	An ageing community		Access to emergency services	90.0	Opportunities/services for youth	
	Council services		Public transport		Safety and crime	70.4
	Safety and crime		Council Services		Council services	
	Mental health	80.0	Safety and crime	60.0	Mental Health	55.6
	Obesity	50.0	Obesity		Obesity	
Environment	Over-development	87.5	Over-development	100.0	Over-development	88.9
	Waste management	81.3	Walking tracks/ cycle ways		Parking availability	85.2
	Traffic Congestion		Environmental sustainability		Waste management	77.8
	Parking availability	75.0	Climate change	90.0	Pollution	
	Environmental sustainability		Pollution		Traffic congestion	74.1
	Climate change	68.8	Food availability	80.0	Climate change	66.7
	Pollution		Waste management		Food availability	63.0
	Food availability	62.5	Traffic congestion	60.0	Walking tracks/ Cycle ways	
	Walking tracks/ cycle ways		Parking availability		Environmental sustainability	
Values	Beauty of the area	93.8	Beauty of the area	100.0	Beauty of the area	85.2
	Sustainable physical environment		Sustainable physical environment	90.0	Small town yet close to major centres	81.5
	Relaxed lifestyle		Village atmosphere		Relaxed lifestyle	
	Good facilities	93.3	Good facilities	80.0	Friendly people	77.8
	Friendly people	87.5	Friendly people		Village atmosphere	70.4
	Small town yet close to major centres	86.7	Relaxed lifestyle		Sustainable physical environment	63.0
	Interaction between Council and residents		Interaction between Council and residents		Good facilities	55.6
	Village atmosphere	81.3	Small town yet close to major centres	60.0	Interaction between Council and residents	44.4

Appendix G

Full List of Participants' Additional Priorities

Health Issues

- Bottled water / bubblers
- Alcohol
- Drugs
- Tobacco
- Energy drinks
- Cancer-smart environments
- Dental services
- Domestic violence
- Cancer treatment facilities in LGA
- Nuisances / noise
- Cycle safety
- Zebra crossings

Environmental Issues

- Plastic bag FREE
- Making farming appealing again
- Tree policy
- Weed eradication
- Revegetation / reforestation of land
- Food fairness issues
- Signage for "dogs-off-leash"

Values

- Vibrancy
- Importance of embracing variety (age, cultural, tourists)
- Open spaces and parks
- School community services

Appendix H

Focus Groups – Full Results – Summary of Issues Discussed

Topic Area - HEALTH

- **Access to medical services**
 - Working together with medical / dental professions, UOW medical school, Illawarra division of GPs, SESIH, Media
 - Attracting doctors – providing rewards
 - Educational Grants Scheme to support local people to return to the area
 - Clinic specifically for 65+ ? (collaborate with aged-care facilities)
 - alternative services / allied health
 - local GPs not keeping up with local services
 - education: questioning, how to interact with GPs, making other services visible, barriers to being treated, cost of being treated
 - healthy services directory (Eg. Wingecarribee – distributed with local paper)
- **Access to emergency services**
 - Currently hospital is 14kms away
- **Public transport**
 - Gofers – plug-in recharge, driver education
 - Servicing large functions – shuttle bus; subsidised taxi scheme
 - Taxi stand at the train station?
 - Free / Dollar Bus
 - Also enables better social connections
 - Partnership with local club services
 - Problem of visibility – who may use the service etc – needs to be obvious
 - Skateboards, scooters, gofers – need adequate foot paths
- **An aging community**
 - Mobility is major problem – encouraging the elderly to get around
 - Problem = increasing isolation of the elderly
 - Quality/angle/width of footpaths, gofers, car-pooling system (sharing transport)
 - Amount of facilities available
 - Specific focus on:
 - Oral health; dementia
- **Opportunities and services for youth**
 - Housing affordability
 - Recreation facilities – eg. Cinemas
- **Council services**
- **Obesity**
 - Social cohesion
 - Physical activity – quality and amount of open space
 - Access to healthy food – making healthy food attractive; special day to promote healthy food
 - Apple-slinky machine
 - Work on monthly markets – healthier stalls, controlling food fundraisers
 - Healthy food policies for clubs/community groups
 - Work on food advertising (NB: national report particularly focuses on advertising of unhealthy food)

- **Safety and crime**
 - Grey area between health services and police services
 - Permanent police presence
 - Making it safer for people to go out
 - Youth safety – violence, out-of-towners, cars cruising
 - Lighting
 - More reporting of incidents – police assistance line
- **Mental health**
 - Dementia
 - Drugs and alcohol

HEALTH – Additional Issues

- **Bottled water / bubblers**
 - Eg. Manly council – filters installed in bubblers to improve sanitation and use
- **Alcohol**
 - Zoning (beaches and car parks)
 - What are the guidelines on zoning? Is zoning necessary? Just need more awareness?
 - Amount of outlets / venues (rules around availability, mechanisms to limit consumption)
 - Policing black-spots
 - Social culture – supports bingeing, alcohol and sports clubs, “Bundy Monday”, banner advertising
- **Energy drinks**
- **Drugs**
- **Tobacco**
 - Heavy lobbying to legislate this – in open areas as well as closed?
 - Eg. Entrance to Kiama Centro shopping centre = thick smoke
 - Needs community ownership
 - But bins

Topic Area – ENVIRONMENT

- **Over-development (high-density living and loss of agricultural land)**
 - Loss of agricultural land is very important - needs to be sustained (want to protect the history and the environment)
 - historical role that agriculture has played in the community
 - opportunities for increased local food production
 - Need to recognise that “increased-density” living is necessary
 - NB: “increased-density” rather than “high-density”
 - Important issue = housing affordability (diversity forming)
 - particularly for young people
 - Jobs and employment
 - Not just casual → attract the “right” business
 - What is the vision for Kiama? Retirement town VS. Tourist town
- **Climate change / global warming**
 - Deserves recognition
 - Education – people still don’t know what they can and cannot recycle
- **Waste Management**
 - Lack of recycle bins – yellow bins needed in all living areas and on beaches
 - Surf beach needs more bins
 - Kendall’s needs more during the holiday period
 - More collection

Topic Area – ENVIRONMENT - Continued

- **Pollution (including stormwater and air quality)**
- **Food availability (including local produce)**
 - Support local farming + food production
 - Organic farming
 - Food Fairness policy → FFI
 - Healthy food options
 - Healthy food policies for clubs/community groups
- **Traffic congestion**
 - Gofer scooters – road safety and training, quality of footpaths
 - See public transport
- **Parking availability**
 - Re-do markings / stripes
 - Parking for caravans / trucks
 - Top of town – leisure centre?
 - Parking lot at upper Akuna St. – could be used better - need to increase access/visibility from Terralong St in particular
- **Walking tracks & cycle ways**
- **Environmental sustainability (including energy, water and biodiversity)**
 - More info needed for community
 - Selling energy back into the grid
 - Adding solar energy to every house
 - Alternative energy – “out of the hands of local government”?

ENVIRONEMENT- Additional Issues

- **Plastic bag FREE**
 - Danger/pollution
 - Needs thorough planning
 - Barriers:
 - (1) legislation - corporate policy of large retailers
 - (2) behaviour change - education of new culture (re-education)
- **Making farming appealing again**
- **Tree policy / weed eradication**
 - Active policy that encourages planting particular types of trees
 - Need collaboration with the community
 - Education program on the value of trees, identifying natives etc
 - Proper planning of tree-planting, need patience
 - Trees in terms of safety – “Tree Policy Hamilton NZ” (recommended document)
 - Weed eradication
 - Important to improve the environment
 - Land care groups
 - Lending tools and trailers etc – council could help out
- **Signage for “dogs off leash”**

Topic Area - VALUES

- **Beauty of the area**
 - Cleanliness of beaches/living areas particularly valued
- **Sustainable physical environment**
 - “beauty is always there but if we don’t sustain it, it won’t be”
 - Maintaining beaches – alcohol free zones, glass bottles, run off
- **Village atmosphere**
 - Cohesion; Residents participating in community life
- **Friendly people and community**
 - Great pride of the people
- **Relaxed lifestyle**
- **Small town yet close to major centres**
 - Being a small town has a number of strengths: innovation, healthy by design, ability to do things differently, Resource base
 - On the other hand – value of being non-urbanised “Kiama should not become a mini-city” - Keep our farmland
 - Important to not cut out development BUT instead be well managed
- **Good facilities**
- **Interaction between council and residents**
 - “enjoy the way we interact with council and residents”
 - Important to be representative (play on the strengths/ideas of all community members)
 - Networking (esp. with groups) – “resources” in the community that can be developed
 - Important to go through community networks NOT just the media
 - Clubs, service groups
 - Touch screen; improvements to Council Website - Info for residents, events etc
 - Providing opportunity - need to find a way of enabling all the diverse groups to be seen and to get involved
 - Youth + facebook? (Mayor have a facebook page?)
 - School student newsletter
 - “Small Sparks Grants”? (Eg. South west community Dapto)
 - People to develop something in their community
 - Council customer service team = very helpful
 - Problem = cost cutting – having to deliver services with little resources
 - Consideration = limiting services??

VALUES – Additional Issues - Continued

- **Vibrancy**
 - Sports, arts, crafts etc
- **Importance of embracing variety**
 - “Problem with monoculture”
 1. Cultural diversity (new migrants don’t come to area – nice to attract new residents)
 2. Sharing with tourists
 3. Age diversity – “lacking appreciation of teenagers”, “losing them”
 - HOW to attract young people?
 - Variety of services
 - Longer trading hours / late night shopping / Dances, Cinemas
 - Intergenerational activities
 - Housing affordability / Transport / Safety
 - **Pavilion** – too expensive for community groups to use
 - **Youth Centre** - inadequately sized
 - **Men’s Shed** in Kiama?

Appendix I

Focus Groups – Narrative Summary of Results – Compiled for Participants to Review

Session date:

Tuesday 15th September 2009

Group 1: 10:00am – 11:30pm

Group 2: 5:00pm - 6:30pm

Overview:

This paper presents the combined findings from the two community focus groups held as part of the preparation for the Health and Sustainable City Plan 2010 – 2015.

Discussion within the focus groups centred on three key areas:

1. What residents *value* the most about living in the Kiama Municipality
2. What residents perceive to be the priority *environmental issues* facing the Municipality
3. What residents perceive to be the priority *health issues* facing the Municipality

Under each of these topic areas Council presented a list of perceived public health priorities, as informed by past survey data from various sources.

Community feedback was sought for two purposes:

1. To obtain comment on the established priorities in terms of which attributes of a given issue rendered it a priority and, what action can be taken to address the issue.
2. To receive suggestions of additional issues and priorities that were not yet present on Council's priorities lists.

The overarching aim of the community consultation was therefore to ask the community: "has Council got it right?"

Summary of Findings**1. Values**

Participants in each of the focus groups expressed strong views on the various positive attributes of the Kiama Municipality and agreed that these values should be embraced and supported under Council policy and within its initiatives. Each of Council's previously established priorities were supported and, two additional values were raised as necessary priorities.

Established Priorities

- Beauty of the area
- Sustainable physical environment
- Village atmosphere
- Friendly people and community
- Relaxed lifestyle
- Small town yet close to major centres
- Good facilities
- Interaction between Council and residents

Whilst participants agreed on the importance of each of the existing values presented by Council, discussion centred on three of these values in particular. Maintaining the physical environment...

...was considered to be vital to ensuring the sustained beauty of the Municipality that is so highly valued by its residents. Participants also highlighted the various strengths inherent in Kiama's status as a small town. In particular, the Municipality's opportunity to be innovative and "do things differently" was highly valued, although it was stressed that further town development must not be cut out but instead be well managed. Finally much discussion surrounded the importance of interaction between council and residents. It was thought that the Municipality could benefit greatly from the diverse strengths and skills of its community members. Of importance here however was the identified need for increased representativeness, whereby Council will need to develop improved methods of reaching the many varied subgroups that make-up the community. Some suggestions for improved networking included collaborating with clubs and service groups, setting up a Facebook page to engage with youth and, making improvements to the Council website.

Novel ideas and issues

Novel values raised by the community during the focus groups included:

- Vibrancy
- Importance of embracing variety

Participants highlighted two additional attributes of the Municipality that are of high value. Firstly it was discussed that the vibrant culture of the Kiama Municipality (including, amongst others, its thriving communities of sports, crafts and visual and performance arts) is an asset to the community and should continue to be fostered and celebrated. At the same time however, participants also voiced the need for greater acceptance of variety in the community in terms of embracing cultural diversity, age diversity and the need to share with tourists. Here it was discussed that Council must combat "problems with monoculture" by focusing on attracting new residents to the area and, young people in particular. Suggested mechanisms for this included providing more entertainment in the form of cinemas or dances and establishing longer trading hours or "late-night shopping" amongst local businesses. Addressing larger-scale problems with housing affordability, public transport and perceptions of safety was also considered essential.

2. Environment

In discussing the environmental priorities facing the community, participants again agreed on the importance of all of Council's previously established priorities, however there were some diverse views on the finer attributes of these issues. A number of novel concerns and suggestions were also raised. Finally it should be noted that there was much overlapping between environmental issues and health issues. It was hard to separate some topics into one category or another as they held relevance and importance in both categories.

Established Priorities

- Over-development
- Climate change / global warming
- Waste management
- Walking tracks and cycle ways
- Pollution
- Food availability
- Traffic congestion
- Environmental sustainability (energy, water, biodiversity)

Discussion about environmental priorities was quite evenly spread across all topic areas. Firstly on the topic of over-development there was some conflict between the expressed importance of sustaining the agricultural land, particularly for its role in supporting local food production, and the inevitability of "increased-density" living in the heart of Kiama. It was thought however that both of these features could continue to occur in concert, with pressing issues for the Municipality's surrounding the need for affordable housing and the need to decide on Kiama's future as either a "retirement town" or a "tourist town".

Problems with Traffic congestion were also discussed in-depth in terms of its inconvenience and its affect on noise and air pollution. Here discussion on possible solutions centred on public transport and will be discussed next under "health issues". Some points raised in relation to parking included the need for re-painted markings, allocated spaces for caravans and large vehicles and, the possibility of improved utilisation of the upper Akuna St parking lot.

Finally much discussion was also dedicated to environmental sustainability. Under the topic of waste management participants expressed the need for more recycle-bins in coastal areas in particular as well as more community education. Possibilities for renewal energy were also addressed, with discussion touching on both solar and wind energy options.

Novel ideas and Issues

- Plastic bag FREE
- Making farming appealing again
- Tree policy
- Weed eradication
- Signage for "dogs off-leash"

Amongst the novel priorities suggested to Council, the issue of eradicating plastic bags dominated much of the discussion in the first group. Here it was thought that any approach on this issue needed thorough planning with the two key barriers to its implementation being (1) legislation - in terms of the corporate policy of large retailers and, (2) behaviour change - in terms of educating a new culture (re-educating cultural/societal norms).

Another main discussion point was the need for an active tree policy that would educate the community on the value of trees and the identification of natives, as well as clearly outlay the rules for tree planting and removal.

3. Health

The discussion of health issues was heavily interconnected with the discussion of the environmental issues. Under this third topic area participants again unanimously agreed on the importance of all of Council's previously established priorities. Participants however also raised a large number of additional issues that were considered to be essential to the health of the community and should thus form key priorities for Council in the future.

Established priorities

- Access to medical/emergency services
- Public transport
- An ageing community / Opportunities/services for youth
- Council services
- Obesity
- Safety and crime
- Mental health

Two major population subgroups dominated discussions over health issues, namely the ageing and youth, as these groups were seen to be in need of improved services and opportunities. In terms of the ageing community, concerns were raised about the increasing isolation of residents. Other key considerations for this group included problems with poor mobility, dementia and mental health and also dental health. In terms of the Municipality's youth, in addition to the aforementioned possibilities for improved entertainment, participants voiced much concern over the problem of safety and crime. It was discussed that recent increases in violence, drugs and cruising cars and out-of-towners were making the streets unsafe for youth at night. Possible solutions raised by participants included an increased police presence, improved lighting and more reporting of incidents by residents.

Another significant discussion point was the importance of improved public transport in the Municipality. Firstly, the need for adequate footpaths was raised, for the purpose of safely accommodating many forms of alternative transport including walking/jogging, gofers, bicycles, skateboards and scooters. It was said that footpaths needed to be of a high quality, large width and suitable angle to the road/surrounds. Other suggestions for public transport included a car-pooling system between residents, particularly for aiding the elderly, or a renewed subsidised-taxi scheme. A "free" or "dollar coin" community bus was also discussed with considerations including the possibility of partnerships with local clubs and the need for high visibility of the service amongst all residents.

Finally some discussion concerned a lack of access to GP and allied health services in the area. It was however acknowledged by the groups that this is a complex issue that is to some extent out of Council's hands. Participants voiced the need for Council to foster partnerships with medical services, medical schools, the Illawarra Division of GPs, South Eastern Sydney Illawarra Health and the media, amongst others. Other issues raised included the need to devise methods of attracting doctors to the area, as well as the possibility of providing a separate clinic specifically for those aged 65+.

Novel ideas and issues

- Bottled water / bubblers
- Alcohol / energy drinks / drugs / tobacco
- Cancer-smart environments
- Nuisances (noise)

A large number of new considerations were raised by participants in relation to health issues. In particular, discussion centred on addressing harmful lifestyle choices and providing a safe environment. Producing a cancer-smart environment was discussed as including considerations for sun safety, tobacco use, drug and alcohol use and also obesity. In terms of sun safety, it was recommended that Council provides more shade options at coastal locations as well as general shelter throughout the Municipality from wind, rain etc. In addressing problems with alcohol, participants voiced a desire for increased alcohol-free zoning of beaches and parks or alternatively some increased education to improve awareness of current zoning. Other recommendations included reducing the amount of alcohol venues or other acts towards limiting consumption, increasing the policing of known black-spots and also attempts at addressing a negative social culture linking alcohol with sports. Similar concerns and recommendations also arose in relation to tobacco use and drug problems in the area.

Conclusion

The community focus groups provided vital feedback and recommendations for Council, in preparation for the Healthy and Sustainable City Plan 2010 – 2015. Overall there was broad consensus across both focus groups on Council's established priorities, with each of the presented issues receiving support from the participating community members. None of the established priorities were deemed irrelevant or unimportant. In addition, a large number of additional issues were also raised by the participants, with novel ideas arising in particular under the environment and the health topic areas.

The focus groups were considered a great success. The groups delivered rich discussion with a variety of point of views raised. We would like to thank the participants again for dedicating their time and for contributing their much valued opinions and recommendations.

This paper has presented only a brief overview of the proceedings of the two focus groups. More detailed minutes of the meetings as well as further information on the 2010 Health Plan are available for interested persons. We also welcome any additional feedback.

Please Contact:

Julie Errey

Team Leader, Health and Environment

Kiama Municipal Council

Phone: (02) 4232 0416

Email: juliee@kiama.nsw.gov.au

Appendix J

Project Poster (Presentation)

Have We Got it Right?

A Community Engagement Project

Background:

- Kima Healthy and Sustainable City Plan
- Importance of involving the community

Aim:

To implement a community engagement strategy for the purpose of consolidating Council's understanding of the residents' current public health priorities.

Objectives:

1. Compile a preliminary list of perceived priority public health issues, through the analysis of previously collected data.
2. Obtain public comment on perceived priority issues, via public participation in one of three community engagement activities...
3. Compile a final list of the Municipality's priority public-health issues, using the results of the public consultation.

Priorities (Topic Areas):

1. Health
2. Environment
3. Values

Community Engagement Activities:

1. Self-administered questionnaire - Touch-screen
 - Both closed and open-ended questions
 - 2 locations (4 weeks)
2. Self-administered questionnaire - download
3. Semi-structured focus groups
 - 2 sessions – max. 12 participants per group

Results:

Overall, all of Council's pre-established priorities received support from participants.

Most important priorities:

HEALTH:

- (1) Access to emergency services.
- (2) Opportunities – services for youth
- (3) Access to medical services / Public transport / An ageing community

ENVIRONMENT: (1) Over-development

- (2) Waste management
- (3) Pollution / Parking availability

VALUES:

- (1) Beauty of the area
- (2) Relaxed lifestyle
- (3) Friendly people

Additional priorities:

HEALTH:

- Bottled water/bubblers - Alcohol/drugs/tobacco -
- Cancer-smart env. - Dental health - Domestic violence -
- Zebra crossings -

ENVIRONMENT:

- Plastic bag FREE - Tree policy - Making farming appealing again - Revegetation/reforestation -

VALUES:

- Vibrancy - Embracing variety (age/culture/tourists) -

Have we got it right? – Recommendations:

YES! But...

Have we got it right? – Recommendations:

YES! But...



Julie Frey
Kima Municipal Council
Lesley Hare – University of Wollongong



Kima Healthy and Sustainable City Plan

Figure J- 1. Project Poster used in Formal Oral Presentation of Findings