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SunSmart policies and practices in Victorian local government: 2005

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ABSTRACT

The principal aim of the current study, conducted from June 2005 to January 2006, was to assess the level of documented commitment to skin cancer prevention in local government. Council policies/strategic documents (Municipal Public Health Plans (MPHP), Municipal Strategic Statements (MSS) and Municipal Early Years Plans (MEYP)) were collected and subjected to a content analysis. This included both specific and implied references, as in a broad sense, implied mentions offer scope to address shade and skin cancer prevention in local community as opportunities arise. Council officers' self-reporting of the inclusion of shade and sun protection references in these documents was collected via a short questionnaire.

Content analysis revealed that specific references to shade, sun protection and skin cancer prevention were relatively low in all documents, but were highest in MPHPs (28%) and lowest in MSSs (13%). However, implied references to shade provision were much more frequent across all three documents, 67% in MPHPs, 64% in MSSs and 51% in MEYPs. There was a relatively high level of agreement between self-report responses to the survey and results from the content analysis. Reported inclusion of references to sun protection in MPHPs was lower in 2005 than in previous years (26% compared to 49% and 54% in 2001 and 1998 respectively).

While reports of inclusion of references to shade provision in strategic documents were encouraging, there remains substantial scope for improvement. The results show that there is scope to increase councils' recognition of implicit mentions of sun protection as also representing opportunities to address shade and sun protection in their local community. Examples of best practice collected through the survey can be adapted by SunSmart to assist local councils to include references to shade and sun protection in future reviews of the council's key strategic documents, taking scheduled timing of review periods into account.

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INTRODUCTION

Local government authorities (councils) have a key role to play in supporting community efforts to reduce exposure to ultraviolet radiation, in terms of physical and environmental resources, and behaviour and activity of council employees and contract workers.

In previous years (1990, 1993, 1998 and 2001) SunSmart monitored Victorian local government policies and practices in relation to skin cancer prevention utilizing comprehensive and detailed questionnaires completed by staff of various relevant departments of local government¹⁻³. These surveys assessed an extensive range of local government domains that were relevant for skin cancer control; including references to skin cancer control in Municipal Public Health Plans (MPHPs) and in town planning; ratings of shade (both existing and under development) in parks, gardens, streetscapes, child care centres and swimming pools; and policy supporting sun protective behaviours of council employees, contract staff, and participants and staff of children's programs. This data was based on reports by council staff and there was some evidence reports were not reliable. For example there were some cases where councils reported existence of policy for particular domains in 1998 but no policy three years later.

The current study, conducted from June 2005 to January 2006, broadly aimed to assess the level of documented commitment to skin cancer prevention in local government. It aimed to identify which councils currently have policy and strategic documentation which supports skin cancer prevention, shade provision and sun protection, and to validate the level of this commitment through content analysis of key strategic documents. A second aim of the study was to provide information to SunSmart to enable a more strategic approach to implementing strategies promoting environmental change, tailored to the specific context of each council's planned timing of policy reviews, and to assess best practice, which will be useful in developing case studies to support councils yet to undertake policy development. In addition, the survey provided updated council contact lists for use by the SunSmart community program.

METHOD

Data collection

Two sets of data to investigate the inclusion of shade and sun protection references in policy were collected: council officers' self-reporting (via a short questionnaire), and council policies/strategic documents. In June 2005, all 79 Victorian councils were requested to supply copies of their strategic documents and invited to participate in a short survey. The questionnaire was addressed to the Health Planner within each council. A primary aim was to gather all key strategic documents where shade or skin cancer prevention might be considered. The questionnaire focussed on obtaining copies of Municipal Public Health Plans (MPHP), Municipal Strategic Statements (MSS) and Municipal Early Years Plans (MEYP), and included self-report of sun protection/shade references in strategic documents, questions on policy for council staff when working outdoors as well as questions about whether there were policies relating to Council operated childcare, day care, holiday and other programs, kindergartens and swimming pools. Where councils had not provided these documents with their returned survey, attempts to locate them from websites were made prior to further requests during phone follow-up.

Respondents were informed that:

"The purpose of this short survey is to evaluate the progress that has been made concerning policies and practices relating to the control of skin cancer at the municipal level. The information provided will be used to help review SunSmart's initiatives in local government and to help shape future plans for the SunSmart Program."

Due to low initial response rates, a revised questionnaire was sent in August/September 2005 to councils that had not responded. This second questionnaire omitted most of the additional questions on policy for council staff when working outdoors as well as the questions about whether there were policies relating to council-operated childcare, day care, holiday and other programs, kindergartens and swimming pools. It focussed principally on obtaining copies of all relevant strategic documents, regardless of whether they were judged by council officers to include mentions of sun protection/shade. The distribution of the second questionnaire was followed by intensive ongoing phone and email contact with non-responding councils to encourage participation.

Key documents

Municipal Public Health Plans (MPHP). Article 29B of the Health (General Amendment) Act 1988 states:

- “1. Every council must in consultation with the Secretary, prepare at three year intervals a municipal public health plan.” (Art. 29B.1)
2. A municipal public health plan must –
 - (a) identify and assess actual and potential public health dangers affecting the municipal district; and
 - (b) outline program and strategies which the council intends to pursue to –
 - (i) prevent or minimise those dangers; and
 - (ii) enable people living in the municipal district to achieve maximum well-being; and
 - (c) provide for periodic evaluation of programs and strategies.
3. Every council must review its municipal public health plan annually and, if appropriate, amend the plan.”

By June 2006, over 80% of councils were implementing a current MPHP.* The remainder were in the process of reviewing their MPHP or developing a new one.

Municipal Strategic Statements (MSS). This document expresses the council’s vision for the development and planning of their land and communities. The Planning and Environment Act 1987 requires councils to review their MSS at least once every three years. A general practice note has been issued by the Department of Infrastructure relating to the MSS and the three-year review, which provides guidance to responsible authorities on the matters the review should deal with.

Municipal Early Years Plans (MEYP). The MEYP is a relatively new document, an initiative of the Municipal Association of Victoria (MAV) and the Department of Human Services (DHS) begun in 2004. MEYPs are a local area plan designed to provide strategic direction for the development and coordination of local government early childhood education, care and health programs that serve children 0-6 years. Similar to the MPHP, the MEYP should be reviewed annually and new plans developed every 3 years. According to the MAV Early Years Consultant, 66 councils had submitted MEYPs by April 2006, 11 were in the process of developing their plan and 2 had no plan at that time.

Response rates

For the 79 councils in Victoria, a total of 79 MSSs (100%), 57 MPHPs (72%), and 39 MEYPs (49%) were collected. One MSS was only available in incomplete form, and was excluded from the analyses. Not all councils have MEYPs (84%; 66 councils); this implies that the study collected at least 59% of the MEYPs available at the time.

* <http://www.health.vic.gov.au/localgov/mphp.htm>, accessed 6 September 2006, last updated 26 June 2006

Forty-three completed surveys were returned. This response rate of 54% was lower than that for the much longer surveys on similar issues conducted in 2001 (82%) and 1998 (86%) due to more limited phone follow-up and focus on locating web-based documents.

Content analysis

Each of the key strategic documents was reviewed. All references to shade provision, sun protection and skin cancer prevention were recorded, together with their location(s) within the document. The analysis was conducted in terms of both specific and implied references, as in a broad sense, implied mentions offer scope to address shade and skin cancer prevention in local community as opportunities arise. For example, documents may refer to 'well-designed' urban space, 'quality health, social, recreation and education programs', or the intention to 'increase and enhance accessible public space'.

Missing data

Of the 43 councils that returned surveys there were six cases in which the survey had missing data. In two cases documents relating specifically to a Shade Policy were forwarded and questions relating to sun protection in MPHP and MSS were ignored, possibly because the respondent believed that the specific Shade Policy made reference to sun protection in other policy documents irrelevant. In two cases it seems likely that the respondent was not fully familiar with the content of their MSS and in one case the relevant officer was not available when the questionnaire was completed. Questions which appeared only in the first version of the questionnaire (relating to policy for council staff when working outdoors as well as the questions about whether there were policies relating to Council operated childcare, day care, holiday and other programs, kindergartens and swimming pools) were not analysed due to the low number of councils returning this version of the survey (25).

RESULTS

Review periods of documents

Opportunities to include policy that addresses skin cancer prevention arise at times when councils review their key strategic documents. According to the Project Officer for Local Government Partnerships at the Department of Human Services:

"Councils are generally complying with requirements to review. ... Some Councils take longer than three years due to a range of reasons, however there are no ramifications as a result."

(Personal communication, 7/9/2006)

MPHPs are required to be reviewed every 3 years. Information on the review cycle of the MPHP was available for 69 councils (some review dates were obtained after the main data collection and analysis were complete). The majority of councils projected for their MPHPs to be reviewed every 3 years (81%) (see Table 1). Using these review cycles and dates, the next review date was calculated for each available MPHP. MPHP reviews are relatively evenly distributed, with around one third of councils planning to review their MPHP in each of the next 3 years (see Table 2). However, as the Health Act (which contains legislation for MPHPs) is currently under review, there may be some changes to these dates. One of the suggested revisions to the Act would alter the timing of plan development and review to try and synchronise the plans to some extent. The Act will be put to cabinet later this year. Even if it goes through, the changes will not come into effect until 2008.

As the MEYP is a new initiative, all documents included in the analysis were created in 2004-2005. Information on the review period of the MEYP was available for 28 councils. Of these, the majority of MEYPs were projected to be reviewed after 3 years. Two MEYPs were recorded as being due for review in 2006 and 10 in 2007.

Although the MSS is also required to be reviewed every 3 years, the standard format used by most councils for their MSS does not include the details of the next planned review date. As such, review dates were only available for 32 MSSs for which respondents provided this information in the survey. Most were reported as being due for review in the year of the survey (2005) or the following year.

Table 1:
Review periods for strategic documents

<i>Review period (years)</i>	MPHP (n=79)	MEYP (n=79)
Document not accessed for study	5%	51%
Not specified	8%	13%
<3	0%	2%
3 (eg 2005–2007 or 2005–2008)	81%	24%
>3	6%	10%

Table 2:
Next review dates for strategic documents

<i>Next review date</i>	MPHP (n=69)	MEYP (n=28)
2006		2
2007	29%	10
2008	35%	13
2009/10	36%	3

References to shade provision, sun protection and skin cancer prevention in key strategic documents

In 2005, specific references to shade, sun protection and skin cancer prevention were relatively low in all documents, but were highest in MPPPs (28%) and lowest in MSSs (13%). Shade provision was mentioned more often than sun protection and skin cancer prevention in all document categories (see Table 3). Approximately one fifth of LGAs had specific references to shade provision in their MPPPs and MYEP, compared to only 13% of MSS documents. However, implied references to shade provision were much more frequent across all three documents, 67% in MPPPs, 64% in MSSs and 51% in MEYPs.

Table 3:
References to shade provision, sun protection and skin cancer prevention in key strategic documents

	<i>Shade provision</i>		<i>Sun protection</i>	<i>Skin cancer</i>	<i>Combined shade/sun/skin</i>	
	<i>Specific</i>	<i>Implied</i>	<i>Specific</i>	<i>Specific</i>	<i>Specific</i>	<i>Specific/ Implied</i>
MPHP (n=57)	23%	67%	12%	18%	28%	72%
MSS (n=78)	13%	64%	1%	0%	13%	65%
MEYP (n=39)	21%	51%	5%	0%	21%	59%

Comparison between self-report measures and content analysis

One focus of this study was to compare councils' self-reporting of their inclusion of shade and sun protection with the content analysis of the relevant strategic documents. In the survey, council representatives were asked: "Does your council's MPHP/MSS/MEYP include any reference to sun protection/shade?" While the low number of councils for which both documents and survey responses were available means that any conclusions drawn must be tentative, in terms of specific references to sun protection and shade provision there was a relatively high level of agreement between responses to these questions and results from the content analysis. Agreement ranged from 74% for MEYPs to 89% for MSSs (See Table 4), indicating that council representatives are generally accurate in their self-reports. When both specific and implied mentions were considered, there were significant discrepancies between the content analysis and the self-reports (53-70% disagreement in each document category). This was largely due to council representatives underestimating implied references to shade provision and sun protection, suggesting that they primarily focussed on specific references when answering the questions, and may not have considered the potential that implied references offer to address shade and sun protection in their local community as opportunities arise.

Table 4:
Percentage agreement between content analysis and self-report

	MPHP		MSS		MEYP	
	<i>Specific</i>	<i>Specific/ Implied</i>	<i>Specific</i>	<i>Specific/ Implied</i>	<i>Specific</i>	<i>Specific/ Implied</i>
	(n=32)	(n=32)	(n=36)	(n=36)	(n=27)	(n=27)
Agreement	78%	47%	89%	30%	74%	44%
Mentioned in document	19%	25%	6%	8%	11%	22%
No mention in document	59%	22%	83%	22%	63%	22%
Disagreement	12%	53%	11%	70%	26%	56%
Self-report overestimates	16%	9%	3%	0%	22%	11%
Self-report underestimates	6%	44%	8%	70%	4%	45%

Comparisons with previous years

Comparisons with previous years' audits are only possible for self-report data, as 2005 was the first year a content analysis of strategic documents was conducted. This limits the generalisability of the findings, given that only 43 councils (54%) returned surveys. All councils that returned surveys had MPHPs, as compared to 69% in 2001 and 52% in 1998 (see Table 5), although 7 MPHPs were being reviewed at the time of the survey, and 1 was incorporated into the council plan. Reported inclusion of references to sun protection in MPHPs was lower in 2005 than in previous years (26% compared to 49% and 54% previously). While this may represent a true reduction in the percentage of MPHPs including references to sun protection, this figure is based on just over half of the 79 Victorian councils, and may therefore not be reliable. However, as reported above, there was a high level of agreement between self-report and specific mentions of sun protection verified through content analysis.

Table 5:
Comparison between audit years of sun protection in MPHPs

	% of councils completing survey that had MPHP		% MPHP reported to include references to sun protection	
		<i>n</i>		<i>n</i>
1998	52%	67	54%	35
2001	69%	65	49%	45
2005	100%	43	26%	43

DISCUSSION

The results indicate that local councils are beginning to address sun protection and skin cancer prevention in their key planning documents. The motivation for changing the format of the survey from a lengthy questionnaire, as in previous years, to the collection of two sets of data based upon a short questionnaire and content analysis of strategic documents was both to validate the data from questionnaires and to identify areas where specific policy relating to shade provision may be encouraged. The study showed that respondents were largely accurate in their self-reports of references to sun protection, although this may have been encouraged by the study methodology, which requested respondents to submit copies of the relevant documents. There is however scope to increase councils' recognition of implicit mentions of sun protection as also representing opportunities to address shade and sun protection in their local community.

In terms of identifying areas where specific policy relating to shade provision may be encouraged, the study has also provided useful results. In 2005, skin cancer prevention, sun protection and shade provision were addressed most comprehensively in MPHPs. Shade provision is an area in which councils can make a significant contribution to skin cancer prevention in their communities. While reports of inclusion of references to shade provision in strategic documents were encouraging, there remains substantial scope for improvement in this regard.

The results show several councils have begun to address this issue at the planning stage. The study has identified examples of how and where some councils were able to integrate shade into planning documents and development of case studies of how and where sun protection was addressed in these strategic documents may be useful in encouraging more councils to do this. In particular, the MPHPs of the City of Casey, Boroondara City Council, Hepburn Shire Council and Kingston Shire Council, and the MEYPs of Yarra City Council and Wangaratta Rural City Council may provide good examples of ways in which skin cancer prevention strategies may be incorporated into other councils' documents. This information will be useful in SunSmart's work in assisting local councils that do not have any reference to sun protection, skin cancer prevention or shade provision in documents to consider including them in future reviews of the council's key strategic documents. The detailed information about the scheduled timing of the review periods of the planning documents will also be useful to SunSmart in timing strategies effectively. Moreover, this study has provided SunSmart with a validated measure of the levels of inclusion of shade provision, skin cancer prevention and sun protection in councils' strategic documents.

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