

# Healthy Built Environments

2013: A Watershed in Healthy Planning

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**2013 may well go down in NSW history as a watershed year for healthy planning. Just a decade or so ago, only a handful of health professionals, and even less planners, recognised the crucial role that the built environment plays in supporting people's health and well-being as part of everyday living.**

We have come a long way since those days. The NSW Planning Bill 2013 currently before the State Parliament has a specific health objective framed around the notion of healthy built environments:

1.3 'Objects of Act' (1) (i): *to promote health, amenity and quality in the design and planning of the built environment.*

The result of ongoing and concerted lobbying from different stakeholders in healthy built environments, the 'health and wellbeing' objective will make NSW the first Australian state (and an international leader) to legally recognise the impact of urban planning and development on the health and wellbeing of our whole population.

Healthy planning will be part and parcel of what planners do, working in close collaboration with health professionals. Within the Northern Sydney Local Health District, the Health Promotion service has an ongoing 'Urban Planning 4 Health' (UP4Health) team who contribute to national, state and local government strategic planning and development processes maximising opportunities for communities to lead active, socially connected and well-nourished lives. Physical infrastructure must be provided within towns and suburban neighbourhoods, as well as across cities and regional centres, if the built environment is to support health and well-being as part of everyday living. Bike parking and car share spaces in development control plans for commercial centres, residential developments and industrial estates will be standard practice. So too the provision of walking and cycling paths that link houses and apartment blocks to local shops, public transport and recreational facilities. Green and expansive open space parkland will be a given in both newly developing suburbs and retrofitted neighbourhoods. Urban agriculture in various forms such as community gardens and nature strip verge planting will be

everywhere, connecting neighbours, local schools, aged persons housing developments and isolated members of the community.

Education of urban planners and health professionals in the same classroom will be commonplace— it's happening now both at the tertiary level and in professional development offerings across NSW. Today recruitment to health promotion positions frequently requires expertise in healthy built environment issues. The Healthy Built Environments Program (HBEP) at UNSW has just finished a series of workshops up-skilling the health and related workforce in understanding the planning system. Research into healthy built environments continues to grow. Academic conferences are replete with papers crossing the health-built environment disciplinary divide. The 6th State of Australian Cities Conference held in Sydney late in November will showcase some of this scholarship.

So it seems that healthy built environments have a very bright future in NSW. While this is most likely the case, and we must make sure that this happens, there is no room for complacency. Budget bottom lines are constantly in the headlines. We hear political rhetoric about the need to redirect public health funds to 'front line' health services. The implication is that anything other than direct patient care is somehow less important for community health and wellbeing. This implication is obviously oversimplistic and incorrect. A functioning health system that caters for the whole population is necessarily complex, with many equally indispensable components (including many non 'front line' departments performing research, administration, policy development and even cleaning services).

Population health services exist within this uncertain economic and political climate, where we must demonstrate value for money. Why should the government invest

in invest health promotion – simply because it makes good economic sense. Our tiny health promotion workforce exists on just 0.39% of health funding, yet saves Australia thousands of lives and billions of dollars every year. Health Promotion is our true 'front-line' in health services<sup>1</sup>. It prevents chronic disease so that people don't get sick and need costly medical care. Conservative calculations indicate that for every dollar invested in primary prevention our health system saves over five dollars<sup>2</sup>. So even if we ignore the thousands of lives saved and wellbeing generated, investing in healthy built environments is sound economic policy.

As we head towards 2014, healthy built environments will be very much part of the remit of NSW planners, working in close collaboration with health promotion professionals. The new health objective in the State's Planning Legislation sets the stage for continued recognition of the role of the built environment in supporting people's health across our whole population. The synergies with action on climate change are a further opportunity for health gains for both humans and the planet (see the June 2012 issue of 'New Planner' for more). 2013 has been a watershed for healthy planning – join us in 2014 for lots more action as we see healthy built environments realised in different, innovative and exciting ways across NSW ■.

<sup>1</sup> The National Centre for Social and Economic Modelling, 2012. The Cost of Inaction on the Social Determinants of Health, [www.natsem.canberra.edu.au/storage/CHA-NATSEM%20Cost%20of%20Inaction.pdf](http://www.natsem.canberra.edu.au/storage/CHA-NATSEM%20Cost%20of%20Inaction.pdf)

<sup>2</sup> Ibid

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Creating a healthy built environment is just what we do! School kitchen gardens and bike hire in city centres.