



# Healthy Built Environments Curriculum Workshop Report

6 December 2013

Never Stand Still

Faculty of Built Environment

Healthy Built Environments Program



THE HEALTHY BUILT ENVIRONMENTS PROGRAM

## HEALTHY BUILT ENVIRONMENTS CURRICULUM WORKSHOP with PROFESSOR DANNENBERG

Notes Prepared by Emily Mitchell (Research Officer, Healthy Built Environments Program, UNSW)

### INTRODUCTION

These are notes of the workshop entitled 'Healthy Built Environments Curriculum Workshop'. This workshop was part of a series of events during the visit of Professor Andrew Dannenberg from the University of Washington, Seattle in December 2013. Professor Dannenberg was visiting as a US Fulbright Specialist.

The workshop was attended by ten participants, representing a range of public health and built environment backgrounds. A full list of participants is provided at **Appendix 1**. A full list of invitees is provided at **Appendix 2**. Participants and invitees were all involved in various aspects of Healthy Built Environments (HBEs) education in tertiary institutions in Australia.

The image below shows Professor Dannenberg addressing workshop participants.



The core objectives of the workshop were as follows:

- To get an overview of what is happening in HBEs education and research across Australia;
- To broadly discuss opportunities to work and educate in HBEs;
- To take stock of progress made in HBEs education (including achievements and undertakings of people and groups not represented at the workshop);

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- To share stories and discuss key barriers to HBEs education, with the aim of learning about how HBEs education can be improved and extended; and
- To reflect and determine the next steps for HBEs education (for individual institutions and partnerships, including with international organisations).

The workshop loosely followed an agenda which is provided at **Appendix 3**.

### COMMENTARY ON THE WORKSHOP FOCUS

- Tony Capon suggested that workshop participants may be interested in writing short pieces on the Curriculum Workshop (i.e. for PIA, short articles for journals). Kate Bishop suggested that a special issue on HBEs education could be prepared for an appropriate journal.
- Mardie Townsend and Joan Corbett both noted the importance of collaborating and sharing resources to get the best materials for students, as well as avoid duplicating work unnecessarily.
- Hans Pieters noted HBEs educators have been very generous in sharing course resources to help him set up his course. This indicates that there may be interest in developing an Australian version of the Botchwey paper on model curriculum.
- Susan Thompson noted that resistance to the HBEs approach still exists (see: 'New Planner' article – **Appendix 4**), and therefore more advocacy and promotion is needed.
- Mardie Townsend noted that the Oceania Eco Health Symposium is a potential forum for advancing the HBEs dialogue. The next international Eco Health conference will be held in Montreal in August 2014.
- Kate Bishop commented on the importance of consistent champions for HBEs, noting that social issues tend to go in and out of fashion, particularly in the built environment disciplines. Mardie Townsend noted that this also occurs in health, in regard to interest in ecology and the environment. Hans Pieters noted that the recent allocation of large research grants to HBEs projects should contribute to changing perspectives on what health is.

### INTERNATIONAL REFLECTIONS

Andy Dannenberg provided an overview of HBEs education in the US, and his awareness of HBEs education elsewhere:

- Structured teaching of HBEs courses began 5-6 years ago in the US (e.g. at Georgia Tech, University of Washington). The Built Environment and Public Health Curriculum (BEPHC) website ([www.bephc.com](http://www.bephc.com)) created by Nisha Botchwey (Georgia Tech) provides a catalogue of HBEs programs, courses and units by different institutions in the US. The website currently has information - including syllabi, readings and assignments - for around 20 courses.
- Health Impact Assessment (HIA) has been increasingly included in courses. Four US universities teach dedicated HIA courses (UC Berkeley, Indiana University, Johns Hopkins University, University of Washington), while other courses include it as a topic.
- There are a number of different textbooks used by HBEs educators, including *Toward the Healthy City* (by Jason Corburn) and *Making Healthy Places* (edited by Andy Dannenberg, Howard Frumkin and Richard Jackson, [www.makinghealthyplaces.com](http://www.makinghealthyplaces.com)).

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- Courses are taught by academics from different backgrounds in public health and planning. The background, interests and knowledge of the course convenor has an impact on the content of the course. For example, some are more city/urban focused, some focus on physical activity, and others focus on food.
- Enrolment numbers range from 10-30 students per course. The majority of the courses are graduate level.
- Other resources include:
  - a large body of literature;
  - the Centers for Disease Control and Prevention (CDC) website ([www.cdc.gov/healthyplaces](http://www.cdc.gov/healthyplaces)) – which has a list of key topics related to community design with links to additional resources;
  - the American Journal of Public Health special commentary – Health and the Built Environment: 10 Years After (by Jackson, Dannenberg and Frumkin, provided at **Appendix 5**);
  - The Active Living Research website and database ([www.activelivingresearch.org](http://www.activelivingresearch.org)).

### COMMENTARY ON INTERNATIONAL REFLECTIONS

- Andy Dannenberg suggested that further discussion is needed about the different foci HBEs courses have. The balance of topics covered is largely dependent on the interests and background of the course convenor. Does this need to be managed?
- Andy Dannenberg noted that Nisha Botchwey would likely be happy to add Australian examples to the BEPHC website catalogue, or it may be possible to create an Australian version of the website.
  - Mardie Townsend suggested that adding Australian examples to the US website would satisfy the university focus on internationalisation.
  - Melissa Haswell noted that Professor Catherine Bennett at Deakin University has an interest in the mapping of curriculums and may be able to facilitate this idea.
  - Susan Thompson suggested the Australia and New Zealand Association of Planning Schools (ANZAPS) may also be interested in cataloguing curriculums from Australia and New Zealand. The RePlan email facility (<http://maillists.uwa.edu.au/mailman/listinfo/replan>) may also be a useful tool.
  - Joan Corbett noted that it would be practical and positive to have the information posted on all relevant sites i.e. Council of Academic Public Health Institutions Australia (CAPIA - [www.caphia.com.au](http://www.caphia.com.au)), ANZAPS and BEPHC.
  - **Mardie Townsend volunteered to take the lead on this initiative, working with Berni Murphy and Catherine Bennett. Susan Thompson will act as liaison with ANZAPS, while Melissa Haswell will contact the Public Health Association of Australia.**
- Andy Dannenberg and Joan Corbett discussed the idea of writing up Australian examples and case studies to link to US based textbooks.
  - Tony Capon noted that the Healthy Spaces and Places ([www.healthyplaces.org.au](http://www.healthyplaces.org.au)), NSW Premier's Council for Active Living ([www.pcal.nsw.gov.au](http://www.pcal.nsw.gov.au)) and Heart Foundation ([www.heartfoundation.org.au](http://www.heartfoundation.org.au)) websites may contain appropriate case studies.
  - Joan Corbett suggested that the HBEP website could host the studies.
  - Susan Thompson noted that the Healthy Spaces and Places website is not consistently updated, and due to the cessation of funding in September 2014, there is some

- uncertainty as to whether the HBEP website will remain active. She suggested that it may be more practical to develop a book or e-book of case studies.
- Andy Dannenberg suggested inviting Nisha Botchwey to discuss the development of the case studies idea. Kate Bishop suggested that at the same time, Nisha Botchwey could be nominated to participate in the Utzon lecture series at UNSW. Hans Pieters noted that the University of South Australia would be interested in supporting a visit from Nisha Botchwey.
  - Tony Capon asked Andy Dannenberg to describe the level of acceptance, interest and engagement with HBEs research and education by others in the public health community, particularly with consideration to the prevailing dissonance about appropriate types of evidence.
    - Andy Dannenberg responded that this has been generally encouraging – it is becoming more visible (i.e. through national policies and strategies on obesity and preventive health; articles and presentations; items on the agendas at conferences). Partnerships have been built with the American Planning Association (<http://planning.org/nationalcenters/health/>) and key transportation organisations such as Transportation Research Board (<http://www.trbhealth.org>) and federal US Dept. of Transportation ([http://www.fhwa.dot.gov/planning/health\\_in\\_transportation/](http://www.fhwa.dot.gov/planning/health_in_transportation/)). The progress has been slow, but is heading in the right direction. Andy noted that in particular younger generations seem to be embracing the ideas. Andy also noted the importance of local leadership in the take up of the HBEs approach (e.g. Portland versus Atlanta).
    - Mardie Townsend noted that in Australia, engagement with the HBEs approach has been stymied at high levels, where leaders are predominantly from ‘the old guard’ (i.e. conservative approach to planning and health). This is seen, for example, in the East West link project in Victoria (<http://www.linkingmelbourne.vic.gov.au/eastwestlink/>). Susan Thompson added that the recent change in Federal government has made further take up of the HBEs approach uncertain.
    - Hans Pieters noted that the Atlanta Belt Line project is an example of the counter-revolution (<http://beltline.org/>). Andy Dannenberg explained that this project evolved from research undertaken by a graduate urban planning student (Ryan Gravel) at Georgia Tech. Ryan identified and mapped linkages between abandoned rail lines across the city. These rail lines are now being turned into rail trails as part of a 25 year multi-billion dollar project that includes new transit and parks and major brownfield redevelopments.
      - Tony Capon suggested that Ryan Gravel would also be an ideal candidate for the Utzon lecture series at UNSW.
      - Mardie Townsend described a video called ‘A Convenient Truth’ ([http://mariavazphoto.com/curitiba\\_pages/curitiba\\_dvd.html](http://mariavazphoto.com/curitiba_pages/curitiba_dvd.html)) set in Curitiba in Brazil. The video details the impact of a redevelopment project on the health of residents in a favela. A key element of the project was the organisation of a truck to collect rubbish, which residents delivered to a designated place. Residents were given bus coupons in exchange for their participation in the rubbish collection. The take up of the project was very successful, and the subsequent reduction in loose rubbish in the area led to a decline in rates of dengue fever.

### CURRENT HBEs OFFERINGS

The workshop participants shared stories about their HBEs courses, relating to content, format, mode of delivery, and assignments.

- Andy Dannenberg noted that the BEPHC website includes a list of assignments given in each class.
- In his course, Andy requires students to write a reflection on prescribed readings for each class. The class is run in a tutorial format, with a focus on discussion. Assignments are designed to encourage the students to engage with the material (e.g. a park audit, research design).
- Berni Murphy shared her experience of requiring students to complete pre-readings and an assessment prior to an intensive postgraduate course on HIA. Students arrived two days before the course started. They were instructed to visit the library and meet with the research librarian, to enable them to complete an annotated bibliography of 10-15 articles of their choice. The intent was to get the students to read about and engage with HBEs ideas before they arrived. Each student collected articles relating to their professional background, which meant that a range of ideas were discussed. On the first day of the course, a wall of knowledge was created based on the annotated bibliographies. Students then broke up into groups to discuss and develop key messages. This approach allowed for the sharing of a great breadth of knowledge, and contributed to a higher level of discussion over the remainder of the course.
  - Mardie Townsend noted that in the People, Health and Planning unit at Deakin University, students are also asked to complete an assignment (analysis of the Environments for Health framework in Victoria) which is due on the first day of class.
  - Berni Murphy noted that a similar model is used for professional development courses.
- Kate Bishop described a number of examples of assignments that encourage students to engage with the material. The first example was an environmental autobiography. The second was a universal access activity – this requires students to dress up as older people (i.e. hobbled, wearing earplugs and sunglasses, with three layers of latex gloves on their hands) to enable them to experience how this impacts on their interactions with the built environment, and to expose the assumption of competence in most design. A number of workshop participants expressed interest in this activity, and Kate Bishop noted that she is happy to share the assignment.
  - Susan Thompson noted that she has undertaken similar exercises in her classes – e.g. a transport planning exercise, where students go on buses and trains with strollers or in wheelchairs to experience the physical barriers and social reaction. She also regularly invites a vision impaired woman named Giselle to talk to her class, and show them how she navigates the built environment with her guide dog.
- Melissa Haswell described a core component of her Indigenous Health and Wellbeing Across the Lifespan course. Students are required to attend a three day workshop which introduces them to the Family Wellbeing Program, which was initially developed by Aboriginal people for members of the Stolen Generation to help people deal with transitions and enable personal development. During the workshop, students are asked to undertake the program themselves. The intent is to have students gain a new perspective and deeper understanding of Indigenous health and wellbeing.

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- Mardie Townsend stated that all of her postgraduate courses are intensive short courses.
  - Susan Thompson noted that she undertakes both intensive and semester long courses. She has found that the different formats lead to different learning outcomes for students. Some students learn better when ideas are allowed to sink in over time (e.g. asking students to reflect on their own behaviours over a number of weeks, immersed in their environments – e.g. personal audit assignment).
  - Mardie Townsend noted her interest in using Susan Thompson’s personal audit assignment for her undergraduate People, Health and Place course. Susan commented that she would be happy to share the assignment.
  - Joan Corbett noted that she has received feedback from students who have undertaken intensive short courses – they believe they may not have taken in the information properly when they were younger. Melissa Haswell added that she has had the same experience with undergraduate medical students in regard to the inclusion of climate change information in their studies – many students do not see the relevance.
  - Kate Bishop stated that in her People, Place, Design course, students from all different backgrounds and of all ages are able to enrol. In her experience, undergraduate students respond better to semester long courses, while postgraduate students are better able to deal with intensive courses.
  
- Melissa Haswell asked Andy Dannenberg to recommend resources to explain built environment terminology to people from public health/other backgrounds.
  - Andy Dannenberg suggested the glossary provided on the CDC website (<http://www.cdc.gov/healthyplaces/terminology.htm>). There is also a glossary on the soft release of the second iteration of the BEPHC website ([www.bephc.gatech.edu](http://www.bephc.gatech.edu)). Susan Thompson noted that there is also a glossary in the HBEP Literature Review (<http://www.be.unsw.edu.au/sites/default/files/upload/pdf/cf/hbep/publications/attachments/17HBEPLiteraturereview-Appendix2Glossary.pdf>).
  
- Susan Thompson suggested that the workshop participants share their course outlines, and examples of assignment sheets. These will be published on the HBEP website.

### INITIAL SYNTHESIS

Tony Capon recorded a list of ideas about a Massive Open Online Course (MOOC) on the whiteboard for discussion by the group. The list was as follows:

- Patron: Val Brown
- Australia and New Zealand Eco-Health capacity building network (e-network)
- Possible module:
  - Indigenous perspectives
    - Aboriginal and Torres Strait Islander
    - Maori
  - Nature and health
  - Healthy planning/ Built environment
  - Healthy Cities
  - Children and urban environments
  - Ageing populations and urban environments
  - Climate change and health
  - Health Impact Assessment
  - Health and sustainability (an introduction)
  - Social media and health and wellbeing

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- Systems thinking about population health
- Policy leverage
- Tony Capon stated that a strength of the Eco Health initiative is that it is situated neither in public health or planning. It is a fresh approach which will enable trans-disciplinarity. The proposed Eco Health e-network could work across institutions, using existing resources (i.e. modules supplied by the workshop participants and others). This would allow students access to units that may not be available at their institutions.

### COMMENTARY ON INITIAL SYNTHESIS

- Kate Bishop noted that she was involved in an online course on health and design in Sweden. From her experience, such an initiative needs an institutional base. Tony Capon agreed with this, but noted that he thinks the initiative should be led by an independent body.
- Mardie Townsend suggested that a Program structure could be determined collaboratively – i.e. which units would be provided by which institution (e.g. a student at Deakin may enrol in three units at Deakin, and then one specialist unit at UNSW etc).
  - Joan Corbett noted that there is a logistical issue with the different formats and timing of courses across universities.
  - Kate Bishop noted that there is also an issue with university recognition of how many credits different courses at different universities are worth.
  - Melissa Haswell noted that the development of student relationships would also possibly be in danger.
  - Kate Bishop suggested that the timing of the pitch is important – it would be easier to introduce the idea when online courses are fully developed.
- Susan Thompson suggested that instead of students enrolling at several universities, a collaborative course based at one university could be developed – utilising recorded lectures and visiting lecturers (i.e. in a similar fashion to a one time UNSW- UBC [Canada] collaboration for a course on migration and cultural diversity). It may be more easily accepted and easier to develop if it works within the current institutional framework.
- Mardie Townsend noted that there is an issue with e-live tutorials in terms of privacy, and seeking and gaining permission from students.
- Andy Dannenberg suggested that workshop participants look at the Planning for Healthy Places with Health Impact Assessments online course developed by the American Planning Association and National Association of County & City Health Officials, and sponsored by CDC. (See: <http://advance.captus.com/planning/hia2/home.aspx>).

### DEVELOPING A WAY FORWARD

The workshop participants were divided into two groups. The first group was asked to discuss ideas for how to take HBEs work forward, using a blue sky approach. This included discussion of who was missing from the workshop and may potentially be involved in future work, and brainstorming of the next short, medium and long term steps for HBEs work. The second group was asked to take a more grounded approach in discussion of the ideas currently on the table – including a synthesis of common strengths, resources, and institutional and other barriers.

### IDEAS RECORDED BY GROUP 1

- People to engage with:
  - Billie Giles-Corti (University of Melbourne)
  - Pierre Horwitz (Edith Cowan University, Perth)
  - Health Impact Assessment network (e.g. Liz Harris, Centre for Health Equity Training, Research and Evaluation)
  - Landscape design – e.g. Linda Corkery
  - David Bennett (Centre for the Advancement of Adolescent Health)
  - Cordia Chu (Griffith University)
  - Eric Brymer (University of Queensland)
  - Karen Malone and Brendan Gleeson (work on child friendly cities)
  - Premier’s Council for Active Living, Commissions for Children and Young People (in all states)
  - Professional organisations – Planning Institute of Australia, Australian Institute of Architects, Australian Institute of Landscape Architects, Environmental Health Standing Committee
  - Eco Health
  - Government departments – e.g. Housing NSW, Victorian Environmental Assessment Council
  - Paul Blaschke, Mary McIntyre, Philippa Howden-Chapman, Karen Witten (New Zealand Centre for Sustainable Cities)
  
- Short term steps:
  - Sharing syllabi, case studies, resources, BEPHC website
  - Guest lectures where possible (via skype?)
  - Setting up an email discussion board network – keep each other informed (via public vehicles e.g. gmail, yahoo). Hosted by Deakin?
  - Raising the profile of HBEs education e.g. special issues in an education journal.
  
- Medium term steps:
  - Identify commonalities and specialisations – to be shared across institutions
  - Collective submissions – conferences and forums e.g. New Partners for Smart Growth, Liveable Cities
  - Explore opportunities for shared research
  - Writing up local case studies to accompany international resources
  
- Long term steps:
  - Explore opportunities for joint/shared degrees, courses and units
  - MOOCs

### IDEAS RECORDED BY GROUP 2

- People to engage with:
  - Public Health Association Special Interest Group
  - Kristian Ruming (Macquarie University)
  - Evelyn de Leeuw (Latrobe University)
  - Ian Lowe – inspirational speaker
  - Fran Baum, Kathy Arthurson (Flinders University)
  - Carolyn Whitzman, Billie-Giles Corti (University of Melbourne)
  - Council of Academic Public Health Institutions Australia

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- Paul Maginn (University of Western Australia)
  - Carey Curtis (Curtin University)
  - Matt Burke (Griffith University)
  - Adrian Bauman, Chris Rissel (The University of Sydney)
  - Peter McCue (Premier's Council for Active Living)
  - Greg Mews, Michelle Daley (Heart Foundation)
  - Barbara Norman, Helen Berry (University of Canberra)
  - Healthy Communities Initiative (Commonwealth)
  - Ben Rossiter (Victoria Walks)
  - Healthy Spaces and Places – Planning Institute of Australia
- Current Key Resources/Strengths:
    - Passion and interest of students
    - Passion, knowledge, enthusiasm of 'us' (key players in the space)
    - Evidence base is growing
    - Cost benefit/economic realities, health budgets
    - Imperative to address chronic disease
    - Great courses, case studies and great examples of HBEs
    - Great teaching resources
    - Universal appeal (almost!)
    - Local government – local context, local 'bottom up' community driven initiatives
    - Some state government initiatives – South Australia, Health in All Policies; NSW, HBEP; Victorian initiatives; NSW legislative changes, Metro strategies
    - Tools: Food Sensitive Planning and Urban Design, Healthy by Design, Health Impact Assessment, Environments for Health Framework, Audits etc.
    - Major Cities Unit (no longer – but the resources are still there e.g. National Urban Policy)
    - Public Advocacy Groups (community gardens etc.)
    - International resources: WHO Healthy Cities, Slow Food/Cities, Child Friendly Cities
    - The hungry beast - rising interest/coverage in media – food, climate change, obesity...
  - Barriers:
    - Tony Abbott – the ideology of personal responsibility
    - Lack of political support generally (exceptions e.g. City of Melbourne, City of Sydney, Yarra etc.)
    - Lack of sponsorship possibilities
    - Lack of entrepreneurial nous in engaging appropriate industry (\$) partners (e.g. private health insurers)
    - Academic bureaucracy (e.g. timetabling, degree core requirements etc.)

### COMMENTARY ON GROUP FEEDBACK

- Mardie Townsend suggested the following additional groups and individuals to engage with:
  - Organisations like Bicycle Victoria/NSW;
  - Diabetes Australia;
  - Arthritis Australia;
  - Cancer Council;
  - Beyond Blue and other mental health groups;
  - Headspace;
  - Hospitals, e.g. Royal Children's Hospital – therapeutic gardens;
  - Community health groups;
  - Nursery and Garden Industry Australia;

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- Parks Victoria;
  - Parks and Leisure Australia;
  - People and Parks Foundation;
  - Alan Peterson and Deborah Lupton (social determinants of health);
  - Public transport user groups;
  - Environmental Law Association.
- Susan Thompson noted that special days/weeks like Diabetes Week etc. could be utilised. She also suggested engaging with companion animal groups.
  - Berni Murphy suggested the Care for Older People Program.
  - Kate Bishop suggested UrbanGrowth NSW; developers; Cathy Sherry (expert on strata); Kingsford Legal Centre; disability organisations.
  - Hans Pieters suggested Medicare Locals.
  - In regard to the issue of academic bureaucracy as a barrier, Kate Bishop and Susan Thompson noted that it would be ideal to have HBEs units as core courses for security, as electives can easily be cancelled. Andy Dannenberg noted, however, that if students elect to take a course, it often means that they have a passion for the subject, which is positive.
  - In regard to the discussion of current resources and strengths, Hans Pieters noted that the contestation around some issues within the HBEs body of knowledge (e.g. BMI, impact of sedentary behaviour) can be confusing and dilute the intensity of the message.
    - Paul Tranter responded that despite the contestation, there is common ground, and basic agreed upon principles (i.e. move more, eat less etc.).
    - Tony Capon noted that this contestation is linked to competition among academics for funding and recognition.
    - Kate Bishop suggested that medical institutions (e.g. Australian Medical Association) could be utilised to quell the confusion and noise around contestation.

## UNITED NATIONS UNIVERSITY

Tony Capon provided a brief overview of the function and organisation of the United Nations University (UNU).

- The UNU was established in the 1970s, with the aim of informing decision-making through research and capacity building, using a systems thinking approach. Within the UNU, there are 14 institutes with different foci. These institutes are funded by host governments through endowment funds. The host government also provides a physical facility. The institutes are also funded through external grants.
- Tony is working on the environment and health through three core areas: climate change and health, governance for global health, and universal health coverage.
- The UNU works in partnership with other universities – seeking funding together for key projects.

### CONCLUSION

#### Next Steps?

- Workshop participants agreed that it is important to collaborate and share resources to get the best materials for students, as well as avoid duplicating work unnecessarily. The idea of adding Australian examples to the current BEPHC website catalogue was discussed. Mardie Townsend will take the lead on this initiative, working with Berni Murphy and Catherine Bennett. Workshop participants will also provide their course outlines and examples of assignment sheets, to be published on the HBEP website.
- Participants noted the importance of consistent and ongoing championing of HBEs. Resistance to the HBEs philosophy exists, and could potentially lead to its removal from institutional practice and education. Scholarly articles are an important means of advocacy.
- Participants discussed the idea of writing up Australian examples and case studies to link to US based textbooks on HBEs.
- The idea of a Massive Open Online Course on HBEs was discussed. Ideas about content, logistics, infrastructure and delivery were talked through by the group.
- Participants discussed ideas for how to take HBEs work forward. This included discussion of the next short, medium and long term steps for HBEs work.
  - Short term steps include: sharing syllabi and resources; guest lectures; maintaining communication and information sharing through an email discussion board; and publishing articles on HBEs education.
  - Medium term steps include: identifying commonalities and specialisations to be shared across institutions; preparing collective submissions to conferences and forums; exploring opportunities for shared research; and writing up local case studies to accompany international resources.
  - Long term steps include: exploring opportunities for joint/shared degrees, courses and units; and establishing a Massive Open Online Course on HBEs.

## **APPENDICES**

**Appendix 1 - List of participants**

**Appendix 2 - List of invitees**

**Appendix 3 – Agenda**

**Appendix 4 – ‘New Planner’ article**

**Appendix 5 – ‘10 Years After’ article**

# Appendix 1

## List of Participants

<b>Name</b>	<b>Institution</b>
Susan Thompson	UNSW
Andy Dannenberg	University of Washington
Emily Mitchell	UNSW
Kate Bishop	UNSW
Paul Tranter	UNSW, Canberra
Melissa Haswell	UNSW
Johannes Pieters	University of South Australia
Tony Capon	United Nations University, Malaysia
Joan Corbett	University of Canberra
Mardie Townsend	Deakin University
Bernie Murphy	Deakin University

## Appendix 2

### List of Invitees to Curriculum Roundtable

<b>Name</b>	<b>Institution</b>
Susan Thompson	UNSW
Andy Dannenberg	University of Washington
Emily Mitchell	UNSW
Kate Bishop	UNSW
Paul Tranter	UNSW, Canberra
Melissa Haswell	UNSW
Johannes Pieters	University of South Australia
Tony Capon	United Nations University, Malaysia
Joan Corbett	University of Canberra
Mardie Townsend	Deakin University
Bernie Murphy	Deakin University
Jennifer Kent	UNSW (now Macquarie University)
Peter Phibbs	University of Sydney
Nicole Gurran	University of Sydney
Linda Corkery	UNSW
Robyn Dowling	Macquarie University
Kristian Ruming	Macquarie University
Carolyn Whitzman	University of Melbourne
Paul Maginn	University of WA
Iain Butterworth	Victorian Department of Health
Lisa Jackson-Pulver	UNSW

## APPENDIX 3

### Healthy Built Environments Program



### Healthy Built Environments Curriculum Workshop

#### AGENDA

**Date:** Friday 6 December 2013

**Time:** 10.00am – 4.00pm

**Venue:** UNSW – Room 4035 Red Centre

**Chair:** A/Professor Susan Thompson, Director, HBEP

Item	Agenda Item Details	Speaker/s
<b>1.0 Welcome</b> 10.00-10.05	Welcome from the HBEP at UNSW; set tone for the day	Susan Thompson
<b>2.0 Participant Introductions</b> 10.05-10.20	Introductions around the room	All
<b>3.0 Purpose of the Day</b> 10.20-10.35	What we hope to achieve – overview of HBEs education across Australia; key opportunities and current barriers; suggested ways to move forward; documentation	Susan Thompson; Tony Capon
<b>4.0 International Reflections</b> 10.35-11.00	Reflections on international educational offerings in healthy built environments – key successes and current/ongoing challenges. Lessons for Australian educators?	Andy Dannenberg; Tony Capon
<b>5.0 Morning Tea</b> 11.00-11.15	Refreshment and activity break	All
<b>6.0 Current HBEs Offerings</b> 11.15 – 1.00	Short presentations around the table on current offerings in healthy built environments – issues to discuss include: critical lectures; courses; curriculum/content; mode of delivery; assessment regimes; student cohort; successes; challenges; institutional and disciplinary barriers	All
<b>7.0 Lunch</b> 1.00-1.45	Refreshment and activity break – a walk up the hill?	All
<b>8.0 Initial Synthesis</b> 1.45-2.15	Reflections on initial themes in healthy built environments education – how might we take this further?	Tony Capon; All
<b>9.0 Developing a way forward</b> 2.15-3.30	Working in small groups – collaborating on key opportunities and challenges for healthy built environments education	All
<b>10.0 Stretch</b> 3.30-3.40	Stand and stretch break	All
<b>11.0 Final Synthesis</b> 3.40-3.55	Reporting back – where to next; documentation	All; Tony Capon
<b>12.0 Close</b> 3.55-4.00	Workshop close and thanks	Susan Thompson

### NSW needs to get back to planning basics

Sally Lewis, Town Planner, MPIA CPP

**This year 'planning' received a lot of attention from the NSW community and government, understandably given the new planning system's introduction.**

PIA responded to the sometimes negative discussion by reminding us of the importance of planning, and outlining the fundamentals of 'good planning' (<http://www.planning.org.au/policy/what-is-good-planning-0913>).

Planning is important, however, 'good planning' is more than the broad objectives listed by PIA. The method of achieving those objectives is missing from the PIA list. Setting objectives is only Step One of the iterative and responsive planning processes which are needed to manage our complex and constantly evolving urban environment. It seems the crucial steps between identifying an urban problem and imagining it solved are often overlooked in NSW.

A methodical planning process can be applied to any planning exercise, whether a metro strategy, or a house extension DA.

1. Define the problem or objectives. Is it 'fostering social and cultural wellbeing'? Providing infrastructure to support thousands of new homes? Creating safe and walkable neighbourhoods? Addressing the risks of rising sea levels? Preventing overshadowing?
2. Collect information. Get the facts and put the jigsaw puzzle together. Do land use surveys, commission specialist reports, do site inspections, walk the streets. Understand the planning controls, infrastructure availability, hazards, assets, history and character.
3. Formulate the plan, or assess the proposal. Prepare options and apply strategic thought to their evaluation. Which will meet objectives most effectively given competing demands, resource and infrastructure requirements, impacts and mitigation, and benefits?
4. Implement. Developers deliver our built environment, so it may be 'watch and wait'.
5. Monitor. Urban areas are constantly evolving, and plans are rarely implemented exactly as formulated. Is housing being built where planned, in the anticipated time frames, and in the volumes targeted? Did that battle over bulk and scale result in a better project? Publishing DA determination time frames is currently popular, but may inadvertently lead to planners focusing on quick, not quality decisions.
6. Respond. Are objectives and problems still relevant in the light of new information, or changing circumstances? Are housing targets of 30/70 splits or 'balanced growth' relevant if not enough housing is being produced anywhere? Is that growth area productive? Are there

new assets that can be incorporated into plans, or new constraints which need to be considered?

Responding may require amending the objectives or redefining the problem, or changing the fundamentals of a plan or a development assessment policy. This is not 'corrupt' or an admission of failure. It's just an appropriate response to the iterative nature of planning.

Consistent application of a methodical planning process to every planning exercise would address some of the vexing issues planners face in NSW. The community and applicants would better understand why that approval was/was not given, that land released, or that high rise zone imposed if the decision resulted from a methodical planning process. Potential perceptions of corruption would be reduced as all projects would be subject to the same process.

'Planning culture' has also been a prominent issue in 2013, with millions of words and thousands of dollars being spent on its improvement. Apparently planners need to 'embrace the value of planning', think strategically, and focus on 'delivery' and ethical practice. But could this discussion actually be a symptom of a culture with an unhealthy sense of self importance? Perhaps NSW planners should instead work on being quietly confident professionals. This means:

1. Striving to be dispassionate. Take yourself out of the equation and focus on the planning issues. Don't like that architecture? So what if privacy, amenity and overshadowing are addressed? Think detached houses in new suburbs are 'sprawl', well you're not a large, extended family, and there are new bus services, local shops and plenty of sports fields. Developers are greedy? But are their projects compliant? The community are whingers? But are they making relevant planning points?
2. Understanding the project. Read the documents, plans, and controls. Recognise gaps in your understanding, and fill them. Talk to managers and colleagues.
3. Understanding the consequences. Planners are powerful, they can impact people's homes and businesses, whether it's a house extension, a major land release or a commercial rezoning. Will the changes you want make the project unviable or impact on amenity? Understanding the consequences before a plan is finalised or a condition imposed will save everyone time and money trying to resolve the problems created.
4. Working in a team. Planners work in organisations, with the community, other agencies, and with applicants. Contributing and collaborating with proponents isn't corrupt, it's creative. Managers may want you to change your work, not because they're unethical, but probably because their experience

creates awareness of the bigger picture. There's no need to talk to the media, elected representatives or anyone when you don't agree with the outcome.

5. Communicating. Don't just write letters, meet, take and make phone calls, reply to emails. Give your name and title. Be polite, no eye rolling or watch checking, no threats of refusals, or jargon. Solving problems early ultimately saves time. If you're avoiding communication, then you're not confident, so get some advice. Don't worry about ICAC, you know the difference between breaking the law, and collecting or communicating information.
  6. Taking responsibility. Make decisions, or ensure the right people make them. Manage the project, keep records, and meet deadlines, statutory or otherwise. Provide advice to applicants, the community or elected representatives.
  7. Understanding the profession's role. There are many problems and objectives which are not ours to solve. Designers, developers and the market determine architectural quality. Families put children on bikes and decide what they eat. Landscape architects and engineers design parks. Developers understand the market and project feasibility. Citizens choose to consume travel, water, energy and goods. Body corporates allow pets into buildings. The BCA regulates minimum building standards. Health, taxation and welfare are considered by other agencies. Communities initiate community garden projects.
  8. Being quietly confident. Forget the branding and marketing. Too often planning is being 'sold', and the community has bought, resulting in unrealistic expectations of what can be achieved, and unnecessary criticism when it fails to deliver. What's the point of explaining a plan with an animation, when planners can't control what is eventually delivered? There will always be difficult media, necessary compromises will always leave someone aggrieved. But bad media is irrelevant if the planning is done with quiet confidence.
- Planning is important. Planners use information to create a coherent guide for the strategic direction of our cities, neighbourhoods and project sites. But in NSW the profession seems to have forgotten how to plan. Instead we seem caught up in issues which we can't influence, and an ongoing public relations exercise which is forever going wrong. So let's get back to being quietly confident professionals, consistently applying methodical planning processes to every planning exercise ■

## EDITORIAL

## Health and the Built Environment: 10 Years After

In September 2003, 10 years ago, the *American Journal of Public Health* published its special issue on “Built Environment and Health.” That issue marked a renaissance of interest in this topic. Almost simultaneously, the *American Journal of Health Promotion* released a special issue on “Health Promoting Community Design,” and three years later, the *Journal of the American Planning Association* released a special issue on “Planning’s Role in Building Healthy Cities.” The health professions and the design professions had reengaged.

This convergence was not new. In the late 19th century, the health and design professions had been virtually united; both were closely allied with the social welfare movement. The seven founders of the American Public Health Association in 1872 included an architect and a housing specialist. The gains in American life expectancy that began in that era and continued into the early 20th century owed much to environmental public health measures: the provision of clean water, food, and air; healthier housing; and safer workplaces. Over time, professionalization, legislation, and other factors led to specialization, and the disciplines became isolated. Regulatory programs arose in sector-specific, largely autonomous agencies—in agriculture, environment, housing, consumer products, and more—but each, at its core, continues to serve a health protection mission.

Even as the health professions and design professions diverged, the built environment remained

a key determinant of health. The decades after World War II featured rising prosperity, abundant cheap fuel, affordable cars, and vast interstate highway construction. In a historic transformation, America’s population shifted from cities to suburbs. By the year 2000 the average American adult was driving about 14 000 miles per year and spending more than 212 hours per year—the equivalent of five work weeks—commuting in a car. America paved more than 60 000 square miles of land, equivalent to the area of the state of Georgia. American downtowns and urban transit systems fell into decay.

Americans’ bodies changed as well, becoming generally larger with less muscle mass. Concurrent changes in the American diet aggravated the problem. Chronic diseases became dominant; the proportion of Americans diagnosed with diabetes doubled from 1995 to 2010. Although the causes of these changes are complex—where people live, how they get around, how much they eat and are physically active—all contribute to the epidemics of obesity and chronic disease.

The decade since publication of the *American Journal of Public Health* special issue has featured a remarkable growth of interest in healthy built environments. Demographic shifts—for example, Generation Y with its strong preferences for mixed-use, walkable neighborhoods and short commutes<sup>1</sup>; increasing numbers of childless families who prefer urban settings; a decline in the proportion of adolescents obtaining driver’s licenses; and

an aging population that needs accessible services and often cannot drive—have fueled interest in livable communities, including healthy features. As the dimensions of the obesity epidemic became clear, funders—notably the Robert Wood Johnson Foundation—supported research and translation on environmental factors including walkability (<http://www.activelivingresearch.org>). Progressive trends in architecture and urban planning, including the green building movement, smart growth, and new urbanism, grew out of environmental and social goals but often promoted healthy design (sometimes incidentally, sometimes by intent). Visionary political leaders such as Governor Parris Glendening, Congressman Earl Blumenauer, County Executive Ron Sims, and Mayors Michael Bloomberg, John Norquist, and Joseph Riley raised the profile of healthy built environments.

Similarly, the past decade has been marked by exponential growth in research, teaching, and policy related to health and the built environment. The subject has become an established field of academic inquiry. Some of the key articles that helped advance the field appeared in the *American Journal of Public Health* special issue; analyses of walking and cycling,<sup>2</sup> social capital,<sup>3</sup> neighborhoods and housing,<sup>4</sup> and a research agenda to advance the field<sup>5</sup> have each been cited hundreds of times in the subsequent literature.

Over the past decade, publications in the field have accelerated.

A PubMed search using the keywords “built environment” and “health” reveals 675 articles from September 2003 through May 2013 compared with 39 for the preceding decade (September 1993 through August 2003).

University training is increasingly available. At least 21 universities now offer courses on health and built environment, and 14 universities offer joint degree programs in urban planning and public health (<http://www.bephc.com>). Several textbooks now facilitate the teaching of this cross-disciplinary field.<sup>6,7</sup>

Collaborations are up. The public health community has reached across sectors to establish relationships with other professionals who are directly involved in decisions about the design of the built environment, such as urban planners (<http://www.planning.org/nationalcenters/health>), architects (<http://www.aia.org/press/AIAB096070>), and transportation professionals (<http://www.trbhealth.org>). Major national conferences in public health, planning, transportation, smart growth (<http://www.newpartners.org>), parks and recreation, and related fields now routinely include sessions on health and built environment issues. A search of the 2012 American Public Health Association’s annual meeting program identified 159 presentations on “built environment,” 99 on “land use,” and 205 on “transportation.” At the 2006 meeting, the corresponding counts were 73, 34, and 103, respectively.

Consensus statements and government reports now acknowledge the role of the built environment in health, especially with regard to obesity. Examples include the *National Prevention*

*Strategy* (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>), the *White House Obesity Initiative* (<http://www.letsmove.gov/white-house-task-force-childhood-obesity-report-president>), and the *Guide to Community Preventive Services* (<http://thecommunityguide.org/pa/environmental-policy/index.html>).

Another indication of the growth of the field is the increasing use of health impact assessments. This tool incorporates health into built environment decision-making processes. Hundreds of health impact assessments are now completed or in progress (<http://www.healthimpactproject.org>), and the 2011 National Research Council’s report on health impact assessment supports its expanded use.<sup>8</sup>

Finally, the intersection of health and the built environment—itsself a complex and layered field—has extended to link with other fields. The challenges presented by climate change call for creating resilient and sustainable built environments, including energy use patterns, transportation, and building design; health has become prominent in such analyses.<sup>9</sup> Another related area is nature contact, exemplified by the concept of biophilic design. A growing body of research points to the health benefits of parks, green space, and other forms of nature contact, an idea that achieved broad public attention with the 2005 publication of Richard Louv’s *Last Child in the Woods*.<sup>10</sup> The Leave No Child Inside movement (<http://www.childrenandnature.org>), the use of natural elements in architecture and urban design, and the increasing incorporation of health into parks and recreation

strategies reflect the health cobenefits of nature contact.

## WHAT STILL NEEDS TO BE DONE

Ten years have passed since the special issue of *American Journal of Public Health* on “Built Environment and Health.” A vibrant, robust movement has arisen. What still needs to be done?

First, we need more research to gain a full understanding of how to reap health benefits from the built environment. This research should address a range of spatial scales—from buildings to metropolitan areas—and a range of health outcomes—not only physical activity but also mental health, respiratory health, neurodevelopment, among others. It should be built on a framework of systems science, simultaneously investigating human health and well-being and economic and environmental outcomes. Major funders of biomedical and public health research and practice, such as the National Institutes of Health and the Centers for Disease Control and Prevention, need to better incorporate health and built environment issues into their agency priorities. Other agencies and organizations, such as the members of the Partnership for Sustainable Communities (Environmental Protection Agency, Department of Housing and Urban Development, and Department of Transportation; <http://www.sustainablecommunities.gov>), foundations, and the private sector can also play major roles in advancing research in this area.

Second, more targeted attention to the most impacted populations is needed. Public health and design professionals must recognize those at greatest risk

and with the greatest need for intervention and focus accordingly. Those living in substandard housing, persons with no access to safe places for physical activity, the elderly who cannot drive to their destinations, urban children deprived of autonomy and nature contact, among others, need to be at the center of built environment and health concerns.

Third, research translation is needed. What we know about healthy place making needs to be deployed in designing, building, renovating, and operating buildings, neighborhoods, and metropolitan areas. The implementers are urban planners, architects, landscape architects, developers, builders, building managers, and others. Market transformation is needed. Just as energy efficiency is now mainstream, these professionals need to incorporate health routinely into their work. With appropriate marketing, places designed to promote healthy behaviors are likely to sell better than are places that impede healthy behaviors.

Fourth, career pathways need to be defined and nurtured. A student who earns a joint degree in urban planning and public health or in architecture and public health may now have a difficult time finding employment. In both the health sector and the design professions, employers need to value these joint skill sets and hire and support the young people who bring them. One option is for persons with joint degrees to seek a position in public health or in planning, especially on the local or state level, and then use their skills to broaden the scope of their job responsibilities to incorporate their wider abilities.

Finally, powerful leadership must continue and must include

articulate advocacy for the importance of health in building and redevelopment decisions. The next generation of rising public health professionals understands the importance of these issues, and the work over the past 10 years prepares them with the knowledge and skills to fulfill the Institute of Medicine's statement that public health is "what we as a society do collectively to ensure the conditions in which people can be healthy."<sup>11(p1)</sup> ■

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