



Healthy Built Environment Activities in NSW:

A status review
June 2013

Never Stand Still

Faculty of Built Environment

Healthy Built Environments Program



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A status review

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The University of New South Wales

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Abbreviations

HBE	Healthy built environment	
HBEP	Healthy Built Environments Program	
LHD	NSW Local Health District	
NGO	Non Government Organisation	
NHF	National Heart Foundation	
NSW	New South Wales	
UNSW	The University of New South Wales	

Executive Summary

This report has been prepared by the Healthy Built Environments Program (HBEP) at the University of New South Wales (UNSW). It aims to 'map' the activities currently delivered in NSW to support a healthy built environment (HBE).

In December 2012, 81 organisations considered as potentially active in the HBE area were invited to participate in an on-line survey about their work in these areas. Forty six responses were received, indicating a 57.5% response rate.

Most organisations involved in HBEs are government agencies. Academic institutions, private organisations and NGOs are also active in this area. Most organisations have been working in activities related to HBEs for at least five years. Their work is often undertaken in collaboration with a network of other organisations. Although activities are generally connected to organisational priority areas, they are rarely financed in isolation and rely on the use of internal funding sources.

While the data reveal a lively consortium of professionals working in this area, HBE activities in NSW also face a number of challenges. There has been a noticeable decline in the involvement of *new* NGOs and private organisations since 2011, with the dominance of government agencies strengthening over time. In addition, the data suggest that HBE activities are not necessarily well resourced, with those involved likely to be responsible for a number of other competing agendas. In the absence of core priority status, the success of HBE activities is potentially dependent on a key champion or group of stakeholders who have acted to push the agenda forward. This tenuous situation can be overcome through the inclusion of HBE principles in legislation and policy. The recent addition of health as an objective to draft planning legislation in NSW is therefore a timely opportunity which needs to be consolidated through ongoing lobbying and support.

Finally, HBE activities are often undertaken in the context of a partnership or collaborative arrangements. For those attempting to engage with and share information across organisations involved in HBE activities, supporting and augmenting existing partnerships may well provide opportunities for further collaboration.

1.0 Introduction

Many organisations in New South Wales (NSW) support activities which contribute to a healthy built environment. These activities often engage communities through local initiatives, such as walking groups and communal gardens, and are delivered through partnership arrangements. There has been limited systematic reporting on these initiatives. In an effort to fill this research gap, the Healthy Built Environments Program (HBEP) at The University of New South Wales (UNSW) has undertaken a research project to 'map' the activities currently delivered in NSW to support a healthy built environment (HBE). The mapping project provides inclusive and meaningful inventory of the work currently being undertaken in NSW.

1.1 Objectives

The objectives of the project are to:

- improve the knowledge of HBE activities currently being undertaken in NSW
- facilitate information sharing across Local Health Districts (LHDs), non-government organisations (NGOs) and other organisations
- identify gaps in HBE activity
- provide a link to the work being undertaken through the HBEP at UNSW
- facilitate the development of a preferred format/process for ongoing recording of HBE activities

1.2 Scope

The scope of the project is to gather information on policy and program work related to HBEs that is currently being undertaken (or has been recently completed) in NSW. The project has its focus on government and private organisations, NGOs and academic centres from the health and built environment sectors (including planning, architecture, landscape architecture, transport, environment and geography). Key Commonwealth policies and programs related to population health have also been included.

2.0 Method

2.1 Defining Healthy Built Environments (HBEs) Work

The project was initiated by articulation of a clear definition of what is meant by "HBE work". To record HBE activities we needed a way to classify initiatives that were considered to contribute to a healthy built environment. The HBEP Literature Review (Kent et al. 2011) identifies three domains of healthy built environments and these domains have also been used as a framework for this project. These domains are:

- The built environment and getting people active
- The built environment and connecting and strengthening communities
- The built environment and providing access to healthy food

These three domains address some of the principal risk factors for contemporary chronic disease, including physical inactivity, social isolation and obesity. Policy or program work that addresses the relationship between the built environment and these three domains was therefore considered within the scope of this project.

2.2 Initial Data Collection

In late 2012, the details were collated of 81 organisations considered as potentially active in the HBE area. This introductory step was initially informed by recommendations from the HBEP Advisory Board. This Board has connections with the major HBE stakeholders in NSW, its membership at the time of this project's inception is contained in Appendix 1. The recommendations of the Advisory Board were then augmented by a web-based search of existing HBE policy and projects to source data on key organisations involved in their development and ongoing maintenance. This exercise enabled development of an understanding of the composition of HBE activity across NSW, and was used to produce a basic record of organisations within the scope of the project. As the investigating organisation, the HBEP is not included as part of the survey.

Organisations were first categorised as belonging predominantly to either the health sector (n=47, 58%) or the built environment sector (n=34, 42%). They were also separated by organisational type: government and private organisations, NGOs and academic centres.

Each organisation's name and website and, if known, brief descriptions of any HBE activities to date were also recorded. Contact details of individual officers at each organisation were also recorded but are not included here due to confidentiality reasons. This record is contained in Appendix 2.

2.3 On-line Survey

Organisations identified through the initial data collection process were then contacted by e-mail and requested to participate in an on-line survey. The survey asked participants to identify HBE activities currently being undertaken (or completed within the last three months) within the aforementioned HBE domains.

The intent, wording and distribution of the on-line survey was approved by UNSW as compliant with the requirements for ethical research set by the Australian National Health and Medical Research Council in the National Statement on Ethical Conduct in Human Research (project reference number 125077, issued 15 November, 2012). The ethics approval, and the project description and information statement submitted for the project application, are contained in Appendix 3.

The survey was available on a website hosted by the University of NSW during December 2012 and January 2013. The entire survey is contained in Appendix 4. In brief, the survey questions covered the following areas:

Basic organisational characteristics:

- Organisation type
- Organisation field
- What is the organisation's involvement in HBEs?
- If the organisation is not involved in HBEs, then why not?
- If the organisation is not involved in HBEs, then what could their potential contribution be?
- If the organisation is not involved in HBEs, then what might enable involvement?

Characteristics of HBE activities:

Length of time involved in HBEs

- Type of activity
- Key objectives
- Relationship to the three domains
 - o Getting people active?
 - o Strengthening and connecting communities?
 - o Access to healthy food?
- Target population
- Geographic target area
- Links with other organisational programs

Partnership arrangements in place

Evaluation:

- Formal evaluation processes in place
- Type of outcome measures
- Key achievements

Funding:

Type of funding

Dissemination of activity outcomes and research results:

- Dissemination strategy in place
- Dissemination method

By February 2013, 46 responses had been received, indicating a 57.5% response rate. A number of follow up e-mails were sent to those not participating in an effort to increase this rate, however no further participants were recruited. In March 2013, it was decided to cease the data collection process.

3.0 Results

The data collected to date establishes a picture of the activities currently delivered across NSW to support HBEs. This section presents the results of our research using tables of data collected directly from the survey instrument. The implications of these results are discussed in Section 4 of this report.

3.1 Basic Characteristics of Organisations

3.1.1 Organisational type

Table 1 below shows participant responses to the question of the organisation's type. The majority of organisations (53%) identify as government related followed by academic institution (17%), private organisation (15%) and NGO (9%). Those selecting other identify as related to local government or a professional institute.

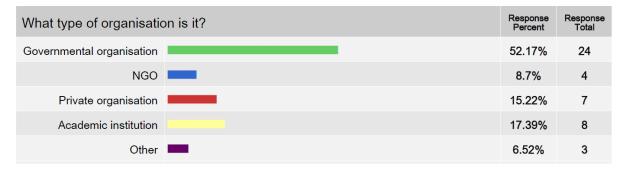


Table 1: Organisational type

3.1.2 Organisation field

Table 2 shows participant responses to the question of their organisation's sectoral affiliation. Over 70% of participants identify that their organisation is related to health. The selection process for participant recruitment specifically targeted those involved in some kind of HBE activity. Given participants could nominate more than one affiliation, it is not surprising that most organisations identify as having some kind of health-related mandate.

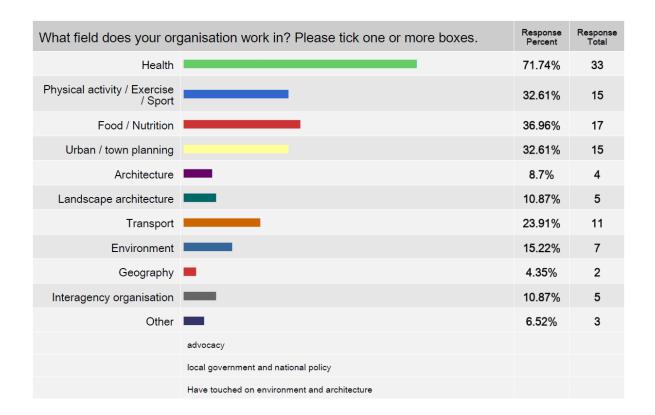


Table 2: Organisation field

3.1.3 Involvement and non-involvement with HBEs

Over 91% of respondents indicated that their organisation is involved in HBE activity. The remaining 9% identify lack of funding and a lack of consistency with organisational priorities as the key reasons for non-participation. One participant described a lack of access to research skills in the area, while another nominated a lack of time to engage as reasons for non-participation. Those not participating indicated that they felt their organisation could contribute to HBE activities, primarily through research and advocacy but also through the provision of information, capacity building, education and policy advice. Staff training, funding and connections with other organisations working in the HBE area were identified as the main enablers to participation in the future.

3.2 Characteristics of HBE Activities

3.2.1 Length of time involved in HBE activities

74% of respondents indicated that their organisation has been participating in HBE activities for at least five years, with the remaining respondents involved in activities for at least six months. Table 3 shows the breakdown of time involved in HBE activities and organisation type. Government involvement seems to have received a boost between five and ten years ago, with a noticeable downturn in the involvement of new NGOs and private organisations post 2011. Involvement of new academic institutions in this area also appears to have declined.

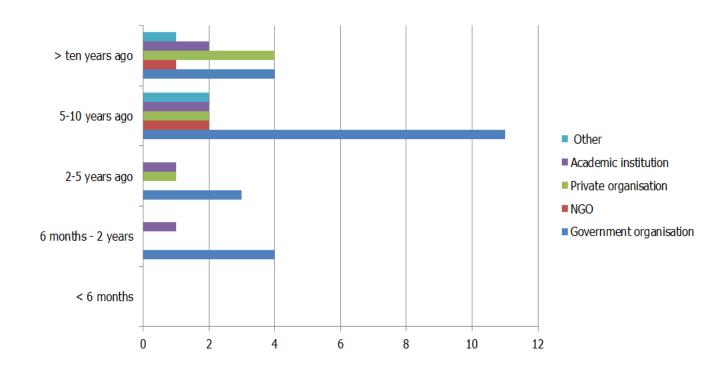


Table 3: Time involved in HBE activities by organisation type

Table 4 shows the amount of time by organisational focus (i.e. the type of work undertaken by the organisation) in relation to HBE activities involvement.

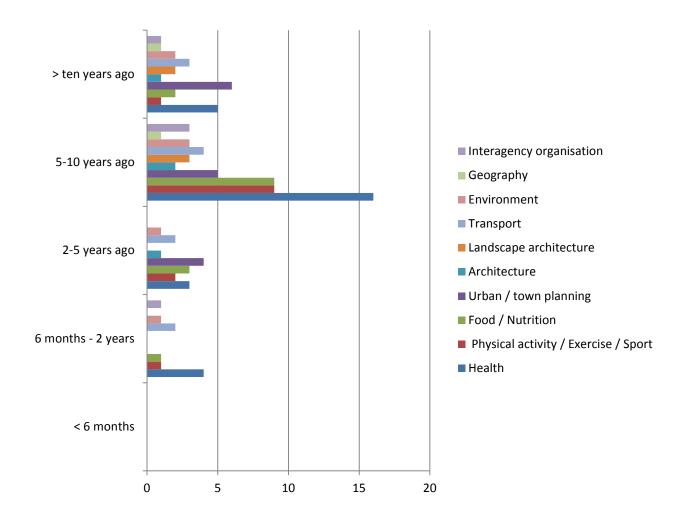


Table 4: Time involved in HBE activities by organisational focus

3.2.2 Type of activity

Table 5 below shows the various types of activities in which organisations are involved. The most common activities relate to advocacy (83%) and policy development (64%) with 57% of respondents indicating involvement with research and 50% involved in research-to-policy translation. Responses to the remaining options, including capacity building, staff development and the provision of guidelines, tools and information, are relatively evenly spread. There is less involvement with the provision of infrastructure or teaching in formal educational programs. Three of the six participants indicating "other" describe their involvement as based on collaboration.

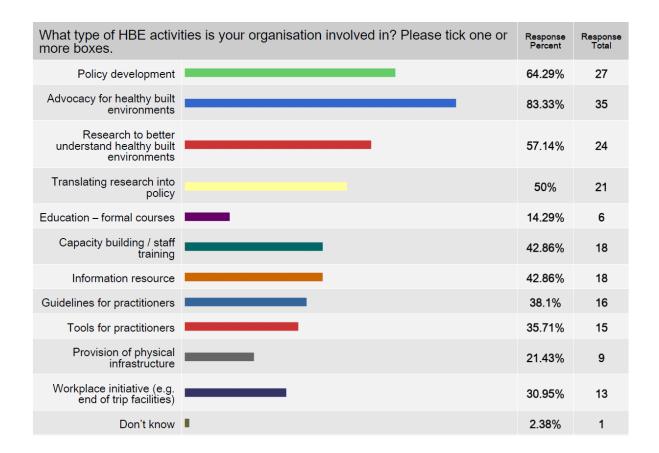


Table 5: Type of HBE activity

3.2.3 HBE domain

Respondents were guided to classify their HBE activities using the three domains of HBEs established by the HBEP Literature Review (Kent et al. 2011).

These domains are:

- The built environment and getting people active
- The built environment and connecting and strengthening communities
- The built environment and providing access to healthy food

As shown in Table 6, the majority of respondents identified their activities as related to "getting people active" (83%) this was followed by "connecting and strengthening communities" (76%) and "providing access to healthy food" (67%).

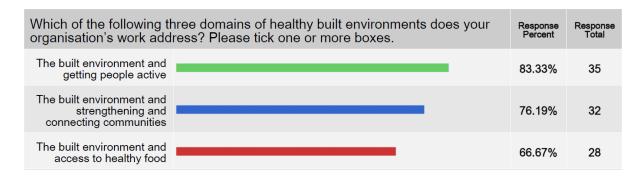


Table 6: HBE by domain

Table 7 shows the breakdown of domains relative to organisation type. As expected, most organisations are involved in activities somehow related to "getting people active", however the distribution of organisational focus by domain is relatively even. Of note is that private organisations and NGOs identify more with the "healthy food" and/or "strengthening communities" domains. This relationship is further discussed in the conclusions to this report.

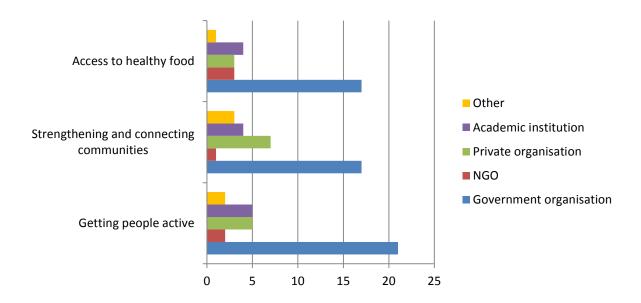


Table 7: HBE by domain and organisation type

3.2.4 Target demographic population

The questionnaire proceeded to ask respondents about the target population and geographic area for their organisation's HBE activities. Most respondents (88%) indicate they target the general population. Table 8 below shows the breakdown of various population subgroups.

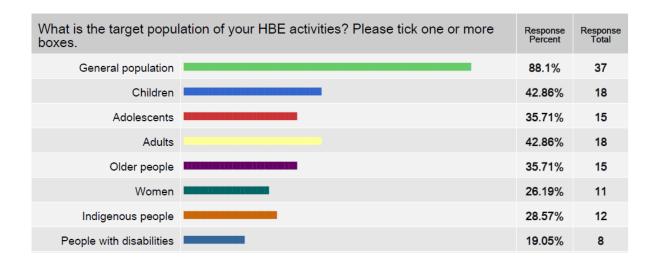


Table 8: Target demographic population of HBE activities

In Table 9 below we show the target population of HBE activities broken down by organisational type.

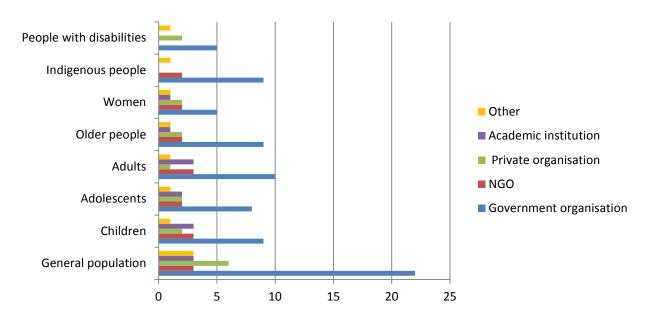


Table 9: Target demographic population of HBE activities and organisation type

3.2.5 Target geographic population

In terms of geographic area, most organisations target urban areas (43%) followed by the entire state (43%) and then rural and remote areas (29%). Table 10 shows the target geographical location broken down by organisational type. Government organisations are the only organisations involved specifically with HBE initiatives in remote areas, with rural areas also relatively under-represented by private organisations, NGOs and academic institutions.

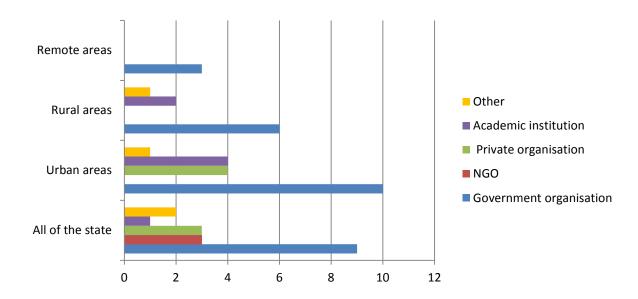


Table 10: Target geographic location of HBE activities and organisation type

3.3 Management and Prioritisation of HBE Activities

The remainder of the questionnaire related to the way organisations manage and prioritise HBE activities. The results of this data collection are presented below.

3.3.1 Evaluation and partnerships

Most participants (71%) indicated that their HBE activities are linked to priority areas within their organisation and undertaken in collaboration with other organisations. Over 50% of respondents indicated they have no formal evaluation process for their HBE activities. Those undertaking evaluation nominated an array of measures of success, ranging from changes to walking and cycling rates, to the development of new policies.

3.3.2 Measurements of success

Table 11 shows how participants describe the ways they perceive their organisation to be successful in its HBEs work. Influencing policy, changing behaviour and awareness raising are all important indicators of success.

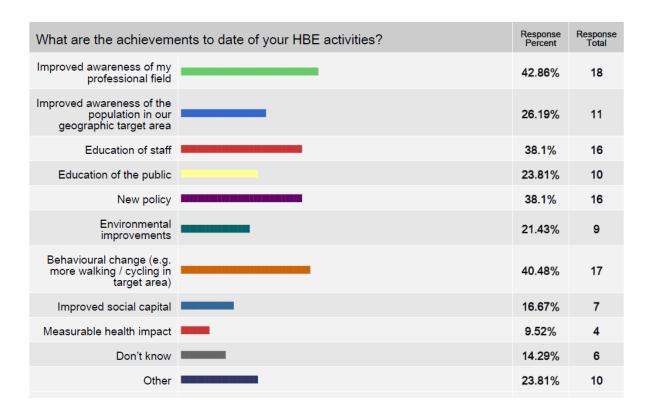


Table 11: Perceived achievements from HBEs work

3.3.3 Dissemination of results and information

Almost 50% of organisations do not have a specific dissemination strategy for the results or information about their HBE activities. Nevertheless, over 80% of respondents indicated that information is contained on their organisation's website. Other popular means of dissemination are through newsletters and the publication of publically available tools and reports. The results from this survey question are summarised in Table 12 below.

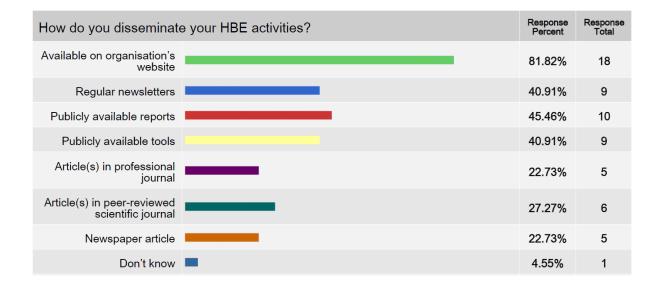


Table 12: Dissemination methods for HBE activity results and information

Table 13 below shows the dissemination methods for HBE activity by organisation type. Of note is that government based organisations rely heavily on the internet as a way to disseminate HBE results and information. The use of information in the development of publically available tools is also a popular way for government organisations to communicate the HBE message.

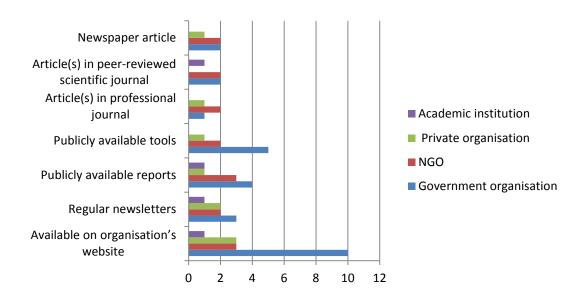


Table 13: Dissemination methods for HBE activity and organisation type

3.3.4 Funding

Table 14 indicates that over 73% of HBE activities are funded from within the organisation, with funding also received from government sources. Those unable to categorise their funding source generally indicated their HBE activities were funded from existing sources and integrated into their day-to-day activities.

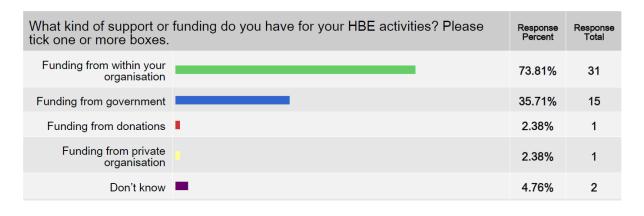


Table 14: Funding source

4.0 Key Conclusions

4.1 Study Limitations

This project has been undertaken to improve the knowledge of HBE activities currently being undertaken in NSW, identify gaps in HBE activity and explore ways to facilitate information sharing across organisations involved in this area.

The research presented above is limited by its small sample size. It should be noted, however, that participants were carefully selected following wide consultation with HBEP Advisory Board members. This board has connections with the major HBE stakeholders in NSW. This rigorous process of participant selection ensures the data represents the HBE activities of over 55% of organisations involved in work in this area across NSW.

Having presented the data obtained from the study, the report now moves to give an overall analysis of the data in the context of the objectives of the project. A number of key conclusions are presented.

4.2 Developing Knowledge of HBE Activities in NSW

A key objective of this project was to develop knowledge of HBE activities in NSW. The data indicates that HBE activities are likely to be undertaken by organisations that are government based and affiliated in some way to the health field. However, the results related to affiliation could be somewhat misleading given the method of participant selection and the fact that participants could nominate more than one affiliation. Participants for the study were selected because their organisation was potentially active in the HBE area. It would be expected, therefore, that some participants may perceive their organisation to be related to the health field even though health might not be their organisation's primary core activity. Nevertheless, the process of participant selection was based on a rigorous assessment of HBE initiatives across the state and the dominance of health organisations in these initiatives is clear. It can therefore be concluded that HBE activities have, to date, not been seen as traditional territory for built environment organisations. Instead, they have been more likely to be undertaken by organisations with some, if not exclusive, focus on health.

Notwithstanding this conclusion, the data also suggests that although built environment professions may be under-represented in HBE activities in NSW, those that are involved are more likely to have been promoting this agenda for the last ten years. This is contrary to common understandings (see for example Pilkington et al. 2008), and even trends globally and in other Australian states (Crawford et al. 2010). This study shows that built environment organisations have been amongst the earliest stakeholders in the advancement of HBE activities in NSW.

In relation to the type of organisations involved in HBE activities, the dominance of government agencies appears to be strengthening over time. That is, there has been a noticeable decline in the involvement of *new* NGOs and private organisations in this area since 2011. This could potentially be related to the global financial crises and a reorientation of priorities and funding or a reluctance to take on new work, including HBE activities. It could also be the case that the augmentation of skills and expertise in government organisations through capacity building has allayed the need for increased private involvement. While not quite as striking, there has also been a decline in involvement of new tertiary institutions in this area since 2011. Again, this could be indicative of a reorientation of funding. It could also indicate, however, that this specific niche of research and education has been successfully filled by established programs - for example capacity building by PCAL and tertiary education programs at UNSW.

4.2.1 Key conclusions - Developing knowledge of HBE activities in NSW

- HBE activities are more likely to be undertaken by government organisations with a health affiliation.
- Built environment organisations have been amongst the earliest stakeholders in the advancement of activities in HBEs in NSW.
- Additional involvement of NGOs and private organisations in HBEs has slowed over the past five years.

4.3 Identifying Gaps in HBE Activities Across NSW

A second objective of the project was to identify 'gaps' in HBE activity across NSW. The dominance of health related organisations undertaking HBE activities suggests further scope for involvement of the built environment professions in this area. This should not be

interpreted as a mandate for reduced involvement of the health sector. Instead, it indicates that there are opportunities for further recruitment of the built environment professions to interdisciplinary projects in this area. This process will inevitably require dedicated funding as well as a focus on professional development (Kent and Thompson 2012).

Identification of gaps requires attention not only to the nature of the organisations undertaking work in this area, but also to the focus of the activities that are taking place. In an effort to identify gaps in focus, the survey instrument concentrated on healthy built environment domain, geographic target and demographic target. We now explore the implications of the survey results on these topics.

4.3.1 Domain focus

In terms of the HBE domains, while a majority of organisations focus their HBEs work on physical activity, the data shows that organisational focus is relatively uniform across all three domains – physical activity, social connection and healthy eating. This finding is somewhat divergent to the focus of the research, as identified by the HBEP Literature Review. This literature review of 1,080 references relevant to the built environment and health used similar classification methods to expose an overwhelming dominance of research related to physical activity. Figure 1 demonstrates the difference in the domain focus of the research and those involved with HBE activities on the ground.

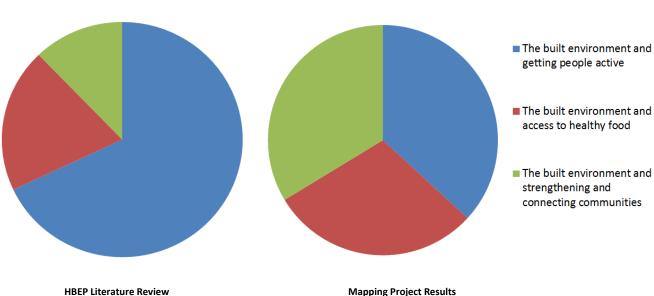


Figure 1: Domain focus in research compared to HBE activities "on the ground"

The explanation for this difference could be related to time. The data for the literature review was collected in 2010. Since then there has been increased awareness that the relationship between the built environment and health extends well beyond physical activity (see for example Mohnen et al. 2012). It could also suggest that the focus of research on physical activity is overrepresented when compared to the needs of communities "on the ground" as perceived by different organisations working in this area. This indicates the need for an increased research and evaluative focus on the domains related to connected communities and healthy eating. Indeed this asynchrony is potentially indicative of a core disciplinary challenge faced by those working in HBEs. The relationship between physical activity and the built environment lends itself to quantification. It has, to date, been perceived as a less troublesome relationship than that pertaining to the culturally inculcated relationship between the built environment and food and the subtleties associated with the way the built environment supports or inhibits community connection. These relationships remain less clear in the academic research. However, the data in this report suggest a mandate for increased focus on empirical data collection and analysis in these areas. Such research may not necessarily look like the quantitative data generally used to understand and demonstrate the relationship between the built environment and physical activity. Our relationships with food (healthy eating) and with each other (connected communities) are potentially better understood by an emphasis on qualitative rather than quantitative research methods (Timmermans 2012). This kind of research is urgently required to support ongoing organisational commitment to HBE activities in these areas.

4.3.2 Geographic focus

In relation to geographic focus, less HBE activity is explicitly concentrated on rural and remote areas. It is not clear, however, whether participants defined the environments found in regional centres as urban or rural. It is well known that populations in rural and remote areas face different health challenges to those in regional centres, which again differ from those experienced in major urban cities (Frost et al. 2010). Healthy built environments are also as much structurally shaped at the regional scale as they are by micro design treatments (Leslie et al. 2007). It follows, therefore, that health promoting built

environment interventions in regional, rural and remote areas will need to be different to those pursued in urban areas.

Of particular note from the data is the absence of academic affiliation with HBE activities in remote areas and diminished involvement with rural populations. Given these populations are experiencing increasing rates of chronic diseases at a faster rate than their urban counterparts (Officer 2010), further academic research on the way HBEs might be tailored, constructed and used in remote and rural areas is urgently required. This finding is also borne out in much of the HBEP's capacity building work in rural and remote areas.

4.3.3 Demographic focus

HBE activities are likely to be targeted at the general population with children and adolescents the most likely subgroup attracting specific focus. While government organisations are relatively well represented across population subgroups, there is a noticeable lack of academic focus on indigenous people and people with disabilities. Again, this indicates a potential research gap, with deeper understandings required to support and inform existing government assistance for programs that relate to these specific population groups.

4.3.4 Key Conclusions - Identifying gaps in HBE activities across NSW

- There is further scope for increased interdisciplinary working between the health and built environment professions through an increased focus on the built environment.
- Organisational focus is relatively uniform across the areas of physical activity, social connection and healthy eating.
- There is a need to balance the current academic focus on physical activity with increased attention to research that can support HBE activities in the two domains of connecting communities and healthy foods. This necessitates greater engagement with, and acceptance of, qualitative research methodologies.
- HBE activities that are tailored to rural and remote communities are required.
 Further research on the way HBEs might be successfully implemented in rural and remote communities needs to be a priority.

• Further research is required on HBEs in the context of indigenous communities and people with disabilities.

4.4 Information Sharing and Consolidation

The final objective of the project is to outline ways that information sharing might be facilitated across organisations.

The data enables a picture to be developed of the way HBE activities are governed within the organisations that are active in this area. For most organisations, the pursuit of HBE activities is linked in some way to other priority areas. While this is positive in that it indicates that HBE activities are strategically embedded within organisational agendas, it also suggests that HBEs are not a priority as such. Rather, the pursuit of HBEs falls within the remit of the organisation's overall objectives. This is further indicated by the way HBE activities are funded, with support usually coming from within the organisation and integrated into existing budgets rather than allocated externally. The way organisations indicate an absence of formal evaluation and/or dissemination processes for HBE activities also suggests these activities are in some way peripheral to organisational core emphases.

This is useful information for those attempting to engage with organisations involved in HBE activities. Firstly, it indicates that these activities are not necessarily well resourced, with those involved likely to be responsible for a number of other agendas that regularly compete for time and resources. In the absence of core priority status, the success of HBE activities is potentially dependent on a key champion or group of stakeholders who have acted to date to push the agenda forward. The need to consistently support key 'champions' is well recognised in research on the success or demise of other emergent agendas (for example, relating to carbon reduction – see for example Bulkeley et al. 2009). Seeking out, and encouraging, this key champion over time is an important way to forge relationships. This needs to be done, however, in a context of understanding that HBE activities are unlikely to be a sole priority.

These findings also reveal the tenuousness of HBE activities. This precarious position is exposed in the data in this report indicating that NGO and private organisation participation in HBE activities has slowed since the global financial crises. The recent addition of health as an objective to draft planning legislation in NSW is an example of how this tenuousness can

be overcome. This is a fortuitous and timely opportunity which needs to be consolidated through ongoing lobbying and support.

The data also suggests that HBE activities are often undertaken in the context of a partnership or collaborative arrangement. HBE activities are, by nature, dependent on interdisciplinary collaboration, so this finding is hardly surprising. Nevertheless, it is an important finding, as it demonstrates the presence of a lively consortium of professionals involved in this area. Success to date, such as the inclusion of HBE agendas in draft legislation and strategic planning policies, suggests that this consortium is working together effectively to produce positive outcomes. Again, for those attempting to engage with and share information across organisations involved in HBE activities, supporting and augmenting existing partnerships may well provide opportunities for further collaboration.

4.4.1 Key Conclusions - Information Sharing and Consolidation

- HBE activities are not likely to be an exclusive organisational priority.
- Opportunities to enshrine HBEs in legislation are therefore key to ensure that HBE activities are not abandoned in the face of changing resource priorities.
- Seeking out and supporting key champions of HBEs is imperative to ensure continuity and longevity of HBE activities.
- Augmenting existing partnership arrangements is a positive avenue through which to pursue information sharing and increased interdisciplinary collaboration.

References

- Bulkeley, H., H. Schroeder, et al. (2009). Cities and Climate Change: The role of institutions, governance and urban planning. Report prepared for the World Bank Urban Symposium on Climate Change.
- Crawford, J., H. Barton, et al. (2010). "Health at the Heart of Spatial Planning, Strengthening the Roots of Planning, Health and the Urban Planner, Health Inequalities and Place, Planning for the Health of People and Planet: An Australian Perspective." Planning to the Health of People and Planet: An Australian Perspective." Planning to the Health of People and Planet: An Australian Perspective." Planning to the Health of People and Planet: An Australian Perspective." Planning to the Health of People and Planet: An Australian Perspective." Planning to the Health of People and Planet: An Australian Perspective.
- Frost, S. S., R. T. Goins, et al. (2010). "Effects of the Built Environment on Physical Activity of Adults Living in Rural Settings." <u>American Journal of Health Promotion</u> 24(4): 267-283.
- Kent, J. L. and S. M. Thompson (2012). "Health and the Built Environment: Exploring Foundations for a New Interdisciplinary Profession." <u>Journal of Environmental and Public Health</u> May.
- Kent, J. L., S. M. Thompson, et al. (2011). Healthy Built Environments: A review of the literature. Sydney, Healthy Built Environments Program, City Futures Research Centre, UNSW.
- Leslie, E., R. McCrea, et al. (2007). "Regional variations in walking for different purposes: The South East Queensland quality of life study." <u>Environment and Behavior</u> 39(4): 557-577.
- Mohnen, S. M., B. Völker, et al. (2012). "Health-related behavior as a mechanism behind the relationship between neighborhood social capital and individual health-a multilevel analysis." BMC Public Health 12(1): 116.
- Officer, C. H. (2010). "The health of the people of New South Wales Report of the Chief Health Officer."
- Pilkington, P., M. Grant, et al. (2008). "Promoting integration of the health and built environment agendas through a workforce development initiative." <u>Public Health</u> 122(6): 545-551.
- Timmermans, S. (2012). "Seven warrants for qualitative health sociology." <u>Social Science & Medicine 77: 1-8.</u>

Appendix 1: Membership of the HBEP Advisory Board (December 2012)

Chair:

Professor Peter Sainsbury (Population Health, South Western Sydney and Sydney Local Health Districts)

Members:

Professor Billie Giles-Corti (University of Melbourne)

Ms Karen Gillham (Hunter New England Local Health District)

Ms Diana Griffiths (Arup)

Ms Claudine Lyons / Ms Bev Lloyd (NSW Ministry of Health)

Mr Peter McCue (NSW Premier's Council for Active Living)

Ms Julie-Anne Mitchell (NSW Heart Foundation)

Ms Karen Patterson (Division of Local Government)

Professor Bill Randolph (University of New South Wales)

Ms Caroline Scott (Transport for NSW)

Ms Norma Shankie-Williams (NSW Department of Planning and Infrastructure)

Ms Robyn Vincin (Planning Institute of Australia NSW Division)

Appendix 2: Organisations active in the HBE area

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Health based organisations

Table 1a: Health based organisations - government organisations

Organisation	Website	Possible links to HBE
Australian Institute of	www.aihw.gov.au/	AIHW has produced publications on BE and health
Health and Welfare		
Cancer Institute NSW	www.cancerinstitute.org.	In the NSW Cancer Plan they state "Create social
	au/	and physical environments that promote health and
		support those individual Choices".
Department of Agriculture,	www.daff.gov.au/	DAFF has developed the National Food Plan green
Fisheries and Forestry		paper. "The aim of the national food plan is to foster a
		sustainable, globally competitive, resilient food supply
		that supports access to nutritious and affordable
		food."
Department of Health and	www.health.gov.au/	Provided funding for Healthy Spaces & Places project
Ageing		
NSW Food Authority	www.foodauthority.nsw.g	None specifically
	ov.au/	
NSW Health, Centre for	swahs.elcom.com.au/CH	None specifically
Health Innovation and	IP/CHIP-	
Partnership	Homepage/default.aspx	
NSW Ministry of Health	www.health.nsw.gov.au/	Funding organisation for HBEP
NSW Office of	www.dsr.nsw.gov.au/	None specifically
Communities, Sport and		
Recreation		
Premier's Council of Active	www.pcal.nsw.gov.au/	Main focus of PCAL's work is on environments that
Living		facilitate PA

Table 1b: Health based organisations - Local Area Health Services

Organisation	Website	Possible links to HBE
Metropolitan NSW Local		
Health Districts		
Central Coast	www.health.nsw.gov.au/	Representatives have a particular interest in the
	cclhd/	healthy built environment; he has experience in
		working in the field, and is currently undertaking the
		HBE course through Sydney University
Illawarra Shoalhaven	www.islhd.health.nsw.go v.au/	 Longstanding work with local councils to raise health profile within local government; including food security, healthy planning, walkability and equity. Led the development of an Area Health Service, Healthy Environments Group to provide a coordinated response to proposed developments and input into council guidelines. Considerable experience with food security and councils: Consultation with three local councils to embed food security into councils planning and procurement processes. Development of a Food Position Paper - a working document that now supports progress towards an Illawarra Regional Food Strategy. Other LGA strategies to address spectrum of food security including mapping, food rescue etc Written comment on healthy urban developments utilising HIA principles and active participation in Illawarra Urban Development Committee. Fostered partnership grant submissions with Wollongong, Shellharbour and Kiama Councilshave secured over \$2.5 million in funding over last 5 years. Currently, on Advisory Committees for Commonwealth funded Healthy Communities Initiative Wollongong and Urban Sustainability Program – Illawarra Biodiversity & Local Food Strategy for Climate Change from Department of the Environment Contributed to Community Strategic Planning processes and discussions are underway regarding heath indicators to evaluate outcomes Development of social and health indicators in

Organisation	Website	Possible links to HBE
Nepean Blue Mountains	www.nbmlhd.health.nsw. gov.au/	social planning processes None specifically
Northern Sydney	www.health.nsw.gov.au/ services/lhd/ns/	 Pre-existing HBEP contact for NSCCAHS Healthy Urban Planning Certificate 2010 (UNSW) Developed leading HBE programs Urban Planning 4 Health/Go Active 2 Work Member NSW Healthy Urban Planning Expert Advisory Group Program Chair 2012 NSW HP Symposium 'Creating Environments for Health'.
South Eastern Sydney	www.health.nsw.gov.au/ services/lhd/ses/	 Representatives have completed the UNSW Healthy Environments course Range of interests in healthy environments Supported review of active transport at POW Supporting SESLHD in development of Healthy Environments Strategy
South Western Sydney	www.swslhd.nsw.gov.au/	 Representatives have experience promoting healthy built environments in SW Sydney Involved with the development of, and frequent user of, the NSW Healthy Urban Development Checklist Involved in many health related projects with Housing NSW such as Seniors Living Health Impact Assessment, Bradbury Airds Renewal Masterplan, Housing and Health Partnership Committee, member of the Macquarie Fields Regeneration Implementation Group Participated in Health Impact Assessments on urban development such as Oran Park, Turner Road Provide comments relating to health to Local Councils on LEPs, DCP, DCAs etc Health Impact Assessments on the redevelopment of Liverpool and Campbelltown Hospitals
Sydney	www.slhd.nsw.gov.au/	See South Western Sydney
Western Sydney	www.wslhd.health.nsw.g ov.au/	None specifically
Rural & Regional NSW Local Health Districts		
Far West	www.fwlhn.health.nsw.g ov.au/	None specifically

Organisation	Website	Possible links to HBE
Hunter New England	www.hnehealth.nsw.gov.	Representatives have experience in the Cultural
	au/	Appropriateness of Aboriginal Communities and
		Liveability. They have worked with the healthy
		community's initiative within Population Health for the
		past 3 years.
Mid North Coast	www.health.nsw.gov.au/ mnclhd/	 Our Living City Settlement Strategy HIA with Coffs Harbour Council 2007 (published) Initiated and hosted NCAHS PCAL Healthy Planning Workshops for health and LGA workers 2008/2009 Healthy Planning project with Bellingen Council and NHF (National Healthy Communities winner 2010) LGA Community Strategic Planning involvement/responses Active Travel initiatives Coffs Coast Local Food Alliance, community garden and local food education and awareness projects
Murrumbidgee	www.health.nsw.gov.au/mlhd/	 In the past 3 years representatives have been involved in making comments and submissions to a number of local councils in our region on healthy built environment issues. Some of which include submissions on development applications, Local Environment Plans and Urban Release Areas on behalf of the health service. Representatives have recently undertaken a project with a school to increase active transport by children. This addressed road safety issues and engaged multiple partners to enact change to improve safety of routes to school for students. Representatives have also attended workshops in the past 3 years that focused on built environment issues and the promotion of active transport. Representatives have interests in the promotion of active transport in rural areas in particular, and many other facets of planning that influence health, with the intentions of further study in town or urban planning.
Northern NSW	www.health.nsw.gov.au/	None specifically
	nnswlhd/	
Southern NSW	www.health.nsw.gov.au/	None specifically
	snswlhd/	

Organisation	Website	Possible links to HBE
Western NSW	www.wnswlhn.health.ns	None specifically
	w.gov.au/	

 Table 1c: Health based organisations - non-government organisations

Organisation	Website	Possible links to HBE	
Australian Diabetes Council	www.australiandiabetesc	Limited	
	ouncil.com/		
Australian Health	www.healthpromotion.or	Supported Andy Dannenberg's presentation on HIA;	
Promotion Foundation,	g.au/branches/new-	articles about HBE in their journal	
NSW branch	south-wales-branch		
Australian Red Cross	redcross.org.au/	In the website section Stronger Communities they	
		state: "Red Cross works with a number of	
		communities experiencing locational disadvantage -	
		assisting with planning and implementation of local	
		solutions that support healthy and sustainable ways	
		of living".	
Cancer Council NSW	www.cancercouncil.com.	In their Strategic Directions 2010-14 they state: "In	
	au/	cancer prevention, we will be judged by the changes	
		we generate in settings and workplaces, retail,	
		marketing and built environments to reduce the	
		leading causes of cancer death".	
Council of Social Service of	www.ncoss.org.au/	None specifically	
New South Wales			
Healthy Cities Illawarra	www.healthyillawarra.org	They do advocacy work in healthy urban design	
	.au/healthycities/index.p		
	<u>hp</u>		
National Heart Foundation,	www.heartfoundation.org	The Heart Foundation has done lots of advocacy	
Active Living, Built	.au/active-living/built-	work in HBE	
Environment	environment/Pages/defa		
	ult.aspx		
Public Health Association of	www.phaa.net.au/nsw.p	HBE is one of the main areas of their policy and	
Australia, NSW branch	<u>hp</u>	advocacy work	
Sax Institute	www.saxinstitute.org.au/i	None specifically	
	ndex.cfm		
Sydney Food Fairness	sydneyfoodfairness.org.	Work in advocacy for food security.	
Alliance	au/		

Table 1d: Health based organisations - private organisations

Organisation	Website	Possible links to HBE
Medibank Private	www.medibank.com.au	None specifically

Table 1e: Health based organisations - academic centres

Organisation	Website	Possible links to HBE
Australian Catholic	www.acu.edu.au/about_	Undertakes research on environmental correlates of
University, Centre of	acu/research/about_us/r	physical activity.
Physical Activity across the	esearch_centresand-	
Lifespan	_institutes/copaal/	
Charles Sturt University,	www.csu.edu.au/faculty/	Possibly have HBE related activities in the Centre for
School of Community	science/cmhealth	Inland Health www.csu.edu.au/research/inland-health
Health		
Southern Cross University,	www.scu.edu.au/schools	None specifically
School of Health and	/hahs/index.php/57/	
Human Sciences, Health		
and Well Being		
University of New England,	www.une.edu.au/health/	None specifically
School of Health		
University of New South	www.cphce.unsw.edu.au	Organised symposia on health impact assessments
Wales, Faculty of Medicine,	/cphceweb.nsf/page/CH	of environmental changes
Centre for Health Equity	ETRE	
Training Research and		
Evaluation		
University of New South	www.sphcm.med.unsw.e	None specifically
Wales, Faculty of Medicine,	du.au/	
School of Public Health and		
Community Medicine		
University of Newcastle,	www.newcastle.edu.au/r	Conduct research into env. correlates of PA & diet
School of Education,	esearch-centre/pan/	
Priority Research Centre in		
Physical Activity & Nutrition		
University of Notre Dame		Do not seem to have any activities in HBE
University of Sydney,	sydney.edu.au/medicine/	Possibly more HBE activities outside of the
Sydney School of Public	public-health/	Prevention Research Collaboration
Health		
University of Sydney,	sydney.edu.au/medicine/	Multiple publications related to HBE
Sydney School of Public	public-health/prevention-	

Organisation	Website	Possible links to HBE
Health, Prevention	research/	
Research Collaboration		
University of Sydney,	www.ucrh.edu.au/	Representatives work on environmental correlates of
Sydney School of Public		physical activity
Health, University Centre		
for Rural Health		
University of Western	www.uws.edu.au/ssh	Representatives work on env. correlates of PA
Sydney, School of Sciences		
and Health		
University of Wollongong,	Can't find a website	Representatives work on env. correlates of PA &
Faculty of Education, Child		obesity in children and adolescents
Obesity Research Centre		

Built Environment based organisations (planning / architecture / transport / environment / geography)

Table 2a: Built environment based organisations - government organisations

Organisation	Website	Possible links to HBE
Australian Local Government	alga.asn.au/	Involved in Healthy Spaces &
Association		Places project
Division of Local Government /	www.dlg.nsw.gov.au/dlg/dlghome/dlg_ind	Have been involved in
Regional Organisations of Councils	<u>ex.asp</u>	documents such as "Creating
		Active Communities"
Local Government and Shires	www.lgsa.org.au/	None specifically
Associations of NSW		
Major Cities Unit	www.infrastructure.gov.au/infrastructure/	Have published policy
	mcu/index.aspx	documents related to HBE
		principles
NSW Department of Planning and	www.planning.nsw.gov.au/	
Infrastructure		
NSW Office of Communities,	www.kids.nsw.gov.au/	Recently organised series of
Commission for Children & Young		seminars on "Advocating for
People		Children and Young People in
		the Built Environment"
Transport NSW	www.transport.nsw.gov.au/	Implement changes to BE that,
		among other things, promote PA
		and PT
Transport, Roads & Maritime	www.rta.nsw.gov.au/	Work on sustainable transport
Services (formerly Roads and		
Transport Authority)		
Urbangrowth NSW (merger of	www.landcom.com.au/	Cooperates in ARC Linkage
Landcom and Sydney Metropolitan		grant with HBEP; collaboration
Development Authority)		with NHF to incorporate 'Healthy
		by Design'
		principles into masterplan for
		Healthy Renwick

Table 2b: Built environment based organisations - non-government organisations

Organisation	Website	Possible links to HBE
Australian Housing and Urban	www.ahuri.edu.au/	One of their research themes
Research Institute		is "Health, ageing and
		disabilities"
Australian Institute of Architects,	www.architecture.com.au/nsw/	Non specifically
NSW chapter		
Australian Institute of Landscape	www.aila.org.au/nsw/	Their vision statement is:
Architects, NSW division		"Resilient, engaging and
		healthy urban, regional and
		rural environments, designed
		in balance with natural and
		cultural systems".
Planning Institute of Australia, NSW	www.planning.org.au/nsw	HBE column in their
Division		quarterly journal New
		Planner, involved in Healthy
		Spaces & Places project

Table 2c: Built environment based organisations - private organisations

Organisation	Website	Possible links to HBE
ARUP (global private developer	www.arup.com/Global_locations/Australi	From their website: "Arup
with offices in all major cities in	a.aspx	helps government clients at
Australia)		city, regional and national
		level to set the foundations
		for healthy, resilient
		communities".
Coordinated Landscapes ("one of	www.coordinatedlandscapes.com.au/	None specifically
the largest commercial landscape		
contractors in Australia"; mostly		
work in Sydney and regional NSW)		
GTA consultants ("one of Australia's	www.gta.com.au	None specifically
largest transportation		
consultancies")		
Land Partners	www.landpartners.com.au/	None specifically
Lend Lease	www.lendlease.com/australia/sectors/co	Promote active transport and
	mmunities.aspx	community gardens
People for Places and Spaces	www.p4ps.com.au/	From their website:
		"Reviewing streets, traffic
		and access at local level
		provides opportunities to
		maximise quality of life
		benefits, including health and
		socialisation outcomes, for
		local neighbourhoods and
		school communities".
Property Council of Australia, NSW	www.propertyoz.com.au/NSW/Division/D	None specifically
Division	efault.aspx	
Stockland	www.stockland.com.au/	Representatives have been
		involved in PCAL's
		developers checklist for
		Active Living.
Urbacity	urbacity.com.au	They conduct research and

Organisation	Website	Possible links to HBE
		work on urban design and
		public health.
Urban Development Institute of	www.udiansw.com.au	None specifically
Australia, NSW Division		
Willana (consultancy for urban	willana.com.au	HBEP consortium partner
planning and facilities management)		

Table 2d: Built environment based organisations - academic centres

Organisation	Website	Possible links to HBE
Charles Sturt University, School of	www.csu.edu.au/ses	None specifically
Environmental Sciences		
Macquarie University, Macquarie	www.mq.edu.au/research/centres_and_g	On their website they state
Public Health Research Network	roups/macquarie_public_health_research	that among other things they
(should be in the Department of	_network/	do research on "urban
Environment and Geography that is		planning; cities and
involved in this research area)		health/wellbeing"
Southern Cross University, School	www.scu.edu.au/schools/esm/	None specifically
of Environment, Science and		
Engineering		
University of New England, School	www.une.edu.au/ers/	None specifically
of Environmental and Rural Science		
University of New South Wales,	www.be.unsw.edu.au/programmes/healt	The Healthy Built
Faculty of Built Environment,	hy-built-environments-program/about	Environments Program is an
Healthy Built Environments		initiative of the UNSW BE,
Program		with funding of \$1.5 million
		over 5 years from the NSW
		Ministry of Health.
University of Newcastle, Centre for	www.newcastle.edu.au/research-	Info from website: "CURS'
Urban and Regional Studies	centre/urban-and-regional-studies/	research engages with the
		complex political-economic,
		social, cultural and
		environmental processes
		and relations that are
		transforming cities and
		regions. CURS explores the
		challenges confronting urban
		and regional governance and
		the prospects for creating
		just and sustainable urban
		and regional communities,
		economies and

Organisation	Website	Possible links to HBE
		environments, from
		geographical and
		interdisciplinary
		perspectives."
University of Newcastle, Faculty of	www.newcastle.edu.au/school/arbe/	None specifically
Engineering and Built Environment,		
School of Architecture and Built		
Environment		
University of Sydney, Faculty of	http://sydney.edu.au/architecture/disciplin	None specifically
Architecture, Design and Planning,	es/urbanregional.shtml	
Discipline of Urban & Regional		
Planning & Policy		
University of Technology Sydney,	www.dab.uts.edu.au/built-	None specifically
Design, Architecture and Built	environment/index.html	
Environment		
University of Western Sydney,	www.uws.edu.au/urban_research_centre	They conduct research on
Urban Research Centre	<u>/urc</u>	"Housing, urban
		development and health" and
		have the director of the
		Sydney West Area Health
		Service on their advisory
		panel
		www.uws.edu.au/urban_rese
		arch_centre/urc/research_th
		emes

Interagency organisations

Table 3: Interagency organisations - government organisations

Organisation	Website	Possible links to HBE
Premier's Council of Active Living	www.pcal.nsw.gov.au/	Main focus of PCAL's work is
		on environments that
		facilitate PA

Appendix 3: Ethics Approval		

THE UNIVERSITY OF NEW SOUTH WALES



Built Environment Human Research Ethics Advisory Panel

Date: 15 November 2012

Applicant Name: Klaus Gebel

Faculty of the Built Environment

Re: Mapping of healthy Built Environment Activities in NSW

Reference Number: 125077 Investigator: Klaus Gebel

At its meeting of 7 November 2012, the Built Environment Human Research Ethics Advisory Panel was satisfied that this project, is of minimal ethical impact and meets the requirements as set out in the National Statement on Ethical Conduct in Human Research*. Please see the accompanying minutes from the panels meeting for notes regarding your research.

Having taken into account the advice of the Panel, the Deputy Vice-Chancellor (Research) has approved the project to proceed.

Your Head of School/Unit/Centre will be informed of this decision. This approval is valid for 12 months from the date of the meeting.

Yours sincerely

Russell Lowe Panel Convenor

Built Environment Human Research Ethics Advisory Panel

Cc: Head, School of the Built Environment

* http:/www.nhmrc.gov.au

PROJECT DESCRIPTION FOR HREAP ETHICS APPLICATION

PROJECT TITLE: Mapping of Healthy Built Environments Activities in NSW

a. Aims

The aim is to conduct a research project that maps activities that are currently being delivered in NSW to support a healthy built environment (HBE). This project, which was commissioned by the NSW Ministry of Health, will facilitate the preparation of an inclusive and meaningful inventory of the work being undertaken in NSW.

The objectives of the project are to:

- improve the knowledge of HBE activities currently being undertaken in NSW
- facilitate information sharing across Local Health Districts, NGOs and other organisations
- identify gaps in HBE activity
- provide a link to the work being undertaken through the Healthy Built Environments Program at UNSW
- facilitate the development of a preferred format/process for ongoing recording of HBE activities

b. Hypotheses / Research questions

The research will explore the following questions:

- 1. What healthy built environment (HBE) activities are currently being undertaken in different parts of NSW by governmental and private organisations, NGOs and academic centres?
- 2. What is the rationale for the HBE activities?
- **3.** What are the key objectives of the HBE activities?
- **4.** Are the HBE activities linked to other priority areas and programs of the conducting organisations?
- **5.** What are the partnership arrangements for the HBE activities?
- 6. What kind of funding and support is being used for the HBE activities?
- 7. What evaluation and dissemination strategies are being used for the HBE activities?
- **8.** Why are some organisations not involved in HBE activities?
- **9.** What gaps are there in HBE activities?

c. Methodology

An online survey will be sent out to organisations that are involved in healthy built environment activities. This includes government and private organisations, NGOs and academic centres from health and built environment sectors including planning, architecture, land-scape architecture, transport, environment and geography. One person of each of these organisations will be contacted and asked to participate in this study. The Program Information Statement will be sent out together with the invitation to participate. The list of organisations that will be contacted has been compiled based on expert input, online searches and subscriptions to the newsletter of the Healthy Built Environments Program. The definition for HBE work is based on the three domains that were identified in the HBEP Literature Review which address the principal risk factors for contemporary chronic disease: physical inactivity, obesity and social isolation. Policy or program work that addresses the relationship between the built environment and getting people active, access to healthy food and strengthening and connecting communities is within the scope of this project.

d. Project timing / schedule

Tasks	Estimated completion date
Send out online survey	November 23 rd 2012
Data analysis	January 2013
Completion of report on research findings	February 2013
Submission of manuscript to peer reviewed journal	April 2013

PROJECT INFORMATION STATEMENT

Date: October 2012

Project Title: Mapping of healthy built environment activities in NSW

Approval No.: (Insert once approval has been received)



Participant selection and purpose of study

You are invited to participate in a study with the aim to map activities related to healthy built environments (HBE) in NSW. Our definition of HBE activities includes three domains:

- 1. The built environment and getting people physically active (e.g. promoting active transport, addressing urban sprawl, lack of public open space and recreational facilities, improving neighbourhood 'walkability')
- 2. The built environment and strengthening and connecting communities (e.g. advocating for places where people can meet and connect, promoting interaction in public spaces and equitable access to community facilities)
- **3.** The built environment and access to healthy food (e.g. mapping food service locations, advocating for public transport measures that support access to healthy food, supporting local food production)

The objectives of the study are to improve the knowledge of HBE activities currently being undertaken in NSW, to facilitate information sharing across local health districts, NGOs and other organisations, to identify gaps in HBE activity, to provide a link to the work being undertaken through the Healthy Built Environments Program at UNSW and to facilitate the development of a preferred format/process for ongoing recording of HBE activities. You were selected as a possible participant in this study because of the field in which your organisation works.

Description of study

If you decide to participate, we will ask you to fill out a survey that will take about 10 minutes to complete. The survey includes questions on characteristics of your organisation's HBE activities, the funding or support that you receive, and your evaluation and dissemination strategy. We cannot and do not guarantee or promise that you will receive any benefits from this study.

Recompense to participants

Please note that there will not be a financial or other recompense to the participants of this study.

Confidentiality and disclosure of information

laur bebel

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, or except as required by law. If you give us your permission, we plan to publish the results in a report to the NSW Health Ministry and in an article in a peer reviewed journal. In addition, we will also be seeking advice from you on the best way to share the results of our research with your community – such as through information sessions or the publication of fact sheets.

Your consent

Your decision whether or not to participate will not prejudice your future relations with The University of New South Wales or other participating organisations.

If you have any questions, please feel free to ask Dr Klaus Gebel at the City Futures Research Centre, FBE, UNSW, Sydney, 2052, 02 9385 5445, k.gebel@unsw.edu.au.

Dr Klaus Gebel

Appendix 4: Survey Instrument		



Mapping of healthy built environments activities in NSW

Thank you very much for your willingness to take part in this study. By continuing with this survey you are indicating that you have read and understood the Project Information Statement and give your consent to continue.

Please confirm that you are 18 years or over.
Please pick one of the answers below.
O Yes
O No
The first set of questions will be about your organisation and your role within it.
What is your name?
Please use the blank space to write your answers.
What is your role in your organisation?
Please write your answer in the space below.
What is your position in your organisation?
Please use the blank space to write your answers.

What	t is the name of your organisation?
Please	use the blank space to write your answers.
Wha	t type of organisation is it?
Please	pick one of the answers below or add your own.
0	Governmental organisation
0	NGO
0	Private organisation
0	Academic institution
Other	
\\/hat	t field does your organisation work in? Please tick one or more hoves
	t field does your organisation work in? Please tick one or more boxes.
Please	check all that apply and/or add your own variant.
	Health
Ш	Physical activity / Exercise / Sport
	Food / Nutrition
	Urban / town planning
	Architecture
	Landscape architecture
	Transport
	Environment
	Geography
	Interagency organisation
Other	

Please	e briefly describe what your organisation or your section within the organisation does.
Please w	rite your answer in the space below.
_	r organisation involved in activities related to healthy built environments? For a detailed definition of y built environments please click here.
Please pi	ick one of the answers below.
O 1	/es
0 1	No
What 1	factors prevent your organisation from being involved in HBE activities? Please tick one or more boxes.
Please ch	heck all that apply and/or add your own variant.
	Lack of awareness of this topic
	Not in line with agenda / priorities of the organisation
	ack of funding
	Staff too busy with other things
	Don't know
Other	

Wha boxe	t contribution do you think your organisation could make to HBE activities? Please tick one or more
Please	check all that apply and/or add your own variant.
	Policy development
	Advocacy for healthy built environments
	Research to better understand healthy built environments
	Translating research into policy
	Education – formal courses
	Capacity building / staff training
	Information resource
	Guidelines for practitioners
	Tools for practitioners
	Provision of physical infrastructure
	Workplace initiative (e.g. end of trip facilities)
Othe	r
Wha boxe	t would be required to enable your organisation to get involved in HBE activities? Please tick one or more
Please	check all that apply and/or add your own variant.
	Funding
	Support from senior management
	Staff training on HBE
	Links to other organisations working in this area
	Don't know
Othe	r
Cha	racteristics of HBE activities

Whe	n did your organisation's HBE activities start?
Please	pick one of the answers below.
0	Less than six months ago
0	Six months to two years ago
0	Two to five years ago
0	Five to ten years ago
0	More than ten years ago
0	Don't know
Wha	t type of HBE activities is your organisation involved in? Please tick one or more boxes.
Please	check all that apply and/or add your own variant.
	Policy development
	Advocacy for healthy built environments
	Research to better understand healthy built environments
	Translating research into policy
	Education – formal courses
	Capacity building / staff training
	Information resource
	Guidelines for practitioners
	Tools for practitioners
	Provision of physical infrastructure
	Workplace initiative (e.g. end of trip facilities)
	Don't know
Othe	r

	t are the key objectives of the HBE activities that your organisation is involved in? Please tick one or boxes.
Please	check all that apply and/or add your own variant.
	To improve people's physical health
	To improve people's mental health
	To increase people's physical activity level
	To improve people's access to healthy food
	To strengthen social capital
	To reduce pollution from traffic
	To promote active transport (walking, cycling, public transport)
	To improve safety for pedestrians and cyclists
	To reduce crime through more people on the streets / passive surveillance
	To sell real estate
Other	
	th of the following three domains of healthy built environments does your organisation's work address?
Please	check all that apply.
	The built environment and getting people active
	The built environment and strengthening and connecting communities
	The built environment and access to healthy food

	e boxes.
Please	check all that apply and/or add your own variant.
	Promoting walking for daily travel / recreation
	Promoting cycling for daily travel / recreation
	Promoting use of public transportation for daily travel
	Reducing urban sprawl
	Providing public open space
	Providing recreational facilities / playgrounds
	Improving neighbourhood 'walkability' and/or 'cyclability' (e.g. bike / walk paths / footpaths / shade / streetscape / linked up footpaths or bike paths)
	Improving safety from traffic for pedestrians and cyclists
	Providing facilities such as toilets, drinking fountains, shelter etc.
	Improving residential and commercial densities, land use mix
	Improving connectivity
	Improving accessibility
Othe	r
	lation to strengthening and connecting communities what areas of work does your organisation address? se tick one or more boxes.
Please	check all that apply and/or add your own variant.
	Advocating for places where people can meet and connect
	Input into planning processes that advocate for and strengthen social connectivity
	Influencing the location of facilities within a community to ensure they are convenient, central and clustered with other facilities
	Promoting equitable access to community facilities
	Promoting interaction in public spaces including gardens, town squares, parks and lively streetscapes
	Encouraging supportive social networks within neighbourhoods and participation in decision-making
	Influencing proximity to places of employment
Othe	r

	lation to access to healthy food what areas of work does your organisation address? Please tick one or boxes.
Please	check all that apply and/or add your own variant.
	Mapping food service locations (including fast food outlets, access to fresh fruit and vegetables and vending machines)
	Advocating for controls on food advertising of fast food and exposure in public places
	Advocating/supporting facilities (e.g. water fountains, community gardens, fresh food markets and allotments, breastfeeding locations etc.)
	Supporting local food production (e.g., through zoning and land use regulation)
	Advocating for public transport measures that support access to healthy food (e.g. schedules and timetables and routes, space to store parcels en route, shopping shuttles, home delivery services and/or support for local corner shops and convenience stores)
Other	r
Pleas	se list any specific HBE strategies / research projects / tools that you are working on.
Please	write your answer in the space below.

Wha	is the target population of your HBE activities? Please tick one or more boxes.
Please	check all that apply and/or add your own variant.
	General population
	Children
	Adolescents
	Adults
	Older people
	Women
	Indigenous people
	People with disabilities
	Don't know
Othe	
Do y	ou have a geographic target area for your HBE activities? Please tick one or more boxes.
	ou have a geographic target area for your HBE activities? Please tick one or more boxes.
	ou have a geographic target area for your HBE activities? Please tick one or more boxes. check all that apply and/or add your own variant. All of the state
	check all that apply and/or add your own variant.
	check all that apply and/or add your own variant. All of the state
	check all that apply and/or add your own variant. All of the state Urban areas Rural areas
	check all that apply and/or add your own variant. All of the state Urban areas Rural areas Remote areas
	check all that apply and/or add your own variant. All of the state Urban areas Rural areas Remote areas Don't know
Please	check all that apply and/or add your own variant. All of the state Urban areas Rural areas Remote areas Don't know
Please	check all that apply and/or add your own variant. All of the state Urban areas Rural areas Remote areas Don't know
Please Other	Check all that apply and/or add your own variant. All of the state Urban areas Rural areas Remote areas Don't know Our HBE activities linked to other priority areas and programs within your organisation?
Please Other	Check all that apply and/or add your own variant. All of the state Urban areas Rural areas Remote areas Don't know Cour HBE activities linked to other priority areas and programs within your organisation? Polick one of the answers below.
Please Other	Check all that apply and/or add your own variant. All of the state Urban areas Rural areas Remote areas Don't know Our HBE activities linked to other priority areas and programs within your organisation?

Please name to.	the other priority areas and programs within your organisation that your HBE activities are linked
Please write your a	nswer in the space below.
Do you have	partnership arrangements with other organisations in relation to your HBE activities?
Please pick one of	the answers below.
O Yes	
O No	
Please provid	de the organisations' names and briefly describe how you collaborate.
Please write your a	nswer in the space below.
Evaluation	
Lvaluation	
Do you have	a formal evaluation process for your HBE activities?
Please pick one of	the answers below.
O Yes	
O No	
O Don't kr	ow

Please provide a brief description of the evaluation process of your HBE activities.		
Please write your answer in the space below.		
Do y	ou use or intend to use outcome measures for your HBE activities? Please tick one or more boxes.	
Please	check all that apply and/or add your own variant.	
	Walking rates	
	Cycling rates	
	Consumption of fruits and vegetables	
	Sales rates of real estate	
	New policies	
	Not determined yet	
	Don't know	
Othe	r	

What are the achievements to date of your HBE activities?			
Please check all that apply and/or add your own variant.			
	Improved awareness of my professional field		
	Improved awareness of the population in our geographic target area		
	Education of staff		
	Education of the public		
	New policy		
	Environmental improvements		
	Behavioural change (e.g. more walking / cycling in target area)		
	Improved social capital		
	Measurable health impact		
	Don't know		
Other			
Pleas	se list any publicly available evaluation reports on your organisation's HBE activities.		
	write your answer in the space below.		
7 10450	who you under it the space bolow.		
Fund	ding		

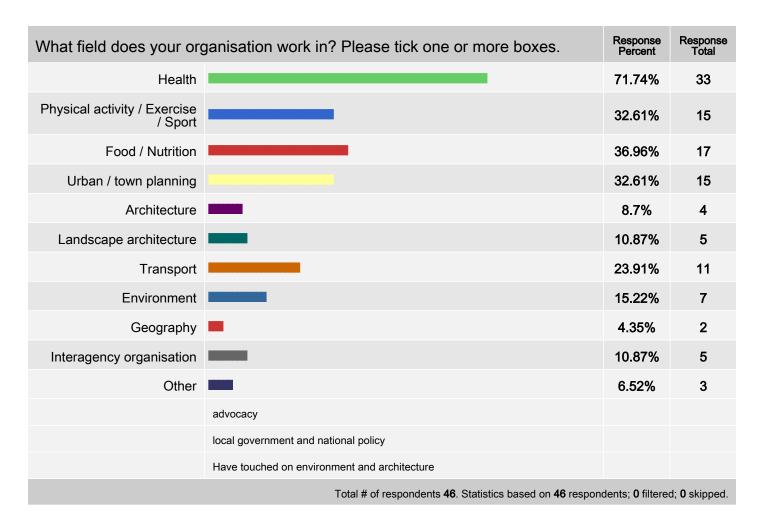
What	t kind of support or funding do you have for your HBE activities? Please tick one or more boxes.
Please	check all that apply and/or add your own variant.
	Funding from within your organisation
	Funding from government
	Funding from donations
	Funding from private organisation
	Don't know
Other	
Diee	semination
Diss	
Do y	ou have a dissemination strategy for your HBE activities?
Please	pick one of the answers below.
0	Yes
0	No
0	Don't know
How	do you disseminate your HBE activities?
Please	check all that apply and/or add your own variant.
	Available on organisation's website
	Regular newsletters
	Publicly available reports
	Publicly available tools
	Article(s) in professional journal
	Article(s) in peer-reviewed scientific journal
	Newspaper article
	Don't know
Other	

We would like to set up an online registry of organisations involved in HBE activities that aims to facilitate multi-level and cross-disciplinary collaboration. Would you be willing to have the name of your organisation and your contact details listed in such an online registry?			
Please pick one of the answers below.			
O Yes			
O No			
Would you like to subscribe to the newsletter of the Healthy Built Environments Program of the University of New South Wales?			
Please pick one of the answers below.			
O I am already subscribed			
O No thanks			
O Yes			
Please provide your e-mail address.			
Please use the blank space to write your answers.			
Please feel free to make any other comments.			
Please write your answer in the space below.			
Thank you very much for taking part in this study!			
Since you are not 18 years or over you are not eligible to take part in this study.			

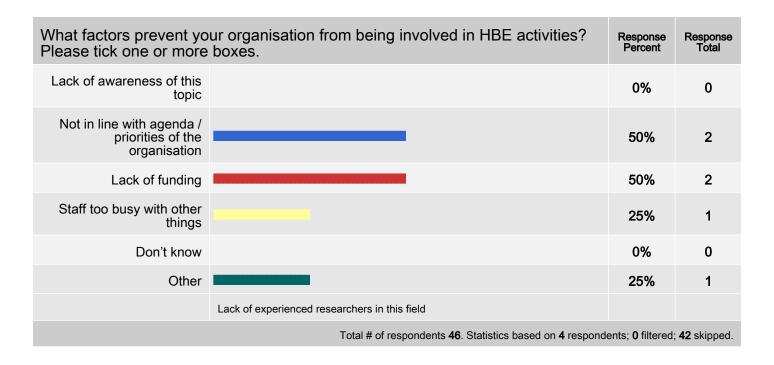
Appendix 5: Results from all survey questions			

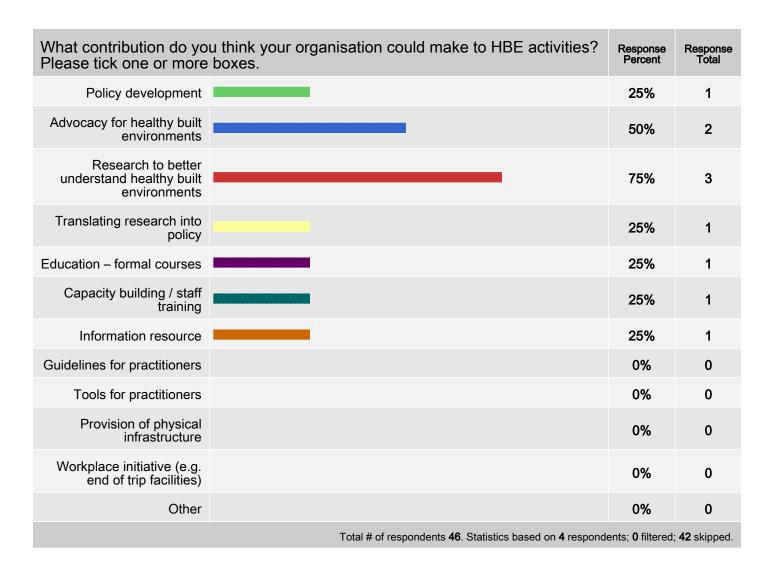
Mapping of healthy built environments activities in NSW

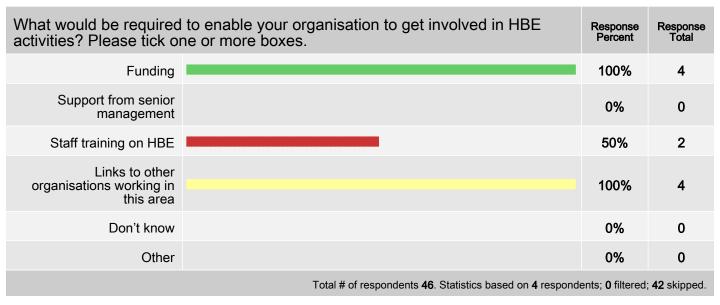
What type of organisation	on is it?	Response Percent	Response Total
Governmental organisation		52.17%	24
NGO		8.7%	4
Private organisation		15.22%	7
Academic institution		17.39%	8
Other		6.52%	3
	Incorportaed body that operates as a govt organisation		
	Gov org hosted by NGO		
	AILA NSW		
Total # of respondents 46. Statistics based on 46 respondents; 0 filtered; 0 skipped.			



	olved in activities related to healthy built environments? of healthy built environments please click here.	Response Percent	Response Total
Yes		91.3%	42
No		8.7%	4
Total # of respondents 46. Statistics based on 46 respondents; 0 filtered; 0 skipped.			



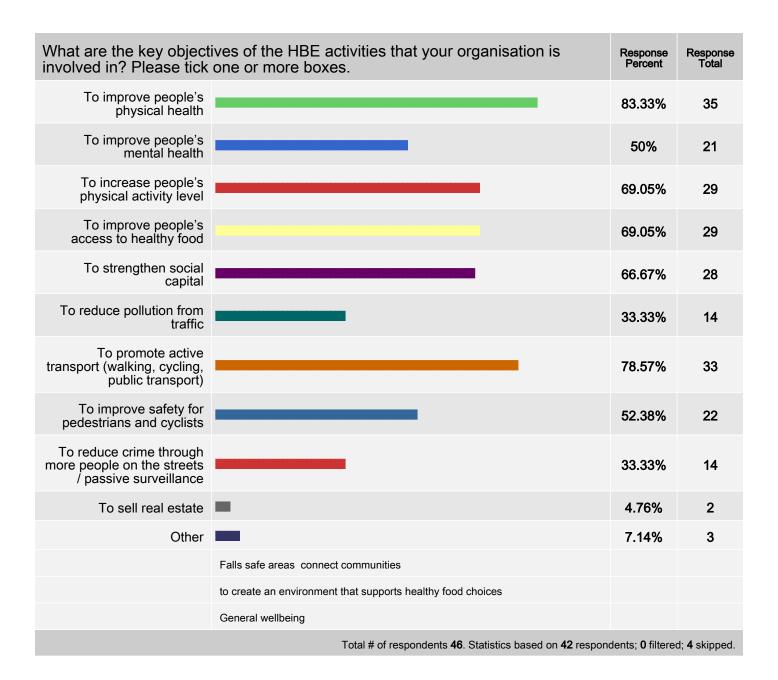


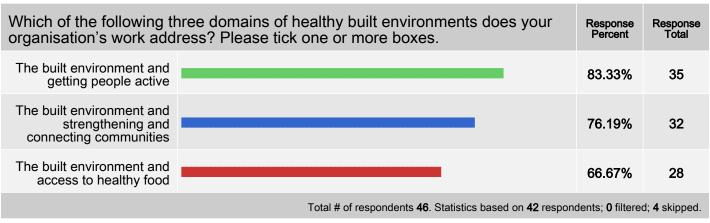


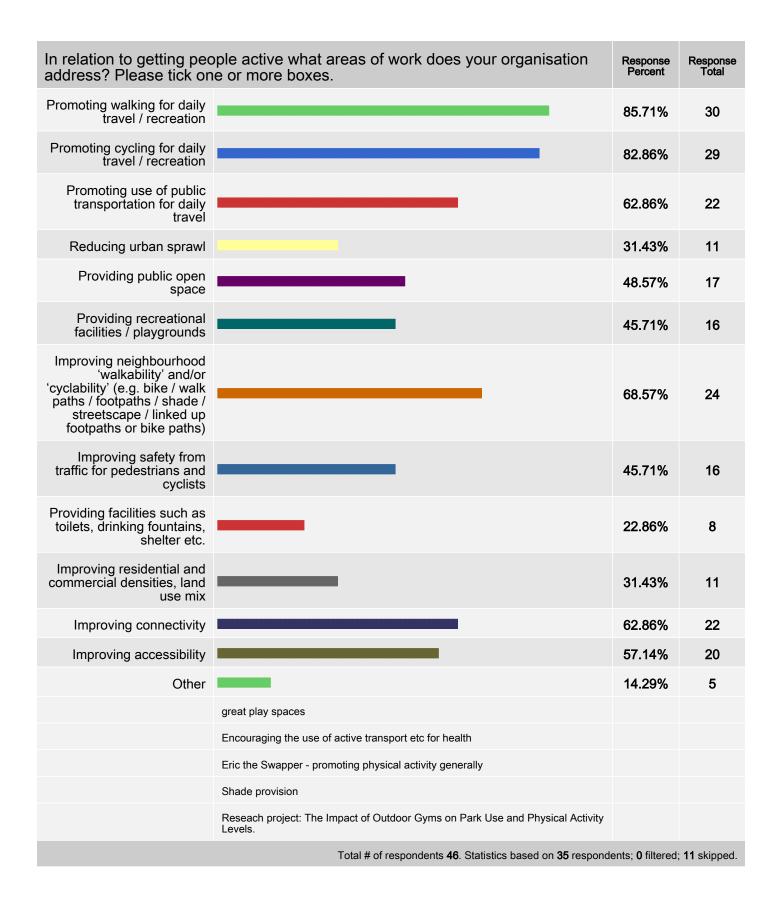
Characteristics of HBE activities

When did your organisa	tion's HBE activities start?	Response Percent	Response Total
Less than six months ago		0%	0
Six months to two years ago		11.91%	5
Two to five years ago		11.91%	5
Five to ten years ago		45.24%	19
More than ten years ago		28.57%	12
Don't know	ı	2.38%	1
Total # of respondents 46. Statistics based on 42 respondents; 0 filtered; 4 skipped.			

What type of HBE activi more boxes.	ties is your organisation involved in? Please tick one or	Response Percent	Response Total
Policy development		64.29%	27
Advocacy for healthy built environments		83.33%	35
Research to better understand healthy built environments		57.14%	24
Translating research into policy		50%	21
Education – formal courses		14.29%	6
Capacity building / staff training		42.86%	18
Information resource		42.86%	18
Guidelines for practitioners		38.1%	16
Tools for practitioners		35.71%	15
Provision of physical infrastructure		21.43%	9
Workplace initiative (e.g. end of trip facilities)		30.95%	13
Don't know	I	2.38%	1
Other		14.29%	6
	Collaboration with other stakeholders in this sector		
	Interagency partnerships and advisory groups.		
	Advice to council		
	Collaborations with other partners to increase local food and actie transport		
	Funding		
	Directorate of Planning and Population Health will potentially develop active transport for SESLHD facilities. We are part of the SESLHD Sustainability Committee which is modelled on the National Health System in the UK		
	Total # of respondents 46. Statistics based on 42 respon	dents; 0 filtered	d; 4 skipped.



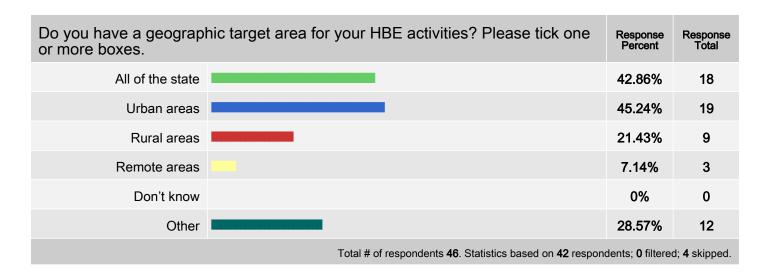




In relation to strengthen does your organisation a	ing and connecting communities what areas of work address? Please tick one or more boxes.	Response Percent	Response Total
Advocating for places where people can meet and connect		68.75%	22
Input into planning processes that advocate for and strengthen social connectivity		78.13%	25
Influencing the location of facilities within a community to ensure they are convenient, central and clustered with other facilities		68.75%	22
Promoting equitable access to community facilities		53.13%	17
Promoting interaction in public spaces including gardens, town squares, parks and lively streetscapes		68.75%	22
Encouraging supportive social networks within neighbourhoods and participation in decisionmaking		65.63%	21
Influencing proximity to places of employment		59.38%	19
Other		12.5%	4
	research only		
	Addresses all of these to varying degrees and in different contexts		
	Encouraging the inclusion of principles of liveability into planning		
	Developing programs that incorporate strategies to strengthen and connect communities while working to address food security, physical activity etc		
	Total # of respondents 46. Statistics based on 32 respond	ents; 0 filtered;	14 skipped.

In relation to access to haddress? Please tick on	nealthy food what areas of work does your organisation e or more boxes.	Response Percent	Response Total
Mapping food service locations (including fast food outlets, access to fresh fruit and vegetables and vending machines)		39.29%	11
Advocating for controls on food advertising of fast food and exposure in public places		35.71%	10
Advocating/supporting facilities (e.g. water fountains, community gardens, fresh food markets and allotments, breastfeeding locations etc.)		64.29%	18
Supporting local food production (e.g., through zoning and land use regulation)		42.86%	12
Advocating for public transport measures that support access to healthy food (e.g. schedules and timetables and routes, space to store parcels en route, shopping shuttles, home delivery services and/or support for local corner shops and convenience stores)		53.57%	15
Other		17.86%	5
	local options, avoiding food insecurity, seasonal selections, water as the best drink		
	Do get involved in signage issues in some circumstances in conjunction with other departments (education/transport)		
	Implementing programs linked to child obesity		
	Development of nutritional guidelines, research and activity in food safety		
	Advocating for food to be considered with other 'infrastructure' in future city planning;		
	Total # of respondents 46. Statistics based on 28 respondents	ents; 0 filtered;	18 skipped.

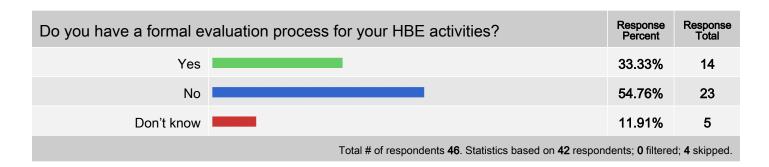
What is the target popula boxes.	ation of your HBE activities? Please tick one or more	Response Percent	Response Total
General population		88.1%	37
Children		42.86%	18
Adolescents		35.71%	15
Adults		42.86%	18
Older people		35.71%	15
Women		26.19%	11
Indigenous people		28.57%	12
People with disabilities		19.05%	8
Don't know		0%	0
Other		14.29%	6
	Members, politicians		
	low socioeconomic status		
	low SES population		
	Guidance generally for practitioners who will implement the policies which are for the benefit of the entire population (although some are specific e.g housing for older people and people with a disability).		
	Local Government, Health workers (AHS)		
	Newly arrived refugees		



Are your HBE activities organisation?	linked to other priority areas and programs within your	Response Percent	Response Total
Yes		71.43%	30
No		28.57%	12
	Total # of respondents 46. Statistics based on 42 respond	dents; 0 filtere	d; 4 skipped.

Do you have partnership your HBE activities?	o arrangements with other organisations in relation to	Response Percent	Response Total
Yes		71.43%	30
No		28.57%	12
Total # of respondents 46. Statistics based on 42 respondents; 0 filtered; 4 skipped.			

Evaluation



Do you use or intend to tick one or more boxes.	use outcome measures for your HBE activities? Please	Response Percent	Response Total
Walking rates		23.81%	10
Cycling rates		23.81%	10
Consumption of fruits and vegetables		16.67%	7
Sales rates of real estate		2.38%	1
New policies		35.71%	15
Not determined yet		35.71%	15
Don't know		14.29%	6
Other		30.95%	13
	I am not sure what this question is asking		
	number and type of recommendations adpopted in plans and developments; staff uptake of public transport etc (as detailed in above question).		
	parental self efficacy		
	have conducted audit of council document such as DCP to seew aht food security recommendatiopns got up		
	In the new planning system there will targets and indicators that will be monitored so policies can be adjusted as and when required		
	Number of participants, traffic in shopping centres, rates of sales/referrals, brand, media hits, SROI		
	Information has been supplied to the participating Councils		
	no		
	active transport to work		
	Transport for NSW is working on new valuation process(es)		
	see above		
	Crash/injury data		
	Validated observation SOPARC tool will be used for park observations, questionnaire developed in conjunction with PANORG (University of Sydney) is being used for interviews.		
	Total # of respondents 46. Statistics based on 42 respond	dents; 0 filtere	d; 4 skipped.

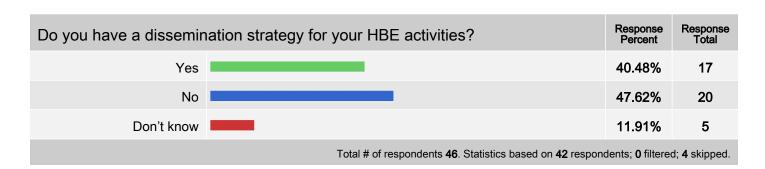
What are the achievement	ents to date of your HBE activities?	Response Percent	Response Total
Improved awareness of my professional field		42.86%	18
Improved awareness of the population in our geographic target area		26.19%	11
Education of staff		38.1%	16
Education of the public		23.81%	10
New policy		38.1%	16
Environmental improvements		21.43%	9
Behavioural change (e.g. more walking / cycling in target area)		40.48%	17
Improved social capital		16.67%	7
Measurable health impact		9.52%	4
Don't know		14.29%	6
Other		23.81%	10
	research outcomes		
	Other organisations (eg Local Gov't & other LHDs) replicating our active transport strategies.		
	Integration with policy		
	Greater inter-sectoral collaboration around HBE activities		
	Gunnedah Council has used our reports extensively in its social and strageic plans		
	Adoption of some of our recommendations within key planning policies & development controls		
	community infrastructure funding		
	Lengths of provision made, improvements to safety at pedestrian crossing locations,		
	Increased road safety		
	Currently receiving input from general public in relation to park use and physical activity.		
	Total # of respondents 46. Statistics based on 42 respondents	dents; 0 filtered	d; 4 skipped.

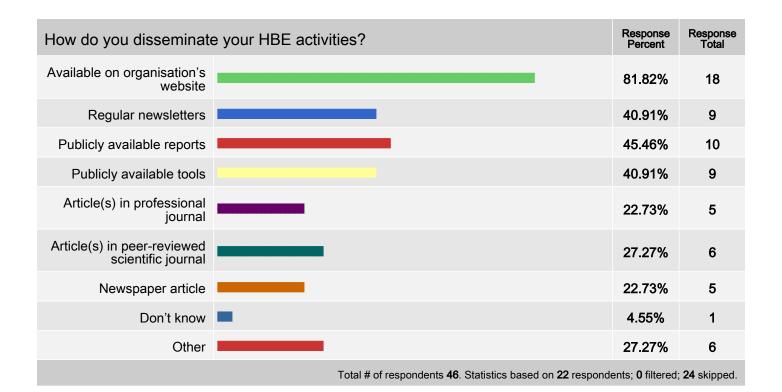
Please list any publicly ava	ailable evaluation reports on your organisation's HBE	Response Total
		24
	http://www.sswahs.nsw.gov.au/PopulationHealth/directorate_projects.html	
	Resources available through http://www.healthyplaces.org.au/site/	
	A range of our resources and tools are available on our website. A "blue print for an Active Australia" is perhaps the best document to capture the range of activities we support and advocate for.	
	Currently populating UP4Health submissions record. Currently collating follow-up GoActive2Work staff survey. Reports on both will be available in the first half of 2013.	
	None	
	Myers J, et al., Filling the Gaps early childhood nutrition and physical activity needs assessment 2010 summary report, Department of Health, Editor 2012: Victoria http://docs.health.vic.gov.au/docs/doc/C71BFA59CEC5602BCA2579E5000C0A97/\$FILE/Filling the Gaps Childhood needs assessment 2010.pdf	
	HIA's conducted in 2005 and 2007 (I think)which have been published in a number of journals around HIA inclusing a Planning Journal. I can get from redevnt staff mwember if required	
	NA	
	http://www.hnehealth.nsw.gov.au/hneph/liveable_communities	
	None to date, as we have only just started using an evaluation tool	
	at a general level in research reports - not a targetedt hematic area with a commensurate resources	
	See PRC website	
	None	
	nil	
	https://s3.amazonaws.com/nrfoodlinks/NRFL_Final_Report.pdf	
	Refer - www.bicycleinfo.nsw.gov.au	
	None are published, we have an evalution report on the food security project in development.	
	No - evaluation reports are not HBE focused	
	n/A	
	Some of our eveluation reports can be found on the Cancer Institute website including:	
	http://www.cancerinstitute.org.au/publications/go-for-2-and-5-2008-campaign-evaluation	
	http://www.cancerinstitute.org.au/publications/i/dark-side-of-tanning-summary-report	
	See previous CHIP website - now changed to WSHLD and being re-defined in the new Environment	
	public descriptive pieces not evaluations	
	NA	
	Our research project is in the first phase, the second data collection phase commences this week. We do not have any publicly available reports. The ethics application is not available for publication. We did commission a literature review on Outdoor Gyms and Physical Activity which we are intending to publish in the near future.	
	Total # of respondents 46. Statistics based on 24 respondents; 0 filtered	d; 22 skipped

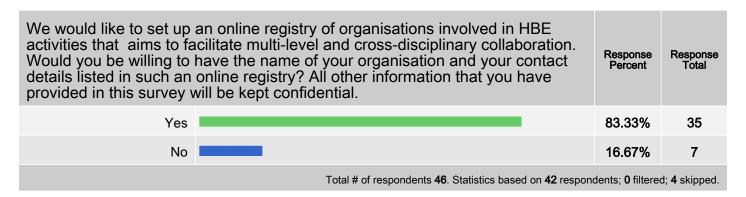
Funding

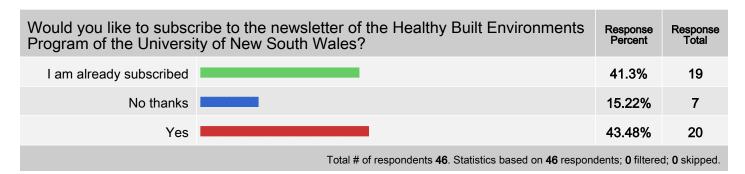
What kind of support or tick one or more boxes.	funding do you have for your HBE activities? Please	Response Percent	Response Total
Funding from within your organisation		73.81%	31
Funding from government		35.71%	15
Funding from donations	ı	2.38%	1
Funding from private organisation		2.38%	1
Don't know		4.76%	2
Other		23.81%	10
	No specific funding for HBE - work done within existing resources		
	various, limited funding		
	Self sustaining programs run by volunteers in community		
	organistaional funding in kind only- HBE not specifically funded		
	No current funding. Previous funding came from both internal and external sources.		
	Funding is only for staff hours for submission work, it is not discrete funding for HBE work		
	nil additinal it is an adjunct to key target areas		
	category 1 research grant agencies		
	Many projects are co-funded with partners		
	Part of our day to day work		
	Total # of respondents 46. Statistics based on 42 respon	dents; 0 filtere	d; 4 skipped.

Dissemination









Please feel free to make any other comments.		Response Total
		12
	Total # of respondents 46. Statistics based on 12 respondents; 0 filtere	d; 34 skipped.





THE HEALTHY BUILT ENVIRONMENTS PROGRAM

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w: http://www.be.unsw.edu.au/programmas/
healthy-built-environments-program/about

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