



HEALTHY BUILT ENVIRONMENTS PROGRAM

National Urban Policy Discussion Paper  
Healthy Built Environments Submission  
March 2011

## Introduction

The Healthy Built Environments Program (HBEP) appreciates the opportunity to comment on the National Urban Policy Discussion Paper, *Our Cities: Building a Productive Sustainable and Liveable Future*. The HBEP strongly supports the involvement of the Commonwealth Government in the forward planning of the nation's cities and major centres.

Established in the City Futures Research Centre, Faculty of the Built Environment, University of NSW, the HBEP receives core funding from the NSW Department of Health. It is Co-Directed by Associate Professor Susan Thompson (urban planner) and Professor Tony Capon (public health physician). The HBEP is supported by a team of inter-disciplinary partners from across the health and built environment professions working in the public, NGO and private sectors. The Program fosters cross-disciplinary research, delivers education and workforce development, and advocates for health as a primary consideration in built environment plan, policy and decision-making. It brings the combined efforts of researchers, educators, practitioners and policymakers from the built environment and health sectors to the prevention of contemporary health problems. The Program's vision is that built environments will be planned, designed, developed and managed in ways that promote and protect the health of all people.

The HBEP website has more information about the integration of human and environmental health considerations with the built environment. Further, the website provides links to useful resources, many of which present evidence for the inclusion of specifically focused health policies, provisions and actions in the urban planning process.

See: <http://www.fbe.unsw.edu.au/cf/HBEP/>

The HBEP's submission on the National Urban Policy Discussion Paper focuses on the health related dimensions of national policy in the planning of Australia's urban regions. For questions about the submission please contact Associate Professor Susan Thompson, Co-Director, Healthy Built Environments Program.

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## **Acknowledgments**

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## **The Built Environment and Health**

There is a rapidly growing body of evidence which demonstrates that the built environment is one of a range of important factors that influences people's physical activity, consumption of healthy food, and social connection and interaction. These behaviours underpin good physical and mental health. Sprawling suburbs with low residential densities, segregated land uses, disconnected street patterns, limited provision of public transport and few local employment opportunities encourage car dependent, physically inactive and socially isolated lifestyles. These urban forms also contribute to climate change through excessive greenhouse gas emissions. Conversely, denser urban forms, mixed uses, active and public transport modes, high quality green open space provision and locally sourced fresh food, together with safe and well designed and connected neighbourhoods, are the foundations of a physically and mentally healthy community. These are also the building blocks for managing future growth in an environmentally sustainable way.

Given the challenges of climate change and population growth, it is essential for planners to think about the health of people and the planet in an integrated way. Together with colleagues in the health professions, urban planners can be proactive and effective in helping to address the wellbeing of local communities, as well as the health of the planet. This needs to occur at all levels of the urban planning process – from policy development to detailed implementation strategies and actions at the local level.

## Evidence for Built Environment and Health

There is growing agreement that there are numerous health benefits from planning and creating built environments which support physically active lifestyles, access to fresh, nutritious food, together with opportunities for communities to be socially connected in safe and well designed public spaces. These environments are also recognised as environmentally sustainable. In the long term, the economic and social burden of chronic disease will be reduced. Evidence to support this is mounting both internationally and within Australia. The HBEP has recently completed a systematic and comprehensive literature review which brings together much of the salient research on the built environment and health. The primary aim of the Review was to establish an evidence base to support the development, prioritisation and implementation of healthy built environment policies and practices. Further, the Review identifies gaps in the evidence to inform future research directions. The focus of the Review is on the key built environment interventions or domains that support human health. These are:

1. The Built Environment and Getting People Active
2. The Built Environment and Connecting and Strengthening Communities
3. The Built Environment and Providing Healthy Food Options

These built environment domains address three of the major risk factors for contemporary chronic disease:

- Physical inactivity,
- Social isolation and
- Obesity.

The HBEP Literature Review is forwarded with this submission.

## Comments on the Discussion Paper

The HBEP congratulates the Australian Government for recognising and responding to the need for a national policy on urban development. The release of the National Urban Policy Discussion Paper is an important step towards a more integrated and definitive approach to the planning and governance of Australia's cities. The Discussion Paper clearly articulates the need for a national urban policy and comprehensively addresses the suite of challenges associated with current and predicted changes to the Australian way of life.

The role of the cities in supporting and sustaining people's health and wellbeing requires acknowledgement and leadership at a national level. The HBEP is encouraged to see health positioned as a major theme in the Discussion Paper, as well as an issue driving the Government's interest in the strategic planning of cities. More specifically, the Government's three main aspirations for cities (p. 12) – productivity, sustainability and liveability – are clear and concise. Health is explicitly considered as a key component of the liveability of Australia's cities. 'Liveable cities offer a high quality of life, and support the **health** and wellbeing of people who live and work in them' (p. 13). Major determinants of both physical and mental health, including safety, the provision and funding of new transport infrastructure, access to education, employment and essential services, urban design, affordable housing, and balancing growth, are noted and discussed.

Alongside the positive aspects of the Discussion Paper, the HBEP has identified five areas that require further development to ensure that health and wellbeing are fully and adequately addressed in a national urban policy. These five areas are outlined below.

### 1. **Healthy food**

In the Discussion Paper, urban planning is noted as being important in terms of encouraging active lifestyles and social interaction, improving air quality, and reducing risks to personal safety (p. 13). However, there is no mention of its role in improving access to healthy food at this point. Given current evidence and initiatives underway to enhance opportunities to grow and/or access healthy food in urban environments, more attention needs to be paid to the issue of healthy food. This will establish a supportive policy setting for lower order plans at both state and local levels.

Whilst there is a sub-section on food security in the sustainability chapter (pp. 33-34), there is no direct recognition of the role that food plays in supporting health and/or liveability in any of the

Discussion Paper's chapters. This link needs to be established and reinforced in a national urban policy. See the HBEP's Literature Review for more information (Kent et al. 2011).

## **2. Health and the environment**

A weakness of the Discussion Paper is the omission of clear and direct linkages between human health and environmental sustainability. The Paper contains an entire chapter on sustainability, but it fails to adequately recognise the importance of sustainability for the health and wellbeing of the population. Indeed, all of the sub-sections of Chapter 3 (Sustainability) have direct links to both ecological and human health outcomes. Yet the overwhelming justification for improving sustainability is for ecological purposes alone. It is not until Chapter 4 (Liveability) that a direct connection between ecological and human health is established. Researchers increasingly recognise that there are significant co-benefits for human health AND the environment from urban planning and related actions to address climate change (see for example, NSW Public Health Bulletin 2010). The HBEP encourages the use of this co-benefits framework to strengthen the argument for the inclusion of healthy and sustainable planning initiatives in a national urban policy.

## **3. Inter-disciplinary collaboration**

Also absent from the Discussion Paper is a sufficient focus on inter-sectoral and inter-disciplinary collaboration, as well as implementation and accountability. These elements need to be addressed in greater detail, as they are integral to the success of future policy initiatives. This point cannot be understated in relation to health, where collaboration – across industry, government, academia and the community – is instrumental in the development and delivery of policy. Integrated approaches are acknowledged in the national *Healthy Spaces and Places* resource as enabling 'joined-up thinking and policy alignment, which is essential for a coordinated, effective response' (ALGA et al. 2009). There are various state-based initiatives that reflect best practice in this area. The widespread adoption of such initiatives could be encouraged through the national policy setting. South Australia's Health in All Policy Officer position, situated within the Strategic Policy and Sustainability Unit of the Department of Planning and Local Government, and the New South Wales Premier's Council for Active Living (PCAL), are two pertinent examples of successful inter-sectoral, inter-agency and inter-disciplinary collaboration on the built environment and health.

#### 4. Infill development and density

The Discussion Paper appropriately acknowledges the need to balance infill and greenfield development. The interaction between infill, density and health is highly complex and requires additional attention at all levels of urban policy making.

This complexity is illustrated when considering the relationship between density and physical activity. While higher density areas generally display environments conducive to physical activity, current research suggests that increasing the residential density of the built environment alone will not necessarily encourage increased physical activity. The notion that higher density can encourage physical activity is being substituted in the research by the concept that density, mixed use and micro-design elements *in some combination* are most likely to influence levels of physical activity (Kent et al. 2011, p. 27). Infill and higher density development can also facilitate greater social interaction and connection however, once again, caution must be applied. Key considerations such as local context (for example, neighbourhood identity and character) and ensuring that there is a sufficient amount and variety of community open space must be addressed in association with planned infill development and increases in residential densities.

Policies (including those at a national level) also need to attend carefully to health issues such as noise, exposure to air pollution and adequate open space in the design of higher density neighbourhoods, in order to maximise benefit to the environment, economy and human health. The under-provision of open space in many urban areas is a particular concern to the HBEP and many researchers in the field. The *Healthy Urban Development Checklist* focuses extensively on the value of public open spaces. It states:

‘Providing public open spaces that encourage people to exercise, to meet with others, to relax and to play can assist them to be more active and engaged and can help to diminish the impact of major risk factors to health such as lack of physical activity, being overweight, social isolation and stress’ (Department of Health, New South Wales 2009, p. 97).

It is important that the issue of open space provision is addressed in further detail in a national urban policy.

## **5. Health as a cross-cutting theme**

Given the importance of urban policy in improving human health outcomes and the variety of policy domains with direct links to health, the HBEP proposes that health be positioned as a cross-cutting theme within the national urban policy. Significant strategic planning documents, such as *The London Plan* (Greater London Authority 2008), have successfully adopted this approach, ensuring that the direct and indirect health consequences of the Plan's policies and actions are universally accounted for. At a broader scale, the South Australian *Health in All Policy* (Department of Health, South Australia 2010) uses health as 'a way of working across government to encourage all sectors to consider the health impacts of their policies and practices' (p. 4). Further, it is asserted that the only way we can effectively address complex contemporary issues is through 'joined-up processes of government' (p. 4). Given the importance of health and wellbeing to all Australians, the role that the built environment plays in supporting health, together with the escalating costs to the economy of the growing burden of chronic disease, it is critical that an Australian national urban policy embraces health as a cross-cutting theme.



## Summary

The HBEP congratulates the Australian Government for recognising and responding to the need for a national policy on urban development. The role of the cities in supporting and sustaining people's health and wellbeing requires acknowledgement and leadership at a national level. The Discussion Paper takes some important steps towards this vision for Australia.

Nevertheless, the HBEP has identified five areas that require further development to ensure that health and wellbeing are fully and adequately addressed in a national urban policy.

- 1. The inclusion of healthy food policies and principles in relation to health and liveability**
- 2. The linkages between human health and environmental health via the co-benefits framework**
- 3. The imperative of inter-disciplinary collaboration in effectively addressing health and wellbeing**
- 4. The complex nature of infill development and urban density in relation to enhancing the liveability of cities**
- 5. The effectiveness of adopting health as a cross-cutting theme in urban policy**

With attention to these issues, the HBEP is optimistic that a national urban policy can be effective in delivering productive, sustainable and liveable cities. Further, the policy will be able to lay the foundations for planning agencies at the state level to deliver urban environments that support and enhance the health and well-being of all Australians into the future.

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