



Sydney over the next 20 years *A Discussion Paper* **Submission by the Healthy Built Environments Program** June 2012

Never Stand Still

Faculty of Built Environment

Healthy Built Environments Program



THE HEALTHY BUILT ENVIRONMENTS PROGRAM

Introduction

The Healthy Built Environments Program (HBEP) welcomes the opportunity to comment on the Sydney Metropolitan Strategy Discussion Paper, *Sydney over the next 20 years*.

The HBEP is an innovative collaboration that brings the built environment and health together. The Program is situated in the City Futures Research Centre, Faculty of the Built Environment at the University of NSW (UNSW) and receives its core funding from the NSW Department of Health. It is Directed by Associate Professor Susan Thompson, who 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 policy makers from the built environment and health sectors to the prevention of contemporary health problems.

The Program's website has more information about the integration of human and environmental health considerations with the built environment. It also 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.be.unsw.edu.au/programmes/healthy-built-environments-program/about>

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The Built Environment and Health

It is now well accepted that there are significant physical and mental health benefits from built environments that support active lifestyles, access to fresh, nutritious food, and 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. Research and practice evidence to support this is mounting both internationally and within Australia. The HBEP has published a systematic and comprehensive literature review which brings together much of the salient research on the built environment and health (Kent, Thompson and Jalaludin, 2011). The primary aim of the Review is 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, namely:

- Physical inactivity
- Social isolation
- Obesity.

The full publication can be downloaded from the HBEP website:

<http://www.be.unsw.edu.au/programs/healthy-built-environments-program/literature-review>

Comments on the Discussion Paper

The Metropolitan Strategy Discussion Paper represents an important step towards the delivery of a new Metropolitan Strategy for the Sydney region. The Paper justifies this need and includes valuable comment on the Strategy's policy context and expected delivery timeline. The inclusion of relevant statistics and questions throughout the Paper will stimulate discussion and debate from a range of community, government, not-for-profit and private sector stakeholders on how we can work together to create a sustainable and liveable city.

The HBEP makes the following comments in relation to the Discussion Paper and the development of the draft Strategy:

1. Framing health as a central policy component

The HBEP is encouraged to see health feature in the Discussion Paper as a key principle guiding Sydney's future planning. The importance of 'building new places and improving places to promote healthy, active lifestyles' (p. 7) cannot be overstated given the many significant human health benefits of well-planned built environments. **It is therefore essential that the Government continue to frame health as a central policy component in the Metropolitan Strategy for Sydney.** This can be achieved through the inclusion of explicit *health language* and *statistics* at the beginning of the Strategy – in critical sections such as its vision, aims and strategic directions – complemented by specific planning actions and performance measures in the main body of the document. Recent research has shown that health-related goals and objectives in planning documents raise awareness of public health issues and have a positive impact on health outcomes (American Planning Association 2011). Given the urgent need to address contemporary health epidemics such as obesity, cardiovascular disease, diabetes and mental illness, and their associated economic and social costs, as well as the potential for metropolitan strategies to orient government decision-making and investment for years to come, it is paramount that health feature prominently throughout the new Strategy. As a starting point, a Strategy's vision statement is 'an ideal place to emphasise the value of health' (Stair et al. 2008, p. 28) as it 'sets the tone for the entire document' (Stair et al. 2008, p. 40).

Two recent Australian metropolitan strategies – *The South East Queensland Regional Plan 2009-2031* (the SEQ Plan) and *The 30-Year Plan for Greater Adelaide* (the Adelaide Plan) – provide excellent examples of how health can be framed as a central policy component. The SEQ Plan's vision contains two direct references to health, alongside numerous references to the characteristics of healthy built

environments, including accessibility, public transport, open space, local heritage, safety, employment opportunities and sustainable development (see Appendix One). Health also features as one of the Plan's 'Strategic Directions' and is backed by a stand-alone element – '6.3 Healthy and safe communities' (pp. 80-81) – in the main body of the document. In doing so, the SEQ Plan manifests awareness of planning's role in creating supportive environments for human health, and establishes a clear context and rationale for its policies and programs on health (Wheeler and Thompson 2010). Further, the Adelaide Plan lists health as one of its key 'Principles' and, as with the SEQ Plan, includes a stand-alone element – entitled 'Health and wellbeing' (pp. 100-101) – which contains specific policies and targets for health (see Appendix Two). This element is firmly grounded in research evidence on the relationship between the built environment and health, and draws on relevant Australian health statistics. This is significant as 'plans need to be informed by evidence about existing Australian conditions' (Roux and Stanley 2010, p. 94) – and this includes current evidence on public health problems.

At the Commonwealth level 'health, liveability and community wellbeing' are included as one of ten nationally significant policy issues to be addressed through capital city strategic planning systems (see COAG 2009, p. 20). This further reinforces incorporating health as a critical planning issue in the Sydney Metropolitan Strategy. **The development of a new Sydney Metropolitan Strategy represents a timely opportunity to embrace best practice to frame health as a central policy component.** The HBEP encourages policy makers in the NSW Department of Planning and Infrastructure to work closely with their public health colleagues to ensure this becomes a reality.

2. Addressing key dimensions of healthy built environments through explicit policies and actions

A number of the topics addressed in the Discussion Paper touch on health and the key dimensions of healthy built environments. The Paper contains statements of good intent that reflect healthy planning principles, including:

- integrating land use and transport planning
- concentrating development in higher density, mixed-use centres with good access to transport infrastructure and other essential services
- encouraging a diversity of housing types and tenures
- increasing the supply of affordable and adaptable housing
- focusing on quality design to improve the useability of public spaces and the environmental sustainability of buildings

- preserving areas of built and natural heritage
- improving supply of and access to public and active transport infrastructure
- providing more equitable access to employment (particularly in Western Sydney) by boosting job growth, land supply for employment and employment diversity across Sydney;
- preserving and creating additional areas of open space, especially in areas subject to increasing densities
- supplying social and community infrastructure according to the needs of people across the age and mobility spectrums
- protecting rural lands on the suburban fringe to maintain a reliable supply of fresh food close to market
- adapting to and mitigating against the impacts of climate change
- promoting active lifestyles and safe neighbourhoods
- developing targets, performance measures, and long-term funding and reporting mechanisms.

While the HBEP supports these statements of good intent, the Government will need to develop a series of associated actions and specific targets in the new Metropolitan Strategy. The issues addressed below are of particular relevance, and the HBEP offers the following comments in order to assist the Government in developing the Metropolitan Strategy.

a. Density, open space and health

The interaction between density and health is highly complex. 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 (Giles-Corti et al. 2012). Key considerations such as local context (for example, neighbourhood identity and character) and ensuring that there is a sufficient amount and variety of community green open space must be addressed in association with planned infill development and increases in residential densities.

Policies 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. The under-provision of open space in many areas of Sydney is a particular concern to the HBEP and has been well-documented by Searle (2009), who notes that 'under-provision is shown to be greatest in existing higher density areas where the state government has targeted significantly increased urban consolidation'. The *Healthy Urban Development Checklist* (2009) 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 2009, p. 97).

As we move towards a more compact city, it is critical that the issues of density and open space provision (particularly green open spaces) are addressed in significant detail in the Metropolitan Strategy for Sydney.

b. Environmental sustainability, climate change and health

A weakness of the Discussion Paper is the omission of clear and direct linkages between environmental sustainability, climate change and health. The Paper highlights the need to address environmental sustainability and the impacts of a changing climate, but fails to recognise the human health value of doing so. In both the Discussion Paper and past metropolitan strategies for Sydney, the overwhelming justification for improving sustainability has been for ecological purposes alone. **There is increasing recognition that there are significant co-benefits for the environment *and* human health from planning policies and related actions to address climate change** (see for example, NSW Public Health Bulletin 2010). The HBEP encourages the use of the co-benefits framework to strengthen the argument for the inclusion of healthy and sustainable planning initiatives in the new Sydney Metropolitan Strategy.

c. Food and health

While food has been identified as 'a key component of the metropolitan strategic planning process' (Budge 2011, pp. 14-15), past metropolitan strategies for Sydney have failed to recognise the value of healthy food and its role in reducing nutrition-related diseases, including obesity, diabetes and bowel cancer. Previous strategies have also offered little or no guidance as to how planning policies

might facilitate access to healthy food by protecting agricultural land within close proximity to consumers, preserving areas of open space for community food production and introducing zoning regulations. The HBEP welcomes the Discussion Paper's focus on food and its recognition of the role that Sydney's rural lands play in supplying the city with fresh, locally produced food. Measures are needed to protect these lands and to encourage private food production within urban areas through initiatives such as rooftop and community gardens, farmers' markets and edible verge plantings.

3. Intersectoral collaboration

A greater focus is required on intersectoral collaboration since this is fundamental to the successful development and implementation of planning policies – especially those targeting health. Barton and Tsourou (2000, p. 23) recognise that:

...in most cases, urban planning agencies are not the only body or even necessarily the main body responsible for the factors related to the health objectives of urban planning, and collaboration is therefore necessary.

Collaboration between planners and health and medical professionals, social services, law enforcement agencies, and community members and organisations needs to be adopted as mainstream practice, rather than occurring *ex post facto*, only *after* plans and policies have been developed. In particular, prior collaboration between planners and health professionals is necessary so that current research can be interpreted and appropriately integrated into policy documents. The development of a new metropolitan strategy for Sydney provides an opportunity for this to occur. **Intersectoral collaboration must also feature in the Strategy itself, through implementation mechanisms and performance measures involving health agencies.** The HBEP believes the draft Sydney Metropolitan Strategy should be subject to a Health Impact Assessment (HIA), which can be used to assess its potential health implications and identify areas for improvement before the release of the final Strategy.

4. Delivering the Strategy and measuring performance

The HBEP agrees that a new approach to implementation is required and applauds the Government's intention to set targets and timeframes, allocate responsibility, measure and report on performance, and regularly review the Strategy. As noted above, collaboration with health professionals will be required as part of this processes.

Summary

The Healthy Built Environments Program submission makes the following key points:

1. Framing health as a central policy component

The development of a new Metropolitan Strategy represents a timely opportunity to frame health as a central policy component, by including explicit health language and statistics in the Strategy's key sections – from its vision statement and strategic directions to specific planning actions and initiatives. The Strategy can and should play a central role in raising awareness of the synergies between planning and health, and in establishing the framework for regional and local planning instruments to deliver supportive environments for human health and wellbeing over the next 20 years.

2. Addressing key dimensions of healthy built environments through explicit policies and actions

The Discussion Paper addresses many of the key dimensions of healthy built environments. These should feature prominently in the new Strategy's policies and actions. There is strong justification for a stand-alone health element in the Strategy. Pertinent health issues such as urban consolidation, the provision of open space, environment sustainability and climate change, and food security need to be address in greater detail than in previous Strategies for Sydney.

3. Intersectoral collaboration

Collaboration across industry, government, academia and the community is instrumental in the development and delivery of the new Strategy. In particular, the Government should invite public health experts to comment on the health-related components of the draft Strategy prior to its release.

4. Delivering the Strategy and measuring performance

The new Strategy must specify measurable targets, action timeframes and responsible agencies – particularly in relation to its health-related policies – and monitor its performance at regular intervals to ensure its success.

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Appendix One – The South East Queensland Regional Plan 2009-2031

‘Regional Vision’ (page 10)

The regional vision for SEQ is a future that is sustainable, affordable, prosperous, liveable and resilient to climate change, where:

- *communities are safe, **healthy**, accessible and inclusive*
- *there are diverse employment opportunities and quality infrastructure and services, including education and **health***
- *urban and rural areas are mutually supportive and collaborative in creating wealth for the community*
- *development is sustainable and well designed, and where the subtropical character of the region is recognised and reinforced*
- *ecological and culturally significant landscapes are valued, celebrated, protected and enhanced*
- *the community has access to a range of quality, open space, recreational opportunities.*

‘Strategic Direction’ on health (page 12)

Support Strong and Healthy Communities

Creating liveable communities and improving quality of life for residents in growth areas is an essential part of managing future growth in SEQ.

The coordinated and timely delivery of social infrastructure is important to support the range of community needs, including an ageing population, disadvantaged communities and new neighbourhoods.

Healthy communities will be shaped by the physical and social environment, including:

- *suitable areas for physical activity and exercise*
- *well-connected communities with active transport networks*
- *accessible public spaces for community activity*
- *access to facilities and services*
- *the development of strong community networks.*

Appendix Two – The 30-Year Plan for Greater Adelaide

‘Principle’ on health (pages 13 and 58)

Principle 8

Healthy, safe and connected communities

Promote healthy, connected and safe communities by ensuring new and existing suburbs are walkable neighbourhoods that incorporate Crime Prevention Through Environmental Design principles and contain high-quality, accessible and useable open space and sporting facilities.

‘Health and wellbeing’ element (pages 100-101)

HEALTH AND WELLBEING

Rationale

The development of a new urban form for Greater Adelaide will support improvements in community health and wellbeing. There is growing evidence of a link between current health epidemics such as obesity and depression and the built environment. Development that supports healthy lifestyles can improve both physical health and mental wellbeing.

In particular, the Plan sets out policies and targets aimed at reducing car use by promoting a more compact and diverse urban form with integrated public transport and pathways for walking and cycling. Reliance on car travel has been shown to be associated with overweight and obesity, while physical inactivity is now second only to tobacco as the leading risk factor associated with ill health in Australia.

The provision of open space and infrastructure for people to be physically active is critical to a healthy community. The combination of higher densities with a mixture of land uses and world-class urban design has been shown to encourage people to adopt healthier lifestyles and reduce levels of obesity. A United States study found that an average white male living in a walkable community with nearby shops and services is expected to weigh 4.5 kilograms less than a similar white male living in a low density, residential-only cul-de-sac subdivision.

Designing Greater Adelaide to be a more walkable city will contribute to business activity, benefit the environment and improve access to services for people who cannot drive or access public transport. Evidence shows that accessible local facilities (when combined with a safe and attractive street system with an appropriate degree of connectivity) enhance social equity by reducing the need to own a car to get access to services. There is also increased social connection and interaction with benefits for both physical and mental health.

The Plan also acknowledges that a key determinant of people being able to age at home or in their community with good quality of life is the extent to which they can independently access services and facilities locally.

Policies

- 1. Design pedestrian- and cycle-friendly areas in growth areas and existing neighbourhoods to promote active communities.*

2. *Ensure health and wellbeing requirements are incorporated into Structure Plans. Structure Plans will:*
 - *require urban regeneration projects to provide links to adjoining areas to maximise the shared use of services and facilities*
 - *incorporate cultural initiatives, such as public art, to stimulate revitalisation of communities and social cohesion*
 - *ensure that pedestrian areas in activity centres are direct, convenient, safe, well-signposted, sheltered and shaded, and offer disabled access*
 - *ensure that neighbourhood street environments and open spaces maximise access for all users, including the disabled, elderly, those who use small personal motorised transport such as gophers, people with prams or dogs, and emergency or other service vehicles*
 - *incorporate principles of Crime Prevention Through Environmental Design in all public areas (such as open space and streets) and activity centres*
 - *incorporate guidelines to protect homes along major transport corridors from noise and air pollution*
 - *promote active communities, which may include provision of playing fields, indoor sports facilities and public space*
 - *promote the development of community gardens for social interaction and physical wellbeing.*
3. *Protect Greater Adelaide's high-quality food bowl areas (for example, Virginia) to ensure a supply of affordable fresh food.*
4. *Increase housing density and encourage a variety of high-quality shops to locate near railway stations and major bus stops so people can buy groceries and fresh food on their way home, rather than making a separate car journey.*

Targets

- A. *Closely connect new dwellings to shops, schools, local health services and a variety of destinations within a walking range of 400 metres. Residents will have easy access to open space for physical activity and recreation.*
- B. *Closely connect new dwellings to local parks within walking range.*
- C. *Provide by the end of 2011, through a model Design Code, a range of measures to attenuate the effects of noise and air pollution. These guidelines may include:*
 - *locating housing away from major intersections where vehicle emissions are higher*
 - *orientating some housing away from the street*
 - *planting trees to improve air quality and amenity.*



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