



HEALTHY BUILT ENVIRONMENTS PROGRAM

HBEP STAKEHOLDER WORKSHOP REPORT Overview of Proceedings 18 February 2011

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Acknowledgements

This Report was prepared by Dr Danny Wiggins who also facilitated the Stakeholder Workshop. He was assisted in capturing the participants' views by the HBEP scribes who attended on the day. They were HBEP Co-Director A/Professor Susan Thompson, HBEP Senior Research Officer Ms Joanna York, HBEP visiting Intern Dr Lisa Mu, and Research Assistant Ms Emily Mitchell. Public Health Officer Trainee Mr Evan Freeman made a significant contribution to the workshop with his presentation on the stakeholder research. The final document was compiled and edited by A/Professor Thompson.

Thanks also to the willing participants from the built environment and health professions who attended the Stakeholder Workshop and gave generously of their ideas.

OVERVIEW OF PROCEEDINGS

Prepared by
Dr Danny Wiggins
Facilitator

Introduction

One of the aims of the Healthy Built Environment Program (HBEP) is to determine the gaps in research and policy in the relationship between the built environment and health. To assist in establishing a research agenda, the HBEP conducted a series of face-to-face interviews with key stakeholders. As part of this research, a workshop was also convened on 18th February 2011. The aim of this stakeholder workshop was to build on the interview research by presenting initial findings and canvassing views on strategies to foster policy relevant research around built environments and health. A copy of the invitation to attend the workshop is provided at **Attachment 1**. The workshop was attended by 16 participants, with seven HBEP staff and one workshop facilitator (24 persons in total). A full list of attendees is provided at **Attachment 2**.

The specific objectives of the workshop were to:

- Report back to the group on the research to date.
- List and discuss the emerging themes; confirm emergent themes; add new themes.
- Develop stakeholder research and policy ideas/projects.
- Record the key points raised.
- Outline the next steps in the process.

Proceedings followed a program, a copy of which is provided at **Attachment 3**. The program also included the workshop objectives. This report provides a summary of the workshop proceedings and outcomes.

Overview of the HBEP and the Research Project

The workshop commenced with a brief introduction from the HBEP Co-Director, Associate Professor Susan Thompson, outlining the history and current activities of the HBEP. This presentation was followed by a detailed overview of the Research Project by Evan Freeman, public health trainee on placement with the HBEP. A copy of the two PowerPoint presentations is provided at **Attachment 4**.

General Discussion of Emerging Themes

On arrival, participants received a copy of Mr Freeman's 'Summary of Emerging Themes' (provided at **Attachment 5**). The five key themes presented were:

1. Stakeholders
2. Partnerships
3. Research content
4. Research facilitation
5. Policy

Following Mr Freeman's presentation, the facilitator drew attention to the Summary and sought participants' comments (many of whom were interviewed for the research). The following comments were noted:

(i) **General comments**

- The list comprises 'topics' rather than 'themes'.
- The purpose of this piece of research is not clear.
[This comment prompted Mr Freeman to reiterate the purpose as shown in his presentation: 'The primary aims...are to develop a research strategy, and prioritise research questions and foster interdisciplinary and policy research'.]
It was suggested the purpose be to 'change practice and policy'.
- Overall, the theme should be how such issues/ topic areas contribute to a Research Content/Agenda for the HBEP. Research content (and gaps) should be the focus, followed by consideration of stakeholders and policy. In other words, re-order the themes. Another way to re-order the list is as Ends (change policy and therefore practice) and Means (research agenda, stakeholders and partnerships), i.e. positioning the research to an end.
- Rather than additional academic research, focus should be on practice: a reality check; 'projects as living research'.
- HBEP's role should be to assist in the coordination of government actions; to develop a strategic plan - to 'disentangle the complexity'.
- The list needs to be further conceptualised - could be seen as an interrelated continuum. A 'bubble diagram' of the five themes could help. Depending upon the research, topic weighting of the themes will vary.

(ii) **Research content**

In relation to research content, it was suggested that:

- The current state of policy (in relation to health) at all three levels of Government be a starting point.
- Reference be made to health in 'other' plans; beyond NSW to other States, and major cities.
- Focus should include the activities of the 'doing agencies' e.g. the Roads and Traffic Authority (RTA), Department of Planning (DOP) Major Projects.
- The implications of social policy and community opinion should be covered e.g. at the University (such as Australian Housing and

Urban Research Institute - AHURI) and as part of Local Government activities.

(iii) **Policy**

It was suggested that the 'Policy' theme be extended to 'Policy and Practice'; with care to ensure that attention is paid to practice. More specifically:

- It would be useful, following research, for the HBEP to develop a 'toolbox' of existing approaches and to promote/develop additional tools to achieve outcomes, i.e. more hands-on; 'harnessing practice'.
- Such research should be beyond the metropolitan area and include case studies, training and evaluation methods.
- Medical practitioners should be a target for communication of healthy lifestyles.

Small Group Work

Following a break, participants were divided into four groups to discuss the key themes in more detail. A copy of the instruction sheets, group participants and spokespersons is provided at **Attachment 6**. What follows is a summary of the report-back session, based on the report-backs and detailed summaries of discussions in each small group (prepared by the HBEP staff). A written submission from Matt Faber of the RTA (who could not stay for the small group work) has been included as **Attachment 7**.

Group 1: Research

The spokesperson noted that listing five priorities was difficult and that a copy of the HBEP Literature Review would have helped. Having said this, the three priorities listed were for research on the following:

- (i) Greenfield sites in the North-west and South-west Sector Growth Centres (e.g. Oran Park, Turner Road): as projects have developed, positive features to promote as case studies. Also, proposed rail links.
- (ii) A review of policy and practice of State Agencies and Professional Associations: e.g. policy statements, websites, guidelines; focussing on how health is addressed (eg. baseline existing practice indicators).

A number of other key points were noted in relation to this priority:

- The linkage to workforce capacity and education. A possible HBEP tender to Planning Institute of Australia regarding a Certified Practising Planner course.
- Reviews should include evaluation methods and outcomes.
- The need to cover the 'principles' underpinning their activities (and how they promote 'health' principles).
- Trawling social policy for existing research.

- (iii) Infill development health impacts, e.g. traffic and transport, social infrastructure, open space provision, close living impacts.

During the discussion it was stressed that each of the projects should address the implications and impacts for different population groups. In addition, it was also suggested that an underlying objective would be to 'understand' and 'articulate' health, and define it. This is where the case studies would be useful.

A number of specific proposals were noted:

- Each of the subsections/points in Mr Freeman's summary could be a research project.
- Advertising by developers promoting health lifestyle (eg. walk to the shops).
- Spreading the message about community programs such as the Walking School Bus.
- Post occupancy studies, such as those in Perth on 'walkable' neighbourhoods. Local examples may be bicycle routes (such as the M7) and Western Sydney Parkland usage, urban renewal at Bankstown and Minto. Such actions should be built into the core of relevant Agency operations (eg. RTA, Department of Housing), rather than passing it to Department of Health.

Group 2: Policy that facilitates health

This group provided a long list of positive policies that facilitate health. These are listed below.

- (i) Recreation and walking programs, including:
 - City of Sydney bicycleways
 - DOP infrastructure programs such as coastal walkways
 - RTA 'match funding' for Pedestrian Access and Mobility Plans
 - Local Government health funding, eg. From Department of Health; through the Local Government and Shires' Associations
 - Walking School Bus Program
 - Sport and Recreation 'Walking for Recreation' Program
 - Heart Foundation Walking Groups Program
 - Premier's Council for Active Living (PCAL) Walking Strategy (soon to be released)

It was noted that many of these focus on planned recreation rather than day-to-day/ lifestyle activities, where most gains can be made

- (ii) Other State-level initiatives:
 - State Plan 'liveability' indicators
 - DOP Active Living Policy Statement
 - Metro Strategy's emphasis on walkability, food security and other health related issues
 - Crime Prevention Through Environmental Design (CPTED)
 - Integrated Local Area Planning (ILAP)
 - Centres' Policy
 - Walking and Cycling Guidelines

- Green Star Community's Framework
 - Precinx
 - Landcom Guidelines
 - Growth Centres Development Code (see Robert Black DOP)
 - PCAL's DA Resource
 - Heart Foundation's Healthy by Design Guidelines
 - Urban renewal activities by the Department of Housing and Landcom (with input from the former SSWAHS)
 - State Property Authority Guidelines (eg. on end-of-trip facilities)
- (iii) Legislation:
- Environmental Planning and Assessment (EP&A) Act and Regulation; communities under stress
 - Disability Discrimination Act
 - Pollution legislation: air and noise, including ANEF noise controls
 - RTA: Beyond the Payment Guidelines
 - Various Australian Standards
 - State Environmental Planning Policies (SEPPs) such as Design Quality of Residential Flat Development, Housing for Seniors or People with a Disability and Rural Lands; 'deemed SEPPs' (previously Regional Plans)
 - Contaminated Land Management Act
- (iv) Local Government initiatives:
- Sutherland Council's Access Map (on the Web)
 - Council bikeways programs
 - Ryde Council's Walk to Schools Program

In terms of how NSW can improve its policy response, the Group also suggested that:

- The meaning of HBEs should be clarified, to overcome some confusion of terms – liveability, community well-being, sustainable communities.
- Section 79C (matters for consideration in Development Application -DA-assessment) be amended to include health matters. Reform of the EP&A Act is on the agenda! The HBEP should be more proactive with a new State Government.
- Consideration be given to key documents to be included in the Director-Generals Requirements (DOP) for Major Projects (and 'Part 5 Assessments').
- Legislation can be clumsy and should be accompanied by education programs to motivate change; especially for developers (e.g. Stocklands' Corporate Responsibility/Sustainability measures and partnership with RMIT). Contact should also be made with the UDIA and Property Council of Australia.
- A promise of faster DA approval times could also promote developer acceptance of HBE requirements.
- Initiatives should be phrased in 'political speak', as well as technical terms (as it is in Europe).
- State initiated demonstration projects be promoted.
- Consideration be given to creating a 'Premier's Council for a Healthy Built Environment and Active Living'.
- In addition, a sub-committee of Cabinet on HBEs: Health plus Planning!

- The State Plan should have a chapter on HBEs, rather than one line. Similarly, the Metro Strategy should be more explicit.
- Health's focus should be on prevention (do legislative provisions exist?).
- Medical practitioners be mobilised, with the Australian Medical Association as an advocate.
- The Walk to School Program should be extended and supported.
- Department of Education policies be investigated.
- Attention be paid to the retail environments and transport interchange design.
- HBEs be promoted on Conference Agendas (e.g. urban design conference).
- Local Councillors be targeted for advocacy (e.g. Genia McCaffrey – Immediate Past President of the LGSA).

Group 3: Policy that hinders health

The Group spoke in general terms about Government policy being silent, having limited focus or contradictory (eg. urban consolidation versus recreation options). Some are harmful (eg. motorways).

Most Government policies have some effect on health (eg. taxation!). At the State level the following specific policies and practices were noted as hindering health:

- Transport policy: investment for infrastructure; lack of integrated ticketing; pricing.
- Mass transport generally.
- Lack of land-use and transport integration.
- Urban sprawl and subdivision design, etc.
- Policies on trip generators: shopping centres, schools and walkability.
- Footpath policy - too narrow; the need for maintenance.
- The emphasis on risk and public liability is a constraint (e.g. 'bubble wrapping' children).
- Location decisions on hospitals and schools (e.g. 'school aggregation' versus walkability).
- Political favouritism (eg. marginal seats).
- Some local prohibitions on community gardens.
- Early closure of school ovals, etc.
- Shopping centres with no fresh air or greenery.

The impact of commercial decisions also had negative implications, e.g. closure of banks and post offices.

How do we get health interests prioritised? A good example of pro-active policy is South Australia, where 'health' is written into every policy: as health cuts across all areas. A Health Impact Assessment (HIA) could be required on all existing and proposed Government policies, e.g. 'school aggregation' policy. This would be like a 'health filter' and also add transparency to the process. At the local level, Port Macquarie is a good example of public transport provision.

Another positive action would be to improve the development assessment process by introducing HIA for significant new developments and retrofitting. In addition, health needs to be represented more strongly in social impact assessments (SIA).

Finally, development incentives could be provided for initiatives (e.g. wider footpaths, off-site facilities). A star rating, linked to initiatives such as the Greenstar Building Council and the currently in-development Greenstar Communities Rating, could be introduced. We need quantitative health measures so there is accountability, including:

- public transport (lacking at places like Rouse Hill and Rooty Hill)
- signage/legibility.

Group 4: Stakeholders and key partnerships

The Group identified significant partnerships that can be developed between Health and other appropriate agencies. The most significant partnerships would be between Health and:

- (i) The DOP, including Strategic Planning, Major Projects and health representation on (and/or to) the other planning bodies (such as the Planning Assessment Commission and the Joint Regional Planning Panels). Coverage of health in the Director General Requirements (DGRs) and Environmental Assessments for Major Projects is important.
- (ii) Local Government (including community infrastructure and development). In particular, there is a need for evidence-based case studies (not overly academic), with on the ground examples, e.g. longitudinal studies and cost benefit analyses. In relation to legal controls, a focus on how health and social planning can be included in planning controls, especially as a provision in the Local Environmental Plan (LEP) Standard Instrument.
- (iii) The Department of Climate Change and Water, emphasising the health implications of the environmental agenda, broadening the concept of 'sustainability' and 'piggy-backing' on existing partnerships. Learning from their experience.
- (iv) The Universities, e.g. HBEP. Coverage of health in mainstream Planning degrees (as occurs at UNSW) and providing advice to Government on matters such as amending the standard LEP.
- (v) Private developers, especially those with the greatest reach, and with a focus on urban infill and renewal, as well as greenfields.
- (vi) Politicians, particularly with the State election looming. A review of the EP&A Act could incorporate/articulate social and economic objectives and controls.

General Discussion

A number of points were raised in the discussion that followed the small group report-back sessions. These are summarised below:

- A gap in the workshop presentations was perceived to be a copy of the HBEP's Literature Review. This would assist in identifying research priorities and producing case studies. A portal could provide ready access to the list.
- The community is also a stakeholder. The old Environment Protection Authority's Annual Survey was a means of obtaining community feedback. The HIA process is a useful tool for community input on particular proposals. In addition, the Federal Government and private organisations should be targeted for support on HBEs (eg. insurance companies).
- There should be training on HIA.
- Housing stress should be included as a key health issue.
- For Government, the election cycle should be noted. Health is also a bi-partisan issue.
- We have lost touch with some previous standards, eg. open space per head of population.
- Advice should be provided on how we do it - low density residential, urban renewal. HBEP should pursue the Granville urban renewal project and developments in the Hunter.

Where to From Here?

The facilitator advised that he will produce an 'Overview of Proceedings' summarising the Workshop. Associate Professor Thompson thanked participants for their involvement and advised that the Overview will feed into the HBEP's Research Strategy, Policy Overview and Workforce Development Strategy.

The Workshop concluded at approximately 12:45pm.

Attachments

Attachment 1 - Invitation to attend workshop

Attachment 2 - List of workshop attendees

Attachment 3 - Workshop program

Attachment 4 - Presentations

Introduction to the HBEP & Research Project (HBEP Co-Director Thompson)

Overview of the Research Project (HBEP Public Health Trainee Freeman)

Attachment 5 - Summary of emerging themes

Attachment 6 – Small group instruction sheets and participants

Attachment 7 – RTA submission by Matt Faber



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Attachment 1

Invitation to Attend Workshop

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HEALTHY BUILT ENVIRONMENTS PROGRAM

You are invited to attend a Healthy Built Environments Program (HBEP) Workshop

Developing a research strategy for the built environment and health

We are inviting you to attend this workshop because you are a key stakeholder in healthy built environments. You may also have recently participated in a face-to-face interview conducted by Evan Freeman on behalf of the Healthy Built Environments Program.

We now invite you to a workshop where we will present the initial findings of this research and get your feedback on these findings. At this workshop we will also canvas your views on strategies to foster policy relevant research around the built environment and health in NSW. Your input will greatly assist us in developing a comprehensive research strategy for the built environment and health.

This half day session will be facilitated by Dr Danny Wiggins and will be followed by a light lunch.

Details:

Date: Wednesday 16th February 2011

Time: 9.30 am to 12.30pm

Venue: TBA

RSVP: Please let Ms Joanna York know if you can attend this workshop by emailing hbep@unsw.edu.au

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Attachment 2

List of Workshop Attendees

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Stakeholder Workshop February 16, 2011 Attendees

Name	Organisation
John Wiggers	NSW Health
Claudine Lyons	NSW Health
Andrew Gow	NSW Health - Former GSAHS
Michelle Maxwell	NSW Health - Former SSWAHS
Paul Klarenaar	NSW Health - Former NSCCAHS
Meredith Nirui	NSW Health - Former SESIAHS
Mark Ferson	NSW Health - Former SESIAHS
Daniel Ouma-Machio	NSW Housing
Matt Faber	RTA
Tye McMahon	City of Sydney
Anna Petersen	Landcom
Deborah Dearing	Stockland
Robin Vincin	PIA
Lauren Templeton	PCAL
Rebekah Costello	PCAL
Linda Corkery	HBEP Partner – UNSW
HBEP STAFF	
Susan Thompson	HBEP Co-Director and Project Supervisor
Bin Jalaludin	HBEP Partner and Project Supervisor
Evan Freeman	Public Health Officer Trainee
Joanna York	HBEP Senior Research Officer
Tony Capon	HBEP Co-Director
Lisa Mu	HBEP Intern
Emily Mitchell	Research Assistant



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Attachment 3

Workshop Program

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HBEP Stakeholder Workshop
Wesley Centre, Pitt St. Sydney
Wednesday 16 February 2011

PROGRAM

9.15 am	Registration	
9.30 am	Welcome and introductions	D. Wiggins
	• Objectives and Program • Overview of HBEP & research project	S. Thompson
9.45 am	Research outcomes:	E. Freeman
	• Methodology • Emerging themes	
10.15am	General discussion	Participants
	• Confirming/clarifying/ themes • Other themes?	D. Wiggins
10.40 am	Refreshment break	
11.00 am	Small group activity	Participants
	• Research, stakeholders & policy • What, who, and how?	
12.00 pm	Report back	Participants
	General discussion	D. Wiggins
12.30 pm	Where to from here?	S. Thompson
12.40 pm	Lunch	

Objectives of the Workshop

The objectives are to:

- report back to the group on the research to-date
- list and discuss the emerging themes; confirm emergent themes; add new themes
- develop stakeholder, research and policy ideas/projects
- record the key points raised
- outline the next steps in the process



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Attachment 4

Presentations

Introduction to the HBEP & Research Project
HBEP Co-Director Thompson

Overview of the Research Project
HBEP Public Health Trainee Freeman

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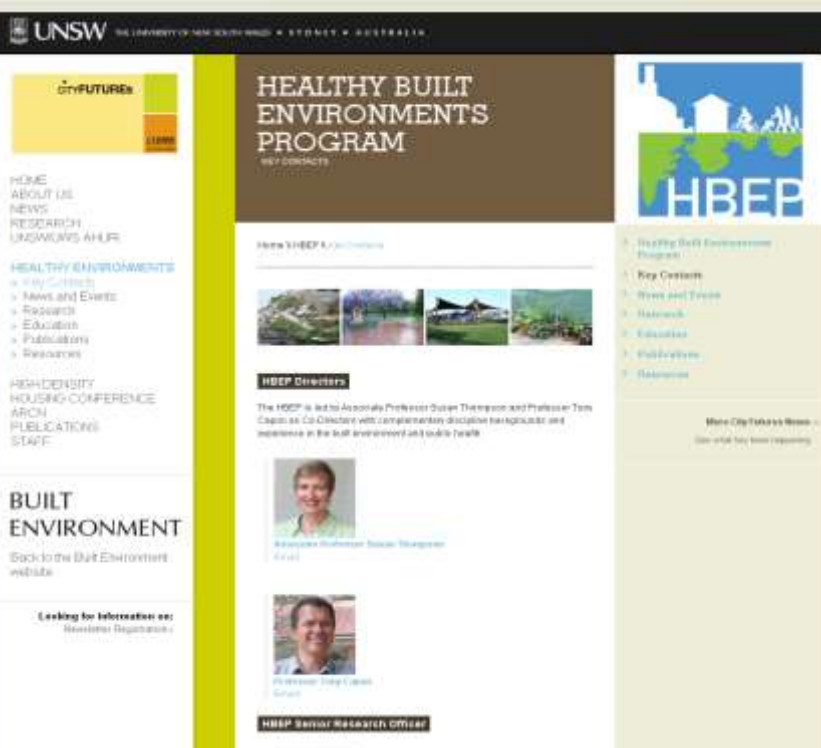
Introduction to the Healthy Built Environments Program and Research Project

Associate Professor Susan Thompson

*HBEP Workshop
16 February 2011*

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The **Healthy Built Environments Program** is a consortium led by Co-Directors Thompson (planning) and Capon (health)

Core funding from NSW Department of Health of \$1.5m over 5 years

It is situated in the City Futures Research Centre, Faculty of the Built Environment at the University of NSW – **funding and support from the University**

HBEP team includes FBE academics, Heart Foundation, Sydney South West AHS, ARUP, Western Sydney ROC, planning consultants



Our **vision** is that built environments will be planned, designed, developed and managed to promote and protect health for all people





**January
2010 start**

Three
strategic
areas



Strategy One – Research

- Contribute to building the evidence base to provide more robust data and information
- Address ‘gaps’ in priority areas
- Policy relevant – direct influence on strategy development

Key Actions

- Significant literature review complete – will inform strategic research plan
- *Planning and Building Healthy Communities* underway (ARC Linkage funding)
- *Health Impacts of Housing* currently under review (AHURI funding)

Strategy Two – Leadership and Advocacy

- Map key points of influence: organisations, individuals and opportunities
- Work with Advisory Board on best strategies
- Pursue opportunities to increase profile of issue

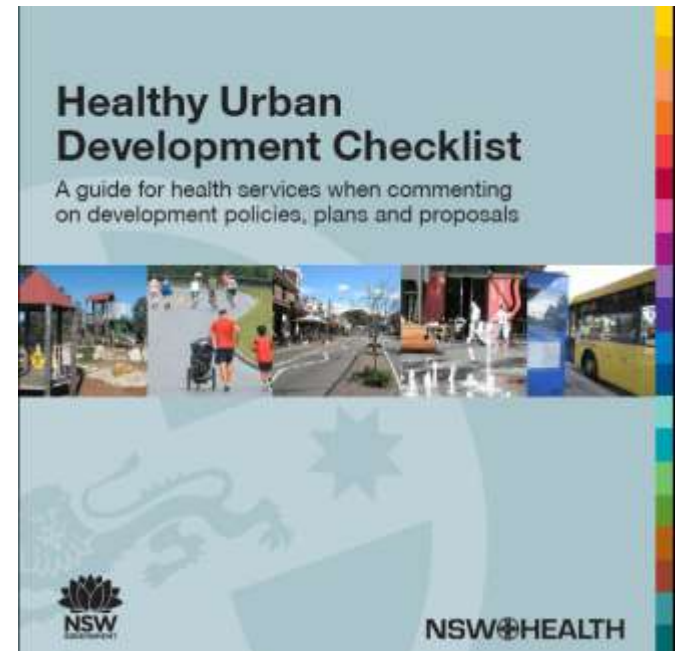
Key Actions

- Advisory Board established – key stakeholders in government and private sector
- Submissions – Metro Strategy; National Urban Policy
- Presentations to health and non-health stakeholders
- Regular newsletter established
- Regular column in 'New Planner'

Strategy Three – Education and Workforce Development

Develop health workforce capacity in healthy built environments through:

- Sharing expertise and practice
- Providing tools and training
- Disseminating new evidence
- Facilitating conferences, workshops and other events



http://www.health.nsw.gov.au/pubs/2010/hud_checklist.html

Strategy Three - Workforce Development

Key Actions

- AHS staff participation in relevant UNSW HBE courses
- New PG course *Healthy Built Environments* commenced
- Ongoing capacity building program for health workforce throughout NSW
- Resources on web site



Stakeholder Research Project - Overview

- HBEP research project
- HBEP leadership and advocacy project
- Specific investigation of key HBE stakeholders
- Undertaken by PHO Trainee
- HBEP partner support for supervision
- Input into policy identification
- Input into research strategy

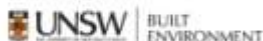


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Stakeholder Research Project – Key Objectives for Today

- Report on our analysis
- Confirmation of themes – part of methodological rigour
- Ideas generation
- Working together and in small groups
- Focus on stakeholder, research and policy themes
- Outcomes to inform HBEP Research Strategy and Policy Review

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Developing a Research Agenda for Health and the Built Environment

Public Health Officer Trainee
Evan Freeman

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Aims

- The primary aims of this project are to:
 - develop a research strategy
 - prioritise research questions and foster interdisciplinary and policy relevant research
- Research Question:

What research needs to be undertaken to promote interdisciplinary and policy relevant practice to create healthy built environments in NSW?

Ethics

Ethics Approval

The University of NSW (UNSW), School of
Public Health and Community Medicine
Human Research Ethics Advisory Panel

Approval Number **2010-7-48**

Methods

- **Stakeholder Identification:**
 - An initial list of key stakeholders was identified from State and Local Government, Non-Government Organisations, Universities, Professional associations and Private sector developers
- **Interviews :**
 - conducted at the interviewee's place of work
 - transcribed
- **Analysis:**
 - thematic analysis

Results

- Between November 2010 and January 2011
 - 16 interviews
 - >13.5 hrs /818 minutes
 - 350 pages of transcription for analysis

Analysis

- 5 Broad Themes
 - Stakeholders
 - Partnerships
 - Research Content
 - Research Facilitation
 - Policy

Stakeholders

Identified stakeholders

- Government, private, organisations, professions

Influence on health

- positive or negative

Power to influence health

- political, legal, financial/economic

quotes

Government. State, local and federal. By setting the policy agenda, by prioritising funding, by establishing standards by which communities and industries operate.

Clearly architects, social planners, physical planners groups that in the past health had strong links with 150 years ago but we lost links in the 20th century, they're clearly important.

Partnerships

- Investment
 - Programs, research
- Policy
 - Memorandums of Understanding, Evaluation, Health Impact Assessment
- Advocacy
 - Awareness raising, NGOs, special interest groups

Quotes

- *It's more out of necessity that there has to be interagency collaboration as we need an interagency response to these 21st century conditions.*
- *I think the emergence of NGOs as champions of particular medical or health issues has really influenced a lot of thinking. It has led to greater research and more resources being dedicated..*
- *we can't expect the transport people to become health freaks and vice-versa..there has to be a participatory partnership.*

Research Content

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- Evidence
 - Australia, case studies, tools and guidelines
- Academic
 - Literature reviews, cross sectional studies
- Research gaps
 - quantitative, qualitative, and evaluation

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Quotes

a lot of the evidence, particularly around things like Walkability and obesity are a direct correlation. Hard to prove, hard to design studies to address properly and often arguable in terms of methodology... as that improves then our ability to advocate improves.

Research Facilitation



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- Funding
 - research centre, philanthropy, scholarships and research grants
- Engaging
 - Government, university and industry
- Agenda Setting
 - Set research targets, policy requirements

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Quotes



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- *It doesn't matter how important they are, if they don't want to engage with you, if you can't engage with them, then you're not going to achieve anything*
- *money is always good surprisingly*
- *The built environment sector could “ embed researchers and research exercises within their own business activities, and in principal make it clear that they are open to ideas..*

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Policy

- Evidence based policy
 - Professional networks, conferences, journals
- Legislation
 - Planning Act, EP&A Act (NSW)
- Policy & guidelines identified
 - Urban design, Active living, Land Use Zoning, Centres Policy

Quotes

One of our criticisms of some of the planning policy is that it doesn't appear to be underpinned by strong research

One of the questions our managing director often asks is, so what? What does it mean for us? There's no point having all of this information if we can't actually do anything with it.

Suggestions

- Development of a Health and Built Environment research information portal
- Inclusion of HBE as a key measure of future State Plans
- Evaluations of interventions (case studies) in the BE for health and wellbeing
- Introduce Health evidence to all BE conferences
- Translation of health impacts across disciplines



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Attachment 5

Summary of Emerging Themes

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STAKEHOLDERS

1.1 IDENTIFY STAKEHOLDERS

1.1.1 Government - Federal, state, local

1.1.2 Private

1.1.2.1 Developers

1.1.2.2 Retailers

1.1.2.3 Employers

1.1.3 Other organisations and groups

1.1.3.1 Universities

1.1.3.2 Media

1.1.3.3 NGOs

1.1.3.4 Associations

1.1.3.5 Community

1.1.4 Professions

1.1.4.1 Planners

1.1.4.2 Builders

1.1.4.3 Architects

1.2 INFLUENCE ON HEALTH

1.2.1 Positive

1.2.1.1 Government - Policy, legislation, funding

1.2.1.2 Private - Developments

1.2.1.3 Academic Institutions

1.2.1.4 NGOs and lobby groups

1.2.1.5 Community - Expectations and knowledge

1.2.2 Negative Influence

1.2.2.1 Private - Developers, industry, lobby groups

1.2.2.2 Government - Federal, state and local

1.3 POWER TO INFLUENCE

1.3.1 Political

1.3.1.1 Government - Federal, state and local

Specific State Departments - Premiers and Cabinet, Planning,
Transport, DECCW

Decisions on policy and program

1.3.1.2 Private

1.3.2 Financial/Economic

1.3.2.1 Government

1.3.2.2 Private

1.3.2.3 Community

1.3.3 Legal

2. Partnerships

2.1 INVESTMENT

2.1.1 Programs

2.1.1.1 HBEP

2.1.1.1.1 Research

2.1.1.1.2 Monitor health trends

2.1.1.1.3 Training and bursaries

2.1.2 Policy

2.1.2.1 Memorandum of understanding

2.1.2.2 Health Impact Assessment

2.1.2.3 Evaluation of State Plan

2.1.3 Advocacy

2.1.3.1 Awareness raising within professions and community

2.1.3.2 Interact with media

2.1.3.3 NGOs and lobby groups

3. Research Content

3.1 EVIDENCE

3.1.1 Australia

3.1.2.1 Case studies

Victoria: Healthy spaces/health by design

NSW: Community Gardens, Hunter New England, WSROC

3.2 ACADEMIC

3.2.1 Literature and Systematic Reviews, Case control studies

3.2.1.1 New Urbanism, Connectivity, Obesity

3.2.2 Tools and Guidelines

3.2.2.1 Walkability Index

3.2.2.2 Liveability

3.2.2.3 Heart Foundation Recommendations

3.2.2.4 Healthy Urban Development Checklist

3.3 INTERNATIONAL

3.3.1 U.S : CDC, Federal Transport Administration

3.3.2 Canada

3.3.3 U.K

3.4 RESEARCH GAPS

3.4.1 Quantitative evidence

3.4.1.1 Cost benefit

3.4.1.2 Years of life saved

3.4.2 Causal links

3.4.3 Qualitative

3.4.3.1 Individual decision making

3.4.3.2 Effects of commuting

3.4.3.3 Barriers for participation

4. Research Facilitation

4.1 FUNDING

4.1.1 Joint research funding

4.1.2 Fund a research centre

4.1.3 Philanthropy

4.1.4 Partner

4.1.4.1 Engage local, state govts, Universities and private industry

4.1.5 Set agenda

4.1.5.1 Set targets

4.1.6 Joint research

4.1.7 Scholarships

4.1.8 Targeted research grant

5. Policy

5.1 EVIDENCE BASED POLICY (ACCESSING THE EVIDENCE)

- 5.1.1 Professional links and networking
- 5.1.2 Meetings, workshops and conferences
- 5.1.3 Journal articles and peer reviewed literature
- 5.1.4 Subscriptions
- 5.1.5 International agencies
- 5.1.6 Databases, Cochrane Collaboration
- 5.1.7 Internal libraries
- 5.1.8 NSW Health
- 5.1.9 Expert Opinion
- 5.1.10 Professional and academic
- 5.1.11 Privately commissioned

5.2 STATE LEGISLATION

- 5.2.1 EP& A Act NSW
- 5.2.2 Other relevant planning legislation

5.3 RELEVANT POLICY AND GUIDELINES

- 5.3.1 LEPs (local government environment plans)
- 5.3.2 Urban design guidelines
- 5.3.3 Active living guidelines
- 5.3.4 Boarding house controls
- 5.3.5 Land use zoning
- 5.3.6 Compact lot design
- 5.3.7 Hours of business
- 5.3.8 retail outlets policy
- 5.3.9 Centres Policy
- 5.3.10 Beyond the pavement (RTA)



HEALTHY BUILT ENVIRONMENTS PROGRAM

Attachment 6

Small Group Instruction Sheets & Participants

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HEALTHY BUILT ENVIRONMENTS PROGRAM

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The University of New South Wales
Sydney NSW 2052 Australia

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CRICOS Provider Code: 000986

INSTRUCTIONS FOR SMALL GROUP WORK

RESEARCH

For the activity you have the following tasks:

1. Introduce yourselves and choose a spokesperson to report back (5 minutes)
2. Ideas generation: Brainstorm around the table and list possible specific research projects in healthy built environments that should be undertaken (20 minutes)
3. As a group, list the five priority projects (10 minutes)
4. For each of the five, discuss how the project would be done and who should be involved (20 minutes)

Please watch the time and make sure all tasks are completed - another role for the spokesperson.

INSTRUCTIONS FOR SMALL GROUP WORK

POLICY 1

For the activity you have the following tasks:

1. Introduce yourselves and choose a spokesperson to report back (5 minutes)
2. Ideas generation: Brainstorm around the table and list possible specific legislation, policies and programs in NSW that facilitate healthy built environments (25 minutes)
3. Ideas generation: Brainstorm around the table and list how NSW can improve its policy response to support healthy built environments (25 minutes)

Please watch the time and make sure all tasks are completed - another role for the spokesperson.

INSTRUCTIONS FOR SMALL GROUP WORK

POLICY 2

For the activity you have the following tasks:

1. Introduce yourselves and choose a spokesperson to report back (5 minutes)
2. Ideas generation: Brainstorm around the table and list possible specific legislation, policies and programs in NSW that hinder healthy built environments (25 minutes)
3. Ideas generation: Brainstorm around the table and list how NSW can improve its policy response to support healthy built environments (25 minutes)

Please watch the time and make sure all tasks are completed - another role for the spokesperson.

INSTRUCTIONS FOR SMALL GROUP WORK

STAKEHOLDERS

For the activity you have the following tasks:

1. Introduce yourselves and choose a spokesperson to report back (5 minutes)
2. Ideas generation: Brainstorm around the table and list other stakeholders. List potential partnerships that could support healthy built environments (20 minutes)
3. As a group, list five priority partnerships (10 minutes)
4. For each of the five, discuss how the partnership could work, the benefits of the partnership and any risks involved (20 minutes)

Please watch the time and make sure all tasks are completed - another role for the spokesperson.

SMALL GROUP DISCUSSION – PARTICIPANTS

1. Small Group Work - Research

Group member	Organisation
Meredith Nirui	Former SESIAHS
Michelle Maxwell	Former SSWAHS
Mark Ferson	Former SESIAHS
Linda Corkery	UNSW
Bin Jalaludin	HBEP

Scribe: Lisa Mu

Spokesperson: Michelle Maxwell

2. Small Group Work - Policy that supports health

Group member	Organisation
Deborah Dearing	Stocklands
Lauren Templeton	PCAL
Daniel Ouma-Machio	Dept of Housing

Scribe: Susan Thompson

Spokesperson: Lauren Templeton

3. Small Group Work - Policy that does not support health

Group member	Organisation
Robin Vincin	PIA
John Wiggers	NSW Health
Tony Capon	HBEP
Andrew Gow	Former GSAHS

Scribe: Joanna York

Spokesperson: John Wiggers

4. Small Group Work – Stakeholders

Group member	Organisation
Claudine Lyons	NSW Health
Tye McMahon	City of Sydney
Paul Klarenaar	Former NSCCAHS
Rebekah Costello	PCAL
Evan Freeman	HBEP

Scribe: Emily Mitchell

Spokesperson: Claudine Lyons



HEALTHY BUILT ENVIRONMENTS PROGRAM

Attachment 7

RTA Submission by Matt Faber

Supported by



HEALTHY BUILT ENVIRONMENTS PROGRAM

City Futures Research Centre
Faculty of Built Environment
The University of New South Wales
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CRICOS Provider Code: 00098G

RTA Perspective/ Input re. Workshop Themes – Stakeholder Workshop 16 February 2011

Notes completed by Matt Faber, RTA

Research

- RTA work to increase understanding of health-related costs/benefits of transport projects
- Especially walking/cycling, e.g.
 - (2009) PricewaterhouseCoopers – “Evaluating the costs and benefits of cycleways” (on PCAL website)
 - (2010) PWC/SKM – “Strategic Demand and Economic Evaluation Study of Naremburn – Harbour Bridge Active Transport Corridor”
 - (current) UNSW/IRMRC “safer cycling” risk exposure cohort study

Themes

- Wide variation, in literature, on appropriate ‘health values’ to adopt for inclusion in traditional cost-benefit analysis of transport projects
- Long/hard process ahead to change culture of large infrastructure agencies (like RTA), to mainstream consideration of healthy impacts in project evaluation
- Achieving this change calls for both top-down direction (e.g. requiring project managers to take account of state plan health priorities) and bottom-up capability building (e.g. giving those project managers simple tools)
- Pending this cultural change, the RTA’s default approach to evaluating/justifying transport projects on the basis of their “human life” impacts focuses on road safety benefits
- This approach may relatively undervalue projects whose benefits include significant physical activity gains, including cycleway projects (especially small projects evaluated at the regional level, and as partnership projects with local councils, as at this level there is less skill at handling innovative evaluation tools).

Ideas/projects

- Real-life integrated land use and transport projects to use as “living laboratories” for innovative evaluation and decision-making
 - E.G. major road corridor through NW or SW growth centre – involve NSW Health/ local councils/ Department of Planning/ Landcom (or other major developer) with RTA project managers and urban design staff to track active transport outcomes of providing cycleway/ walking/ bus facilities as part of corridor, and comparing these with a “control” (previous) corridor with less good provisions?
- Work with Federal Government through Major Cities Unit



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