Planning Healthy Communities

A PIA discussion paper on public health and wellbeing: a basis for developing a draft policy statement on planning for health

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1. INTRODUCTION

The health of all Australians is an issue that concerns many professional groups - not just the medical and allied health professions. The designers, planners and managers of our natural and built environment can contribute to improving community health status and wellbeing.

Many planning professionals all around Australia are currently working with health promotion and other relevant agencies to ensure our built environment is designed to promote physical activity, social and mental wellbeing and community safety. These are just a few of the health areas where planners can make a difference.

The Planning Institute of Australia (PIA) has a role in articulating the health issues of most relevance to planners, these being the demonstrable link between the built environment and healthy lifestyles. These are the issues where planners can make a significant contribution, both within the private and government sectors, to create urban environments that foster physically and mentally healthy lifestyles. The *Liveable Communities* policy identifies health as an important part of the PIA's national planning agenda.

2. LINKS BETWEEN PLANNING AND HEALTH

The health of our communities is not just a medical issue but rather, fits within in a social model of health that recognises there are many determinants that influence people's health and wellbeing. These determinants include our built, social, natural and economic environments. Healthy (or unhealthy) living happens in our homes, workplaces, schools, streets and parks. Good health reflects both our physical and mental wellbeing. It is about, in the normal course of our daily life, how far we walk each day, having safe environments, accessible public transport and feeling good about being a pedestrian outside in the street. It is crucial that our built environments encourage physical activity and are places where we want to be. A social model of health is about intervening and changing the environmental issues that are contributing to ill health, rather than just treating the resulting disease. Therefore, the role of planners in planning, developing and regulating our environments can have a significant impact on the health of Australians.

Most Australians are car dependant, urban dwellers

Australia is the most urbanised nation in the world - only second to city states such as Singapore (Townsend, 2003:5). Approximately 90% of the Australian population lives in urban areas and are therefore influenced every day by our urban built environment. We are also largely a car dependant society. This is particularly obvious in our regional cities and rural towns where public transport does not exist at all or is limited in terms of frequency and hours of operation. In Australia's major cities, residents of middle and outer suburbs use the car as the most reliable and convenient form of transport. Accordingly, our built environments have been guided by government policies and planning that presupposes continued heavy car dependency. Not surprisingly, 'Australia has the second highest car ownership rate in the world at 0.47 cars per person' (Catford, 2003:2). In Sydney in 1996, 70% of commuters travelled to work in cars (Catford, 2003:1). This has significant consequences related to both health and planning on issues such as road accidents, air quality and car emission control and providing enough open and green spaces to encourage people to walk, meet and engage in physical activity.
The nature of ill-health
Most ill-health and death in Australia is caused by chronic conditions such as cardiovascular disease (CVD), diabetes, cancer, and circulatory diseases. The greatest risk factors for these conditions are a lack of physical activity and overweight/obesity. (National Heart Foundation, 1999). These risk factors can be reduced by enabling and encouraging people, as well as providing the right urban environments. These will allow people to be more active in their typical daily lives. People also need convenient access to fresh, healthy food to maintain good health. They are more likely to purchase fresh food if it can be accessed within a short walking distance. Such a distance is considered to be approximately 400m, being a 5-10 minute walk for most people from the youngest to the oldest pedestrian.

Mental illness is another significant problem in our society with one in five people suffering from some sort of acute mental health illness over their lifetime (Mental Illness Foundation, 2003). Physical activity and meaningful social contact are vital in preventing, treating and managing mental health problems.

The role of our environment
Most people are heavily reliant on car travel and do not engage in enough physical activity. For example, approximately 80% of trips to school in Victoria are by car. There is a strong correlation between our urban infrastructure and the extent to which people choose to walk, cycle or drive to their chosen destination (Knox, 2003). However, our natural environment also influences our health and sense of wellbeing. This is not just a luxury. We need to see trees, walk in parks and enjoy nature as part of healthy living. We also need safe environments, both inside our buildings and outside in terms of limiting air and noise pollutants including car emissions.

The relationship between planning and health
We know from previous research (Wright, MacDougall, Atkinson, 1996), that if people have adequate paths to walk on, feel safe, have destinations to walk to and people to stop and chat with, they are much more likely to engage in physical activity and walk instead of driving. Another resultant benefit is the fostering of social capital and community building. As people interact with others in their local community, they are more likely to develop relationships, networks and support common interests. These destinations such as shops, services and friends, need to be walking distance away. Therefore planners, in relationship with other professionals, can shape our environment to encourage positive health outcomes. For example, in shaping local planning policies to support improved pedestrian pathways or mixed use zoning to allow for local shops/services in housing estates. The PIA Vic Planning for Health project with VicHealth, the state health promotion foundation, is an example of how the PIA can work with other agencies to address some of the planning issues that can improve health.

3. RELEVANT HEALTH RELATED TRENDS IN AUSTRALIA

Developing stronger links between planning practitioners and healthy living will become more important as the consequences of emerging health trends in Australia are realised. CVD is currently the biggest cause of death and a lack of physical activity and overweight/obesity, the biggest risk factors. Mental health problems and depression rates in our community are on the rise in Australia. In future years, it will become more important that our urban infrastructure is welcoming and encourages physical activity and for people to get out onto the streets. Here is an introduction to some of the most relevant future health problems to urban design and planning.
Obesity among children and the wider population

Obesity amongst children is one of Australia’s most serious health problems for the future. In Victoria, one in five children aged 5-6 years were obese or overweight and 23% in children aged 10-12 years (DHS, 2002:3). Overweight children usually become overweight adults, so the problems for our community in the next 20-50 years is serious given the economic, social and health costs of obesity. Obesity rates have tripled in Australia since 1980 with 18% of the population now obese (WHO, 2002:10). The rates of obesity in Australia are only the second to the United States in being the highest in the world (Dalton et al., 2000). The estimated annual cost of obesity in Victoria alone is $1200 million. Being overweight as a child is also a huge problem in terms of being bullied and ostracised which results in psychological and emotional problems. This in turn can lead to low self-esteem and long term disadvantage.

The ageing population

There is a very large projected increase in the number of elderly people in Australia in future years. The ABS projects that by 2031, 22% of the Australian population will be aged 65 years and over. This is compared with 13% in 2001. This has enormous social, environmental, economic and healthcare related consequences. Most older people in the next 50 years will live in outer suburban areas that were planned on the assumption of car mobility (McKenzie, Steen, 2002:197). As people age, cars become less suitable as a transport mode. For those older people who no longer drive, this can result in poor access to public transport, shops and support services such as medical and community health. ‘Older people have lower levels of personal mobility which restricts the area over which they can go to obtain services and social interaction (Hugo, 2003:115)

Bone density and lack of vitamin D are also significant health issues for older Australians that are related to lack of outdoor physical activity. To ensure that older Australians can maintain health, ten minutes of walking each day is needed for bone health and access to Vitamin D which in turn diminishes the risk of developing osteoporosis (National Institutes of Health, 1999).

Gophers are the mobility answer for many older people. Many communities across Australia are already addressing the challenge of an increased number of gophers being driven along pathways. This is a significant planning and urban design challenge. What are we going to do about this relatively new form of transport whose use is likely to dramatically increase in the future?

The cost of health care versus the benefit of infrastructure investment in Australia

Approximately 14% of Australia’s gross national domestic product is spent on providing healthcare (Commonwealth Dept of Health and Ageing, 2003). This represents a very large proportion of the available public funds. Much of this health budget is used to prevent and treat the chronic diseases discussed previously. These chronic conditions are very costly in terms of hospitalisation, subsidised pharmaceuticals, loss of work, disability and premature death. The increased aging of our population is going to further burden our health system and require additional funding. As people live longer, they have greater needs in terms of health and community support, hospital care and pharmaceuticals. There is also the societal and economic cost of people who don’t work or leave work to care for older relatives.

It is important to consider a cost benefit analysis, regarding the burden of ill health and urban infrastructure investment. Physical inactivity is responsible for 8000 deaths
This cost must be examined against what is spent on providing the urban infrastructure that supports physical activity. An active lifestyle greatly reduces the risk of developing CVD, diabetes and obesity. Therefore, investing further in our urban infrastructure could substantially reduce the health costs related to our most serious chronic diseases.

Mental illness and depression
Mental illness is one of the most significant burdens of illhealth in Australian and the picture is expected to worsen over future years. Depression is currently the cause of one in three episodes of illhealth among women, and one in ten among men. Depression is predicted as being the second most significant health problem worldwide in terms of years lost due to death and disability. (Commonwealth Dept of Health and Ageing, 2000). A national survey conducted in 1997, reported that 27% of young adults aged 18-24 had experienced a mental illness in that year. Living alone was identified as the most significant risk factor for developing a mental illness with unemployment being another contributing factor (ABS, 1997). This is important in terms of planning given the projected increases in single person dwellings.

4. HOW PLANNERS CAN CONTRIBUTE TO HEALTHY COMMUNITIES

Healthy urban infrastructure
The key issue in reducing the incidence of the most chronic conditions facing our communities is more physical activity. This is not just organised exercise and sport. Physical activity by walking to the shops, school, park or bus-stop is the most important and sustainable form of activity. Billie Giles-Corti’s (2003) research in Western Australia has found a strong correlation between a lack of footpaths and walking spaces, with obesity and inactivity. People are much more likely to participate in activity as part of their day to day life if:

- they have destinations, like shops or services, within walking distance.
- there is street connectivity - when you are walking, it is important that that you have a direct rather than circuitous route. Streets need to connect to other streets rather than just resulting in dead-ends. Grid designed suburbs are much better than circular, court and cul-de-sac styled neighbourhoods which have been a popular feature among new housing developments over the past thirty years.
- they have welcoming and safe paths to walk.
- they have parks to walk and play in.
- they have space on the footpath for their wheelchair or pram.

Local and State/Territory governments have an important role to play in infrastructure development, maintenance, traffic management and policy development to create neighbourhoods that support physical activity. An example of an initiative that is addressing these issues is the Supportive Environments for Physical Activity (SEPA) Project from the National Heart Foundation. The Foundation is working with local and state/territory governments, as well as developers, to create environments that encourage people to be more physically active.

Planning for good mental health and wellbeing
People need social interaction for good mental health. A large proportion of our population is lonely and isolated, putting them at risk of mental illness. Pedestrian friendly communities and services within walking distance become crucial for social interaction if you do not own a car or are part of the workforce. Social connectedness and a sense of ‘place’ have been identified as important factors in reducing the risk of mental illness and isolation. Planners can assist by ensuring that communities are
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designed so people are more likely to meet each other in the street or down the shops (Baum, Palmer, 2002:351). For example:

- Planning for accessible public transport which encourages social interaction and the opportunity for some physical exercise
- A sense of ‘place’ for people - such as parks, benches and places to sit at local shopping centres. This encourages a sense of community and wellbeing
- Maintaining active frontages of dwellings which encourage social interaction and create an attractive streetscape that is pleasant to walk along.
- Taking into account local ethnic/cultural needs or preferences. In a suburb in Melbourne that has a very large Greek community, the mall has a ‘village atmosphere’ and is an important place that older Greek men can and sit and talk.

Access to fresh food and local shops

How is access to food a planning issue? Many people are reliant on car travel to access local shops to buy fresh food, bread or milk. That means that those in our community who do not own a car are disadvantaged in terms of having fresh food. This is usually older people, people with a disability or those who cannot afford a car. These members of our community are already disadvantaged in terms of health (Burns: 2003). Many people would prefer to have local shops within walking distance, but many communities are not planned to support such mixed use. People who live close to local shops and can buy fresh foods without getting in the car are more likely to consume fresh foods and have a healthier lifestyle. Therefore, planners can assist in making it easier for all people to access fresh food by:

- Planning for local fresh food shops within new residential developments. Adequate access is defined as having fresh food shops within walking distance or 500 metres. This would mean working with developers to implement some of the SEPA guidelines, which are an effective tool for planning for health.
- Regulating the density of fast-food outlets. People living in areas with a low socioeconomic status have 2.5 times the number of fast food outlets compared with other neighbourhoods (Reidpath, Burns, Garrard et al., 2002:141). If people live closer to a fast-food outlet than a shop selling fresh food and do not have a car, they are more likely to consume more fast food. This may be contributing to the obesity epidemic.
- Examining planning regulations and ensure that residential developments have enough private open space with solar access to grow fruit and vegetables.
- Protect existing community gardens and encourage the development of new community gardens within new residential developments. This may mean changing planning regulations to support this aim.

Feeling safe on the streets

People need to feel safe on footpaths and crossing roads while they are walking, riding or taking a pram to the shops or park. Safety is having somewhere to rid your bike, having pedestrian crossings, adequate lighting, signage and well surfaced and maintained paths. Here are some specific issues related to planning that could improve safety:

- Footpaths on both sides of the road are an important way of providing pedestrian access for all people. In many local government areas, people do not have any footpaths, or only paths on one side of the road. For those in wheelchairs or pushing prams, footpaths are crucial for safety.
- Footpaths may need to be widened to allow for wheelchairs, prams and pedestrians. The engineering regulations governing urban infrastructure may need to be examined to mandate wider paths.
Safe and convenient access to a healthy natural environment

Given the rapid projected growth of Australian cities, managing air quality and car emissions is a significant health, planning and environmental control issue. There are other issues surrounding our natural environment and health where planning also plays a role:

- Planners assist in maintaining a healthy natural environment by enforcing various environmental health controls. These include water conservation through the regulation of safe water treatment and reuse in urban areas. This is becoming a more significant planning issue as more people are installing tanks both above and underground and reusing domestic grey water.
- The protection and retention of vegetation/trees in both public and private open spaces is an important part of the planning process and local governments are in the best position to continue to review land use and zone land to protect our natural environment.
- Access to parks is very important in terms of good mental health and wellbeing. They provide opportunity for social connections, a place to unwind, relax and to enjoy experiencing nature (Townsend, 2003:5). Planners have a role in supporting access to parks and ensuring that they are part of new residential developments.

A healthy built environment

There are a number of elements of our built environment that can contribute to better health outcomes of communities. These include shading parks and playgrounds, street trees that shade pedestrians, healthy buildings and access to adequate sunlight within buildings.

- Planners in local council can play an important role in further promoting and mandating the provision of sun-shades for residential developments, playgrounds and outdoor recreational facilities.
- Noise pollution within residential developments, particularly apartment blocks is another area which could be further controlled via planning regulations. Noise pollution from traffic is also another area that could be further addressed.
- ‘About 96% of our time is spent inside our built environment’ (Newton, 2002:44) Emissions from building materials containing formaldehyde which are used for the fitting out of most buildings, have been associated with asthma and allergies in young children. Encouraging alternative, healthy building materials could be part of the planning permit application process as is the providing of details on materials and finishes.

Transport is a health issue

Transport is a very important issue in terms of health and planning. Active forms of transport such as cycling, walking and public transport encourage physical activity, mental wellbeing and opportunities for social connections. Supporting and increasing these forms of transport is an important focus of local and State/Territory government planning policies. However, most of our transport is still conducted via car travel and we will never have enough roads to meet demand. Our built environment actually encourages car travel which results in traffic accidents, car pollution, and a sedentary lifestyle. As more people drive to walk and school, they miss out on opportunities to participate in physical activity which is vital for health and wellbeing. Planners have an important role in making provision for and actually encouraging these active forms of transport.

- Tolley (2003) states that walking has to be seen as transport in its own right, rather than just an alternative to car travel. This change of mindset will drive the policy and planning required to support further pedestrian access. The idea that
car travel should be the priority in terms of planning and urban infrastructure needs to be challenged.

• The tighter management of car parking provisions and regulations at the local level is an important way of encouraging less car dependency. It is unlikely that people will give up their cars as long as the built environment encourages and accommodates their use over other forms of transport.

• Attempts to reduce car use must be tackled in conjunction with future mixed land use and planning policies to enable people to work, shop and access services close to home or via other forms of transport. A number of states/territories have forward thinking strategies containing such aims.

Fun places to be for children and young people
Given the issues already discussed regarding obesity and mental illness among young people, it is important to plan for the provision of adequate spaces for young people. For example, recreational spaces such as parks, playgrounds, skateboard parks, pools, basketball hoops, bmx tracks and sporting fields. This also builds healthy communities as young people and children need to feel as though their domain extends to the wider environment beyond their own home.

• It is important for planners to assist in protecting existing recreational land uses and develop policies that encourage new residential developments to provide such facilities. As private open space within dwellings gets smaller, it is vital that there are public open spaces for play and recreation.

• The issue of accessing school grounds and facilities out of hours is another way to utilise existing infrastructure. The public liability issues must be first addressed within local and state/territory governments (VicHealth, 2003).

5. KEY CHALLENGES IN PLANNING FOR HEALTH FOR THE PIA

This paper has highlighted a number of issues related to planning for health that can be addressed by the PIA and its members working together to address the following challenges:

• Communicate effectively with planners who work in state and local government about the importance of health issues and demonstrate the proven link between planning and improved health outcomes.

• Achieve greater awareness among planners, about the relevance of planning and health issues to their day to day work and how they can make a difference in terms of contributing to improved community health.

• Motivate and empower planners in influencing decisions regarding building regulations and state and territory planning policies that can improve health and wellbeing. These may be in areas such as urban design and infrastructure or emission control in buildings.

• Explore further incentives to encourage people to move away from car use given our dependency and cultural attachment to cars. They are a very important status symbol and household purchase. Further limiting car parking through the planning process may be an effective means of curtailing increased car use. The salary packaging of cars is also an incentive for people to use cars for commuting, for largely single occupant trips. The tax policies that support this practice should be examined in the context of trying to reduce car dependency.

• Achieve more effective advocacy which is needed to encourage proactive investment in public transport, cycling and walking networks rather than taking for granted the expansion of our road networks, for example the Mitcham-Frankston
Freeway (examples from other states welcome). More emphasis needs to be placed on meeting the triple bottom line in funding transport options.

- Incorporate planning for health elements into other environmental and planning issues such as transport, urban design and regeneration and greenfield developments.
- Develop strategic partnerships between local councils and State/Territory health departments, local community health services, general practitioners and health researchers on municipal health plans tailored to community needs. Many Councils may already do this and tools have been developed to support the process, for example Leading the Way in Victoria.
- Develop working relationships between the environmental health, community health, statutory and strategic planning departments within councils to support the management of municipal health issues.
- Establish working relationships between the PIA and relevant national and state/territory bodies such including the Commonwealth Government, the Royal College of General Practitioners and NGOs such as the National Heart Foundation, on planning and health issues.
- Invest in more research to monitor over time the relationship between planning initiatives and improved health outcomes.

6. WAYS THE PIA CAN RESPOND TO THESE CHALLENGES

The PIA has a national role to continue to lead the profession in new and relevant areas such as health. It also has a role to ensure best practice and better planning across our built, social, natural and economic environments. It is suggested that this can be achieved by:

- Promoting health as a key factor that needs to be considered in the day to day work of planning professionals. Raising the profile of health related planning issues in publications such as the Australian Planner.
- Developing an action plan, identifying the key national priorities regarding health for the PIA and its members, an implementation strategy and a process for monitoring progress over time.
- Providing a web site, including networks available for planners, for the dissemination of information on health and planning that is directly relevant to the work of planners. Provide web links to relevant sites for health and government organisations that have already done extensive work in this area.
- Developing effective working relationships with a wide range of relevant organisations to ensure that efforts aren't duplicated or impacts lessened. For example, the Commonwealth, state/territory and local governments, health promotion agencies and the Royal Australian College of General Practitioners.
- Encouraging and providing training of planners in health related issues as part of continuing professional education in local government, special seminars and within university training. Ensure that the training is directly relevant to the practice of planning at local and state government level as well as within private practice.
- Supporting and disseminating successful models of local health planning programs that could be applicable elsewhere in Australia.
- Developing strategic partnerships with government departments, health promotion organisations and the health private sector regarding funding and sponsorship opportunities to further health and planning related research.
Some suggested responses that could be included in the action plan
It is important to think creatively about what the PIA can do to work with planners on public health issues. The following are some ideas that may assist in encouraging some innovative solutions:

- Work with university planning departments for the inclusion of a planning and health subject into the curriculum of all tertiary planning courses nationally over the next three years.
- Establish a health and planning group - as part of the Social Planning Chapter
- On the PIA website include a health and planning page with links, resources and contact details.
- Include a standing planning and health theme into the national planning congress
- Have an edition of Australian Planner with a special focus on health and planning.
- Encourage State and Territory PIA journals to do the same.
- Encourage and support planners in local government to work with State and Territory Departments in identifying the key issues that need to be addressed in the planning regulations to improve community health outcomes. Develop formal partnership arrangements between all relevant parties in each jurisdiction to respond to the key issues.

7. CONCLUSION

Planning and public health are intertwined in their common aim to create safe, liveable and healthy conditions for living. The historical roots of planning are closely connected to public health as urban industrialisation drove the need for regulated housing, sanitation and clean water. Though we do not have the same challenges today, planning and health still need to be considered in partnership. It is vital that health is seen as integrated with the daily work of planning rather than an extra burden that must be seen to be addressed. One of our most significant challenges today is to create environments that encourage physical activity so as to reduce the burden of chronic disease on our communities. Reducing dependency on car travel is required to encourage the use of more active transport options. This would also result in improving air quality through the limiting of car emissions. Planners make an important contribution to addressing this challenge through supportive land use, urban design, and regulatory requirements. Planners need to work in partnership with all levels of government and form alliances with unlikely partners such as health promotion organisations, community health services and general practitioners.
8. GLOSSARY OF TERMS

(adapted from DHS, 2001:51-52)

**Health**
Health is the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction (WHO Constitution)

**Public health**
Public health is about addressing health issues at a community or population rather than individual level. It is a social and political concept aimed at improving the quality of life among whole populations through health promotion, disease prevention and other interventions.

**Health promotion**
Health promotion is about enabling people to increase control over, and to improve their health. It is a social and political process of awareness raising and information dissemination. Participation is essential to sustain health promotion action.

**Environmental health**
Environmental health refers to those aspects of human health and disease that are determined by factors in the environment. Environmental health includes the pathological effects of chemicals, pollutants as well as the indirect health impacts from our built, natural and social environments which include urban development, land use and transport.

**Social model of health**
A social view of health implies that we need to intervene to change those aspects of the environment which are promoting ill health, rather than continuing to deal with the illness after it appears. Exhorting people to change their lifestyles when their environment does not support or actually hinders such change is ineffective. Therefore a social model of health is necessary.
9. BIBLIOGRAPHY


