MUNICIPAL ASSOCIATION OF VICTORIA

Submission to the

Inquiry into Environmental Design and Public Health

July 2011

This submission has been prepared by the Municipal Association of Victoria (MAV) in response to the *Parliamentary Inquiry into Environmental Design and Public Health*.

The MAV is the statutory peak body for local government in Victoria, representing all 79 municipal councils within the state. This submission has been prepared by the MAV following consultation with metropolitan, regional and rural councils.

Whilst this submission aims to broadly reflect the views of local government in Victoria, it does not purport to reflect the exact views of individual councils, which have also been encouraged to make submissions to the inquiry.

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Introduction and Summary of Recommendations

The Municipal Association of Victoria (MAV) welcomes the opportunity to provide input to the Parliament of Victoria's *Inquiry into Environmental Design and Public Health*.

The MAV has responded to 1 – 5 (a and b) of the Inquiry's Terms of Reference. This submission draws on the social model of health and sustainable planning and urban design theory to highlight a growing body of research showing a connection between our health and wellbeing and the design and structure of our towns, cities and regions.

This submission focuses on the critical aspects of the urban environment that influence people's physical activity, mental health and food purchasing habits. These same environmental features have many other benefits, related to air quality, social cohesion, and efficient transport.

The following provides a summary of recommendations falling under the elements of the built environment on which this submission is based, and opportunities to influence environmental planning and design into the future.

1. **That the policies and investment of State Government build upon the evidence of the large role the built environment plays in influencing health and wellbeing including the following critical aspects relevant to local communities by:**

   a) ***Establishing a mechanism that enables councils to sustainably fund public realm improvements to support walkability in priority areas.***

   b) ***Increasing the suite of funding mechanisms to support the ongoing maintenance of existing open space, and to fund new green spaces commensurate with increasing populations.***

   c) ***Aligning the parks charge to include land within the changing metropolitan boundary.***

   d) ***Acknowledging local government's community transport role and incorporating in transport planning, resourcing and implementation.***

   e) ***Ensuring integrated land use and transport planning based on the principles of social inclusiveness, and environmental and economic sustainability in the new Metropolitan Strategy and proposed Regional Growth Plans.***

   f) ***Reducing travel times to schools, work, health and community services, and leisure activities, through investment in public transport infrastructure in concert with strategic land use planning.***

g) ***Securing Australian Government matching investment in fixed rail infrastructure to meet the sustainable transport needs of existing and yet-to-be established communities in interface suburbs and fringe areas, and urban areas within regional cities.***

h) ***Integration of affordable housing options to alleviate concentrations of social disadvantage, through provision of government-subsidised housing***

i) ***Inclusionary zoning in activity centres for social housing, and encouraging diversity in all developments of housing types and where appropriate, mix of uses.***

j) ***Ensuring State Planning Policy supports the construction of dwelling typologies that are consistent with sustainable urban form.***

k) ***Protecting viable land for urban agriculture in Victoria, particularly in peri-urban areas and growth areas.***

l) ***Ensuring that future iterations of Melbourne's metropolitan strategies recognise food access.***

2. **That the policies, legislation and investment of State Government provide clarity, direction and integration with local government's role and responsibilities in planning for health and wellbeing of local communities by;**

m) ***Providing greater clarity in State Planning Policy Framework for councils to more effectively integrate health outcomes into strategic planning processes.***

n) ***Supporting councils' capacity to tailor policies and decision making in accordance to local needs and circumstances.***

o) ***Prioritising local government areas experiencing intergenerational consequences from the legacy of a poor quality built environment for funding under programs such as the Expert Assistance Program and Changing Places Program (formerly Creating Better Places).***

p) ***Clarifying thresholds and benchmarks for service type and level provision across State and local government to support strategic planning and longer term service planning and delivery.***

q) ***Clarifying the roles of levels of government and various sectors to support an integrated planning approach.***

r) ***Articulating how councils can engage with the State Government to more effectively influence and contribute to planning outcomes***

3. **That the Environments for Health Framework is endorsed as a key policy driver for planning for health and wellbeing and the implementation is supported by;**

   s) State and local government continuing the implementation and promotion of the Environments for Health Framework as a key planning resource both in, and beyond, the health sector.

   t) Resourcing commensurate with the responsibility for councils to develop and implement Municipal Health and Wellbeing Plans.

In sum, the role of local government in creating healthy urban environments is significant. Further opportunities for the involvement of Victorian local government in the development of any work or discussions stemming from this inquiry are sought. This will help ensure that decisions made and actions identified for implementation are practical and supported by local government.

The MAV welcomes the Parliament of Victoria's interest and looks forward to participating in the further development of this inquiry.

2. Context

2.1 Planning for health

Today, the most prevalent major diseases facing our society are preventable conditions such as type 2 diabetes, heart disease and depression. Physical inactivity, poor diets and being overweight are the most significant contributors to these conditions.

The social and economic costs of these diseases are significant and are likely to increase significantly over the coming years. With the growing prevalence of sedentary lifestyles and poor diets, the economic cost of treating preventable chronic illness in Victoria is estimated to exceed $1.4 billion by 2020[1].

The impacts of our planning decisions on our health and wellbeing are becoming more obvious. Our urban environment has shifted to become more car and fast food oriented, making unhealthy options easier and resulting in lifestyle changes where people are eating more than they need or losing the balance in their diet, and leading more sedentary lifestyles.

Statistics from the Victorian Population Health Survey (2008) indicate that people are not engaging in sufficient health promoting behaviours such as exercise and healthy eating, to sustain a healthy life. They estimate that for adults in 2005:

- Nine in 10 did not meet the healthy eating guidelines for vegetable intake (five serves per day) and five in 10 did not consume the recommended amount of fruit (two serves per day); and
- One in four males and almost three in 10 females did not achieve the levels of physical activity consistent with a healthy lifestyle.

The health system cannot be sustained as it is. Greater investment in upstream approaches to health promotion that look to the cause of disease and disability and address problems through prevention in addition to treatment are required. Health promotion and encouraging healthy behaviour is a key component of reducing chronic illness and disease but does not work in isolation. Having accurate information does not guarantee that people will make healthy choices. An increasing evidence base tells us that people make healthy or unhealthy choices as a response to the conditions in which they live, work and play.

A growing awareness of the contribution of the built and natural environment to the health and wellbeing of a community has been reflected through the development of recent initiatives from government and non-government organisations including:

- The *Public Health and Wellbeing Act* 2008 requirement for all councils to develop a Municipal Public Health and Wellbeing Plan and revise it every four years
- The *Climate Change Act* 2010 requires government decision-makers to consider climate change in making certain decisions under the *Public Health and Wellbeing Act* 2008
- The development of the planning resource 'Environments for Health: Municipal Public Health Planning Framework'
- Development of planning guidelines such as Healthy by Design.
  (Refer to Appendix A for further resources)

[1] The Victorian Auditor General 2007 Performance Audit, Better Health through Healthy Eating and Physical Activity.

These resources have been developed to support councils to embed health into their planning. However, planning decision-making processes in the absence of a coordinated, spatially resolved, long term metropolitan strategy are potentially hindering good planning outcomes at the local level, and as a consequence, health outcomes. Similar challenges can be identified in regional cities and rural towns. So while progress is being made in Victoria, it appears that a commitment to coordinated implementation is a key constraint.

A further challenge lies in the different characteristics of each municipality across Victoria. A number of municipalities in Victoria, particularly those in the outer and interface suburbs of metropolitan Melbourne and rural areas, sustain a legacy of poor planning decisions made 30 to 40 years ago and a lack of infrastructure investment which have rendered their communities without access to reliable public transport, and walking proximity to local parks, shops or services which are typically enjoyed by inner suburbs and more urban areas.

The MAV believes that a holistic and integrated planning approach is required to create healthy environments and communities, which is in line with international best practice models such as the World Health Organisations (WHO) Healthy Cities approach.

2.2 Creating Healthy Cities – Applying a Social Model of Health

The understanding of what determines health has evolved markedly over the past few decades. It is now generally accepted that the factors which determine health lie in the complex social and economic environments in which people live, as well as the knowledge, attitudes and behaviours of individuals.

The World Health Organisation defines ‘health’ as:

> *A 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 of race, religion, political belief or economic and social condition (WHO Constitution).*

This definition highlights a move away from the medical model of health – which focuses on the individual and on interventions that are used to treat disease, to a social model of health. By contrast, a social model considers health as an outcome of the effects of socioeconomic status, culture, environmental conditions, housing, employment and community influences. As such, we must intervene to change those aspects of the environment that are promoting ill health. We cannot continue to simply deal with illness after it appears, or keep exhorting individuals to change their attitudes and lifestyles, when the environment in which they live and work gives them little or no choice or support to make behavioural change.

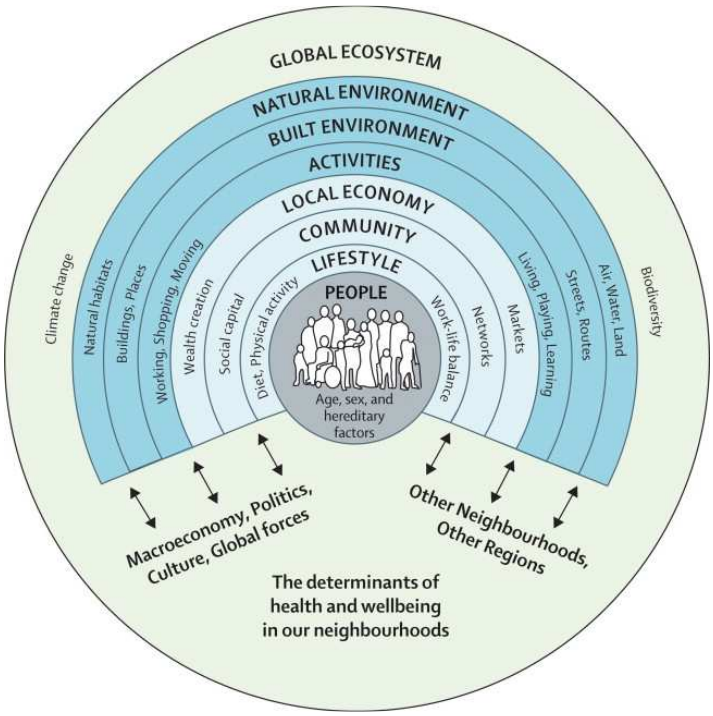

Figure 1: Social model of health

In 1986, the WHO notion of health was manifested in its Healthy Cities initiative. A 'healthy city' is defined as:

> *A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential.*

Healthy Cities approach is characterised by community involvement and empowerment; political commitment, in which local government is a key player; inter-sectoral partnerships; and enabling healthy public policy to create the conditions for healthy and liveable communities.

A key message from the WHO Healthy Cities approach is that health is an outcome of good planning – it doesn't have to be the main objective.

The Healthy Cities approach has been developed in thousands of cities and municipalities world-wide as a way of translating the understanding of the social model of health into locally relevant and practical action[2].

[2] Harris and Wills, 1997

2.3 The role of local government

Councils are responsible for planning and maintaining elements of the built and natural environment which can influence health and wellbeing outcomes. Local government in Victoria is responsible for almost $55 billion worth of assets and infrastructure including roads, bridges, town halls, recreation and leisure facilities, aged and family services, libraries and parks – all of which contribute to the quality of life or liveability of local areas.

Councils also spend around $4.5 billion annually to provide more than 100 different services to the communities they represent. Council services can be grouped into a number of broad categories:

- General public services
- Health, welfare and community services
- Planning and building services
- Land use management services
- Environment services
- Infrastructure and asset management services.

Local government is responsible for implementing many diverse programs, policies and regulations set by the State and Australian Government which influence the determinants of health and wellbeing. Councils must also respond to local community needs and have powers to develop policies and set their own regulations and local laws.

Local government legislative requirements

Of particular relevance to the Inquiry is Section 3C of the *Local Government Act* 1989 - which states a council must:

> *'promote the social, economic and environmental viability and sustainability of the municipal district; and to improve the overall quality of life of people in the local community'.*

This is illustrative of the overarching mandate by which all Victorian councils conduct their operations. It also forms the basis of this submission.

Under the *Public Health and Wellbeing Act* 2008, councils have a legislative responsibility for public health planning and health promotion. This Act replaced the *Health Act* 1958, and was designed to modernise public health planning to consider the broader environmental impacts on health and wellbeing.

Under this Act, councils must prepare a four year *Municipal Public Health and Wellbeing Plan (MPHP)* for their municipal area. The MPHP must identify the public health and wellbeing needs of people in their municipality through an examination of the health status and social determinants of health within the local area, and provides objectives and policy priorities for the promotion and protection of health and wellbeing.

Councils are also required under the *Victorian Planning and Environment Act* 1987 to maintain a Local Planning Scheme for their municipal area. The Planning Scheme contains both state and local content and guides land use and development decisions for the long term. The state content significantly affects the location, standard and form of residential, commercial and industrial development.

Overall, councils' role in facilitating healthy cities is broad. Table 1 below demonstrates the breadth of council planning and service provision that address the key determinants of health. All of these council areas have a role to play and need to be engaged for an effective response to the health and wellbeing of the community.

	Environments for Health	Council Roles
Health and wellbeing	**Built Environment**	- Transport planning (including active transport) - Land use planning and urban renewal - Infrastructure and asset management (roads, footpaths, bike paths) - Graffiti management - Street lighting - Affordable housing
	Natural Environment	- Open space planning and maintenance - Waste management - Environmental health (e.g. food safety) - Sustainability policies (e.g. climate change, water use)
	Social Environment	- Health, welfare and community services (aged and disability, youth, maternal and child health) - Social infrastructure including libraries and community hubs - Immunisation - Leisure and recreation
	Economic Environment	- Economic development - Community Grants program

Table 1: Local government roles in creating a healthy city

3. Response to the terms of reference

The Terms of Reference are addressed in the order they are given.

> ***1) Review the evidence of the contribution of the natural and built environments to the promotion of health and wellbeing***

The role our built and natural environments can play in influencing community health and wellbeing is internationally recognised. A key example of this is the Ottawa Charter for Health Promotion, an international agreement adopted in 1986 by members of the World Health Organisation, including Australia. The Charter identifies five key areas for action, one of which is the creation of supportive built environments, defined as both the physical and the social aspects of our surroundings.

The relationship between planning and public health is not new. The planning system today, stems from the historical need to separate people's homes from industrial and polluting land uses and address basic sanitation and disease mitigation with the introduction of physical infrastructure for public health including housing standards, drains, sewerage, water supply and waste disposal. This role continues and is supported by the preparation of strategic metropolitan plans. The first, in 1954, prepared by the Melbourne Metropolitan Board of Works (MMBW), considered Melbourne's infrastructure needs in the context of an increasing urban population and the provision of services and amenities necessary for a good quality of life. Various iterations of the 1954 MMBW Plan, most recently *Melbourne 2030* and its update *Melbourne @ 5 million* have highlighted aspects of liveability, but the high level coordination of essential infrastructure, including water, energy, schools, hospitals, public open space and public transport that only State and Australian Government can influence is not evident.

While the more traditional health protection practices remain, new threats to public health have emerged over the twentieth century. Modern day hazards to health often relate to the expanding urban and industrial development and lifestyle choices. Environmental pollution, obesity, alcohol and drug misuse, mental health and road accidents are now some of the major public health issues both in Victoria and nationally.

In the 1970's, the increasing incidence of chronic, degenerative diseases such as cancer and heart disease led to an examination of the interaction of lifestyle on disease outcomes[3]. With the understanding that many of the modern day diseases were affected by lifestyle choices, such as a lack of exercise, poor diet, smoking and alcohol and drug use, new approaches to improve population health have emerged which focus on the need to address the barriers to healthy behaviours in the built environment.

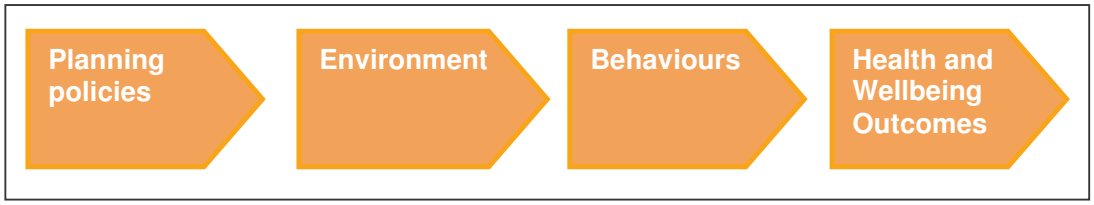

Diagram 1: Links between environment and health outcomes.

[3] Australia's Health, 1996

There is a vast and growing body of evidence that recognises that the built environment influences public health and wellbeing outcomes. Researchers in this field have examined direct associations with illness and mortality (such as motor vehicle accidents) and indirect associations through health and lifestyle behaviours (such as walking for transport). The impact of the built environment also reaches beyond the physical terms. Some research has found that aspects of the built environment, such as lack of access to green space, may affect mental health. More broadly, public recreation areas and access to social and cultural facilities may shape the quality of social relationships and sense of community in an area.

A recent report by the Australian Institute of Health and Welfare entitled *Health and the Environment: A Compilation of the Evidence (2011)* has compiled the most up-to-date evidence on the relationship between health and a selected list of environmental factors including `natural' features (such as temperature and extreme weather events) and aspects of our surroundings which have been created by humans (such as housing and transport). The following outlines the 15 environmental factors included in the review.

The natural environment	The built environment
Air temperature	Indoor air quality
Extreme weather events	Walkability
Ultraviolet radiation	Transport
Food safety and water quality	Green Space
Outdoor air quality	Environmental noise
	Overcrowding in housing
	Housing condition
	Hazards in and around the home
	Water fluoridation

The results of this compilation highlight that: our surroundings can influence our physical health and mental wellbeing through a variety of channels; health and wellbeing may be affected in both positive and negative ways; humans, through their intervention in the environment, can play a vital role in exacerbating or reducing health risks.

2) ***Identify and report on those elements of environmental planning and design which provide the most promising opportunities for improving health outcomes in Victoria;***
3) ***Assess the extent to which these factors are currently taken into account in environmental planning and design in both public and private sectors, and their effectiveness, with particular reference to new growth areas***

There are definite opportunities for planning and design to improve health outcomes in Victoria. There are vast and growing amounts of research on the kinds of city planning which encourage healthy behaviour, and subsequently improve health outcomes.

While it is not possible to canvas the range of research here, this submission will focus on the critical elements of environmental design that have the strongest potential to create positive health outcomes:

- Walkability
- Transport networks
- Access to open space
- Housing options
- Access to food

This submission identifies actions that are, or could, be taken in planning and design to enhance health promotion and prevention, and recommends areas of further focus for the Inquiry.

Walkability

The built environment plays an important role in constraining or facilitating walking for physical activity, transport and recreation.

Walkability is defined as how conducive an area is to walking for either leisure, exercise or transport. Several recent and comprehensive reviews report a consistent positive association between walkability and levels of non-motorised travel. People living in 'walkable' cities and towns reported about 30 minutes more walking for transport each week[4] and more total physical activity[5].

Street connectivity, residential density, land use mix and net retail area[6] are critical elements to enable walkability across the disciplines of transport, urban design, planning and architecture. Research findings have consistently demonstrated that residents from areas with higher population density, greater connectedness of streets (higher number of intersections) and mixed land use report higher rates of walking

[4] Saelens, B., Sallis, J., & Frank, L. (2003). Environmental correlates of walking and cycling: Findings from the transportation, urban design, and planning literatures. Annuals of Behavioural Medicine, 25, 80-91.
[5] Frank, L., Schmid, T., Sallis, J., Chapman, J. & Saelens, B. (2005). Linking objectively measured physical activity with objectively measured urban form findings from SMARTRAQ. American Journal of Preventative Medicine, 28, 117-25.
[6] Indicators that measure these four main elements of urban form were sourced from the walkability index described in Leslie, Coffee, Frank, Owen, Bauman and Hugo (2005). This walkability index was built upon the method developed by Frank and colleagues in the USA (Frank et al, in press) and has been adapted for use in Australia.

than residents from areas with low-density, that are poorly connected and have single land use[7].

- *Street connectivity* refers to the extent to which streets are linked up to key trip origins and destinations (i.e. activity centres, public transport stops) and the extent to which different routes on the network are linked. It takes less time for residents in communities with high street connectivity to get to their destinations and provides them with a greater variety of routes and easier access to major roads where public transport is available.
- *Residential density* indicates the density of residential development. Neighbourhoods high in density have been associated with increases in retail and service variety (mixed use development) which results in shorter, more walkable distances between services and activities such as shops and restaurants. It also makes driving and parking more difficult and time consuming, therefore deterring car-use and making walking a more viable and appealing option.
- *Land use mix* refers to the degree to which different land uses are scattered within the land area such as residential, commercial and open space. People who live near multiple and diverse retail opportunities tend to make more frequent, more specialised and shorter trips, many by walking whereas people who live farther away from retail opportunities are more likely to chain together multiple shopping destinations and to use a car.
- *Net retail area* indicates the density of retail development and it provides more options for where goods and services may be purchased and more local employment opportunities that can be reached by walking.

Walkability is also influenced by the presence and quality of footpaths, availability of pedestrian crossings, traffic volume and speed[8]. In addition to physical features of the built environment, there is some evidence that perceived aspects of the environment can also influence walking behaviour[9]. Some of the most consistent findings indicate that residents reported a greater likelihood of walking in the local area if they perceive the environment to be aesthetically pleasing[10] and safe[11].

All of these factors influence the choice to walk, although some of the elements of the physical environment have been shown to be conducive to different types of walking behaviour. For example, while there is some overlap between the variables, factors such as land use mix, residential and retail density and street connectivity which provide a variety of close and easily accessible destinations, are associated more closely with walking for transport purposes whereas factors such as aesthetics, safety, access to open space and available amenities have been associated with

[7] Frank, L.D., Schmid, T.L., Sallis, J.F., Chapman, J., & Saelens, B.E. (2005). Linking objectively measured physical activity with objectively measured urban form. *American Journal of Preventive Medicine,* 28, 117-125.
[8] Australian Institute of Health and Welfare (2011). Health and the Environment: A Compilation of Evidence, Cat. No. PHE 136, Canberra: AIHW
[9] Indicators that measure resident perceptions of the physical environment listed were sourced from the Adjusted Neighbourhood Environment Walkability Survey [ANEWS] (available at http://www.drjamessallis.sdsu.edu/NEWS.pdf) and the Global Walkability Index (available at http://www.walkableamerica.org/checklist-walkability.pdf).
[10] Ball, K., Bauman, A., Leslie, E., & Owen, N. (2001). Perceived environmental aesthetics and convenience and company are associated with walking for exercise among Australian adults. *Preventative Medicine,* 33, 434-440.
[11] Weinstein, A., Feigley, P., Pullen, P., Mann, L., & Redman., L. (1999). Neighbourhood safety and the prevalence of physical inactivity: Selected states. Journal of the American Medical Association, 281-1373.

walking for recreation or exercise purposes[12]. These latter aspects may be significant considerations in rural and regional areas.

These distinctions are useful for understanding the different reasons why people walk and what can be done to influence their day to day decision to do so.

Regular physical activity has the potential to offset prevalent physical and mental health risks in the general population such as obesity, cardiovascular disease and type 2 diabetes. Increasing the levels in which people engage in physical activity is a key health promotion initiative. Walking, in particular, is a focus of attention as it is considered to be the form of physical activity most likely to be integrated into the routine of daily living. Walking also increases opportunities for casual interactions with neighbours and the potential to increase sense of community. In addition, walking is pollution free, cost free, and can be done by a majority of the population, regardless of age, race, sex and socio-economic status.

	Indicators	Definition
Physical Environment		
Walking for Transport	[1] Street Connectivity	Extent to which streets are linked up to key trip origins and destinations (activity centres, public transport stops) and the extent to which different routes on the network are linked.
	[2] Residential Density	Indicates density of residential development.
	[3] Land-Use Mix	The degree to which different land uses are scattered with the land area.
	[4] Net Retail Area	Indicates density of retail development.
Walking for Recreation	[5] Amenities	Availability of amenities for pedestrians in areas where walking is undertaken such as activity centres and walking trials and parks.
	[6] Public Realm	Amount of active and passive public space available and accessible.
	[7] Aesthetics	Extent to which walking is a pleasant activity in terms of interaction the built & natural environment.
	[8] Safety	Extent to which walking routes & public spaces feel safe & inviting for pedestrians.
Policy Environment		
	[9] Walkability Policy	Extent to which local policies encourage walking.
	[10] Resources	Amount of resources allocated to the promotion of walkability.
	[11] Integrated Planning	Extent to which council policies are linked and the extent to which council departments work collaboratively in the planning process.

Source: Edwards, M., Butterworth, I., & Leslie, E. (2006). *Building health 'into' cities and municipalities: Working with local governments in northern Melbourne to develop walkability indicators.* Melbourne: Deakin University.

[12] Edwards, M., Butterworth, I., & Leslie, E. (2006). *Building health 'into' cities and municipalities: Working with local governments in northern Melbourne to develop walkability indicators.* Melbourne: Deakin University.

In Melbourne, the preparation of Precinct Structure Plans (PSP) by the State Government's Growth Area's Authority with councils has integrated urban design principles of walkability and connectivity into the 'fabric' of all new suburbs being constructed in the six growth corridors. While these new suburbs are currently on the fringe of Melbourne and therefore require travel of some distance by car to get to the terminus of the existing fixed rail network or the central business district of Melbourne they are arguably far better serviced by the infrastructure and design that supports human wellbeing than those suburbs constructed in the 1970's, 80's and 90's in Melbourne's outer suburbs.

A number of middle ring and interface councils are today dealing with a legacy of planning decisions made without consideration of mixed use and transport oriented development and residential development.

Local government plays a key role in the design of new subdivisions, as directed by Clause 56 in the State Planning Policy Framework (SPPF) and also in the maintenance and improvement of the public realm.

Currently councils fund public realm improvements from rates, infringement revenue and government grants. The open space contribution required by councils from developers through the *Subdivisions Act* 1988 could be increased and broadened to include the public realm, additional to public open space.

Recommendation

- ***Establish a mechanism that enables councils to sustainably fund public realm improvements to support walkability in priority areas.***

Open space

There is growing evidence that attractive, well-designed public open space is restorative, reducing mental fatigue and stress. Maller et al (2005)[13] provides a useful review of this literature in an article entitled *'Healthy nature, healthy people: contact with nature as an upstream health promotion intervention for populations'*.

Empirical research findings from this review show that:

- Exposure to nature enhances people's ability to cope with and recover from stress, cope with subsequent stress and recover from illness and injury
- Observing nature can restore concentration and improve productivity
- People have a more positive outlook on life and higher life satisfaction when in proximity to nature (particularly in urban areas)
- The majority of places that people consider favourite or restorative are natural places, and being in these places is recuperative
- Having nature in close proximity, or just knowing it exists, is important to people regardless of whether they are regular 'users' of it.

In addition, access to public open space such as public parks and reserves and facilities such as drinking fountains and benches have been shown to influence the

[13] Maller, C., Townsend, M., Pryor, A., Brown, P., and St.Ledger, L. (2005). Healthy nature, healthy people: Contact with Nature as an upstream health promotion intervention for populations. *Health Promotion International, 21(1),* 45-54.

extent to which people will be willing to walk[14,15]. A study by Giles et al (2005) found that adults who had access to large, attractive public open space were 50 per cent more likely to undertake high levels of walking.

The connection between nature or green space and mental health has implications for planning and design of open space. Publicly accessible open space can include bushland, amenity parks and grasslands, outdoor sports facilities, school playgrounds, vacant land and countryside adjoining an urban area.

Land use planning controls, such as the State Government's ResCode, directly influence the amount of private open space provided in residential areas, and many councils currently cite loss of canopy trees to be of increasing concern. In urban areas, public open space, streets and private open space support extensive canopy trees which are not just for recreation and visual amenity, but also provide habitat and eco system services that improve urban air quality and reduce the urban heat island effect, which causes higher temperatures and associated health implications.

Not all neighbourhoods have equivalent access to green spaces and amenities. One study found in Melbourne[16], public open space in poorer neighbourhoods had fewer amenities to support physical activity in children. In comparison, public open space areas in the highest socioeconomic areas had more amenities (such as picnic tables and play equipment), and were more likely to have good lighting, signage, walking tracks and trees for shade.

Parks Victoria's strategy for Melbourne's regional open space network titled *Linking People and Spaces (2010)* enshrines the connection with nature, and the benefits it delivers, by detailing a series of goals and actions to improve community wellbeing and urban liveability. This key strategy to connect the Metropolitan Trail Network supports a diversity of quality recreational, educational and experiential opportunities within a range of natural and cultural settings.

The *Linking People and Spaces Strategy* is an example of State Government collaboration across municipal regions to deliver desired outcomes and goes some of the way to identifying levels of service which in turn informs the prioritisation of funding and resources. However, the parks charge included on water, sewerage and drainage bills issued to properties has not been applied to land that has been rezoned to be included in the urban growth boundary. This has now resulted in a greater number of people using a greater number of regional parks with no increase in funding.

It is possible to design and redesign public open space for multiple users: sports people, walkers and passive recreational users. Public open space landscaped with trees and shrubs selected to create interest and maximise visibility is likely to increase their use. Well designed public open space is an important component of the recreational mix providing opportunities for physical activity, social interaction and potentially a restorative environment providing some relief from the rush of life in the 21st century[17].

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[14] Giles-Corti, B., Broomhall, M.H., Knuiman, M., Collins, C., Douglas, K., Ng, K., Lange, A., & Donovan, R.J. (2004). Increasing walking: How important is distance to, attractiveness, and size of open space? American Journal of Preventative Medicine, 28, 169-176.

[15] Duncan, M.J., Spence, J.C., & Mummery, W.K. (2005). Perceived environment and physical activity: A meta-analysis of selected environmental characteristics. International Journal of Behavioural Nutrition and Physical Activity, 2, 1-9.

[16] Crawford, D., Timperio, A., Giles-Corti, B., Ball, K., Hume, C., Roberts, R., et al (2008). Do features of public open space vary according to neighbourhood socio-economic status? *Health and Place,* 889-93.

[17] Giles Corti, B. (2006). The impact of urban form on public health, paper prepared for the 2006 Australian State of the Environment Committee, Department of the Environment and Heritage, Canberra

It is also important to consider the increasing impacts of climate change such as water restrictions which affect councils' ability to maintain public open space and residents' ability to cultivate private gardens. Sporting and passive recreation facilities are an integral part of a healthy and liveable locality.

Recommendations

- ***Councils to have an increased suite of funding mechanisms to support the ongoing maintenance of existing open space and to fund new green spaces commensurate with increasing populations***

- ***Align the parks charge to include land within the changing metropolitan boundary.***

Transport networks

Efficient and reliable transport options facilitate lifestyle choices, allowing people to reside close to their sources of employment, food and recreation.

In metropolitan Melbourne, for example, the extent of service frequency of the public transport network has not kept pace with urban development, resulting in many households being dependent on private vehicle usage. The 2007 Australian Bureau of Statistics *Census of Motor Vehicles* showed that 20 per cent of City of Hume households have three or more cars[18]. Likewise, anecdotal evidence from the City of Casey and shires of Cardinia and Melton – three rapidly expanding municipalities – suggests that families rely on two and even three motor vehicles due to the unavailability or infrequency of public transport options.

The State Government Growth Areas Authority (GAA) is responsible for the planning and design of new subdivisions in the six growth areas of Casey-Cardinia; Hume; Melton-Caroline Springs; Whittlesea; Wyndham; and Mitchell. New development in each Growth Area is informed by an overarching strategic document known as a Growth Area Framework Plan which identifies committed transport networks as well as network options for investigation within the context of the location of broad development types, such as residential, employment and open space. Individual Precinct Structure Plans (PSP) provide a more detailed outline for part of a growth area and are prepared in collaboration between the GAA and council.

The PSP process draws on expertise within councils and is largely a public one, directed by various guidelines and practice notes prepared by the Victorian Government. They are subject to the same requirements for public exhibition as any other planning scheme amendment. The relative benefit of the PSPs is that community infrastructure linked to transport networks is planned from the outset and detailed Development Contribution Plans (DCP) outlines the funding source and stages of development for local infrastructure.

The transit orientated development (TOD) approach to transport planning, which aims to develop mixed-use, higher density 'Activity Centre' developments at key nodes on the public transport system, is a key part of *Melbourne 2030* and has been

[18] *The Age*, 14 January 2008

successfully applied to such areas as Docklands, Box Hill and Beacon Cove, resulting in a positive impact on the areas' liveability. There are also several international case studies available to support this approach, including in Vancouver, where public transit patronage has grown rapidly, walking and cycling has grown even faster, and car use has reduced. The examples of TOD provided in the *Creating a city that works: opportunities and solutions for a more sustainable Melbourne* paper are presented as 'win-win' situations. The profits from land development and higher valued land are able to be used to offset the cost of public transport infrastructure, and increased population, retail and commercial activity around the public transport nodes can feed traffic into the public transport system, helping to generate the higher patronage levels. Integrating transport and land use planning in this way also facilitates business synergies and economic growth, and has the potential to create employment opportunities, particularly along the new growth corridors.[19] At a forum for local government planners hosted by the MAV in late 2007, provision of jobs at transport nodes was seen as a greater contributor to liveability than the provision of transport to employment elsewhere – it brings with it the benefits of lower vehicle operating costs, less pollution and a better work/ life balance.[20]

Local government plays an important role in providing ongoing assessments of local transport needs and many councils fill crucial 'gaps' in transport services with community-based bus shuttles. At present, Victorians with disabilities face significant challenges in accessing public transport, particularly people who live beyond the inner metropolitan area. For rural and regional councils, transport options are significantly limited. With an ageing population, the demand for public transport that can accommodate wheelchairs and other mobility devices will increase dramatically over the next decade. Furthermore, with one in four Victorians expected to be aged 60 years or over by 2021, demand for public transport among this cohort will slowly mount as a generation of car lovers forego their private vehicles due to health, environment or economic reasons. This will place considerable demand on Victoria's infrastructure, particularly in outer metropolitan areas where the highest number of seniors will reside and for rural areas also experiencing an ageing of their community. This issue reinforces the need to achieve greater integration of land use and transport planning in order to accommodate the service needs of people into the future and to continually enhance the liveability of Victorian communities.

Recommendations

- ***Acknowledge local government's community transport role and incorporate in transport planning, resourcing and implementation.***

- ***Ensure integrated land use and transport planning based on the principles of social inclusiveness, and environmental and economic sustainability in the new Metropolitan Strategy and proposed Regional Growth Plans.***

- ***Reduce travel times to schools, work, health and community services, and leisure activities, through investment in public transport infrastructure in concert with strategic land use planning.***

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[19] Department of Sustainability and Environment, 'Creating a city that works – Opportunities and solutions for a more sustainable Melbourne', Melbourne, 2007, p 17

[20] MAV Melbourne 2030 Working Group, Melbourne, December 2007

- ***Secure Australian Government matching investment in fixed rail infrastructure to meet the sustainable transport needs of existing and yet-to-be established communities in interface suburbs and fringe areas, and urban areas within regional cities.***

Housing Options

Housing is fundamental to our standard of living and quality of life. An absence of secure housing can have far reaching social and economic consequences including social exclusion, homelessness, poor mental health, income insecurity, and cause families and individuals to experience housing stress. Recent research by the Australian Housing and Urban Research Institute (AHURI) has confirmed the link between housing insecurity and lack of connection to the local community and mental and physical health issues[21].

Affordable housing is currently a key issue for all levels of government as:

- Housing is now less affordable than any other time is our recent history;
- Building of new houses is not able to keep up with demand/population growth and there is therefore an increasing gap between housing supply and housing demand;
- The private rental market is becoming increasingly inaccessible to low income households; and
- Housing costs are rising faster than incomes.

Local government is increasingly concerned with affordable living. Often more affordable housing is poorly located, inefficient in design and has significant running and transport costs for occupants. The cost of housing exerts a decisive influence upon the localities where people can chose to live. As a consequence, conditions within a range of Victorian municipalities clearly reflect a marked concentration of social disadvantage, with particular suburbs and municipalities characterised by high rates of unemployment, early school leaving, poorer childhood development, youth disengagement, violent crime and family violence, and employed residents in manual occupations.

Concentration of disadvantage appears to aggravate existing social problems[22]. Conversely, the benefits of reduced concentration of disadvantage, or of a wider mix of socioeconomic levels among households in a locality, may include more inclusive and harmonious communities[23]. Research also suggests that maintaining an increased social mix of children may reduce prejudice and improve interaction[24], and a mix of housing types allows people to remain in their communities as their lives and needs change, thereby contributing to social cohesion[25].

The Grattan Institute report *The Housing we'd Choose (2011)* describes a comparative survey of the housing preferences of Sydney and Melbourne residents. The findings reveal that the decisions about size, type and location of dwelling that most people would reasonably assume to make when purchasing or renting a home most commonly become tradeoffs for cost. This has driven them to cheaper outer suburbs - home to half of the city's population - but the inner city, where six per cent

[21] AHURI (2009). *Housing Insecurity and its link to the social inclusion agenda.*
[22] Godley et al, 2010
[23] City of Greater Dandenong, 2009B; Planning Institute of Australia, 2010A
[24] Reed, P. (2007). *Revitalizing Central Dandenong*. Office of Housing, Melbourne
[25] NSW Department of Housing (2008). *Local Government Housing Kit*. NSW Department of Housing, Sydney.

of Melburnians live, is still the source of 32 per cent of jobs and 58 per cent of the professional jobs. As described earlier under the transport theme, the outer suburbs have reasonable local pedestrian amenity, but are poorly served by public transport, where their residents have to commute by car. Families often must bear the costs of running several cars and endure traffic congestion and long journeys.

The type of new houses being constructed is much the same as it was a decade ago which is surprising given that social, economic and ecological imperatives for more compact, efficient and sustainable cities have become mainstream in this same period.

Achieving small-scale medium density housing in established areas can be difficult to achieve because of State planning policy and local community expectations. Enabling single dwellings that comply with ResCode to be exempt from planning permit requirements has led to a proliferation of resource intensive single story detached dwellings dominating Melbourne's urban form. This housing type is almost always constructed in Greenfield areas because the supply of land on the fringe is still relatively cheap and higher density development is not cost effective.

Recommendations

- ***Integrate affordable housing options to alleviate concentrations of social disadvantage, through provision of government-subsidised housing***

- ***Use inclusionary zoning in activity centres for social housing and encouraging diversity in all developments of housing types and, where appropriate, mix of uses.***

- ***Ensure State Planning Policy supports the construction of dwelling typologies that are consistent with sustainable urban form.***

Access to food

Today's major public health challenges and health-care costs around chronic diseases such as cardiovascular disease, diabetes and obesity, are all associated with inadequate nutrition.

Large numbers of Victorians, especially those from disadvantaged backgrounds, are affected by food insecurity: they experience irregular access to safe, nutritionally adequate, culturally acceptable food from non-emergency sources[26]. Food insecurity impacts on people's physical, mental and social wellbeing. Immediate effects are anxiety, hunger and a lack of energy. In the longer term, there is evidence that people experiencing food insecurity are more likely to be overweight or obese, or underweight, eat below recommended levels of fruit and vegetables and consume more energy dense foods (high in fat and sugar) as they are often perceived as being more affordable and more filling[27].

Research conducted by VicHealth's Food for All program found that the reasons people experience food insecurity are due to factors such as low income, an inability to walk, drive or carry shopping home, limited availability of public transport or safe

[26] Community Indicators Victoria 2007
[27] VicHealth's Food For All 2005-2010: Program Evaluation Report (2011)

walking routes, inadequate food storage and cooking facilities, and a lack of affordable food outlets in the neighbourhood. Many of these factors related to land use.

Two inner metropolitan councils, Maribyrnong and Darebin, conducted research into access to fresh food premises in their localities and found areas where there are no fruit or vegetable outlets (supermarkets and green grocers) within a 500 metre radius (500 metres is considered a walkable distance in line with the transport directions in Melbourne 2030). Issues of distance and accessibility could be significantly higher for some people in rural and regional communities.

Research findings suggest that local food environments may play a role in the prevention of overweight and obesity. For example, studies have shown that the presence of supermarkets (where majority of people buy their fresh food) is associated with a lower prevalence of obesity and overweight[28]. Research has also shown that low income areas on average contain fewer supermarkets, and have a higher density of convenience stores offering fewer healthy choices, higher prices, and around 2.5 times more exposure to fast food outlets[29]. Because these communities experience lower vehicle ownership rates, problems of access are exacerbated.

In addition, global phenomena such as climate change, peak oil, population growth and the internationalisation of the food system are making food security an increasing concern for all Australians as the capacity to produce and distribute food decreases due to pressures such as water scarcity, diversion of food producing land for production of bio-fuels, land degradation and loss of arable land due to urban growth. Simultaneously there is increasing demand for food as the population grows.

There are a number of areas where land use planning and urban design can play a role in enhancing access to food, both in the short-term and the long-term. The following have been drawn from a new resource that has been developed entitled the Food Sensitive Planning and Urban Design (FSPUD) framework.

Producing Food

- Space and resources are available for food production (e.g. in private and/or community gardens) and under-utilised space is made available for food production (e.g. vacant public land, roof-top gardens, nature strips, railway buffers).
- Public spaces incorporate food (e.g. street fruit and nut trees, herbs and productive shrubs) to increase easy access to food, provide amenity through shade and cooling, demonstrate seasonal variations in the landscape, and create opportunities for social interaction and inclusion.
- Processes for assessing the safety of urban/potentially contaminated land for food production purposes are available.
- The building blocks of food production are integrated within urban design (e.g. infrastructure for water, access to sunlight and soil, fruit trees).

Consumer Access and Utilisation to Food

- Food outlets are widely distributed, enabling access by walking, cycling or public transport.

[28] Morland et al., 2006

[29] King T, Kavanagh AM, Jolley D, Turrell G, Crawford D. Weight and place: a multilevel cross-sectional survey of area-level social disadvantage and overweight/obesity in Australia. *International Journal of Obesity* (2005) 1–7

- Infrastructure and facilities are available for preparation and sharing of food (e.g. public kitchen spaces, pizza ovens, barbeque spaces).
- Food outlets are co-located with other key destinations to facilitate multipurpose trips (however, market forces generally dictate what is placed in a commercial zone. Local government has no power to decide where fresh food premises can be located, other than working in partnership with developers to highlight areas of poor fresh food access).
- Transport planning supports active transport access to fresh food outlets.
- Urban design incorporates food education into the way streets and places are designed and improved (e.g. interpretive signage beside urban orchard trees noting fruit seasons, harvesting details, nutrition and culinary uses).

Waste and Re-Use

- Infrastructure to process food waste and stormwater and to redistribute these resources back to food production is planned for and invested in new developments. Established urban areas are redesigned to meet these objectives (e.g. buildings incorporate rain water tanks to assist in capture/maintaining a reliable supply of water).

Sub-Division Guidelines

- New sub-division guidelines to include water-sensitive urban design provide for private and shared garden space and consider where food access, exchange and interaction can occur within the neighbourhood.

Open Space

- Opportunities for food use can be integrated into outdoor spaces (e.g. possibilities for edible planting, community gardens and city farms, farmers markets, harvest festivals and storage facilities for shared tools) to facilitate the development of robust, multifunctional open spaces within the community. This will require reconciling and managing the many and valued roles of open space.

Overall, land use planning and planners may support, facilitate and lead food security initiatives at a local level through decisions about the use of land. However, this would require a whole-of-government approach and state or federal policy leadership to occur.

Recommendations

- ***Protect viable land for urban agriculture in Victoria, particularly in peri-urban areas and growth areas.***

- ***Ensure that future iterations of Melbourne's metropolitan strategies recognise food access.***

Links between Environment and Health - Summary

The following provides a summary of the key environmental design features that are linked with health-related behaviour and improved health outcomes.

Critical Areas for Health Promotion	Key Environmental Design Features	Evidence-based health-related benefits
Walkability	• Street connectivity– grid design, links to key trip destinations (e.g. activity centres and public transport stops) • Mixed land use – locating developing within easy walking distance (400 metres or a five minute walk) of high quality public transport corridors • Presence and quality of footpaths (Australian Standard is 1.2 metres wide, or two metres in commercial environments) and cycle paths • Amenities – lighting, seating, water fountains, rubbish bins, way finding signage, shade, dog related infrastructure, bike racks near shops, parks and public places – particularly at activity centres, meeting places and along key routes • Active frontages and low fences for good sightlines and passive surveillance • Traffic calming – slow speeds zones, crossings • Aesthetics – greenery, clean (i.e. free from rubbish and graffiti)	• Physical activity (active transport and exercise, recreation) • Social participation and interaction
Transport Networks	• Provide access to activity and shopping precincts by a variety of transport modes, including pedestrians, cyclists and public transport • Amenities - shelter, seating, lighting, timetable information and natural surveillance of stops from nearby houses and buildings • Disability access • Plan new subdivisions based on pedestrian and cyclist movement before fitting road network into the plan • Construction of complete arterial and collector road networks early in the subdivision process to enable bus routes to commence in their optimal (long term) form	• Physical activity (active transport and exercise, recreation) • Social participation and interaction
Open Space	• Adequate public areas are provided within walking distance (up to 800 metres), including open space and a variety of places for social interaction. • Amenities for social interaction e.g. playgrounds, picnic areas, seating, shade, shelter, provision for dog walking, public toilets and places for informal	• Mental health • Social participation and interaction

	activities and gatherings • Amenities for recreation – play equipment, green gyms, and a range of places for organised activities and sports and activity spaces for youth such as basketball hoops and skateboard ramps • Active and passive surveillance over the public realm • Opportunities for food use integrated into outdoor spaces e.g. edible landscapes, community gardens/city farms, harvest festivals and storage facilities for shared tools	• Physical activity • Natural shade/cooling
Housing	• Residential densities over 30 dwellings per hectare to sustain a basic level of facilities within walking distance • Provide housing choice, which promotes a more diverse community and caters for various stages of life (i.e. so people can 'age in place' if desired), maximises infrastructure and land, and supports the provision of public transport	• Mental health • Social participation and interaction
Access to Food	• Fresh food outlets co-located with other key destinations to facilitate multipurpose trips • Space and resources available for food production (private spaces e.g. background gardens, and/or public spaces e.g. vacant public land, rooftop gardens, nature strips, street fruit and nut trees) • Infrastructure for water, access to sunlight, soil, educational signage and food waste • Infrastructure and facilities for preparation and sharing of food (e.g. public kitchen spaces, pizza ovens, barbeque spaces)	• Healthy eating • Social participation and interaction • Natural shade/cooling

Table 2: Links between built environment and health

4) Determine opportunities to influence environmental planning and design for health, including consideration of the role of legislation, guidelines, and public-private partnerships, and the cost and benefits of various options

Legislation, Regulation and State Policy

Land use planning has the potential to increase local amenity through creating more liveable public and private spaces which are walkable, accessible and well located around essential community services, employment and transit.

Victorian councils are aware of the need to build and maintain liveable and 'healthy' municipalities, and the challenges involved. In recent years, numerous guidelines and toolkits have been developed to support council planners consider health concepts in land use planning (e.g. Healthy by Design, Healthy Spaces and Places, Environments for Health). These resources are not statutory measures and are discretionary for planners to use. With competing priorities around economic and environmental impacts, considerations for health can often be neglected.

Despite this, good planning can and does occur. It is important to recognise that local government also supports health and wellbeing outcomes through their Municipal Health and Wellbeing Plans, capital works, service delivery and other key plans such as the Municipal Strategic Statement. Councils invest significant time and resources to planning for the wellbeing of their communities.

Many councils are well advanced in their strategic thinking and works programs in regards to climate change adaptation, universal accessibility, ecologically sustainable development (ESD) features, integrated Transport Oriented Development and high quality public realm initiatives.

However, council planners are often unable to give effect to their strategies through mechanisms such as local policy intent planning scheme. To incorporate strategic planning work into their local Planning Scheme, councils must seek authorisation from the Minister for Planning through an amendment process. The State Planning Policy Framework (SPPF) does not clearly reflect these imperatives, which create tension between State and local government, and contributes to delays amending Planning Schemes.

This undermines community confidence in the ability of the planning system to protect and reflect community values.

Key points:

- Victorian councils invest significant resources in strategic planning, yet key strategic plans including MPHPs and local planning policies are not given much weight if they don't align with the State Planning Provision Framework
- Councils are often at the forefront of this thinking but often lack the capacity to make plans for their community a reality, due to state planning policy gaps and slow decision-making processes.

Recommendations:

- ***Provide greater clarity in State Planning Policy Framework for councils to more effectively integrate health outcomes into strategic planning processes.***

- ***Support councils' capacity to tailor policies and decision making in accordance to local needs and circumstances.***

Differing built and natural environments across local government areas

The existing physical structure of each local government area can be a significant barrier to enhancing the health promoting aspects of the built environment. For example, councils with neighbourhoods established with poor street connectivity, limited open space and limited access to public transport options face significant barriers to enhancing the liveability of the area with many opportunities 'built out' and significant investment required to retrofit. Rural areas are generally low density, with significant distances required to access services found in most metropolitan neighbourhoods.

Metropolitan councils, particularly in the inner areas, benefit from being more dense, with streets set up on a grid-like framework which enhances connectivity. However, they also have old infrastructure and any improvements in these areas are also costly.

Growth areas are facing rapid development and have opportunities to build good design in from the start. However with the rate of growth density provided and urban growth boundaries pushing out, growth area councils are struggling to meet demand for infrastructure.

Outside of metropolitan Melbourne in rural and regional areas, there is often greater open spaces, greater sense of community and lower housing costs. In short, these regional communities often have competitive advantages over their metropolitan counterparts. But many also face the challenges of isolation, shortage of employment options, and services such as health, education, public transport and broadband access, and therefore need additional assistance to build sustainable communities.

Councils raise funds associated with development through special rates and charges, Development Contribution Plans, Public Open Space Contributions (*Subdivision Act* 1988) or clause 52.01 Planning Scheme conditions on permits or voluntary agreements.

Open Space contributions generated through the *Subdivision Act* 1988 are a simple mechanism of funding increasing the contribution required and expanding the scope to include public realm improvements, as Open Space is required.

Development Contribution Plans (DCP), like those developed for Growth Area Precinct Structure Plans (PSP), are useful for greenfield development. However there is no mechanism to improve access to services and transport for those suburbs subdivided in the 1970's, 1980's and 1990's.

Given the disparate challenges to improving local amenity across metropolitan, growth area, rural, regional communities, it is vital that State and local government work cooperatively to improve liveability for local communities.

Key points:

- Challenges facing councils in planning and implementing healthy design principles are shaped by the different environmental characteristics of their municipal area.
- The differences between metropolitan, growth areas, rural, regional communities demonstrate the variation in liveability conditions across Victoria, which should be considered throughout this Inquiry.

Recommendations:

- ***Prioritise local government areas experiencing intergenerational consequences from the legacy of a poor quality built environment for funding under programs such as the Expert Assistance Program and Changing Places Program (formerly Creating Better Places).***

- ***Clarify thresholds and benchmarks for service type and level provision across State and local government to support strategic planning and longer term service planning and delivery.***

Integrated Planning

In order for a 'liveable' or 'healthy' cities approach to be successful, mechanisms for integrated policy and planning across government and across disciplines needs to occur.

Councils play a primary role in implementing State policy locally and are best placed to work through competing policy objectives with communities locally or regionally with other affected councils. The ongoing erosion of councils planning powers is of concern, as has occurred with the fast tracking of projects under the Commonwealth stimulus package, increased call-ins by the Minister for Planning, the creation of Development Assessment Committees and recent changes proposed to the *Planning and Environment Act*.

Key points:

- Emphasis on upstream, determinants of health approach cannot be sustained without a multi-disciplinary partnership approach between various levels of government and non-government stakeholders.

Recommendations:

- ***Clarify the roles of levels of government and various sectors to support an integrated planning approach.***

- ***Articulate how councils can engage with the State Government to more effectively influence and contribute to planning outcomes***

5) Provide recommendations for future planning and investment; and that the committee will consider:

a) The effectiveness of the Environments for Health Municipal Public Health Planning Framework;

b) The State Public Health and Wellbeing Act 2008, the Transport Integration Act 2010 and the Planning and Environment Act 1987

The Environments for Health framework has had a major impact on local government health planning since its launch in 2001. The Framework, which is based on the internationally recognised social model of health, was developed by the Victorian Government to assist local government in the development of their Municipal Public Health and Wellbeing Plans.

A review of the framework in 2006 showed that this resource has helped the conceptualisation of health in local government, as demonstrated by the incorporation of its principles and guidelines in MPHPs across Victoria. Overall, the Environments for Health framework is considered by MAV and Victorian councils to be a useful resource that supports and fosters integrated planning for health.

The usefulness of this framework is strengthened by the legislative support provided through the recently up-dated *Public Health and Wellbeing Act* 2008 which provides a more modern perspective on public health planning that takes into consideration the impact of the built, natural, social and economic environments on health and wellbeing. However, a key issue with this framework is that it is used predominately by health and social planners to encourage integrated planning across other relevant council departments. At this stage, the framework is not recognised to its full potential by sectors beyond health.

Recommendations:

- ***State and Local Government continue the implementation and promotion of the Environments for Health Framework as a key planning resource both in, and beyond, the health sector.***
- ***State Government resourcing commensurate with the responsibility for councils to develop and implement Municipal Health and Wellbeing Plans***

5. Conclusion

The MAV is encouraged by this inquiry to ensure our cities support and protect the health and wellbeing of all Victorians.

The role of local government in creating healthy urban environments is significant. Local government provides the most accessible level of government for local communities to engage with. Councils uniquely hold knowledge about local community needs and can provide a place based approach to resolve, balance and implement competing policy objectives and assist in the delivery of targeted programs and services for State and Australian Governments.

The MAV and councils recognise the need for all levels of government to work together and with the community, to ensure Victorian suburbs and cities are managed sustainably for the future prosperity and wellbeing of all.

Further opportunities for the involvement of councils in the development of any work or discussions stemming from this Inquiry are sought. This will help ensure that decisions made and actions identified for implementation are practical and supported by local government.

The MAV welcomes the Parliament of Victoria's interest and looks forward to participating in the further development of this inquiry.

Appendix A - Evidence based resources on the links between environmental design and health

General

Healthy by Design: A Planners Guide to Environments for Active Living (2004), National Heart Foundation of Australia (Victorian Division)

Active by Design: Subdivision Guidelines and Checklist for Residential Development (2009). Baw Baw Council and David Lock Associates.

Department of Planning and Community Development (2010). The Urban Design Charter for Victoria: 12 Principles of Good Urban Design.

Lette, J., & Wiggins, D. (2010). *Development & Active Living: Designing Projects For Active Living - A Development Assessment Resource & Navigational Tool.* Premier's Council for Active Living NSW. Also see Developers Checklist with Case Studies.

Gebel, K., King, L., Bauman, A., Vita, P., Gill, T., Rigby, A. and Capon, A. (2005) *Creating healthy environments: A review of links between the physical environment, physical activity and obesity.* Sydney: NSW Health Department and NSW Centre for Overweight and Obesity.

Burke, M., Hatfield, E., and Pascoe, J. (2008). *Urban planning for physical activity and nutrition: A review of evidence and interventions,* Griffith University.

Health, place and nature: How outdoor environments influence health and well-being: A knowledge base. Sustainable Development Commission.

Walkability

Planning Institute of Australia (2008). Healthy spaces and places: Toward a national planning guide -

Healthy Spaces & Places (2009) *A National Guide to Designing Places for Healthy Living:*

- *Design Principles for Active Transport*
- *Design Principles for Aesthetics*
- *Design Principles for Connectivity and Permeability*
- *Design Principles for Environments for All People*
- *Design Principles for Mixed Density*
- *Design Principles for Safety and Surveillance*
- *Design Principles for Social Inclusion*

Clause 56 Walkability Toolkit: Making walking preferable, not just possible, City of Greater Geelong and David Lock Associates (2009)

National Heart Foundation Position Statement: The Built Environment and Walking (2009)

Safer Design Guidelines for Victoria (2005). Department of Sustainability and Environment and Crime Prevention Victoria.

Active by Design, Subdivision Guidelines and Checklist for Residential Development, David Locke Associates (2009)

Transport Networks

World Health Organisation (2007). Global Age Friendly Cities: A Guide

Australian Government Disability Standards for Accessible Transport (2002)

Open Space

Healthy Spaces & Places (2009) *A National Guide to Designing Places for Healthy Living - Design Principles for Parks and Open Space.*

Sunarja, A., Wood, G., and Giles-Corti, B. (200x). *A fact sheet on healthy public open space design for multi-users and multi-uses.* Centre for the Built Environment and Health, The University of Western Australia.

Maller, C., Townsend, M., Pryor, A., Brown, P., and St.Ledger, L. (2005). Healthy nature, healthy people: Contact with Nature as an upstream health promotion intervention for populations. *Health Promotion International, 21(1),* 45-54.

Housing

Newman, P., and Kenworthy, J. (2002). *Linking People and Spaces*, Metropolitan Transport Forum.

Access to Food

Food Sensitive Planning and Urban Design (FSPUD): A Conceptual Framework for Achieving a Sustainable and Healthy Food System (2011)

Design for Health (2007). *Promoting Food Access with Comprehensive Planning and Ordinances*, University of Minnesota.

Budge, T., and Slade, C. (2009) *Integrating Land Use Planning and Community Food Security*, La Trobe University.

Slade, C. (2008) *The Role of Local Government in Food Security: A Literature Review*, La Trobe University.

American Planning Association (2007). *Policy Guide on Community and Regional Food Planning.*

The Victorian Parliamentary Outer Suburban/Interface Services and Development Committee (2010). *Inquiry into the Sustainable Development of Agribusiness in Outer Suburban Melbourne.*