Melbourne 2030 Implementation Audit
VicHealth Submission

"*When people consider factors adversely affecting their health, they generally focus on influences, such as poor diet or the need for more exercise. Rarely do they consider less traditional factors, such as housing characteristics, land-use patterns, transportation choices, or architectural or urban-design decisions, as potential health hazards" (Jackson and Kochtitzky, 2001).*

"Today an old partner of planning, public health, has resurfaced and is proving to be an important asset for advancing issues of smart growth, better community design and equitable transportation systems" (Killingsworth and Lamming 2001)

"Meeting the new urban health challenges depends upon reuniting public health and urban planning in the academic world, in the professional arena, in community development and in government" (Duhl & Sanchez, 1999, p. 2).

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VicHealth

Introduction

The Victorian Health Promotion Foundation (VicHealth) welcomes this review of Melbourne 2030 and the commitment to implement reviews every five years.

This submission follows on from a previous VicHealth submission to the Melbourne 2030 planning process (VicHealth 2003), with a focus on transport and health.

Background

VicHealth is a statutory authority with a mandate to promote good health for all Victorians, established by the Victorian Parliament under the Tobacco Act 1987.

VicHealth envisages a community where: health is a fundamental human right; everyone shares in the responsibility for promoting health; and everyone benefits from improved health outcomes.

Our mission is to build the capabilities of organisations, communities and individuals in ways that: change social, economic, cultural and physical environments to improve health for all Victorians; and strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

VicHealth is involved and interested in ensuring local environments promote health and local communities are supported to create places that are conducive to good health.

Submission Summary

Since 2002, several events have highlighted the importance of Melbourne 2030 as a key planning document for Victoria. These include:

- Increasing number of Victorians (all age groups) experiencing overweight and obesity.
- Changing demography (the ageing population).
- Escalating housing affordability and transport issues.
- Climate change, drought, peak oil and its impact on the accessibility and affordability of the food supply system
- Research on the emerging link between physical and mental health and wellbeing and the built environment
- Increasing numbers of Victorians experiencing mental health problems such as stress, anxiety and depression,
- Acknowledgement of links between the built environment and development of cohesive, communities.
- Acknowledgement of links between poor environments and levels of violence and crime.

This submission has been written in the above context, and includes learnings from VicHealth funded projects and feedback from stakeholders.

VicHealth endorses the continued relevance of Melbourne 2030's principles and key directions and their significance for health and wellbeing. VicHealth's response will focus on strengthening implementation in relation to the following elements of the plan:

1. **The principles of Melbourne 2030:** incorporating an acknowledgment of the importance of wellbeing as a desired outcome of urban planning and development.
2. **The key directions of Melbourne 2030**: from the perspective of the potential health benefits of good urban planning at both a metropolitan and neighbourhood level.
3. **Other opportunities to strengthen the plan and progress implementation including:**
   - Whole of government leadership and approaches
   - Resourcing the implementation
   - Development of training opportunities and tools
   - Evaluation, monitoring and research
   - Community engagement

This submission also identifies some of the ways that place may exacerbate health inequalities and suggests some urban planning strategies to reduce health inequalities.

1. Melbourne 2030 - Vision and Principles

VicHealth would like to highlight that although 'health and wellbeing' are considered in Melbourne 2030, and implied in its principles and directions, they are not at all core to the planning framework, as they are in 'world's best practice' frameworks such the London Spatial Plan (Butterworth 2007; Thompson in Deakin 2006). The vision of Melbourne as a city with "… a reputation as one of the most liveable, attractive and prosperous areas in the world" says little about the health and wellbeing of the people in the community.

The idea that health and urban planning are linked is not new (McIntyre et al, Barton et al 2000). From its beginnings, the fundamental purpose of urban planning has been human health and wellbeing. In the 21st century the quality of the urban environment and the nature of development remain fundamental determinants of health. Our urban environment today poses a different set of health challenges from those faced by early public health and urban planning movements, namely exposures associated with chronic disease. However health and wellbeing are still a fundamental goal of, justification for, and outcome from, urban planning.

As a major, progressive and long term strategy for Melbourne the Vision, Principles and Key Directions of Melbourne 2030 should clearly identify health and wellbeing as an explicit outcome of the policy framework. VicHealth believes the explicit inclusion of health and wellbeing will contribute to the 'liveability' and 'prosperity' of the city.

There is considerable support from Victorian planners to incorporate health as an outcome of Melbourne 2030. A study of the views of stakeholders involved in the development and application of planning (urban and health) legislation and policies (Butterworth et al 2005) revealed a desire to further embed health into Melbourne 2030. Planners felt that health could be embedded within the principles of Melbourne 2030, and could be highlighted more.

> *"It is important to put health on the agenda within Melbourne 2030, as health was seen as a key policy driver. In particular, social health was seen as fundamental to the Policy" (Butterworth et al. 2005).*

This was also supported by the Planning Institute of Australia (PIA Vic) as demonstrated by a Call for Action launch *Putting Health at the Centre of Planning,* jointly convened with VicHealth (March 2007). PIA also identified the incorporation of planning for health and wellbeing as a key objective for Melbourne 2030 (Victoria's Strategic Planning Issues, September 2007)

> *"Planning can contribute much towards good health. …. If planning and planners do not embrace this issue, the results of poor nutrition, physical inactivity, social isolation and the associated escalating costs will be our legacy to the future generations"* (PIA , March 2007).

The scope of the vision of Melbourne 2030 and its potential to influence human wellbeing, is considerable; a genuine social transformation. However, the implementation of the plan may not be on track to fully realise this potential. Although urban planning is ostensibly about the physical development of the built environment, the goals of urban planning are essentially social (Barton 2000): Urban planning is a spatial arm of public policy (Whitzman 2006).

From a health and planning perspective it is easier to focus on more straightforward and value-neutral concerns such as Melbourne 2030's impacts on physical activity, than on the broader determinants of health and wellbeing such as social participation and inclusion, the creation of safe and welcoming public space for all and the prevention of violence. Whitzman (ibid.) argues the more transformative aspects of healthy urban planning, such as these, have barely been touched upon in Victoria thus far. The present audit represents an opportunity to take stock and to revisit the long term potential of Melbourne 2030 to create more equitable health outcomes in society, and avoid the risk of the planning process becoming "ossified, complacent and blanketed in technical minutae" (Gleeson 2003 in Whitzman 2006).

Recommendation

- Examine the most effective way to incorporate health considerations in the Melbourne 2030 principles, key directions and outcomes indicators.

2. Key Directions

Key Direction 1 and 2: A More Compact City and Better Management of Urban Growth

Health and wellbeing are linked to the built environment at every level of planning, so it is vital that planning for health begins at the metropolitan level (Thompson in Deakin 2005). Metropolitan planning instruments that encourage more compact urban development, build public transport infrastructure and protect against urban sprawl, are important for human health.

There are clear associations between urban sprawl and health emerging in the international research literature. Research suggests people who live in urban areas characterized by sprawl are more likely to: walk less; have a higher body mass index (BMI); be obese; have high blood pressure; have higher rates of a range of chronic disease (eg arthritis and asthma); and have higher rates of road traffic injuries and fatalities (McCann and Ewing 2003; Sturm and Cohen 2004; Bray et al. 2005). In addition it is postulated mental health problems may be associated with increased urban sprawl, due to long hours commuting, increased social isolation, decline of social capital, reduced sense of place and diminished natural environments (Bray et al. 2005). One American study found that measures of urban sprawl significantly predicted the number of chronic medical conditions and self reported physical-related quality of life (Sturm and Cohen 2004).

These health consequences of urban sprawl are thought to be largely due to four mechanisms: reduced physical activity; increased motor vehicle use; increased air pollution; and increased physical and social isolation (Sturm and Cohen 2004; Frumkin 2002; Frank and Engelke 2000).

A number of the policies under the key directions of Melbourne 2030 are essential in reducing adverse health impacts of urban sprawl including: defining an urban growth boundary; concentrating urban expansion into growth areas served by high capacity public transport; encouraging new mixed use development at activity centres within urban areas and near to current infrastructure; locating a varied range of new housing close to activity centres and sites that offer good access to public transport; and managing the sequence of growth so public transport and other services are available early in the life of new communities.

Given challenges faced in Melbourne's growth corridors reflected in data available through the McCaughey Centre Community Indicators Victoria Project and VicHealth research focusing on social cohesion, it is critical that specific attention and ongoing development of the built and social infrastructures take place. Melbourne 2030 is the key to success in this area.

Recommendations:

- Develop further Victorian research on the social and health impacts of different patterns of urban density, land use, transport and urban design to:
  - further build the evidence base and rationale in support of the plan with commissioned research and evaluation.
  - determine priority areas for action over the life of the plan.
  - monitor the effectiveness of the implementation in producing health and social outcomes.
  - Take advantage of unanticipated results from the policy's evaluation.

Key Direction 5 – A great place to be

The built environment at a neighbourhood level is also vitally important for health. Our local environment influences many of our health related exposures and actions and determines our capacity to be healthy in both subtle and overt ways.

Geographical variation in the health status of Victorians has been clearly demonstrated at a municipal level (DHS 1999). Where people live has an independent effect on people's health and wellbeing, after accounting for individual socio-economic position (Turrell and Kavanagh 2007). Research has found an independent influence of place on smoking behaviour (Giskes et al 2006), physical activity (Burton and Kavanagh 2003), alcohol consumption (Kavanagh et a 2007), mortality, long standing illness, perceived general health, low birth weight, and cardio-vascular risk factors (McIntyre and Ellaway 2003).

Recent Victorian research has demonstrated the impacts of some of these neighborhood level influences on health. The VicLANES project (Kavanagh et al 2007), linked neighbourhood level environmental data to individual data to establish the contribution of environmental variables to health behaviours. Compared to neighbourhoods in high socioeconomic status areas (SES), low SES neighbourhoods:

- had more fast food stores and alcohol stores
- had less total distance of walking paths
- were less likely to perceive that their neighbourhood was attractive and safe for walking
- were more likely to think that there was a lot of traffic in their area.
- were also less likely to have good nutritional knowledge and agree with statements about the health benefits of physical activity.

- were less likely to purchase healthy foods, exercise at levels sufficient for health gains and spend time walking.

This research reinforces the imperative of good urban planning at a neighbourhood level, in supporting healthy behaviours and improving health outcomes and has been used by local government planners to inform policy and planning.

Likewise, with development of the Community Indicators Victoria project by the McCaughey Centre at the University of Melbourne and through conduct of VicHealth research into geographic patterns of race based discrimination, it is possible to ascertain the social and economic environments existing across the state which promote or negate health. The built environment and its impact on the social environment is a key in this picture,

As a consequence of research of this nature we are provided with invaluable planning tools to implement appropriate state and local level strategies and to monitor our success over time.

The ten policy points of Key Direction 5, along with the nine *Neighbourhood Principles: Characteristics of Livable Neighbourhoods* under policy 5.5, are crucial in developing a built environment that can support healthy lifestyles, promote good health and build healthier communities. The key features of the *Neighbourhood Principles* reflect good planning for health such as that outlined in *Healthy By Design* (National Heart Foundation 2004) including: compact, connected and walkable neighbourhoods; with diverse housing stock; clustered community activity centers accessible to homes; a range of safe and attractive public spaces; and a strong sense of place. VicHealth supports the introduction of the *Neighbourhood Principles* into the planning code through the introduction of clause 56 in 2006. However, this must be carefully monitored to ensure that a range of affordable housing is being offered that will suit the needs of different members of the community.

It would be worth while for the Audit to consider how partnerships between urban planners and health organisations could be further strengthened to improve innovation in the design of Melbourne's built environment and make Victoria a world leader in healthy neighbourhood design

Recommendations:

- Explore strategies to further develop partnerships between urban planning, local government, housing, transport and public health organisations to improve innovation in Melbourne's built environment.
- Develop evidence of how local environments influence chronic disease and health including evidence of social, psychological and biological links between specific features of the neighbourhoods and specific health outcomes (Curtis and Rees Jones 1998 in McIntyre and Ellaway, 2003)
- Explore how strategies like mixed use, mixed income communities are not only healthier for residents but may be healthier for developers as they appeal to multiple markets and mitigate development risk (Killingsworth and Lamming 2001).
- Explore how the Neighbourhood Principles could be further developed and expanded. For example along with having open space we arguably also need increased investment in land for urban agriculture (community gardens), especially in areas identified for higher density development
- Include community safety and the prevention of violence remains paramount in the development of Neighbourhood Principles.
- Utilise monitoring systems such as the Community Indicators Victoria project to track projects' successes over time.

Healthy Ageing

Good urban planning is essential to healthy ageing, and the ageing population provides a fundamental rationale for the strategy.

While the dominant epidemics of the 19th and late 20th centuries were communicable and non-communicable (chronic) disease respectively, the dominant epidemics of the 21st century are predicted to be dementia and functional disability: "chronic, progressively degenerative, complex diseases of late life" (Glass and Balfour 2003). Although urban planning in Victoria has still much to do in responding to the challenge of non-communicable disease, it has also to prepare for the onslaught of ageing.

Melbourne 2030's emphasis on a compact city, with walkable localities, an accessible and high quality public transport system, a diverse housing stock, a strong sense of community and place and a protected and accessible natural environment are fundamental characteristics of ageing-sensitive communities (Howe 2001).

> *An ageing-sensitive community provides housing alternatives, a transportation system and a land use pattern that enables people to maintain healthful independence even as their needs change" (Howe 2001).*

Healthy ageing in place also represents a marketing opportunity for Melbourne 2030. An explicit focus on how smart-growth supports healthy ageing will help the message resonate with the baby boomers and the current workforce, and build this groups support for the plan.

Recommendations:

- Engage in more strategic planning around healthy ageing to ensure the implementation of Melbourne 2030 keeps pace with demographic change.
- Invest in research on healthy ageing, urban planning and the ageing population, for example:
    - Gaining a better understanding of how older people negotiate their neighbourhood environment as their capabilities change (Howe 2001).
    - Determining how planning frameworks are supporting alternative housing schemes for older people such as home sharing, accessory apartments, granny flats and senior housing developments (Howe 2001).
    - Investing in research exploring how urban planning can better foster 'lifecycle communities": ie that support the whole life cycle of communities (Howe 2001).
    - Strategic ongoing monitoring of local environmental barriers to public transport, local social and recreational opportunities and activity centres, which: is linked to policy goals and targets; based on the neighbourhood principles; provides information on vulnerable groups; and is modeled on projected ageing of the population.
- Invest in a major campaign to communicate the health, 'healthy ageing' and 'ageing in place' benefits of Melbourne 2030 to Victorians (especially the baby boomer group) and sponsor public dialogue around healthy ageing, the ageing population and the built environment.

Key Direction 6 – A fairer city

While the majority of Victorians enjoy good health, with life expectancy one of the highest in the world, this hides sizeable inequalities for some sections of the community. People with limited access to socioeconomic resources, Indigenous Victorians, people with a disability and migrants with refugee backgrounds all face substantially worse health outcomes than the rest of the Victorian community (VicHealth 2005). They result from some people having inadequate access to essential health and other public services; exposure to unhealthy, stressful living and working conditions and limited lifestyle choices. The equitable provision of built and transport infrastructure that supports health, from affordable housing to community facilities and public transport, is a key role of government.

VicHealth supports the government's commitment to achieve more equitable distribution of social infrastructure through the plan via community needs analysis, work with local government on the provision of community transport services and support for neighborhood houses and well-planned, quality and accessible community sport and recreation facilities and environments.

VicHealth applauds the inclusion of equity goals in the Melbourne 2030 strategy, however, these have not been matched by sufficient infrastructure investments in public transport or housing.

Ensuring housing affordability in planned, new subdivisional areas, and processes to introduce greater social mix within existing areas, are important and underutilized strategies to reduce health and social inequalities. Emerging evidence (Baum 2007) suggests greater social mix can increase 'linking social capital', which allows people with limited socioeconomic resources to associate with people with higher socioeconomic resources. This has impacts on future earnings potential, and actively works to redress imbalances in communities, avoiding the striking feature of Australian urban planning of income enclaves (Ziller, 2006).

VicHealth supports the commitment under policy 6.1 and 6.2 to address housing and infrastructure needs in areas of particular disadvantage, especially where high concentrations of public housing exist, but believes equity must be addressed as a consideration across all areas, and not just within community renewal/ neighbourhood renewal, as people on low incomes live in all areas across the state (Stanley et al 2007).

Recommendations:

- Encourage greater innovation and investment in addressing housing affordability.
- Monitor the impacts of growth on land prices and housing affordability.

Key Direction 7 – A greener city

Public health is becoming increasingly concerned about the potential impacts of environmental degradation on health and more active in advocating environmental sustainability, arguing that sustainability is fundamentally about heath and wellbeing (McMichael 2007).

At a time when climate change is an emerging threat other groups are aiming to position Melbourne as the world's most liveable city in the face of climate change.

A number of the policies under the key directions of Melbourne 2030 are essential in promoting human health through protecting natural ecosystems and providing a built environment that supports sustainable living. These include actions to: increase urban density and limit urban sprawl; reduce greenhouse gas emissions and promote air quality; conserve water and improve water quality; reduce resource use and waste to landfill; and protect significant natural environments and the green wedges of Melbourne from inappropriate development.

The preservation of natural ecosystems and biodiversity are important for the health of Victorians as they provides services essential for health, prevent infectious disease, support food production, support good mental health and are a resource for the treatment of illness (VicHealth 2007).

The protection of high value agricultural lands from development is also important for Victorian's health, most notably food producing regions close to Melbourne.

Recommendations

- Include health professionals in planning and advocating environmental sustainability initiatives.
- Explore opportunities to leverage health arguments in support of sustainability initiatives (eg the protection of biodiversity and a sustainable food supply) and the importance of the effects of climate change on health.

Key Direction 8 – Better transport links

The directions of Melbourne 2030 are in line with key strategies recommended in the WHO Charter on Transport, Environment and Health (1999) including reducing the need for motorized transport by adaptation of land use policies and urban and regional planning, and shifting transport to environmentally sound and health-promoting modes.

VicHealth supports the government's commitment to providing a more sustainable transport system and increasing the numbers of people who use public transport, cycle or walk – particularly to school and work - as important strategies for promoting health (Sitlington 1999). In particular we broadly support initiatives such as:

- Interventions to increase active modes of travel (walking and cycling) including providing safe, attractive and continuous pedestrian and cycling routes and facilities (on and off-road) and completion of the Principal Bicycle Network.
- Integrated land-use and transport strategies complementing public transport upgrades, such as concentrating population growth into established areas and accommodating additional development in areas that are highly accessible to the public transport system, as well as encouraging job and activity concentrations into 'transit cities'.
- Substantial improvements to the public transport system and major upgrades in public transport capability to accommodate increasing patronage.
- Developing incentives for public transport use, including price changes as a means of underpinning efforts to get people to switch transport modes, and major upgrading of the public transport system to make it more attractive.

It may be important for the audit committee to address concerns with the implementation of the transport directions of Melbourne 2030 such as:

- the proposed enhanced public transport infrastructure and system can accommodate the projected increased patronage (CES 2007).
- the incentives in place are sufficient to produce the significant shift in transport mode (CES 2007).
- resources are adequate to sponsor change and monitor trends in progress toward goals (CES 2007).
- Current investment in cycling and walking infrastructure (active transport) is able to meet demand.

Is vitally important that the continued implementation of Melbourne 2030 address equity and social inclusion issues in transport. Increasing fuel prices and relative lack of public transport may place disadvantaged communities in outer areas at risk of greater social isolation, stress and "fuel poverty" (Dodson 2007). Affordability of public transport is a key issue, which may involve reviewing concessionary fares eligibility and fare differentials. Availability and accessibility are also key issues, including the need to define what is an acceptable basic minimum mobility/access provision (MIU 2007).

Recommendations:

- Ensure that planning for transport includes continuing broad consultation with user and advocacy groups including the public transport users group.
- Encourage greater investment in walking and cycling infrastructure (eg funding to make **all** roads safer and more attractive for walking and cycling).
- Support cross government strategies and policies to develop active transport, particularly for children traveling to school.
- Consider the development of a work unit similar to the UK Department of Transport's *Mobility and Inclusion Unit*, which promotes socially inclusive transport, examines the links between transport and social exclusion, analyses the transport needs of different social groups, and liaises with other Government departments.

3. Strengthening the implementation over the next five years

The section below is a set of recommendations, from a health perspective, that span the policy directions above and are relevant to the continuing implementation of the plan.

Two initiatives in the last few years have investigated how planning for health could be strengthened in Melbourne 2030: the Planning Institute of Australia's *Planning for Health Project* (Whitzman 2006) and a Deakin University workshop *Planning Health into Melbourne 2020: Disseminating Preliminary Research Findings* (Deakin 2005). Both these initiatives covered issues and developed recommendations worthy of review by the current audit, some of which are included in the recommendations below.

Updating legislation and simplifying planning for health

To effectively implement Melbourne 2030, it is essential to ensure that the legislation and policy underpinning the implementation is current and can support the implementation of the plan for the next 23 years.

A section of the Planning and Environment Act of 1987 (Vic) inadvertently acts as a barrier to healthy planning under Melbourne 2030. There is no specific objective in the Act related to

planning for optimum health and wellbeing of Victorians. The Act also differentiates between environmental concerns which **must be** considered in planning applications, and socio-economic concerns which **should be** considered (State Government of Victoria 2007, section 60.1).

Research by VicHealth and the Planning Institute of Australia in Victoria (PIA 2006) found that although most planners felt they had a role in creating a healthier community only a minority (26%) considered health issues frequently. Barriers to considering health and wellbeing issues in planning included that health outcomes are not specifically included in legislation or highlighted in the planning scheme. Planners also felt their capacity to plan for health was overwhelmed by their other statutory responsibilities and that they lacked influence.

Not only is there a lack of regulation requiring planners to consider the impact of their work on health, there is also confusion about what other policies/plans exist. For example, policy documents that are relevant to environment and health planning include A Fairer Victoria, Our Environment Our Future, the Health Act (municipal public health planning responsibilities) and the Municipal Strategic Statement. Planners may not be aware of the existence of all these policy frameworks and therefore may not consider them in planning.

Recommendations:

- Update Melbourne 2030 to ensure co-ordination with other relevant policies/legislation to progress the implementation of Melbourne 2030.
- Develop guidelines on how to 'plan for health' for planners, developers and other relevant stakeholders, including the regulatory and policy framework for urban planning and health.

Conclusion

Melbourne 2030 has an achievable vision that attracts support from Victorians. VicHealth looks forward to supporting and participating in the implementation of recommendations arising out of the Melbourne 2030 Implementation Audit 2007.

Finally, the success of Melbourne 2030 will depend on collaboration between key government departments (DSE, DHS, DIIRD, DOI, DPCD and DPI), local government and consumers.

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