Creating healthy built environments: Foundations, principles and key challenges

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Planning for Active Communities & Healthy Built Environments
Planet PIA Training Course

1 August 2018, Sydney
What’s wrong with our health?
How can the built environment support health?
- Physical activity
- Healthy food access
- Social connection
- Healthy planet
Challenges and opportunities
Conclusion
Life expectancy is growing...

For those 65 YO in 2012:

www.aihw.gov.au

Source: AIHW 2010; 2014; 2016
Infectious disease trends

Source: AIHW 2010; 2014; 2016
Obesity prevalence among people aged 25–64: trends

Source: AIHW 2014
Diabetes is seriously on the rise

Prevalence of diagnosed diabetes: trend

Source: AIHW 2014
30% burden of disease is modifiable

Proportion of total burden attributable to the five risk factors causing the most burden, Australia, 2011

Source: AIHW 2016
Health inequalities

Indigenous Australians

People living with a disability

People in lower socioeconomic situations

People in rural and remote areas

Source: AIHW 2014
Planning and health

Strong historical links between the built environment and health
Internationally...

• Major declarations on health - Ottawa Charter 1986
• Recognition of key role of environment for health - social determinants health
• WHO Healthy Cities Network
• The Solid Facts - 2003

What is health?
A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 1946)
Environment - health connection

Health depends on much more than the individual - it embraces every environmental level

Dahlgren & Whitehead 1991

Barton and Grant, 2006
Built environment and health

Increasing evidence linking built environment to human health and well-being

Environments have ‘designed out’ physical activity and social interaction

Unsafe, unfriendly, car dominated environments

Increasing incidence and cost of chronic diseases (physical & mental)
Our problematic sedentary lifestyle

A sedentary and car dominated lifestyle is highly problematic for maintaining physical and mental well-being.

Contributes to the major risk factors for chronic diseases (EG: diabetes; heart disease; cancer; mental illness):

- Obesity
- Physical inactivity
- Social isolation
Healthy place making

Can we create a built environment that supports all people being healthy as part of everyday living?

Research and practice evidence
Healthy Built Environments: A review of the literature

Proposes three ‘domains’ of built environment influence on health

These domains are where planning can have the most impact in supporting health and addressing risk factors for chronic disease

Available on City Wellbeing website with LOTS of other resources:
https://cityfutures.be.unsw.edu.au/research/city-wellbeing/
The three domains

Three key domains of the built environment and health:

▪ The Built Environment and Getting People Active
▪ The Built Environment and Connecting and Strengthening Communities
▪ The Built Environment and Providing Healthy Food Options

Address major risk factors for chronic disease:

▪ Physical inactivity
▪ Social isolation
▪ Obesity
Healthy place making to support and encourage physical activity
Getting people active for leisure

Well maintained and connected footpaths, bike paths and open spaces encourage physical activity
Safety is critical

Policies to make environments safe (and perceived to be safe) from crime and traffic encourage physical activity – especially for children & the elderly.
Sharing
SYDNEY HARBOUR
ACCESS PROGRAM

The project was funded by the Sharing Sydney Harbour Access Program (SSHAP). The Sydney Harbour Foreshore Authority, NSW Maritime Authority and the Department of Planning are the SSHAP funding partners who share the vision to improve public access to, and enhance the recreational enjoyment of Sydney Harbour and its tributaries for the people of Sydney and visitors to the city.
Getting people active for transport
Public transport is a key intervention

Public transport increases physical activity - it must be viable and easy to use, well connected to other uses and other forms of transport.
Access to healthy food

Healthy places support access to healthy food
Farmers’ markets provide access to healthy food.
Community gardens

Multiple benefits!

Healthy food access
Physical activity
Social connection
Nature connection
Edible urban environments create community
Social connection & healthy places

The location and treatment of green and open spaces facilitates contact with nature, as well as contact with community.

Good quality and sufficient green open space is critical for physical and mental health.
Low carbon = healthy
provided inequities are addressed
The effects of climate change are being felt today, and future projections represent an unacceptably high and potentially catastrophic risk to human health.

The Lancet Commission on Health and Climate Change: Policy responses to protect public health 2015
Figure 2: The direct and indirect effects of climate change on health and wellbeing

There are complex interactions between both causes and effects. Ecological processes, such as impacts on biodiversity and changes in disease vectors, and social dynamics, can amplify these risks. Social responses also ameliorate some risks through adaptive actions.

Source: The Lancet Commission on Health and Climate Change 2015
Traditionally, medical science is based on systems within the human body. Planetary health broadens health research to include the external systems that sustain or threaten human health.
Opportunities and challenges

Living closer in higher density
Opportunities and challenges

An opportunity to develop a sharing culture - challenge to the individualist culture
Opportunities and challenges

Focus on public space rather than the private sphere
Opportunities and challenges

Increasing importance of public green open space
Opportunities and challenges

Using spaces differently – parks, streets, green spaces, community facilities – being open to creativity and community spirit – cultural shift
Opportunities and challenges

Refocus on regional development
Health inequalities - Diabetes

Diabetes incidence – Western Sydney Diabetes Coalition
Health inequalities – the long commute

Outer suburb residents, away from railways, drive much more than inner suburb residents (Rickwood, 2006)

Annual Vehicle Km per Household, 2004

- 2.3 – 7.6
- 7.6 – 10.1
- 10.1 – 12.6
- 12.6 – 15.0
- 15.0 – 18.4
- 18.4 – 24.5
- 24.5 – 39.0
Less green space in areas with a higher percentage of low income residents

Conclusion

Supporting healthy behaviour through the built environment

- Work across disciplines - making it ‘normal’ business
- Bridge different knowledge bases and research traditions
- Recognise diversity and appreciate local context
- Appreciating culture is critical - personal & professional
- Planet - People - Health nexus
- Advocate for healthy built environment legislation
- End silo ways of thinking, budgeting and working
- Establish strong partnerships with government, private sector, universities, NGOs and community
- All policy and actions must consider future generations