



UNSW
THE UNIVERSITY OF NEW SOUTH WALES

Strategic Think Tank Report

Consortium Partners & Friends December 2011

Never Stand Still

Faculty of Built Environment

Healthy Built Environments Program



THE HEALTHY BUILT ENVIRONMENTS PROGRAM

HBEP Consortium Partners and Friends of HBEP Think Tank 16 December 2011

Overview of the Think Tank

The Healthy Built Environments Program held an ‘End of Year Strategy Think Tank Meeting’ on 16 December 2011. An update of the HBEP activities was provided and plans for 2012 outlined.

The ‘Think Tank’ focused on the following three broad issues:

1. **RESEARCH:** Ideas for collaborative healthy built environment research projects
2. **ENGAGEMENT:** Outreach/advocacy to engage professionals in healthy built environments – especially those perceived to be ‘disengaged’ or not well informed professional groups (e.g. engineers, health clinicians, designers, conservative planners)
3. **COMMUNICATION:** Communicating the healthy built environments message to the broader community – engaging the media and communicating with political decision makers and community members

Attendees were divided into mixed health and built environment groups (government, private and NGO sector representative were also mixed in the groups). Each group spent about 30 minutes focusing on one of the issues and then considered the next issue – so that all groups brainstormed ideas for the three issues. Specific questions were provided for each of the issues so that discussion was focussed and every group considered similar matters (see Appendix One for the Think Tank Questions). HBEP staff took notes for each group discussion. Following the small group discussions, a report back on each of the broad issues was provided by the HBEP staff member who had recorded all three groups’ ideas for that particular issue.

The summary below was made during the report back. The full notes made during the group discussions are included as appendices to this report.

Summary of Group Discussions

Research

(for full notes from the group discussions – see Appendix Two)

Mechanisms

Collaboration – we need a point of entry – an ‘in’ – we need better ways to communicate

Know about current research skills of partners

Work with lobby groups

Drs for the Environment

Developers; PIA; community groups; different institutes

Target research agendas

Find out what influences local government decision making

Cost benefit analyses – working in collaboration with economists

Possible Projects

Community gardens

Companion animals

HBEs for multicultural communities

Effectiveness of LG Strategic Plans

Case studies of effective HBE partnerships/collaborations

Funding Opportunities

CRC for 'Low Carbon Living' - HBEP has been an important contributor to the successful bid

Heart Foundation

Govt departments

Engagement

(for full notes from the group discussions – see Appendix Three)

Who?

Developers (non-state); engineers; clinicians; politicians; allied health professionals

Professional organisations – e.g. Institute of Engineers; Medicare Local; GP organisations

How?

'New Planner' column published in other magazines

HBEP and HF etc host UDIA event

HF Food Manager – work to incorporate HBEs into agenda

Language used is critical – how do we raise levels of awareness – terminology can be confusing and not agreed – e.g. liveability; productivity; sustainability; systems engineering

2013 World Health Design Congress – opportunity for HBEP?

Better engagement with ROCs – especially WSROC given new CEO

Better engagement with DLG and LGSA

Find champions to help

'Engineering a Healthy Future' – idea for forum for engineers

Communication

(for full notes from the group discussions – see Appendix Four)

Need to decide with whom we want to strategically engage

Take advantage of developments and other opportunities

Doctor/GP walking maps – activity prescriptions

Media training

Personal stories

Link with other professionals – e.g. engineers

Mechanisms

Social media

Flyers - creative

Promotional DVD on HBEs

Communications need to be creative

Engage with the school curriculum and give school talks – engaging young people

Bring key HBE decision makers together – more effective way of communicating

Collaborate with partner media units/organisations – e.g. HF and UNSW

New NSW Minister for Healthy Lifestyles – try and engage with his Office – offers opportunities for rural and regional engagement

Communicating with the community – consider life cycle stages and the different needs/attitudes to/interest in various qualities of HBEs

Develop a HBEs ‘calculator’ for a place to live in (a bit like the ‘walkability’ score) – good way to communicate HBE concepts

Conclusion

A very rich set of ideas was collected from the Think Tank. The HBEP will consider the ideas generated in terms of workloads in current and future Business Plans, and opportunities that arise in relation to research, advocacy and communication opportunities. Priority tasks from the ideas will be discussed with the HBEP Advisory Board and communicated back to the HBEP Consortium Partners and Friends. The HBEP plans to hold another Strategic Think Tank at the end of 2012.

APPENDIX ONE: THINK TANK QUESTIONS

1. Research - Collaborative healthy built environment research projects

How can we work in better collaborative ways on research projects?

What sort of projects might these be?

What are some of the ways that we can facilitate collaborations?

Funding opportunities?

2. Engagement - Healthy built environments outreach/advocacy

How can we better engage professionals in healthy built environments?

Who is currently not engaged?

What about professional groups such as engineers, health clinicians, designers, conservative planners?

What processes can we use to engage these groups?

3. Communication - Communicating the healthy built environments message to the broader community

How can we get the HBEs message 'out there'?

Where are we doing well? Where are we failing?

Who are some of the key people/organisations that we need to communicate with in better ways?

How can we better engage the media and communicate with political decision makers and community members?

APPENDIX TWO – RESEARCH

NOTES FROM GROUP DISCUSSIONS by JENNIFER KENT

1. How can we work better in collaborative ways on research programs?

- We need to use an “in” to collaborate with local government (for example, through community gardens, evaluations of social plans, or exploitation of key “champions” already known within local government).
- We need to get to know each other. What are our collective skills and research interests? This should be informed by a simple audit or survey (eg. “what research are you doing, what interests do you have, what skills do you have?)
- Exploit the opportunities we have in the new Carbon CRC.
- Can we collaborate better with other disciplines within the University, eg. health economists.
- Engage with communities through developers to explore and communicate the demand for healthy built environments.
- Other institutional/professional bodies that might be good to partner with in research include the institute of architects, engineers, surveyors, building professionals, disaster relief (CFS).
- Whatever we do we need to target it – we need to be going to research bodies with their agendas in mind – “push their buttons”, selling ideas.
- We need to do more things like this workshop!!

2. What sort of projects might these be?

- Understanding the health needs of different cultural groups. Supporting different ways of doing physical activity and traditional food production practices for example. Acknowledging the diversity in the community generally.
- What influences decision making at a local government level? How can we inform local government about the public demand for healthy built environments? How can we influencing politics, at the local scale? Community gardens, climate change action plans (eg. co-benefits of health and carbon action plans), open space plans might be easy case studies to use.
- Evaluating the implementation of community strategic plans, one year on. How are they being implemented? Are they working?
- Links between CC, low carbon cities and health. Potentially mal-adaptation, equity issues etc.
- Exploiting the co-benefits framework with climate change.
- Cost benefit studies – anything to get the message out there and influence policy!
- Using the community’s understanding of healthy built environments to better mobilise the community. Do we need to change the way we are talking about healthy built environments? Is the community interested? How important is health in the environment to people?
- Case studies of collaborations in healthy built environment research, how was that idea born? How are we (and can we) engage with (for example) the land

development sector? Local government? Institutionally? For example, what governance processes came to bear in the establishment of the HBEP?

- How can we better work in a collaborative way on research projects? Are we speaking the same language?
- Supportive built environments for companion animals >.<

3. Funding opportunities?

- We need a way to keep an eye on funding opportunities.
- We need a way to bring together a framework to catch opportunities and take advantage of existing grant surveillance lists.
- We should engage more with the UNSW GMO.
- We should lobby government departments, chase the money and be more proactive (not only health but also environment, transport)
- ARC, AHURI, NHMRC (“Partnerships for Better Health” – a funding stream within NHMRC, requires a partner, but now has an urban research stream).
- Private enterprise? Linkages with different companies (eg. recent work with Landcom).
- Maximising UNSW’s new carbon CRC.
- Ian Potter Foundation (healthy communities has recently landed on their radar).
- BUPA Foundation?

APPENDIX THREE – ENGAGEMENT

GROUP DISCUSISON NOTES by EMILY MITCHELL

- **How can we better engage professionals in healthy built environments?**
 - **Who is currently not engaged?**
 - **What about professional groups such as engineers, health clinicians, designers, conservative planners?**
 - **What processes can we use to engage these groups?**

GROUP 1 (Crystal, Robyn, Tony)

- **Developers** are one of the most disengaged groups – they don't perceive their projects in terms of 'healthy planning'.
 - There is a need to change the language used in development sector engagement, and the perception of healthy planning as outside the experience of developers – for example, when Tony spoke at the Landcom Conference and Urban Taskforce, he used terms from the existing development sector dialogue (i.e. sustainability, liveability and productivity). He also noted that it is important to refer to 'health and wellbeing' rather than just 'health' – there is a perception that 'health' is concerned only with diseases, whereas 'health and wellbeing' has a closer link to 'liveability'.
 - There are existing tools which can be used to further engage with the development sector e.g. the Healthy Urban Development Checklist.
 - There are a number of existing partnerships with developers on certain development projects which can be nurtured – i.e. Lend Lease, Stockland, Landcom.
- Relationships also need to be further developed with **engineers**. There is a need for more interdisciplinary interaction on projects.
 - A 'systems engineering' approach should be encouraged, to allow engineers to think beyond the physicality of what they do. There is also a need to create a dialogue with engineers, and for this, it is necessary to explore what they do and what language they use, and relate it back to healthy planning principles. A checklist could then be created (similar to the Healthy Urban Development Checklist) for use by engineers.
- **Health clinicians** were also identified as a difficult group to engage with.
 - Tony noted that there may be an opportunity to engage with 'health service managers': in 2013, there will be an international conference called the World Congress of Design and Health in Brisbane. In the past these conferences have largely been concerned with the design of health facilities (i.e. hospitals), however the next conference will be more concerned with health for people and environments in cities. Tony will be speaking at the conference – this will be a good opportunity to engage with **architects** and **health service managers**.
- **Local and elected officials** (e.g. mayors, councillors) also need to be engaged.
 - The Division of Local Government and LGSA can be approached – presentations were given to these organisations around 2004, but there is a need to re-engage.
 - In local government, health currently falls under community services, and is seen as only relating to that area – it needs to be applied to all Council departments.

- Crystal noted that there has been research on best practice in partnerships/engagement, looking into how these relationships are established, and how they work. There is also a current project being undertaken at RMIT on the multidisciplinary development process of a site in Victoria.
- Another process that can be used to engage professionals is to find champions/units within an organisation, and nurture and encourage them. This is a pragmatic approach which involves identifying opportunities where they exist and working with them, rather than trying to change the view of an entire organisation from the outside.
- Professional associations and organisations can be approached to organise workshops around capacity building – i.e. Australian Institute of Architects, Australian Institute of Landscape Architects, Australian College of Health Service Managers, Transport NSW etc.
 - These workshops would aim to measure awareness and understanding of healthy planning issues, address gaps in knowledge and practice, and develop strategies for engaging the workforce.

GROUP 2 (Susan, Scott, Klaus, Peter)

- **Health clinicians:**
 - Healthy built environments needs to be incorporated into tertiary studies for health clinicians – the social determinants of health are currently not included in health studies.
 - There is a need to show the mutual benefits of engagement.
- **Engineers:**
 - Engineers at Council level have a great influence on local infrastructure, open space and transport.
 - Need to explore the professional associations – Engineers Australia?
 - Need to identify pieces of research which show the cost benefit of healthy built environments and introduce these to the professional organisations and associations. (NB. In this, it is important to be aware of the funding sources used by engineers). Need to debunk the idea that healthy alternatives are more expensive.
 - Process ideas:
 - Write something for an engineer’s association newsletter?
 - University level – relationship between the built environment and engineering faculties – use this to try to engage engineering students.
 - What links do HBEP partners have with engineers? Are any of them working on projects with engineers? Explore this.
 - ‘Engineering a Healthy Future’ – idea for a seminar to engage engineers and talk about the work they do, costs etc.
- Louise Sylvan from the **National Preventive Health Agency** is a potential contact.
 - Need to find ways to help her integrate healthy built environments into the existing framework without ruffling too many feathers in the political arena.
- People from different professional groups could be invited to talk about their particular experience, and then a workshop could be held afterwards – this is a means of drawing people in, after which a dialogue can be established.
 - Need to consider what areas different groups are interested in to establish commonality and mutual benefit (e.g. sustainability, climate change). These can be used as a starting point for engagement.

GROUP 3 (Rebekkah, Jal, Michelle, Diana)

- **Developers:**
 - State development agencies lead the way for engagement.
 - If developers can see a value (i.e. market demand) they will become involved.
 - Process ideas:
 - There is a need to ensure that the idea will be seen as relevant to developers – UDIA has lots of events, and it may be possible to tap into the existing structure.
 - Idea for a HBEP-hosted UDIA event – in partnership with the Heart Foundation and PCAL – around the Healthy Urban Development Checklist and Consumer Survey.
 - PCAL and PIA have contacts within UDIA to start the engagement process.

- **Health clinicians:**
 - There is an issue with getting them to understand causes and prevention.
 - GPs and **Medicare locals** (new version of GP divisions) could be engaged for advocacy work (Michelle noted the example of a GP who is active in promoting walking in the community he works in).
 - Allied Health (i.e. physio, OT, dietetics, exercise and sports sciences etc.) could be engaged through professional development courses, conferences and seminars. Capacity building is particularly important in the field of **dietetics** – around food access.

- The **Heart Foundation Senior Manager for Food Supply** has significant connections within the nutrition/dietetics field – these can be used to engage with nutritionists and dieticians around food access.

- **Engineers** were engaged through the Pedestrian Access Mobility Plans - which were developed but not implemented (costs were cited as the reason for this). This shows however that it is possible to engage with engineers around healthy planning issues.

- Other key contacts include Danny Wiggins, Matt Pullinger (NSW President of the Institute of **Architects**) and Jane Irwin (Institute of **Landscape Architects**) – these people were involved in the NSW Planning Review workshop hosted by PCAL.

- The **LGSA** can be engaged through the Health Policy Officer – link to policy platform through LGSA motions and commitments.
 - Need a champion within Council to get a motion passed – likely sympathetic Councils could be targeted for this (i.e. people who attended the Rodney Tolley Workshop, PCAL contacts)

- **WSROC** and other **Regional Organisations of Councils** need to be better engaged in order to get through to regional Councils and areas.
 - There is a need to mobilise Councils of all different sizes, locations and experiences to act as leaders (e.g. the City of Sydney is a progressive council and provides a healthy example – but not all Councils can relate).
 - Healthy Communities Funding – look to link up with Councils which have applied for this funding.

- Articles similar to those written for New Planner could be submitted for publication in other professional journals which are widely read.

- A representative from the Australasian Housing Institute contacted Michelle about an article in New Planner and expressed interest in informing the **public housing workforce** about healthy planning.
- Conferences - Need to consider whether to hold thematic workshops to engage groups separately, or tack onto existing events, or develop one conference which is cross-cutting and engages all groups.

APPENDIX FOUR – COMMUNICATION

GROUP DISCUSSION NOTES by JOANNA YORK

How can we get the HBEs message out there?

- Redefine who we want to engage
- Major development opportunities such as North West rail link – e.g. we can insert walkability issues into the conversation
- New ideas such as Dr Walking maps – trial them. Pilot studies of ideas. Also research why an idea like this resonates more with some people than others – i.e. do they have a different level of knowledge?
- Make the message relevant to a broader group of people. Speak in their language. Need media savvy-ness
- Good planning doesn't get media coverage. Need a 'sensation component' to get coverage.
- Need personal story or scary statistics
- Through other professional journals e.g. engineering
- Via new Healthy Lifestyles Minister Humphries
- Flyers, magnets to councils, child care centres and health centres so the message is constantly there (although high cost in maintaining and updating)
- Need to be more creative to reach different audiences
- Social media – mainly for young people 14 – 29 y.o. e.g. 'Get Up' campaign
- Finding connection with the people we are trying to talk to. Good examples: Bugger Up billboards campaign, Occupy Campaign.
- Need to hit the nail – but what is the nail?
- Finding a message that resonates with the community
- Humour works
- Take advantage of related issues as they arise e.g. letters to the editor. Need to be reactive, although this takes resources.
- Use internet; including crickey or croaky
- Elizabeth Farrelly keeps this issue on the agenda so connect with her
- Use different methods for different audiences
- HBEP blog
- Leverage existing research – literature review and fact sheets
- Good example: Stephanie Alexander and her Kitchen Garden Program (links with celebrity).
- Promotional DVD – use pictures, interviews and statistics to engage and get the message out there. Would have a lot of bang for its buck.

What are we doing well?

- Early adopters are well engaged
- Governments are well engaged
- Heart Foundation specifically: smoking, food labelling, Healthy Places and Spaces
- Early wins around walking – everyone can do it no matter your age
- Inclusion of walking and cycling targets in revised State Plan

- Links between walking and \$ - more research could reveal more co-benefits
- Media campaigns currently focus on lifestyle change rather than specific ways people can address this e.g. be nicer to cyclists
- Local papers (e.g. Cumberland Newspaper) usually has a column about healthy and wellbeing – offers opportunity for HBEP network to collaborate on a weekly column (less resource intensive than being the responsibility of one organisation to write)
- Literature Review

What are we doing poorly?

- Engaging developers. Need consumers to demand HBEs, need community mobilisation
- Communicating to kids – school age. Equate walking to school with health, also need to focus on parents. Could make it part of PE/PD teaching.
- Heart Foundation – perception of what they do. Not much recognition of active living/active transport principles.
- How to get people interested in HBE.
- Chronic underinvestment in facilities for active transport and planning.
- Need for longitudinal research
- Message is not reaching regional areas
- Political system – difference between sport and recreation and healthy lifestyles portfolios
- Ability of next generation to identify what a healthy lifestyle is
- Safety aspect of healthy living – acknowledging safety as a critical factor in HBEs
- Need for media training

Who do we need to engage?

- People have very specific views of healthy living e.g. distance from shops, public transport, access to services
- Schools/parents/teachers/kids
- Govt organisations e.g. RTA, local councils, who have different priorities
- HF has links to Govt. Could use this connection to advocate HBEP issues
- Perhaps a combined effort of major players in HBE would help.
- Current school programs have narrow focus. HBEP could help convergence between sustainable schools program and health programs
- Public schools (information filters to parents)
- Ministers
- Different media
- Commercial media – use human interest story
- SMH lifestyle section – would attract different audience
- Professional groups
- Clover Moore – leverage off the work she's already done
- Engineers
- Outside the current HBE community – e.g. politicians, decision makers etc
- Schools and school curriculum

Ways to engage

- Through school curriculum
- Pull all decision makers in one area together
- Build up relationships with journalists
- Push idea of co-benefits
- Connect to HF and pool our media resources and efforts - e.g. through joint media releases
- New Minister for Healthy Lifestyles
- Identify the optimal timer in lifecycle to target people – e.g. new house buyers should be aware should be aware of HBE considerations when making their selection
- Recognise there is an individual and collective element to this work. Ensure both are addressed appropriately – both represent opportunities.
- Media training
- Cross knowledge experts
- Use existing media resources, such as UNSW Media
- Engage with local government through community gardens
- Return on investment – would better connect health and the built environment for various audiences
- Volunteer to go to schools – e.g. Bicycles NSW – partner with such organisations



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