

Are Metropolitan Planning Frameworks Healthy? The Broader Context

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ABSTRACT

This paper presents current research examining how metropolitan plans create urban environments to nurture healthy and happy citizens. Specifically, we ask: do metropolitan strategies lay an adequate foundation for neighbourhood and local plans to bring about environments for holistic wellbeing? The paper initially engages with the literature that links city form to the current health crisis facing western nations. The disciplines of urban planning and public health, once united in a mission to clean dirty and polluted cities, are re-aligning to address rising rates of obesity and depression. Using documents such as the World Health Organisation's *Healthy Cities Program*, *Local Agenda 21* and the *Ottawa Charter for Health Promotion*, the paper presents criteria for evaluating the success of metropolitan plans in achieving healthy cities. Selected Australian and international plans are examined against the criteria following a content analysis of health related terminology in the documents. The findings of this assessment provide the material for best practice planning related principles to promote good physical and psychological health for urban dwellers. The focus is on strategies which translate into achievable planning policies, actions and design guidelines at both neighbourhood and local levels.

INTRODUCTION

There is growing concern about the rates of serious physical and psychological illness found in city populations of developed nations. Adult and childhood obesity is on the rise, as are juvenile rates of asthma and diabetes. There are also reports of an epidemic of depression, loneliness and emotional stress. For the first time in 1000 years it is predicted that life spans will decline, largely due to lifestyle related illnesses (Maley and Todd, 2005). An evolving and substantive body of research, much of it from an interdisciplinary perspective, argues that urban planning and current health patterns are inextricably intertwined. Frumkin, Frank and Jackson (2004) directly connect American urban sprawl, with its low residential densities, car dependency, and separation of home and work, with patterns of poor health. They present compelling evidence demonstrating how western city dwellers are becoming increasingly unhealthy. Individuals in these spread out suburban environments are dissuaded from taking regular physical exercise in heavily trafficked, polluted and often unsafe and unpleasant environments. Further, the single family dwelling can be an isolating residential form, particularly for the elderly and disabled. Those who have to travel vast distances to find employment do not have the time or energy to form meaningful relationships with their neighbours. Such a scenario has resulted in a loss of social capital and human connection and compassion.

Australian cities are facing similar challenges. This is linked to an historical failure to integrate health, wellbeing and equity as core considerations of urban planning and development (Butterworth, 2000; Johnson, 2004; Knox, 2003). The culprits are many and underpin urban contemporary living patterns in Australia. They include suburban sprawl, loss of habitat and biodiversity, car dependency, gentrification of inner urban areas, privatisation of public space, and marginalisation of lower income populations. Research indicates that physical environments can encourage and support behaviours that address public health issues of isolation, depression and obesity (Butterworth, 2000; Langton, 2001; Victorian Department of Sustainability and the Environment, 2005).

The first part of this paper engages with the burgeoning literature on urban planning and public health showing how the two disciplines were originally united in their mission to clean dirty and polluted cities. They then went their separate ways but have been reunited – initially by the World Health Organisation in the late 1970s, with the urgency to bring them together growing rapidly in the last decade. Having set the context in which contemporary planning practice is connecting with health, the paper turns to our current research on the ways in which metropolitan plans are creating holistically healthy urban environments. We discuss the determination of criteria to evaluate such plans and the results of a content analysis on strategies from Europe, North America, Asia and Australia. This exercise enables us to assess the selected plans and highlight principles of best practice. The paper concludes by reinforcing the need to bring health into every level of the plan and policy making process. By connecting the two disciplines in a coordinated and systematic way, planning can directly contribute to the achievement of healthy urban environments.

PLANNING'S LONG LINKS WITH HEALTH

Planning originated out of concerns for the health of urban inhabitants. Zoning was created in the late nineteenth century to separate 'dirty', polluting industrial uses from residential neighbourhoods. Alongside the City Beautiful Movement, the suburb was born. This location was idealized as the best place to bring up families in wholesome and healthy circumstances away from the squalor and poverty of the densely packed inner city (Alexander, 2000). Work and family life were increasingly separated and the development of public transportation reinforced this trend. Post World War II housing programs boosted suburban development and the availability of the motor car further fuelled suburban expansion (Mumford, 1961).

It is perhaps ironic that planners are now blaming suburban sprawl and car dependency for contemporary health problems. What was initially seen as the answer to the malaise of urban life is now perceived to be a major health risk for city populations. In order to address this issue, planning is reconnecting with its origins in health promotion. Termed 'healthy urban planning', health aspiration objectives are positioned as a core concern of planning (Barton and Tsourou, 2000:1). The United Nation's World Health Organisation (WHO) initiated and developed the healthy urban planning movement through the 'Healthy Cities Project'. The origins of this go back to 1979 when it was acknowledged that the achievement of community health and well-being lay beyond the health professions (Barton and Tsourou, 2000: 25). This also demonstrated a recognition of the complex nature of the health issues facing rapidly urbanizing nations.

The Healthy Cities approach is based on the understanding that city and urban environments affect citizens' health, and that healthy municipal public policy is needed to effect change (Ashton, 1992). Linking the seminal *Ottawa Charter for Health Promotion* (WHO, 1986) with evidence on the social determinants of health (Wilkinson and Marmot, 2003), 'Healthy Cities Projects' are characterised by broad-based, intersectoral political commitment to health and wellbeing in its deepest ecological sense; commitment to innovation; an embrace of democratic community participation; and a resultant healthy public policy (WHO, 1995; WHO, 1997).

Table 1 shows how the links between health and planning are being considered today as planning reconnects with its health origins.

METROPOLITAN PLANS AND THEIR ROLE IN DEVELOPING HEALTHY CITIES: METHODOLOGY

The first step in our methodology was to establish criteria for evaluating whether metropolitan planning policies embrace commitments to integrating health and urban planning. We undertook a review of key documents, principally the World Health Organisation's *Healthy Cities Program, Local Agenda 21* and the *Ottawa Charter for Health Promotion*. We also used a recently released Australian publication, *Healthy by Design* (Heart Foundation, 2004). Augmented with some additional material, our analysis and interpretation resulted in the establishment of five key criteria.

The next stage was to select a range of metropolitan plans from across the globe. We decided on Europe, North America, Asia and Australia as follows:

- Europe – London - *The London Plan: Spatial Development Strategy for Greater London* (2004)
- North America – Portland – *The Comprehensive Plan: Goals and Policies* (Adopted October 1980; last revised July 2004)
- Australia – *South East Queensland Regional Plan 2005-2026* (Adopted June 2005)
- Asia – Singapore - *Singapore Concept Plan* (2001); *The Singapore Green Plan 2012*; *Singapore Master Plan* (2003)

In relation to the Australian selection, we initially picked the *Sydney Metropolitan Strategy*, but due to delays with its full release we used the Queensland plan instead. Nevertheless, we do provide a preliminary assessment of the *Sydney Metropolitan Strategy Discussion Paper* (2004). Colleagues Butterworth, Palermo and Prosser (2005) are presenting findings on healthy planning in the *Melbourne Metropolitan Strategy*. We did experience some difficulties gaining full access to all documents but have managed to locate sufficient material to undertake a suitable analysis for our purposes here.

We then proceeded to a detailed content analysis of healthy planning terminology in the selected plans. This method enables the researcher to count frequencies of particular themes and then analyse those occurrences for surface and underlying meanings (Rose, 2001). Our aim was to ascertain the ways in which 'healthy planning' had been embedded in the plans.

Table 1: Linking Health and Planning

Health Objective	Current 'Health' Issues/Concerns	Planning Possibilities
Healthy lifestyles	Sedentary, stressful and isolated lifestyle – factors in heart disease, stroke and depressive conditions	Physical environments which provide attractive and appropriate open space; make it easy and enjoyable to walk to local facilities, catch public transport and connect with people
Social cohesion (Sense of belonging)	Isolation from human interaction and friendship networks contribute to depressive conditions; separation of communities	Safe environments, attractive and well used public spaces, culturally appropriate spaces and mixed uses encourage human interaction, social cohesion and sense of belonging
Housing quality (Importance of home)	Poor housing and homelessness – lack of adequate and appropriate physical shelter contributes to poor physical and mental health	Good individual housing design; housing mix – type and tenure; affordable housing; importance of 'home' in self actualisation and creating a sense of wellbeing and belonging to a community (Thompson, 2002)
Access to work	Unemployment leads to financial stress which has severe and comprehensive health implications	Planning and economic policy linkages; provision of local and accessible employment opportunities
Accessibility	Poor accessibility encourages car dependency and resultant inactivity health problems; high air pollution has serious health implications	Physical environments which make it easy, safe and enjoyable to walk to local facilities and catch public transport (which must be cheap and abundant); provision of cycle ways as viable transport options; traffic calming
Local, low-input food production	Inadequate access to cheap, healthy and culturally appropriate food leads to consumption of high energy 'fast' foods – linked to obesity; especially problematic for disadvantaged communities	Provide opportunities for community gardens and fresh food markets; retain small-scale farms and gardens; provide for a mix of food retailers in local shopping centres
Safety	High volumes of traffic cause death and serious injury; also dissuade people from exercising as do concerns for personal safety – over use of the car increases physical inactivity and resultant health problems	Traffic calming and provision of good public transport; provision of safe walking routes and programs for children's journey to school; implementation of Crime Prevention through Environmental Design (CPTED) principles
Equity	Living in poverty results in physical and psychological deprivation; poor access to health facilities; high disease rates and premature death	Low cost housing; accessible local community facilities; local job opportunities; provision of environments that encourage interaction and connection
Air quality and aesthetics (protection from pollution, noise; provision of attractive environments)	Air and noise pollution cause serious disease – breathing difficulties and possibly asthma; loss of hearing; unattractive and polluted environments contribute to inactivity	Provision of reliable, cheap, safe and abundant public transport; reduce car dependency; ensure good design in public spaces; encourage low level energy design (i.e. sustainable development)

Table 1 (ctd)

Health Objective	Current ‘Health’ Issues/Concerns	Planning Possibilities
Water and sanitation quality	High water quality and sanitation are fundamental to good health	Sustainable development criteria for water usage and recycling; flood and run-off mitigation strategies
Quality of land and mineral resources	Contamination of land by waste can have devastating health implications	Recycling strategies in building construction; waste reduction, composting and recycling incentives; protection of urban open space and local food gardens
Climate stability	Increased temperatures are leading to rise in sea levels and extreme climatic events – serious health implications	Encourage sustainable development

Source: After Barton and Tsourou, 2000:13-22

We examined the terms ‘health’, ‘wellbeing’ and ‘safety’ in general policy and specific strategy statements. The word ‘safety’ was chosen as it is fundamental to the provision of a healthy city (see Table 1) and is already well established in Crime Prevention through Environmental Design (CPTED) analyses in planning practice. Each statement was read for its context to ensure that it was used in relation to an aspect of healthy urban planning. Accordingly, we did not include provisions such as ‘...employment in health and education...’ (London Plan, S1.41).

The results of the content analysis were then used as the starting point to evaluate how the different plans incorporate the five key criteria for healthy planning. We used this final aspect of the analysis to identify principles for best practice.

METROPOLITAN PLANS AND THEIR ROLE IN DEVELOPING HEALTHY CITIES: DEVELOPING THE CRITERIA

Metropolitan plans have an important role to play in creating and supporting the development of healthy cities. Metropolitan plans set the framework for all other plans – in some respects, they are the inspiration for the detailed strategies and specific guidelines found in plans at the regional, neighbourhood and local levels.

Using the World Health Organisation’s *Healthy Cities Program*, *Local Agenda 21*, the *Ottawa Charter for Health Promotion*, and the Australian Heart Foundation’s *Healthy by Design*, we developed our own evaluative criteria for assessing the success of selected metropolitan plans in achieving healthy cities. In this section we summarise the relevant material from the key documents and conclude with the criteria derived from this exercise.

Healthy Cities Programs (WHO, 1995; 1997)

Characteristics of Healthy Cities Programs:

1. Commitment to health - affirms the holistic nature of health - its physical, mental, social and spiritual dimensions. Promotion of health and prevention of disease and assumption that health can be created through the cooperative efforts of individuals and groups in the city.
2. Political decision-making - recognition that housing, environment, education, social service and other programs of city government have a major effect on the state of health in cities.
3. Intersectoral action - process whereby organizations working outside the traditional 'health' sector recognise how their activities contribute to health (e.g. urban planning creating environments which encourage physical activity).
4. Community participation - community input at all levels of health provision and intersectoral policy development.
5. Innovation - promoting health and preventing disease through intersectoral action in an innovative context.
6. Healthy public policy.

Local Agenda 21 (UN, 1989)

Focus on local authorities, supported by national governments and international organizations should be encouraged to take effective measures to initiate or strengthen the following activities:

1. Develop and implement municipal and local health plans by encouraging intersectoral committees; 'enabling strategies' which create supportive environments for health; strong public health education; development of personal skills in primary health care; and promotion of community-based activities for the disabled and the elderly.
2. Survey existing health, social and environmental conditions in cities, including documentation of intra-urban differences.
3. Strengthen environmental health services by adopting health impact and environmental impact assessment procedures; and providing basic and in-service training for new and existing personnel.
4. Establish and maintain city networks for collaboration and exchange of models of good practice.

The Ottawa Charter for Health Promotion (WHO, 1986)

Key principles for healthy cities:

1. Build healthy public policy – across all policy agendas in a committed, coordinated and systematic way.
2. Create supportive environments – social responsibility and an ethic of care.
3. Strengthen community actions – empowerment, self help, social support and participation.
4. Develop personal skills.
5. Reorient health services – shared responsibility across professionals and communities.
6. Moving into the future - individual choice and control; health for all.

Healthy by Design (Heart Foundation, 2004)

While this publication focuses on specific design considerations to facilitate healthy planning outcomes, it is set within a supportive intersectoral and plan making context.

Design guidelines incorporate:

1. Well planned networks of walking and cycling routes
2. Streets with direct, safe and convenient access
3. Local destinations within walking distance from homes
4. Accessible open spaces for recreation and leisure
5. Conveniently located public transport stops
6. Local neighbourhood fostering community spirit

We also drew on the key health objectives as outlined in Table 1 (Barton and Tsourou, 2000) and Duhl and Sanchez (1999). The resultant criteria for assessing whether metropolitan frameworks are healthy are presented in Table 2.

Table 2: Healthy planning criteria for assessing metropolitan plans

Criteria	Description	Key Sources
Community participation	Strengthen community participation and empowerment in healthy planning	<i>Ottawa Charter</i> <i>Healthy Cities</i>
Intersectoral action	Responsibility of many levels of government, organisations and individuals to ensure healthy public policy and healthy city outcomes	<i>Ottawa Charter</i> <i>Healthy Cities</i> <i>Local Agenda 21</i>
Supportive environments	Provide physical environments that support and encourage healthy behaviours such as walking, social interaction and catching public transport	<i>Local Agenda 21</i> <i>Healthy by Design</i>
Safe, accessible and equitable urban design	Promote feelings of safety in the built environment and fair access to employment and other facilities. Ensure urban form - housing density, transport infrastructure, community facilities, etc promote physical and psychological health	<i>Healthy by Design</i>
Appropriate policy formulation and review	Ongoing review of policy and actions to ensure continued effectiveness and appropriateness in light of changing needs; use of most innovative measures	<i>Ottawa Charter</i> <i>Local Agenda 21</i>

METROPOLITAN PLANS AND THEIR ROLE IN DEVELOPING HEALTHY CITIES: CONTENT ANALYSIS

In this section we present the results of the content analysis of the selected plans. As background, we provide an overview of each plan's objectives and main sections. The content analysis of the terms 'health', 'wellbeing' and 'safety' follows in tabulated format for each plan. Only terms referring to human health aspirations are included. For example, we did not include mentions of the word 'health' in the context of economic goals or contaminated land issues as this was not considered directly relevant to the implementation of healthy urban planning. Multiple use of the word in the same paragraph has been counted as one occurrence of the term. **Shaded** mentions indicate the presence of both 'health' and 'safety' in the same paragraph or policy statement.

The London Plan

The London Plan (LP), which is the responsibility of the Greater London Authority, sets the comprehensive strategic direction for the city. The Plan is a 317 page document (not including appendices) and sets the framework within which individual boroughs must position their local planning policies (LP Introduction). The Greater London Authority Act 1999 stipulates that the LP encompass strategic issues for the city. Three overarching and interconnecting themes must be addressed:

- Health of Londoners
- Equality of opportunity
- Sustainable development

The London Plan acts as an integrating framework for other city wide strategies on transport, economic development, biodiversity, air quality, waste management, noise, energy and culture. The Plan has 2020 as its end point and was prepared in three stages over three years with substantial community consultation and input. The Mayor, Ken Livingstone, has provided his vision for the city of London as a strong preface to the Plan. The vision statement is based on three interwoven themes (economic growth, equity and sustainability) and six objectives. The Plan is subject to a comprehensive annual review.

The Plan encompasses six chapters which intersect with the Mayor's objectives.

- Chapter 1 – Positioning London (London's place in the world; key influences and drivers of change)
- Chapter 2 – The broad development strategy (spatial strategy, sustainable development)
- Chapter 3 – Thematic policies
 - Living in London (population growth)
 - Working in London
 - Connecting London (transport accessibility and development opportunity)
 - Enjoying London (quality of life)
 - Chapter 4 – Crosscutting policies
 - London's metabolism (environmental policies)
 - Designs on London (quality of life, heritage and design)
 - Blue Ribbon Network (Thames River network)
 - Chapter 5 – The sub-regions (partnerships for Sub-Regional Development Frameworks)

- Chapter 6 – Delivering the vision (key performance indicators , monitoring and review)

Table 3: London Plan Content Analysis

Term	Location in Plan (section / policy & page)	Total
Health	vii, (preamble), viii (3), xx (4); objective 2 (7); objective 4 (9); 2.3 (37); 2A.1 (38); 2A.4 (42); 2.14 (44); 3.4 (53); 3.23 (60); 3.24 (60); 3.55 (68); 3.64 (70); 3.65 (71); 3.67 (71); 3.68 (72); 3.71 (73); 3A.17 (75); 3.80 (76); 3.81 (76); 3.82 (76); 3A.18 (76); 3.84 (77); 3.85 (77); 3A.19 (77); 3A.20 (77); 3.87 (77); 3.88 (78); 3.89 (78); 3A.23 (80); 3A.24 (81); 3.149 (99); 3.221(131); 3D.1 (122); 3.231 (136); 3D.7 (142); 3.245 (143); 3.254 (147); 4.3 (155); 4.15 (163); 4.30 (170); 4.31 (170); 4.52 (180); 4.74 (193); 4.109 (207); 6.6 (282); 6A.4 (286); 6.24 (288); 6.3 (289); 6.24 (287); 6A.9 (296); 6.48 (298), 6.52 (299); 6.66 (302); 6.86 (312).	56
Well being	1.59 (32); 4B.10 (182).	2
Safety	viii, xx (preamble); objective 2 (7); objective 4 (9); 2.3 (37); 2A.4 (42); 3.4 (53); 3.67 (71); 3.68 (72); 3.70 (73); 3.76 (74); 3A.21 (78); 3A.22 (79); 3.181 (112); 3C.9 (112); 3C.12 (116); 3C.15 (120); 3.197 (120); 3C.20 (123); 3.203 (124); 4.8 (159); 4.33 (171); 4.39 (174); 4.40 (175); 4B.9 (182); 4.101 (204); 6.9 (284); 6.24 (288); 6.48 (298).	28
Total		86

The Portland Comprehensive Plan

Portland's Plan was first undertaken in 1980 and has had a series of reviews since that time (the last review being in 2004). Legally the Plan sits under Oregon's 'State Land Conservation and Development Commission' (LCDC). The document is 194 pages (not including appendices). The structure of the Plan follows the 1980 template with revisions, be they new policy inclusions or simply re-workings of previous clauses, included throughout. Footnotes in the Plan refer to the relevant Ordinance and date of the amendment. The Plan includes the original 1980 introduction, as well as a more recent 'Vision for Portland'. The Preface includes terminology such as 'dynamic', 'inspiration', 'guidance', 'direction for growth' and 'responsive to change' as central tenets of the document.

The Plan has 12 sections where policy statements and specific objectives are outlined. In order, the topics covered are:

- Metropolitan coordination
- Urban development
- Neighbourhoods
- Housing – supply, safety and quality, opportunity, affordability
- Economic development
- Transport
- Energy
- Environment – air quality, water quality, noise, land resources, radio frequency emissions
- Citizen involvement
- Plan review and administration
- Public facilities – waste, parks and rec, public safety – fire and police, schools
- Urban design

Table 4: Portland Plan Content Analysis

Term	Location in Plan (section / policy & page)	Total
Health	Policy 4.4 (31); 4.15 (36); 6.3 (46); 8.26 (144); 11.1 (157); 11.23 (182); 11.50 (186); glossary / community development definition (206)	8
Well being	-	
Safety	3.7 (25); 3.8 B (25); 3.8 E (26); K (26); 3.9 A (27); 3.9 E (27); 4.4 (31); 4.6 (31); 4.15 (36); 5.6 (39); 6.3 (46); 6.3 F (46); 6.5 B (47); 6.15 (63); 6.15 B (63); 6.22 D (65); 6.26 (67); 6.37 D (96); 6.37 E (96); 6.37 H (96); 8.26 (144); 11.9 (160); 11.10 B (161); 11.10 H (161); 11 F (185)	25
Total		33

South East Queensland Plan

The South East Queensland (SEQ) Plan 2005 – 2026 was prepared by the Queensland Government’s Office of Urban Management with the councils of the region. The Plan covers the rapidly growing area of South East Queensland which has been subject to non-statutory regional planning attempts in the past. It was not until the current Plan that this situation was formalised in legislation with the establishment of the Office of Urban Management in 2004 (OUM, 2005). While not for a specific city, the SEQ Plan extends from beyond Noosa Heads in the north to Coolangatta in the south, Toowoomba to the west, and includes the Brisbane metropolitan area.

Sustainability principles underpin the Plan, which has a strong environmental focus. Nevertheless, communities are also featured. The document of 137 pages (including appendices) comprises 12 chapters as follows:

- Sustainability (outlines regional state of the region indicators)
- Natural environment (includes biodiversity)
- Regional landscape (includes open space and recreation)
- Natural resources
- Rural futures (includes rural land use and social planning issues)
- Strong communities (encompasses social planning; disadvantage; safe and healthy communities; community engagement and capacity building; place identity; heritage)
- Engaging Aboriginal and Torres Straight Islander Peoples
- Urban development
- Economic development
- Infrastructure
- Water management
- Integrated transport

Table 5: South East Queensland Content Analysis

Term	Location in Plan (section / policy & page)	Total
Health	Regional vision (9); sustainability (22); sustainability (23); natural environment (26); strong communities (50); 6.1 notes (51); 6.3 notes (52); 6.4 safe and healthy communities (53); 8.3 urban character and design (68); regional activity centres (71); 11.3 water supply (102); integrated transport (106).	12
Well being	-	
Safety	Regional vision (9); sustainability (22); sustainability (23); strong communities (50); 6.1 notes (51); 6.4 safe and healthy communities (53); 8.3 urban character and design (67); 8.7 integrated transport and land use planning (77); 12.2 sustainable travel and improved accessibility (108).	9
Total		21

Singapore Concept Plan

The Singapore Concept Plan details the City's vision for the next 40 to 50 years, based on a population scenario of 5.5 million (URD, 2005). The focus is on the scarcity of land and the ways in which growth will be accommodated. Land for housing, industry, infrastructure, water catchment and military purposes are highlighted as critical needs. The Plan has seven key proposals under the topics of housing, recreation, business and identity:

- New homes in familiar places
- High-rise city living - a room with a view
- More choices for recreation
- Greater flexibility for businesses
- A global business centre
- An extensive rail network
- Focus on identity (URD, 2005).

The content analysis of the Singapore Plan revealed the following:

- The terms 'health' or safety are not referred to in the explanatory pages provided on the web (URD, 2005).
 - *The Singapore Green Plan 2012* is an additional strategic planning document composed by the Ministry of the Environment and Water Resources for the achievement of more sustainable practices throughout Singapore. Healthy urban planning terms were not found in this document in the precise context sought; however there is a chapter called 'The Unseen Opponents' that concentrates on protecting the public from communicable and sanitary based diseases.
 - *Singapore Master Plan* (2003) is statutory planning framework; again 'healthy' planning is not evident.

Sydney Metropolitan Strategy Discussion Paper

While the Sydney Plan has not been completed and is currently in a state of flux due to recent state government changes, we examined the 28 page discussion paper for its mention of healthy related terminology. Although the term 'health' does appear in the discussion paper it is used to communicate broad environmental goals rather than healthy cities objectives. Overall, the content analysis reveals scant attention to healthy cities aspirations. Based on this scenario, it appears that Sydney's metropolitan strategy is not on track to have health promotion as a key or core planning concern. We will be using this research to lobby for a different outcome.

Table 6: Sydney Greater Metropolitan Discussion Paper Content Analysis

Term	Location in Discussion Paper (theme & page)	Total
Health	Employment (6); getting the balance right (10); direction 6 (19); direction 8 (21).	4
Well being	-	
Safety	Getting the balance right (10); Directions for managing the changing region (12); Direction 4 (17)	3
Total		7

METROPOLITAN PLANS AND THEIR ROLE IN DEVELOPING HEALTHY CITIES: EVALUATING THE PLANS AGAINST THE CRITERIA

In this section we evaluate the most complete and detailed metropolitan plans against our five key criteria for healthy city planning. This facilitated the determination of best practice principles. We used the results of the content analysis as a starting point for the assessment of the selected plans. We also referred back to the entire document in assessing performance against our criteria.

London

Health is embedded in the London Plan. Not only is health established as a key interconnecting theme at the outset of the Plan, it is defined in a comprehensive way as a legitimate core concern of the city's metropolitan planning framework. The contribution of open space to both physical and psychological health is also acknowledged (S3.221). Further, the Plan provides a clear role for the city to guide local authorities in achieving healthy environments by using strategic provisions in local plans and development assessment.

Health is far more than the absence of illness; rather it is a state of physical, mental and social wellbeing. A person's health is therefore not only linked to age and gender, but to wider factors such as education, employment, housing, social networks, air and water quality, access to affordable nutritious food, and access to social and public services in addition to health care. The Mayor will, in collaboration with strategic partners, produce additional guidance to boroughs on promoting public health (S3.87).

Community participation

As stated earlier, the community was formally involved in the formulation of the London Plan. The Plan sets out objectives to address the exclusion of particular communities from 'mainstream activities that other Londoners take for granted'. The Plan identifies particular issues facing these groups which interfere with their full participation in the life of London as equal citizens. Issues of discrimination, concerns about personal safety, difficulties in accessing facilities and services, along with poor access to housing and employment are highlighted. Groups include disabled Londoners (S3.64); older people (S3.65); children and young people (S3.66); women (S3.68); London's black and minority ethnic groups (S3.69) – estimated to be a third of all Londoners; gay men and lesbians, bisexuals and trans people – estimated to be 10 per cent of the population of London (S3.70); and refugees and asylum seekers (S3.71). While not stated explicitly, meeting people's needs is central to the London Plan.

Intersectoral action

Working across different government sectors in an integrative, coordinated and

comprehensive manner is a key objective of the London Plan, both for its own outcomes and the ways in which local authorities need to work. The Plan sets out a program to integrate 'spatial policies with policies for neighbourhood renewal, better health, improved learning and skills, greater safety and better employment and housing opportunities' (Policy 2A.4). In other sections of the Plan housing and transport provision (Policy 3C.9) are discussed in relation to the key role that different agencies will play in achieving healthy city outcomes.

Local boroughs are urged to assess the need for community and ancillary services such as local health facilities, schools and public open space when considering development proposals for large residential sites (S3.23). Consideration involves 'close liaison among borough planning, housing and social services, health authorities and hospitals, the voluntary sector and private care providers' (S3.55).

Supportive environments

The London Plan includes policies to improve conditions for walking (Policy 3C.20) and cycling (Policy 3C.21). Not only is there a strong endorsement of the roles that safety and the reduction of traffic congestion play in the provision of supportive environments, the Plan also highlights the need to make the experience of walking and cycling a pleasant one. This is essential if it is to become a viable alternative to private vehicular transport (S3.203). The Plan incorporates a strategic network of promoted walking routes (map 3C.4). It also has trickle-down provisions to encourage the promotion of supportive environments in local plans. For example, Policy 3A.20 'Health Impacts' states:

Boroughs should have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough.

In encouraging walking Unitary Development Plans (UDP) policies should:

...ensure that safe, convenient, accessible and direct pedestrian access is provided from new developments to public transport nodes and key land uses, taking account of the need to connect people to jobs, to town centres and to schools (Policy 3C.20).

And in development assessment, adequate controls for siting and managing scale, density, design and mix of land uses, together with the associated provision for parking, are needed if reductions in traffic are to be delivered and conditions for those using public transport, walking or cycling improved (Policy 3C.16 'Tackling congestion and reducing traffic').

Safe, accessible and equitable urban design

This criterion is closely related to the provision of supportive environments for health. The key provisions in the London Plan relate to compact city form and the use of design guides for safety such as 'Secured by Design' and 'Designing out Crime' (S4.40). Compact city principles focus on well designed and integrated mixed-use development. The Plan suggests a 'balance of housing, employment, commercial and other community facilities in the same area'. It stresses the importance of good design to reduce noise and any other problems (S4.39). There are also sustainability provisions to cut consumption of resources and greenhouse gases, thereby contributing to good health (S4.52).

Appropriate policy formulation and review

The Plan is subject to continuous monitoring and every year a report must be prepared to detail necessary alterations as a result of the review process.

Portland

The Portland Comprehensive Plan focuses more on safety than health (see content analysis in Table 5). Nevertheless, it does embody strong directions for urban containment and the use of walking and cycling as viable transportation options. And while it does not incorporate healthy cities principles per se, the emphasis on supporting physical infrastructure indirectly advocates and reinforces healthy behaviour.

Community participation

Section 9 of the Plan ‘Citizen Involvement’ has as its objective to ‘improve the method for citizen involvement in the on-going land use decision-making process and provide opportunities for citizen participation in the implementation, review and amendment of the adopted Comprehensive Plan’. Specific clauses under this objective ensure that community participation is woven throughout the entire document, including intersectoral actions (S9.4).

Intersectoral action

There is reference to the linkages between the city plan and different providers of health, education, transport and community services. The relationship between the Portland Plan and various neighbourhood plans is set out in ‘Neighborhoods: Policies and Objectives’. A strategic direction for different neighbourhoods is broadly sketched at this metropolitan level. The provisions embrace local difference as well as focusing on common issues such as physical appearance to ensure neighbourhoods are enjoyable places in which to live, streets are safe and there is affordable housing choice.

In other parts of the Plan there are provisions on transport (S6.1) and the need to coordinate state and federal agencies, local governments, special districts, and providers of transportation services when planning for and funding transportation facilities and services.

Supportive environments

Both overarching objectives and specific clauses for neighbourhood plans are employed to encourage cycling and walking. Under ‘Pedestrian and Bicycle Policies’, several objectives address improvements for pedestrians and cyclists, including all aspects of vehicular safety (Objective B ‘Public Rights-Of-Way Goal and Policies’ - S11.9; Objective D ‘Pedestrian and Bicycle Policies’; S6.22 Pedestrian Transportation). The Plan also includes the development of safe routes to schools (Objective D ‘Public Rights-Of-Way Goal and Policies’ - S11.9). Pedestrian and cycling connections between neighborhoods and parks, institutions, and commercial areas are important and incorporate design considerations as well as general objectives.

Safe, accessible and equitable urban design

Also related to ‘supportive environments’ the Plan promotes a ‘compact urban form by supporting development in high-priority 2040 Growth Concept areas, including facilities and improvements that support mixed use, pedestrian-friendly development and increase walking, bicycling, and transit use’ (Objective A ‘Public Rights-Of-Way Goal and Policies’; S11.9)

Appropriate policy formulation and review

Part 10 of the Plan is its 'Review and Administration' section. The goal is to ensure that periodic reviews keep the Plan up-to-date and importantly, workable as a framework for land use development.

South East Queensland

The SEQ Plan establishes health as a key objective. This is reinforced throughout the Plan, as is the relationship between health and sustainability. Chapter 6 'Strong Communities' includes an entire section (6.4) entitled 'Safe and healthy communities'. The Plan states, 'There are strong links between the physical environment, socio-economic issues and community health and wellbeing'.

Community participation

The Plan encompasses fairly typical community participation provisions. Public involvement was part of the preparation process and will be an ongoing feature of the Plan's implementation and evolution. This will comprise input from the public in the form of interest and advisory groups to the Office of Urban Management (OUM) to assess the Plan's policy effectiveness.

Intersectoral action

The Plan advocates a whole-of-government approach to infrastructure and services planning, programming, budgeting and review. This is done via a Regional Infrastructure and Services Coordination Group made up of key state agencies. The Plan's targets, projections and strategic directions are to be used by these agencies in their infrastructure and services planning ('Implementation and Monitoring', p. 123).

Supportive environments

The Plan specifically encourages the development of supportive environments for health and clearly links safety and health. Indeed, Chapter 6 'Strong Communities' includes a whole section entitled 'Safe and Healthy Communities' (S6.4, p. 53). The stated principle is to 'create well-designed, safe and healthy local environments, encourage active community participation, promote healthy lifestyles and prevent crime'. Specific policies set out how this is to occur:

- *Improve community health and safety by using best practice urban design, local transport investment, community engagement and social planning practice (S6.4.1)*
- *Create safe urban and rural environments by providing appropriate social infrastructure and involving local communities in planning activities (S6.4.2)*
- *Incorporate community health and safety issues in the planning and development of new urban areas and redevelopment sites (S6.4.3).*

Other sections of the Plan and supporting strategic documents strengthen the Plan's policy direction for supportive environments. Walking and cycling networks are acknowledged for their sustainable transport and health outcomes (Desired Regional Outcome 12, p 106). *The Action Plan for Pedestrians 2004-2006*, serves to specifically guide 'initiatives to improve pedestrian safety and to encourage walking' (S12.2, p. 108).

Safe, accessible and equitable urban design

The Plan demonstrates a strong understanding of the key role that design plays in achieving healthy cities.

Thoughtfully planned, developed and managed open space systems are essential to the quality and health of urban living. The ability to easily access high quality open space close to home or work can significantly contribute to the liveability of an urban area and the health of the community ('Urban Character and Design', p. 63).

The policy note supporting 'Safe and Healthy Communities' (S6.4, p. 53) also demonstrates the depth of commitment to achieving well designed urban areas to ensure healthy communities and safe environments. It mentions both physical and psychological health in key strategies, including:

- Use of Crime Prevention through Environmental Design (CPTED) principles
- Connectivity between safe, convenient and legible pathways and places of activity
- Use of cycling and pedestrian networks, open space and recreational facilities (formal and informal) to encourage increased physical activity
- Provision of inclusive public spaces for interaction and activity.

Appropriate policy formulation and review

The Plan acknowledges health as a strategic planning priority and confirms its relevance to sustainable development. It describes healthy, safe communities and high levels of physical activity as key elements of sustainable community in the region (p. 23).

The SEQ Plan will be subject to formal review every five years. Further to review findings and key sustainability indicators provided by the *State of the Region Report*, the Minister may amend or replace the Plan to further enable the achievement of regional aspirations (Part G 'Implementation and Monitoring').

GOOD PRACTICE PROVISIONS

Our analysis of the London, Portland and South East Queensland Plans has uncovered an assortment of provisions which can be incorporated into planning frameworks for cities and entire regions. While different in their approach to health, London and SEQ are closely aligned in the ways that they directly embed healthy community aspirations throughout their strategies. London has a strong community thrust and SEQ an environmental prioritisation. Portland is less direct, perhaps in part due to its 1980 adoption, but there is a strong emphasis on supportive environments for healthy behaviours. Taken together, these plans suggest several good practice principles to prioritise the achievement of healthy and happy communities. The London Plan in particular endorses the urgency for planners to be connected with other professions to deal with the current health crisis. The Plan also reinforces the critical need for healthy cities provisions to comprehensively inform metropolitan strategies. These are the frameworks which set the agenda for all other plans, providing leadership and inspiration in the complex task of achieving healthy communities. From our assessment of the selected plans, we suggest the following good practice principles. These are in addition to community input and ongoing, systematic review.

1. Human health needs to be a key objective of the plan and part of its overarching vision. This requires an appreciation of the relationship between city form and the provision of opportunities for a healthy lifestyle.

2. The complex nature of achieving good healthy outcomes must be acknowledged by policies and actions which endorse interdisciplinary ways of working (across different professional groups and programs).
3. Specific policies and detailed actions must link health, safety and the provision of supportive networks to encourage healthy activities (both physical exercise and social interaction for good mental health). This sets the frame for lower levels of plans and can 'trickle down' into their more detailed and site specific provisions.
4. Strong links between health, sustainability and safety need to be established at the outset and reinforced throughout.
5. Connectivity must be a continuous theme to ensure that the majority of land uses are accessible by healthy forms of transport.
6. The cultural attributes, demographic characteristics and associated needs of those living and working within the strategy area must be recognised and taken into consideration. This provides guidance to address the increasingly diverse and complex characteristics and issues relevant to the populations of contemporary metropolitan regions.

CONCLUSION

Our research is a starting point to consider the ways in which metropolitan frameworks can enhance the physical and psychological health of communities. We have provided a systematic methodology for assessing healthy city provisions in metropolitan plans, as well as useful examples of them from the London, Portland and South East Queensland strategies. The importance of embedding healthy planning criteria within metropolitan plans cannot be over-emphasised. This is where the agenda for the entire planning system is set and where urban planning can lead and inspire other professions to work together in addressing contemporary health crises. But words alone are not enough - they must ultimately deliver the physical and social environments for wellbeing.

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