

Submission on  
**Melbourne 2030**  
- Audit of Implementation Projects  
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National Heart Foundation of Australia  
Victorian Division ABN 25 004 463 334  
411 King Street West Melbourne Victoria 3003  
Telephone (03) 9329 8511 Facsimile (03) 9321 1574



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This submission was prepared with the assistance of the following planning professional who has specific expertise in social planning for health.

**Bonnie Rosen**  
Principal *Symplan Consulting*  
PO Box 2204  
Caulfield Junction  
Victoria 3161



## 1. INTRODUCTION

Cardiovascular disease (CVD) is Australia's leading cause of death and results in major health, social and economic costs to the community. Since its establishment in 1959, the Heart Foundation has developed a number of supportive and promotional campaigns that are aimed at reducing individual and community impacts of heart disease. Cardiovascular health is determined by a number of factors including genetics, access to health care, physical activity and nutrition.

There is sound empirical evidence that points to the relationship between neighbourhood design and associated level of physical activity. As part of the campaign to improve and enhance community health and wellbeing, the Heart Foundation is a strong advocate for the integration of policies and strategies directed at enhancing public health into the urban planning framework. We promote the notion that "when health is integrated into planning, the choice for people to be active becomes more convenient, easy, safe and enjoyable"<sup>1</sup>.

In 1999 the Heart Foundation prepared a strategic policy document entitled *Supportive Environments for Physical Activity (SEPA)*<sup>2</sup>. SEPA was a project of the National Heart Foundation that sought to increase environmental support and opportunities for people to lead physically active lives with the longer term aim of improving cardiovascular health. SEPA also promoted collaboration with local governments, other agencies and communities in planning for and providing environments that are supportive of physical activity. In 2004 The Heart Foundation (Victorian Division) produced *Healthy by Design (HBD)*, a resource of SEPA. The primary role of HBD is to make it easier for built environment and health professionals to incorporate design considerations that positively impact on community health and wellbeing<sup>3</sup> into planning decisions. HBD supports the Neighbourhood Principles in *Melbourne 2030* and builds on the Victoria Planning Provisions (VPPs)

This submission will provide commentary on the role that *Melbourne 2030* can play in supporting a number of factors over which such strategic planning documents have influence including physical activity, social cohesion and access to nutritious food. This submission also evaluates the extent to which the directions, initiatives and implementation projects support the following seven design approaches incorporated into *Healthy by Design* that encourage active living:

- Walking and cycling routes
- Streets
- Local destinations
- Open space
- Public transport
- Seating, signage, lighting, fencing and walls
- Fostering community spirit

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<sup>1</sup> Heart Foundation (2004) *Healthy By Design*, National Heart Foundation of Australia (Victorian Division) p7

<sup>2</sup> Dunn, S., Wright, C., Cox, R., Atkinson, R., MacDougall, C. (undated) *Creating Supportive Environments for Physical Activity: Encouraging Walking in the 21<sup>st</sup> Century* p18

<sup>3</sup> Heart Foundation (2004) *Healthy By Design*, National Heart Foundation of Australia (Victorian Division) p4

## 2. SCOPE OF SUBMISSION

This submission has been prepared in terms of the *General Submissions Template* and covers the following aspects of the Audit Expert Group's *Terms of Reference*.

### Specific issues:

III. Actions that could reasonably be taken to make the Principal and Major Activity Centres and their immediate environs locally accessible with improved accessibility for walking and cycling modes to and within centres.

IV. Actions to increase residential development opportunities including levers required to facilitate housing choice in and around activity centres in established areas.

### General tasks:

III. Advice on strategic and implementation priorities for the next five years

IV. Identification of key aspects of *Melbourne 2030* where there is a need for refinement of policy or implementation initiatives to achieve the strategic intent of the strategy and enhance Melbourne's liveability.

Discussions will be confined to the extent to which *Melbourne 2030* generally supports community mental and physical health and wellbeing, and incorporates the seven design approaches in *Healthy By Design*. Specific recommendations will focus on initiatives in the two primary areas of **activity centres** and **housing** that need to be completed over the next five years to continue to effectively implement the plan

## 3. SUMMARY OF KEY THEMES

This submission will point to the ways in which the *Melbourne 2030* policy directions, initiatives and implementation projects support the two key health planning principles namely **health promotion** and **prevention of disease**.

Discussions on the issues and themes are based on the premise that individual and community health and wellbeing are determined by the following factors<sup>4</sup>:

- decreased car dependency and availability of public transport, both of which promote increased active transport;
- availability of accessible, affordable and suitable housing;
- availability of affordable and nutritious food;
- economic stability and access to jobs;
- a physical environment that is safe, attractive and supportive of physical activity;
- access to well located health care, recreation and community services;
- sustainable communities that are characterised by strong social capital, social cohesion and social networks; and
- engaged communities that are informed, aware and involved in decisions that affect their lives.

<sup>4</sup> These determinants of health have been adapted from a number of sources including Department of Human Services, State Government of Victoria (2001) *Environments for Health* September 2001 and Duhl, L.J. and A.K Sanchez (1999) *Health Cities and the City Planning Process* "A background document on the links between health and planning. WHO Regional Office for Europe, Copenhagen p17, *Twenty steps for developing a Healthy Cities Project*, World Health Organisation, 1997, p9

## 4. POSITIVE OUTCOMES OF MELBOURNE 2030

### ***Directions, policies and initiatives***

The Heart Foundation commends the Victorian State Government's commitment to achieving sustainable growth whilst protecting Melbourne's liveability and attractiveness. *Melbourne 2030* has included a number of references to the need for increased walking and cycling rates, access to public transport and the safety of public places. We strongly support the following initiatives that are included in the nine policy directions:

***Direction 1 – A more compact city*** (concentrating housing and development in activity centres, locating high density housing near activity centres within easy walking distance of activity centres and public transport)

***Direction 2 - Better management of metropolitan growth*** (ensuring access to health and social services early in the life of new communities, minimal commuting which reduces stress, provision of public transport in new communities and the “creation of communities not subdivisions”)

***Direction 4 – A more prosperous city*** (achieving 20% public transport by 2020)

***Direction 5 – A great place to be*** (the role of urban design in creating liveable and attractive public places, neighbourhood design that makes people feel safe, access to linked open space and opportunities to engage in physical activity, provision of open space where it is lacking and the need to create a sense of place and cultural identity). We particularly commend the level of detail included in the urban design guidelines, specifically those that relate to community safety, diversity and choice, community engagement, incorporation of public art, design for accessibility (particularly in relation to public transport, walking and cycling into the “heart” of the activity). We also recognise that many of these urban design guidelines reflect the seven design approaches detailed in *Healthy By Design*. We further commend the neighbourhood principles that have been incorporated into Clause 56 of the VPPs, particularly those that relate to walkability, access to local services, reduced car dependence, the creation of safe and attractive spaces for walking and cycling, housing diversity and choice, mixed uses, provision of open space.

***Direction 6 – A fairer city*** (increase the supply of well located affordable housing, particularly in areas of most need, increased community transport, access to arts, recreation and cultural facilities)

***Direction 8 – Better transport links*** (an efficient, sustainable and comprehensive public transport that provides linkages to services and facilities in activity centres, prioritisation of walking and cycling modes of transport in neighbourhoods, sustainable personal transport which maximises public transport usage, cycling and walking)

### ***Implementation projects***

The Heart Foundation commends the extent to which the following implementation projects support the design approaches included in *Healthy by Design*:

#### **Activity Centres**

- *Activity Centre Design Guidelines*' focus on the integration of pedestrian and cycle movement patterns and public transport. We endorse the eight aims that promote pedestrian and cyclist amenity, integrated street based activities and connections, mixed uses, enhanced usage of public transport and environmental sustainability.
- *Safer Design Guidelines*' promotion of increased community usage of public places, connection and integration of streets and public places, reduced opportunities for crime

and anti-social behaviour, enhanced perceptions of public places and the creation of more liveable and sustainable environments.

### Housing

- *Victorian Housing Strategy's* focus on the need for affordable housing and addressing housing stress

### Transport

- *Pedestrian Priorities Actions and Facilities* (a project managed by VicRoads) that aims to provide safer travel for pedestrians and increase the number of people walking through improved management of road space and provision of more offroad paths and access.

## 5. SPECIFIC ISSUES

### *Introduction*

This section responds to points III and IV of the specific issues, Scope of Work, described in the Audit Expert Group's Terms of Reference. It deals specifically with the actions to be taken with respect to enhancing the accessibility of **activity centres** and levers required to facilitate **housing choice** in and around activity centres in established areas.

### **III. Actions that make activity centres locally accessible**

The two relevant key objectives<sup>5</sup> for the development of activity centres include the provision of focal points for the community at different geographic scales and improvement of access by walking, cycling and public transport to services and facilities. Activity centres serve to provide a wide range of services and facilities that benefit the whole community<sup>6</sup>.

- In the context of planning for health and maximising opportunities for increased physical activity, **accessibility** may be defined as the relative ease with which individuals are able to participate in activities and make use of services that support community health and wellbeing (recreation, health care, employment, shopping etc). To put it simply, people cannot use facilities and services that they cannot get to.

It is our belief that the following four **key elements** underpin actions that will make activity centres **locally accessible**:

1. walkability/cyclability;
2. green exercise;
3. hierarchy of movement routes;
4. integrated transport modes

1. The concept of **walkability/cyclability** may be defined<sup>7</sup> as the quality of walking and cycling conditions which are determined by *safety* (good sightlines, absence of vandalism, well maintained public realm, prioritisation of pedestrians and cyclists over vehicles), *comfort* (footpaths, ramps, resting places for older people or people recovering from illness), *convenience* (desire lines, accommodating special needs), *connections* (to and from destinations, public transport nodes) and *legibility* (signage, travel times, distance, hazards).

<sup>5</sup> *Melbourne 2030* page 46

<sup>6</sup> *Melbourne 2030* page 46

<sup>7</sup> Adapted from a lecture given by Dr John Grant to planning students at Melbourne University on 24<sup>th</sup> April 2007

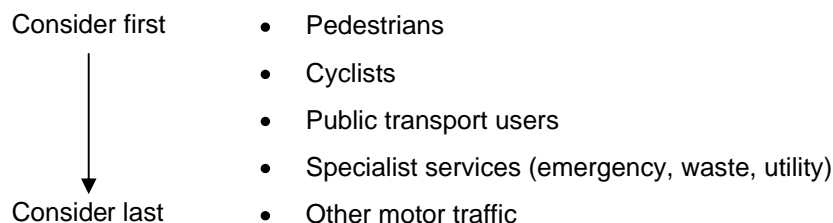
2. Promoting the concept of **green exercise**<sup>8</sup> which involves the promotion of active transport (i.e. non-vehicular) and connecting people to nature through participation in incidental physical activity such as walking, gardening, conservation activities. Parks and nature can be a significant contributor to reducing risk factors associated with premature death from cardiovascular disease and poor mental health<sup>9</sup>. The positive outcomes of **green exercise** are enhanced mental and physical health and wellbeing and more sustainable transport options. Participation in green exercise can be supported through the provision of street furniture and amenities such as benches, drinking fountains, play equipment that serve the needs of interest groups that are vulnerable due to their age or health status.

The concept of **green exercise** would best be incorporated into the Green Travel Plans promoted by VicRoads, and under *Direction 5 – A great place to be* and *Direction 7 – A greener city*.

3. Creation of a **hierarchy of movement routes** that acknowledges that streets are the arteries of communities, not just connectors<sup>10</sup>. The design and treatment of movement routes are key determinants of quality of life and can act as barriers or enablers to social interaction. This concept promotes the idea that whilst some streets function primarily as movers, others function both as place makers and facilitators of pedestrian and cycle movement. Walkability/cyclability can be enhanced through the recognition that movement routes must accommodate all users and that the buildings and spaces that adjoin the space used by vehicles, pedestrians and cyclists contribute to the quality and amenity of the public realm

The starting point for the application of this concept is an understanding of the role of the particular street and how this affects the user hierarchy as described in Figure 1 below.

**Figure 1: User hierarchy**<sup>11</sup>



4. **Integrated transport modes** that acknowledge and promote the increased physical activity associated with the use of public transport. Integrated transport modes link the origins and destinations provided by activity centres (such as shopping and community services, bus/tram stops and stations, parking facilities, sports and recreation facilities etc) through shared paths and movement routes that are attractive, safe and provide unimpeded movement. It should be remembered that every trip, regardless of purpose, length, origin or destination, duration or mode of transport used, involves some measure of pedestrian movement at either end and

<sup>8</sup> Adapted from the concept of Green Exercise derived by the WHI (walking health initiative) <http://www.whi.org.uk/details.asp?key=AX707|0|2CC71650188|p|716|0&parentkey=AX707|0|2CC71650188|p|716|0>

<sup>9</sup> Maller, C., Townsend, M., Brown, P., and St Ledger, L. (2002) What is health and how is it Determined? in *Health Parks Healthy People. The Health Benefits of Contact with Nature in a Park Context. A review of Current Literature* Deakin University and Parks Victoria p11

<sup>10</sup> Department for Transport, Communities and Local Government, Welsh Assembly Government (2007) *Manual for Streets*

<sup>11</sup> Adapted from Department for Transport, Communities and Local Government, Welsh Assembly Government (2007) *Manual for Streets* p 28

that walking and cycling are the most affordable and sustainable forms of transport<sup>12</sup>. The integrated transport mode concept builds on the physical activity expended at each end of a journey and strives to enhance the walkability/cyclability of each journey.

#### **IV. Levers to facilitate housing choice**

The ability of individuals to exercise choice in housing is determined by a number of factors including affordability, availability, suitability and opportunities to remain in existing accommodation following illness or injury or as a result of ageing.

Accessible and affordable housing is a major determinant of community wellbeing. The key objective in planning for and designing housing developments should be healthy people in a healthy environment, with healthy relations to that environment. It is therefore important that housing developments within and in close proximity to activity centres maximise opportunities for individuals to interact with the natural environment and engage in physical activity in everyday settings, that are appropriate, affordable, accessible and offer choice. Activity centres are intended to be used every day, providing a range of opportunities for people to relax<sup>13</sup> and are therefore likely to incorporate or be easily accessible to sports and recreation facilities.

Key principles that will promote enhanced physical activity are that the places and spaces must offer choice, be durable in the long term have a function, be fit for purpose, be visible, safe and attractive<sup>14</sup>.

The provision of good linkages and connections between housing developments and facilities offered in activity centres support community sustainability in the following ways:

- promoting the use of non-private car transport (public and community transport, walking, cycling);
- enhancing the levels of physical activity; and
- promoting choice and widening the base that supports social infrastructure provided in activity centres.

It is important that the design of housing developments address the fact that “In both rich and poor countries, urban children and adolescents feel increasingly imprisoned and isolated” due traffic, pollution and a shortage of green and open spaces in which to play and interact<sup>15</sup>. Housing developments within and in close proximity to activity centres that are intended for families must provide good access to a range of sports and recreation activities, and be structured around a road network that encourages children to engage in a range of physical activities. These activities may include walking or cycling to and from school or participating in informal or formal sport and recreation and facilities provided within activity centres.

Good access to opportunities for formal and informal activity provided by parks and open space enhances community health and wellbeing. “Parks are a setting that is health creating yet their health potential is currently unacknowledged and under-utilised”<sup>16</sup>. It is essential that housing developments provide a range of opportunities for physical activity that maximise natural surveillance, security and safety. These opportunities can occur in informal play and recreation spaces located within the heart of the housing development (tot lots, children’s

<sup>12</sup> In saying this it is acknowledged that certain sectors of the community are unable to walk or cycle due to illness, age or disability.

<sup>13</sup> Department of Infrastructure ((2002), *Melbourne 2030* p46

<sup>14</sup> Sport England (undated) *Active Design*

<sup>15</sup> [http://www.childfriendlycities.org/resources/index\\_definition.html](http://www.childfriendlycities.org/resources/index_definition.html)

<sup>16</sup> Maller, C., Townsend, M., Brown, P., and St Ledger, L. (2002) What is health and how is it Determined? in *Health Parks Healthy People. The Health Benefits of Contact with Nature in a Park Context. A review of Current Literature* Deakin University and Parks Victoria p12

play grounds, dog parks) or through participation in formal sports and recreation facilities incorporated in activity centres.

## **6. CHALLENGES TO THE IMPLEMENTATION OF MELBOURNE 2030**

The Heart Foundation recognises that the implementation of *Melbourne 2030* over the next five years will face the following challenges. However, we believe that through ongoing collaboration and dialogue between all disciplines responsible for creating healthy sustainable community, and refining the existing policy and implementation framework, this strategy can meet these challenges and attain its vision of creating a liveable, attractive and prosperous City.

1. *Increased rate of preventable chronic disease* and the need to regulate the availability of fast foods and retrofit existing neighbourhoods in such a way that they support healthier and active lifestyles.
2. *Lifestyle behaviours* that are characterised by physical inactivity, inadequate consumption of fruit and vegetables, long commuting journeys and long working hours.
3. *Increased car dependency* and the impact that this has on environmental sustainability and levels of physical activity.
4. *Increased demand for suitable and affordable housing*, particularly amongst older persons, people recovering from illness and injury and people on low incomes.
5. *Increased burden of depression* and the need to create sustainable communities that combat social isolation and foster community connectedness.
6. *Fragmentation of policy development* and the need to integrate healthy planning policy into the mainstream planning and design framework. This will rely on greater collaboration between health care providers, built environment professionals and an increased acknowledgement of the role that the built environment plays in creating barriers or enablers to healthy lifestyle choices. It is essential that both built environment and health professionals consolidate and build on their knowledge and experience base in order to acquire the necessary skills to integrate planning and health policy.

## 7. RECOMMENDATIONS – GENERAL TASKS

### ***Introduction***

This section responds to points III and IV of the General Tasks, Scope of Work, described in the Audit Expert Group's Terms of Reference. It summarises the key points discussed in this submission and makes specific recommendations on tasks that can be undertaken to refine the policy intent of *Melbourne 2030* and enhance the community's mental and physical health and wellbeing.

### ***III. Suggested strategic and implementation priorities for the next 5 years***

There is increasing recognition amongst health professionals and those concerned with the rise in the incidence of preventable chronic disease of the nexus between well designed communities and enhanced individual and community health and wellbeing. The Heart Foundation is concerned that the implementation strategies in *Melbourne 2030* do not adequately address the following national and state health priorities:

- **National health priorities**<sup>17</sup>: cardiovascular health including stroke, cancer, mental health with a focus on depression, injury prevention and control, diabetes, asthma and arthritis/musculoskeletal conditions.
- **State health priorities**<sup>18</sup>: promoting physical activity, accessible and nutritious food, mental health and wellbeing, safe environments that prevent unintentional injury.

The rise in petrol prices has seen unprecedented growth in the use of public transport, particularly trains and trams. There has also been a large growth in the use of roads by non-vehicular travellers, particularly cyclists. However, the implementation strategies do not adequately support these changing trends, particularly in Melbourne's suburban and fringe areas.

In general there is not sufficient attention given to the extent to which built environment professionals can support strategies directed towards health promotion and prevention of illness, especially amongst those sectors that are vulnerable due to age and health status. The increase in obesity amongst children has become a major concern for health professionals.

The directions, initiatives and policies within *Melbourne 2030* do not pay adequate attention to the relationship between access to affordable and culturally acceptable nutritious food and overall health and wellbeing, particularly individuals and groups that are vulnerable to cardiovascular disease. There are no implementation projects that support the role that built environment professionals play in maximising food security, specifically for older persons, people on low incomes or people suffering from mental or physical illness. Furthermore, inadequate attention is paid to the impact that access to fast food outlets has on obesity related health issues such as cardiovascular disease, stroke and diabetes, particularly in low socio-economic communities.

### ***IV. Key aspects of Melbourne 2030 that need to be refined***

Although the directions, initiatives and implementation priorities contained within *Melbourne 2030* strive to achieve a liveable and sustainable physical environment, the Heart Foundation

<sup>17</sup> Sourced from [www.health.vic.gov.au/nhpa/](http://www.health.vic.gov.au/nhpa/) accessed 26<sup>th</sup> June 2007

<sup>18</sup> Department of Human Services, State Government of Victoria. Health Promotion Priority Setting 2007-12. Update 2. September 2006

is concerned that not enough emphasis is given in the directions, policies and implementation projects to the relationship between the built environment and mental and physical health.

The Heart Foundation therefore proposes that the following **recommendations** will lead to the necessary refinement of policy or implementation initiatives reflected in *Melbourne 2030*.

1. All revisions to existing implementation strategies and new implementation strategies make specific reference to the fact that the physical environment is a key determinant of mental and physical health and wellbeing, and the important role that built environment professionals can play in supporting National and State health priorities. These revisions must incorporate the key principles underlying health planning policy, namely the need to prevent ill health and promote healthier lifestyles.
2. The *Activity Centre Design Guidelines* and *Safer Design Guidelines* be reviewed, with particular emphasis being placed on strategies that enhance increased physical activity amongst children, older persons, people recovering from mental or physical illness or injury. More attention needs to be paid to the impact that perceived risk and danger has on levels of physical activity, particularly amongst vulnerable groups such as the ill, children and older people.
3. Revisions to the *Victorian Housing Strategy* and individual local authority housing strategies make specific reference to the fact that access to affordable and appropriate housing is a key determinant of health. In addition, there must be more attention paid to initiatives that focus on the ability of housing developments and the physical environment in low socio-economic communities to enhance health and wellbeing
4. The review of all implementation projects and strategies, specifically those that support *Direction 9 – Better Planning Decisions*, Careful Management should acknowledge the importance of ensuring that the consultation needs of “hard to reach” communities are addressed. Policies and strategies such as *Better Decisions Faster*, *VLGA Consultation and Engagement Resource* should incorporate more of a commentary on the positive health benefits that are to be gained from enhanced community engagement and the extent to which this promotes greater community resilience
5. The concept of “green exercise” be explored further, and specific initiatives developed and incorporated under *Direction 5 – A great place to be* and *Direction 7 – A greener city*, and the *Green Wedges* policy. A key principle underlying the development of this concept is the hierarchy of road users and the need to give pedestrians and cyclists priority over vehicles in transportation routes that serve a range of purposes other than the movement of large volumes of vehicles. It is important that this initiative consolidate the need to connect public transport and pedestrian and cycle routes, and that it also make reference to the health benefits of the increased walkability/cyclability of cities and use of public transport.
6. The Heart Foundation would welcome the inclusion of projects such as the *Yarra Plan* in low socio-economic communities, and not just showcase projects such as the 2006 Commonwealth precinct.
7. A new implementation project be initiated that promotes access to affordable and nutritious food. This implementation project should cover elements such as access to nutritious, affordable food in new and existing communities and possible regulation of fast food outlets.

8. The review of the implementation projects provides a good opportunity to integrate strategies that address nutritious food, access to open space, conservation of the *Green Wedges* with the concept of “green exercise”.
9. The review of implementation projects that support *Direction 5 – A great place to be*, must ensure that the rationale underlying these policies acknowledges the influence that connected, supportive and cohesive communities has on mental and physical health and wellbeing.

## 8. CONCLUSION

The Heart Foundation welcomes the opportunity to make a submission on the audit of *Melbourne 2030*. We acknowledge that the implementation projects that support the nine directions of *Melbourne 2030* have identified the need for increased physical activity, and have made provision for greater use of public spaces by pedestrians and cyclists. We further acknowledge that provision has been made for enhanced use of public transport and the need to reduce car dependency. However, we are concerned that there is insufficient integration of a number of principles and approaches that will promote the creation of sustainable communities characterised by a high health status and an environment that supports the principles of health promotion and prevention of illness.

The Heart Foundation further strongly advocates for more “joined up” approaches across State Government portfolios (eg planning, transport, housing, health) and strengthening of partnerships with key peak bodies (eg the Royal Australian Institute of Architects, Planning Institute Australia) and NGOs such as the Heart Foundation, The Cancer Council of Victoria and Diabetes Australia-Victoria. This will ensure that built environment and health professionals collaborate in the design of urban environments that support a high health status amongst all Victorians.

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