



## **The Impact of the Urban Environment on Health**

**Submission to the Australian Government's consultation  
on a Draft National Urban Policy**

**The George Institute for Global Health**

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## Acknowledgement of Country

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Gadigal people of the Eora Nation on which our Sydney office is situated. We pay our respects to Elders past, present and future. We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and seek to work in partnership with communities to deliver better health outcomes.

## About The George Institute for Global Health

The George Institute for Global Health (The George Institute) is a leading global medical research institute, founded in Sydney, Australia, and with major centres in China, India and the UK. Our mission is to improve the health of millions of people worldwide, particularly those living in resource-poor settings, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases.

## Introduction

The George Institute welcomes the opportunity to provide a submission to the Australian Government's Draft National Urban Policy. The Policy has the potential to present a coordinated vision for urban planning between the Australian Government and States and Territories, based on the policy's five goals.

As a medical research institute focused on creating healthier societies, we encourage the Australian Government to take a "health-in-all" policy approach to urban policy. In this submission, The George Institute has focused on three areas, that we believe, deserve more attention in the Draft Urban Policy: social housing for Aboriginal and Torres Strait Islander peoples; the impact of unhealthy food retailers on urban environments; and the health implications of widespread use of automated vehicles.

We welcome further engagement on these health-related issues of urban policy.

## Recommendations

The George Institute recommends the National Urban Policy be expanded to include the following:

1. The urgent need for increased social housing stock, and commitment to provide **quality and appropriately located social housing** for Aboriginal and Torres Strait Islander peoples.
2. The impact that **unhealthy food retailers** have on the health of urban communities and consideration of land use planning tools to encourage healthy food environments.
3. The health implications of **widespread use of automated vehicles** in urban areas, and consideration of government regulations to realise equitable health benefits.

## **1. Urban Housing for Aboriginal and Torres Strait Islander peoples: an imperative for health**

The draft National Urban Policy recognises the need for more affordable housing in urban areas and notes the commitments to additional affordable dwellings in the National Housing Accord and the Housing Australia Future Fund. However, the Policy does not give sufficient attention to the urgent need for social housing – both public housing managed by State and Territory Governments, and community housing – managed by not-for-profit organisations. It is estimated that by 2037, 1.1 million new social housing dwellings will be needed, which is far beyond the commitments made by Governments in every Australian jurisdiction have made to date. Further, given there is no standard or consistent definition of housing affordability between States and Territories (Rowley et al. 2016) it is unclear how the National Urban Policy will apply the concept of affordable housing in implementation. The need for quality and appropriate housing is particularly acute for Aboriginal and Torres Strait Islanders in Australia's urban areas. Housing is a key determinant of health for Aboriginal and Torres Strait Islander peoples, and inadequate housing has long been considered linked to poor health outcomes (Gracey et al. 1997).

This is directly related to the historic result of colonisation, segregation, and systematic exclusion of Aboriginal and Torres Strait Islander peoples from urban areas (Bennett-Brook & Anderst 2024). Despite most Aboriginal and Torres Strait Islander peoples living in cities (AIHW 2015) there is little policy attention paid to Aboriginal and Torres Strait Islander communities living in metropolitan areas (Behrendt 2006).

The Guunu-Maana (Heal) Aboriginal and Torres Strait Islander Health Program at The George Institute is led through Aboriginal and Torres Strait Islander ways of knowing, being and doing, and is generating evidence that privileges Indigenous knowledges and translates to actions that empower peoples and communities. Guunu-maana (Heal) has research focus areas that include social and cultural determinants of health, health systems and healthcare delivery and community driven priorities. The methods used are for the empowerment of Aboriginal and Torres Strait Islander peoples and communities.

Guunu-Maana's housing research guided by Dharawal and Bidiagal community members from La Perouse is exploring the experiences of Aboriginal people living in social housing in South-East Sydney. While locally-specific to South-East Sydney, this research shines a light on a prevailing issue across housing experiences of Aboriginal and Torres Strait Islander peoples in Australia; the need to live where they are connected to Country, community and culture. One of the themes emerging from this research is the sovereign relationship that the La Perouse Aboriginal community has with Dharawal and Bidiagal land and the detrimental impact on social and emotional wellbeing when access to quality, affordable housing in the area is limited.

The private rental market and home ownership is out of reach for many Aboriginal and Torres Strait Islander peoples due to ongoing and past colonial policies and a culture of racial discrimination within the private rental market. Social housing is one of the only options for Aboriginal and Torres Strait Islander peoples to secure housing, however stock in urban areas is limited, the quality of housing stock is poor, and housing in areas of connection are also limited. The National Urban Policy states the importance of Country in urban development for Aboriginal and Torres Strait Islander peoples, but not in reference to housing locality (including social housing). There is a need to increase social housing stock in areas where Aboriginal and Torres Strait Islander people have strong connection to

Country, community and culture, and for accessible, equitable pathways for Aboriginal and Torres Strait Islander peoples to secure housing in areas where they are connected.

There are frameworks available to guide designers, planners, and governments to work with Aboriginal people on built environment projects, and ensure Country is at the forefront of design in the urban context, including the Connecting with Country Framework (Government Architect New South Wales 2023). This framework could be used to guide implementation of the National Urban Policy Framework, recognising that Aboriginal and Torres Strait Islander people should lead decision-making and governance.

The George Institute recommends that the National Urban Policy emphasise the social housing needs of Aboriginal and Torres Strait Islander peoples in urban areas, under the Objective 'Equitable'. Further, we recommend that the Goal of 'No one and no place left behind' states that Aboriginal and Torres Strait Islander peoples be prioritised for social housing in localities where they have a cultural and community connection. These recommendations would contribute to the National Agreement on Closing the Gap -- referenced in the National Urban Policy -- target 9A.<sup>2</sup>

## **2. The role of urban planning in creating healthier food environments**

In recent years, there has been growing attention to the role that the urban environment has on health, including how the design of neighbourhoods influences peoples' dietary patterns. The Draft National Urban Policy recognises that a lack of healthy food suppliers, or so-called 'food deserts', can negatively impact the health of urban communities. The George Institute welcomes the recognition that easy physical access to nutritious food can help maintain the health of individuals and communities. However, we suggest that this concept of a healthy food environment go further, to recognise the impact that *unhealthy* food retailers have in influencing the dietary risks people are exposed to.

The term "food swamp", has been coined to describe areas with a high density of food outlets that sell "fast-food"<sup>3</sup> compared with healthier food options (Rose et al. 2022). Research shows that food swamps are more common in low-income neighbourhoods, particularly growth-areas on the outer fringes of sprawling cities (Rose et al. 2022). The proliferation of fast-food restaurants in cities aligns with socio-economic disadvantage: the most disadvantaged areas have the highest number of fast-food outlets and are concentrated around secondary schools (Thornton et al. 2016). In Western Sydney, one study showed that 84 percent of all food outlets in the local government area were unhealthy (UNSW 2023). There is also evidence to show that supermarkets in disadvantaged areas market healthier food: with a greater proportion of shelf space devoted to unhealthy foods (Shultz et al. 2020).

The risks posed by unhealthy diets are clear: they are linked to a range of NCDs, including hypertension, cardiovascular disease, diabetes, and obesity (VicHealth 2021). Food swamps have been found to be a risk factor for obesity – i.e. they have a positive, statistically significant effect on obesity rates – and the presence of a food swamp may be a stronger indicator of obesity rates than a food desert (Cooksey-Stowers et al. 2017). While individual factors – including dietary patterns -- have a role to play in influencing health outcomes, evidence shows that human health is closely linked to our environment, including, income level, and the places we live (AIHW 2016).

According to the WHO, the social conditions in which people are born, live and work is the single most important determinant of good health or ill health (AIHW 2016). The high density of unhealthy food retailers in low-income communities aligns with the socio-economic

gradient of health. Obesity rates are consistently higher for those on the lowest incomes and are also associated with other socio-economic factors such as education attainment and home ownership (AIHW 2021). Thus, the concept of a “healthy food environment”, encompassing factors such as food availability, pricing, marketing, and food quality, as well as built environment features such as physical proximity to retailers and local transport systems is important for the achievement of better health outcomes but also the broader goal of social justice. The George Institute recommends that the promotion of a healthy food environment, including recognition of the impact of over-supply of unhealthy food retailers, be stated under the ‘Equitable’ goal in the National Urban Policy, and the Objective of “No-one and no place left behind”.

Once the National Urban Policy is being implemented, there are several tools available to land use planners to ensure healthy food options are more accessible and unhealthy food options less accessible (VicHealth 2021). These include creating restrictions on unhealthy food retailers through land rezoning, conditional uses of land, outright bans on new developments in certain areas, and creating minimum distances from schools (VicHealth 2021). The George Institute recommends that these considerations are given priority in discussions with States and Territories on responsibilities for land use planning.

### **3. Automated vehicles: planning is needed to realise equitable health outcomes**

Another health-related priority for urban planning and development is the rapid technological changes occurring in transport, including the development of automated vehicles (AVs)<sup>1</sup>, which will transform urban transportation systems (Dean et al. 2019). Experts estimate that driverless vehicles will be available to use within the next decade and form an established part of the vehicle fleet by 2050 (Gavanas 2019). The draft National Urban Policy recognises the problems that increased private vehicle usage causes in terms of congestion, delays, and environmental challenges. It also briefly notes that automated vehicles may enhance efficiency, safety, and sustainability in urban areas.

The impacts of AVs on the economy and the environment may be substantial. The George Institute recommends that the National Urban Policy includes consideration of the potential benefits and impacts of AVs on health outcomes.

Early research indicates that the emergence of AVs could have numerous health benefits: including reduced motor-car collisions, reduced air pollution, and improved personal mobility for the elderly and those with disabilities (Pettigrew et al. 2018). However, the widespread use of AVs may have unintended consequences on public health. The increase in accessibility may lead to further urban sprawl due to changed perceptions of the value of travel time (time spent driving can be spent doing other activities) (Gavanas 2019). Urban sprawl is associated with greater health risks such as higher rates of obesity and poorer air quality (OECD 2018). Research from The George Institute indicates that if urban areas remain designed around personal vehicles, the use of driverless cars could encourage people to reduce physical activity and encourage more sedentary lives (Pettigrew 2021).

The health implications of AVs will depend on how well urban areas are planned and designed to encourage active transport and healthy living. Realising the potential health benefits of AVs will depend on several factors, including:

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<sup>1</sup> By automated vehicles, we mean driverless cars.

- **Urban transportation:** a shift from investments in road networks to infrastructure for walking, cycling, and public transport should be developed alongside AVs, to encourage physical activity and disincentivise urban sprawl.
- **Cost:** AVs must be affordable, or socioeconomic inequalities in urban areas will widen.
- **Ownership model:** Vehicle sharing systems, including affordable autonomous taxis, should be encouraged over private ownership to reduce traffic congestion.

In the National Urban Policy, The George Institute recommends that the health implications of AVs are explored under the “Liveable” Goal, and the Objective of “Our urban environments and communities promote health and wellbeing”. In the implementation of the National Urban Policy, the Government should prioritise population health outcomes and equitable distribution of health impacts when incorporating transport into urban planning, including for a future that includes AVs.

## Conclusion

The urban environment has a significant impact on population health. The George Institute has highlighted three health-related issues for urban planning: housing as a social determinant of health for Aboriginal and Torres Strait Islander peoples; the importance of a healthy food environment for health equity; and the health implications of rapid technological changes in transport. We hope the Government will consider these issues in the next draft of the National Urban Policy, and most importantly, when considering implementation of the Policy with States and Territories.

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