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## POLICY BRIEF

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### **Healthy South project policy brief: The Healthy Urban Neighbourhood Transition Tool (HUNTT)**

#### ***Creating liveable suburban neighbourhoods to advance health and wellbeing***

The Healthy South project was funded by the Medical Research Future Fund (MRFF) through Health Translation SA's Rapid Applied Research Translation Program for 2019. The project is concerned with creating healthy environments that lower people's risk of developing chronic disease by addressing the societal and health service factors causing inequities.

Long term NCD risk is strongly influenced by social determinants including by the urban environments in which people live, work and recreate. The form of the city effects the life of the city, and this in turn effects resident and population health and wellbeing. Consequently, urban planning policy settings and their effective implementation have significant effects on health and/or health inequities (for good or ill) by affecting known determinants of health.

The quality of home area neighbourhoods is a foundation of healthy cities and locational advantage or disadvantage. A well designed and connected 'liveable' neighbourhood has the potential to facilitate physical activity and satisfy instrumental and existential needs; the degree they do so significantly affects the health and wellbeing of residents.

Healthy liveable home area neighbourhoods are pedestrian oriented, contain a diverse mix of housing, places, spaces and uses, and are safe and perceived as safe. They have a diverse and comprehensive mix of neighbourhood destinations such as parks, schools, and public transport stops, and social, commercial, civic, cultural and recreational places and spaces integrated within an identifiable convivial centre (activity centre). They have a balanced endogenously driven and complex local economy that provides destinations, employment and business opportunities. They are connected to the rest of the city by safe and convenient networked bicycle infrastructure and public transport.

In southern Adelaide, only a small minority of people live in neighbourhoods that achieve all or most of the attributes of healthy liveability.

***Our review of literature shows a program to transition automobile suburbs towards a healthy liveable form would improve population health and health equity in the south by:***

- significantly increasing the likelihood of residents obtaining or exceeding recommended levels of physical activity.

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- enabling people to access the goods, services and social activities they need or desire independently as pedestrians; therefore, broadening autonomy, independence and self-reliance to the least advantaged.
  - reducing average time spent in cars and average vehicle kilometres travelled; therefore, reducing road trauma, localised pollution, and greenhouse gas emissions.
  - increasing activity in parks.
  - increasing time spent in public; therefore, opportunities for chance encounters between neighbours, social and optional activities, and conviviality.
  - increasing perceptions of safety, social connectedness, and belonging; therefore, reducing anxiety, isolation and loneliness with positive effects on both physical and mental health.
  - facilitating social mixing and allowing people to move to more appropriate or affordable dwellings without leaving their home neighbourhoods.
  - increasing local employment and local business opportunities.

## Transitioning neighbourhoods to improve liveability

Neighbourhood transition is already occurring across southern Adelaide by multiple actors; however, often in ways that don't contribute to improving neighbourhood liveability. Infrastructure, streets, footpaths, open spaces, public spaces and places are maintained and constantly altered by multiple actors subject to standards that often do not conform to the optimums required to enhance neighbourhood liveability. Private built form is constantly being redeveloped via small scale ad hoc infill. This typically comes either as the intensive redevelopment of small sites such as car yards, warehouses, petrol stations, shopping centres and retail outlets, or 'knock down rebuild' (KDR). KDR is where a detached house is demolished and replaced by one or more new dwellings. Both KDR and small scale brownfield redevelopment are incremental and occur with allotment focussed regulations. This means the funds, coordination and strategic spatial planning that can be harnessed to facilitate normative goals such as liveability at a neighbourhood wide level are absent.

The translation of this project has been guided by transition management theory which recognises the plurality of actors within and outside government involved in transition management and advocates the use of governance structures, inter-sectoral cooperation and coordination, and prescriptive but reflexive frameworks to guide transitions towards goals such as healthy liveability.

A key aspect of the transition process is assessing current strengths and weaknesses as a means of informing the pathways and plans required for a guided and coordinated transition. The project has derived a comprehensive checklist from peer reviewed empirical research into the areas of social determinants of health, **the Healthy Urban Neighbourhood Transition Tool (HUNTT)**, to carry out this assessment.

***The HUNTT is organised under five broad themes and a number of subthemes, and provides a complete array of social and physical determinants that contribute to or detract from liveability. These are:***

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- **Public Realm:** streets (paths, verges, lighting, furniture, plants, edges, beauty), opens space (amenities, facilities, distances, complexity, upkeep) safety (traffic, crime, perceptions of crime).
  - **Transport & access:** walking (streets, permeability, distances, destinations), cycling (paths, end of trip facilities), public transport (stop safety, access and quality, and convenience), cars (calming).
  - **Housing:** design (location, orientation), diversity (style, size, tenure), affordability, density, and energy efficiency
  - **Social Inclusion:** Housing affordability, destinations (services, premises, jobs, business numbers), employment access.
  - **Food:** stores, land protection, gardens.

Data for each element of the HUNTT is obtainable to the user via structured observational analysis (censuses of built form and infrastructure); GIS spatial information systems (connection, distances, block sizes); and secondary data sources gathered by the ABS (population, housing, business activity, employment), state governments (development activity, traffic, public transport), local governments (development proposals, community service provision, businesses).

***The HUNTT is designed to be the first stage of the transition management process.*** The HUNTT can be used to assess the health and liveability strengths and weaknesses of the physical form and function of individual neighbourhoods and the regulations and standards that are shaping current change based on a comprehensive range of social determinants of health and health equity indicators. The objective is for the HUNTT to be used by local governments and neighbourhood based community groups to make assessments of their neighbourhoods to guide neighbourhood transition management and planning.

## Future projects and stakeholder support

A positive result from the Healthy South project has been the collaboration and support from Wellbeing SA and the SA Planning Commission for the HUNTT. In Partnership with Flinders University, Wellbeing SA agreed to fund the trial of the HUNTT across metropolitan Adelaide in 2020.

For further information visit [Stretton Health Equity](#) at the University of Adelaide, or email: [strettonhealth@adelaide.edu.au](mailto:strettonhealth@adelaide.edu.au).