

TRANSCRIPT

LEGISLATIVE ASSEMBLY ENVIRONMENT AND PLANNING COMMITTEE

Inquiry into Environmental Infrastructure for Growing Populations

Melbourne—Wednesday, 31 March 2021

(via videoconference)

MEMBERS

Ms Sarah Connolly—Chair

Mr David Morris—Deputy Chair

Mr Will Fowles

Ms Danielle Green

Mr Paul Hamer

Mr Tim McCurdy

Mr Tim Smith

WITNESSES

Mr Andrew Mosley, Advocacy Manager Vic/Tas, and

Ms Naomi Gilbert, Senior Coordinator, Healthy Built Environment, Heart Foundation; and

Associate Professor Pazit Levinger, Senior Research Fellow, National Ageing Research Institute.

The CHAIR: I advise that the sessions today are being broadcast live on the Parliament's website. Rebroadcast of the hearing is only permitted in accordance with Legislative Assembly standing order 234. Thank you for joining us today at this public hearing for the Inquiry into Environmental Infrastructure for Growing Populations.

On behalf of the committee I acknowledge the traditional Aboriginal owners of this land. We pay our respects to them, their culture, their elders past, present and future and elders from other communities who may be joining us here today. I also extend a warm welcome to any members of the public and the media that may be watching us today.

This is one of several public hearings that the Environment and Planning Committee will be conducting to inform itself about the issues relevant to the inquiry. Before we begin I need to point out a couple of things to you all. All evidence taken today will be recorded by Hansard and is protected by parliamentary privilege. This means that you can speak freely without fear of legal action in relation to the evidence that you give. But it is important to remember that parliamentary privilege does not apply to comments made outside the hearing, even if you are restating what you said during this hearing. You will all receive a draft transcript of your evidence in the next week or so to check and to approve. Corrected transcripts are then going to be published on the committee's website and may be quoted from in our final report.

Thank you all again for taking the time to speak with the committee today. Can I just remind members and witnesses to mute their microphones when not talking to minimise the interference.

I think the best way to start these Zoom hearings is by introducing committee members first and then I will throw to our witnesses to introduce themselves. My name is Sarah Connolly. I am the Chair of this committee. I am also lucky to be the Member for Tarneit. For those who have not been to Tarneit, Tarneit is in the outer western suburbs and sits within one of the fastest growing growth corridors not only in Victoria but here in this country. Will?

Mr FOWLES: Will Fowles. I am the Member for Burwood.

The CHAIR: Danielle?

Ms GREEN: Danielle Green. I am the Member for Yan Yean and Parliamentary Secretary for Sport and for regional Victoria, and I am a big fan of the Heart Foundation because I lost my dad at 44.

Mr HAMER: And I am Paul Hamer. I am the Member for Box Hill.

The CHAIR: Thanks, Paul. We might start with the Heart Foundation—if you can introduce yourselves. There are a number of you here today.

Mr MOSLEY: Thanks, Sarah. I am Andrew Mosley. I am the Advocacy Manager in Victoria at the Heart Foundation.

Ms GILBERT: And I am Naomi Gilbert, and I am the Senior Coordinator of Healthy Built Environment here in Victoria as well.

The CHAIR: We have also got the National Ageing Research Institute.

Assoc. Prof. LEVINGER: Hi, everyone. My name is Pazit Levinger. I am from NARI, or the National Ageing Research Institute.

The CHAIR: Thanks, Pazit. What we might do is start with witnesses giving us a 5- to 10-minute and no more than 15-minute presentation. If you have got slides, fabulous; if you do not, that is totally fine. If you just

want to talk to your submission, maybe you might think of some extra things you would like to add in. Then I will throw to committee members to ask questions about your submission and contribute to a greater discussion. We will start with the Heart Foundation.

Visual presentation.

Mr MOSLEY: Thanks, everyone. And thanks again for the opportunity to participate in this review. The Heart Foundation is obviously a not-for-profit organisation dedicated to fighting heart disease, Victoria's single biggest killer. In addition to funding research, developing health professional guidelines and also supporting patients we help Australians live heart-healthy lifestyles, including through reducing modifiable risks of heart disease, such as smoking and physical inactivity. So as part of this work we do advocate for neighbourhoods, towns and cities to be planned and designed in such a way that they enable and encourage physical activity, particularly walking, and promote good health.

So as stated in our written submission, we believe a key focus of the committee's deliberations should be on how to deliver environmental infrastructure that promotes and supports physical activity and healthier living. We are therefore recommending the committee consider three objectives in particular when finalising the report—those being creating high quality of open spaces, prioritising active transport and investing in community infrastructure. We are also calling for support for smoke-free areas, as this will be welcomed because it does enhance the wellbeing of Victorians using environmental infrastructure and can also encourage its use.

I will just quickly note the health lens that we are applying to health infrastructure and why it is important. Heart disease is the single leading cause of death in Victoria. More than 300 000 Victorians live with heart disease and approximately 6800 people die every year. Around 95 000 Victorians are hospitalised yearly. Victorians in the state's most disadvantaged areas are actually more likely to have significant cardiovascular risk factors, be hospitalised for a heart attack or die from coronary heart disease. Physical inactivity, a key risk factor, in Melbourne's western region is almost 30 per cent higher than across the West Gate Bridge in the city's inner east, which is the lowest.

Walking for an average of 30 minutes a day can lower the risk of heart disease, stroke and diabetes by 30 to 40 per cent. CVD is actually largely preventable, with modifiable CVD risk factors accounting for up to 90 per cent of the risk of heart attacks. Importantly for this inquiry, where we live, work, play and learn are also key parts of our built environment and can positively or negatively impact how active we are. The design of the built environment can support us all to be more active if there are opportunities to walk, cycle, take public transport, engage in open spaces for recreational sport and interact with others. The evidence published in the *Lancet* shows that, for Melbourne, implementing changes that make the city more conducive to walking, cycling and public transport could actually reduce the burden of disease by 19 per cent. The WHO *Global Action Plan on Physical Activity* also highlights the creation of active environments as a key action to reduce physical inactivity.

We also feel there is an important equity argument here. Having access to transport options like public transport, walking and cycling are key features which help to promote equitable outcomes and by extension support quality of life for disadvantaged populations, older Australians and children, those in outer growth areas and remote and regional Australians. So in that sense environmental infrastructure can encourage walking and does have a strong equity rationale. We know that obesity is high in lower socio-economic areas and outside capital cities. Walking is free and generally more accessible. For example, the Heart Foundation has about 1200 walking groups across the country and they do include a diverse range of groups such as those from migrant communities, female-only groups and retirement villages. Only 17 per cent of people from non-English-speaking backgrounds participate in sport and recreation and do need accessible physical activity options.

Just to quickly cover off on some of the key items in our written submission, and I will not go through all the detail that was in there, but essentially there are the three objectives I mentioned earlier, the first being creating high-quality open spaces. Public open space should include a range of walkable, appealing and public open spaces to help meet recreational, play and social needs. Green public open spaces are particularly important for mental health. Our written submission references some different studies that might be of interest that show visiting green public open space in urban areas is associated with a lower likelihood of self-reported feelings of stress and the benefits are consistent across all levels of education and also socio-economic status. In that sense,

green space is important not just because it enables physical activity but also because it has been shown to promote high levels of mental wellbeing and social connectedness.

The second thing we would just like to highlight is the importance of prioritising active transport. Streets play an important role in public life beyond the movement of traffic. They make up a substantial part of the open space available to communities and can be utilised as places to walk, cycle, exercise, play and socialise. The presentations yesterday did go to these points to some extent. Short travel distances between homes and local destinations increases the likelihood of walking. We also know that good public transport networks also support physical activity, as most trips usually start and end with a walking trip. The presence of footpaths is important because it encourages transport and recreational walking across our life course. Incorporating design features that deter crime into streetscapes—for example, natural surveillance from homes and in parks—also encourages more walking. And we know that movement networks that do not provide convenient walking, cycling and public transport options can actually encourage private car use. Driving has been linked to increasing the risk of obesity, cardiovascular disease and cancer. Motor vehicle traffic is also a major source of urban air pollution and noise, which is harmful to physical, mental and environmental health. The presence of traffic can also discourage walking in more vulnerable groups, particularly children and older adults.

The final point we would like to emphasise is just the importance of community infrastructure. So we support neighbourhoods, towns and cities to be planned and designed in such a way that they enable and encourage physical activity, particularly walking, and promote good health. One way that we feel you can achieve this is by encouraging the implementation of 20-minute neighbourhoods. On the slide there we have noted some of the key features of 20-minute neighbourhoods. These are about living locally—so giving people the ability to meet most of their daily needs within a 20-minute walk from home, with safe active transport options. We did play a lead role in the 20-minute neighbourhood pilot project, and we remain supportive of the implementation of those recommendations from that pilot project report in the communities that were featured in the pilot and also expanding that to other communities.

We did welcome the government's three \$120 000 grants late last year for three councils to build 20-minute neighbourhoods. We feel that that will help drive their COVID-19 recoveries by supporting local jobs and local businesses and obviously creating healthier neighbourhoods. We do have some reports that I am happy to share afterwards that go to the economic benefits for local business of walking and cycling. For example, the Heart Foundation commissioned *Good for Busine\$\$*, which was a report showing the benefit to local businesses of localised walking and cycling. So just in covering off that slide there again, what we are suggesting is that government could implement the rest of the recommendations in the 20-minute neighbourhood pilot program, and also take action to help create healthy built environments by looking at funding more public transport and pedestrian infrastructure.

The final two points I just wanted to make quickly go to recent things that we have done that might be of interest to the committee. In March, the Heart Foundation, along with 12 other walking, bike riding, transport, health and research groups, released the *Streets Are For Everyone* statement, which outlines three clear and practical steps needed to create vibrant, active and connected communities in a COVID-normal Victoria. Those things are listed on the screen. I will not go through them all but we would be happy to provide that afterwards. I think what it does show is the consensus that all those groups managed to come to and the importance of following through with some of those walking and bike-riding recommendations.

The other thing that was mentioned in the consensus statement that I will just highlight quickly is that studies and polls carried out by the Heart Foundation, the RACV and the Amy Gillett Foundation and referenced in that statement all show that people want safer paths and support temporarily removing car parks to make way for pop-up bike lanes and wider footpaths in their local area. The Heart Foundation's What Australia Wants survey released in November of last year found close to three in four Victorians support government diverting a high portion of road spending towards local walking and cycling infrastructure, while a similar amount are in favour of a higher portion directed towards public transport initiatives.

The final two things that I will leave you with are just two final points that we think are worthy of consideration as well. We do have a program called Healthy Active by Design that is available on the website that we have provided you the link to. It does provide the best available evidence, practical advice, checklists which can be quite helpful and case studies to help with the development of healthy neighbourhoods and communities that promote walking, cycling and an active public life, and we do recommend that as a resource.

Finally, just making the note that we do also support the inclusion of smoke-free areas, that tobacco is still the single largest cause of preventable disease and death in Australia. Over one-third of CVD deaths aged under 65 can be attributed to smoking. I think it is worth noting that exposure to second-hand smoke is associated with immediate and longer term risks for heart disease. It increases the risk of heart disease by around 30 per cent. We think that smoke-free areas can encourage others to walk if they know they will not inhale second-hand smoke, while also improving neighbourhood amenity.

I would like to thank the committee again for the opportunity to comment and am very happy to take questions.

The CHAIR: Thank you. I am going to throw over to Pazit.

Assoc. Prof. LEVINGER: Wonderful, thank you. Just let me share this screen with you.

Visual presentation.

Assoc. Prof. LEVINGER: Firstly, I just want to acknowledge and thank you for the opportunity to come and present to you today. I really hope that that will assist the committee. I just want to start by giving a bit of an idea of what NARI is all about. We are a not-for-profit research institute. We have been around for over 40 years. Our work is dedicated to research on ageing. We are well-positioned across various sectors within the ageing sector for aged carers and community, and we do research from mental health or social dementia, active ageing, falls prevention and so on. So we really hope that our work will be helpful to the committee to get a bit more of an idea and understanding of what we do and how we can help in that regard.

What drives us is that our mission is to make significant improvement to the wellbeing of older Australians, to obviously improve their wellbeing and quality of life. We are well-positioned to do the research because we understand the gaps, so we are aware what is required and all our work is a research-approval process. We are always looking for opportunities to collaborate and work together, and we actually encourage stakeholder engagement because that is really important. We work closely with consumers, so we have all the people represented across all our research projects, which is quite important.

I really want to just start with a couple of facts, though, to set the scene. So just seeing all of the global population forecasts suggests that the population of all the people aged 16 or over will increase and double, so you are looking at almost one-quarter of the population by 2050 being older people who are 60 years and over. It is interesting that the World Health Organization estimated that by 2020 you are looking at the number of people aged 16 and over likely outnumbering children younger than 5 years of age. So it is just something that you need to be mindful of to make sure you are catering for that demographic.

I do want to acknowledge that it has been a very difficult period globally around COVID-19, but I do want to emphasise all the people in particular who have been impacted. Apart from the illness and fatalities and loneliness, there is also a fair bit of stigma and fear and physical deconditioning associated with that, and I really want to highlight the importance of outdoor environments, park recreational spaces and neighbourhood to our physical and mental health and also to emphasise the importance for older people.

In terms of the environment, I am really echoing what was discussed and explained by the Heart Foundation—so well-designed public open spaces, activity friendly, designed well, with health and health being on a population level. It improves socialisation, physical activity, reduction of depression and so on. We know that in terms of physical activity it provides wonderful opportunities to engage in physical activity if you have good, supportive and well-designed outdoor environments because they can prevent chronic conditions—better health—but they also improve overall community health, reducing the health-related costs for our healthcare system.

We are working on age-friendly communities, and what we witness and what we see quite often is that recreational outdoor space and parks are mainly focused on facilities and amenities that cater for the younger demographic. You see a lot of sports facilities, but very rarely are older people's needs actually catered for or taken into account. So really for us we highly advocate making sure the design is very careful, that your landscapers or city designers are aware of things around locations and the environment, accessibility—that it is actually suitable for all ages and also all abilities.

I do want to just make sure that we all understand that older age does not necessarily mean illness or poor health. I really want to reduce the concern or issues around stigma. I think we need to understand that physical

activity and outdoor spaces can counteract and obviously reverse age-related conditions and multimorbidities, and outdoor spaces can be very valuable settings for older people to undertake physical activity and for social interaction and general wellbeing.

I really want to share with you today our experience of working with local governments. There have been a few challenges, so we will be able to hopefully unpack them and provide some insight and recommendations. This is just examples of five age-friendly sites that we have been working collaboratively to create for the general public. We have done some consultation with local governments in other states as well so there are more age-friendly sites available.

The key consideration and take-home message is that we have witnessed that regional and rural areas often have little resources and there is poor infrastructure and connection between neighbourhoods and communities. We have been approached recently by two regional and rural shire local governments to help, but obviously the resources are quite lacking. So obviously that is something that needs to be looked at in terms of resources availability. We did witness variation within local government, so there is no clear state policy blueprint around the design and often the policy that is in place is not supportive or suitable for the older demographic—and I can give you a few examples later on.

So we really want to make sure that there is better guidance and overarching state policy that caters for that age group—really to help with a better decision-making process. We do see a fair bit of fragmentation within councils, within the structures, and we hope with our partnership we are able to get all of them at the same table. So when you have a landscape within the policy and within marketing and promotion and with the positive ageing team, it is a better way to actually make sure design is suitable. So that is something again to be mindful of. And really, really important is engagement with older people and community members. Even from the very beginning of the design phase get input about what older people need, because at the end of the day you want to make sure that whatever you do is actually going to cater for all community members.

The key message is that it is very important that there is knowledge and understanding around the needs of and how to cater for older people. We are here obviously to provide our expertise and help with that. We are aware that local governments are in a great position to impact on community wellbeing and that is why we like to work closely with them, but there needs to be commitment throughout the process as well as in the maintenance and longer term investment. Things around location, amenities, accessibility and safe, suitable exercise equipment are something that it is very, very important they are taken into account and are driven by research and research evidence.

Knowledge and upskilling are really, really important because often there is not knowledge or necessarily expertise within local governments. Again, I cannot explain or say any more how engagement with community is very important. We like that there are stakeholders and that there is other involvement and we like to get in partnership because really, if we are working together, we are more likely to make an impact on the community and we like to build capacity within the community to have champions or ambassadors for what we do so there is sustainability and there is that community support.

Lastly is that again it is helpful to come up with better policy or overarching guidance to help stakeholders and community organisations and local governments. I think that is all from me. Thank you.

The CHAIR: Thank you, Pazit. That is fantastic. I am going to kick off with the first question just on the back of your presentation. I know out in Wyndham we are starting to roll out some of the equipment I think that you just had photos of in your presentation. I actually had to look closely to see if it was Wyndham. Some of that equipment is really useful and well used by seniors, and there was a difference between just a children's playground and then exercise equipment and then specific exercise equipment for people who were just that little bit older. You talked about the highlights of the recent research that you guys have published in the *Health Promotion Journal of Australia* that provides guidance about age-friendly outdoor exercise equipment and associated strategies to maximise usability for older people. Can you outline what some of those guidelines and strategies consist of and importantly how you would like to see these incorporated into government planning? I imagine it is not just state government planning but it is also local government planning.

Assoc. Prof. LEVINGER: Yes, that is right. I just have to acknowledge Wyndham does have the seniors exercise park—one of the new councils or original councils engaged in partnership with us. It is an awesome site. You need to go and visit it; it is beautiful. What we have witnessed through our work is that apart from this

siloed, fragmented work, often we approach local government and we say, 'When you consider a site and you want to do equipment for different age groups, how do you know that you are actually doing the right things for the older demographic?'. And often they would say, 'We know; we choose this and this and this'. So we can come up with recommendations to say, 'Okay, you've got this type of equipment. This is what you need to be mindful of when you install it, so you cater to whatever your targeted audience or your target population is'.

There are a few things around safety that need to be considered. For instance, very simple things around suitable height platform; surface to make it safe so if someone does experience a fall, you actually reduce and minimise the risk of injury; handrails; and accessibility—very simple, practical suggestions of what they need to be mindful of. And we will be working closely with the manufacturers to make sure that there is adjustment in place to make it safe.

The equipment is one thing but there are other aspects that need to be considered. For instance, installation of equipment, especially for the older demographic, may not lead to what you want to see, which is people going out and exercising and being physically active. Unlike children—when you install a play space for kids, naturally they will go and climb, and they will be fine—with [inaudible] strength in Australia the older demographic needs a bit more work into getting that engagement. The engagement aspect or activation of site is what is really important to consider—you know, the peer support, the champions, the volunteer ambassadors that help—and how to communicate well with the audience to make sure that we are not patronising older people, that we are actually including them in the discussion so that there will be engagement, making sure they are part of the process; suitable signage and illustration that are simple and friendly; and ongoing promotion and marketing. Sometimes we do an official launch. A one-off launch may not suddenly lead to ongoing participation. The bottom line is that there needs to be an ongoing commitment to facilitate that process from installation to then making sure that the community is aware of that as part of that process. I hope I highlighted a few key guidelines that we have provided, and there is obviously a fair bit of details in the recent documentation.

The CHAIR: I just want to ask you a question off the back of that. Obviously in Wyndham there are a lot of seniors from migrant and CALD communities. I see them doing all kinds of activities and lots of group walks together in the early morning, which is fantastic to see. Is there anything in particular that you think we should know about in catering for people from different cultural backgrounds?

Assoc. Prof. LEVINGER: Language might be a barrier. We provide some translated materials—about physical activity and what they need to do—for the council, for Wyndham, and I think that was placed on the website, so at least to cater for that language barrier. Then the socialisation is really, really important. We emphasise coming together. If it is a walking group or if it is coming for an exercise session, it is being together. When we did the big study we had people coming from different ethnic backgrounds. Often you need to make sure you reach for that demographic, if it is talking to them, but also it is good to keep them as part of the process, so I would encourage having people from a CALD background as part of your engagement process, as part of the co-design aspects, so when you design a program or when you design a site you know you have got them on board. They are part of the process. They are taking part in it, so they are likely to be engaged as well. It comes down to communication—communicating well with that demographic, making sure that they are included in the decision-making, and having some representatives if you can as part of that as well, as part of that engagement.

The CHAIR: Thank you.

Mr HAMER: Chair, can I just jump in there? I had a question directly on that same topic about the CALD communities and the older members of the CALD community. Apart from, I guess, a process, are there specific infrastructure requirements that you have identified in your research that are specifically perhaps required to accommodate certain groups? I know in my area you often see a lot of the parks being used for tai chi. Now, I know that is a fairly flexible space, but it does take up areas. I would be interested because of the purpose of the inquiry, being environmental infrastructure—and these are the opportunities through the submissions and the hearings to get some of those ideas—if there have been any specific requirements that might not be what we would traditionally see and use in an Anglo environment.

Assoc. Prof. LEVINGER: With the ENJOY project about 30 to 40 per cent of the sample came from a CALD background—a wide range of distribution in terms of where—and that is supported by research. But what we have noticed is that there are differences in what they considered as attractive in terms of site. For

instance—I will give you an example—those coming from Asian countries might like a bit more water sounds or water features; those coming maybe from an Italian background might like a bit more vegetation because they like gardening and cooking. So it is not one size fits all. What I would suggest is, because the demographic changes within each municipality, to know: what is your demographic? Get those representatives on board with engagement when you design so from the very beginning you know what they like. The reason why I am saying that is that what is going to work for Wyndham might not work for Whittlesea or Boroondara or for other municipalities. So know your demographic, get them engaged and listen to what they like and what they do not like. There has not been much extensive research around that aspect in terms of CALD, but there is certainly research evidence to suggest that what they like and dislike is different.

The CHAIR: Does the Heart Foundation have anything to add off the back of that—any comments around seniors, the types of equipment they require, how they should be incorporated into parks?

Mr MOSLEY: I will just make a quick comment and throw to Naomi to talk a bit about an initiative that we have got that might be of interest. I would reiterate Pazit's idea of the champions—I think both community and within government is helpful. With our walking groups, I think that they do take on a slightly different sort of approach and flavour depending on which community they are in. I think that does sort of underscore the previous comments around needing to be mindful of a community-based approach. I do think COVID did reiterate the importance of being able to communicate to individual communities. I will throw to Naomi to talk about another initiative that might be relevant.

Ms GILBERT: Yes, so I just thought I would mention we have been running this year a program called Healthy Active Ageing. It is a subset of our Healthy Active by Design program and toolkit, and it is really just looking at that older demographic and cohort. We can provide you with some links to some of the data and evidence that we have got there. We have also got a checklist tool which you might find useful, which is a bit of a how-to guide—so what sort of things do you need to be considering and thinking about when you are planning for that older community in a real sort of urban planning context but also if you are providing public open space and those sorts of things and really working on helping them to be more physically active. So what sort of things need to be in a community? So it is about the footpaths and making sure that they are level and the road crossings and all those sorts of things. So we are really happy to provide you with some of that information if that would be useful.

Mr FOWLES: Can I ask a follow-up on that, Sarah?

The CHAIR: Yes.

Mr FOWLES: Thanks. So it seems to me that there is a range of, I will say, cohort-specific criteria that ought to be taken into account in the provision of environmental infrastructure, and my guess is that the application of those criteria is sporadic at best. Do you have a view about what we should be recommending to government to ensure that the needs of seniors, CALD communities and others are adequately addressed by local councils and by state government in the provision of this infrastructure?

Ms GILBERT: Yes, I just think it is around that universal design. It is sort of an urban design term: you want to be planning for the whole community—so the eight- to 80-year-olds—to pick up everybody so that everyone can move around comfortably in your community. That would be sort of the catch-all to capture everything and everybody, because if you are planning for really young people and really old people, you get everybody who can move freely through your community and safely and access parks and infrastructure as they need to.

Mr FOWLES: Sorry—I appreciate that that is the objective; I guess my question is more to the doing. Is there a mechanism? Is it just a set of design standards that you ask councils to adopt voluntarily? Is it a set of rules imposed via the planning scheme? Is it a separate act of government mandating these things? Or alternatively you could just say, 'You guys need to sort that out because you're the government and we're just the Heart Foundation'.

Ms GILBERT: No, I think the answer is through planning schemes and then directed to local council so that in Victoria everybody is on the same page and doing the same sorts of things so that councils are really clear on what is expected and how to deliver. I think that is what is required, so a bit of coordination between

developers, the councils and the state government sort of leading that with a practice note or changes to the planning schemes to implement.

Mr FOWLES: Okay. Are there any cohorts that I have not mentioned that our recommendation ought to pick up? If you just go quickly: seniors, mobility impaired, CALD communities, younger people. Are there any other cohorts that we ought to be considering?

Ms GILBERT: I think that captures everybody, unless Pazit or anyone else thinks something.

Assoc. Prof. LEVINGER: I could just add to that a little bit, Naomi. I agree with Naomi. In terms of that, we will look at it this way. If you have got an area that can be accessed by someone with a wheelchair or walking aid, it is probably safe to be accessed by children. The way to look at it is: take the person that you think might have difficulty. If you cater for them, everyone else can use it safely. So when you talk about mobility limitation, there could be other limitations, like vision impairment and things like that, so you want to think about the lighting, you want to think about contrasts. Again, it comes down to having perhaps overarching guidelines around that that are dictated down to local governments. Still allow them a bit of variation, but be very clear that what you define as your cohort would be someone with, for example, wheelchair access, mobility, vision, and you might have some other conditions such as dementia. There are a lot of things that can come into play, so think about it, as I said, from being as inclusive as you can. If it is as inclusive as you can get it, it is likely to work for the majority of your population.

Mr FOWLES: Roger that. Thank you. Thanks, Sarah.

The CHAIR: Thanks, Will. I am going to throw to Danielle.

Ms GREEN: Thanks. Excellent presentations by both—really, really helpful. One thing that has occurred to me in seeing that older playground at Leith Park in St Helena is that in all the aged care—I have been in a lot of aged-care places as a member of Parliament but also as a volunteer firefighter—I think that is the only one I have ever seen. It has just occurred to me that I suppose we could have a recommendation putting things into the planning scheme for retirement villages and older persons. But I think it is something that we need to make a recommendation to the federal government on too—that physical activity needs to be included, and I do not think it is, in the aged-care home standards. You know, it is just the biggest thing. As we have seen in the royal commission, they get starved but also there is just muscle wastage and bone problems and they are more inclined to fall, so it is just a shocking thing. So thank you for highlighting that. It is obviously local government stepping up. Old Colonists is a not-for-profit, but the for-profit ones have got to have pressure put on them to include that sort of infrastructure, especially where you have got a cluster of them.

On lighting as well, Victoria Walks have said that the biggest issue for older people—and older women—the barrier to walking is lighting in the evening. It is about the risk of falls, and it is actually higher than their fear of being purse-napped. Victoria Walks have pointed out to me that in almost every new development, for example, the light poles light up the road, not the footpath, which is just stupid because cars have got lights. People do not have lights. They pointed out to me that in design we should just turn the lights around so it is the footpath being lit and not the roadways, so that sort of reminded me that I think maybe that is something we can put in as a recommendation.

But my substantive question is more to the Heart Foundation, and it is around your Healthy Active by Design program. I wanted you, with your submission, to outline how the foundation developed the program, what are the key design features your program identifies and how you would like to see the state government incorporate this into its planning.

Ms GILBERT: Okay, so over to me then. Healthy Active by Design, the website, and the program really, was developed in conjunction with RMIT University and its centre for research excellence, so it is very heavy on evidence; there is a lot of evidence in there. In terms of structure, of what it is actually about, it has eight key design features. It looks at public open space; community facilities; design of buildings; and destinations—in terms of where people are actually trying to get to, and creating those in a nice way, where people want to stay and can access employment, education, public transport, fresh food outlets, those sorts of things. We look quite extensively at movement networks—how people are actually moving around—so facilitating safe and convenient travel within neighbourhoods through accessible and connected walking, cycling and public transport routes. We delve into housing diversity—housing density and diversity can support critical

infrastructure, connect neighbourhoods and help people age in place—so really again capturing that older community and making sure that we are providing places for everybody to live in. We look at sense of place—where community emerges, where residents have opportunities to meet and interact in attractive places of interest—so really creating that community culture for people to socially connect with each other. We also touch on healthy food. We look at planning for food demands, production space and accessing healthy foods—so: can people get access to healthy food in their local areas? Is that an easy thing to do? That is something that we look at as well.

Ms GREEN: Thank you.

Mr MOSLEY: Just to add to that quickly, I note that Naomi is doing some work on working with councils as they prepare their health and wellbeing plans, so it is an opportunity to implement and talk through some of the principles of Healthy Active by Design and work with those councils to help that become embedded in their work going forward.

Ms GREEN: Sarah, just as a follow-up, I am wondering—because in my sport role I am sort of grappling with how we might be able to address this—there is the planning side of things too, but there is also funding. When we are considering funding for sporting facilities and other facilities, say, out of the Growing Suburbs Fund, should government be putting a higher weighting to communities that have poor health indicators? The research that you guys do indicates which LGAs—you highlighted the west, but I represent the City of Whittlesea, and I think we were only just knocked off as being the top for heart disease. I mean, I have grappled with it in a funding sense. We do have different weighting for how much funding different local governments have to co-contribute, given wherever they are, but do you think it is something that we should build in—that there should be a higher weighting in funding programs? For example, each local government is treated equally across the state in how many major or minor facility applications they can submit. Do you think that we should actually change that to say that local government areas with poorer health outcomes should be able to get a greater share of the pie?

Mr MOSLEY: Thanks, Danielle. Look, I think there is a range of factors that are important to consider when we are talking about health of course; it is not just one specific thing. What I would say is that we would certainly be supportive of activities and I guess policies that would encourage active recreation broadly. I believe that there is an attempt for the government to think through what the next active recreation strategy might look like, and perhaps that is an opportunity to think about, ‘Well, on which areas does there perhaps need to be a greater focus?’, and that might be funding activity, but I would suggest that active recreation strategy approach and opportunity is something that we could be thinking about going forward. So I would nominate that as one policy opportunity, but noting of course that there is a range of things that we need to think about when we are creating healthy communities. As Naomi was talking about, with open space there are a range of things that we do need to focus on. But I would reiterate that when we are talking about trying to encourage people to be physically active we do see a real opportunity in terms of walking, so promoting infrastructure, promoting programs that encourage people to walk. We have got some CALD communities that run their own walking groups through our program. So that is perhaps the sort of place-based approach that we might be able to think about when we are trying to work out which initiatives might be most appropriate in different communities.

Assoc. Prof. LEVINGER: Can I just add to that? I appreciate where you are coming from, Danielle. I think that is probably a very important point to consider. There are a few things that we know from research around access to parks and recreation. We know that those from a low socio-economic background are likely to have less access to those green spaces. So I think being strategic in that regard is actually quite important, and we know that those that have access to parks and big parks and recreational activities are likely to be healthier. A good way to try and get a bit more equality around that space is to be a little bit more strategic about where the funding is targeted. So that is something to consider, and obviously there are other wonderful examples that Andrew has given. You know, if you have walkable places with recreational activities free for use, it means that people do not have to pay a lot to access them and you are impacting on their wellbeing and socialisation. So obviously that is why a clever design to do that can proceed with the process of allowing people to access those wonderful public spaces free of charge.

Ms GREEN: Yes, I think the public open space is important—walking and all of that—but I think organised sports facilities are as well because you overlay where the worst areas for heart disease are and they are exactly the same as the areas that, when government has funded strategic planning for where the shortages are, whether

it is netball courts, basketball courts, football ovals, swimming pools—they are the same places. And so yes, get people walking, but if we do not invest in things that get kids involved in organised sport and encourage the parents to volunteer in organised sport, those kids are going to be the next generation of people dying from heart disease.

Mr MOSLEY: And sometimes the best activities are the ones that people and particularly young children will do, and so I would reiterate that point, Danielle. I think that we are not going to radically increase physical activity across the whole population without thinking about the different types of physical activity that different people enjoy doing.

The CHAIR: Are you done, Danielle? I will take that as a yes. On the back of that I am really—

Ms GREEN: Sorry, I could not unmute. I was saying yes.

The CHAIR: Sorry, Dani. I just want to see what your thoughts are. Out in my area PSPs are done many years in advance, and I thought it was really interesting in the Heart Foundation submission where you talked about the rationale for a health lens, and I guess Danielle sort of touched on that. How important do you think it is that that health lens is applied really, really early in the planning process? My other sort of comment that I want to throw out there—and I am really keen to hear your thoughts about this—is that there is an issue at the moment around developers in new estates and new parts of particularly the outer suburbs in that people are building their houses say as quickly as five months and moving in, but they are waiting years and years and years, sometimes a very long period of time, before they get that park and that open space that they were promised I guess to entice them to purchase a house and land in a particular area. What are your comments and thoughts around that in relation to, you know, whether it is seniors and older Australians being able to access that open space, let alone families—which largely make up my electorate—being able to access and use that open space? Sorry, it is quite a big—it is opening Pandora's box, really.

Ms GILBERT: That is okay. We will have a go. So going to your first question around developers and new estates—sorry, the first question was around the health lens and does that need to apply. I think absolutely, because you have got to get this stuff planned for and built up-front. You do not want to sort of come into a development later on and discover that the footpath is not there, or as you have just mentioned, your park is not there yet or your grocery store is not there, but the houses are there or the local school is still not there and everyone is having to drive somewhere else. I think that is really imperative, that the health lens is applied and it is integrated into the PSPs. My understanding is that there are some changes to the PSPs that lean a little bit more towards this stuff now, which is great and really important—so absolutely important and imperative and needs to be thought of at the start, not an add-on at the end, because you have got to get it right from the beginning.

The CHAIR: Naomi, let me just jump in there. Do you think it is possible that early in the planning process, so on greenfield sites, to apply a health lens?

Ms GILBERT: Yes, absolutely, yes. And this is where our Healthy Active by Design toolkit spells that out. It goes through the eight key design features and says, 'Have you thought of these things?'. And then where you will see it in planning is in PSPs. So, so long as those master plans capture these ideas, it is there. It can absolutely be done and should be, actually, what we are doing in all development moving forwards, really, in my opinion.

To answer your second question, Sarah, around developers and new estates, it is basically an issue around sequencing and also about delivery and timing. I suppose that is just something that needs to be thought about a little bit when you are doing big developments. If houses are going in first and all the infrastructure that is supporting those houses, so the community infrastructure, is coming in much later, that is a little bit of a problem in terms of even public transport. If your public transport is not going in when your residents are moving in, that is a problem. If your schools are not going in when the residents are moving in or if your shopping centres are not going in when the residents are going in, it is also a problem because you really want to set up healthy activities in terms of you want people to be in the habit of walking to the local shops or walking their kids to school, not having to get in the car and drive for kilometres to access those everyday services. So it is a really important thing that I do think needs to be addressed. We want to see a coordinated delivery and timing of development and it to be sequenced in a way that when people move into their homes, those crucial facilities that they need are there and ready to go as well.

The CHAIR: Would it be fair or would it be a bit of a stretch to say that—and I am not sure if you have done any research around it—in those sorts of areas that are experiencing that delay, say, in infrastructure that helps promote healthy habits and healthy lifestyles, such as walking to the shops, the local park et cetera, and sports fields, it is having direct detrimental effects on the health and wellbeing of people in these areas?

Ms GILBERT: There is research that we have seen around what happens if you become a car-based neighbourhood—so research looking at, if you are not out walking every day because you are driving everywhere, what the health impacts are for you from that sort of transport arrangement, from that point of view. So, yes, that is how I see that really. I mean, it is a big issue. It comes back to the amount of physical activity people are doing every day; that is kind of the indicator. Our recommendation is 30 minutes a day at least five days per week for basic health. If you are not actually able to do that in your day, that is where you see the balance tipping and that is where you can see health issues starting to arise. So that is kind of the measure, yes. I hope that has answered your question a little bit.

The CHAIR: Yes, it has, as someone who has got many thousands of people that spend a lot of time in their cars and they cannot walk to parks and things—they do not have access to them. Thank you. Pazit, I do not know if you had anything to add on the back of that.

Assoc. Prof. LEVINGER: Yes, I think Naomi and Andrew have addressed it quite well. They are more informed on that research perspective.

The CHAIR: I am going to go around the table again. Will, did you have any other questions?

Mr FOWLES: I have questions, yes. I do not know if they are other questions; have I asked one yet? Anyway, I am interested in the Heart Foundation's evidence about the health gains. Let me just read the quote:

... the health gains that could be achieved if cities incentivised a shift to active environments. In the case of Melbourne, implementing changes that made the city more conducive to walking, cycling and public transport could reduce the burden of heart disease by 19%.

That strikes me as a whopping number. Are you able to talk us a bit through the science behind that claim?

Mr MOSLEY: Thanks, Will. That refers to a report from the *Lancet*. I think it was published a couple of years ago. What that report did was look at land use, transport and population health with the goal of estimating the health benefits of more compact cities. They looked at a series of places around the world, and Melbourne featured in that. My understanding—and I will throw to Naomi in a second—is that the kinds of principles and things that were mentioned in that report are some of the more basic things we have already been talking about. I think in our submission and in our presentation earlier we talked about some of the actions that we can take to make cities, towns and built environments more generally healthier and easier to get around in. For example, we talked about the 20-minute neighbourhoods, and there are a bunch of principles within that that we believe and that the pilot shows can lead to more walkable and healthier neighbourhoods. So my understanding is that the types of things that were mentioned in that *Lancet* report really do reflect some of the broader principles that we have been talking about today and in our submission around what it takes to create healthier built environments.

Mr FOWLES: Naomi, do you have anything to add there? Your colleagues have thrown you under the bus there, I suspect.

Ms GILBERT: I agreed with what Andrew said. No, I do not have anything to add. I think he captured that very well.

Mr FOWLES: Nice straight bat. Well played. I have got a question then for Pazit just around your recommendation about the design of outdoor public spaces, including the suitable equipment and amenities for older people. Things like seating with armrests and covered areas for rest, are these things that you are suggesting are not being provided at all at the moment or to a very low level, or is it something where you are saying, 'There's a bit out there, but there's not enough'?

Assoc. Prof. LEVINGER: It is just the inconsistencies we see. You might have some really good, sought-after sites and then you might see some others that are really bad. I will give you a simple example: I might see proper seated benches that are positioned on a nice cemented area, but then it is so hard to get there. So if you have got a wheelchair, good; you have done that well—great. Seated benches to rest with armrests, but then

you did not think how people could reach them and get there. Sometimes it is the small, simple things that can make a huge difference.

It is the same with equipment. You put something that is that high, and for the average person that might be okay, but someone who has difficulty in stepping up and down stairs cannot do it. It is the same with the handrail and things like that. This is where sometimes the logic when we work with local governments is just a little bit messy.

I can give you another example. We recently worked with a local government who have got a wonderful site—no seated benches around the equipment. Then the question that came up was, ‘Well, you’ve got someone that has exercised, and they want to have a rest’. They cannot sit because there are no benches. But then the policy was that you need to have benches within 15 metres. So this is again just not practical. So, yes, you do all the right things around the policy—you are following the policy—but the policy does not make sense, because practically it is just not user friendly. So it is just the small things that we see—inconsistency, unclear guidance. It is just a little bit patchy and I would like to see it a bit more streamlined. Clear guidance—‘This is okay’, ‘This is not okay’—and hopefully that will help.

Mr FOWLES: So in line with the principle that you only measure what you care about, or you only care about what you measure, is there any work being done to identify these gaps in the delivery? And this is a question, I guess, for both organisations. And if that work is not being done, who do you suggest ought do it?

Assoc. Prof. LEVINGER: Can you refine, Will, the question—be more specific?

Mr FOWLES: Yes, sure. Should there be a gap analysis done of existing environmental infrastructure, and if so, who should do it?

Assoc. Prof. LEVINGER: Yes, I think it would be good to have something a bit more informative. Who should do it? I think maybe a combination of stakeholders. I mean, we are happy to provide our expertise and assistance and do the evaluation regarding obviously the research aspect, but there are also other wonderful, strong research organisations that can provide their input around other aspects that we might not be able to provide expertise on.

Mr FOWLES: Sure. Thank you. Heart Foundation, do you have a view on that?

Ms GILBERT: Yes. I think we also think that there should be a gap analysis undertaken. In terms of who exactly I am not sure. It would be a great piece of research, and I think it would just provide clarity. I think you just almost want to do like an inventory and a stocktake of what is out there and what is not out there and what is missing, and then working with those councils affected on delivering and funding, I think, are probably your next steps.

Mr FOWLES: And do you have a sense even—I am thinking about things that are more specific to your area of interest and expertise—of how many, if any, passive recreation areas in Victoria are actually no-smoking areas? Given they are outdoors, there is just not much in the way of enforcement. I am aware of the CBD no-smoking areas, but are there any others in parks generally?

Mr MOSLEY: There are a couple around some beaches—so bayside suburbs. There are some examples of where local councils have taken action to create smoke-free areas along beaches. As you reference, the City of Melbourne are also doing some great work. In fact—and I think it is still open, maybe closing next week—a consultation on smoke-free Melbourne is looking at other parts of the City of Melbourne that they might be able to extend smoke-free areas to. Beyond that, I think you are right. There are less examples, but we would be hoping that maybe going forward there might be some other opportunities for more councils to be creating smoke-free areas.

Mr FOWLES: All right. We will certainly pick up something along those lines as a recommendation. I think that is it for me, so thank you all for your evidence today.

The CHAIR: Thanks, everyone. I am just mindful of time, but I know Paul has one last question for you all.

Mr HAMER: Thank you, Sarah. And it is probably more directed to the Heart Foundation, particularly in your talk about the 20-minute neighbourhood, and I guess just drilling down maybe into specifics as to what

you would think is going to make the biggest difference from an environmental infrastructure perspective. It will be different I guess in different areas if you are looking at trying to create that area in an established area versus creating that area in a growth area, but is it more about just making sure that you have got the footpath infrastructure in place so that you can actually walk to the shops and services that might already be there and creating any links, or is it something more than that?

Ms GILBERT: Thanks for the question, Paul. I think it is along those lines. It is about creating walkability and a walkable environment. So your first step there is: do you have footpaths, are they on both sides of the street? Then start looking at things like road crossings. Have a look at how pedestrians can actually move from one side of a busy road to another to access your public open space, if it is there, or your tree networks and those sorts of things. So it is really doing a little bit of mapping of particular areas and figuring out—again, it is sort of an audit: what is here and what is missing and can people get around? Can children walk to the local school, can they safely get across that big busy road that is probably stopping them from walking? It is those sorts of things. Is that why people are needing to drive in that area or can people easily walk to the local shops?

And then getting back to your question about environmental infrastructure: where are your local parks—can people walk there or can they cycle there? Have you got safe cycling paths that people will use if they are safe? Are they off-road? Are they in areas where the traffic speeds are lowered, so that cyclists feel safe? Are your cycle lanes wide enough so that if someone is parking a car and they open the car door they are not going to hit the cyclist? It is those sorts of things that I think will really help you to deliver a 20-minute neighbourhood. You want to allow people to move freely and easily by foot or cycling in their local area and access all that it has, including your beautiful parks and your environmental infrastructure and also services and community infrastructure.

Mr HAMER: Sorry, just a quick follow-up. How important is shade and tree coverage in that 20-minute neighbourhood?

Ms GILBERT: I think it is very important. You want to have good tree planting and great shade. People are going to walk more if they have got lovely scenery and trees. As we are moving into a time of climate change, you need to have canopy cover and tree cover to provide shade so that people feel like either going into a park and sitting under a tree to hang out with friends or to walk somewhere in a shaded environment. I think it is very important.

Mr HAMER: And I assume not just from an aesthetic point of view but also from a health perspective, you get some of those really hot days and I guess you potentially get increased risk factors as well.

Ms GILBERT: Yes, absolutely.

Mr HAMER: Okay. Thanks very much. Pazit, did you want to add anything to that?

Assoc. Prof. LEVINGER: I like your suggestion. I think you are spot on with regard to cover, and there are a few issues and research coming up around cancer, so hopefully we will see more cover. We had a bit of difficulty convincing council to cover those areas, because again it is against policy—things that are not informed based on research. And then the other things that you want to be mindful of, for children and older adults sometimes it is quite difficult to acclimatise to hot weather or cold weather. So we highly advocate for them to have those seated areas where you can actually sit down without being exposed to the sun for health reasons and physiological risk-related issues. So it is about wise planning and having those trees. And this is just a side comment that sometimes with trees you have those seeds coming on the ground which people might trip over or slip on, so just be mindful what type of trees you actually install. Just again, it is about being a bit more inclusive in thinking about potential risks.

Mr HAMER: Terrific. That is all for me.

The CHAIR: Thanks, Paul. Well, I just want to once again say thank you, Naomi, Andrew and Pazit, for joining us today. That was a fantastic discussion. And I also want to say thank you on behalf of the committee for the great work that you do in our community and in standing up for people. Whether it is the stats and the work that is coming out of Health Foundation, it is just incredible. And I know, Pazit, the work that you are doing with older Australians is incredibly important. If it were not for you guys, I am sure that we would not have some of the wonderful exercise equipment that I do see in my electorate and in Wyndham, so thank you, because I know it is very well used and well loved.

Witnesses withdrew.