

# With better data access, urban planners could help ease our weight problems

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A recent episode of [ABC TV's Ask the Doctor](#) pointed to poor urban planning as a major culprit in worsening obesity rates and associated

lifestyle diseases such as diabetes. The show highlighted suburbs without footpaths, fresh-food outlets or exercise opportunities.

Built environments are important contributors to our [health](#) and wealth. Urban planners strive to create the best environments, but many describe the results [as "obesogenic"](#) – that is, places where fast-food outlets abound and there are few opportunities to be sufficiently physically active.

Increasing access to [health data](#), along with the powerful analytical tools needed to interpret these data, provides an opportunity to develop a real fix for this worsening situation.

## **How far planners have come**

Urban planners have come a long way in supporting healthy and active living. Internationally, this goes back to the late 1940s, when the World Health Organisation (WHO) [defined health](#) as much more than the absence of disease.

The subsequent and ongoing development of the [WHO Healthy Cities movement](#), the declaration of the [Ottawa Charter](#), and the publication of the social determinants of health and the related [settlement map](#), further reinforced the importance of [urban planning](#) and design in creating places that support health and wellbeing.

Recently, the UN [Sustainable Development Goals](#) cemented this focus on healthy built environments.

In Australia, this global recognition has brought built environment and health professionals into a closer working relationship. For example:

- The Victorian government [requires local councils](#) to prepare

municipal health plans.

- The New South Wales government policy acknowledges the built environment as a [key determinant of health](#).
- In Western Australia, the longitudinal [RESIDE project](#) traces the health impacts on residents of the [Liveable Neighbourhoods Community Design Guidelines](#).
- In Queensland, a [Healthy Futures Commission](#) has been legislated to tackle chronic disease by adopting healthy lifestyles.
- The National Heart Foundation has made an [impressive set of contributions](#) to healthy built environments.
- The Planning Institute of Australia has [spearheaded interdisciplinary collaborations](#). Most recently, it [issued a statement](#) supporting healthy built environments.

## How health data can help

Despite this progress, some health indicators continue to deteriorate. The numbers of children either overweight or obese is a [global public health epidemic](#). In Australia, [around 25%](#) of children are overweight or obese.

This trend is worrying, as obesity in childhood and adulthood is strongly linked.

Being overweight or obese is a significant risk factor for developing type 2 diabetes. Globally, more than 420 million people have type 2 diabetes, and these numbers have quadrupled since 1980. In Western Sydney alone, 60% of adults are [overweight or obese](#).

But increasing access to health data and more readily available analytical tools offer new opportunities to tackle ever-growing rates of obesity.

The Heart Foundation has published [comprehensive design guidelines](#) and [a website](#) linking research evidence to good practice.

In NSW, the [Healthy Urban Development Checklist](#) assists [health professionals](#) to comment on the extent to which urban planning proposals will support health. In Victoria, [Community Indicators](#) link practitioners with communities to create healthy places.

Other tools include [Healthy Built Environment Indicators](#) and the NSW [Integrated Planning and Reporting Framework](#) to get physical activity and healthy eating into local council community strategic plans.

Beyond these approaches, [geographical information systems](#) (GIS) and other analytical tools can help [tackle obesity](#). South Australia's Department for Health and Ageing [used GIS](#) to plot gaps in built environment facilities and resources that impact childhood obesity. One study established a link between obesity and access to fast-food outlets.

Another initiative provided insights into the spatial patterning of health issues by developing a [diabetes map](#).

Using these tools is a step in the right direction. But challenges remain, particularly in terms of access to health data. The release of datasets such as the [National Health Services Directory](#) and the [National Deaths and Mortality database](#) is encouraging.

## **Greater ease of use improves implementation**

Increasing user-friendliness of analytical tools, such as GIS and online portals like the [AURIN workbench](#), and [walkability planning support systems](#) offer more powerful means of understanding the relationship between health and the built [environment](#).

However, to seize these opportunities, we need enhanced data analysis, interpretation and presentation skills for planners and policymakers.

It takes skill to communicate the stories in the data and clearly identify the implications and required policy responses. Practical and policy-relevant research [is critical](#).

Enshrining the need for planning healthy built environments in legislation will help planners in their fundamental role of promoting [healthy lifestyles](#). Planners can be taught the theory. But putting it into practice requires a strong policy framework to support principles, maintain standards and withstand cost-cutting pressures.

With the increasing democratisation of health data and better access to [analytical tools](#) such as Australian National Data Services, AURIN and others, spatial thinking, data-driven approaches and collaborative action can fast-track plans for new and renewed environments that enable healthy living.

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