

Changing the Focus: Providing an Equity Lens over Capital Works Delivery

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1 Introduction

The following extended abstract will demonstrate the benefits of incorporating equity as a key focus in program-level prioritisation and project-level planning.

It will outline the issues associated with infrastructure development in the growth area context, provide overviews of the Missing Links Program and describe the Equity-focussed Health Impact Assessment Process (EfHIA). The report will also discuss some of the recommendations of the EfHIA and conclude with the community health, social and economic benefits experienced from the revised equity-focussed Missing Links Program.

1.1 Equity and Liveability

The World Health Organisation defines equity as *the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically* [7]. This implies that systemically disadvantaged individuals are given the relevant support mechanisms to make it possible to all services, infrastructure and opportunities.

Ideally, services, infrastructure and opportunities delivered by local government remove the systemic barriers to equitable access, however where this is not possible, additional supports should be designed to ensure no sector of the community is unfairly disadvantaged.

Liveability is a broad term used to describe *the challenges that might be presented to an individual's lifestyle in a given location* [5], with the Economist Intelligence Unit defining this as a community's access to stability, healthcare, culture and environment, education, and infrastructure. In the Global Liveability Index 2018, Economist Intelligence Unit ranked Melbourne second in the world for liveability with an overall score of 98.4, behind only Vienna, Austria with a score of 99.1 [5].

1.2 Urban Growth and Development

Melbourne's population is expected to increase to 10.1 million (up over 100%) by the year 2051, with the outer growth areas absorbing the majority of this increase [4].

Subdivision development across greater metropolitan Melbourne has been historically delivered out of sequence, which in the growth areas has resulted in a patchwork of new development with key infrastructure links missing. This physical disconnection of infrastructure limits pedestrian and cyclist access to services, undermines social cohesion, increases car dependence and poses significant safety concerns, with the community forced to use unsafe pathways or travel on road shoulders.

2 Problem Statement

Located 25km north of Melbourne's CBD and home to approximately 220,000 residents, the City of Whittlesea is one of seven growth areas on the urban fringe of metropolitan Melbourne. The local community are heavily car dependent with the 76.20% of residents opting to drive to work every day, compared to 3.47% of the community who walk and 1.63% who cycle [3], and experience some of the highest levels of social isolation and financial stress in the greater metropolitan area. Furthermore, the local community identified the high levels of traffic congestion, poor perceptions of community safety and limited family time as major factors impacting liveability and health in the municipality.

In response to these concerns, in 2015, the City of Whittlesea developed the Missing Pathway Links Program. This program ranks 248 gaps in the pedestrian and cycling network using a suite of criteria, such as road classification, patronage numbers, and proximity to schools, commercial precincts and

places of gathering to prioritise and expedite the deliver of vital infrastructure ahead of private developer timelines ^[1, 2].

3 Methodology and Findings

3.1 Equity focussed Health Impact Assessment

To further improve the Missing Pathway Links Program, the City of Whittlesea, with the help of VicHealth and the Centre for Health Equity Training, Research and Evaluation, applied an Equity-focused Health Impact Assessment (EfHIA) to the initial program scope and prioritisation criteria. The EfHIA evaluated the potential impacts and distribution of impacts to the community, through a seven-stage process: screening, scoping, identification, assessment, recommendations, reporting and evaluation, and concluded with a suite of recommendations that minimised negative health outcomes and ensured the benefits of the delivered infrastructure were shared equally amongst target cohorts.

3.3 Recommendations

The final EfHIA report provided 28 recommendations across six key themes: physical activity and social cohesion, traffic safety, safe environments, connectivity and key destinations, walkability, and community engagement ^[2].

Many of the recommendations related to the program's evaluation criteria and project-specific scoping improvements, including:

- *Integration of walkability and amenity to improve sight distances and visual appeal of the area;*
- *Integration of engineering design guidelines and health determinate checklists, e.g. the Heart Foundation's 'Healthy Active by Design' checklist; and*
- *Adjustments to criteria to include aged-care and early years facilities, and their proximity to bus stops ^[2].*

All recommendations were adopted by Council to ensure both the ongoing success of the Missing Links Program, and continued positive net-community benefit outcomes.

Subsequent municipal-wide studies have demonstrated that the community's perceptions of social cohesion and safety have increased by 0.6% (over the previous twelve months) and participation rates of active travel behaviours (walking and cycling) have increased by 0.5% in school children, as a result of the successful delivery of the Missing Links Program ^[6].

4 Conclusions

The Missing Links Program aims to target vulnerable residents, including school children and the elderly, by identifying disconnected communities in the growth areas and delivering pathway infrastructure ahead of subdivision development.

Through equity-focussed project prioritisation and scoping, active travel participation rates have increased markedly in the target cohort in recent years, potentially leading to improved health outcomes, increased levels of social cohesion and increased perceptions of community safety.

Further research will be required into the long-term benefits of this level of targeted infrastructure investment, however the initial anecdotal evidence appears promising.

5 References

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