

Making health a planning priority: how was health framed in the review of the NSW planning system?

Abstract: In July 2011, the government of New South Wales announced 'the biggest overhaul of the State's planning system in over 30 years' (O'Farrell 2013). What ensued was a comprehensive review process that culminated in October 2013 with the tabling in parliament of draft legislation outlining the state's new planning system. Elements of the NSW Planning Bill have been controversial, and as such the legislation remains in draft form and subject to considerable debate. Yet the Bill has one striking and novel characteristic that has quietly avoided scrutiny. In a first for land-use planning in Australia, it proposes 'health' as an objective of the new planning act.

This paper reports the findings of a collaborative research project investigating how health issues were included in the 2011-2013 review of the NSW land-use planning system. Policy theory suggests that effective problem definition increases the probability of an issue progressing onto the policy agenda. We use a descriptive content analysis of submissions made to the review to explore how health, and issues known to impact health, were framed in submissions as problems for urban planning. We focus specifically on health-related agencies and a group of other randomly selected stakeholders. We found that only health agency submissions included health in any detail. 'Economic' issues and 'infrastructure' - particularly transport and open space - were areas where submissions overlapped. As a systematic case study, this paper provides novel insights as to how a review of planning legislation was influenced to consider health as a primary planning issue, and how health might be connected to other substantive issues in planning legislation and systems.

1. Introduction

Each Australian state and territory has a unique statutory planning system which represents an enforceable legislative framework for land-use planning. These systems are generally underpinned by a single primary piece of legislation, or 'act', which in turn dictates land-use planning objectives. Objectives include matters such as the promotion of orderly economic development, public participation and, more recently, protection of the natural environment. They are extremely significant in that they articulate how planning legislation is to be interpreted. Indeed, any land-use decision made contrary to an act's objective can be deemed unlawful (Gurran 2011).

Opportunities to influence the objectives of urban planning legislation are rare. In July 2011, the government of New South Wales (NSW) - Australia's most populous state – announced one such opportunity by declaring its intention to conduct 'the biggest overhaul of the State's planning system in over 30 years' (O'Farrell 2013). Following through on an election promise, the newly elected O'Farrell government subsequently pursued a comprehensive review process, culminating in October 2013 with the tabling in parliament of draft legislation outlining the state's new planning system.

Elements of the NSW Planning Bill have been controversial, and as such the legislation remains in draft form. Yet the Bill contains one remarkable element that has, to date, avoided scrutiny. In a first for land-use planning in Australia, the review led to human health being included in the primary objectives of the proposed new planning act. The wording of the relevant section of the Planning Bill is outlined in box one below.

Despite the fact the bill has not been passed, the intention to include the promotion of health and well-being as an objective of planning legislation is a clear indication that health in NSW is increasingly recognised as a tangible matter of concern of relevance to the way built environments are planned and managed. This paper reports the findings of an investigation into how health was positioned in the review. It uses publically available submissions from different stakeholders, purposefully selected to explore the views of both those with and without an explicit health agenda. It fills a knowledge gap by providing a systematic comparative case study of how wider concerns were framed to inform a policy making process. We discuss a series of lessons that can be learnt from this for future policy review processes, and attempt to position our approach within a broader body of political science research and theory.

Box One: Land-Use Planning in Australia

In July 2011, the government of NSW commenced the first comprehensive review of the state's planning system in over 30 years. Resultant draft legislation includes health in two of 11 of the primary objectives of the new planning act:

(1) The objects of this Act are as follows:

*(h) to promote **health** and safety in the design, construction and performance of buildings,*

*(i) to promote **health**, amenity and quality in the design and planning of the built environment,*

....

2. Background

There is global concern about rising rates of a series of non-communicable physical and psychological conditions, particularly cancer, heart disease, diabetes, asthma and depression in urban populations. Many of these diseases have reached epidemic proportions (Rydin et al. 2012) affecting "...people of all ages, nationalities and classes" (Daar et al. 2007 p. 494). In addition to placing a burden on public health care systems, these often preventable diseases result in considerable loss of quality of life to the individual, and place stress on families and communities.

Concurrent to changes in the epidemiology of disease has been a shift in conceptualisations of health, from the treatment of illness in the individual, to disease prevention and health promotion in

populations. This has included increased focus on the impact of environments on collective well-being (McLeroy et al. 1988) and on the interdependence of environments and individual behaviour (Sallis et al. 2006). There is now widespread appreciation of the importance of place, scale and context in the promotion of health and well-being.

This approach has been used to demonstrate links between the modern epidemics of chronic non-communicable diseases and the way we live in cities (Kent and Thompson 2014). Car-dominated transport, reduced opportunities for physical activity, increased fast-food availability and lack of social connection are all implicated. As a result, health professionals increasingly recognise the importance of the built environment in directly affecting people's health. Further, and most importantly, there is growing appreciation of the central role that urban planners play in providing environments which support healthy behaviour (Kent and Thompson 2012).

The reinvigorated relationship between health and planning reflects a broader trend for urban planning systems to be positioned as mechanisms for better policy integration (Stead and Meijers 2009). This can be horizontally, across policy domains, and/or vertically, between scales of governance (Nadin 2007). This trend surfaces in attempts to address all manner of contemporary problems, including rising incidence of non-communicable disease (Grant 2015), environmental degradation (Smith 2014), transport disadvantage (Hrelja 2015) and climate change adaptation (Serrao-Neumann et al. 2014). Other sectors, including but not limited to the health sector, are increasingly recognising the influence of urban planning, and looking towards urban planning as a mechanism to deal with the spatial expressions of their various vocations. The need to integrate policies is concurrently an accepted prerequisite to best-practice spatial planning.

Despite a strong evidence base and ongoing advocacy work for a health focus in urban planning (Marmot et al. 2008), very little has been done to successfully integrate health in planning policies (Embrett and Randall 2014). The case under examination is a rare exemption to this trend, and provides a unique opportunity to explore a relatively successful example of cross-sectoral policy coordination between health and planning. To guide our analysis, we use policy analysis theory. Although somewhat simplistic, we follow Sabatier and Weible (2014) to conceptualise the policy process as one composed of sequential phases that begin with an issue being defined as a problem. This problem is then positioned on the policy agenda, in full view of those responsible for potential government action. These two stages are commonly known as Problem Definition and Agenda Setting (Embrett and Randall 2014).

In their analysis of the implementation of healthy public policy, Embrett and Randall (2014) propose that the absence of health in the policy armoury of non-health sectors is a result of poor problem definition. The problem definition phase begins when a problem is framed as a matter of cross-sectoral concern that is amenable to cooperative policy action (Burstein 1991). Getting an issue on the agenda of another sector is, therefore, partially a task of building consensus on the nature of a problem and its potential solutions. In the present case, for health to be considered a planning priority, the health sector needed to frame its problems (such as the rapid increase in heart disease) as urban planning problems (for example a lack of well-maintained open spaces for recreational physical activity). Public policy experts lament the difficulties inherent to the process of framing problems in this way, with Kingdon labelling it a "major political accomplishment" (Kingdon 1984, p. 121) when it does occur. Despite inherent difficulties, policy theory suggests that effective problem definition increases the probability of an issue progressing onto the policy agenda. Importantly, effective framing of problems can advance some policy solutions while eliminating others. One way to do this is through deliberate use of language and symbols that highlight the benefits of the policy action in a causal way (Rocheffort and Cobb 2005). These causal stories are often told by groups with vested interest in a proposed solution.

The research presented in this paper is part of a larger research project using political science to understand 'what happened' during a legislative review process that led to an unprecedented emphasis on health in urban planning legislation. Pragmatically, the intention is to unearth what has occurred in NSW to inform future similar, strategic level action in other sectors and jurisdictions. The focus here is on descriptive empirical analysis of submissions to a policy review process with a view to identifying the how health was successfully framed using language and causal stories to influence urban planning policy. Following the dimensions outlined above, our analytic focus explores the way problems were defined within specific policy communities, both internal and external to health. The

overarching analytic framework for our research agenda in this area positions 'framing' as just one crucial unit of analysis, overlapping with other core units including actors and institutional structures. These other units and their intersections are currently being explored through other methods and will be the subject of future publications.

3. Methodology

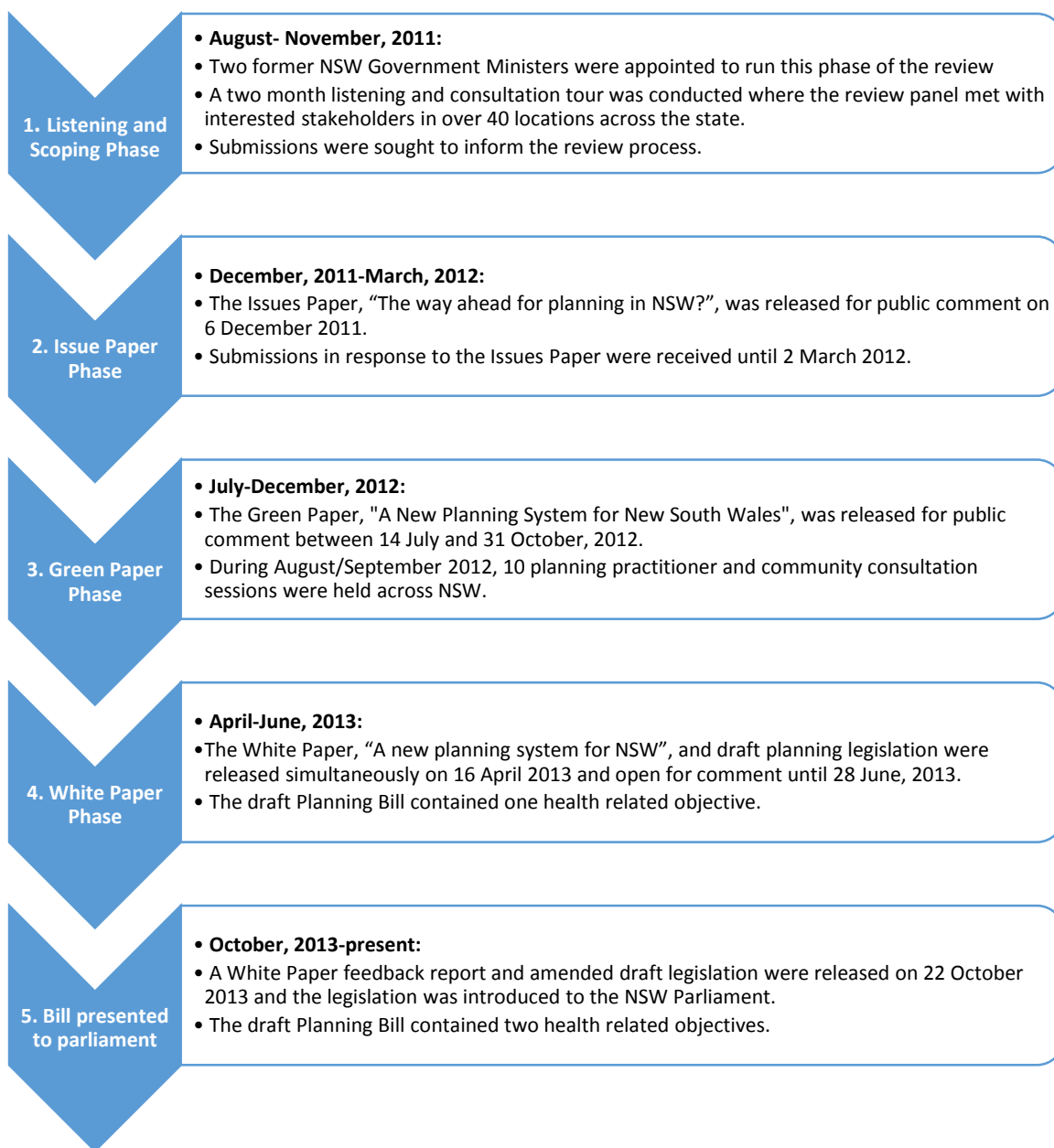
The review of the NSW land-use planning system represents a single explanatory 'critical' case study (Yin 2013). Case study design, Yin argues, is useful when phenomena have not been previously studied and are not under the control of investigators. Yin provides several rationales for explanatory single case studies, to which this case conforms. Single cases are useful when the phenomena are unique but provide the opportunity to test, confirm, challenge and extend a well formulated theory. Further, single case designs are useful when the case is longitudinal.

The research was undertaken by the authors, supported by a multi-disciplinary reference group of professionals from government, non-government agencies, and universities. We were part of a network of health related organisations and individuals formed to influence the review. Following the inclusion of health in the bill tabled to parliament, we conducted the research to understand why and how health was included. Both authors made submissions to the review, which are included in the sample analysed here.

3.1 Data collection

Over the course of the two year review process (outlined in Figure One below), submissions were invited from any organisation or individual at four junctures, resulting in over 7000 publically available documents. A sample of these submissions form the basis of data used in this paper.

Figure One: Timeline of the review process



The practice of requesting public submissions to proposals for change has been used as a participatory method in land use planning since the mid-20th century (Lane 2005). As an accepted way of facilitating participation both the public being consulted and those doing the consultation understand the written submission as a way to record the range of concerns and aspirations relative to any change proposal. Submissions are therefore a logical and useful data source to identify the ideas promoted by different policy stakeholder groups.

Given our interest in the framing of issues by different stakeholder groups we utilised stratified purposeful sampling to 'illustrate characteristics of particular subgroups of interest' (Patton 2001). This paper reports specifically on two types of 'submitters' purposefully identified for study using the processes outlined in table one.

Table one: Typology of submissions analysed

	Total included in analysis	Composition of sources (n=submissions)	Selection process
Health Focussed Agencies (HFAs)	31 submissions from 19 different agencies.	State health department: 4 Local health departments: 8 Health advocacy groups: 4 Non-government organisations: 5 University based centres: 4 Ministerial advisory agencies: 6	Agencies that included 'health' in their name or confirmed by the project reference group as having an expressed interest in positioning health as a planning issue.
Other Agencies	47 submissions from 47 different agencies/ individuals.	Individuals: 8 Local government councils: 8 Private sector organisations: 10 'Peak' or non-government advisory bodies: 9 Non-government organisations: 4 Government related (non-health) agencies: 4 Community groups: 4	These are individuals and organisations who did not clearly articulate an interest in health and who were not necessarily identified as key stakeholders to the review. A random sample was selected against types of stakeholders categorised using a typology developed by the state planning department to report on submissions throughout the review process.

3.2 Coding Framework and Data Analysis

Our coding framework, developed both inductively and deductively, contained three categories of codes. First we inductively identified a category of 'Health' related codes from the content of the HFA submissions. This concerned the explicit use of the word '[human] Health' and then included additional descriptors as sub-categories, such as 'Chronic diseases' or 'Health risk factors'. The second category of codes was primarily developed deductively as a list of issues potentially of interest to the planning review but still broadly related to the health-planning nexus. To develop this list, we reviewed different 'healthy planning' frameworks and selected a locally endorsed document, the 'NSW Healthy Urban Development Checklist' (NSW Health 2009), to guide our framework. Three additional codes: 'Economic issues', 'Liveability', 'Density' and 'Equity', were developed inductively during coding and added to the codes established deductively using the checklist. As a group of issues, this category of codes was labelled 'Wider Concerns' for the new planning system. The checklist also provides 'Principles' of healthy planning which were used to develop the third category of process oriented codes named 'Procedural Principles'. This paper reports on the distribution of the first two categories of codes which are listed in table two.

Table Two: Coding framework

"Health Related" codes	"Wider Concerns" codes
Health risk factors	Food
Chronic diseases	Physical Activity
Healthy lifestyles	Housing
Health performance indicators	Transport and Physical Connectivity
Health planning policy	Employment
Health facilities	Community Safety and Security
NSW Expert Healthy Planning working group	Public Open Space
Community health needs	Infrastructure
Healthy and out of hospital	Social Cohesion and Social Connectivity
	Environment
	Climate Change
	Economic Issues
	Liveability
	Density
	Equity

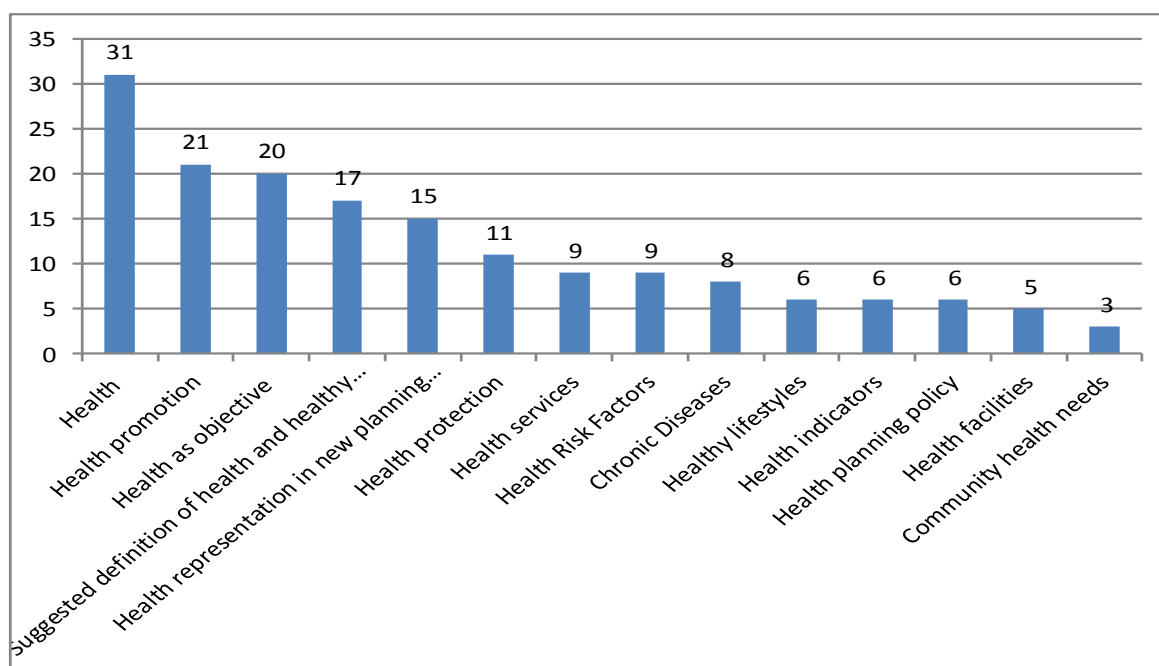
We coded the submissions using NVIVO. Our analytic focus was ‘qualitative descriptive analysis’ (Sandelowski 2010). To ensure descriptive validity, coding was discussed by the team, confirmed via email with the reference group, then undertaken by the project officer and further refined by the team.

4. Findings

4.1 Health focussed agency submissions: "Health Related" codes

The results of the coding of the health agency submissions are shown in figure three. All 31 HFA submissions referred to ‘health’ explicitly. There was distinct uniformity in the presentation of most issues, despite the fact submissions stemmed from different types of health agencies.

Figure Two: Number of health agency submissions referring to ‘health’ and its sub-categories



Explicit calls to list *'health as an objective'* of the new planning system were made in 20 HFA submissions. Often the mechanism of having health as an objective of the new legislation was provided as a way to link the evidence on health and urban planning to a tangible policy outcome. For example:

"The planning system should recognise the link between planning and health which is both historic and supported by a wealth of research evidence... protection and enhancement of human health and wellbeing should be explicitly included as objects of the new Act..."
Local health department, submission made in response to the Issues paper.

Seventeen of these submissions purposefully defined health. This was most often done as a way to inform decision-makers of how health relates to urban planning, and how it might sit as an objective of proposed new planning legislation. When positioning *'health as an objective'*, HFA submissions often connected *'health promotion'* and *'health protection'*, as in the following example:

... a primary objective of the new Planning legislation should include the protection and promotion of health and well-being of communities.
NGO with a health related agenda, submission made in response to the Issues Paper

'Incorporating health agency representation' in the new planning system was supported in 15 HFA submissions. Specifically, this referred to health agencies having roles and responsibilities in the governance and structures of the new system, such as inclusion on panels, commissions and boards governing different functions of the new system.

'Health promotion' was referred to in 21 HFA submissions. For example (and notably similar to the final wording of the draft bill):

"The object [of the legislation] could be broken into two outcomes:
1. to promote health and wellbeing 2. to ensure the safety and amenity of buildings, urban design and neighbourhoods."
Health advocacy agency, submission in response to the White Paper

As this quote demonstrates, health promotion was not typically defined. Most references often broadly introduced 'promoting' health. The most detail about the meaning of health promotion for planning was provided in the following:

"Health promotion [is] the link between planning and the creation of environments which encourage active and healthy lifestyles and facilitate the prevention of chronic diseases ... encouraging development which supports public transport, cycling and walking, open space, social cohesion and access to fresh food.
State health department, submission made in response to the Green Paper

'Health protection' was referred to in 11 HFA submissions, but only explicitly singled out as a standalone *'health'* issue twice (once by the state department of health and once by a local health department). Definitions of health protection connected human health to the physical environment – specifically focussing on air, water and soil.

'Health Risk Factors' were referred to in 9 submissions. These references concerned specific issues which impact, directly, on health. This was often connected to preventing obesity and through obesity to chronic disease, for example:

'There is sound evidence that the built environment and the planning system can facilitate greater physical activity amongst the population ultimately contributing to reduced overweight and obesity rate, through the provision of walkable neighbourhoods and green open space and recreational areas etc.'
State health department, submission made in response to the White Paper

'Health services' and 'Health Facilities' were included in nine and five HFA submissions respectively. Services referred to the running of health services as part of community infrastructure. Health facilities were most often referred to in submissions by the state health department regarding health and hospital buildings.

4.2 Health focussed agency submissions: "Wider Concerns" codes

HFA submission references to 'wider concerns' are shown in Figure Four. Overall the findings demonstrate that these categories were used in the majority of HFA submissions. More emphasis was weighted on the process aspects of the built environment which link spaces to people – transport, social connectivity, provision of food and public open space – and in this way enable healthy lifestyles and (equitable) health outcomes.

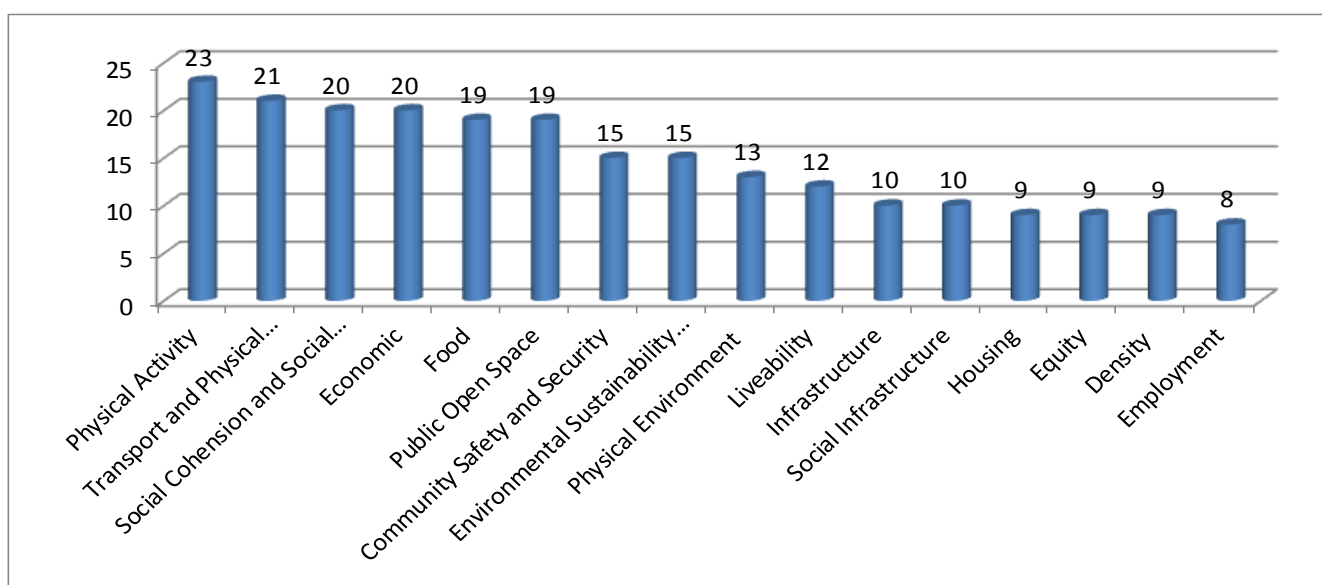


Figure three: Number of health focussed agency submissions referring to 'wider concerns' for consideration in planning

'Physical activity' was linked to the new planning system in 23 HFA submissions. Of these 15 referred to physical activity as 'active living'. For example:

Active living refers to opportunities for incorporating physical activity into the routines of daily life as well as for sport and recreation...It is imperative that supporting healthy urban design and creating environments that encourage active living become key objectives for the new planning system.

Local Health Department, submission made in response to the Listening and Scoping phase

'Transport and Physical Connectivity' was referred to in 21 HFA submissions. Of these, 17 submissions referred to 'Active transport'. For example:

'Such regional strategies should include future oriented structure plans to identify ... transport networks (including walking and cycling) and higher density centres.'

Non-government agency with a health agenda, submission made in response to the Issues Paper

Fourteen submissions referred to 'Public transport', for example:

'Medium density development can be health-positive, when linked to good local public transport...'

Non-government agency with a health agenda, submission made in response to the Listening and Scoping phase

'*Economic issues*' were included in 20 HFA submissions, often in recognition that the planning system enables economic development which then has flow on effects to health. Particular emphasis was on the economic burden associated with chronic disease. Submissions also pressed for a balance between economic, social and environmental concerns as part of ecologically sustainable development.

'*Social cohesion and connectivity*' was included in 20 HFA submissions, with 16 of these referring to the influence of land use planning on social interaction and cohesion.

'*Healthy food*' was included in 19 submissions, with 12 referring to access to healthy food and 10 to protection of agricultural land.

'*Public open space*' was also referred to in 19 HFA submissions, with 12 including references to green space and 14 to public spaces.

Fifteen HFA submissions mentioned '*environmental sustainability and climate change*'. Fewer than half, 13, referred to '*physical environment*' issues. Ten included air and water quality and seven included noise pollution.

'*Infrastructure*' (10 submissions) and '*housing*' (9) were wider concerns that were given less attention in HFA submissions. This finding is particularly crucial in the context of the way these issues featured in submissions from those outside of the health sector (as explored below). It is possible that HFA submissions engaged with specific types of infrastructure (such as active transport and open space) rather than employing the broader term '*infrastructure*' to describe these built environment outcomes.

'*Density*' was also referred to in nine HFA submissions. References mostly supported increased density as health promoting, mainly through encouraging physical activity (see above quotes) through well-designed spaces for mixed uses.

'*Equity*' was referred to in only nine HFA submissions. Where it was included, equity was framed both as a concept that should be a first principle of the new legislation, and as equitable access (for example to healthy food or public transport).

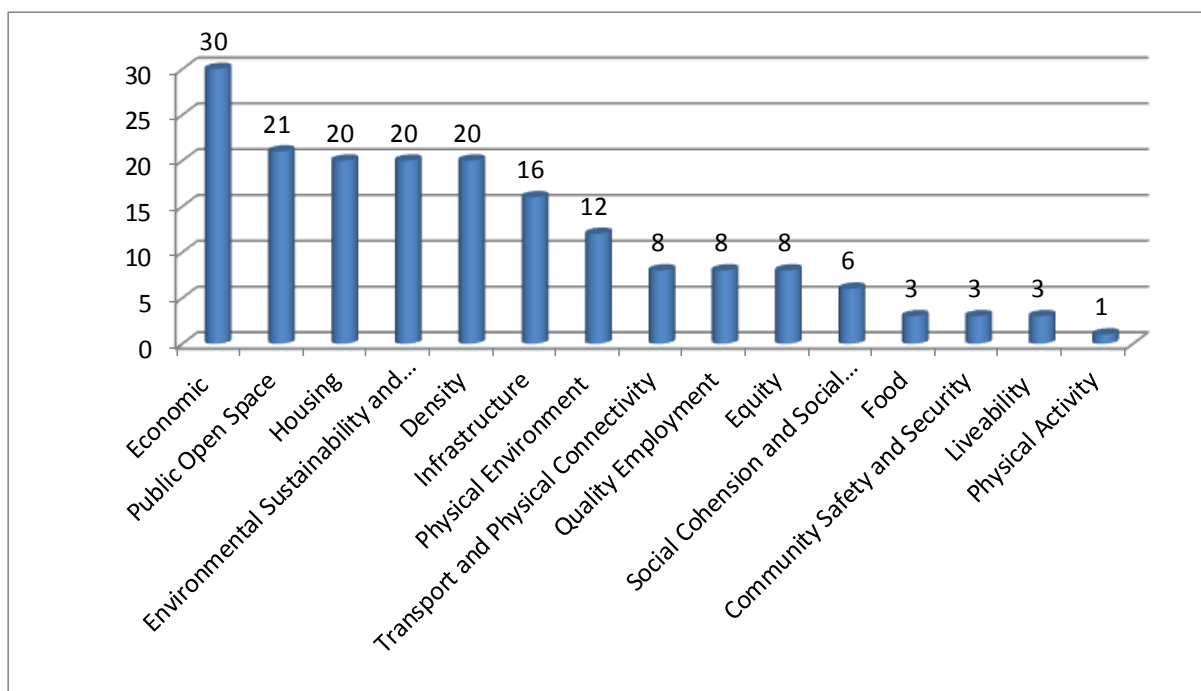
Although difficult to demonstrate through the analysis presented here, anecdotally through the research process it became obvious that the submissions analysed from health focussed organisations were far more detailed than those submitted by other organisations examined.

4.3 Other agency submissions: "Wider Concerns" codes

Of the over 1,200 references coded from the 49 "other agency" sources, only 31 were from the category of codes related explicitly to health. This is a finding in and of itself, and is discussed further below. To ensure brevity, the analysis presented here has its focus on the "Wider Concerns" codes which attracted the bulk of references for other agency data through the coding process.

The way our sample of other agency submissions made reference to wider concerns is shown in figure three which details the number of sources referencing each issue from our coding framework. Overall, there was emphasis on the provision of space and structures – '*housing*', '*open space*', and the all-encompassing (and somewhat ubiquitous) term '*infrastructure*', with less emphasis on the way these spaces and facilities might shape practices. There was limited or no connection with any of these issues to human health.

Figure four: 'Other' submissions referring to 'wider concerns' for consideration in planning



'Economic' issues were referred to in 30 'other agency' submissions, strikingly more regularly than any other issue. The focus fell, largely, into two camps. Submissions written by industry organisations and affiliates emphasised the 'economic role' the planning system plays, focussing on economic development and growth. For example;

'...the object of encouraging ecologically sustainable development should not carry greater weight than the object of encouraging the promotion of economic use and development of land, or the object of providing increased opportunity for public involvement.'
Industry submission in response to issues paper

Submissions written by community organisations, the state government agencies responsible for housing, a peak body for architects, local government and individuals, however, emphasised the need to balance economic growth. For example;

'Ecologically sustainable development should be the overarching objective of the new planning legislation. The current focus appears to be driven by economic viability rather than sustainable outcomes. All objectives should be given equal weighting'
Local Government, submission in response to Issues Paper.

'Public open space' was referred in 21 'other agency' submissions, with the exception being industry or businesses. These submissions rarely concentrated on the use of public space, but instead concerned its allocation, conservation, and management, and raised concerns with natural and cultural heritage. Reference to open space was also made in the context of prioritising the value of 'green infrastructure' as part of urban sustainability.

'Housing' was emphasised in 20 submissions, mostly in the context of advocating for the provision of affordable housing. Some submissions advocated for the removal of constraints on housing supply.

'Environmental Sustainability and Climate Change' was referred to in 20 submissions, and was the third most referenced issue (74 references) across 'other agency' submissions. These submissions often referred to the established principles associated with ecologically sustainable development, requesting their recognition but also attenuation. Ten of these submissions, mostly from community groups and organisations, included reference to climate change as a 'significant' global and local policy 'imperative' for the new planning system.

'Density' was referred to in 19 submissions. Several submissions from individuals were concerned with increased density, particularly high density, and similarly one local council referred to:

'avoiding the relationship between increasing density and declining quality of life'
Local government, response to Issues Paper.

Other submissions discussed the need to educate and inform the broader community about density to encourage

'informed opinion and provide feedback'
Community organisation, submission in response to White Paper.

One industry body submission referred to the benefits of high density and the need to ensure community buy in to this through the provision of high quality design and additional infrastructure.

'Infrastructure' was referred to in 16 submissions. The term was surprisingly absent from the submissions from community based organisations. Other submissions used it as a stand-alone concept with innate value, rather than linked explicitly to a certain type of infrastructure. Instead references to mechanisms of infrastructure provision were made, such as funding and governance:

'[exploring] a special levy or rate regime for an agreed infrastructure program or plan for an area – whether greenfield or urban renewal.'
Peak organisation, submission made in response to the Green Paper

Infrastructure was also discussed in eight submissions in terms of 'community' and 'social' infrastructure. This principally concerned the provision of 'facilities' – for example schools and education facilities – which enhance the community. A few submissions linked transport planning and infrastructure planning.

Of the 'wider concerns' that were given less attention, the 'Physical Environment' was only referred to in 12 other agency submissions. Typically these references discussed physical environmental attributes (mostly water with some reference to air quality) but none made any explicit connection between these things and human health. Eight submissions referred either to 'transport and physical connectivity' or 'quality employment'.

'Equity' was referred to by eight other agency submissions. One, from a media association, referred to the new planning system needing to be 'fair and equitable'. Less clearly, another, from a petroleum exploration corporation, argued that the new system should have:

'Consistent and equitable application of the rules based on outcomes'
Industry, submission made in response to the Issues Paper

A community organisation argued that equity in terms of mechanisms for community engagement with the system was central to the accountability of the new system:

'...restore accountability by putting the community on an equitable footing for appeal, review and civil enforcement rights.'
Community organisation, submission made in response to the White Paper

5. Discussion

This research has demonstrated how health and other 'problems' were defined by different stakeholder submissions to a comprehensive review of the land use planning system in New South Wales, Australia. This is one of the first studies, to our knowledge, to systematically focus on the inclusion of health in an attempt to review the legislation of another sector with potentially profound 'upstream' implications for population health (Harris et al. 2012). Our capture of this process sheds much needed light on research and practice concerning intersectoral policy action on the links between health and the built environment. We provide empirical support for a focus on the problem definition phase, connecting our case study with a wider body of political science theory.

The results demonstrate that only HFA submissions prioritised health as important for the review. Further, these agencies provided details to support their position. This suggests that these submissions gave health priorities a clear and effective voice in the review process – a voice that would have been absent had the health sector not actively engaged in defining health as a planning problem.

Our analysis revealed mobilisation of many of the tactics for effective problem definition espoused by policy theorists. Firstly, we witnessed a high degree of consistency between, and rigour within, health submissions. The very deliberate attempts to strategically define health demonstrate this rigour and attention to detail. Secondly, the sector successfully mobilised the idea of a planning objective as very tangible symbol for action. The objective gave both sectors an end point for the resolution of the problem carefully defined as relevant and resolvable through an urban planning focus. Thirdly, several causal stories were used by health to define their message. The most obvious relates to the link between the problem of ill health, the role of built environments in its mitigation and the use of legislative objectives as a mechanism for the resolution of the problem. Other stories relate to the solution of including health agency representation in the new planning system. The wider concerns addressed by health focussed agencies were also generally used to draw elements of causality drawn between characteristics of the built environment, risk factors and chronic disease. Again, these are causal stories, and our analysis suggests the strength of these stories could be enhanced by better engagement with the terminology used by other sectors (for example highlighting active transport instead of physical activity).

This inconsistency in sectoral terminology highlights the utility of an examination of the extent of alignment between the ideas presented by HFAs and 'other agency and individual' submissions.

Three interesting areas of alignment are as follows:

First, submissions across health and other stakeholder groups overlapped in their emphasis on the provision of public transport, and open space. Health focussed agencies clearly made the connection between transport (particularly active transport), and open space as providing opportunities for physical activity and social connectedness. The broader policy community, however, did not make this connection.

Second, while HFAs often spoke about the need to provide specific types of infrastructure, they rarely used the term "infrastructure". This term was, however, regularly employed by other agencies to describe the kinds of built outcomes advocated by HFAs. Similarly, HFAs emphasised the need for "social cohesion", yet did not position this as related to "housing" or "density". Other agencies, however, regularly drew on the importance of housing provision and density as variables of responsibility for a fair and community responsive planning system. This suggests that health agencies need to focus on health both as a standalone issue, and as one that is inevitably connected to the wider range of ideas presented by other agencies.

Third, our analysis demonstrates that health successfully connected to wider concerns in their positioning of economic issues. The economy was clearly framed as essential for the new planning system by other agencies, but from two largely diverging points of view. One, primarily industry driven, focussed on the links between the planning system and economic development. The other, championed by the community, individuals, and some government agencies, focussed on balancing economic concerns with social and environmental concerns. Importantly health submissions covered both viewpoints, connecting health outcomes as an economic issue and arguing that balanced, sustainability focussed, planning is good for health. Our broader project will explore this finding more fully using additional data sources.

There are strengths and limitations to this research. We have provided a tangible and systematic approach to analysing how different stakeholders framed ideas for a real –time window of opportunity for legislative change. Limitations relate to the scale of the review. Comparisons between different submissions' sources must be tentative because of the low numbers of the 'other agency' submissions, and the purposive sampling of health focussed agency submissions. Further, while our use of the Healthy Urban Development Checklist provided important categories connecting land use planning issues and population health, we acknowledge other contemporary and comprehensive approaches to the development of indicators for healthy built environments. These could add

additional dimensions to future research (Badland et al. 2014). Finally, written submissions alone cannot answer the question of why health was included in the review and draft legislation. This, as we have noted throughout, is the subject of further investigation by the broader research project.

Conclusion

This study explores how ideas about health, and the wider determinants of health, were framed in submissions to a comprehensive review of land use planning legislation. Our methodology successfully identified a series of key intersections and inconsistencies in the way ideas were framed by different groups making recommendations through submissions to the review process. Subsequent recommendations can be used to inform future efforts from health related agencies seeking to influence non-health policy processes.

Opportunities to investigate single instances of legislative change processes are rare. Timely and systematic examination of such opportunities is vital to progress knowledge and practical action on the determinants of health. By focussing on ideas and framing, the findings reported here provide the building blocks for similar research. Further, we establish ground for comparisons between studies against a series of core categories within political science scholarship. It is our hope that such connections will enhance related research methodologies, and contribute to the global stock of knowledge on ways to successfully include health within public policy making.

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