



Framing health for land-use planning legislation: A qualitative descriptive content analysis



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ABSTRACT

Purpose and setting: Framing health as a relevant policy issue for other sectors is not well understood. A recent review of the New South Wales (Australia) land-use planning system resulted in the drafting of legislation with an internationally unprecedented focus on human health. We apply a political science approach to investigate the question ‘how and to what extent were health and wider issues framed in submissions to the review?’

Methods: We investigated a range of stakeholder submissions including health focussed agencies ($n = 31$), purposively identified key stakeholders with influence on the review ($n = 24$), and a random sample of other agencies and individuals ($n = 47$). Using qualitative descriptive analysis we inductively coded for the term ‘health’ and sub-categories. We deductively coded for ‘wider concerns’ using a locally endorsed ‘Healthy Urban Development Checklist’. Additional inductive analysis uncovered further ‘wider concerns’.

Findings: Health was explicitly identified as a relevant issue for planning policy only in submissions by health-focussed agencies. This framing concerned the new planning system promoting and protecting health as well as connecting health to wider planning concerns including economic issues, transport, public open space and, to a slightly lesser extent, environmental sustainability. Key stakeholder and other agency submissions focussed on these and other wider planning concerns but did not mention health in detail. Health agency submissions did not emphasise infrastructure, density or housing as explicitly as others.

Conclusions: Framing health as a relevant policy issue has the potential to influence legislative change governing the business of other sectors. Without submissions from health agencies arguing the importance of having health as an objective in the proposed legislation it is unlikely health considerations would have gained prominence in the draft bill. The findings have implications for health agency engagement with legislative change processes and beyond in land use planning.

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1. Introduction

There has been increased global activity in the last decade linking health to urban planning in recognition that population health (and equity) is influenced by the built environment. Yet opportunities to influence urban planning legislation and systems are rare.

In July 2011, the government of New South Wales (NSW) - Australia's most populous state – 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, the review led to health being included as a primary objective of the proposed new planning act. The power implied by the inclusion of human health as a land-use planning objective is revealed in [Box 1](#) which provides a brief overview of the NSW planning system. The focus here is on the content of submissions into the legislative review.

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Box 1 Land-Use Planning in Australia

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 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). Inclusion of the promotion of health and well-being as an objective of planning legislation is therefore a powerful tool to guarantee that health is a tangible matter for consideration in the way built environments are developed and managed.

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,
 -

The Bill is not yet passed as legislation. Its tabling, however, provided a powerful indication of the intention of the NSW government to incorporate health issues into land use planning. Additionally, the content of the Bill has subsequently influenced practices of plan making in NSW (Harris et al., 2015).

This research project investigates the research question, 'how and to what extent were health and wider issues framed in submissions to the 2011–2013 review of the NSW land-use planning system?' It fills a knowledge gap by providing a case study of how, and the extent to which, different stakeholders with and without an explicit health agenda framed health and wider concerns to inform the policy making process. We conclude with a series of lessons from this case and position our findings and approach within a broader body of political science theory.

2. Background

The way the built environment is planned and designed is now known to have a pervasive influence on the health of individuals and populations (Friel et al., 2011; Giles-Corti, 2006; Jackson et al., 2013). Despite a strong evidence base for change (Jackson et al., 2013; Northridge et al., 2003), effective strategies to influence the systems which govern the planning and design of the built environment to improve health and wellbeing remain underdeveloped and under-researched (Giles-Corti et al., 2015; Kent and Thompson, 2012; Lopez and Hynes, 2006; Mendoza et al., 2012).

The body of work and research linking health and the built environment can be broadly connected to the global shift within public health to an expanded scope of practice that focusses on the wider determinants of health and health equity (Badland et al., 2014; Baum, 2008; Lowe et al., 2015; Northridge et al., 2003; World Health Organisation, 2008). One aspect of this activity is intersectoral collaboration at an 'upstream' policy level, in recognition that the legislation and resulting activities of non-health sectors ultimately create the conditions for populations to experience good or bad health (Harris et al., 2012; World Health Organisation, 2008). However, there remain tensions at the multi-sectoral policy level where health and its determinants are poorly defined for the business of other sectors (Harris et al., 2012).

Similarly, the co-benefits of linking public health with urban and land use policy are acknowledged as requiring more detailed attention (Giles-Corti et al., 2015). While the planning and public health disciplines are gradually re-aligning conceptually (Giles-Corti and Whitzman, 2012; Jackson et al., 2013) they are separate government sectors fulfilling discrete functions. The full realisation of the potential of urban planning to prevent disease and reduce health inequity requires changes in systems governing the built environment (Friel et al., 2011; Sainsbury, 2013), positioning public health as the point for public policy engagement within the health system (Harris et al., 2014) and building skills and capacity in both sectors (Kent and Thompson, 2012).

At a deeper level for research and practice, the existing policy analysis literature has been shown to be underutilised to provide important insight into efforts to influence the inclusion of health within public policy (Breton and De Leeuw, 2011; Embrett and Randall, 2014; Harris et al., 2014). While there is increasing recognition of the importance of political science approaches in understanding health policy systems (Hunter, 2015; Walt et al., 2008) this has not yet been used sufficiently to understand activities to influence public policy to improve health and reduce health inequalities (Shankardass, Solar, Murphy, Greaves, & O'Campo, 2012; Smith and Katikireddi, 2013).

This paper focusses on the well-established notion in political science of framing ideas. The power of ideas within policy making (Bell, 2012; Marsh, 2009) and specifically their framing (Snow et al., 1986; Werner and Cornelissen, 2014) has a long history in institutionalist policy analysis research which is both descriptive and theoretical (Snow et al., 1986; Werner and Cornelissen, 2014). Essentially, ideas are recognised as core resources for policy making (Marsh, 2009). Ideas shape support for initiatives (Shiffman and Smith, 2007). For policy change, it is critical that ideas become 'diffused in the [receptive] community of people who deal with a given policy domain' (p. 72; Kingdon, 2011). At the agenda setting stage of policy making many actors try to influence the policy agenda 'very often' through a clash of ideas, or 'discursive frames', including naming problems and claiming solutions (p. 98; Howlett et al., 2009). Essentially frames are representations of ideas through words (and observations) and have a dual role and purpose: they embody and reinforce institutionalised and existing policy ideas, and provide the opportunity for actively invoking new understandings and articulating 'alternatives to the institutional status quo' (p. 1450; Werner and Cornelissen, 2014).

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. Pragmatically, the intention is to unearth what occurred in NSW to inform future similar, strategic level action in other sectors and jurisdictions. The focus here is on descriptive empirical analysis of issues as they were framed in written and publicly available submissions to the review.

3. Methodology

Our overarching analytic framework for the broader research project (see Harris et al., 2015) is adapted from the political science literature regarding the explanation of policy subsystems. Within this, 'framing' becomes one crucial unit of analysis to understand how ideas, which form the content of policy (Ibid), are positioned on the policy agenda.

The review of the NSW land-use planning system represents a single explanatory 'critical' case study (Yin, 2013), focussing on 'framing' amongst different policy communities as the units of analysis. Case study design, Yin argues, is useful when phenomena have not been previously studied and are not under the control of

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