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Australian Institute of Architects

March 8, 2013

Mr Tom Wise,
Clerk of Committees
Legislative Council
Parliament House
Hobart 7000

Dear Tom,

On behalf of the Australian Institute of Architects (the Institute), I would like to thank you for the opportunity to provide a submission to the Joint Select Committee inquiring into Preventative Health Care.

The Institute believes that improving health care outcomes requires a 'whole of community' response and effort. As such, we would like to ensure a role for architects in this inquiry.

Architects and other building consultants owe a duty of care to their clients to design buildings that do not negatively impact upon the health of the occupants. Related to this, the Institute Code of Conduct obligates architects to design buildings that do not have an adverse impact on the environment.

As awareness of building health has grown so, too, has the potential for legal action against parties responsible for built environments. In recent years, new guidelines and standards have been introduced, relating to specific aspects of building health, and the Institute recognises that design and building maintenance are the most effective methods of preventing illness caused by building health problems. For example, passive design strategies can lead to better health outcomes by influencing air flow and temperature. Building design, material selection and finishes can reduce the level of volatile organic compounds released into the atmosphere while minimising the need for harsh cleaning chemicals, thereby reducing the problem of indoor air pollution caused by chemicals often associated with 'sick building syndrome'.

The Institute's Environment Design Guide contains more than 200 peer-reviewed design notes covering environmental strategies for building designers. The note *Gen 15* (see attached) summarises the health

issues related to the indoor environment and the role architects can play in minimising adverse health effects on building occupants.

Architects and building professionals also contribute to social infrastructure through good urban design. For example, good urban design addresses issues such as mixed use and the quality of the public environment and can help a city remain adaptable and resilient in a changing economic environment. Poor urban design lowers the quality of life, limits employment opportunities and generates a wide range of unsustainable costs for the Tasmanian community.

The relationship between public health outcomes and good urban design is underlined by the introduction last year of Australia's first degree in public health at the University of Tasmania. The degree focuses on the built environment and its effects on health. The former State Architect, Peter Poulet said before leaving his position that the degree was hugely important to the design of Tasmania's cities and the health of its people (The Mercury newspaper, 27 February 2012).

The Victorian Government's *Inquiry into Environmental Design and Public Health in Victoria* also recognised the link between the built environment and health and wellbeing considerations. The final report, released in May 2012, recommended a coordinated response to these public health challenges, including consultation and involvement with "all levels of government, community groups, private industry and professionals in the planning, health and building sectors".
(http://www.parliament.vic.gov.au/images/stories/documents/council/SCEP/EDPH/EDPH.pdf, p. x)

As part of its inquiry, the Joint Select Committee will look into the current impact of inequalities in the major social determinants of health on the health outcomes of Tasmanians (ref Item 1).

The recent report *Social Cities* by the Grattan Institute identified social connection as being crucial to people's wellbeing and suggested that more weight needs to be given to social connection in the way cities are built and organised.

Similarly, the report *Design for Social Sustainability* by the UK-based Young Foundation identified the creation of cities and communities that work socially, economically and environmentally and that can be sustainable in the long-term as one of the main challenges of this century. The report stated that while much is already known about how governments, planners, architects and developers can work together to achieve this, the challenge is to integrate this thinking into professional practice as well as public policy.
It is well known that poor spatial planning decisions in the past have led to pockets of disadvantage and isolation in Tasmania, i.e. broad acre public housing projects near Hobart and Launceston. This isolation from services and employment can lead to long-term problems with both physical and mental health. Conversely, in successful urban areas, the public domain provides access to the benefits of the city to all people.

To achieve better social inclusion outcomes, urban design should ensure that the public domain is continuous and that infrastructure, universal access and circulation using public transport are equitably distributed to support successful housing solutions.

Architecture is a substantial contributor to the design of our cities and towns and, therefore, has a significant role to play in improving social inclusion outcomes and, in turn, health outcomes in our community.

As observed by Michael Woolcock, a senior social scientist at the World Bank and a lecturer in public policy at Harvard University, "The well-connected are more likely to be hired, housed, healthy and happy."

The Joint Select Committee will also look into the extent to which experience and expertise in the social determinants of health are appropriately represented on whole of government committees or advisory groups (ref Item 4)

The Institute believes the role of State Architect, which currently remains vacant, is integral to developing policies that foster liveability and sustainability, leading to safer communities and healthy, quality living and work environments. The absence of a State Architect leaves a hole for the provision of ongoing advice and progression of strategies towards the best possible preventative health care model.

The Institute would welcome the opportunity to elaborate on these points by presenting verbal evidence to the Joint Select Committee's inquiry.

Yours sincerely,

Andrew Williamson RAIA
CHAPTER PRESIDENT