AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE











Submission to Our Cities – Building a productive, sustainable future

About ACDPA

The Australian Chronic Disease Prevention Alliance is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity.

The members of the Alliance are:

- Cancer Council Australia
- Diabetes Australia
- Kidney Health Australia
- National Heart Foundation of Australia
- National Stroke Foundation

ACDPA welcomes the opportunity to provide input to the development of a National Urban Policy for Australia. Our comments will focus on the potential for a national urban policy to help prevent chronic disease by influencing levels of physical activity and obesity and facilitating access to healthier foods.

1. The need to embed health as a fundamental principle of urban policy

The ACDPA considers that one of the fundamental principles of a National Urban Policy must be to foster urban design that enhances the health and wellbeing of all Australians.

The design of our neighbourhoods and cities has a major impact on the health and wellbeing of individuals and communities. In particular there is strong and growing evidence that the way streets, neighbourhoods, towns and cities are planned, designed and built affects how people use these spaces and places and their levels of physical activity. There is also increasing evidence that the built environment influences obesity rates. 12

Australia faces enormous health, economic and social costs as a result of rising rates of chronic diseases such as cardiovascular disease, type 2 diabetes, kidney disease and cancer, fuelled by the increasing prevalence of obesity and overweight and the contributing factors of poor nutrition and physical inactivity.

Two in three Australian adults³ and one in four Australian children⁴ are currently overweight or obese. Prevalence is even higher among disadvantaged groups.⁵ In 2008, obesity alone was estimated to cost Australia \$58bn including nearly \$3.6 billion in lost productivity.⁶

Physical inactivity is a major contributor to Australia's escalating rates of obesity and overweight. Very few Australians meet current guidelines for a minimum of 30 minutes of moderate intensity physical activity on most days of the week. In 2007-08, 73% of Australians were sedentary or had low levels of exercise.

Physical inactivity is also a critical health problem in its own right as an independent risk factor for many chronic diseases. In 2003, 13,491 Australian deaths from these conditions were attributable to physical inactivity.⁹

The total economic cost of physical inactivity was estimated to be \$13.8bn in 2008. 10

If more Australians were physically active for just 30 minutes a day the Australian healthcare system could save \$1.5bn a year. ¹⁰

2. Key factors of urban design that influence physical activity levels

Urban policy and planning can play an important role in increasing physical activity levels and improving health outcomes by providing built environments and infrastructure that make it easier, safer and more convenient for people to be more physically active.

Evidence indicates that key factors of urban design that increase physical activity levels include:

- More compact, higher density developments rather than urban sprawl
- Mixed land use including housing, retail, commercial, recreation etc in close proximity that provides local destinations for people to walk or cycle to.
- Connected street networks which facilitate direct access to destinations, encouraging walking and cycling for transport and recreation
- Walking and cycling infrastructure linking key destinations
- Well connected, integrated public transport systems with conveniently located stops, as public transport use increases incidental physical activity compared to private car use
- Attractive and safe neighbourhood environments with facilities for both organised and incidental physical activity^{11 12 13 14}
- Access to recreational facilities and sporting infrastructure¹⁵

3. Access to healthy food

The built environment can also influence diet and access to healthy food with studies suggesting that improved access to healthy foods may increase their consumption.¹⁶

Research suggests that neighbourhoods with better access to supermarkets, limited access to convenience stores and fewer fast food outlets tend to have healthier diets and lower levels of obesity. These urban features are associated with socio-economic status, with lower socio-economic and minority neighbourhoods generally having poorer access to healthy food and supermarkets and greater availability of fast-food restaurants and energy dense foods. The Melbourne VicLanes study has also clearly demonstrated that urban disadvantage is associated with worse diet, independent of the socio-economic characteristics of people living in these areas, suggesting that environmental factors may influence nutrition.

Urban planning has the potential to encourage healthy eating through measures such as retail planning to manage the availability of and access to healthy food, including access to supermarkets and food markets, and allowing space for urban agriculture, either communally or on individual plots. Limiting the density of fast food outlets, especially near schools and in socially disadvantaged neighbourhoods is also an important measure that can be adopted and is recommended by the World Health Organisation.

4. Benefits beyond health

In addition to health benefits, many of the urban design principles which encourage increased physical activity and healthier eating can also help address other challenges facing Australia and our cities.

Sustainability. Encouraging active transport – walking, cycling and public transport use - can
improve the sustainability of cities by reducing dependence on private cars for travel,
thereby reducing traffic congestion, motor vehicle accidents, greenhouse gas emissions and
air pollution

- **Population aging.** Environments that encourage increased physical activity contribute to healthy aging, ²⁰ a critical factor given our aging population
- Social inclusion. Attractive neighbourhood environments which facilitate walking and cycling and have nearby destinations encourage independence for disadvantaged groups such as the elderly and create opportunities for social interaction, increasing community cohesion and perceptions of safety.²¹ Furthermore, there is good international evidence that populations living in areas with the most exposure to green space also have lowest levels of health inequality related to income deprivation.²²
- Productivity. Chronic disease reduces productivity by reducing workforce participation and increasing absenteeism amongst workers. By helping to reduce chronic disease prevalence, urban planning policies which encourage physical activity will support higher workforce productivity.²³

5. Achieving change

Planning for health requires coordinated policies and actions across multiple disciplines including environment, transport, agriculture, sport and parks and recreation as well as urban planning. The Health in All Policies approach adopted in South Australia provides one mechanism to achieve cross-sectoral change and should be adopted at a national level. In addition requiring Health Impact Statements for all development proposals can help to focus planning processes on the health impact of urban developments.

Another mechanism to drive changes to urban design to encourage increased physical activity is the adoption of a national strategy to promote active transport, which would re-orient transport policy to support walking, cycling and public transport use instead of private vehicle use.

People who use public transport benefit enormously from increased physical activity associated with the use of buses, trains, ferries and other forms of mass transit. Recent research in Melbourne found that public transport users spent an average 41 minutes per day walking and/or cycling as part of their travel compared to only eight minutes for those using private transport such as cars.²⁴

Australia needs a national, coordinated push to drive the move towards public transport, cycling and walking as sustainable forms of passenger mobility. This needs national leadership to ensure the efforts of state, territory and local government — as well as the non-government sector and the general public - are coordinated, complementary and effective.

Active transport should be considered as a candidate for a new national agreement and partnership to drive change and ensure mutually agreed goals and targets are reached.

ACDPA also supports the implementation of the national planning guidelines developed by the *Healthy Spaces and Places*²⁵ project which are designed to create an environment that supports greater levels of physical activity. The project has produced a national web-based planning guide which includes practical tools, case studies and guidelines, to provide guidance to planning and design practitioners and related professions (working in state and local government and the private sector) on how to incorporate active living principles into the built environment. The planning guide highlights 10 key principles of urban planning that can increase an individual's propensity to be more physically active:

- Active Transport which includes walking and cycling as well as public transport
- **Aesthetics.** Attractive neighbourhood environments encourage people to use and enjoy public spaces.
- **Connectivity.** Connected street networks facilitate direct access to destinations and are more likely to encourage walking and cycling for transport and recreation

- **Environments for All People.** Easy and safe accessibility for all members of the community, regardless of age, ability or income, to a range of facilities and services
- Mixed Density. Residential development that contains a mix of housing types such as single dwelling and multi-units
- Mixed Land Use. A balanced mix of residential, shopping, employment, community and recreation facilities
- Parks and Open Space for passive or active recreation
- **Safety and Surveillance** Perceptions of the safety of public spaces can encourage their increased use.
- **Social Inclusion**. Cycling, walking and public transport can stimulate social interaction on the streets as well as have health benefits for residents
- **Supporting Infrastructure**. Built facilities that encourage physical activity such as footpaths bike paths, shelters at public transport stops, seating and play equipment and sporting and recreational facilities.

The Healthy Spaces and Places planning principles should be embedded as standard practice in planning processes across all levels of government.

There is also a need to improve funding for sporting infrastructure to encourage increased participation in organised sport, either through enhanced local and state government funding or by requiring contributions towards these community facilities as part of development proposals.

References

¹ UK Government Office for Science. Foresight: Tackling Obesities: Future Choices. Project Report. October 2007

² National Preventative Health Taskforce 30 June 2009. *Australia: the healthiest country by 2020. National Preventative* Health Strategy – the roadmap for action. Commonwealth of Australia 2009

³ Australian Bureau of Statistics. *National Health Survey 2007-08: summary of results*

⁴ 2007 Australian National Children's Nutrition and Physical Activity Survey. Main Findings. CSIRO. October 2008.

⁵ Australian Bureau of Statistics. *National Health Survey 2007-08: summary of results*

⁶ Access Economics Pty Ltd. The growing cost of obesity in 2008: three years on. August 2008

Department of Health and Aging 2005. An active way to better health. National physical activity guidelines for adults

⁸ Australian Bureau of Statistics, *National Health Survey 2007-08*; summary of results

⁹ Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. *The burden of disease and injury in Australia 2003*. Canberra: AIHW; 2007. Report No.: PHE 82.

⁰ Medibank Private 2008. *The Cost of Physical Inactivity*.

¹¹ Edwards P and Tsouris AD. A healthy city is an active city: a physical activity planning guide. World Health Organisation 2008

 $^{^{12}}$ NSW Health. Healthy urban development checklist: a guideline for health services when commenting on development policies, plans and proposals. NSW Department of Health 2009

¹³ National Heart Foundation of Australia (Victorian Division) 2004, Healthy by Design: a planners' guide to environments for active living, National Heart Foundation of Australia (Victorian Division).

 $^{^{14}}$ National Institute for Health and Clinical Excellence 2008. Promoting and creating built or natural environments that encourage and support physical activity. London: National Institutre for Health and Clinical Excellence.

¹⁵ Scott, M., Evenson, K., Cohen, D. & Cox, C. (2007) Comparing perceived and objectively measured access to recreational facilities as predictors of physical activity in adolescent girls.

¹⁶ Gebel K, King L, Bauman A, Vita P, Gill T, Rigby A et al. Creating healthy environments: A review of links between the physical environment, physical activity and obesity. Sydney: NSW Department of Health and NSW Centre for Overweight and Obesity; 2005. http://www.coo.health.usyd.edu.au/pdf/2005_creating_healthy_environments.pdf

¹⁷ Larson NI, Story MT, Nelson MC, 2009. Neighborhood environments: disparities in access to healthy foods in the U.S. Am J Prev Med 2009 Jan:36(1):74-81.

 $^{^{18}}$ Kavanagh A, Thornton L, Tattam A, Thomas L, Jolley D and Turrell G. Place does matter for your health: A report of the Victorian Lifestyle and Neighbourhood Environment Study. University of Melbourne, May 2007

 $^{^{19}}$ Commission on Social Determinants of Health. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Geneva, Switzerland: World Health Organization; 2008.

²⁰ Oxley, H. 2009. Policies for Healthy Ageing: An Overview. OECD Health Working Papers, No. 42, OECD Publishing. doi: 10.1787/226757488706

²¹ Frank L, Kavage S, Liman T. Promoting public health through smart growth. Vancouver, Canada, Smart Growth BC, 2006 (http://www.smartgrowth.bc.ca/Default.aspx?tabid=155)

22 Mitchell R & Popham F. 2008. Effect of exposure to natural environment on health inequalities: an observational

population study. Lancet, 372(9650): 1655 – 1660

²³ World Health Organization and World Economic Forum. Preventing noncommunicable diseases in theworkplace through diet and physical activity. WHO/World Economic Forum report of a joint event. Geneva, World Health Organization, 2008 http://www.who.int/dietphysicalactivity/workplace/en/index.html,

²⁴ Bus Association Victoria, Briefing paper, March 2010

²⁵ http://www.healthyplaces.org.au/site /