

**AUSTRALIAN GOVERNMENT  
DEPARTMENT OF HEALTH AND AGEING  
SUBMISSION**

**HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON ENVIRONMENT AND HERITAGE:  
INQUIRY INTO SUSTAINABLE CITIES 2025**

Historically, increasing urbanisation in developed countries has been accompanied by strategies to improve hygiene, vermin control and sanitation, and to provide clean air, drinking water and safe food. These measures have been critical to improvements in basic population health.

However, there is now increasing knowledge of the impact of our living environments on the development of ‘new’ population health conditions, such as obesity and preventable chronic diseases (for example, cardiovascular disease, type-two diabetes, certain cancers, stroke, depression, osteoarthritis, alcohol and other drug use and injury and safety concern). Chronic, non-communicable diseases have been described as the most prevalent, costly and preventable of all health problems. They contribute 42% of the burden of disease in Australia.

Accordingly, the health impact of urban design will be critical to Australia’s health in the future. For example, we know that:

- the larger the urban sprawl, the more miles travelled in vehicles. This can lead to an increase in the number of motor vehicle and pedestrian accidents. It also increases the proportion of pollutants in our air and water and, as a consequence, the incidence of associated health conditions (eg the prevalence of asthma, tuberculosis, certain circulatory diseases, and incidence of heat stroke); and
- the concentration of retailing and banking in shopping malls often assumes that a significant proportion of the population has access to a car, and may encourage the use of personal motor vehicles, rather than physical activity. A lack of physical activity is linked to a number of chronic diseases, such as obesity and certain cancers.

In 1989, the direct cost of treating the major obesity related illnesses was estimated to be \$464 million, or around 2% of national health care expenditure. Environments that are conducive to physical activity (such as those with parks and other safe, green space; well-maintained foot, walking and cycling paths; and safe pathways to schools and other community amenities), could assist in reducing demands on our public health system.

There is an urgent need to ensure our urban environments are conducive to independent, healthy ageing. Given the age profile of Australia’s population, it will be increasingly important that particular attention is given to environments that encourage safe and independent physical mobility (eg safe community meeting and recreation areas); autonomy and healthy behaviour in our community; and to preventing injury from falls, fires and accidents. Experience with universal building design has demonstrated it is much more cost effective to build houses that accommodate the needs of the elderly (for example, with toilet and shower rails) than to have to move walls at a later date, or to treat preventable falls in hospital.

2.

The June 2003 report of an independent working group to the Prime Minister's Science, Engineering and Innovation Council, *Promoting Healthy Ageing in Australia*, argued that opportunities for a healthy and productive lifestyle can be increased substantially through improvements to the built environment. In particular, supporting residential environments together with technology, can make the crucial difference in enabling vulnerable older people to continue to live independently with a good quality of life in their own homes.

We also know that one of the major factors underpinning health inequality is living in communities with poor access to employment, public transport, education, appropriate housing and health services.

These are just a few of the linkages between our urban environment and maintaining good public health. A list of references that Members might find useful, is attached for your information.

## References

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- Trost S, Brown W, Owen N, Bauman A. (2001). Current knowledge on the determinants of adults' participation in physical activity, A report prepared for Primary Prevention Section, Population Health Division.



## **Useful Website Links**

Cross Cutting Review of Health Inequalities:

<http://www.drugs.gov.uk/healthinequalities/ccssummaryreport.htm>

Health and Neighbourhood Renewal: Guidance from the Department of Health and the Neighbourhood Renewal Unit, 2002

<http://www.doh.gov.uk/healthinequalities/>

National Strategy for Neighbourhood Renewal

<http://www.cabinet-office.gov.uk/seu/published.htm>

Excellence In Cities

<http://www.standards.dfes.gov.uk/excellence/>

Health action

<http://www.healthaction.nhs.uk>

Health Action Zones (HAZs)

<http://www.haznet.org.uk/>

Health Living Centres

<http://www.doh.gov.uk/hlc/index.htm>

National Environmental Health Strategy 1999

<http://www.health.gov.au/pubhlth/publicat/document/metadata/envstrat.htm>

National Strategy for an Ageing Australia, 2002

<http://www.ageing.health.gov.au/ofoa/agepolicy/nsaa/nsaa.htm>

Promoting Healthy Ageing in Australia, 2003

<http://www.dest.gov.au/science/promoting%20healthy%20ageing%20report.doc>

### **Physical Activity**

<http://www.health.gov.au/pubhlth/strateg/active/index.htm>

### **Nutrition**

<http://www.health.gov.au/pubhlth/strateg/food/index.htm>

### **Overweight and Obesity**

<http://www.health.gov.au/pubhlth/strateg/hlthwt/index.htm>