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Western Sydney HEALTH
Area Health Service

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Dr A Dacre
Principal Research Officer
Environment and Heritage Committee
House of Representatives
Parliament House
CANBERRA ACT 2600

Dear Dr Dacre

Sustainable Cities 2025

I am delighted to enclose a submission for consideration by the Environment and Heritage Committee in the inquiry into *Sustainable Cities 2025*. The submission has been developed through a collaboration between State and local government agencies and research groups concerned about future health in western Sydney. More than 40 eminent researchers, health professionals, council officers and policy makers participated in a workshop on research needs convened in Parramatta on 10 October 2003. The outcomes of the workshop informed this submission

When we think about the health needs of new urban communities, we often focus on the health service needs. As a consequence, opportunities to protect and promote the health of the population through healthy urban planning may be overlooked. Health problems as diverse as mental health, obesity, injury, violence, asthma and infectious diseases are affected by social, physical, behavioural and economic aspects of the urban environment.
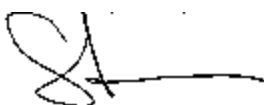
Health care providers around Australia are confronted by new epidemics of obesity, depression and substance use. Australian governments must take steps to ensure that these and other contemporary health issues are key considerations in the planning and development of our cities. The Environment and Heritage Committee has the opportunity to provide leadership in this field.

Western Sydney Area Health Service has a strong interest in efforts to develop western Sydney in ways that will help assure the future health of our residents. This submission is one step towards that goal. I wish the Committee well in its consideration of questions of sustainability in our cities.

If you would like further information about this submission please contact Dr Anthony Capon, Medical Officer of Health on (02) 9840 3603.

With kind regards,

Yours sincerely

A/Prof. Steven Boyages
Chief Executive Officer

Auburn Health . Blacktown – Mt Druitt Health
Cumberland Hospital . Lottie Stewart Hospital . St Joseph's Hospital

Submission to inquiry into *Sustainable Cities 2025*

This submission was developed through a collaboration between Western Sydney Area Health Service, Wentworth Area Health Service, South-Western Sydney Area Health Service, Western Sydney Regional Organisation of Councils, Department of Infrastructure Planning and Natural Resources, NSW Health Department, The University of Sydney, The University of Western Sydney, Australian National University, Griffith University, CSIRO Sustainable Ecosystems and P-Health Flagship and includes inputs from a workshop on research needs convened in Parramatta on 10 October 2003.

When we think about the health needs of new urban communities, we tend to focus on the health service needs. Will there be enough general practitioners? Is funding available for a community health centre? Do we need more hospital beds at the district hospital? Is a new hospital required? Opportunities to protect and promote the health of the population through healthy urban planning can be overlooked as a consequence of this focus on health service needs.

There are many known influences on health in the urban environment. These include:

- physical activity
- social cohesion
- personal safety
- food supply
- air and water quality, and
- open space.

Health outcomes as diverse as mental health, obesity, injury, violence, asthma and infectious diseases are affected by these and other aspects of the urban environment. The relationships encompass social, physical, behavioural and economic determinants. In addressing these relationships we must consider potential short, medium and longterm health consequences.

Historically, we know that rapid urbanisation during the industrial revolution in 19th century Europe was associated with epidemics of infectious diseases due to overcrowding, contaminated water and lack of sanitation. Point source industrial air pollution was also a public health problem. Similar health issues were encountered in Australia and gave impetus to the early development of our urban planning profession.

Urban planning responses to these public health problems included the separation of residential areas from 'unhealthy' industries. Industrial pollution controls were put in place. Water supplies were protected and treated. Sanitation systems were developed.

Subsequently, through the second half of the 20th Century, public health imperatives in urban planning diminished. However, we are now confronting new public health epidemics – including obesity and its attendant risks of diabetes, heart disease and

some cancers, and depression and anxiety and their association with drug and alcohol use.

Australian governments must now take steps to ensure that these and other contemporary health issues are key considerations in the planning and development of our cities. Public health workers contend that our cities cannot be sustainable unless they are designed to protect and promote the health of their residents.

What is required?
The relationships between contemporary public health epidemics and the urban environment are considerably more complex than the associations between water quality, sanitation and overcrowding and infectious disease epidemics. There are however an overlapping set of risk factors for the most important contemporary public health issues - lack of physical activity, nutrition, obesity and alcohol and other drug use. The nexus between diet, physical inactivity, obesity, heart disease and diabetes in particular is of great relevance to urban and transport planners in our cities.

To develop a public policy agenda around these issues will require:

- Fostering the development of a closer collaboration between local government, urban planners and health agencies in urban planning practice;
- Engaging communities around issues of public health, urban form, transport choice and social amenity;
- Development of a research agenda to improve our understanding of these relationships and the actions needed to ensure that our cities are sustainable.

Examples of research questions include:

City living is often very sedentary
- How do we move from "walkable" neighbourhood design to more walking for residents?
- How do transport options impact on physical activity?
- What infrastructure is needed in new communities to support active transport initiatives?

Large cities can impose significant travel time costs on residents
- What impact does this increasing travel time have on time available for recreation and family life?
- Can we quantify associated economic, health and social costs?
- What are the most effective urban and transport planning approaches to reducing this burden?

Neighbourhood grocery and fresh food shopping has a health and social value
- Can we quantify this value?
- How does location of food retail outlets impact on food choices, physical activity and social interaction?
- Are there particular issues for those less mobile, elderly and disabled?
- Is there a need for public policy changes to help ensure the viability of such small businesses?

Injury and safety concerns
- How are perceptions of safety impacting on physical activity?
- What are the best approaches to addressing the dominance of car transport in new communities, while maintaining benefits associated with car transport?
- How could children's and older people's activity levels be increased without compromising safety?

Balanced communities that provide social support and foster diversity can benefit health
- How is our current pattern of housing development affecting community profiles?
- Are we building communities to suit needs throughout the lifespan?
- What are the relationships between measures of community resilience and social capital and health outcomes?
- What are the best approaches to developing community capacity and social capital in new communities?

Energy, water, air quality and climate
- Will expanding urban "heat islands" impact on health through heat stress?
- What are the best approaches to reducing such impacts?
- Are there health implications (short and long term) from the current pattern of energy-inefficient housing construction?
- How can public health workers further support the uptake of water re-use initiatives?

These are some examples of potential questions for further investigation. Governments need to ensure that the "natural experiments" in urban design currently unfolding around the country are evaluated to inform future urban planning. Such research will not necessarily attract funding from traditional research funding sources, such as the National Health and Medical Research Council and the Australian Research Council. The Inquiry should carefully consider options for the funding of this important research.

What should our priorities be?
- As a community, we need to agree that an eco-social perspective on human health is central to sustainability. In doing so, we need to consider human health outcomes over short, medium and long-term time horizons. Cities cannot be sustainable unless they are healthy for those who live in them. The evident human health consequences of our current pattern of urban development, and the associated direct and in-direct health and social costs, provide a strong rationale for a re-think of the way we are developing Australian cities.

- We must invest in developing a stronger partnership between the public health and urban planning professions, across the three levels of government in policy and practice, and in academe. It is also essential that there is further engagement with the private sector. Human health outcomes should be considered part of the "triple bottom line" for the land development and

transport sectors. We will need innovative approaches to make such accountability meaningful.

- Public health workers and urban and transport planners must jointly advocate for the funding of "lumpy" infrastructure. In Cabinet, Health Ministers may need to more explicitly support Infrastructure Ministers when decisions about expensive infrastructure are on the table. Perhaps this may require Health to support the funding of a new railway line in advance of a new hospital.

- We must also continue to strengthen our evidence base. We need ecological research to improve our understanding of the relationships between urban form and health outcomes. This will require inter-disciplinary approaches and systems thinking. Health impact assessment tools should be further developed. It can be difficult to secure funding for such research through existing funding vehicles, but clearly it should be a national priority.

The challenge is to achieve sustainable urban development that protects and promotes human health, while enabling continuing economic development. Skeptics might argue that we have lived with sprawling urban development for several decades and we remain healthy. However, we must challenge ourselves to think further ahead. The obesity epidemic is still growing and its consequences for health service costs are yet to be fully reflected in health system budgets. The future ecological consequences of urban sprawl will impact on health and should also be carefully considered.

The Environment and Heritage Committee should seize the opportunity of the current inquiry to provide leadership and ensure that an eco-social view of human health is central to the public policy debate on sustainable cities.