



Photo: AAP/Mark Baker

Cities fit to live in

A century ago, our forebears took urban planning action to address urgent public health issues in our cities. We must now act to address new public health epidemics such as obesity and depression, or face the consequences, writes Tony Capon.

The current House of Representatives Environment Committee inquiry into the sustainability of Australian cities enables us to ask a critical question: are we developing cities that will protect and promote the health of our nation's people?

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.

Evidence is mounting about links between contemporary public health epidemics, such as obesity and depression, and aspects of our urban environment. For example, a recent large study across 448 local government areas in the United States concluded that patterns of suburban sprawl influence how active people are, and the nature of their heart disease risk profiles (obesity, high blood pressure, diabetes, etc).

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. 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 issues 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.

By the early 20th century, those who could afford to were moving out of the crowded and 'unhealthy' inner cities into new garden suburbs with more space. Subsequently, public health imperatives in urban planning diminished.

However, by the end of the century concerns about air and water quality in our cities were back on the agenda.

Air pollution is now known to exacerbate asthma and other respiratory conditions. Although emission controls on motor vehicles have improved air quality, the total number of kilometres traversed in our cities is rising with increasing population and growing car dependency. Air quality is inevitably deteriorating.

Water quality issues are arising again with increasing frequency. A 'boil-water' order was imposed in Sydney for several months in 1998 as a response to concerns about microbial contamination of the city water supply. A large outbreak of hepatitis A linked to seafood consumption in New South Wales in 1997 was caused by effluent contamination of our fisheries associated with coastal urban development.

These concerns aside, arguably our most pressing current public health dilemmas are epidemics of obesity (and its attendant risks of heart disease, diabetes and some cancers), and depression and anxiety (and their association with drug and alcohol use). These have emerged in parallel with the increasing suburbanisation of Australian cities.

One in five adult Australians suffers from a mental disorder such as depression and anxiety, according to the 1997 National Survey of Mental Health and Wellbeing. And three in five Australians aged 25

years and older are overweight or obese, according to the 1999-2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab).

Obesity results from an energy imbalance, where energy intake (diet) exceeds energy expenditure (physical activity).

Most city dwellers acknowledge that modern urban living is sedentary, and research shows that current suburban designs can be a barrier to physical activity. Cul-de-sac street patterns make journeys longer and may foster car dependence, whereas grid street patterns provide a range of direct and alternate routes.

Opportunities for incidental physical activity are important determinants of our activity levels. Are there local shops to walk to in our suburb? Are we within walking distance to the bus or train?

Perceptions of community safety also influence our decisions about being active. Two in every three Australian primary school children travel to school by car; their parents were much more likely to have walked to school as children. What is the risk of pedestrian injury? Is there shade from summer sun? Is lighting adequate? Is there a paved footpath suitable for prams?

As suburbia spreads and we spend several hours travelling to and from work or study each day, that is time not available for recreational physical activity. Finding time to exercise in the morning rush can be difficult and finding motivation at the end of a long day of work and travel is similarly difficult.

And what of depression and mental health? Physical activity has value in the prevention and treatment of depression. Contact with nature and landscape may have similar value. Social cohesion is also associated with mental wellbeing.

Social isolation can be an issue in our cities. Just because we live in close proximity to others, it does not necessarily follow that we will know our neighbours.

We need time to develop relationships with family and others in our local community. We need places and spaces to come together as a community. Facilities for cultural, sporting and spiritual development need to reflect our evolving communities.

Continued page 22

There is emerging evidence that the way we design and build our communities and neighbourhoods affects the degree to which people are involved in their communities and with each other. Pedestrian-oriented neighbourhoods that have a school, shops and other facilities within walking distance of housing have been associated with higher levels of 'social capital'.

The nexus between housing affordability and human health also warrants attention. As housing affordability decreases, mortgagees may work longer hours to meet repayments. This further erodes time available for recreation.

Others, unable to purchase housing, can be left with insecure housing tenure. Both these conditions add stresses to life and may affect physical and mental health.

development are likely to impact on our future health through changes to climate, and marine and terrestrial ecosystems. We must balance concern for our current needs and wants with consideration of these future consequences.

Of course, it's not all bad. Our cities can be great places to live. Rural Australians even argue that city dwellers enjoy some health advantages, not least of which is generally better access to health services. There can be health benefits to city living and, in aggregate, the health of city dwellers is better than rural dwellers. However, this good health is not evenly distributed within cities.

Urban planners have been grappling with a number of these issues and longer-term questions of sustainability during recent years, and all state and local governments can point to initiatives addressing the above challenges.

Urban planners are advocating for 'smart' urban growth as a response to concerns about sprawling suburban development. 'Smart growth' means urban development which offers mixed-uses—employment, services and residential—and a range of transport options. It includes neighbourhoods designed to be more 'walkable' to encourage incidental and recreational physical activity.

Many of these ideas emerged through the World Health Organisation's Healthy Cities program and the New Urbanism movement in urban planning.

An important challenge for governments is the funding of the 'lumpy' infrastructure required as our cities continue to grow. This includes transport, health and education services, and cultural and sporting facilities. There is a finite budget for such expenditure, whether publicly or privately funded, and we must ensure it is wisely invested.

Strategic investment in transport and other infrastructure can support suburban economic development, which brings jobs closer to where people live and reduces travel times. It can also bring a range of health and social benefits.

This is why potential savings in future burgeoning health and social costs should be included in economic modelling of the benefits of investment in transport and other infrastructure.

Another challenge facing state governments is balancing nature conservation and sustainable agriculture with continuing demand for new dwellings. Some of this housing demand is being met by increasing density along existing transport routes in our cities, but this then places strains on infrastructure in established areas.



Illustration: Pat Campbell

Australian cities cannot be sustainable if they are not healthy for the people who live in them.

We must also consider needs across the lifespan. Are we building communities that will suit residents throughout the life cycle? Communities designed with a focus on the needs of young families may not be suitable for older people.

Older people may have to move away from established social networks if their community cannot meet their changing needs. The ageing population is a key consideration, particularly in our newer coastal cities.

What about choices surrounding food? It is convenient to have local shops and businesses within our suburbs, particularly for the elderly and less mobile. If there is a local grocer, we can walk there, interact with our neighbours along the way and buy provisions.

In recent years, the development of large shopping complexes has brought the convenience of city shopping to regional centres. Although that trend has reduced the need for travel to the CBD, the downside is these regional centres often flourish at the expense of local suburban mixed businesses, greengrocers, butchers and newsagents. We must ensure that public policy supports these local small businesses.

In the rapid expansion of cities, we are often covering our most fertile land with housing development. This has important implications for future fresh food supplies.

There is also evidence that the ecological consequences of current patterns of urban

Public health professionals see the need for fresh approaches to tackle the new public health challenges. They contend that Australian cities cannot be sustainable if they are not healthy for the people who live in them.

Current suburban designs can be a barrier to physical activity.

The current House of Representatives inquiry enables us to check the national vision for our cities. Are we building cities fit to live in? Will our grandchildren look back and thank us for our vision?

There is a role for each level of government in the planning and development of our cities, and a key role for the land development sector.

Human health outcomes in cities should be part of the 'triple bottom line' for government agencies responsible for urban and transport planning and the provision of related services, and private business engaged in land development and transport services.

To make such accountability meaningful, we need to further quantify the relationships between the urban environment and health. We must invest in ecological research to improve our understanding about these relationships and in potential actions to address them. This will build on what we have already learnt from epidemiological studies.

There is a need for interdisciplinary research through networks comprising of researchers from public health, urban planning, urban ecology, economics and other disciplines. The research should be undertaken in collaboration with the private sector and aim to inform approaches to future urban development.

The current inquiry must consider options for the appropriate funding of this important public policy research. Of course, the need for further research should not delay action on what we already know and it is essential that we bring the best available knowledge to the planning of all new settlements.

We must learn from past experience of urban development and also 'learn by doing', strengthening evaluation of 'natural experiments' in urban design.

The potential health and social consequences of our current pattern of urban development provide a compelling rationale for a re-think of the way we are developing our cities. A century ago, our forebears took action to address overcrowding, infectious diseases and unsanitary conditions in cities. We must now act to address the new public health epidemics. ■

Tony Capon (MBBS PhD FAFPHM) is Medical Officer of Health, Western Sydney Area Health Service and Clinical Senior Lecturer, School of Public Health, The University of Sydney.

For more information on the House of Representatives Environment Committee's inquiry into sustainable cities, visit www.aph.gov.au/house/committee/enviro/cities or phone (02) 6277 4580 or email environment.reps@aph.gov.au



Photo: Getty Images



We are often covering our most fertile land with housing development. Photo: Newspix/Troy Bendeich