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Written Submission
Inquiry into Obesity in Australia

Encouraging Australians to be more active

Research demonstrates that the health benefits of physical activity are well known, however only half of the Australian population is active enough for health benefits.

Since it has long been known that the built environment affects human health, public health efforts have an emphasis on changing the physical environment to make it easier for people to change their behaviour.

Community and neighbourhood environments impact on local walking and cycling patterns and public transport use as well as recreational physical activity. Creating environments in which people can lead productive, connected and rewarding lives contributes to enabling healthy choices to be the easy choices, and the building of communities where people enjoy life and are able to overcome setbacks.

Built environments can vary across a range of characteristics, such as the quality of infrastructure, nature of public spaces, residents' sense of safety, level of availability of healthy foods, community norms and so on, which in turn influence individual and collective behaviour.

The public health field has long studied walking as a form of physical activity but in the last decade research started exploring the connection between the built environment and walking for a range of purposes (eg recreation, exercise or a means of transportation). Evidence shows that there are different elements within the built environment which influence walking purposes, as the table below demonstrates

Purpose	Built environment factors that encourage walking
Walking for transport	Density, land use mix, proximity to non-residential destinations
Recreation walking	Pedestrian infrastructure (eg footpath presence and condition)
Walking to school	Proximity, density, quality of pedestrian infrastructure, traffic safety

Physical environments impact on walking, cycling and public transport across the lifespan. For example, although there is limited evidence to date, it is clear that the built environment can influence mobility, independence, autonomy and quality of life in old age. At the other end of the life spectrum, young people who live in more walkable, pedestrian-friendly neighbourhoods with reduced exposure to traffic are also more likely to walk. However, to encourage children to walk locally, there needs to be a greater emphasis on reducing exposure to traffic to increase actual and perceived safety.

In our quest to overcome the burden of physical inactivity, one of which is the treatment of obesity related illness, we need to recognise that many of the determinants of health including environmental and social factors lie outside the traditional jurisdiction of the health sector. As a result, the need for cross sector partnerships with Local and State Governments (eg Departments of Transport, Main Roads, Sport and Recreation), and the private sector (eg property developers) to effect change on the built environment is highlighted.

The World Health Organisation has reported that around one-third of current physical inactivity levels (North America and developed regions of the Western Pacific, including Australia) could be prevented through environmental interventions alone.

Creating healthy physical and social environments is one of the cornerstones of effective health promotion interventions and requires 'joined-up' multi-agency, multi-strategy approaches. Regional, land use and Local Government planning (planning schemes and corporate plans) and

the planning for major developments and community infrastructure provide ideal opportunities to address upstream health determinants- these include environmental, socio-economic, community capacity and health behaviour factors. Through using the HIA methodology to influence these policy and planning documents to ensure they make active living an easy choice.

Multi-strategy interventions, such as 10,000 Steps, have proven to be the most successful in effecting behaviour change because they support the creation of supportive environments, development of healthy public policy, building of personal skills and empowerment of communities to action.

Over the last 10-15 years there has been a growing awareness and understanding of the possible effects built environments and urban design have on people and their health. However, translating this knowledge into healthier communities has proved challenging. Leadership of and support for integrated approaches and frameworks at a national level could make a significant contribution to the health of communities at a local level. It is suggested that further sustained investment is required in three key areas:

1. a move away from interventions focused on the individual to population focused interventions
2. enhanced focus on the creation of supportive physical, social and policy environments
3. the establishment of regular national monitoring and surveillance for physical activity, nutrition and obesity