



Public Health Association
AUSTRALIA

**Submission from the Public Health Association of Australia to the
Senate Rural and Regional Affairs and Transport Committee**

*Inquiry into the investment of Commonwealth and State funds in public
passenger transport infrastructure and services*

Committee Secretary
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Attachment

- PHAA Climate Change Policy

This is also available on the web at:

- <http://www.phaa.net.au/documents/policy/20081006revisedClimateChange.pdf>

Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

The PHAA is a national organisation comprising around 1500 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the government and for the Preventative Health Taskforce and NHMRC in their efforts to develop and strengthen research and actions in this area across Australia.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian New Zealand Journal of Public Health draws on individuals from with the PHAA who provide editorial advice, review and who edit the Journal.

In recent years the PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all aspects of government and promoting key policies and advocacy goals through the media and other means.

Climate Change

... within the current multiple crises, climate change is the "only one truly existential threat" ... (UN Secretary-General Ban Ki-moon, Davros 2009)

PHAA has an extensive policy on Climate Change (Attachment A). The PHAA recognises the need to respond to climate change as a major priority in public health for this century. Our Association also recognises the strategic links between action to address climate change and action to address other important public health issues such as chronic disease and obesity, social well being and environmental pollution.

The experience and expertise from the PHAA allows us to comment on the health and welfare benefits relating to this inquiry. Apart from some general comments on Terms of Reference a), d) and e), we will focus on Term of Reference c).

Comments on Terms of Reference

(c) an assessment of the benefits of public passenger transport, including integration with bicycle and pedestrian initiatives;

There are both direct and indirect benefits to be derived from enhancing the public transport system in Australia, particularly in urban areas.

Direct Benefits

As little as 30 minutes exercise daily helps to promote weight loss and improve physical fitness. Both are prevention strategies for obesity and chronic diseases such as diabetes and coronary heart disease. There is also evidence that exercise in younger people assists in preventing or reducing the impact of osteoporosis later in life. Even moderate exercise via endorphin release in the brain as well as the positive benefits of feeling fitter promotes psychological wellbeing.

Use of public transport of itself promotes exercise in that people need to get to transport nodes, either by walking or bicycling. Even for people driving to a transport node, the movement about the transport system which involves walking is also of benefit. Thus more utilised public transport is a win win for health by increasing physical activity and for the environment by reducing greenhouse gas emissions.

Reduced use of motor vehicles will result in reduced exposure for drivers, residents and workers along traffic corridors, and other users of public spaces, to particulate, chemical and noise pollution.

High rates of motor vehicle use contribute to accidents and increases carbon footprint.

Indirect Benefits

The benefits that will derive indirectly from an improved public transport system are perhaps more extensive than the direct ones.

Such benefits include:

- Improved social cohesion, since people are interacting with others whom they see daily on shared journeys and building social relationships (rather than each being insulated in their own private car). This also has mental health effects in reducing peoples sense of insularity;
- Travel times are likely to reduce overall so that there will be more time available to families to enjoy each other's company promoting better family relationships;
- More egalitarian transport will of itself promote a more equitable society, and current understanding of the social determinants of health show that the more egalitarian a society the healthier its members are;
- Less tension and concentration needed in public transport travel will also provide improved mental and physical health outcomes for travellers; and
- More use of public transport will result in reduced greenhouse gas emissions and so will help to mitigate global warming.

(a) an audit of the state of public passenger transport in Australia;

The PHAA while not able to comment directly on the content of this Term sees this as an essential starting point for any comprehensive strategic approach to improving public transport usage in Australia. "State" would include not only of the physical capacity and robustness of existing infrastructure but also the location, coverage and frequency, ease of access to, safety and the public perceptions of the safety of existing services.

The recent experience in Victoria has demonstrated that in a warming world the ability of both the infrastructure (tracks and road surfaces, train carriages, trams and busses) and equipment (signalling, communications and other) to perform safely and without failure at reasonable expected extremes has to be included in any assessment.

It is important that the energy needs of existing and any planned further replacement infrastructure and equipment be assessed as it would need to reduce rather than increase greenhouse gas emissions.

(d) measures by which the Commonwealth Government could facilitate improvement in public passenger transport services and infrastructure; (including the additional Term *options for Commonwealth funding for public passenger transport services and infrastructure*)

People will tend to do that which is easier. While reliance on cars is easier than public transport, then use of public transport will remain low. This makes undertaking the required amounts of beneficial

physical activity much harder. To counter this situation governments need to make use of public transport more attractive and easier.

More attractive public transport will be priced so as to be affordable and to be less costly, or at least no more costly, and as amenable to use as private cars. Use of private vehicles will also need to be discouraged where possible. These matters are discussed under Term of Reference e).

Examples of how public transport could be more amenable include:

- Well designed and maintained, graffiti free and secure busses / trains and stops;
- Integrating public and other active transport modes such as fitting bicycle racks to buses so they are able to carry bicycles in racks externally;
- Frequent enough service to be useful; and
- Ticketing to enable people to take multiple trips, in multiple directions with relative ease.

Access to clean safe and affordable public transport is an equity issue as well; non-car users need to be able to access employment, services, recreation & relatives. While the majority of transport will cover people living in cities, good quality public transport has to meet the needs of rural and regional people, those living in outer suburbs, and those needing to travel across or tangential to the central business districts. In our partially decentralised urban sprawls much travel is not into the metro hub but across or around 'town'. Having to travel to an urban centre to travel out again is wasteful of both energy and people's time.

Considering that walking and bicycle use are themselves a form of public transport, then designing an extensive and integrated (with existing transport corridors and other networks), well maintained, safe to use (free from obstacles, separated from traffic) and secure (well lit, patrolled) network of walking and cycle ways, that actually follow routes that people tend to use (rather than following vacant usable land), will promote their use.

(e) the role of Commonwealth Government legislation, taxation, subsidies, policies and other mechanisms that either discourage or encourage public passenger transport;

PHAA is able to make the following general comment only: public health principles from the 19th century show that it is government investment in infrastructure that is required to achieve public health benefits for the whole community. The measures outlined in Term e) are those that have been previously applied to similar public health issues. The role of government is to lead, to invest in and to encourage others to action by the types of measures listed.

Specific examples include:

- charges that discourage use of vehicles where possible, particularly discouraging entry into central cities, or where access to public transport is possible; and
- subsidies and tax rebates for people and businesses that provide active transport and public transport options and support for themselves or their employees.

Conclusion

The PHAA appreciates the opportunity to be able to make this submission on public transport to the Senate Rural and Regional Affairs and Transport Committee.

Yours sincerely



19 February 2009

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CLIMATE CHANGE POLICY

This Policy should be read in conjunction with the *Climate Change Action List*.

See also the Ecologically Sustainable Development Policy.

The Public Health Association of Australia notes that:

1. There is substantial evidence from the Intergovernmental Panel on Climate Change that Earth's climate is changing as a result of human activity.
2. These climate changes are expected to have a range of effects on human health that will be, on balance, adverse.
3. Reducing the total level of greenhouse gas emissions is a primary preventive health strategy.
4. Actions are urgently required to reduce greenhouse gas emissions to minimise the risk of catastrophic climate change.
5. Action is urgently needed to develop regionally based adaptations to the inevitable environmental change already built into the climate system, and the potential health and social impacts this will cause.
6. The Australian Government has taken a leadership role domestically and internationally in taking action to address global warming.
7. In the current situation, when society wide change is urgently necessary for the common good, government's role is to lead, inform, regulate, monitor and if necessary enforce.

The Public Health Association of Australia affirms the following:

8. Australia's obligation to equitably participate in all international arrangements to mitigate and adapt to global warming.
9. Equity between generations: the right of future people to a world as diverse and habitable as today.
10. The more vulnerable groups in society should receive equitable help with adaptation measures.

11. The historical beneficiaries of the industry giving rise to greenhouse gas emissions should lead mitigation measures.
12. The principle that producers of pollution should pay the costs of cleanup.
13. The accounting of business costs of goods and services should reflect the hidden environmental costs of production, transport and disposal.
14. Action to address climate change needs to accord with the scientific evidence available at the time, for the common good rather than sectional interests.

The Public Health Association of Australia resolves that it will:

15. Support all measures that reduce the production of greenhouse gases, promote energy saving, and minimise the health impacts of global warming.
16. Encourage members and others to reduce fossil fuel consumption, and to use their influence to extend this behaviour more broadly (e.g. within their workplaces and homes).
17. Work to reduce fossil fuel consumption among the broader society by:
 - increasing the awareness of the health sector and general community about the health, environmental, and social impacts of climate change; and
 - stimulating debate about changing social systems to reduce the consumption of fossil fuels.
18. Promote at every opportunity the urgency of beginning to act for mitigation and adaptation.

The PHAA will particularly focus on activities outlined in the PHAA Climate Change Action List.

ADOPTED 2004, REVISED AND RE-ENDORSED 2008

***First adopted at the PHAA Annual General Meeting held 9 October 2004.
Reaffirmed with minor changes in 2008.***



PHAA CLIMATE CHANGE ACTION LIST

This Action List should be read in conjunction with the *Climate Change Policy*. The Public Health Association of Australia will focus on the following activities:

Energy Efficiency

PHAA will advocate to governments, business and the community for immediate reduction in energy demand and adoption of currently existing energy efficiency measures.

Transport

1. The PHAA, through SIGs and Executive, will advocate for improvement in the fuel efficiency of all transport vehicles, and the introduction of policies to minimise private vehicle use and promote public transport, bicycling and walking.

Renewable energy policy

2. The PHAA will advocate to governments, industry and the community about the urgency needed to switch energy supply to renewable energy sources.

Targets

3. PHAA executive and EHSIG will advocate to the Australian Government that the targets set for emission reductions are based firmly on the scientific evidence as it emerges over time.

International Arrangements

4. The PHAA will advocate for continued strong Australian involvement in developing and implementing UNFCCC arrangements which follow on from the Kyoto Protocol.
5. The PHAA will advocate via the World Federation of Public Health Associations for the adoption of green house gas emission targets in the USA and other high greenhouse gas production countries where these have not adopted the Kyoto Protocol on Climate Change.

Carbon economy

6. PHAA will advocate governments, industry, other professional associations and the community to explore ways to reduce fossil fuel dependence and carbon emissions, including: (i) a mechanism for replacing income tax with carbon user charges, and (ii) changing building codes so that energy-efficient design principles and solar orientation are required, mandating solar hot water (where practicable), and encouraging use of gas for cooking and heating in preference to coal-fired electricity.

Adaptation measures

7. Given the concentration of greenhouse gases in the atmosphere, and predicted future increases, adverse climatic stressors are inevitable. It is prudent for PHAA to support the development of adaptive planning and policy strategies through community based workshops and seminars and the provision of fact sheets and appropriate links on the PHAA website.

Research

8. PHAA will advocate for an increase in climate change risk assessment, research into climate and disease relationships, identification of vulnerable groups, public education about possible impacts, and planning regarding the infrastructure needed to minimise the health effects of global warming in Australia.

The Public Health Association of Australia calls upon the Australian Government to:

9. Work to meet or improve on Australia's Kyoto Protocol targets.
10. Continue its active leadership role in developing and later implementing international UNFCCC post Kyoto arrangements.
11. Support renewable energy through ensuring competitive prices to fossil fuel power.
12. Commit to much greater investment in renewable energy industry research and development.
13. Fund major work relating to reduced energy consumption within the health sector, auspiced by AHMAC.
14. Abolish the Fringe Benefit Tax rules that inadvertently promote excessive motor vehicle use (i.e. the sliding scale that provides lower rates of FBT when higher kilometres are travelled).
15. Create tax incentives that favour the use of public transport and bicycles by employees through enabling employer claims for tax deductions on outlays that purchase public transport for employees, and examine FBT rules in relation to provision of car parking by employers.

16. Abolish GST on public transport.
17. Raise fuel efficiency standards for all new and used vehicles (and fund the enforcement of these standards).
18. Remove current tax advantages for imported four-wheel drive vehicles as “goods-carrying vehicles”, as they are less efficient in fuel use than lighter vehicles (diesel engines also emit more polluting particulate emissions, and cause more severe injuries in collisions with other cars).
19. Introduce a rational system of carbon user charges that better address the public health and environmental externalities of fossil fuel use.
20. Consider increasing public acceptability of carbon user charges by:
 - using the revenue gained to fund energy efficiency initiatives such as improved public transport;
 - better educating the public about the current and potential adverse impacts of the use of fossil fuels; and
 - ensuring that the actual charges (when introduced) are not initially high in absolute terms.
21. Provide greater funding for research into energy efficiency in the Australian context.
22. Given that greenhouse gas emissions will continue to influence climate for several hundred years, invest in greater research effort towards how humans can adapt to climate change, as a secondary prevention strategy.

The Public Health Association of Australia calls upon State / Territory Governments to:

23. Implement energy efficiency regulations.
24. Stop the development of new coal-fired power stations unless fitted from the outset with reliably functioning carbon capture and storage equipment.
25. Improve public transport options. Further subsidies for public transport should be considered where this is efficient (e.g., where such services reduce air pollution and fossil fuel as well as time wasted due to traffic congestion in urban settings).
26. Promote cycling and walking through infrastructure provision such as appropriate cycle ways and paths (with the added benefit of reducing population obesity).
27. Mandate minimum standards of fuel efficiency in the government vehicle fleet.
28. Lead the way in low-fuel vehicles and alternative fuel vehicles through expanding these components of the government vehicle fleet.

29. Make government-owned buildings and housing stock more energy efficient through regulations and economic incentives.
30. End clear-felling deforestation practices that release more carbon into the atmosphere and reduce the level of carbon sinks. The current clear felling of old-growth forest in Tasmania is an extreme example.

The Public Health Association of Australia will monitor progress of the International Climate Change Taskforce, and use the results to advocate implementation of the Taskforce's recommendations to the Australian government.

ADOPTED 2004, REVISED AND RE-ENDORSED IN 2008

First adopted at the Public Health Association of Australia Annual General Meeting held on 9 October 2004. Re-endorsed at the 2008 AGM