

Dr Margaret Beavis

Mr Richard Willis
Secretary
Environment and Planning Committee
Legislative Council
Parliament House
Spring St
Melbourne VIC 3002

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Submission to
Environment and Planning Committee
Inquiry into Environmental Design and Public Health in Victoria

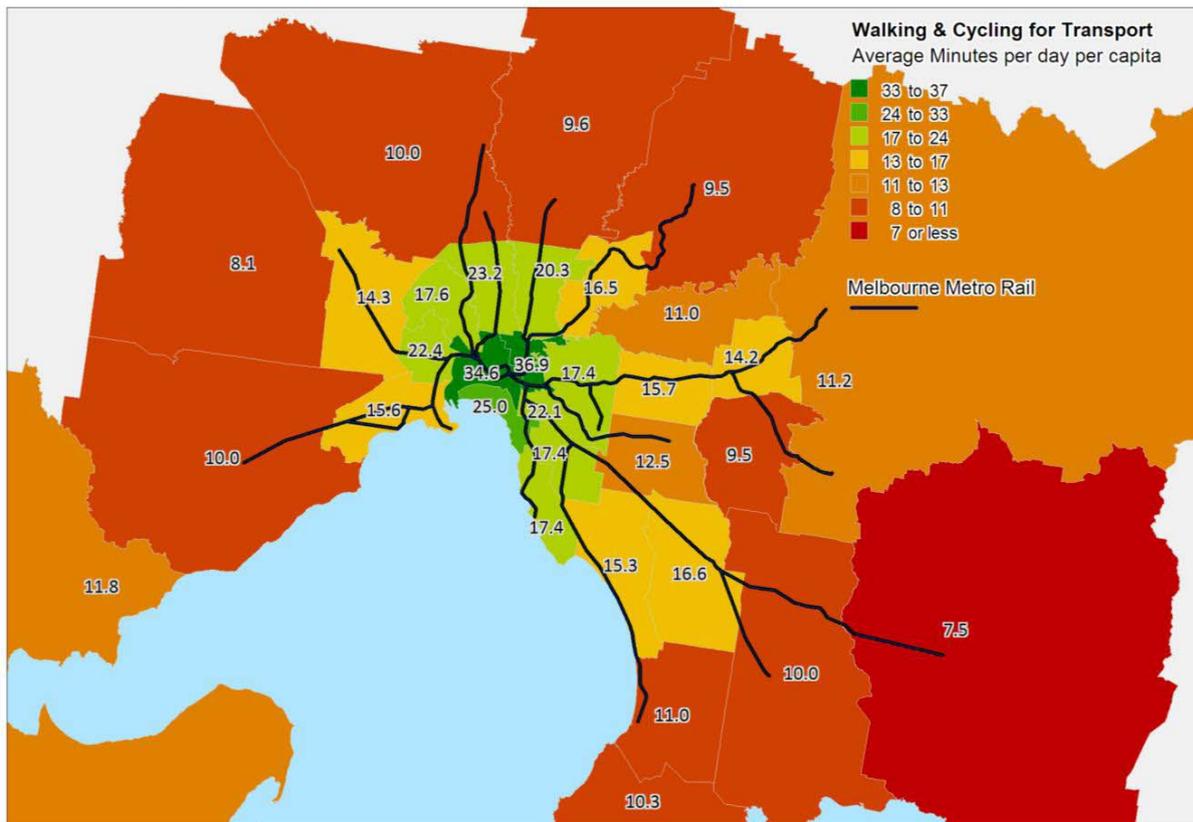
As a GP working in suburban practice for over 25 years, I see the health impacts of our urban environment at an individual level. I am a senior examiner with the Royal Australian College of General Practitioners, I teach in the Medical Faculty at Melbourne University and I am currently enrolled in a Masters in Public Health at Deakin University, looking at the health economics of urban transport.

In practice, lack of exercise is a major contributor to illness. The annual direct health care cost attributable to physical inactivity is around \$377 million per year in direct health costs alone[1]. We know lack of physical fitness contributes to increased incidence of excess weight, diabetes, depression, breast and bowel cancer, stroke, heart attacks and many more illnesses. There is clear evidence that provision of infrastructure for active transport (Public transport, cycle paths/lanes and footpaths) is associated with increased incidental exercise in a population. Indeed in Melbourne, a survey published last year of 43,800 people demonstrated that those commuting by car had 8 minutes exercise a day, whilst those commuting by public transport, cycling or walking averaged 41 minutes[2]. Geographically, these levels of exercise correlated closely with provision of public transport infrastructure, particularly rail. See Figure 1. Building car dependent suburbs will be very expensive in the future, with massive long term health impacts.

Figure 1 Physical activity through transport in different parts of Melbourne [2]

The following map shows the average minutes of walking and cycling per person in each local government area in Melbourne. The maps shows that people living in inner areas that are rich in public transport, get significantly more exercise from walking and cycling as part of their everyday transport, than those living in

more car dependent outer areas.



In Australia, obesity and overweight are steadily increasing, and combined are the number one cause of preventable illness. In 2007-08, 3 in 5 adults (61%) and 1 in 4 children (25%) were either overweight or obese[3]. It cost \$58 Billion in 2008 alone [4]. Overweight and obesity are strongly associated with diabetes, heart disease, strokes, cancer, osteoarthritis, depression and many other illnesses. Diabetes also continues to increase markedly, having trebled over the last two decades, with over 800,000 Australians diagnosed with the disease. Type 2 diabetes is projected to become the leading cause of disease burden by 2023.[3]Over half of Australian adults and two thirds of children do not get enough exercise.

A detailed examination of potential health efficiency gains in Australia has suggested factors other than the health care sector were more responsible for health outcomes [5]. Health promotion is all about making healthy choices easier[6].

People living in suburbs with little active transport infrastructure have higher rates of obesity and lower rates of physical activity[7].Current planning densities in new developments are not sufficient to make public transport viable. We need greater density and mix of developments, with access to local destinations, and better public transport options. One third of car journeys are less than three kilometres[8].

Recent research suggests we need densities of 26 dwelling per hectare to develop sustainable, walkable neighbourhoods [9]. This contrasts with current new suburban developments, where densities are significantly lower, and as a result public transport will never be viable.

In conclusion, I believe that building sprawling, largely single use, poorly serviced suburbs is indefensible from a public health perspective. We need developments with density of around 26 dwellings per hectare, with mixed use and good provision for active transport – walking, cycling and public transport. Building car dependent suburbs in the name of cheap housing is very false economy- and will create massive liabilities both in health and economic terms for decades to come.

I would like to give evidence in a public hearing.

Yours Sincerely

Dr Margaret Beavis
MBBS FRACGP

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