

Media Release: Good Planning Saves On Health Care Costs

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Australia spends \$11.6B treating people with type 2 diabetes, according to an Access Economics estimate in 2005. "The costs of treating diabetes, obesity, mental health and a number of other preventable health problems, will increase exponentially in future years if not addressed now. Good planning is fundamental to ensuring our built and natural environments support healthy lifestyles," according to the CEO of VicHealth, Dr Rob Moodie.

"What are we planning for? Good health or poor health? If you get your planning right, people get safe, healthy spaces to meet each other, to be active, to be 'connected'. These factors have an enormous impact on our health," Dr Moodie explained.

Planning that has a focus on health outcomes gives people the option to choose healthy lifestyles. Well-designed open spaces near homes increase opportunities for participation in active recreation and builds social contacts. Lighting, signage and other infrastructure helps people to feel safe in their local neighbourhood and encourages them to be out and about. Planning for walking and cycling increases the population's activity levels, but also reduces environmental pollution, and improves the efficient and productive functioning of communities.

Victoria's Minister for Planning, The Hon. Justin Madden MLC, today launched the Planning for Health and Wellbeing Fact Sheet. It explains why health is a planning issue, quantifies the current facts about health issues impacted by planning and sets out how planners can create a good health legacy for Victoria.

VicHealth has funded the Planning Institute Australia (PIA) Victoria Division to conduct the Planning for Health and Wellbeing Project to enhance the capacity of planners to create better environments. Over the last five years, the project has contributed greatly to placing health on the planning and built environment agenda, by working with its partners who are represented on the project's steering committee. This committee consists of: VicHealth, Department of Sustainability and Environment, Department of Human Services, Department of Infrastructure, Department of Victoria Communities, Department of Education and Training, Victorian Local Governance Association, Municipal Association of Victoria and VicRoads.

The President of the Planning Institute of Australia - Victoria Division, Mr Jason Black, acknowledged Victoria's leadership in planning for health and wellbeing in Australia, based on the existing State policies such as the recent amendments to Clause 56, Melbourne 2030, Growing Victoria Together, Meeting our Transport Challenges, A Fairer Victoria, Our Environment Our Future, Our Water Our Future, and Go For Your Life.

The PIA's Victorian president also recognised the leadership of some of Victoria's Local Governments by their incorporation of planning for health and wellbeing principles in their Council Plans, Municipal Health Plans, Planning Schemes and other strategies.

Nationally, the PIA has endorsed the Planning for Health & Wellbeing Project and has successfully used Victoria's achievements to seek support and funding for a national rollout of a similar program from the Commonwealth Government. This project is being principally delivered from PIA Victoria as it is recognised as the national centre for excellence in planning for health and wellbeing.

Mr Black said "The PIA believes that Victoria can go further in making planners more focused on health outcomes. As health and wellbeing outcomes are not mandated by planning legislation, the Planning Institute of Australia requests that the Minister commits to prioritising a process to review how Victoria can ensure health issues are incorporated into planning decisions."

According to Mr Black, such a review would contribute to a healthier community and reduce the burden on society of ever-growing health costs. "The review should encompass the Act, the State Planning Policy Framework, M2030, Council Municipal Strategic Statements, and local policies. In addition, the Department of Sustainability and Environment needs to devote resources and adopt performance measures that drive these changes across the planning system."

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The evidence tells us:

In 2002, a Murdoch Children's Research Institute study showed an estimated 23% of Victorian children and adolescents were overweight or obese;¹

70% of children aged seven to eight-years-old are driven to school (in the 1970s 80% of children walked to school);²

Physical inactivity is responsible for an estimated 8,000 deaths per year in Australia and costs the health system at least \$400m in direct health care costs;³

Cardiovascular disease is the leading cause of death among Australians, accounting for 39% of all deaths. Much of the death, disability and illness caused by cardiovascular disease is preventable through better diet, not smoking and exercise.⁴

In 2005, only one out of 10 Victorians met the healthy eating guidelines for vegetable intake. 94% of males did not consume the minimum quantities of both fruit and vegetables.⁵

In disadvantaged neighbourhoods, supermarkets and grocery stores are not always accessible by public transport or walking. Men and Women living in these areas have 2.5 times the number of fast food outlets, and are 3 kilograms heavier than those in other neighbourhoods.⁶

Almost one in 20 Victorians indicated that on at least one occasion in the last 12 months they ran out of food and could not afford to buy more. This may increase with the rising cost of food due to drought, and the expense of transporting and storing fresh food.⁷

18% of the Victorian population has a disability; this will increase with the growing ageing population.⁸

In 2001, one in six Victorians are 'seniors' – aged 60 years or more. By 2010, one in four Victorians will be seniors.⁹

1 Murdoch Children's Research Institute,

<http://www.mcri.edu.au/pages/news-events/media/media-release.asp?rid=14&y=2002>;

2 Harten, N., & Olds, T.S. (2004), Patterns of active transport in 9-12 year old Australian children. Summary of changes in active transport to schools. Australian and New Zealand Journal of Public Health, 28 (2), 167-172.

3 Stephenson, J. Bauman, A. Armstrong, T. et al (2000), The costs of illness attributable to physical inactivity, Commonwealth Department of Health and Aged Care: Canberra.

4 Australia Institute of Health and Welfare (2002), Australia's Health 2002, AIHW, Canberra Chapter 2.

5 Victorian Population Health Survey (2005) www.health.vic.gov.au/healthstatus/vphs.htm. p.8.

6 King, T Kavanagh AM, Jolly, D., et al (2005) Weight and Place: a multilevel cross-sectional survey of area-level social disadvantage and overweight/obesity in Australia. International Journal of Obesity. p.1-7

7 Victorian Population Health Survey 2005, Department of Human Services, Victoria, (unpublished data)

8 Australian Bureau of Statistics (2003), Disability, Ageing and Careers, Australia, (Cat. no. 4430.0)

9 Office of Seniors (2001), [http://www.seniorscard.vic.gov.au/Web19/osv/rwpgslib.nsf/GraphicFiles Seniors+Wall+Chart/\\$.le/Seniors+Wall+Chart.pdf](http://www.seniorscard.vic.gov.au/Web19/osv/rwpgslib.nsf/GraphicFiles%20Seniors+Wall+Chart/$.le/Seniors+Wall+Chart.pdf)