

Menzies Centre for

Health  
Policy



The University of Sydney



ANU

THE AUSTRALIAN NATIONAL UNIVERSITY

INSTITUTE FOR  
Sustainable  
SOLUTIONS



## HEALTHY PEOPLE IN HEALTHY PLACES ON A HEALTHY PLANET: Tackling Chronic Disease Prevention and Aspects of Climate Change

*The Diabetes Unit of the Menzies Centre for Health Policy, the Health Theme of the University of Sydney Institute for Sustainable Solutions, and the Oxford Health Alliance Asia Pacific Centre strive to draw attention to, and action on the social and environmental vectors that are currently causing our societies to produce mass obesity; mass physical inactivity; mass social disconnectedness and stress, and their physical and mental and environmental consequences now and for future generations.*

## We Wish.....



# ***Healthy People, Healthy Places, Healthy Planet - we wish -***

***Sustainable development meets the needs of the present without compromising the ability of future generations to meet their own needs***

***Our Common Future - The Brundtland Report, 1987***

The Diabetes Unit at the Menzies Centre for Health Policy at the University of Sydney sits within the School of Public Health and Faculty of Medicine. The Diabetes Unit is home to the Oxford Health Alliance Asia-Pacific Centre and the Health Theme of the University of Sydney Institute for Sustainable Solutions (USISS) which was launched in July 2008.

The Diabetes Unit actively seeks opportunities to understand, address and influence the environmental and social causes, consequences, and find solutions to the current twin global crises of chronic diseases and climate change as outlined in the Sydney Resolution (Appendix 1) which calls for *healthy people in healthy places on a healthy planet*.

There is currently much interest in environmental sustainability but the notion of health as both an input and an output of sustainability is not so easy to grasp and there is currently no specific government or non-government funding dedicated to this vital area.

We are seeking financial assistance for 2009-2012 to support a body of work to put health firmly on the sustainability agenda of government, business and industry, and not-for-profit non-government organisations in Australia and our Region. From simple advocacy and activism projects to establishing large-scale critical infrastructure, your support of these activities would make a significant contribution to the knowledge and power base required to put public pressure on governments to action their responsibility for health and sustainability. Our 'Wish List' sets out a number of such programs and activities under three main themes:

- (i) *building the evidence base and capacity* for policy solutions around the interface between chronic disease prevention and climate change
- (ii) *think- tanking solutions* to health and climate change
- (iii) *advocacy and whole-of-society engagement* on chronic disease prevention and climate change

***For further information or enquiries, please contact:***

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BUILDING EVIDENCE AND CAPACITY	APPROXIMATE COST
<p><b><i>Developing critical capacity to address health and sustainability</i></b></p> <p>Five million dollars over five years to establish the ‘robust’ multi-disciplinary infrastructure required to develop critical mass in health and sustainability research and innovation. Five to six academics and support staff from a range of disciplines would research and respond to issues of health and environmental sustainability, such as urban design and planning; law; business policy and practices (including workplace health); food manufacturing, quality, pricing, distribution and packaging; economic and social policy; social and inter-generational equity; and the impact of these on physical, mental and social health.</p>	\$5,000,000
<p><b><i>Knowledge Hub &amp; Network for Health &amp; Sustainability</i></b></p> <p>The Diabetes Unit is experienced in examining the evidence base for health care, health policy, urban and community interventions and has, along with OxHA and USISS, extensive networks in academia and the public and private sectors internationally. Two and a half million dollars over two to three years would enable the establishment of a high level capability to provide authoritative, evidence informed advice on, and establish a strategic knowledge hub for sustainability and health issues.</p>	\$2,500,000
<p><b><i>PhD Scholarships in health and public policy and sustainability</i></b></p> <p>For an Australian candidate or for a developing country candidate over 3 years</p>	\$120,000 to \$200,000
<p><b><i>Post Doctoral Fellowships/Scholarship for one year</i></b></p> <p>For research into food quality, distribution and pricing; urban design; transport and physical activity; the law and health.</p>	\$100,000
<p><b><i>Healthy University Program</i></b></p> <p>A 12 month exploratory project to identify and pilot improvements to the University’s smoking, food, physical activity and alcohol environment through surveys, interviews and focus groups with staff, students, unions, services and suppliers. The resultant policy framework and ongoing program would be mainstreamed into the University’s ongoing Sustainable Campus program.</p>	\$150,000
<p><b><i>Senior Research Officer for 1 year</i></b></p> <p>Food, urban design, physical activity, law and health – half- or full-time</p>	\$60,000 to \$120,000
<p><b><i>Training in capacity building</i></b></p> <p>Travel and training scholarships grants can be used to bring a relevant academic/professional from an Asia-Pacific developing country to a training attachment on aspects of health and sustainability for implementation on return to their home country. Pacific Island Countries are of particular interest as are all countries of sub-Saharan Africa.</p>	\$5,000 – 50,000

THINK-TANKING SOLUTIONS to HEALTH & CLIMATE CHANGE	APPROXIMATE COST
<p><b><i>Major or Sole Sponsorship of an International Summit Meeting</i></b></p> <p>Bringing handpicked, government, industry, big business, developers, bankers, major NGOs, young people, academics, designers, lawyers, architects together from around the globe to find common action points for protecting human and social capital and the planet. Please see Sydney Summit 08 at <a href="http://www.oxha.org/meetings/08-summit">www.oxha.org/meetings/08-summit</a> as an example of this model</p>	\$250,000 to \$500,000
<p><b><i>Major or Sole Sponsorship of a National Summit Meeting</i></b></p> <p>As above but at a national level.</p>	\$100,000 to \$200,000
<p><b><i>Sustainability and Health Forum in a Developing Country</i></b></p> <p>Bring together in-country government and non-government stakeholders to debate and prioritise a way forward for protecting physical, social and mental health and the environment in a time of great change.</p>	\$50,000 to \$75,000
<p><b><i>Citizen Juries / Public Consultation Meetings</i></b></p> <p>A consultation with a defined methodology and a specific focus likely to be run in response to a particular government policy or report e.g. the Garnaut, Preventative Task Force and National Health and Hospital Reform Commission reports.</p>	\$10,000 to \$20,000
<p><b><i>1 Day Workshop</i></b></p> <p>Bringing together hand-picked senior representatives from either a) a range of government and non-government sectors or b) homogeneous groups such as food manufacturers or urban developers to analyse specific aspects of health and sustainability, which can be an effective means of promoting productive debate and prioritised action.</p>	\$25,000 to \$50,000
<p><b><i>Public Seminars</i></b></p> <p>Local public seminars on pivotal health and sustainability issues such as intergenerational equity, social inclusion, social justice and healthy urbanisation featuring credible opinion leaders can serve to build critical mass for civil society action and pressure for change.</p>	\$5,000 to \$20,000
<p><b><i>Discussion and Scoping Papers</i></b></p> <p>Well researched discussion papers on topical issues in health and sustainability can be strategically placed to spark evidence informed professional and public debate and build political pressure for policy change.</p>	\$10,000

ADVOCACY AND ENGAGEMENT	APPROXIMATE COST
<p><b><i>Establish an Office of Health and Sustainability, Faculty of Medicine</i></b></p> <p>This would require as a minimum, 1 senior academic researcher and one research officer with administrative and infrastructure support and a small operating budget for two years. who were charged with fostering critical mass for health and sustainability research and innovation among students, staff, and the broader community.</p> <p>The Office of Health and Sustainability would develop and undertake a dynamic work program including industry engagement, student exchange; promoting innovative research by identifying opportunities and developing proposals for major funding bodies; responding to calls for public submissions to advance the health and sustainability agenda; pursuing projects that focus on translating research to policy and practice; and raising awareness of and engaging staff and students across the Faculties of Health, the Medical Alumni and the broader community in local and global solutions to health and sustainability.</p>	<p>\$750,000</p>
<p><b><i>Advocacy &amp; activism - engaging stakeholders</i></b></p> <p>A number of local and international health NGOs (diabetes, heart and lung) have formally adopted the <i>Sydney Resolution</i> but we believe that the twin crises of chronic diseases and global warming cannot be addressed by government or the health sector alone. Penetration of the hundreds of small and large business associations, local councils, food manufacturers, media and advertising, financial brokers and banks, and builders and developers across Australia is essential. To sign them up to the <i>Sydney Resolution</i> we need to identify approach and engage with them. The estimated cost of signing up a new stakeholder is \$1,000-\$5,000.</p>	<p>\$1,000 to \$5,000</p>

### **Chronic Diseases and the Built Environment**

**“These diseases steal vitality and productivity and consume time and money - heart disease, diabetes, obesity, asthma and depression - are diseases that can be modified by how we design and build our human environment.”**

(Jackson & Kochtitzky, 2002)

*Subject to Senate approval, it may be possible in some circumstances for the donor to have naming rights.*

Confronting the Epidemic of Chronic Disease

# The Sydney Resolution

February 2008

## Healthy People in Healthy Places on a Healthy Planet

*The way we live is making people sick. It is also making our planet sick. It is not sustainable. We can do better.*

The world is now facing the most serious challenges to human health. The magnitude and complexity of these challenges require the broadest alliance and partnership of stakeholder groups to confront this growing and urgent problem. Four preventable chronic diseases – heart disease/stroke, diabetes, chronic lung disease and cancer – account for 50% of the world's deaths. Their underlying causes are tobacco use, physical inactivity and poor diet.

These preventable chronic diseases are at epidemic proportions. They are increasingly affecting younger people and cause physical disability, depression, and early death. There are immense costs to society in lost productivity and increased use of health services. The epidemic threatens economic stability in developed and developing countries alike. Families striving to escape the poverty trap are pushed back into disadvantage and despair. The problem is similar to that of climate change in that it affects the whole world, is the result of our way of living and, crucially, can be reversed.

Urgent action is needed. There is a clear way forward. The four major chronic diseases can largely be prevented, but there is no simple or quick solution. To achieve real change, it is necessary to bring together dedicated stakeholders from all parts of society. The development of how we live as societies, share opportunities, interact with the natural environment and how we design our cities, transport systems, food systems, work places and housing will fundamentally determine future patterns of health and disease. We need health services focussed on prevention as well as cures and we need our world free of tobacco. We must fundamentally reshape our social and physical environments so that they are aligned with eradicating this epidemic of chronic disease.

### The call to action

We call on the United Nations' agencies, governments, corporations and businesses, donor agencies, professionals, consumers, non-government organisations and employee unions, civil society and individuals to collaborate in taking urgent action to halt the devastating global impact of chronic diseases. We know that change is possible for individuals and families, communities and nations and that the change will promote economic and environmental sustainability. We need:

- **Healthy places – designing towns, cities and rural areas, which are smoke-free, and where it is easy to walk, cycle and play, with unpolluted open spaces and safe local areas that foster social interaction.**
- **Healthy food – making healthy food affordable, and available to all.**
- **Healthy business – engaging business in the agendas promoting healthy people, healthy places, healthy planet and making good health good business.**
- **Healthy public policy – formulating comprehensive, innovative and 'joined-up' legislation and social and economic policies that promote health.**
- **Healthy societies – addressing equity and socio-economic disadvantage.**

*Oxford Health Alliance, 27 February 2008*

See: [www.oxha.org](http://www.oxha.org), [www.3four50.com](http://www.3four50.com) and Grand Challenges in chronic non-communicable disease. Nature 2007 450; 494-496