

# **HEALTHY ENVIRONMENT NETWORK**

## **Position paper on Environment and Health: identifying the priorities**

**May 2008**

The Healthy Environment Network includes organisations and professional groups within Scotland with the ability to influence the environment to improve health. Members of the network include the statutory, regulatory, voluntary, health and academic sectors. One of the underlying principles of the network is the recognition of sustainability of the environment as a way of protecting the health of future generations and the need to take a long term view. The network recognises that a holistic approach has to be taken to management of the environment to protect and improve health and wellbeing.

**As a result of discussions at a number of network meetings, the following priorities have been identified for consideration and action by the network itself and its members.**

- **ACTION ON URBAN DESIGN AND HEALTHY ENVIRONMENTS**
- **ACTION ON TRANSPORT AND CLIMATE CHANGE**

### **INTRODUCTION**

The Healthy Environment Network has held a number of network meetings which considered the important wider influences of environment on health and wellbeing. These influences include, and also go beyond exposure to toxic, allergenic or infectious agents in the environment to include influences on behaviours and mental health and wellbeing, while recognising that this can influence physical health through stress biology. There is a recognition of widening health inequalities in Scotland, and the network set out to identify actions on the environment which would lead to a lessening of these inequalities. Previous work conducted by the network on environmental justice had pointed to environmental influences on health and wellbeing which might lead to health inequalities.

In 2007, the network sought to improve our understanding of environmental influences on health. Building on the proposals for a strategic framework for environment and health for Scotland, which had proposed environmental influences on cardiovascular health and disease as an early priority, the network chose to use heart health as an exemplar by which we could, as a network explore practical ways of influencing the environment to improve health.

The first step was a network meeting which was held in March 2007. This took the form of a workshop which aimed to bring together different viewpoints, crystallise priorities and to gain a view of what the network and organisations in Scotland can do to address the issues which had been highlighted. These issues had been identified using the specific example of cardiovascular health to provide pointers to wider actions within the environment to improve health and reduce inequalities. Invited speakers informed network members of current research findings and opinion in their specialist areas, and this was followed by workshops to discuss the issues.

### **THE RELATIONSHIP BETWEEN THE ENVIRONMENT AND HEART HEALTH**

Although the underlying trend of mortality from heart disease in Scotland is downwards, deaths from heart and associated vascular disease are still headline issues, particularly in terms of health inequalities (which remains a priority area for Scotland). In this regard, there was discussion of the effects of the smoke free public places legislation early in the day, and subsequent evidence coming from the evaluation of this policy has shown a drop in acute heart attacks following the ban.

Speakers throughout the day discussed recent work on a number of issues. The association between air quality and population health is generally accepted and the association between poor air quality and heart disease is established. At the meeting, we heard about the physiology of heart disease and recent work elucidating mechanisms by which air pollution (and in particular emissions from diesel engines) result in heart attacks.

Recent work on the association between living close to green spaces and population mortality identified some intriguing early results. These pointed to an association beyond the influence of socio-economic status. Further, the results of research on how people engage with their environments and the elements which children in particular think are important in their school grounds were also presented. The changing needs of people throughout their life course was discussed in relation to

neighbourhoods and green spaces. Work to develop a scale of neighbourhood “supportiveness” of physical activity was also described. Importantly it was argued that if changes are made to the physical environment, individual responses to this were dependent on how the changes bore upon each individual’s tasks and responsibilities. As an individual’s needs change, so will their perceptions of the suitability of their local environment as an arena for physical activity.

The idea of an “obesogenic environment” was discussed and evidence from the USA of a correlation between urban sprawl and the rising tide of obesity (which is a risk factor for heart disease) was presented. A recent housing development in the North of England was described, which mirrored these neighbourhoods and discouraged walking or cycling. In addition, the early stages of work with adolescents to establish whether there are environments which discourage physical activity and encourage the intake of energy dense foods. The recently published Foresight report on obesity provides extensive coverage of this issue.

Overall, it was clear that there is a growing body of evidence of the variety of ways in which environment and neighbourhood may be associated with health, a recognition that many of the associations were complex and interactive and that needs and perceptions regarding environments in which people live may change during their life course as their use of the environment changes.

## **OPPORTUNITIES IN SCOTLAND**

Workshops at the network meeting were set a challenge to discuss current opportunities in Scotland to advance the improvement of heart health through action on the environment; how these could be put to use; barriers to use; and recommendations for taking these issues forward. Groups considered these issues from a local, national or research perspective respectively.

### **Claiming the health benefits of action on climate change**

The threat of climate change has been recognised nationally and internationally. Considerations of likely effects on climate change underpin all policies and strategies in Scotland. Actions to reduce greenhouse gas emissions will result in a reduction in the use of private motorised transport and an increase in active commuting – walking and cycling. These will have a direct effect on fitness levels and may also affect body weight within the population, and result in healthier lifestyles. In addition, the climate change debate is increasing public awareness of the links between the environments in which we live and health and well being. Recent sustainable development policy and strategy makes clear links with wellbeing. Consideration of these issues linked with consideration of health may become an increasingly important factor in transport policy in the UK. It is important that the network encourages these links to be made and to lobby for an increasing awareness of the health and environmental effects of society’s current reliance on private transport.

### **Urban design and neighbourhood planning**

Community Planning Partnerships and land use planning systems provide opportunities to influence environmental determinants of health and wellbeing at a local level by limiting exposure to environmental hazards. These might include incivilities such as dog fouling, litter, graffiti, etc. In addition they provide opportunities to create health-nurturing environments by improving mental health and wellbeing or by promoting positive lifestyle and behaviour choices. The Network recognised that such planning systems can be exploited by ensuring a wider constituency is involved in preparing community plans; providing evidence on health outcomes of relevance to the places in which people live and ensuring that this information is disseminated and used (for example in health impact assessments and strategic environmental assessments). We identify very clear links between urban design and transport – for instance the design of neighbourhoods which can either encourage or discourage walking and cycling.

### **Improved evidence base and links with policy makers**

The network has identified evidence of links and associations between people and place and their importance not just to mental health and wellbeing but also to physical health. A number of recent developments in the research and policy spheres had encouraged more holistic consideration of the relationships between the environment and human health and well-being and allowed closer relationships to form between the research community (who generate evidence) and policy makers (who consider evidence when setting policy). Network members are encouraged to contribute to these opportunities and to share information about them as it becomes available.

## PRIORITIES

Actions to be taken appeared to be clustered around two points – urban design and the planning of healthy environments; and transport linked to climate change. There are also clear links between transport planning and the interface of spatial planning and health. For instance, emissions from private motorised road transport are responsible for a sizable proportion of our greenhouse gas emissions; they also have a negative effect on air quality, directly affecting health in terms of heart disease. The widespread use of private motorised transport (which can be encouraged or discouraged by urban design) has a negative effect on levels of physical activity as part of normal routine (for instance “active commuting” to work or schools) which in turn has a negative effect on cardiac fitness and obesity levels. In addition, busy roads may affect community cohesion, effectively severing communities and reducing opportunities for social interaction or accessibility of facilities such as green spaces, shops, and services by foot. The needs of car drivers for parking areas resulting in large areas of hard landscaping and loss of opportunity for green and open spaces are also issues which may affect flooding risk. In an society based on the needs of car drivers, those without access to private transport are disadvantaged. It is a paradox that those in society who are least likely to have access to a car are likely to be most disadvantaged by the actions of those who do (socio-economic gradient in unintentional injuries of pedestrians, and in exposure to poor air quality).

Recent documents describing associations between transport and health include:

- Guidance on Health Impact Assessment of Transport Initiatives which can be found on the Health Scotland website at <http://www.healthscotland.com/resources/networks/shian.aspx>
- A briefing paper on transport and health published by Glasgow Centre for Population Health which can be found at [http://www.gcph.co.uk/index2.php?option=com\\_docman&task=doc\\_view&gid=231&Itemid=71](http://www.gcph.co.uk/index2.php?option=com_docman&task=doc_view&gid=231&Itemid=71)

## Urban design and transport policy: proposed priorities

### Urban design and health environments

- To encourage government at national and local level:
  - To reinforce health and wellbeing as a material consideration in spatial planning
  - To require that planners consult with health on the likely impacts of their plans
  - To require that health agencies have the capacity to respond to such consultations. This needs to be a national priority, backed by leadership and resources. The Strategic Framework for Environment and Health may play an important role in encouraging Boards to maximise their contributions to the wider health and environment agenda.
  - To include health and wellbeing issues in planning advice and in revisions of planning policy documents eg housing, nature conservation
  - To ensure that the health impact of development plans are assessed at an early stage
- To encourage NHS Health Boards:
  - To participate fully in consultations over development plans

### Transport and climate change

- To encourage government at national and local level:
  - To take action to encourage a cultural shift away from societal dependency on cars
  - To ensure that public transport links are in place before new housing is built and occupied
  - To ensure adequate public transport links are made to facilities and services which local communities wish to access (eg shops, health facilities such as clinics and hospitals, employment, schools, etc)
  - To ensure that services to outlying areas are provided and adequate subsidy provided
- To ask the Health Impact Assessment Network:
- To evaluate the use and effectiveness of its health impact assessment guidance document on Transport
- The Healthy Environment Network:
  - To galvanise organisations to take action on these themes

Members of the network will be encouraged to take every opportunity to focus on these priorities and to add their voice to the call for these to be considered. If you wish further information on this position paper or the network, please contact [sheila.beck@health.scot.nhs.uk](mailto:sheila.beck@health.scot.nhs.uk)