Public Health Authorities, Public Policies and the Built Environment: Reference Framework

September 2010

Fact Sheet

For up-to-date knowledge relating to healthy public policy

The concept of built environment refers to the human-constructed aspects of the living environments of populations. Together these constructed elements form an important part of human habitats, in that they affect the manner in which the places we inhabit are organized and populated. This document presents a reference framework to contextualize the concept of "built environment" while linking it to the actions of public health authorities in Canada.

The living conditions of populations, which include the built environment, have long been considered by North American and European health authorities to be important health determinants. Foucault (1976) showed that modern European public health administrations developed in parallel with increasing urban populations in the 18th century, notably because of concerns these increases raised about the impact of habitat on population health.

Coburn (2004) has demonstrated a similar pattern of development in the United States. In Canada, the work of public health historians shows that medical authorities have been concerned by various dimensions of urban building since the middle of the 19th century. In Toronto and Montréal, notably, health authorities were a significant force behind the creation of the network of sewers and aqueducts (Gagnon, 2006b; McDougall, 1988, pp. 69 and subsequent). In addition, Montréal's health authorities were later involved in choosing the technologies used to construct that city's sewers, as well as in the process of situating the pipelines and disposal areas (Gagnon, 2006b, pp. 151–211). Still in Montréal, public health knowledge was also instrumental in planning the expressway network, the aim of which, in the 1940s and 1950s, was to create healthier living conditions for the population by destroying the "hovels" in working class neighbourhoods and by creating access to the surrounding areas, which were thought to offer a better living environment (Gagnon, 2006a).

Montréal during the 19th century. The rapid and significant increase in the density of the urban population raises concern among public health authorities, who push for the construction of a network of aqueducts and sewers.

Source: © McCord Museum VIEW-2938.

Montréal from Street Railway Power House chimney, QC, 1896 - Wm. Notman & Son.

The actions of contemporary public health authorities testify to their ongoing concern for urban built environments. In Montréal, notably, public health authorities have acted on numerous occasions to influence land use planning policies as well as policies affecting the circulation of goods and persons. For example, they have submitted opinion papers relating to expressway projects (Lessard, 2009; Direction de santé publique de Montréal-Centre, 2002).

Health authorities' concern for the built environment has since extended to suburban and rural areas. In what is perhaps a strange reversal of affairs, suburban areas, whose development was initially encouraged by public health knowledge, are increasingly being associated with inactive lifestyles and, consequently, with obesity and its consequences for morbidity and mortality. The intensive use of automobiles resulting from this manner of occupying territory is also a public health concern, notably, because of the noise and air pollution it generates and the road injuries it provokes. Many regional health

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authorities have produced reports concerning these phenomena arising from the development of suburban areas organized around automobile transportation (Capital Health, 2007; Agence de la santé et des services sociaux de Montréal, 2006).

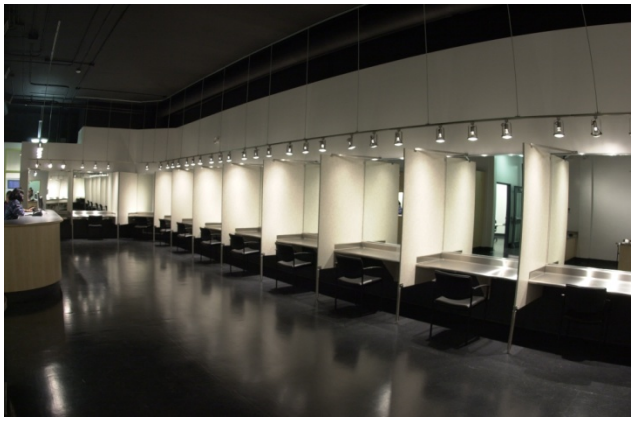
The rural habitat is perhaps the dimension of the built environment that is the least systematically viewed as a focus of intervention by public health authorities, whose interest in rural habitats is doubtless more recent than their concern for urban habitats. Nevertheless, the significant industrial and agricultural developments taking place in rural environments are increasingly drawing their attention. Whether it is due to developments in the mining or energy sectors, for example, or to other developments, rural populations are increasingly coming into contact with sources of considerable air, water and ground pollution.

The density of suburban areas, a matter of public health concern because of its influences on the use of transport modes and their consequences (physical activity, air pollution, etc.). For example, with 110 persons/km^2, Edmonton is the least dense major metropolitan area in Canada, according to Statistics Canada. Toronto is for its part the densest, with 866 persons/km^2. In Edmonton, 77% of adults use cars for all their daily travels, whereas this is the case for only 66% of adults in Toronto. (Capital Health, 2007, p. 45).
Source: © iStockphoto.com. Photographer: Dan Barnes.

Among other things, transformations in the agriculture and agri-food sectors are drawing the attention of health authorities. For example, in a paper submitted within the context of a commission on Québec agriculture and agri-food, a Québec regional health agency (in partnership with a regional development table) recently recommended the development of an infrastructure and distribution network, including, for example, kiosks or public markets, to support the transformation of the “local” food network. According to the agency, this would make it possible to ensure sustainable development (social and economic) of the communities under its jurisdiction, while ensuring the safety of their food (Agence de la santé et des services sociaux de Lanaudière and Table des partenaires du développement social de Lanaudière, 2007, p. 6).

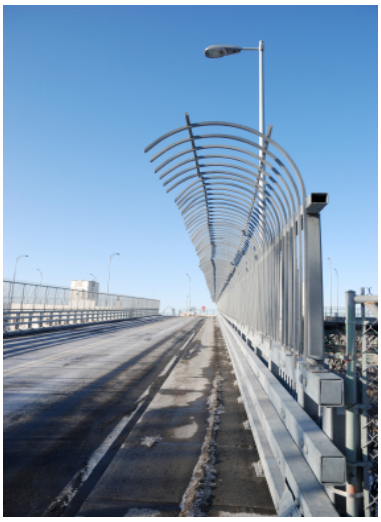
Public health actions that affect the built environment take other forms as well, targeting other health determinants and populations or sub-populations that are defined differently.

For example, public health authorities in Vancouver have supported the development of a “supervised injection site,” aimed at offering the population of intravenous drug users an environment where they can be sheltered during drug use from the risks inherent in injecting illegal drugs in “public.”



The Insite “supervised injection site,” in Vancouver.
Source: Portland Hotel Society.

To take another example, public health authorities pushed for the installation of a raised security barrier on the Jacques-Cartier Bridge in Montréal, so as to prevent suicides by persons circulating on the structure.



The security barrier on the Jacques-Cartier Bridge, in Montréal, was installed to prevent suicides.

Source: © iStockphoto.com. Photographer: Mario Loiselle.

The National Collaborating Centre for Healthy Public Policy includes this diverse range of actions, populations, health problems and determinants in the reference framework of its project for supporting the country's regional public health authorities. The aim is to allow professionals working to promote healthy public policy to systematically and strategically reflect on the opportunities presented by the built environment acting as a health determinant.

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Author: François Gagnon, National Collaborating Centre for Healthy Public Policy

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