

## PEEL HEALTH'S POSITION STATEMENT ON THE IMPACTS OF THE BUILT ENVIRONMENT ON PUBLIC HEALTH

*The purpose of this statement is to formalize Peel Health's commitment to increase healthy neighbourhood development in the Region of Peel, thus helping to reduce the adverse effects of the built environment on the public's health.*

Peel Health will provide leadership, advocacy and support for public health considerations to be integrated into future urban growth and development of Peel region. Through this commitment, Peel Health envisions the creation of vibrant and safe communities that prevent disease, promote health, and ultimately enhance quality of life for all residents.

### BACKGROUND

There is a growing body of evidence that links the built environment to a range of public health concerns from physical inactivity, obesity, cardiovascular disease, diabetes, asthma and respiratory disease to isolation, mental illness, violence and social inequities. In addition, work has been done to isolate a few key design elements for their impact on health outcomes. These design elements include: mixed land use, street connectivity and residential density. Additional research findings show that:

- Urban sprawl leads to increased driving times, which contribute to poor air quality through carbon monoxide (CO), nitrogen oxide (NO<sub>x</sub>), volatile organic compounds (VOCs) and particulate matter (PM) emissions. NO<sub>x</sub> and VOCs emissions result in ground-level ozone, known as smog, which can lead to heart and lung conditions, hospital admissions and death.
- Sprawl is associated with higher automobile dependence and lower levels of physical activity, which can lead to obesity, diabetes and other chronic diseases. Studies have shown that the risk of obesity can decline by 4.8% for each additional kilometre walked per day and can increase by 6% for each additional hour spent in a car per day.
- Canadians living in major urban centres are twice as likely to walk, bike or use public transit to get to work compared to those living in the suburbs.
- Motorist and pedestrian injury rates are associated with environmental factors including road design and traffic congestion.
- Urban sprawl and increased automobile dependency can lead to less community involvement and social isolation, which can lead to mental illness. Social isolation and mental illness can also exacerbate other chronic diseases. Research has shown that every 10 additional minutes spent commuting is associated with a 10% drop in community involvement.
- Long commutes and driving in heavy traffic can lead to increased levels of stress, anxiety and road rage. This may have an immediate impact on work performance and a person's ability to cope with additional stressors, and affect overall mental health and quality of life in the long run.

### THE ROLE OF PUBLIC HEALTH

Public Health has an integral role to play in mitigating the effects of the built environment on health outcomes. Local public health agencies can take the first steps by:

1. **Forging new partnerships** between public health, planning and transportation officials to bring health into the forefront of land use and transportation planning discussions
2. Serving as information conduits by **keeping abreast of current research** and disseminating information to key stakeholders and the community at large
3. **Building community support** for change by increasing awareness and knowledge about how the built environment is an important determinant of health
4. Providing support for and **participating in land use planning decisions**
5. **Advocating for policy development** that supports healthy community development

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## **RECOMMENDATIONS AND CALLS TO ACTION**

Peel Health strongly acknowledges the built environment as a significant determinant of health and endorses the following calls to action to improve the health and quality of life of its residents:

1. Encourage planning and transportation professionals to consider themselves as public health enablers and forge sustainable partnerships between departments of public health and planning;
2. Advance the field of research by developing a conceptual framework and tools to understand and measure the relationships between health and the built environment;
3. Advocate for land use planning to be seen as a health promotion strategy to decrease the burden of chronic disease;
4. Establish health as a priority area of concern and strengthen public health's support for healthy transportation and land use policies;
5. Integrate the concept of healthy and complete communities into Official Plans;
6. Support changes to zoning codes that facilitate mixed use land development at the neighbourhood level;
7. Formalize public health's role in providing feedback on municipal secondary and block plans, and establish a process for utilizing health assessment tools to measure the health-promoting potential of development applications;
8. Encourage balanced transportation planning that is designed around people rather than cars at the neighbourhood level.

## **CONCLUSION**

The linkages between health and the built environment are strong, and a large portion of the avoidable burden of chronic disease in Canada stems from this 'unnatural cause.' Effecting change in this area requires an amendment of historic trends in development coupled with creating a shift in social norms. Now more than ever, public health has a role to play in supporting planners and policy makers to increase the health-promoting potential of the built environment.

*Place clearly matters and we are determined to build healthy, active communities for all our residents. Peel Health believes that the impact of where we live on our health is as pressing a public health issue as diet and infectious disease and strongly favours making the active choice the easy choice.*

Signed,



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