Seeking an environmental transition through health

Guppi Bola

This discussion piece calls for a renewed approach to a sustainable and just transition, one that recognises the value of a health enhancing and environmental protection principle known as Ecological Public Health.

Our aim should be to build an environment that puts population health at the heart of its actions towards sustainability, because the scale of the problems we face are considerable, and the impact of our inaction will be profound. Obesity has quadrupled in the last 25 years, inflicting over 22% of the adult population and set to increase to 50% by 2030 (Wang et al., 2011). It is also the most potent risk factor for type II diabetes, of which 5% of the UK population suffer (QOF, 2011). The economic burden of these illnesses combined has reached £5.8 billion a year and is rising, placing irrepressible strain on our healthcare system (Scarborough et al., 2011). But, more importantly, it has a considerable affect on individuals and families by increasing levels of depression, addiction and social isolation. We have failed to recognise that these so-called ‘lifestyle’ diseases are actually a product of the dimensions that we function in. Concordantly, emissions have risen by 4.5% over the past year (DECC, 2012), car dependency keeps families out of active transport and the population continues to rely on high carbon, high fat, highly processed meals. This is but a short demonstration of the interconnectedness of these issues, the difficulties of which will never be tackled without embedding public health principles into our future interventions.

Public health has been forgotten as one of the cornerstones of society’s response to the environment and the way we function within it. From the early days of public health, environmental initiatives stemmed from the need to maintain the health of populations: achieving environmental protection and social justice as consequential outcomes. The work of John Snow, whose influence on water and sanitation procedures after the 1854 outbreak of cholera in London (Hempel, 2006) provides the best example of early public health measures. This was a landmark moment for epidemiology, where value was found in identifying the root cause of illness within groups of individuals, and not just in the individuals themselves. Snow was a pioneer; his investigation and recommendations enhanced the lives of those living around poverty-stricken Broad Street, as well as ensuring the protection of clean water from the tyranny of urban sprawl. Public health became a means of tackling societal concerns through health, and health concerns through the environment.

The discourse around health and the environment recognised that in many ways human activity was altering the natural landscape on which it survived. Over time these concerns eroded as they each became confined as issues requiring separate responses. Whilst health remained high in the public concern, medicine became the chosen route to tackle illness. The results of which created a resource heavy, industrialised health care system fixated with curative but not preventative practice. In addition, our attitude towards protecting the environment has come and gone, leaving politicians slow to respond, and our connection and value for nature diminished.
under unstoppable levels of urbanisation, motorised transport and unfettered consumption. The mark of human activity has presented us with the challenges of climate change, resource shortage, biodiversity loss and deforestation. In order to respond effectively, we need to see the value of the health of our planet and the health of its people as the same thing. This is not to marginalise the term ‘ecological’ to one of a simple interaction between humans and the environment, but as Ernst Häckel suggested, have us accept the complex and multi-layered connections that this model presents (Krieger, 2001). John Hanlon, former Assistant Surgeon General of the US, said in the 1960s that public health needed to address the entire biological, material, social and cultural dimensions of the human, living, and physical world (IMNA, 2002). This was perhaps the first integrated presentation of ecological public health, one that embraced the complexity of interconnected dimensions.

Understanding these dimensions is the first step in designing an intelligent policy approach for public health and environmental sustainability. They are:

1) The material dimension – our physical and energy infrastructure (matter, energy, water). The biological dimension – the bio-physiological processes and elements (animal and plant species and also micro-organisms). The cultural dimension – how people think and what shapes their attitudes, spheres of interpersonal relationships, community, group and family traditions.

2) The social dimension – institutions created between people and expressed in terms of laws, social arrangements, conventions and the framework of daily living generally outside individual control (Lang and Rayner, 2012).

What we are missing is the ability to engage in all four dimensions of existence. A good example of this is our current approach to tackling the heavily processed food system that results in high levels of carbon emissions and diet-related illnesses. Telling families in low-mid income settings that they need to change to healthier diets ignores the social conditions that prevent them from doing so, and risks alienating those that are prime targets of food advertising, supermarkets and fast foods chains. A true ecological public health response that encourages meaningful behaviour change will recognise these interrelations through food education as well as through reshaping the food environment.

Achieving sustainable planetary, economic, societal and human health should be on the agenda of every activist, professional, politician and citizen across the UK. Given the current rhetoric around localism (bringing decisions back to a community level), this will work only if councils feel agency in pushing forward with radical approaches to sustainability. At the same time, any future action will be undermined by the political and economic determinants that are shaped at international and global levels. We need to break down these undemocratic structures in every dimension so that control is back in the hands of the public. But in order to succeed fully, professionals will together need to call for a mixture of interventions shaped by our environment that will ameliorate the determinants of health. If this works, we will have had the opportunity to rebuild our relationships with our surroundings and with each other, and refocus on the connections between our health and the environment for a just and sustainable transition for the future.

About the author:

Guppi Bola is a writer, researcher and activist working in the field of public health. She has spent the past six years bridging issues of the environment and health, working with academics, climate activists and medical professionals. Her time is now focussed on building the People’s Health Movement UK to strengthen the fight against rising health inequalities. You can find her on Twitter @guppikb.