

A proposal for new IUCH Working Group: Healthy Built Environments

Why salutogenic approach to the built environment in the Arctic?

Health disparities by racial or ethnic group, by geography, or by income or education are only partly explained by disparities in medical care (Woolf and Braveman, 2011). It is the sum total of the built and the socio-economic contexts in many Arctic communities that ultimately influences health outcomes. A salutogenic approach to the built environment recognizes this complexity and is gaining momentum in housing design, community planning, and transportation infrastructure design and other fields.

Yet, as Emilia Rönkkö at the Oulu the School of Architecture pointedly wrote, “the prevailing paradigm of environmental health research has emphasized pathogenesis and disease prevention, instead of salutogenic mechanisms of health promotion”. Sustained progress in improving health in the Arctic is unlikely without addressing the structural barriers to health and well-being that are imbedded in the built and the socio-economic environment of the communities. This is because the nature of the health problems we face has changed dramatically due to health transition in the North. Unlike in the previous generations, where communicable disease prevention and treatment were on the top of the Arctic public health agenda and extension of life was the key priority, some of the most pressing health problems of today are directly or indirectly related to built and the socio-economic contexts of our lives. While most communicable diseases have steadily decreased, we have been slow to address the modern pandemics of non-communicable diseases. These 21st. century pandemics are linked to the built and the socio-economic context, including housing and community design. For example, poor building design has been linked to poor indoor and outdoor air quality and to low energy expenditure, which are at the root of the raising rates cardiac disease, obesity, and diabetes.

Many researchers working at the nexus of environmental health research argue that a new paradigm is necessary to guide housing and community design, community planning, transportation, and land-use to improve the living conditions and remove the structural obstacles to health in the Circumpolar North. The proposed working group would take advantage of the community participation, indigenous knowledge, and of the most useful applications of the western science to advance healthy living environments.

Why now?

At the last ICCH in Oulu we witnessed a considerable interest in the topic of the (un)healthy built environments. For example, numerous presentations addressed poor housing, overcrowding, inadequate transportation, and poor community layouts that proscribe low levels of physical activity and impede access to subsistence activities. Increased interest in this area shows that the timing is right for the Healthy Built Environment working group at the IUCH. The goal of the new section at the ICCH will be to chart a course to on how to improve, support, promote health in the North through salutogenic approach to the built environment. A

section dedicated to this overarching area at the ICCH 18 in Copenhagen would provide an ideal opportunity for researchers from the many fields that converge on this overarching theme. Healthy Built Environment group participation would be inclusive and provide an interdisciplinary forum for the public health practitioners and researchers, environmental health scientists, architects, urban planners, engineers, water and sanitation experts, toxicologists, and biologists to share their research, shape curriculum, network, and collaborate.