

Healthy Populations Institute Flagship Project Snapshot: Designing Supportive Environments for Chronic Disease Prevention

The case for action

Healthy behaviours cannot be realized within our modern environment.

The health and well-being of individuals, communities and populations are interconnected and interdependent, and the places and spaces where we live, learn, work and play can have a major impact on our health and well-being. If our physical, social, economic and political environments are health promoting, they can support everyone to achieve and maintain optimal health and well-being, with benefits being realized at the level of the individual, family, communities and society.

Unfortunately, there are a range of societal and economic influences that actively discourage people from doing the very things we require of them to achieve good health and well-being². It is therefore no surprise that rates of chronic diseases like heart disease, cancer and mental illness are rising by about 14% per year in Canada, or that an increasing number of people are living with more than one type of chronic disease¹. The cost of treating these rising rates of chronic disease in Canada is significant, at \$68 billion per year and representing 67% of the health care budget¹. It's why we need to actively and mindfully design our environments to support optimal health and well-being and prevent chronic diseases.

Why do we need to design supportive environments for chronic disease prevention?

While the widely held belief of personal choice and responsibility remains a popular narrative in relation to population health and chronic disease prevention, it is glaringly evident that individual behaviours have *limited* impact when our broader social and structural environments are not conducive to good health and well-being³.

We have structured (or restructured) our environments to be health-disrupting.

Our modern food environment, for example, is dominated by energy dense, nutrient poor and heavily processed convenience foods, that are contributing to a range of chronic diseases, including obesity, heart disease, and cancer⁴. Our towns and cities have been designed to support motorized transportation, instead of human-powered movement through walking or cycling, creating a dependency on cars that impacts individual physical activity rates⁵.

The built environment, i.e., the communities or buildings where people reside or spend time, has been the focus of intense study over recent years. Neighbourhoods where people live are known to impact health in a variety of ways^{6,7}. Of relevance to the health of populations is the impact of neighbourhood characteristics on physical activity and eating behaviours, as two key risk factors for chronic diseases⁸⁻¹¹. Other environments that might help or hinder the health of populations include workplaces¹², schools¹³ and recreational settings¹⁴.

When viewed through the lens of the determinants of health, a health-disrupting environment means that, as individuals, we are constantly pushing a boulder of health hazards up a ramp of social and structural determinants of health. It takes an enormous amount of cognitive effort to adopt and maintain healthy behaviours such as being active or eating healthy foods, when everything around us is modelling the opposite behaviours. In essence, healthy behaviours are abnormal behaviours within our modern environment, and unhealthy behaviours are the default. These social and structural determinants support unhealthy behaviours as the default, and systemic barriers, like poverty and racism, have created inequities across different populations, meaning that health is impacted for some groups of the population more than others². These social and structural determinants of health differentially impact individuals and communities.



What does it mean to design supportive environments?

Designing supportive environments for chronic disease prevention recognises the importance and value of supporting our citizens to overcome these barriers across different sectors and settings. Within health settings, this could be through greater attention to public health and health promotion alongside a focus on treating ill-health¹⁵. Within communities, this means working together to support healthy, active living¹⁶. In our workplaces, this means providing opportunities in the workday for staff to be active or eat healthy. In our schools, this means recognizing the link between health and academic achievement and a student's long-term prosperity through system-level implementation of Health Promoting Schools approaches¹⁷.

The “Designing Supportive Environments for Chronic Disease Prevention” flagship project at HPI uses a socio-ecological approach to understand how individual behaviour is influenced by and influences multiple and interconnected elements of the social system¹⁸. A major focus of this flagship is UpLift: A School-Community-University Partnership (www.upliftns.ca), which involves designing supportive environments within elementary and junior high school settings in Nova Scotia.

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