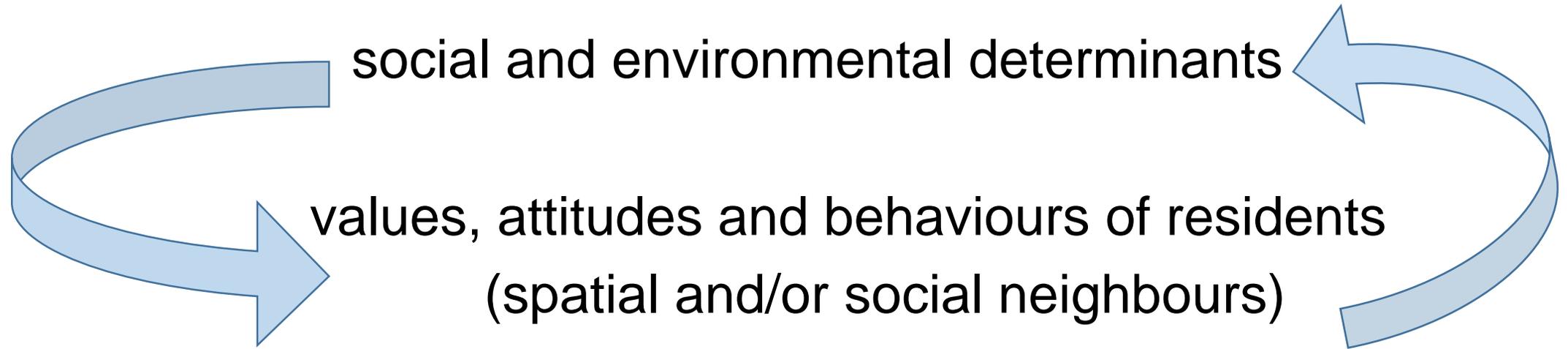


# Just and Sustainable Places: Extending the Boundaries of Socio-environmental Health.

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# An exploration of *socio-environmental relations*.



# Aim of Enquiry

“What should be uppermost on the agenda of health promotion research is the production of stronger theoretical arguments about how to understand variation in health status as the result of changes in phenomena central to the discourse of health promotion, sustainable development, social equity, community empowerment.”

Stevenson and Burke (1992)

# Aarhus Convention

The obligations of governments and the rights of the general public:

- The right to know – access to information: on the state of the environment, policies or measures taken, or on the state of human health and safety where this can be affected by the state of the environment.
- The right to participate in decision-making processes  
comment on plans or programmes relating to the environment
- The right to access to justice

# Risk spaces and resource spaces

“While a place’s character is a function of physical qualities, it is also a product of risks and opportunities; the nature of the social organisation attached to the locale; its political, social and economic relationships with other places; the psychosocial characteristics of those occupying the space; and the local cultural milieu”

Fitzpatrick & LaGory, 2003, p. 44

**1. Architects/planners/developers who manipulate the physical environment have the capacity for good or ill.**

- Are growing cities/denser developments contributing to public health? Are these patterns of development sustainable?

**2. Spatial qualities shape health beliefs and behaviours.**

- Does population density influence attitudes?

**3. Place is a multidimensional and hierarchical phenomenon.**

- Does socio-economic status influence these attitudes?

<b>Pritchard and Evans (1997)</b>	Correlational analysis of cancer data over a thirty year period in countries in Western Hemisphere (1963-93).	Positive association across all age groups.
<b>Tunstall et al. (2012)</b>	Assessment of the degree of variation in death rates and socio-demographic factors among area deprivation deciles in Britain.	Effect of density varied across socio-economic strata within areas of relatively high deprivation.
<b>Meijer et al. (2012)</b>	A multilevel survival analysis of 2.7 million individuals in Denmark. A systematic review.	Residence in areas with high population density increased all-cause mortality for all age groups. Low social coherence and high population density were significantly associated with higher mortality.
<b>Bailey et al. (2013)</b>	British Social Attitudes Survey 2009 (England).	People with lower levels of altruism demonstrated higher levels of support for redistribution in neighbourhoods of higher density.
<b>Fassio et al. (2012)</b>	Assessment of the predictive role of population density on quality of life using WHO Quality of Life Brief Scale (Turin, Italy).	High population density associated with poor relational, environmental and psychological health.
<b>Hagedoorn et al. (2016)</b>	Investigation of geographical patterns in lung cancer mortality in Belgium on a sub-district level including contribution of individual and area-level characteristics.	Mortality rates linked to urbanicity for women only.

# Assumptions

- Public health is derived from the interaction of environmental, social, and cultural factors
- Community health is a shared responsibility across:  
Entities, organisations, community interests, health services, public and private organisations, public health agencies, community members.

# Research questions

Do the spatial characteristics of an area determine health and wellbeing?

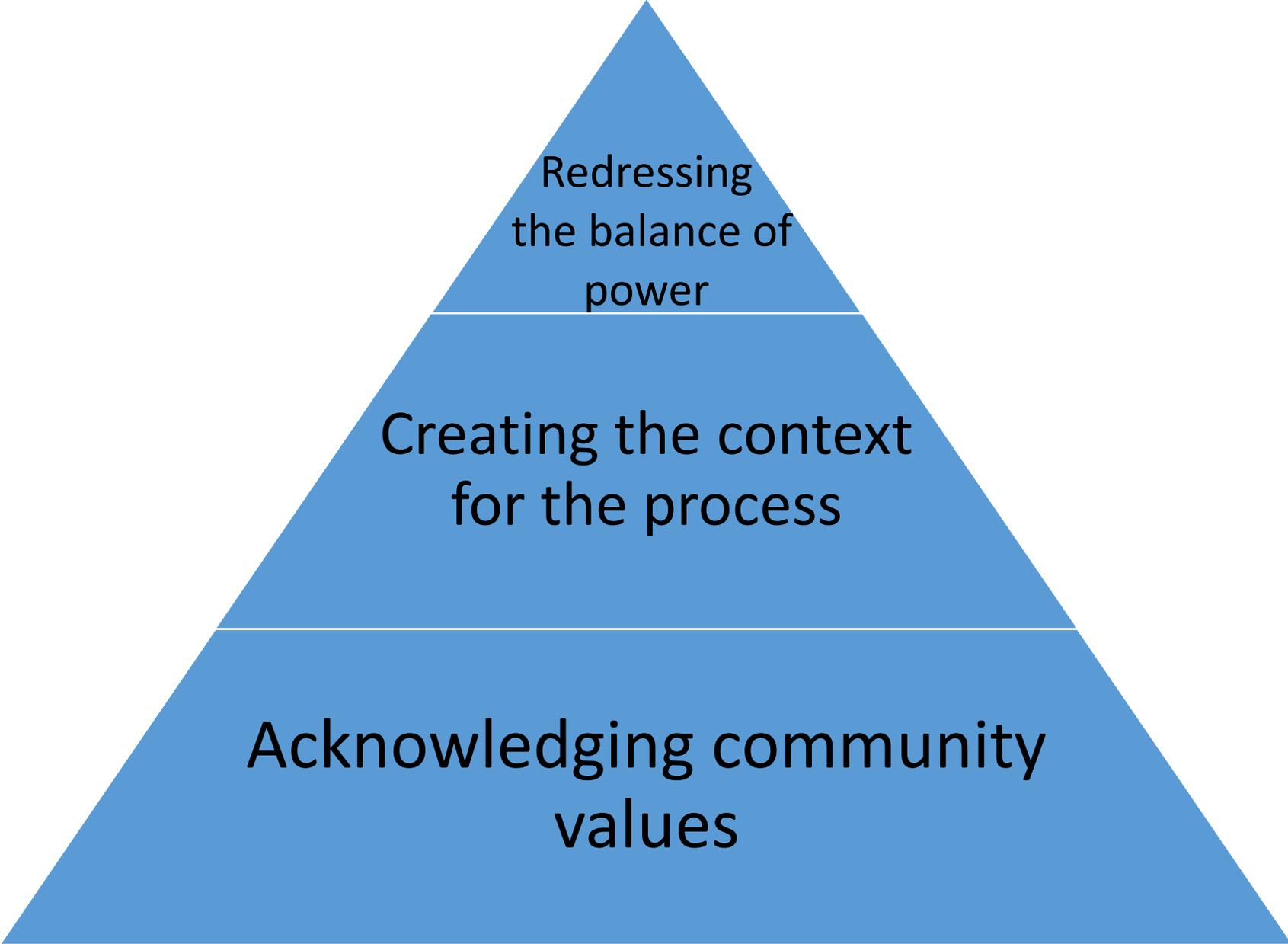
Does population density influence the attitudes of residents towards a "commons" of health?

What is the extent of "equality" and "mutuality" within neighbourhoods?

Is one's health and the health of one's neighbour valuable as an end in itself?







Redressing  
the balance of  
power

Creating the context  
for the process

Acknowledging community  
values

# The Built Environment as a determinate of health

Is population density associated with health outcomes and health inequalities?

Does population density modify attitudes towards "community health rights" – does this differ across socio-economic groups?

**EQUALITY** - seeking a state of fairness for individuals, communities and populations.

Does population density lead to knowledge transfer of health inequalities – does awareness traverse social, spatial and economic segregated networks?

**MUTUALITY** - seeking a state of health held in common with individuals, communities and populations.

Community participation is essential for human flourishing – this involves "practical knowing" where we share knowledge as co-inhabitants.

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