

EPHA Report on Environment and Health

Clean Air

December 2011

european public health alliance





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“Environment is key to better health¹”

The issue of environment has been very present over the past couple of years notably with one of the biggest challenges our societies are facing today: global warming and climate change. However, environment is not only a matter of water and air pollution, or soil quality. Environment can cover a broad range of issues. In this Report, the European Public Health Alliance has decided to focus on our closest environment, the one in which people are born, grow up, play, live, work and age.

According to the World Health Organization, between 14% and 19% of diseases are caused by environmental exposures.² Moreover, more than 24% of deaths and 22% of disease in children under the age of 14 years old occur as a result of environmental exposure.³ Our closest environment influences our health in many ways. Exposure to bacteria, chemicals, pollutants, exposure to physical factors, biological factors are all potential dangers people are confronted with on a daily basis.

Thus, the constant interaction between our environment and our health raises a number of issues. Are our houses as safe as we would think? Are items we could not imagine living without really good for us? Numerous objects are part of our daily life without arousing any suspicions while these insignificant objects can actually be very harmful. Do we have to be cautious with everything? Should this close environment not be more protective?

This report is divided in two main parts. It first develops the environment in which people live and evolve every day. While our houses are supposed to be associated with a space of safety, calm and confidence, they can actually present numerous dangers, and in some situations, home can be everything but a safe place.

The second part of the report is dedicated to the spaces we meet while leaving our homes: streets, roads, public spaces, etc. On our way to school, work or leisure activities, we are confronted with a number of situations that can hamper the full achievement of our capacities. EPHA did not mean to exhaustively cover the link between environment and health in its report, but to focus only on some aspects of this complex relation.

Our closest environment

We all think of our home as the safest place to be... is it really?

Home⁴ is a space where people spend a large part of their time. It is a space that should be a synonym of calm, confidence, rest, a space for exchange between the different family members, a space in which we feel comfortable and safe. However,

¹ World Health Organization, Third Ministerial Conference on Environment and Health, London, 1999

² Preventing disease through healthy environments: towards an estimate of the environmental burden of disease, World Health Organization, 2006

³ Burden of disease attributable to selected environmental factors and injuries among Europe's children and adolescents, World Health Organization, 2004

⁴ EPHA's Report develops housing as a strong health determinant but we would like to remind that part of the EU population is homeless, and this should also be taken into account when discussing housing conditions. Furthermore, air quality is also a matter of care houses, hospitals, schools, workplaces etc. buildings where we spend a great proportion of our lives.



houses might present, in a variety of situations, a danger. The air we breathe, the food we eat, the products that are part of our daily life might not be as safe as we would think.

The importance of indoor air quality

Indoor temperature

While people tend not to see the temperature of the room they stay in as a potential danger, having cold homes, or, on the contrary, overheating spaces can damage our health. Over the past few years, the issue of homes' temperature has been discussed, often in the context of energy efficiency and the challenge it represents in a context of global warming and climate change. In this report, we decided to tackle the issue from another angle. Living in cold homes threatens people's health, in particular the most vulnerable groups in our societies, especially children and the elderly.

In general, poor insulation in the building construction (walls, doors, roof, floor, windows etc.) can result in cold homes. The age of the house is also playing a crucial role. The older a construction is, the more it is likely not to respect the standardised norms that are today imposed to all new constructions. While the evidence concludes that cold homes are not a question of socio-economic status only,⁵ there is a strong social gradient in the distribution of poor quality housing conditions. The poorer parts of our society tend to live in poorer areas where poorer housing and environmental conditions prevail. Furthermore, due to poverty and growing impact of economic crisis on living conditions, these will be even more compromised.

The age of the person is also a risk factor in the prevalence of health problems related to cold homes, with an increased incidence in children and young people as well as in the elderly. According to the latest Marmot Review,⁶ children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm houses. Beyond the damages produced on the physical health, cold homes also increase the likelihood to develop mental disorders, with 1 in 4 persons living in cold homes being at risk of mental problems, compared to 1 in 20 persons for those living in warm homes. Living in a cold place also brings a series of indirect consequences. It can impact on children's achievement in schools for example. Every winter, the situation is amplified with an increase of deaths due to inadequate housing conditions. It is estimated that inadequate housing conditions is the cause of 40% of excess winter deaths.⁷ From 50% to 70% of them are attributable to cardiovascular conditions and up to 33% to respiratory diseases.⁸

By improving the energy efficiency of housing, fuel poverty could be reduced and people's health could be improved.

Humidity and mould growth

As developed above, living in an ambient low temperature is causing a number of health-related hazards. However, overheating a home can also bring a number of health issues, through the development of mould and moisture notably.

In 2007, an estimated 18% of the European Union population was exposed to dampness.⁹ A lack of ventilation but also over-crowded spaces, intense cooking, bathing and drying clothing activities lead to condensation. Humidity generates the growth of organic pollutants (bacteria, fungi etc.) whose presence in the air and everyday objects (beds, carpets) is the source of a number of health problems, mainly respiratory

⁵ Housing, Energy and Thermal Comfort - a review of 10 countries within the WHO European Region », World Health Organization, 2007

⁶ The Health Impacts of Cold Homes and Fuel Poverty, Marmot Review Team, Friends of the Earth, May 2011

⁷ WHO review of 10 countries within the WHO European Region Housing, energy and thermal comfort 2007

⁸ http://www.euro.who.int/__data/assets/pdf_file/0017/14551/e95004sum.pdf

⁹ Children living in homes with problems of damp, Fact sheet 3.5, WHO, December 2009



symptoms (wheeze and cough) but also respiratory infections, allergies and perturbation of the immunological systems. Exposure to indoor dampness and mould is conducive to the development of asthma and the worsening of the condition when already present. According to the World Health Organization, the risk of asthma is 50% higher for people living in damp and mould dwellings. It is also estimated that, on a yearly basis, per 100 000 children, 0.07 deaths and 50 disability adjusted life years are associated with exposure to dampness in dwellings.¹⁰ 0.06 deaths and 40 DALYs per 100 000 children per year are associated with exposure to mould.¹¹ Evidence also suggests that the presence of damp and mould increases the prevalence of rare diseases such as allergic alveolitis, chronic rhinosinusitis and hypersensitivity pneumonitis.¹²

As mould can grow on a variety of materials, it is important to choose the ones that can prevent their development and or accumulation through the presence of water resistants. In 2009, the World Health Organization published a series of Guidelines for indoor Air Quality¹³ aiming at preventing the growth of microbial and their impact on health. The Guidelines notably mention that “as the relations between dampness, microbial exposure and health effects cannot be quantified precisely, no quantitative health-based guideline values or thresholds can be recommended for acceptable levels of contamination with microorganisms.” Therefore, it is recommended to prevent their apparition. Representing considerable environment-related diseases in children, “cleaner air to reduce asthma and respiratory diseases” is one of the four priorities of the Children’s Environment and Health Action Plan for Europe (CEHAPE).

Passive smoking and children’s health

Passive smoking has a particular place when discussing the issue of indoor air quality as the health damages caused are entirely avoidable.

1 in 4 non-smokers is exposed to second-hand smoke. According to the last Eurobarometer on tobacco,¹⁴ 38% of all EU citizens allow people to smoke in their home. Greece, Spain and Cyprus are the most permissive countries as 1 in 4 smokers allow smoking everywhere inside the house. This makes millions of children and other dependant family members that are currently living in a household where they are exposed to cigarette smoke, and many more are exposed outside of the home.

According to the Royal College of Physicians Report produced in 2010,¹⁵ the most important factors governing children exposure to smoke are whether their parents and/or carers smoke and whether smoking is allowed in the home. Relative to children in non-smoking families, passive smoke exposure is around three times higher if the father smokes, over six times if the mother smokes and nearly nine times higher if both parents smoke. Moreover, children who grow up with parents and/or siblings who smoke, are 90% more likely to become smokers themselves.

Tobacco use (together with alcohol consumption, a poor diet and a lack of physical activity) is one of the four main determinants of the burden of chronic non-communicable diseases (NCDs) European societies are facing today. The health damages caused by smoking are all well known, and the data available even allow us to link the number of cigarettes smoked to the associated risk, i.e. cancer, cardiovascular diseases and chronic obstructive pulmonary diseases (the major ones being asthma, lung cancer, pneumonia and tuberculosis). Second hand smoke is estimated to cause 64 700 deaths per year in the WHO European Region.¹⁶

In addition to the burden of disease, passive smoking also represents a large financial burden due to the cost of primary care visits and asthma treatment costs notably. These

¹⁰ Environmental burden of disease associated with inadequate housing », World Health Organization, 2011

¹¹ Environmental burden of disease associated with inadequate housing », World Health Organization, 2011

¹² Children living in homes with problems of damp; Fact sheet 3.5, World Health Organization, December 2009

¹³ Guidelines for Air Quality: Dampness and Mould », World Health Organization, 2007

¹⁴ Passive smoking and children » Royal College of Physicians, 2010

¹⁵ Passive smoking and children » Royal College of Physicians, 2010

¹⁶ WHO Report on the environmental burden of disease associated with inadequate housing, 2011



being coupled with the future treatment costs of smokers who take up smoking as a consequence of exposure to smoking by parents. Thus, it is estimated that respiratory diseases account, on their own, for a financial burden of over 100 billion euros¹⁷ in Europe.

The knowledge about how to control tobacco use is considerable, only actions and clear engagement from governments is missing. The revision of the Tobacco Products Directive represents a crucial opportunity to change EU policy on tobacco. The implementation of the Framework Convention on Tobacco Control¹⁸ represents the other.

Chemicals surround us

Hazardous substances are present in roofs, walls, windows, etc.

As seen above, a number of health conditions can result from substances circulating openly in our houses, as a direct or indirect consequence of people's behaviours. These risks must be added to the ones that are out of our control.

The materials used when building a house can contain pollutants and chemicals that threaten the life of people inhaling them, on a day to day basis. Breathing asbestos dust, being in contact with dioxin elements present in some painting materials, as well as with benzene that is used in the fabrication of plastics and resin notably, are all types of events associated with an increased prevalence of cancers, respiratory infections (asthma, chronic bronchitis), cardiovascular diseases (coronary diseases), neurological infections (when exposed to pesticides, lead), kidney diseases, etc. Exposure to lead in housing is estimated to be the cause of an average 694 980 disability adjusted life years per year, in the WHO European Region.¹⁹ One every tenth lung cancer is the direct result of the presence of radon in homes²⁰ and these effects are getting worst when the exposure happens during the early years of life. When damages of the nervous system occur during the development stage, i.e. a pregnant woman exposed to substances that she will inhale and transmit to her foetus, these damages are likely to be irreversible, hampering the baby's development.

As concluded in the World Health Organization's Report on the environmental burden of disease associated with inadequate housing, "health should be at the centre of housing policy". Building or putting at the disposal of the population healthy and sustainable housing that are accessible to all and not restricted to certain categories of the population, on the basis of their resources, should be one of the main objectives of every stakeholder involved in the building of housing.

Hazardous substances are present in everyday items

As for the air they breathe, people evolve next to everyday items that they perceive as harmless. However, some of them might contain hazardous substances that represent a potential risk to their health.

In March 2011, the European Union decided to ban the production of baby bottles containing Bisphenol A. The presence of Bisphenol A has been largely debated worldwide and the substance had already been banned in a series of countries. Some of them went a step further, by banning the use of Bisphenol A in all products used to feed infants from 0 to 3 years old, as it was the case in Denmark. Thus, a series of studies prove an association between the presence of bisphenol A and an increased likelihood to develop diseases such as cancer (notably breast cancer), diabetes and

¹⁷ Loddenkemper R, Gibson GJ, Sybille Y, editors. European Lung White Book, the first comprehensive survey on respiratory health in Europe, European Respiratory Society, 2003

¹⁸ <http://www.who.int/fctc/en/>

¹⁹ WHO Report on environmental burden of disease associated with inadequate housing, 2011

²⁰ WHO Report on environmental burden of disease associated with inadequate housing, 2011



heart disease. According to the same studies, people's fertility could also be damaged. However, the more studies are published, the more debates are open. Using the precautionary principle, EU governments decided to ban the importation and sale of baby bottles containing Bisphenol A. But this substance is also present in bottles, cans and other food packaging. By consuming their content, pregnant women also ingest the substance that will be in contact with the foetus etc. In that context, some nongovernmental organizations argue that further actions are needed.

Apart from Bisphenol A, a number of other substances raise questions. Aluminium can be found in water, foods (including baby foods), in medicine and vaccines, in windows, pens, aerosols, dish tops etc. Paraben and phtalates are present in the majority of our care products, in cosmetics, ammonia in window cleaners, methanol in several fruit juices, vinegar, wine and spirits etc

The toxicity of these substances has been scientifically substantiated, as has their carcinogenicity. However, they tend to remain in everyday use.

Unsafe housing

Home injuries

A house and how it is organised, the way certain furniture is designed, certain areas are accessible, certain items are available, can present a number of dangers, especially for our children. Home injury can take different forms: falls, drowning, burns, poisoning etc. While the right to health and a safe environment, free from injury is enshrined in United Nations Convention on the Rights of the Child, home injury is, in the WHO European Region, the leading cause of death in children aged between 5 and 19 years old. Home injuries also lead to lifelong disabilities. Of the average 10 million home injuries that take place every year in the European Union,²¹ one million led to hospitalisation.

Falls are the main cause of injuries for children aged between 0-15 years old. When falling, a child tends to first hit their head, especially during the first years of life, which in the worst situations can cause irrevocable damage and lead to death. An average of 1500 children aged between 0-19 years old die every year from falls.²² The upper extremities (arm, shoulder and wrist) and the lower extremities (leg, knees and ankle) come next, which in some cases lead to disability adjusted life years. The evidence is clear on how such drama could be avoided. By implementing “universal safety standards on children-related items, modifying and or replacing unsafe products, using window guards and implementing multifaceted community programmes,”²³ an important part of these injuries could be avoided.

Drowning is the second cause of deaths amongst children with more than 5000 children and adolescents aged 19 years old and below that die from drowning every year. By “removing or covering water hazard, installing four-sided pool fencing, using personal flotation devices and instituting immediate resuscitation,”²⁴ the majority of these accidents could be prevented.

When mentioning home injury, burns come in our mind. Cooking activities for example, are often seen by children as a very exciting moment, full of noise and smell. It is also full of potential dangers that young children do not always foresee. Thus, burns together with scalds cause every year more than 1700 deaths in children aged from 0-19 years old. Prevention programmes have proven to produce meaningful results. By “enforcing or reinforcing the installation of smoke alarms, regulate hot water and standards for cigarette lighters, many of these dramas could be avoided”²⁵ Activities that aim to raise awareness on the dangerousness of the variety of situations leading to

²¹ Bonnefoy XR, Aznar, LM, Braubach M et al. Review of evidence on housing and health. Fourth Ministerial Conference on Housing and Health. Budapest, Hungary, WHO, 2004

²² In the WHO European Region

²³ WHO European Report on Child Injury Prevention, 2008

²⁴ WHO European Report on Child Injury Prevention, 2008

²⁵ WHO European Report on Child Injury Prevention, 2008



burns and scalds have also proven to be effective. A lack of attention from the child carer is often at the origin of burns. A better supervision of hot objects and or hot liquids could prevent a number of accidents.

Following the ingestion of certain medicines, plants and cleaning products, poisoning is another one of the main causes of home injury. Amongst individuals aged 19 years old and below, poisoning is the third leading cause of death with more than 3000 deaths every year. When mentioning poisoning it is important to notice that 90% of all accidents take place in low and middle-income countries (of the European Region).

There is a strong social gradient in the incidence of poisoning. As for the majority of home injuries, poisoning can be prevented, notably through the installation of “resistant closures, safe storage, the reduction in the volume of available toxic substances (including medicines), as well as through the generalisation of poison control centres and a better communication on these”.²⁶

In this Report, the European Public Health Alliance decided to focus on unintentional injuries and their consequences on health. While unintentional home injuries constitute the main causes of deaths and injuries in children, the biggest majority of them could be prevented through the implementation of established measures. However, numerous domestic accidents do not happen by coincidence but result from organised behaviours as it is the case for domestic violence. These issues go beyond the scope of this report.

Consumer safety

A house is full of items that can represent a danger. While decoration items, toys, kitchen accessories, cars, etc. surround us every day, some of these products can be very dangerous, they can lead to injuries and in the worst-case scenario to death. Childcare articles might include small detachable parts that a baby could ingest, decoration items might not be as safe as indicated, some series of cars might contain defective items (brake, clutch pedal etc.). Thus, every year, thousands of products are seized for safety reasons.

The European Union created the CE label in order to guarantee that a product has been evaluated before being available on the market. In order to obtain the prestigious label, products should be tested for the risks they might represent in terms of health, safety and environment. Thus, it is mandatory for numerous products to be marked with the CE label. However, every year, a considerable amount of products are seized because the labels are counterfeit.

Some periods in the year require a particular attention. In times of Christmas for example, a European Union study found that 30% of Christmas lights present a direct risk of fire or electric shocks.²⁷ During these periods, decoration items tend to be more available and often more affordable. All these products represent more risks in terms of safety that justifies an increased attention.

In 2004, the European Union put into place RAPEX, the rapid alert system for dangerous products. The system covers products such as childcare articles (baby shoes, socks etc.), toys, decorative articles, body lotion but does not cover food, pharmaceutical and medical devices. (These last products being covered by other legislations) The RAPEX System publishes, on a weekly basis, a series of alerts on products that “represent a serious risk to the health and safety of consumers.”²⁸ Thus, unsafe products can be detected and quickly reported on so that they can be removed from the European Union market within a short period of time.

²⁶ WHO European Report on Child Injury Prevention, 2008

²⁷ <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/09/1864&format=HTML&aged=0&language=EN&guiLanguage=en>

²⁸ http://ec.europa.eu/consumers/safety/rapex/index_en.htm



In addition to the alerts regularly published through the RAPEX System, the Commission publishes recommendations on the use and/or purchase of some of the above listed products. For example, this is the case of toys. In order to help people buying safe toys and using them safely, the European Commission released, in 2010, a series of recommendations.²⁹ According to the Commission Recommendations, people should notably “always buy toys from trustworthy shops and online outlets, they should read all warnings and instructions, choose toys suitable for the age, abilities and skill level of their children. Shoppers should not buy toys with small detachable parts for children under the age of 3 years old, follow carefully the instructions for proper toy assembly and use. When children are playing, an eye should be kept on them, as well as on the toys themselves that should be checked from time to time”. Finally, EPHA would like to underline the last Recommendation, i.e “Always report a safety problem with a toy to the manufacturer or the retailer where you bought it”. By reporting on every problem encountered, the proliferation of accidents and related injuries could be avoided.

Healthy environment

The danger is not always where we look for it.

On a daily basis, people are confronted with a series of vibrant slogans selling everything but what they pretend to sell. In alcohol advertising, drinking is often portrayed as sociable and associated with social and sexual success, social desirability, relaxed time or adventure. Companies often have resorted to humour, they use attractive people, celebrity endorsements. In order to attract young people, bright colours and animal characters are also often used. All of these practices have an impact on the population that tend to think that the products they eat will deliver everything, from better sight to stronger bones, and on young people in particular, that develops more positive expectancies and attitudes towards alcohol.

Food and alcohol advertising are present in magazines, TV, cinemas, and the development of new media brought a new partner in this sphere. The evidence that marketing techniques have an impact on people's purchasing is clear. Being confronted with them all day, consumers must be provided with clear and reliable information which does not mislead them. Especially when these messages target parents of very young children - a group particularly susceptible to claims. Wanting the best for their children, young parents are particularly receptive to labelling and promotion messages.

Furthermore, people with low socio-economic status should also be protected from misleading messages as they tend to have lower health and food literacy. Therefore they can be easily influenced.

“The marketing of foods and non-alcoholic beverages with a high content of fat, sugar or salt reaches children throughout the world. Efforts must be made to ensure that children everywhere are protected against the impact of such marketing and given the opportunity to grow and develop in an enabling food environment — one that fosters and encourages healthy dietary choices and promotes the maintenance of healthy weight.”

Dr Ala Alwan, Assistant Director General, World Health Organization

A poor diet and alcohol consumption are two of the four main determinants of today's burden of chronic non-communicable diseases. If current trends persist, it is estimated that the global burden of non-communicable diseases will cost a total lost output of US \$47 trillion over the two coming decades.³⁰ Marketing is part of people's daily life,

²⁹ http://ec.europa.eu/dgs/health_consumer/dyna/eneews/eneews.cfm?al_id=1087

³⁰ The Global Economic Burden of Non-Communicable Diseases, World Economic Forum and Harvard School of Public Health, September 2011



messages are surrounding them in their close environment. Knowing that they are a strong determinant of people's purchase, marketing practices should not be misleading consumers, especially vulnerable groups such as children and parents.

Outside the home

While our homes should be the safest place to be, they actually represent a long list of potential dangers to the health of people living in them and especially to the one of children. Then, what happens when we are leaving this "not so safe" place, to face the outside, with noise and pollution, with traffic, with the rest of the world? Every day, people are leaving their places to walk, drive, take public transport to reach their school, leisure activities and work. Streets, roads, public spaces are part of our daily life. However, this environment that is surrounding us, this environment in which we evolve every day, does bring a number of potential health hazards. A number of issues can be raised from this particular relation. We will focus on the following:

Air pollution

As soon as people leave their houses, they are confronted with a jungle of noise, horns, traffic and pollution and all of these elements can have a considerable impact on people's health. Thus, the World Health Organization estimates that globally, outdoor air pollution causes an average 1.4% of the total mortality rate, 0.4% of all disability adjusted life years and a total of 2% of all cardiopulmonary disease.³¹ The effects from outdoor air pollution include the development of cardiovascular and respiratory diseases, asthma attacks, acute bronchitis, respiratory symptoms etc. They vary greatly from one country to another. Generally, it is estimated that in cities with higher levels of pollution, the mortality rate is 15% to 20% higher than in cities with low levels of air pollution.³²

In addition, a recent study³³ conducted by the Health and Environment Alliance and Health Care Without Harm (HCWH) Europe found that "increasing the reductions of greenhouse gas emissions to achieve a 30% reduction target would bring health benefits of up to €30.5bn every year by 2020, as well as save up to 140,385 life years that would otherwise be lost due to premature deaths each year."

Beyond having a strong impact on the population's health, air pollution also has a considerable economic cost. According to the last European Environmental Agency (EEA) Report, the air pollution resulting from the 10 000 largest facilities in Europe costed, in 2009, up to 169 billion euros.³⁴

In 1987, the World Health Organization published the first European Air Quality Guidelines that were updated several times since then. In 2005, the document extended its scope to be applied worldwide. According to these guidelines, 15% of deaths occurring because of exposure to air pollution could be avoided by reducing particulate matter pollution from 70 to 20 micrograms per cubic meter.

At the European Union level, standards and objectives were established for a number of pollutants. Member States should aim at developing air quality plan in accordance with the European Air Quality Standards.

³¹ Environmental Burden of Disease, Series 5, Outdoor Air Pollution, WHO, 2004

³² Air quality and health, Factsheet N 313, WHO, September 2011

³³ Health Care Without Harm and Health & Environment Alliance, 'Acting now for a better health. A 30% reduction target for EU climate policy.' (2010); page 11

³⁴ Revealing the costs of air pollution from industrial cities in Europe », European Environmental Agency, 2011



Safety and attractiveness of the built environment

Playgrounds and children's development

In Europe, patterns have led to a situation whereby one in four people suffer from obesity and one in two from overweight. In parallel, chronic non-communicable diseases, including cardiovascular diseases, diabetes type II and cancer are increasingly widespread, accounting for 86% of deaths in the World Health Organization European Region and 77% of the disease burden.³⁵ The situation becomes even more worrying when looking at these figures for children. Over the past years, childhood obesity has increased rapidly in virtually all the Member States of the European Union and in the wider Region. Countries such as Italy counts 35.9% of its population aged between 8 and 9 years old overweight.³⁶

The main risk factors for overweight, obesity and diet-related diseases are known and largely modifiable. Poor diet and a lack of sufficient physical activity result in a situation whereby the energy intake exceeds the amount being expended in our day-to-day lives. The health benefits of practicing physical activity on a regular basis have been strongly documented. In 2011, the World Health Organization published a series of recommendations on physical activity. The WHO Global Recommendations on Physical Activity and Health state that from 5 to 18 years old, a child should be practicing at least 60 minutes of moderate to vigorous intensity physical activity within a day. Beyond this level, every physical activity will provide additional health benefits. Today, a large majority of children fail to meet this target.

Providing playgrounds to children can play a key role in children's level of physical activity. In its Recommendations, the WHO mentions that, in order to promote physical activity, "local policy makers should provide play facilities for children". Thus, providing children with clean, safe, secure and accessible playgrounds would encourage them further to go out, play, increase their level of physical activity. This would also benefit to their mental health and wellbeing and therefore improve their health. The games that are available on playgrounds offer opportunities to learn important skills such as muscle control, a better coordination of the body and a better balance. All these skills are important for children's physical, cognitive and emotional development.

Providing children with safe and secure equipment is as important as the playground itself. Play facilities that are dilapidated and outdated can be dangerous. Moreover, the quality of playgrounds clearly influences their attractiveness.

Urban organisation and physical activity are linked. Local policy makers have a role to play in improving their population's health through the offer of better opportunities to be physically active. This is an excellent example of the thorough implementation of the "health in all policies" approach towards comprehensive and coherent policy making. Moreover, habits integrated at a young age last lifelong.

Road safety and cycling

"Environmental policies that impact on the mode of transport people use or that increase public space for recreational activities have the potential to increase physical activity levels in the population and consequently provide significant health benefits."³⁷ Physical activity is also a matter of urban organisation. The availability of green spaces, public parks, safe and secure cycling paths etc. has a clear influence on whether people

³⁵ Gaining Health – The European Strategy for Prevention and Control of Non-communicable diseases, WHO, June 2006

³⁶ IASO, 2008

³⁷ WHO Global Recommendations on Physical Activity and Health, 2011



are physically active or not. Local policy makers have therefore a responsibility: when discussing urban organisation, they have to consider the need to offer to the population more opportunities to be physically active and improve their mental health through greater contact with nature.

People are often reluctant to cycle for safety reasons. They tend to view cycling as a dangerous activity. The traffic is often dense, people are stressed, in a hurry, they pay less attention to the elements that surround them. There, the lack of safe cycling paths is a clear obstacle to cycling.

The health benefits of cycling have been well substantiated. Physical activity is one of the four main determinants of health through its actions on the physical and mental health of individuals. Cycling acts on the blood pressure, on hypertension, it provides a better oxygen exchange, heart and cardiovascular conditions are improved, so are the respiratory capacities etc.³⁸ Practicing cycle is also good for people's mental health as it acts on the level of stress. Cycling benefits to the health of the cycler as well as to the environment. Therefore, it is essential to "increase the safety of cycling by encouraging the establishment of adequate infrastructure" as stated in the European Commission Communication: **Towards a European Road Safety Area: policy orientations on road safety 2011-2020.**

By favouring motorised transport at the expense of walking and cycling, road traffic accidents are likely to increase and with them injuries, lasting disabilities and deaths. Organising cities in a way that would allow more physical activity would benefit to all. Therefore, a new way of thinking cities is strongly needed.

Transport planning should respect people's right to a safe mobility and offer them opportunities to improve their health conditions. While people have different needs and capacities depending on their age and gender notably, regular physical activity has been shown to bring clear health benefits to all, by notably reducing the incidence of colon, breast, prostate and pancreatic cancers.³⁹

In order to combat the current burden of chronic non-communicable diseases, actions going across sectors and areas are strongly required. Ensuring that walking, cycling, playing and other forms of physical activity are possible and accessible to all is a shared responsibility that environmental policy but also transport and urban planning policies should exercise in collaboration.

Conclusion

In this report, EPHA tried to emphasise the strong relation existing between our close environment and our health. Coexisting on a daily basis, this environment should be more protective, more participative of people self-fulfilment. In reality, our close environment brings a number of dangers that, in some situations, lead to injuries and deaths of which children are the first victims.

When looking at this complex relationship, a question is coming to our mind: how much disease could be prevented through a better management of our environment? How could this happen?

In this report, EPHA developed a number of situations highlighting that cross-sectoral collaboration was a key to successful actions. Urban planning, houses building, marketing regulations, all of these policies have a clear impact on people's health. Policy makers from all sectors have a responsibility to play in today's burden of non-communicable diseases.

³⁸ The health benefits of cycling, Bicycle Helmet Research Foundation, www.cyclehelmets.org

³⁹ www.cyclehelmets.org

About EPHA

EPHA is a change agent – Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, the Health and Environment Alliance (HEAL) and the Better Regulation Watchdog. EPHA's Transparency register number is 18941013532-08.

Further reading

Lancet Countdown & EPHA Policy Briefing | Tackling Climate Change and Air Pollution. [>>read more](#)



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