

# DISCONNECTS

## URBANISM AND PUBLIC HEALTH

The pre-amalgamation City of Toronto introduced a program called *'Healthiest Babies Possible'* that focused on pregnant women, including teenagers, single mothers and certain immigrant groups, who were at higher risk of having babies with low birth weights [at a rate of 15 - 20% of their population as compared with the Toronto average of 5%].

By David Sisam



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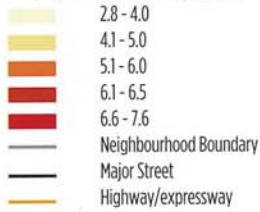
The program consisted of prenatal counseling supplemented with milk and oranges. As a result of participation in the program, the percentage of low birth weights for these high risk women dropped to approximately the city average.

When the amalgamation of the city took place, there was a move by the provincial government and the Ministry of Health of the time to cancel this program, perhaps viewing it as some sort of socialist enterprise. The threat of cancellation was only withdrawn when the cold reality of comparative costs was tabled.

WALKABLE NEIGHBOURHOODS LEAD TO HEALTHIER CITIZENS [1].

## City of Toronto

### Age- and Sex-adjusted Diabetes Prevalence Rates per 100 Persons, 2001/2



### Existing TTC Routes and Planned Transit City Routes

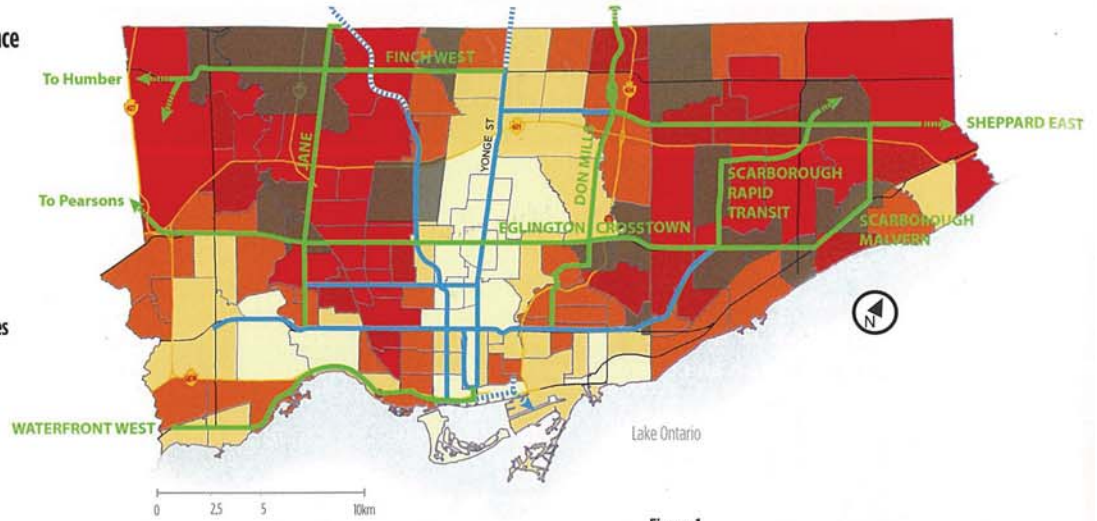
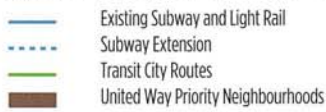


Figure 1

ACCESS TO FRESH FOOD ON A DAILY BASIS, A BY-PRODUCT OF GOOD URBAN DESIGN, IS A PREVENTATIVE MEASURE FAR LESS COSTLY THAN TREATING DISEASES LIKE DIABETES WITHIN THE HEALTH CARE SYSTEM [2 AND 3].

The analysis revealed that the average cost per day for a Level III neonatal intensive care bed for low weight babies is \$1700.00. Statistics gathered have also indicated that each child born with a low birth rate costs hundreds of thousands of dollars more than a normal weight baby in medical expenses and hospital care over a lifetime. In comparison, the cost of the Healthiest Baby Possible program was \$112.00 per expectant woman.

This is but a small example of where a nominal expenditure on preventative public health measures can defray future large expenditures on health care. There are many others in which design professionals of various disciplines can take on a leadership role in addressing issues of public health and thereby contribute to reducing the future costs of health care.

Issues of urban form and growth and the design of sustainable healthy buildings are fast becoming part of a range of public health considerations in the same way that clean water and appropriate sewage disposal are.





"An ounce of prevention is worth a pound of cure."

- [Benjamin Franklin]

Currently 46% of Ontario's provincial budget is allocated to the cost of health care. According to a study by TD bank, if current trends prevail, that figure will grow to 80% by 2030. This is clearly unsustainable.

A growing body of research supports the notion that where people live has a significant impact on their health. Until recently little attention has been paid to environmental factors such as the accessibility of healthy foods and opportunities for physical activity, factors that are of fundamental importance in controlling the growing epidemic of obesity and its attendant consequences.

In the U.S. between 1977 - 1995 the average distance that people walked per day fell 42%

while auto use increased at three times the population growth. At the same time, levels of obesity doubled. In fact the evidence in these related statistics was so clear that the United States Centre for Disease Control issued recommendations that called for improved access to transit, mixed-use development and investments in pedestrian and bicycle infrastructure as strategies to help counter obesity and attendant consequences such as diabetes [obese people are 40 times more likely to develop Diabetes].

It was in the spirit of these recommendations that a public transit initiative called Transit City was initiated in the City of Toronto.

The context and rationale were clear. The 2007 *'Diabetes Atlas of Toronto'* by the Institute for Clinical Evaluative Studies [see Figure 1] clearly identifies neighbourhoods with a strong prevalence of diabetes. In 2004 the United Way's Study 'Poverty by Postal Code' identified priority neighbourhoods in need of social infrastructure [part of which they are currently providing with a series of community hub projects].

These neighbourhoods are relatively low density with poor access to public transit and retail services. These are precisely the neigh-

bourhoods that were going to be served by the Transit City Project, an initiative that did not receive funding in the last provincial budget because funds were needed for - what else - health care.

Subsequently a municipal election has brought in an administration that sees Transit City as part of "a war on cars" and as a result the project has been cancelled altogether. They never considered Transit City in terms of a public health initiative.

Intelligent urbanism encourages sufficient density to support public transit, a mixture of uses, more walkable communities and more support for bicycle infrastructure. This approach to urbanism results in much reduced auto emissions, a lower per capita carbon footprint, and a substantial saving of energy. Intelligent urbanism creates a framework to support healthy lifestyles which will make a significant contribution to the reduction of spiraling health care costs. Architects and other design professionals can take on a leading role in this important public health initiative. ◀

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DAVID SISAM IS A PRINCIPAL WITH  
MONTGOMERY + SISAM ARCHITECTS IN  
TORONTO

"If you want to improve health, you have to look beyond the health care system. Most of the important policy decisions that affect the health of the population are not made by the Ministries of Health."

- [Dr.Trevor Hancock, BC Public Health Consultant]