

**Politique publique,  
environnement et  
santé**

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**unisanté**

Centre universitaire de médecine générale  
et santé publique • Lausanne



**UNIL** | Université de Lausanne

# Lausanne - Bern

Train



1h 6m



SFr 35 - SFr 65 →

CHEAPEST

Bus



2h 5m



SFr 4 - SFr 10 →

Rideshare



1h 31m



SFr 6 →

Drive



1h 9m



SFr 20 - SFr 29 →



- Are policies that are good for the environment also good for our health ('win-win')?
- Are there policy tradeoffs between health and environmental outcomes?

# Introduction

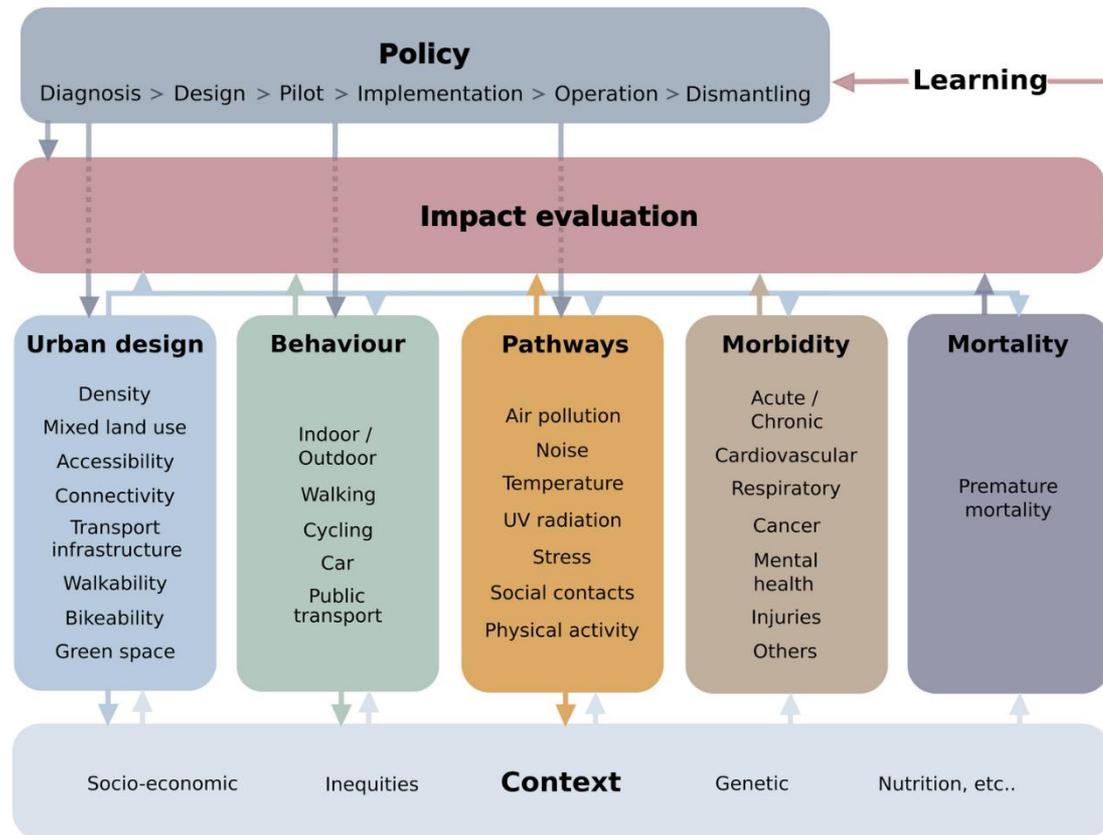
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- Strong evidence that the natural, physical and social environments are linked to physical and mental health outcomes
- Environmental factors are amenable to policy: Economic, social, urban, land use and related policies (Cole & Fielding, 2007; Benavides et al 2022)
- Yet, there is limited evidence of how public policies that aim to change the environment ultimately impact health outcomes

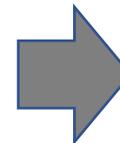
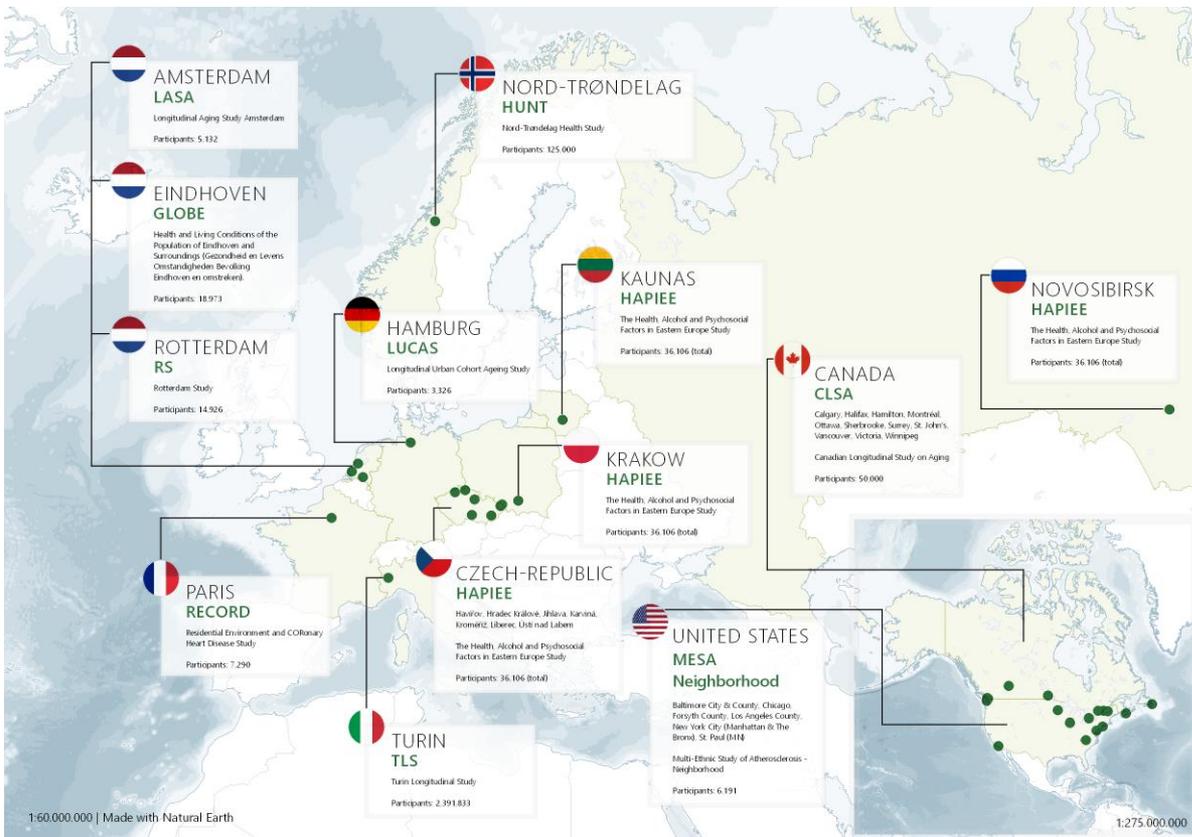
# Environmental policy & health

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- Common assumption that policies impact both environmental and health outcomes, but:
    - Demonstrating health effects is challenging
    - Policies effective to improve environmental outcomes may not be equally effective to improve health outcomes
  - Mechanisms are complex:
    - Direct effects by changing targeted environmental outcomes (e.g., Co<sub>2</sub> emissions)
    - Indirect effects: changes in behaviour (e.g., physical activity), stress, noise, social interactions, socioeconomic outcomes

# Framework for Evaluating Environmental Health Impacts of Policies



# The Mindmap project: Urban environments, mental health and cognitive function



## Policies

- Transportation
- Green Space
- Air pollution
- Land use
- Facilities

# Three urban environmental policy examples

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Transportation



Urban  
regeneration



Green spaces



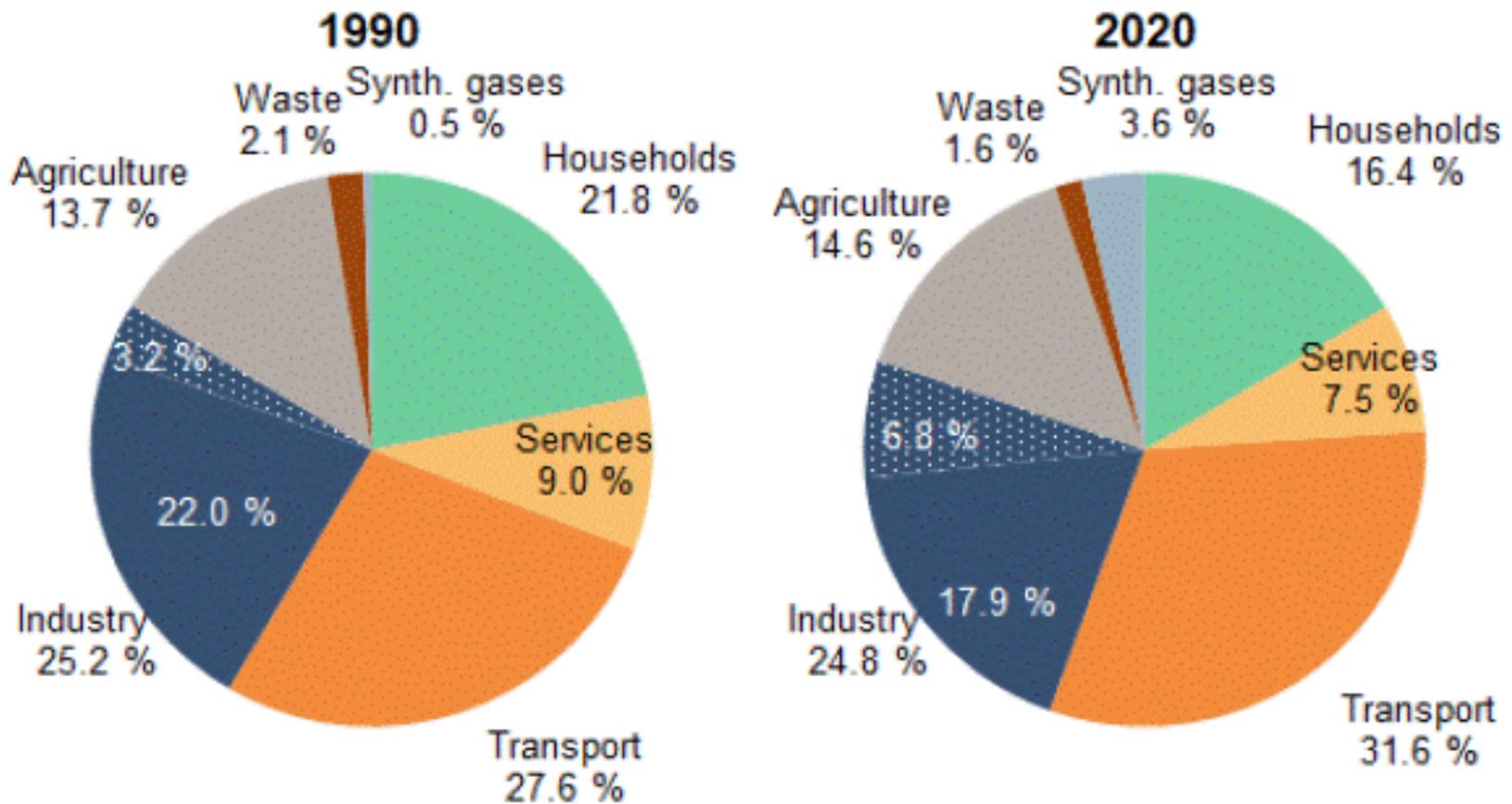
**1. Public transport policy:  
The free Bus Pass**

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# **Co-benefits of transport- related climate change mitigation**

- An opportunity to achieve multiple goals ('win-win strategies'):
  - Reduce greenhouse gas emissions;
  - promote physical activity;
  - reduce air pollution;
  - reduce noise;
  - reduce injuries;
  - liberate urban space for parks and cycleways

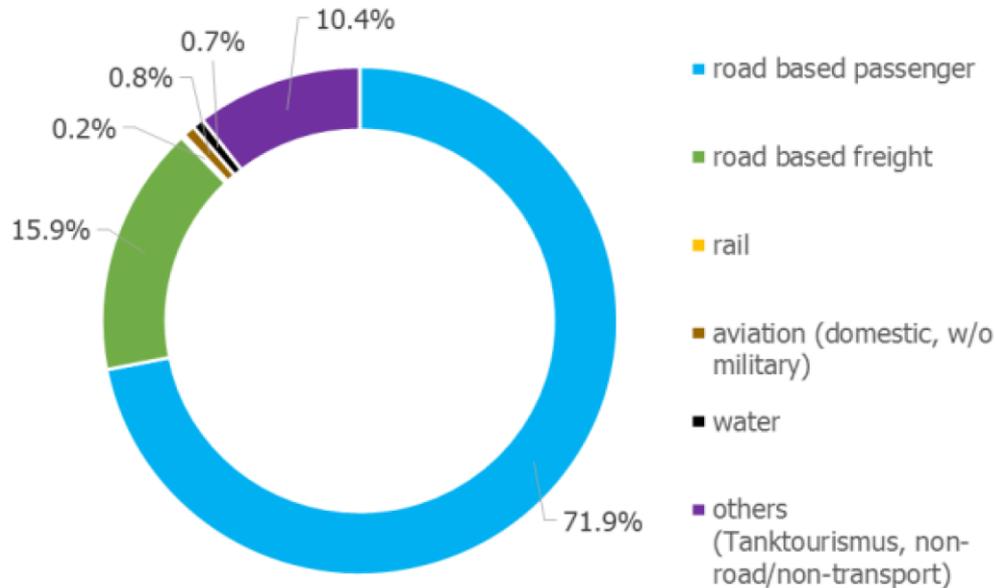
# Greenhouse gas emissions in 1990 and 2020 by sector in Switzerland (transport excludes aviation and navigation)



# Share of CO<sub>2</sub> Emissions for Swiss Transportation Sector, 2010

## Share of CO<sub>2</sub> Emissions for Swiss Transportation Sector

Total 2010: 16.32 Mt CO<sub>2</sub>



# Can a policy that incentivise public transport use improve mental and cognitive health?



English Longitudinal  
Study of Ageing, 2002  
– 2014

18,483 participants 50+  
and observed at least  
once

Measure of public  
transport use



**Policy:** Free Bus  
Travel Eligibility

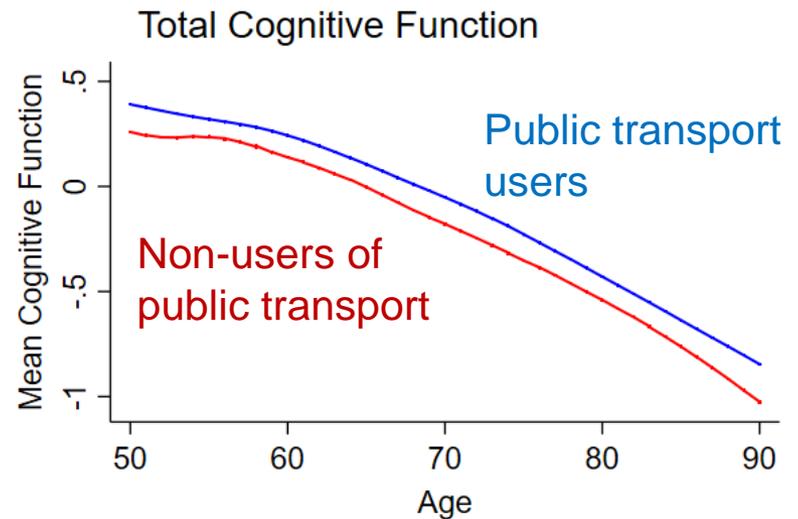
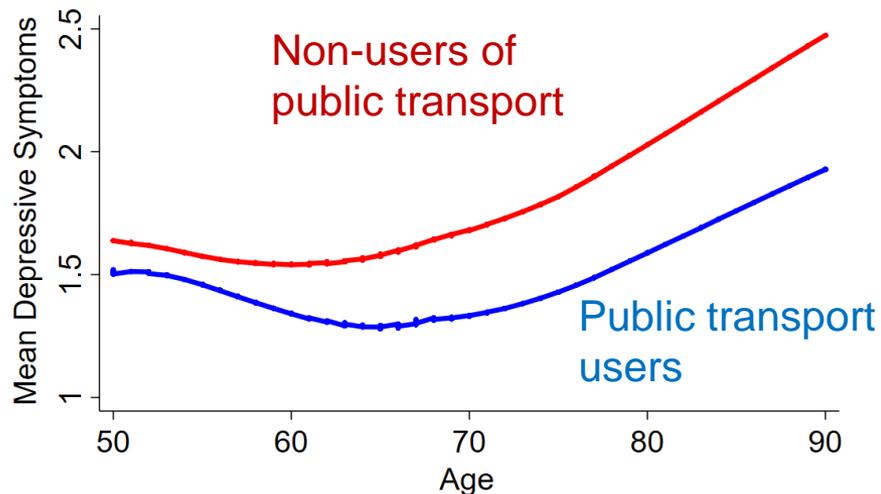
2006-2010: Age 60 and  
older

2010-2014: Eligibility  
age increases gradually  
in accordance with  
women's state pension  
age

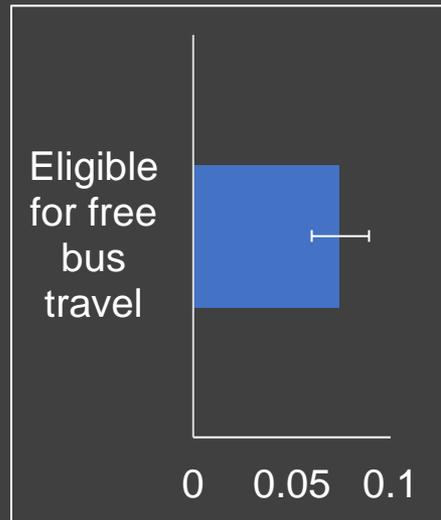
# Mean depressive symptom (CESD) and cognitive function scores by age

*Reinhard et al, J epi & Commun Health 2018*

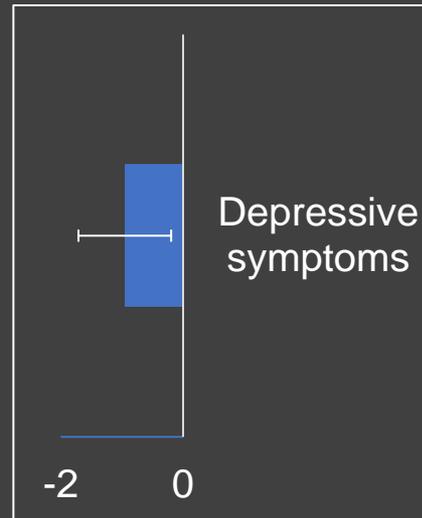
*Reinhard et al, Am J Epi, 2019*



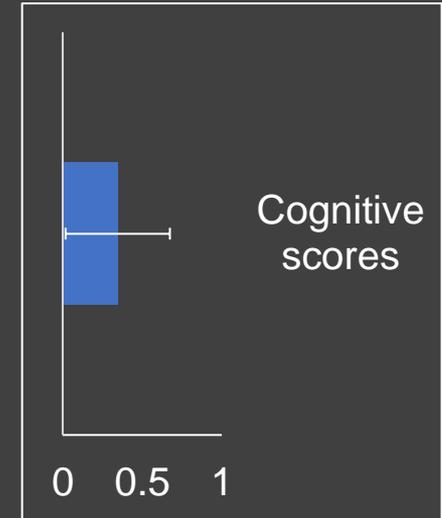
# Impact of public transport use



*7% increase in transport use if eligible to free bus pass*



*Using public transport reduces depressive symptoms*



*Using public transport improves cognitive scores*

*Reinhard et al, J epi & Commun Health 2018  
Reinhard et al, Am J Epi, 2019*

# Conclusion –free bus pass policy

- Free bus pass policy increased use of public transportation, potentially contributing to both reducing CO<sub>2</sub> emissions and improving the mental and cognitive health of older people
- Mental and cognitive health improvements occurred through changes in social engagement, i.e., volunteering, and seeing children & friends more often



## 2. Green spaces and depressed affect in older adults

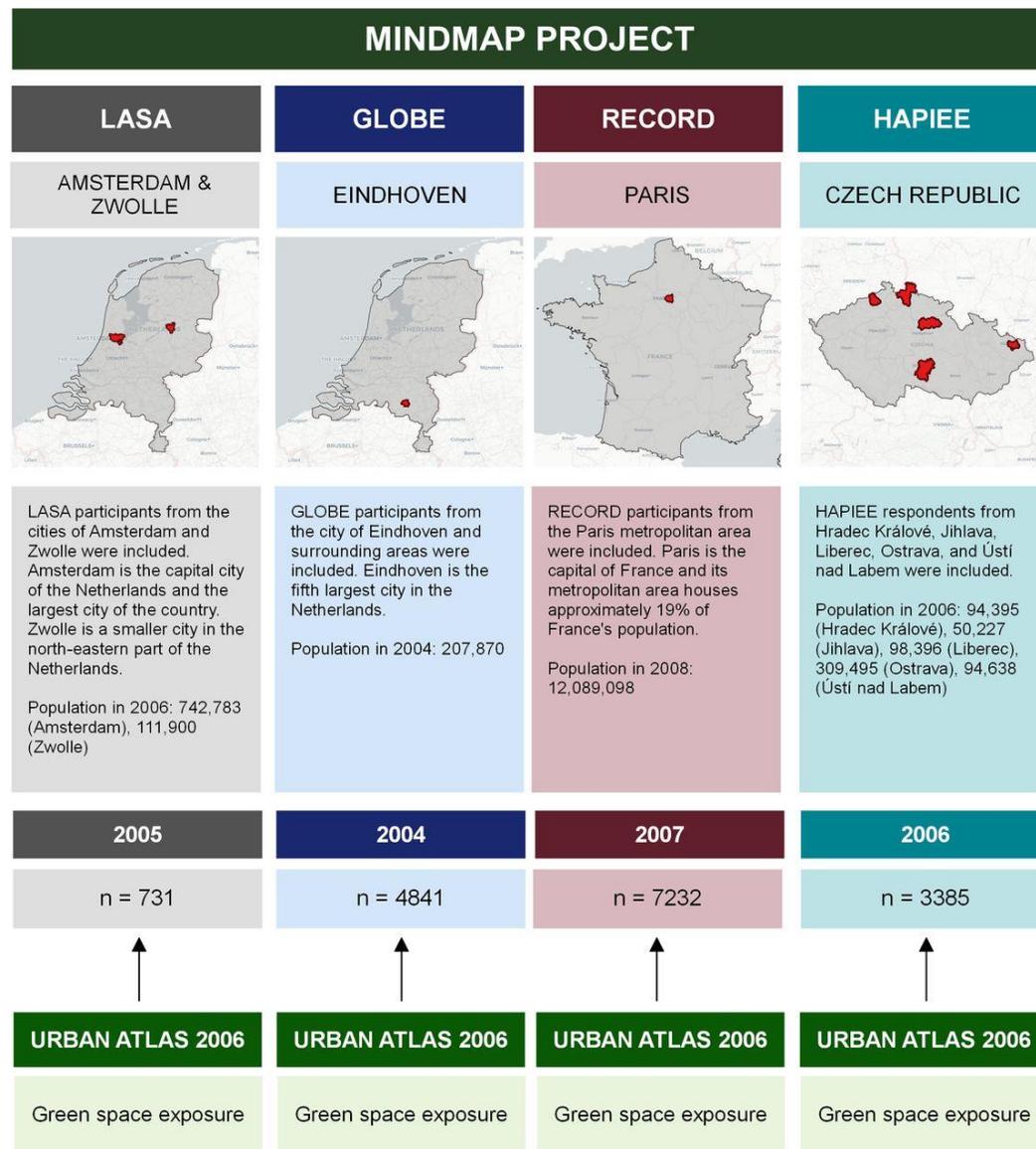
*Noordzij et al., JECH, 2020*

- Green space may create wins for environmental sustainability, health, and health equity
- Urban green spaces may be linked to less chronic stress (restorative functions) and favourable lifestyle factors, i.e., physical activity
- But, empirical evidence is mixed, mostly based on single city studies
- Significant pressures on urban green space: urbanization, costs of green space maintenance, and diminishing connection between people and nature



Longitudinal data from 4 cohorts in 10 cities in the Netherlands, France (Paris) and Czech Republic

Changes in green space 2004-2011



# Impact of changes in green space on mental health

Noordzij et al., *J Epi Comm Health*, 2020

Noordzij et al., *under review*

**Changes in green space proximity are not associated with changes in depressed affect**

Exposure	$\beta$	95% CI	p-value
Distance to nearest green space (100m)	0.18	-0.28 ; 0.63	0.448
Distance to nearest green or blue space (100m)	0.16	-0.29 ; 0.61	0.478
Distance to nearest green or agricultural green space (100m)	0.33	-0.18 ; 0.83	0.204
Distance to nearest green, blue or agricultural green space (100m)	0.31	-0.18 ; 0.81	0.216
Green spaces within 300m Buffer (hectares)	0.06	-0.24 ; 0.36	0.703

# Conclusion –green space

- Changes in green space proximity in the four studies did not lead to reductions on depressed affect
- Policies that expand access to green space may bring benefits for the environment, but we find no evidence of impacts on the mental well-being of older people
- Changes in green space too small?



### 3. The impact of urban regeneration on the mental health of older people

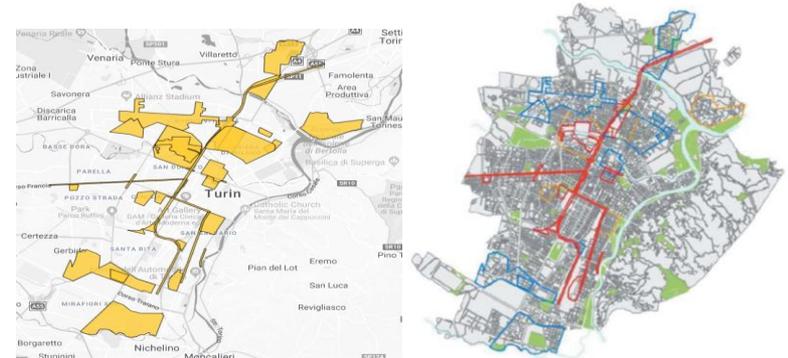
- **Urban regeneration:** “Any significant intervention improving rundown urban areas and is roughly synonymous with terms such as ‘urban renewal,’ ‘urban revitalization,’ or ‘urban renaissance’” (De Magalhães 2015)
- Links to Health:
  - Mixed findings on health impacts
  - Lack of research on older people and those who remain in regenerated areas (Kleinhans et al 2014)

# Linking urban regeneration projects to data on individual health

Individual demographics & outcomes from the Turin Longitudinal Study

Regeneration Data from the Istituto Superiore sui Sistemi Territoriali per l'Innovazione

 **Turin**   
**Longitudinal Study**



**Outcome:**

At least 1 anti-depressant prescription

**Exposure:**

1. Any Regeneration
2. Type of Regeneration

**2001**

**2013**

# Examples of Interventions in Turin



1. Social:  
San Salvario



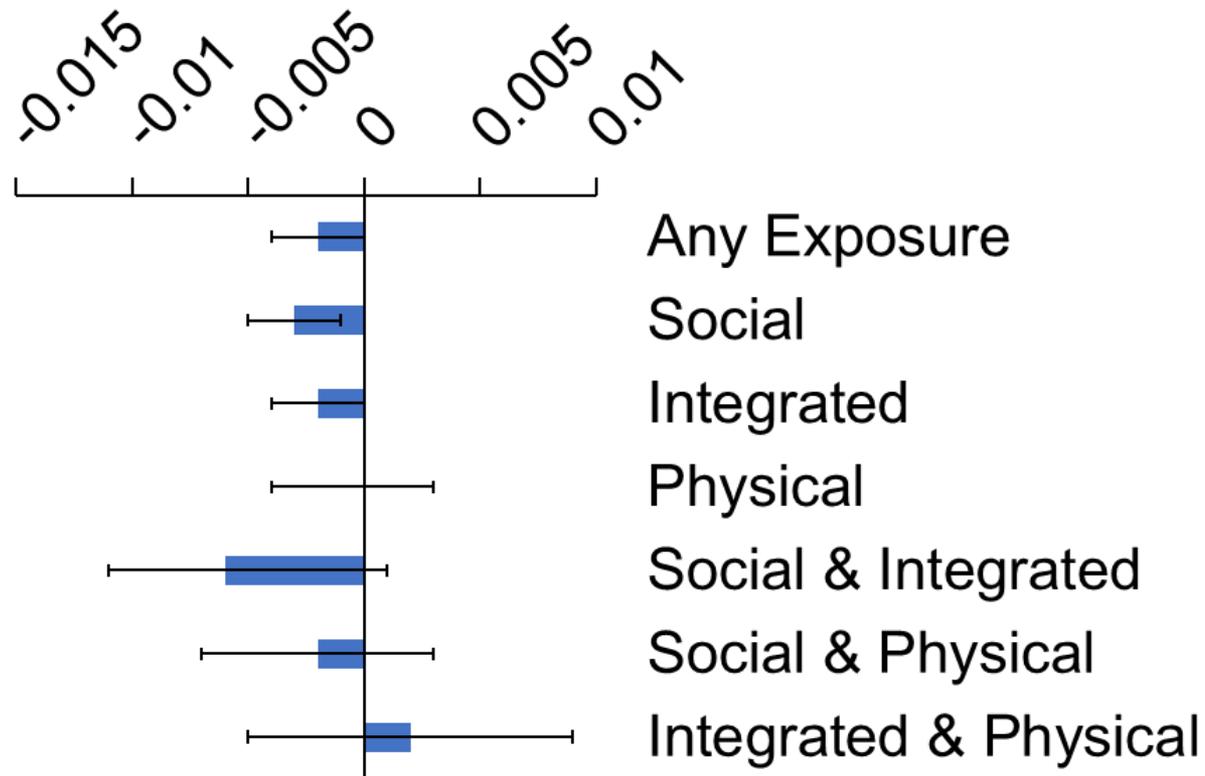
2. Physical:  
Metro lines



3. Integrated:  
Mirafiori Nord

# Fixed effects: Impact of urban regeneration exposure on anti-depressant prescription

*Reinhard et al, in preparation*





# Conclusion –urban regeneration

- Social environmental (people-focused) interventions reduced probability of anti-depressant prescriptions
  - Turin’s social regeneration projects included establishing community centres, promoting social cohesion, preventing gentrification, & preserving neighbourhood identity
- Physical infrastructure projects had no impact on the mental wellbeing of older people

# Conclusion

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- Important variation in ability of policies to improve both environmental and health outcomes - not always a clear win-win
  - We need evidence to inform policy trade-offs, measuring impact on multiple outcomes, and disentangling complex mechanisms
  - Measuring impacts requires data infrastructure and rigorous study designs that link longitudinal data to environmental policy reforms
  - Establishing policy effects can help us identify best combination of sectoral policies to achieve maximum impact and minimize trade-offs across objectives
  - Empirical evidence needs to be followed by normative assessments based on relative weight attributed to each policy objective