

Where we live affects our health

John J. Frey, III, MD
Medical Editor, Wisconsin Medical Journal

None of us would argue with the idea that the context in which we live—family, neighborhood, schools, work, government, social services—affects our health. The social determinants of health have long been the focus of research in health policy, public health, and, increasingly, in applied population health. Those of us who provide health care know that our patients leave our hospitals and offices and return to daily life where they are challenged or supported to stay healthy or get better. The corollary of that notion is that those same forces that can keep people healthy can also contribute to illness or prevent them from getting well. The report in the May issue of the *Wisconsin Medical Journal* (Journal) on social determinants which affect the health of the citizens of Wisconsin showed that there is growing public awareness that things beyond hospitals and doctors' offices affect health in increasingly important ways (Public views on determinants of health, interventions to improve health, and priorities for government. *WMJ*. 2008;107(3):124).

The current issue of the *Journal* contains an important study that will undoubtedly be widely discussed in the state. Athens,

Bekkedal, Malecki, et al report the results of their statewide study of environmental health factors associated with risks of poor health outcomes (Measuring the environmental health of Wisconsin's counties. *WMJ*. 2008;107(4):161). They consider information about the health effects of built environment (commuting, housing stock, lead levels) and the design of the communities in which we live, in addition to the traditional environmental health factors such as air and water quality. The study serves as a "report card" on a broad list of things that can—and should—be the focus for health improvement in communities statewide. As in most report cards of this type, the idea is to give counties that have increased risks an incentive to improve, and those that have lower risks to keep doing what they do well. This is not the final grade.

Environmental health factors seem beyond our control as individuals and as physicians. "How can I do anything about the air where I live?" "What can I do about streets and buildings?" Through events such as Earth Day, through environmental protection laws, and by a life of public service, Gaylord Nelson taught the world that there were, in fact, things that individuals could do

to change their neighborhoods and communities in small but important ways. Public transportation, recycling, anti-smoking laws, decreased use of pesticides, local agriculture purchasing, and many other changes that have affected air and water in the cities and towns we live in came from a combination of public involvement and concern and the legislative process. Being an informed citizen does make a difference.

The report in this issue of the *Journal* is unlikely to cause all of Dane County (ranked no. 72), where I live, to move to Bayfield County (ranked no. 1), although most of the people in Dane County do seem to spend a lot of time "up North" in the summers. It is not clear if this migration is for the air and water or the just the muskies.

This environmental health report is a starting point. The public health and practicing sectors throughout Wisconsin can use the data from the report to begin conversations that should improve health risks in communities. The medical community obviously can't do this alone. By partnering with neighbors and talking together about health problems in the local environments, communities will become healthier through those conversations.

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