

Foreword

And now let doctors leave the centre stage
And usher in the prophylactic phase.

(From 'Superfluous Doctors', a poem written in
prisoner-of-war camp by Archie Cochrane)

In the privileged West we have come a long way since Edwin Chadwick and Southwood Smith challenged the authorities in the 1840s about the living conditions and the lack of sanitary provision for 'the labouring population'. Their work led to the formation of the Health of Towns Association in 1844, and to the passing of the Public Health Act 1848 under which the collection of sewage, the supply of water and the cleansing of streets became a statutory duty of the local authorities. We have come a long way from these, and from the surveys of Charles Booth in the 1890s in which streets were classified on a scale from 'lowest class, vicious and semi-criminal', through 'very poor, casual, chronic want' to 'fairly comfortable, good ordinary earnings' and 'upper classes, wealthy'.

While one could argue that these major battles have been largely won in the West in relation to infectious disease, there are still substantial differences in chronic disease incidence and death rates attributable to social class and to area of residence. Furthermore, as McKeown argued, after the early successes public policy on health in Britain and in many other countries became dominated by a treatment rather than a prevention orientation. Indeed it could be argued that, in the UK at any rate, the major objective in many departments of public health has become the monitoring and evaluation of therapeutic services, rather than a focus on the preservation of health and prevention of disease.

Nevertheless, the Healthy Cities Initiative in 1986 by the World Health Organization has provided a framework for what some have termed 'the New Public Health', in that it brings together environmental changes and personal preventive measures, with a focus on public policy and individual lifestyle. This recognition of the built environment as a 'first cause' (alongside genetics and the socio-economic environment) of chronic disease has profound implications, as it brings into context the foundational importance of the built environment and urban planning. To be able to design environments, including redesigning and retrofitting parts of cities

in the West that are past their due date and creating brand new cities in developing countries, which promote health across chronic as well as infectious disease will affect global health for generations to come, just as the reshaping of cities since the first Public Health Acts did over a century ago.

Against this background this work of Sarkar, Webster and Gallacher is highly opportune. Their application of objective built environment assessment to cohort data represents a step-change in rigour. It is an essential step towards quantifying the effect of the built environment on chronic disease in individuals over the life course. It is also a modern milestone in the construction of an evidence base for healthy town planning. The empirical part of the book draws on results from a small town, but one that has become one of the best international epidemiologic laboratories. It is rather remarkable that significant urban design effects have been found in such a small town and population. The Caerphilly study results are encouraging, therefore, but more data await the analysis of this team. The automation of their methods has allowed their application to large-scale data sets, and work is under way to apply their built environment metrics to the UK Biobank (a flagship UK epidemiology study of half a million people) and other cohorts. This work holds enormous promise.

The records of the Health of Towns Association of late-nineteenth-century England show that the Association members argued and debated and the early medical officers of health were branded as troublemakers. A new round of debate is upon us with very different types of urban public health concerns, notably obesity, mental health and an ageing population. Therefore – let the work continue and the evidence-based arguments begin.

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