



Urban health: past learning and future direction

A summary of the urban health theme's interpretation of the relevant issues, direction and aims, past learning and likely future priorities

**Glasgow Centre for Population Health
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Introduction

[Urban health](#) is one of the four established themes for the Glasgow Centre for Population Health's third phase of work (2012-2015). The theme encompasses a number of longstanding projects and work programmes which have evolved in line with shifting trends and new perspectives. This short overview summarises the nature of this work, sets out the rationale for the theme, provides a flavour of past learning and identifies future opportunities to shape this agenda. This summary has been written to aid understanding of urban health and to encourage partnerships to be forged to deliver positive change in the city.

What is urban health and why is it important?

Urban health concerns the determinants of health and wellbeing that are unique to, or intensified by, living in an urban environment. Several factors shape the health and wellbeing of urban populations, and it has been argued that cities have the necessary resources and opportunities to influence health positively¹. The quality of environments and the ways in which services and amenities are provided all matter for health, and the conditions of urban living can bring several advantages such as greater choice, improved infrastructure and design, larger social support networks, increased employment opportunities and more accessible healthcare. Despite this, health and quality of life within urban areas can be distributed unevenly across populations, with opportunities for better health existing alongside risk factors. Cities, therefore, are often places of contrast, with poverty and deprivation existing alongside affluence. Enabling people to maximise the opportunities for better health (e.g. access to vital services and greenspace, better transport, improving the quality of the built environment, providing opportunities for socialising) and reduce their exposure to risk factors (e.g. crime, pollution, poor quality living conditions) is fundamental to the future health of Glasgow, and is the key focus for this theme.

Direction and aims

The poor health of the Glasgow population and the persistence of health inequalities have been the subject of continued attention, with research in recent years identifying that the city contains levels of poor health that are over and above that explained by socioeconomic circumstances². The urban health theme will explore the ways in

which the urban environment (physical, social, economic and cultural) affects individual, community and population health, wellbeing and quality of life, as well as the factors which contribute towards health inequalities and inequity. It builds on established evidence, learning and longstanding projects, while acknowledging the significance of emerging trends and unknown futures. As this work is largely driven by public bodies within the city, the GCPH's role is to positively influence external decisions that have the potential to impact upon health. Ensuring this happens is important, as places that maximise opportunities for better health are likely to perform favourably on a number of levels (e.g. economic output, attracting investment, living standards and sustainability measures).

The work within this theme will build on established GCPH programme areas. Collectively, the programmes will describe the physical, social, economic and cultural environments in Glasgow and how these impact on health and wellbeing. A major issue for the programmes within this theme concerns how to synthesise, present and discuss the GCPH's learning about the city's health most effectively. Tools and approaches will be developed to enhance our influence, so that health and equity become clearer foci for decision-making. With this in mind, the overall aims are: (i) to determine how interventions of various types can be developed, given priority and delivered to improve health and reduce health inequalities within Glasgow and the west of Scotland; and (ii) to support the development of such interventions. An *appendix* at the end of this document outlines some of the broad questions which underpin this work.

What has our previous experience taught us about urban health?

Below are examples of past learning based on the observations of staff as well as evidenced research:

- Place matters in terms of health and health inequalities. It requires more attention and cross-sector working to be tackled on a city-wide scale.
- Placemaking (which involves working with local people to help improve their neighbourhood) is a recognised approach to integrating health and planning that can deliver places which reflect the wishes and identity of those living within them.
- Regeneration (physical, economic and social) is underway in many areas of Glasgow, with varying impacts on health and health inequality.

- High quality, accessible greenspace is associated with a positive impact on health and a reduction in health inequalities for some measures. Conversely, poor quality greenspace, as well as vacant and derelict land, impacts negatively on people's perceptions of place and can inhibit social and physical activity.
- Delivering environmental improvements in isolation is unlikely to bring significant health and wellbeing benefits to communities.
- Encouraging and supporting communities to influence local decisions that affect them is important for wellbeing and can increase feelings of ownership and pride towards public spaces and assets.
- Policy that has the potential to positively influence health exists, but there is often a gap between policy and practice. For example, in promoting increased levels of sustainable active travel, political leadership and the reprioritisation of resources is necessary to achieve change on the ground.
- Cross-sector working is taking place but genuine examples of effective, integrated joint-working are scarce. In some instances there is not sufficient understanding of different professions for it to be truly effective. Building relationships and trust across professional boundaries takes time and effort.

Future direction of work

Our planned priorities over the next three years include the programmes of work shown below. Further programmes may be added as other priorities or opportunities arise, while additional relevant topics may be already be included within one of the other three established work themes ([Understanding Glasgow's health, Poverty disadvantage and the economy](#), and [Asset-based approaches and resilience](#)):

- *GoWell and social regeneration:* studying the processes and impacts of neighbourhood-based regeneration and housing development.
- *Supporting strategic thinking about the city and how it could be:* using the resources developed in 'Understanding Glasgow' and the 'Glasgow Indicators', as well as building on previous civic conversations to collectively think about how the city might prosper in years to come.
- *Healthy urban environments and placemaking:* supporting the 'mainstreaming' of attention to health and wellbeing within urban planning and design processes.
- *Sustainability, transport and travel:* using knowledge about active, sustainable travel to influence decision-making.

- *Neighbourhood effects on young people's health*: building on the GCPH's research concerning the school food environment.
- *Afternow*: a collaborative enquiry into the impact of modern culture on health.
- *The Health impacts of events*: using Health Impact Assessment (HIA) and qualitative methods to assess the health impact of the 2014 Commonwealth Games and other sporting events and cultural experiences within the city.

These work programmes offer significant scope for supporting change in addressing key issues relating to the future sustainability and health of the city. They represent locally-relevant topics which acknowledge the significance of place, environmental conditions and the wider structural factors influencing health and health determinants. Additionally, emerging trends such as climate change, resource depletion, economic instability, demographic transition, rising inequalities, changing communication and technological advancement have been identified as factors that are becoming increasingly relevant to modern living and the policies which shape urban areas. In light of this, team members will endeavour to maintain a future orientation and openness to thinking differently and working with others.

Measuring success

To assess progress in contributing towards this agenda, the following success indicators have been developed:

- Evidence of the use of public health intelligence, research findings and fresh thinking in influencing plans, priorities and activities within and beyond Glasgow that help to reduce inequalities in place and health.
- Generation and provision of evidence to demonstrate the feasibility of alternatives to established practices and approaches.
- Demonstration of influence and leadership in change management processes in relation to urban health priorities and programmes.
- The creation of new mutually beneficial partnerships/networks through the establishment of a community of practice to facilitate knowledge exchange.
- Contribution to the development of a culture of co-creation between communities and delivery organisations by working to strengthen the city's approaches to community empowerment.

Appendix

Some of the broad questions^a – based on internal conversations and input from partners – that are likely to underpin future work have been identified. These questions relate to our understanding of how emerging developments might shape health, as well as how the team can contribute towards new ways of working:

- In what way does the urban environment in Glasgow affect the health of the population and how does this compare with other cities?
- What impact is regeneration policy having on health and social inequalities in Glasgow?
- How might we ensure that ‘improving health’ becomes an integral component of the placemaking agenda?
- Are new models of more localised governance feasible, and have any been shown to be effective in empowering communities and enhancing wellbeing?
- What are the effects of major infrastructure change (new transport routes; developments associated with major events and so on) on the health and wellbeing of different population groups?
- How can we move towards a solutions-based approach through integrated working with influential organisations in the city?
- How might technological advances contribute towards improving environmental conditions and health within Glasgow?
- How might the pursuit of policies/interventions to improve health contribute towards achieving ‘sustainable economic growth’ in the face of current trends and unknown futures?
- How might the city need to adapt to changing demographic trends in order to meet the needs of an increasingly elderly population?

^a The questions above are a selection of wider issues raised when developing the urban health theme. They are not exhaustive or intended to reflect every issue considered relevant to our work.

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2. Walsh D, Benel N, Jones R, Hanlon, P. *Investigating a Glasgow effect: Why do equally deprived UK cities experience different health outcomes?* Glasgow: GCPH; 2010.

Available at: http://www.gcpn.co.uk/publications/61_investigating_a_glasgow_effect



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