City Know-how

CITY KNOW-HOW
Planetary health and human health are influenced by city lifestyles, city leadership, and city development. Changing the trajectory requires concerted action, and the journal Cities & Health journal is dedicated to supporting the flow of knowledge, in all directions to help make this happen. We are dedicated to supporting communication between researchers, practitioners, policy-makers, communities and decision-makers in cities. The aim of the City Know-how section of the journal is to make research accessible to all, explaining the key messages to and for city leaders, communities and all those professions involved in city policy and practice. In response we would like to hear more about research priorities from those most closely connected with supporting health and health equity through everyday urban lives.

Marcus Grant
Editor-in-Chief, Cities & Health

Almost every day the news includes stories of challenges to people’s health or risks to the health of our global environment. Urban living, urban lifestyles and urban lives are often intimately interwoven in these stories.

Yet, cities are the most complex of human habitats and globally, urban neighbourhoods are now the home for the majority of our citizens. Cities are our preferred human habitat, but to what extent do we consider human health or planetary health as we grow and intensify cities all over the world?

The Cities & Health journal has been set up by an editorial board which is passionate about cities. The board and its advisory group are made up of researchers, city activists and urban practitioners. All of them want to make a difference in cities to improve people’s health, to reduce health inequalities and to support environmental sustainability. To do this, the journal is committed to getting research out into the city community.

These ‘City Know-how’ pages are a part of that ambition. In them, you will find a succinct translation of the empirical research published in the journal. Each published paper has an accompanying ‘City Know-how’ page, free to access, and ready to stimulate dialogue and action in cities.

The ‘City Know-how’ pages have been created as a briefing for everyone involved, interested and engaged with cities and their development:

- For city leaders, in local government and in communities.
- For built environment professionals, including designers, planners, engineers and managers.
- For businesses and investors who see the sense in supporting people’s health.
- For those involved in urban transport, professionally or through interest.
- Campaigners and activists looking for evidence about new approaches to city problems.

And for all those who are directly involved in supporting urban health and environmental sustainability.

Cities exert a powerful influence on human and planetary health. Please use the Cities & Health journal to help you put together the alliances of politicians, professionals and communities you need to put sustainable and healthy human habitats at the heart of your neighbourhood, town or city. Engage with the conversations the journal stimulates; submit your responses, share your experiences and publish your case studies. Look out for themes and special topics in future issues and make suggestions of your own too. We have a call currently for content to develop an issue exploring child-friendly development. We have plans to focus on topics such as city futures, food access and education for professionals. We also have an ambition to publish, from time to time, issues focussing on healthy cities research and experience in specific geographic regions.

In this first ‘City Know-how’ compilation you will find the briefings from five substantive journal articles. The articles cover conceptual think pieces as well as empirical research findings.

The first briefing introduces this new journal, and outlines the role cities now need to take in responding to the risks and challenges to human health. The briefing and the papers it is drawn from provide essential background reading for anyone wanting an overview of the issues facing humanity and the role of cities in facing these challenges. This is followed by three briefings based on empirical research. A study from Australia reviewed seven residential estates purposely designed for older communities and examines whether they really serve
the social needs of their residents. It contains lessons for those involved in designing, moving into, investing in or developing age-friendly housing. With a context of increasing life expectancy found in many cities, and the market response of providing bespoke developments for older people, the paper raises some lessons for the rising risk of social isolation. Next, a study of 250 community development organisations in the United States of America explores the degree to which these organisations can help build healthier places. Its findings identify an unmet potential for community organisations to improve the community health through engaging with place. In these resource-constrained times, uncovering untapped allies should be a welcome message for both communities, investors and planners, who want to build healthier places to live. The final empirical paper looks at the objective and the perceived or emotional responses to the built environment and asks ‘what matters for happiness?’ They find that, for wellbeing, more weight needs to be given to linking perceived measures with traditional indicators and environmental parameters. Some very insightful yet practical outcomes flow from the findings of this study.

The final City Know How briefing makes a very specific plea for breaking down silos. For the sake of human health, the barriers that still pervade both built environment and health disciplines need to be made permeable. It is not quite re-inventing the wheel, but we need to draw on this wisdom which has travelled down the ages from Hippocrates in the 4th century BC, onwards. For our contemporary urban health challenges, we need transdisciplinary work. This briefing addresses some of the practicalities involved. These City Know-how briefings provide an essential insight into the research papers themselves, which can be found by following the links provided.

These first five papers may seem an eclectic mix, but they start to demonstrate the wide variety of approaches, disciplines and topics that are needed as we get closer to governing, in the widest sense of the word, cities for health. Whatever your background or interest in cities and health is, we need to learn from each other. This neatly brings us back to the purposes of the journal and the benefits we hope you will get from reading the ‘City Know-how’ briefings.

Together let’s use the lenses of health and health equity in cities to explore: the drivers of urban change, climate change, digital city, city leadership, community resilience, informal settlements, everyday physical activity, access to nature, resource use and health, healthy ageing, food growing and food access, city governance for health, health-promoting developments, healthy neighbourhood planning, health literacy for professions, healthy placemaking, and many other topics.

Over to you …
City leadership, at all levels from mayors, to official and community interests, have a clear path to follow. This path is made up of layers of robust urban policy, built on a foundation of scientific evidence, and surfaced by the innovative actions of several trailblazing city networks. The path leads away from city development driven purely by economic goals, ignoring the dire impacts on population and planetary health, and instead provides a route to a more sustainable and human-centred future. With ecologically sustainable well-being and health equity for urban populations as their goal, innovative coalitions of disciplines and sectors will be able to forge creative solutions, with the city as a laboratory for change. It won’t be easy; all actors need to keep focused on the common goal, on both scientific evidence and innovative exploration; and importantly on developing multi-sectoral partnership, multi-level leadership and participatory engagement with citizens and communities.

We already know: The alignment of three global trends now demands that we re-assess the impact of cities on human futures. Each trend has been well evidenced, with scientific knowledge starting to influence international and national policy. The first trend is the growth in the scale of impact on planetary life support systems inherent in the prevailing urban lifestyles in high and middle-income countries. The second is the continual rapid urbanisation of the human population that too often attempts to follow urban lifestyles of 20th century high-income countries. The third is growing inequities in health, wealth, power and resource use between and within countries. The combined result is that the most damaging lifestyles, in terms of resource use, habitat destruction, waste generation and climate change, and their impact on population health, continue to grow apace. Cities are at the forefront of the problem, but also have the potential to contribute manifold solutions.

What’s new: This paper sets the agenda for the new Routledge journal Cities & Health. It adds ‘human health’ as a vital, but underplayed, dimension to the impact of cities on human futures and planetary resources. Positive outcomes for human health are undermined by the impact of cities on natural resources and global processes, by the lifestyles people have to adopt to manage everyday urban existence, and by growing and persistent inequality. Using the lenses of city planning, city leadership and citizen inclusion, and a wide range of urban health research, we demonstrate how cities hold the key to human health in the 21st century.
Implications for city policy and practice: Leadership in cities takes many forms; from mayoral and public responsibilities through professions that can make a difference to business and community leaders and interest groups. A binding goal for everyone must be supporting healthy citizens and reducing health inequity, while remaining within finite planetary resource boundaries. Evidence from research, both empirical and case studies, is demonstrating the importance of spatial city form, including the planning of the city-region and the peri-urban hinterlands. Design and control of physical form, at all scales, has a key impact on overall energy use, transport, housing, quality of and access to natural areas, water quality and availability, access to food and food growing, community safety and street life and community resilience. These are all wider determinants of health and will ultimately either support or undermine population health, well-being and health equity as well as ecological sustainability. Everywhere, the universal costs and demands on health services and social care provision are being magnified by demographic and social trends, including migrations, ageing populations, social disruption, intolerance and cultures of violence. Cities and national and provincial/state governments cannot afford to overlook city development, management and planning, and governance as an essential toolkit for supporting health and reducing the societal burden of illness.

Full article: Cities and health: an evolving global conversation

Authors: Marcus Grant, Caroline Brown, Waleska T. Caiaffa, Anthony Capon, Jason Corburn, Chris Coutts, Carlos J. Crespo, Geraint Ellis, George Ferguson, Colin Fudge, Trevor Hancock, Roderick J. Lawrence, Mark J. Nieuwenhuijsen, Tolu Oni, Susan Thompson, Cor Wagenaar and Catharine Ward Thompson.

The authors are all members of the Cities & Health journal Editorial Board.

Edited by: Marcus Grant
Master-planned communities for the ageing population: how sociable are they?

We already know: A large part of the master-planned community industry, particularly the age-segregated developments, such as retirement villages, accommodates older age groups. Most of these developments provide the residents with a ‘ready-made’ community to join immediately on moving into the development. The provision of ‘community’ in these developments is often emphasised by the development companies in promotional features or marketing tools. It has even been stated that ‘community’ is offered as a ‘desirable amenity’ to prospective residents, a commodity, designed and produced by the development companies.

What’s new: Common areas and leisure centres in master-planned community developments offer a range of social activities. The high level of perceived safety, walkability and the provision of aesthetically attractive areas within these developments support their use. However, we found that the exclusive amenities provided in these developments contributed to a lack of social connection between their residents and people living outside the developments. This, in turn, resulted in a sense of social and physical segregation from society outside the boundaries of these developments. Opportunities for social engagement outside the development can, and should be supported.

Implications for city policy and practice: Social isolation of older people needs to be addressed through built environment measures. Master-planned community developments for older people need to be located in high density, mixed-use urban environments with increased access to a range of service centres and public spaces. These developments must be linked with well-connected street layouts and walking infrastructure to allow good access to surrounding urban amenities.
and services. Other avenues for city policy and practice include redesigning nearby urban parks to create aesthetically attractive spaces to encourage older people to walk outside their residential developments. There is also a need to provide accessible and flexible public transport services to facilitate a wider range of engagement in different social activities, particularly when older people stop driving. These factors would allow the residents of master-planned communities to experience different social activities outside their developments, decreasing concerns about social segregation.

Full article: Master-planned communities for the ageing population: How sociable are they?
Authors: Sara Alidoust (@Sara_alidoust) and Caryl Bosman (@boccboz)

Notes on contributors

Sara Alidoust is a research fellow with the Griffith School of Environment, Queensland, Australia. She worked in architectural practices, and taught in both architectural and planning degree programmes. Her research includes the links between Public Health, Social Science and Urban Planning. She is interested in investigating the particular needs of different groups of society, especially older people in design, planning and policy-making.

Caryl Bosman is an associate professor and the head of the Urban and Environmental Planning programme in the Griffith School of Environment. She has received two National awards for teaching excellence. Her current research interest and publications focus on the scholarship of studio learning and teaching, the histories of planning and placemaking and the provision of housing for an ageing population. She has worked in architectural practices in South Africa, London and Adelaide and taught in both architectural and planning degree programmes.

Edited by: Marcus Grant
Building healthy places: how are community development organisations contributing?

Our study: Using a network survey of 250 community development organisations in the United States of America, we found that the majority of high-performing community development organisations have implemented health-promoting activities and strategies, ranging from green and healthy building standards to on-site coordinated health services. Such strategies frequently rely on partnerships with health stakeholders. In addition to providing a typology of health-promoting strategies, we provide three case studies of community development organisations evaluating health outcomes.

We already know: The core work of community development organisations—providing high-quality housing, building resident leadership and creating economic, social and educational opportunities—implicitly addresses the social causes of health disparities. A previous study examined health related work among twelve associations and networks with stated interest in community health and development, and found that between 30 and 40 per cent of respondents reported health related cross-sector collaborative activity. However, less is known about the ways in which community development organisations are explicitly addressing health challenges in their local communities.

What’s new: This analysis provides a new typology of health strategies of community development organisations designed to build health equity. Our study reveals higher levels of engagement by community development organisations than previously documented, and provides a useful guide for understanding health activities and strategies currently underway by high performing community development organisations across the U.S. We find organisations engage in a range of health strategies including: creating programs for community engagement and enhanced financial capability, and developing initiatives to improve community health through community design strategies or healthy food access. In addition, we provide three case studies of network organisations that evaluate health care utilisation patterns and health outcomes, including food security, physical activity levels, health care access, emergency department usage, and others. Our study further highlights new opportunities to catalyse partnerships between community development and health organisations.

Recent calls to deepen collaboration between the community development and health sectors raise the following question: What is happening on the ground now and what does that mean for the future?
Implications for city policy and practice: Over the past fifty years, the community development field has developed into a sophisticated developer and manager of housing, an expert coordinator of health and social services, and an effective catalyst for healthy placemaking. Community development organisations already have deep knowledge of and commitment to improving the quality of life for low- and moderate-income residents through place-conscious strategies. As a result, community development organisations are core contributors and leaders in cross-sector alliances addressing social challenges to health, in collaboration with diverse stakeholders such as municipalities, health insurers, hospitals and other health providers. Such collective responses to community health challenges show promise, as indicated by documented outcomes in diverse communities. Our article shows how community development organisations can deepen their work to address the social determinants of health. By working more closely with community development organisations, cities can improve the health of their residents and make all communities places of opportunity.

Full article: Building healthy places: how are community development organizations contributing?
Authors: Alina Schnake-Mahl (@Alinasmahl) and Sarah Norman (@norman1729).

Notes on contributors

Alina Schnake-Mahl is a doctoral student at the Harvard T.H. Chan School of Public Health where she also received her master’s degree. Her work focuses on how place affects health, particularly the effects of residential population movement and housing policy on health and health disparities. Alina’s professional work includes predictive modeling on adult hospital outcomes with the Systems Research Initiative at Kaiser Permanente, Community Health Needs Assessments and Community Development plans, and research on neighbourhood effects.

Sarah Norman is the director of Healthy Homes and Communities for NeighborWorks America. This new position recognizes the important role that homes and neighborhoods play in determining health, and the focus that NeighborWorks places on promoting health through community development. Sarah’s work experience includes service in the U.S. Department of Health and Human Services, a senior staff position in the U.S. Congress, and service as Bureau Chief for the Baltimore City Health Department. She has her bachelor’s and master’s degrees from Harvard University.

Information also via @Neighborworks

Edited by: Marcus Grant
Human health requires people “to think that they are living good lives”. This is called subjective well-being. Elements in the built environment can affect this. We measured elements – both as perceived and objectively – that can support the affective (felt) and cognitive (thought) components of subjective well-being for a cohort of 562 households in Sydney, Australia. We found that people who perceive their neighbourhood to be more walkable, aesthetically pleasing and hosting a well-connected community were more likely to express feelings of well-being and life satisfaction. This more hidden component of healthy places is very important but all too often overlooked.

We already know: A positive appraisal of one’s life and circumstances is an integral component of human health and the concept of subjective well-being is increasingly used as a policy measure for economic development and social progress. The link between the way cities are planned and managed, and subjective well-being is widely acknowledged; however empirical validation of this relationship is lacking. Previous relevant research has linked broad, objective built environment variables with various components of subjective well-being. The understandings generated do not usually combine perceived measures of both large-scale and detailed built environment elements with how people feel and think about their well-being.

What’s new: We combined multiple measures of the built environment alongside multiple measures of subjective well-being. Both objective and perceived measures of the built environment were incorporated into this novel approach. Our results highlight the importance of people’s perception, and also less easily defined variables such as neighbourhood aesthetics and community connection, for shaping subjective well-being and human health. This finding highlights the relative importance of the individual in the link between the built environment and health. Our study can help cities and researchers re-think the emphasis between individual people and the built environment when creating healthier places.

Implications for city policy and practice: Those involved with health in cities, as practitioners, researchers or in communities, must incorporate perception into all appraisals of the impact of place on happiness. Land use planning, public health and many other disciplines, are being lured to adopt a big data approach, often providing with dashboards of indicators, as a way to demonstrate that their decisions are evidence based. Technology has endowed us with unprecedented capacity to monitor built form, but this has meant that indicators of progress are usually construed of entirely objective measures. For well-being, however, attention must also be placed on incorporating perception into data monitoring efforts. Every city needs to makes an effort to evaluate subjective appraisals of life, and investigate the local link to physical and mental health indicators. People living...
in urban environments have their own histories and narratives, and, as overwhelming as it may seem, these complexities will shape the way they relate to place, including the way place can encourage a healthy lifestyle.

Full article: The Objective and Perceived Built Environment: What Matters for Happiness?
Authors: Jennifer Kent (@jenniferleekent), Liang Ma (@liangmapsu) and Corinne Mulley (@MulleyPT)

Notes on contributors

Jennifer Kent is a University of Sydney research fellow in the Urban and Regional Planning program at the University of Sydney. Jennifer’s research interests are at the intersections between urban planning, transport and human health and she publishes regularly in high ranking scholarly journals. Her work has been used to inform urban planning policy in Australia.

Liang Ma is a vice-chancellor’s postdoctoral research fellow in the Centre for Urban Research at RMIT University. His expertise spans active travel analysis and planning; examining the interactions between land use, transportation and health and spatial data visualisation and analysis. He holds a PhD in Urban Studies and Planning from Portland State University.

Corinne Mulley is a professor and the founding chair in Public Transport at the Institute of Transport and Logistics Studies at the University of Sydney. Corinne is a transport economist and has been active in transport research at the interface of transport policy and economics. More recently Corinne has concentrated on specific issues relating to public transport. She led a high-profile European and UK consortia undertaking benchmarking in urban public transport and has provided both practical and strategic advice to local and national governments on transport evaluation, including economic impact analysis, benchmarking, rural transport issues and public transport management. Mulley’s research is motivated by a need to provide evidence for policy initiatives and she has been involved in such research at local, regional, national and European levels.

Edited by: Marcus Grant
Tomorrow’s cities demand health solutions that embrace complexity and transcend the health sector

Ecological principles and systems thinking can help to understand and manage complexity for better urban health. But what does this mean in practice? Inter- and trans-disciplinary engagement and careful evaluation of local context are crucial, and ideally lead to support co-creation in cities by diverse sectors of society. Better linked, more complete and higher-quality data is also needed, spanning many urban sectors, along with local know-how and more informed knowledge about urban ecosystems. Meeting national and city level objectives for health will depend on collaborations that transcend the health sector. Global agreements such as the UN 2030 Agenda for Sustainable Development, the New Urban Agenda, also depend on such integrative approaches beyond the health sector.

We already know: The ‘health lens’ of city planning and urban governance, endorsed by the WHO healthy Cities project, has been applied in many cities around the world. The co-benefits of explicitly coordinating across sectors such as housing, energy, land-use and transport has been proposed but not widely adopted. We find that systems thinking across sectors is rarely taught in education and training, or applied in practice. It is evident that the ever increasing quantity of good quality empirical evidence has proven not to be a catalyst for institutional or professional reforms.

What’s new: We argue for major changes to conventional interpretations of urban health, we must have changes in how urban health challenges are studied by researchers; how these challenges are assessed by policy-makers, and how they are addressed by professionals in different sectors. The request for a transdisciplinary approach is grounded in an ‘historical lens’ that can be traced back to the wisdom of Hippocrates; the wisdom that he applied to interpret health, illness and disease in precise situations. We now need to reclaim and renew these principles as we look forwards to implementing the New Urban Agenda in tandem with initiatives to achieve the Sustainable Development Goals by 2030.

Implications for city policy and practice: Experiences of the complexities of supporting health in cities demonstrate that simplistic public health policies centred on ‘the individual’ are reaching their limit. This calls for a
change in direction for urban health policy. For the sake of urban health all those whose actions affect population health in cities need to hear this call. There is an urgent need for reforms in education and training for the wide array of professions whose actions affect health in cities. The medical and health sectors must improve their own knowledge of the limits to biomedical individualism and conventional analysis of environmental health risks; and better understand how to address the complexity that is part of the urban health challenges. Likewise, all built environment professions and urban public administration at national and local levels need to better understand how through urban complexity, their activities outside the health sectors impact urban health.

Full article:  Lessons from Hippocrates for contemporary urban health challenges
Authors: Roderick Lawrence, José Siri (@josegsiri) and Anthony Capon

Notes on contributors

Roderick Lawrence is honorary professor at the University of Geneva, Switzerland, where he directed the Certificate in Advanced Studies on Sustainable Development from 2003 to 2015 and also the Global Environmental Policy Programme (GEPP) from 2010 until 2016. He is currently adjunct professor at the Institute for Environment and Development (LESTARI) at Universiti Kebangsaan Malaysia (UKM) until 2019 and honorary adjunct professor at the School of Architecture and the Built Environment at the University of Adelaide until 2020.

José Siri is a research fellow at the United Nations University International Institute for Urban Health. His background is in infectious disease epidemiology, and his current work focuses on systems thinking, global urban health and improving the knowledge–policy interface at all scales.

Anthony Capon is professor of planetary health in the Sydney School of Public Health. His research focuses on urbanization, sustainable development and population health. A public health physician with expertise in environmental health and health promotion, his career has spanned public health policy, practice, research and education.

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