The Built Environment

People, Places and Health
Sheffield, 19th September 2016

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Aim of today’s presentation

- Overview the impact of the built environment in supporting or inhibiting healthy lifestyle choices
- Specifically to **briefly** think about built environment and...
  - Mental wellbeing and restoration
  - Physical Activity & Socialisation
  - Food access
  - Clusters of unhealthy shops and services
  - Policy opportunities
- Conclusions
Health, wellbeing and place

Barton et al.
Contemporary Urban Life

• Life to day can be stressful and unhealthy!
• Overcrowding, noise, pollution, sedentary lifestyles, etc.
Mental restoration and wellbeing

- We know ‘greener’ environments promote feelings of wellbeing –
- 4 dimensions to this – stress reduction/physical activity/socialisation/env. quality
- Mental wellbeing/stress reduction/restoration
  - Ulrich - psychoneuroendocrine processes (1983)
  - Kaplans’- Attention Restoration Theory (1995)
  - Etc.

The Meadows, Edinburgh
Therapeutic landscapes - e.g. garden allotments

• Therapeutic landscape come in many forms
• Large body of evidence on the benefits of allotment gardening
  • stress reduction
  • communing with nature
  • Socialisation
  • exercise, improved diet etc
• They are still disappearing and few new ones created

(Townshend, 2016)
Pushing boundaries of therapeutic design

Hogeweyk, Amsterdam – dementia friendly design
• Emphasis on activity and encounter
Rethinking - Blue-green Infrastructure (BGI)

• Evidence water settings may offer perceived psychological benefits of green ones (White et al, 2010; Volker and Kistemann, 2010)
• Urban blue as good as rural green?
• Potential for riversides/canals etc – e.g. walking for health (WfH) schemes

Quayside, Newcastle
More generally BGI and Physical Activity (PA)

- Studies (early 2000s e.g. Giles-Corti et al 2005 etc) associated greenspace proximity with increased recreational activity
  - More recently contradictory results?
  - Example of where research has used multiple metrics, which has been unhelpful
- Though clearly they do provide the opportunity to be physically active
Walkable Neighbourhoods

• More generally - premise for ‘walkable neighbourhoods’ remains strong – (Townshend, 2014)

• Which aspects might be more influential open to debate
  • Access to shops and services
  • High residential density
  • Pavements and public transport

Help meet minimum guidelines
• ‘Activity supportive’ – highest levels of activity
  • Adams et al, 2013

• Socialisation increased in walkable neighbourhoods
Looking at PA and food access

• Studies are limited –
• But e.g. suggest a link between poor access to PA facilities & poor diet

• E.g. Newcastle research (Gallo et al, 2015)
  • Urban parks and social equity for younger people
  • Study of two urban parks and their peripheries in disparate neighbourhoods
  • Provision in the park poorer in poorer neighbourhood
  • PLUS – surrounding food environment much less healthy
  • (i.e. supporting a deprivation amplification hypothesis)
Neighbourhoods and Fast Food

• Food environment influences individual food choice (Charreire et al., 2010; Caspi et al., 2012)

• There is evidence that fast food availability and consumption are linked (Caspi et al., 2012).

• Recent studies have found links between fast food outlet density and weight in older children/adolescents (Cetateanu & Jones, 2014)
Unhealthy Clusters, or ‘Toxic High Streets’

- Many traditional shopping streets – particularly in poorer areas have become a toxic mix of
  - Fast food plus...
  - Betting shops
  - Money lenders
  (NB this list could be extended to consider – cheap alcohol suppliers, tanning salons etc)

- **Access** and **Availability** are generally related to **consumption and thereby to health issues** – though the mechanisms are complex

  (Townshend, 2016)
Implications are under-researched
...Before we leave food environments

• There are opportunities within the built environment to reconnect people with food in a positive way...

Incredible Edible Todmorden
Emergent issues in research

• Multiple Environments –
  - Both PA and food env. research –
  - Combined exposure is important – but more influential with some groups than others
    (e.g. Burgoine, et al 2016)

• Importance of journeys – particularly active travel to school (e.g. Cooper, 2012)
Can we learn from other cultures?

Looking at the intensive use of public space by older persons in China
Policy Implications for built env.

• Positively National Planning Policy Framework does mention health!

• There are existing mechanisms to integrate health concerns into urban planning – particularly impact assessment – Strategic Environmental Assessments (SEAs) – Environmental Impact Assessment (EIA)

• Though not statutory Health Impact Assessments (HIA)

• Planning policies to address particular issues – e.g. fast food proliferation – (mixed success – but improving picture?)
Conclusions

• WE do know what creates a supportive healthy built environment - Creating green, ‘walkable’ environments (while restricting unhealthy clusters) would seem to be common sense
• Yet on the ground trends would appear to be accelerating in the opposite direction
• Evidence base linking built environment is far from perfect – but there is arguably enough
• It won’t be easy to change deeply entrenched positions – there is huge inertia in the system – but there is also huge opportunity for health and built environment professionals to work together to try and create healthier places
References


Halonen, J.L., (2013) Green and Blue Areas as Predictors of Overweight and Obesity in an 8-Year Follow Study, Obesity, 22 (8) 1910-1917


Thank you!

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