



Public Health
England

Healthy City Design 2018

Healthy High Streets: Good place-making in an urban setting

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PHE's role

Our role

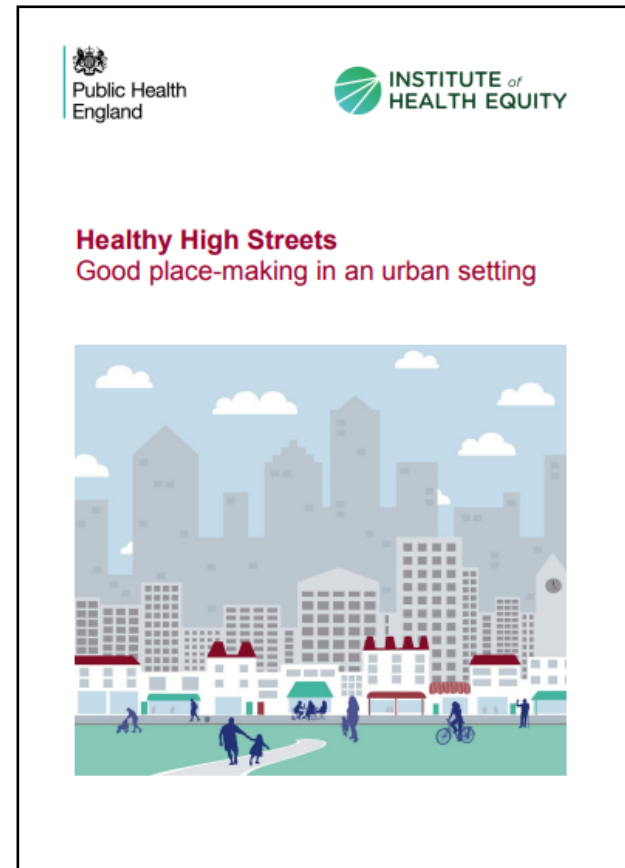
PHE exists to protect and improve the public's health and wellbeing and reduce health inequalities. We do this through world-class science, advocacy, partnerships, knowledge and intelligence, and the delivery of specialist public health services





Genesis of the Report

- Examines how the high street can be used as an asset to improve the physical and mental health of local communities and reduce health inequalities across local populations
- Searched and synthesised the most recent available evidence regarding aspects of the high street that have been shown to be health promoting and impact positively on physical and mental health.





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Healthy High Streets

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Healthy High Streets
Good place-making in an urban setting



1. Diversity in the retail offer
2. Green and blue infrastructure
3. Traffic calming
4. Street design and furniture
5. Crime prevention and safety



Unhealthy High Streets

Table 1. Features of an unhealthy high street¹

High street feature	Inequalities	Direct impacts on health	Indirect impacts on health
Lack of diversity in retail offer Section 1.2A	Higher density of payday loan, alcohol, gambling and fast food outlets in areas of deprivation. Impacts on less mobile populations disproportionately.	Increased risk of obesity, diabetes, cardiovascular disease and certain cancers. Higher levels of alcohol addiction and alcohol-related harm and an increased risk of depression, trauma, heart disease and stroke.	Increased likelihood of poor mental health, including depression, cognitive impairment and dementia linked to social isolation. Increased levels of stress and poor mental health associated with financial insecurity. Poor mental health of family members, associated with alcohol addiction and gambling addiction.
Lack of green infrastructure Section 1.2B	Deprived inner-city areas have five times less good-quality green space and higher levels of pollution than other urban areas.	Increased vulnerability to heat island effects. Increased risk of cancer, childhood and adult asthma, heart disease and dementia. Lower levels of physical exercise leading to higher risk of obesity, diabetes and cardiovascular disease.	Poorer levels of social interaction, impacting on mental health.
Noise and air pollution ² Section 1.2C & D	Areas of deprivation have a greater exposure to air pollution and noise than wealthier areas.	Noise pollution: increased stress hormones linked to cardiovascular disease, and increased blood pressure; impaired cognitive function in children; disrupted sleep. Air pollution: increased risk of cancer, childhood and adult asthma, heart disease and dementia; increased mortality and hospital admissions.	Noise pollution: impaired quality of life leading to poor mental health, physical stress, physical inactivity and behavioural and psychological effects. Air pollution: lower levels of physical exercise leading to higher risk of obesity, diabetes, cardiovascular disease and certain cancers.
Litter and area degradation Section 1.2E	Deprived areas experience poorer overall local environments including higher levels of graffiti, fly-tipped waste and litter, associated with low level crime and antisocial behaviour.	Poor mental health and stress-related illness from increased levels of antisocial behaviour, crime and fear of crime. Lower levels of physical activity linked to obesity, diabetes, cardiovascular disease and some cancers.	Poor mental health associated with increased risk of social isolation, including depression, cognitive impairment and dementia.
Road traffic collisions Section 1.2F	Rates of fatal and serious injuries for 5–9 year olds are nine times higher than average in the 20% most deprived areas. Cycling fatalities are higher in the 20% most deprived wards. Risk of injury varies depending on employment status and ethnicity of parents, creating inequalities.	Death and physical injury.	Poor mental health including post-traumatic stress disorder.
Crime and fear of crime Section 1.2G	Higher levels of crime are found in poorer areas and fear of crime in inner city areas. Greater fear of crime is found in black and minority ethnic communities, young people, older people and women. Disproportionate victimisation is experienced by young black men, people with disabilities, and LGBT people.	Substantial and long-lasting physical injury and psychological distress. Depression, anxiety and toxic stress associated with hypertension, cardiovascular disease, stroke, asthma, overweight and obesity. Increase in poor health behaviours linked to cancer, depressive disorders, heart disease, stroke and physical trauma.	All-cause mortality, coronary heart disease, pre-term birth, low birth weight and poorer health behaviours such as lower levels of physical activity mediated through psychosocial pathways.
Cluttered pavements and non-inclusive design Section 1.3	Older people, people with physical disabilities, people with reduced mobility and parents with young children are affected the most by cluttered pavements and non-inclusive design reducing opportunities for physical exercise, social interaction and access to health promoting goods and services	Increased risk of obesity related diseases including diabetes, cardiovascular disease and some cancers. Poor mental health including loneliness, increasing the risk of depression, cognitive impairment and dementia, poor health behaviours, coronary heart disease and mortality. Increased risk of trips and falls, and road traffic injury or mortality.	Anxiety, depression and low self-esteem associated with childhood overweight and obesity linked to low levels of physical exercise.



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Diversity on the High Street



The Independent - Gillingham High Street, Kent

Healthy Places Programme



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Diversity on the High Street



HASSELL - Croydon South End High Street



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Inclusive High Street Design



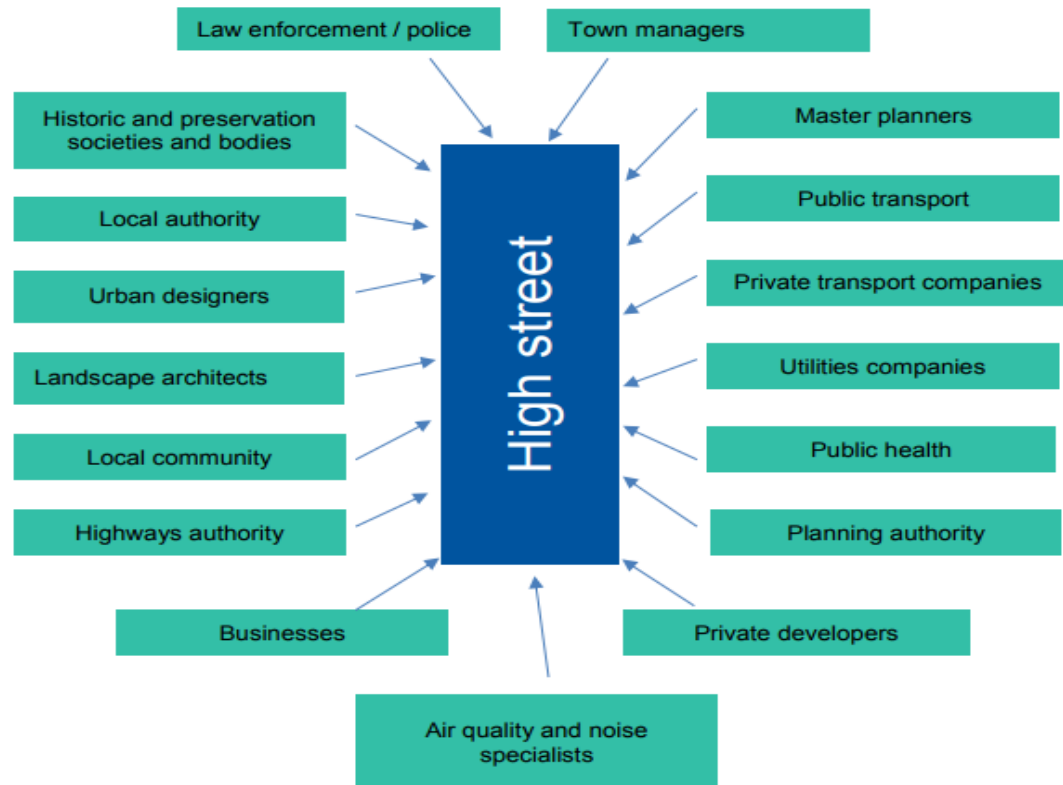
www.Designboom.com: Public Square at Bakers Arms before and after photo © jan kattein architects



Healthy High Streets - Stakeholders

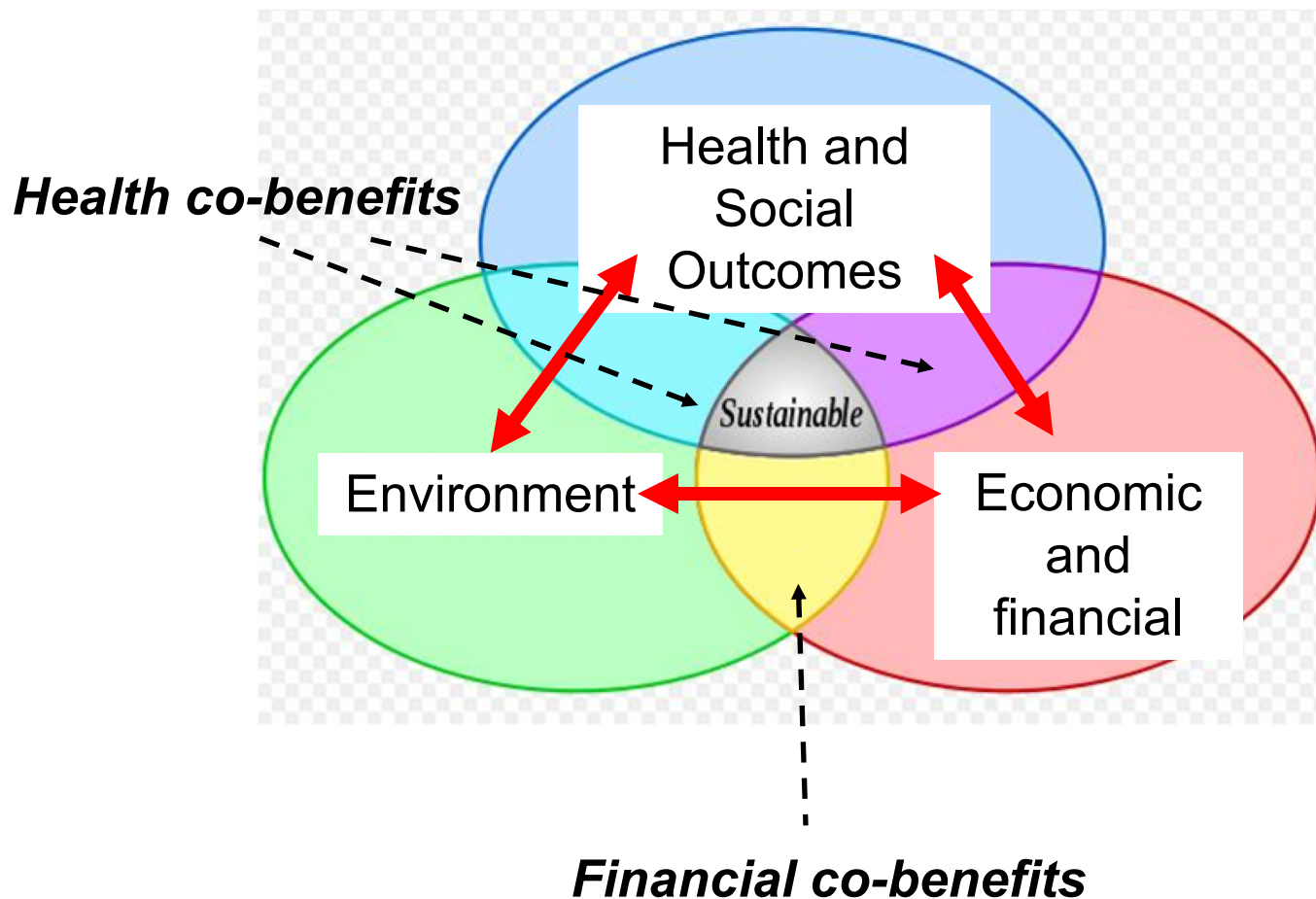
Figure 1. Diversity in high street design, development, management and use

Figure 1 shows the wide range of practitioners and users required to collectively influence the design, development, use and ongoing maintenance of high streets, to ensure they are reimagined into vibrant community spaces.





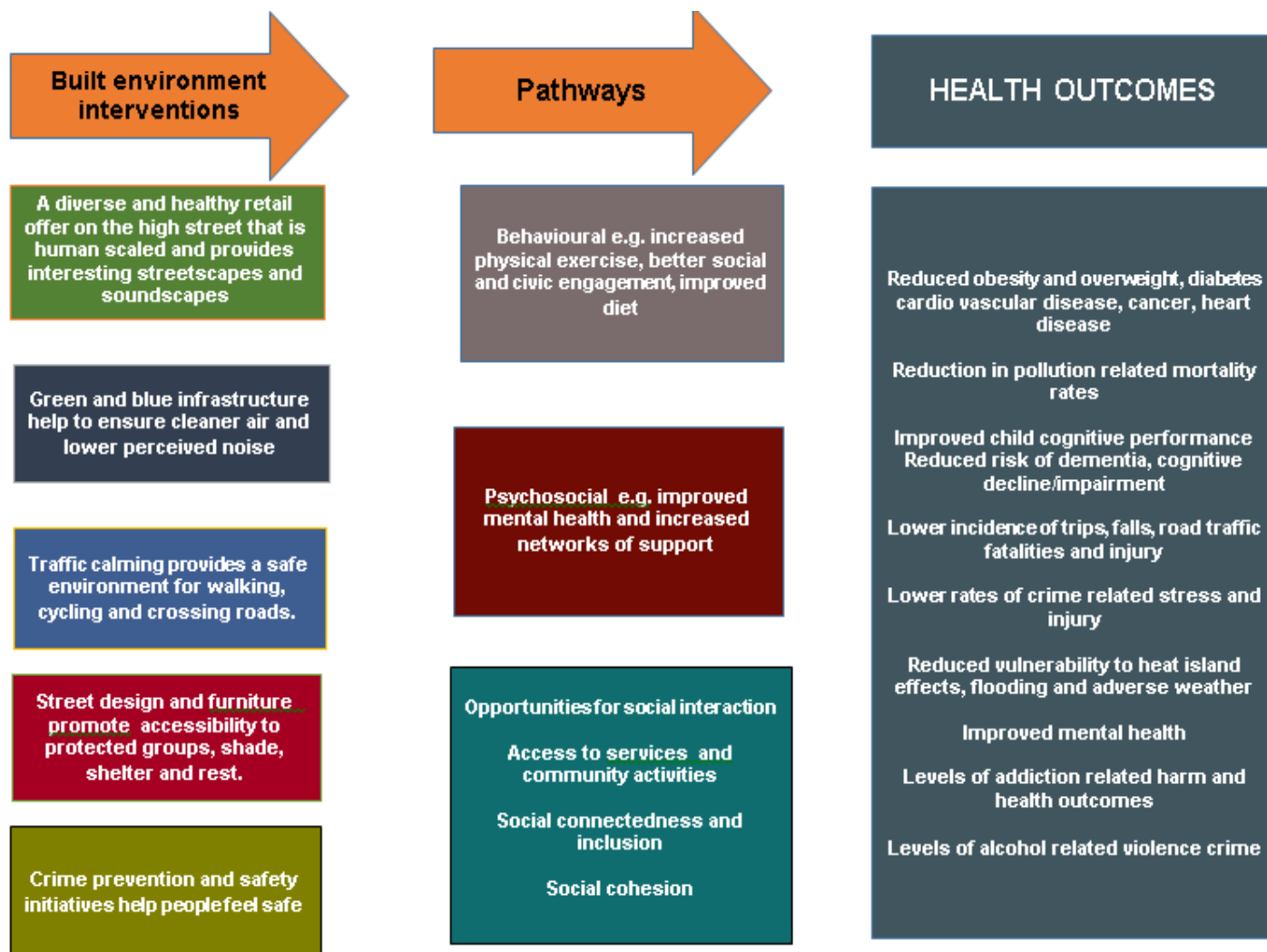
The Co-benefits opportunity – win-wins



Next to providing considerable health benefits, walking and cycling also play an important part as 'co-benefits' in reducing carbon dioxide emissions, conservation of land, air pollution, noise as well as traffic congestion, and savings on health and social care costs – which contributes to economic prosperity.



Health Outcomes





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Thank you

Healthy Places Team

For queries regarding the Healthy Places programme:
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