

Welcome!
Please sit in the area
designated for your
'dot' colour



University of the
West of England

bettertogether

Health and Planning – Evidence

Lynn Gibbons MFPH

Specialty Registrar in Public Health/Public Health Practitioner in Residence
WHO Collaborating Centre for Healthy Urban Environments

Adam Sheppard MRTPI

Senior Lecturer in Urban and Rural Planning Practice
University of the West of England

Dr Adrian Davis FFPH

Visiting Professor
University of the West of England



University of the
West of England

bettertogether

Plan for the session

Introduction and refresher
- Lynn Gibbons

Local Authority Planning Decisions:
Considering Health
- Adam Sheppard

Using Public Health Evidence to Support Local
Transport Planning and Practice
- Adrian Davis

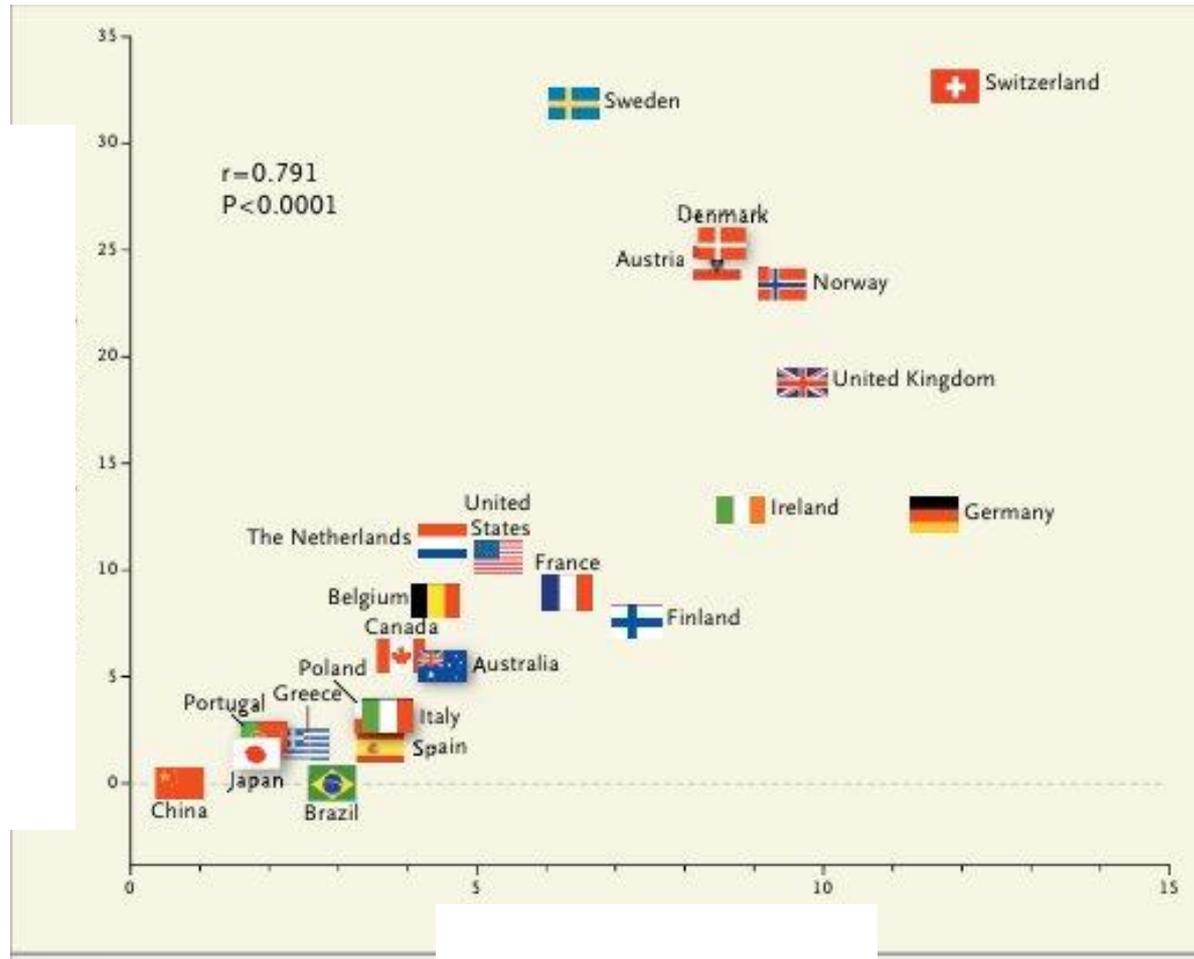
What is evidence? Why do we need it?

(noun)

“The available body of facts or information indicating whether a belief or proposition is true or valid”.

- To show/illustrate need
 - To provide validity to justify undertaking an intervention (drug, procedure etc)
 - To monitor and/or evaluate interventions
-

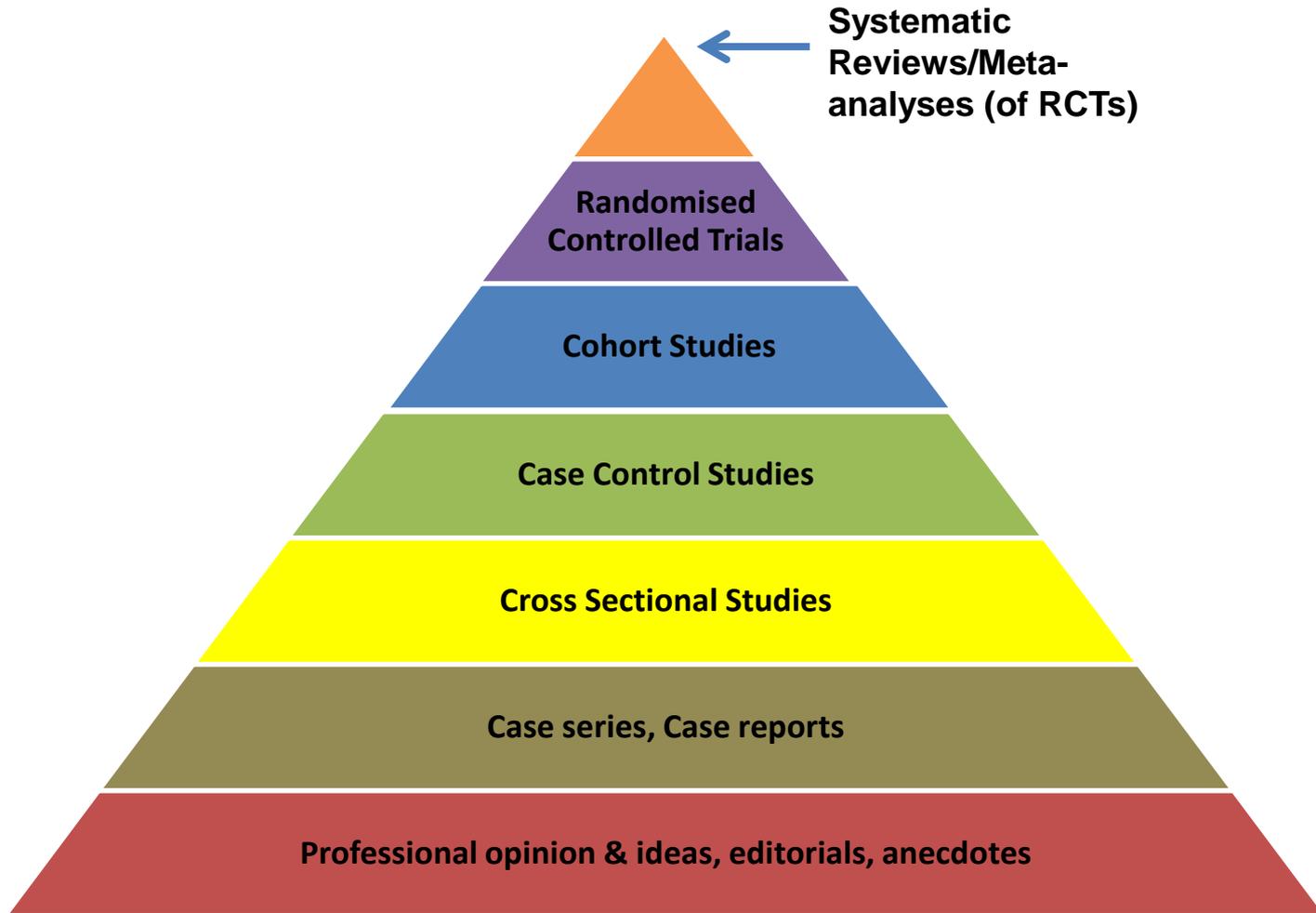
'Correlation does not mean causation'



Public Health and Evidence...

- Data
 - 'Scientific' evidence base
 - 'Evidence-based/Evidence-informed' (from medicine, now used widely)
 - Tends toward individual outcomes
 - Economic effectiveness important
-

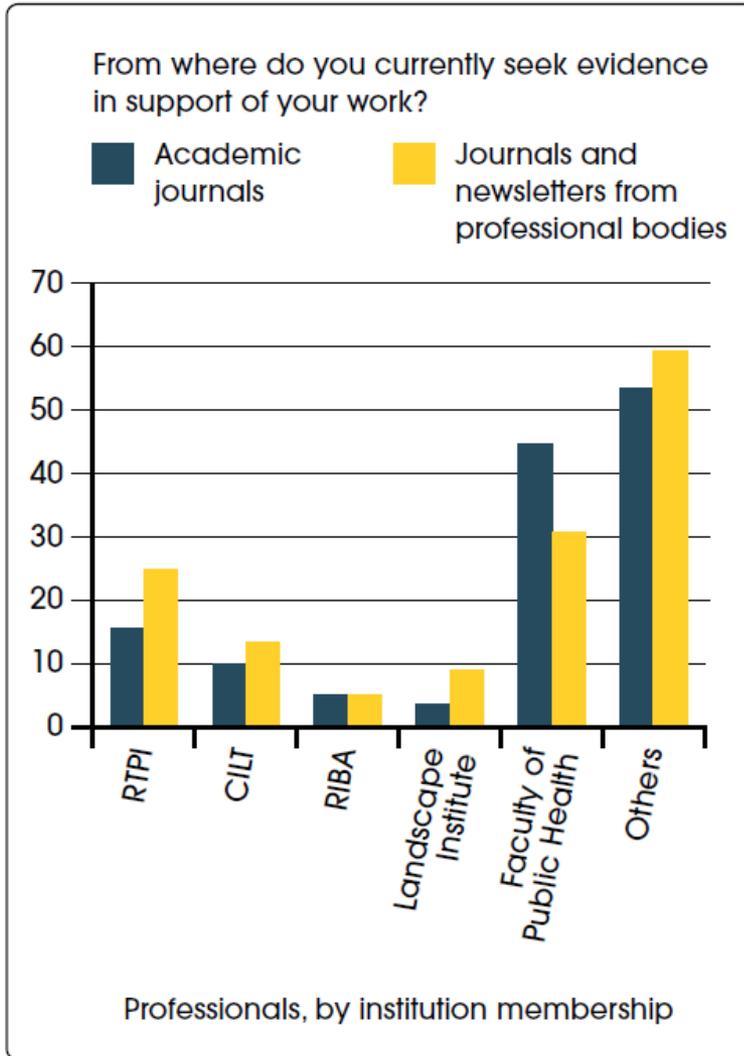
The Evidence Hierarchy



Issues with 'the hierarchy'?

- Evidence can be hard to come by
 - Health impacts can take a long time
 - Lots of other things can impact
 - Works well for clinical research (esp drugs)
– not so much for 'interventions' or
behaviour change
 - Confusion about evidence vs evidence &
experience
 - Publication bias
-

Evidence in Planning?



Above

Fig. 1 Snapshot survey of built environment and public health professionals on the frequency of use of sources of evidence to support their work

- Different from health
- Based on experience, case studies
- Guided by guidance

TCPA (2014) Public health evidence to support transport planning.

http://www.tcpa.org.uk/data/files/Health_and_planning/2014_Health_edition_journal/8_Davis.pdf

Issues linked to built environment

- Social and environmental interactions – effects are not realised through linear pathways
- Outcomes are less predictable – positive and negative – and are different for different communities
- Community/public health interventions are not/can not be measured like research
- Ethical considerations of 'upstream' interventions can be tricky

What do these differences mean?

- The relationship between evidence and decision making varies
 - Research evidence vs practical evidence
 - Limitations
 - PH and Built Environment professionals:
 - speak a different language
 - present info in different ways
 - Is evidence just common sense?
-

Why do these differences matter?

- Local government officers are 'juggling multiple policy aims'
 - PH research may not be seen as relevant in a 'real' context
 - Health considerations may not be included in decision making
 - Important partnerships and 'win-wins' may be missed
-

Going forward...

- What kind of evidence matters to PH and the built environment?
 - Develop knowledge translation and transfer – drawing out the relevance & value
 - Move away from specific outcomes to wider development of healthier social structures?
 - Development of a useful PH/BE framework?
(see Petticrew and Roberts 2002, Berke and Vernez-Moudon 2014)
 - Making 'Health in All Policies' work
-

“Why do we need more research? Don’t we already know this? Why aren’t we putting money instead into creating these kinds of environments?”

- Question posed by a group of designers to Dr Judith Heerwagen.

From *The Restorative Commons: Creating Health and Well-being through Urban Landscapes*, 2009.
