Urban green spaces

Health and greening the city

L Duhl

Relation of urban planning and health

This is an unusual paper, as the subject, the relation of open green space and health has rarely been studied.[1] It is extremely well done.

In the 1960s, at a meeting of the Outdoor Recreation Resources Commission, an interdisciplinary panel of experts, declared open space was tremendously important, but there were no data. Indeed, as Abel Wollman, a Professor at Johns Hopkins School of Public Health said in the 1960s, "This is an important area, even if there is no data. Therefore, we must yell loudly!"

There are many studies of the *commons,* or piazzas that show how open space encourage interaction, communication, recreation, play, and much more. There is little specifically on closeness of open space to living, and its impact. Studies of outdoor activities such as running and walking similarly, as do those of recreation and aging show positive health impacts.

There is a dirth of literature on the relation of physical space to health. My summary of the relation of urban planning reviews to health shows how many planning issues effect safety, child rearing, recreation, and much more.[2] What is not shown is Takano's conclusion of its importance in a neighbourhood.

I suggest that others take on this area of study.

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F Baum

Setting for health promotion: the importance for an evidence base

For some time epidemiology has been criticised for focusing almost exclusively on individual disease risk factors. Thus Shy[1] maintains that academic epidemiology has served clinical medicine well because of its narrow biomedical perspective, dealing with risk factor and disease associations, rather than contributing to a population understanding of disease patterns. Others have been critical of this biomedical individualism and pointed to the lack of social, economic, environmental, and political analysis.[2 3] In particular Rose has urged the need to recognise the crucial but subtle difference between sick individuals and sick populations. He suggested that epidemiology should understand disease as a consequence of how society is organised and behaves, what impact social and economic forces have on incidence rates, and what community actions will be effective in changing incidence rates. Epidemiology has been the main scientific method of public health and criticism of its individualism has led to calls for a new public health[4 5] that sees understanding the social, environmental, and economic determinants of health as crucial. Epidemiologists are beginning to respond to the needs of the new public health and to examine the impact of locational and environmental factors. Thus in terms of health inequities epidemiologists are examining whether these reflect purely the characteristics of individuals or their households or whether they may also reflect the particular contexts in which people live.[6 7] The paper by Takano *et al*[8] looks beyond individual risk factors to features of environments and locations that affect health. This was done through a study of longevity in senior citizens that found a correlation between longevity (probability of five year survivial), whether they reported they had space for taking a stroll near their residence, parks, and tree lined streets near their residence. This correlation remained after controlling for the effects of the residents' age, sex, marital status, and socioeconomic status. The findings from the paper by Takano *et al* are important for three reasons: they demonstrate how epidemiological methods can be adapted to research the structural factors that affect people's health; they suggest that exercise patterns reflect the environments in which people live; and they contribute to an evidence base for health promotion initiatives based on settings such as Healthy Cities projects The first of these factors has been examined above; the other two are examined below.

Before the publication of the Ottawa Charter[9] much health promotion put emphasis on changing behaviours of individuals. Many heart health campaigns were launched to try and persuade people to take up healthy behaviours. The results from these trials were largely disappointing and those who benefited tended to be better off and healthier people. For many people structural factors such access to healthy food, access to sporting facilities, or time limitation impeded lifestyle change. The paper by Takano *et al* provides important evidence that it is not individual motivation alone that determines willingness to take exercise but that the environments in which people live also have an effect.

The recognition of the limitation of behavioural health promotion has meant a greater focus on the settings in which people live, work, and play. Health promotion bodies, such as the National Heart Foundation in Australia, are moving away from a focus on the behaviour of individuals to look at the role of local environments in encouraging behaviours such as exercise.[10] The WHO Healthy Cities movement[11] has advocated the importance of working with