

Place and communities



NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. We are committed to working with others and we provide a range of services to help our stakeholders take the action required to reduce health inequalities and improve health.

Key messages

- Place – the combined physical, social and cultural environment – has an important influence on health and health inequalities.
- Those living in areas of greater deprivation are less likely to experience the beneficial aspects of place and more likely to be exposed to environmental factors that have a negative impact on their health and wellbeing.
- Physical and social environments that nurture good health can help to reduce health inequalities.

Key actions

- Communities should be at the centre of decision-making; the Place Standard, a tool to assess the quality of a place (see page 7), can bring people together to identify priorities for change and implement actions to improve place.
- Public, private and third sector organisations should work with local people to create and maintain places that are beneficial to health, wellbeing and quality of life.
- Policy and practice should continue to integrate health, housing, environment, transport, and community and spatial planning to improve health outcomes and promote sustainability.

What is this briefing about?

This briefing focuses on the role that good quality places can play in improving health and wellbeing and reducing health inequalities. It assumes that action in relation to place and communities is complemented by access to good quality, affordable housing for all.

What are health inequalities?

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

They represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly 25 fewer years are spent in 'good health' than men in the least deprived areas; for women this is 22 years. Please see the first briefing in this series, *Health Inequalities: What are they? How do we reduce them?* www.healthscotland.com/documents/25780.aspx for more information on health inequalities and the broad range of actions that can be taken to reduce them.

What is place and why is it important to health inequalities?

Place is the combined social, economic, physical, cultural and historical characteristics of a location.¹ It is the part of people's life circumstances which relates to where they live and spend time. Place encompasses both the physical environment (the buildings, streets, public areas and natural spaces that make up neighbourhoods) and the social environment (the relationships, social contact and support networks that exist in a community).

These characteristics of place, and the interactions between them, have an important influence on our health and wellbeing throughout our lifetime. Some aspects of place will nurture and promote good health while others can be detrimental.² The distribution of these characteristics is not equal. Those living in areas of greater deprivation are more likely to be exposed to harmful environmental factors, such as poor air quality, and less likely to have access to beneficial ones, such as greenspace.³

Neighbourhoods and the physical environment

Inequalities in the physical environment can create serious disadvantages for people living in relatively deprived areas, reinforcing health inequalities. This can disproportionately affect people who have limited choice over where to live, for example due to income, the availability of work, or disability. A wide range of factors in the physical environment influence health and wellbeing, and the following sections consider some key factors in more detail.

Access to greenspace and the natural environment

Green and natural environments can have a positive effect on physical and mental health.⁴ Greater proximity to greenspace has been associated with lower prevalence of a number of diseases, reduced premature mortality and improved mental health and wellbeing.⁴⁻⁶ For some outcomes, particularly mental health, the effect has been shown to be greater for those on lower incomes, demonstrating the potential of greenspace to reduce health inequalities.^{4,6}

A number of other benefits have been found. People living closer to greenspace are likely to be more physically active than those who do not.⁷ Natural environments can also improve the social connections within a neighbourhood by offering places for people to meet and interact and for children to play. In urban areas, closer proximity to greenspace has been associated with a reduction in crime, particularly of violence and aggression.⁷



People are more likely to make use of greenspace if they think it is safe, well-maintained and easy to reach.⁸ Those living in areas of the greatest socioeconomic deprivation are less likely to live within walking distance of greenspace and are less likely to be satisfied with that greenspace.⁹ Improving access to and the quality of greenspace in proportion to need therefore has the potential to reduce health inequalities.

Active travel and sustainable transport

Transport is important and necessary, providing access to work, shops, health care and education, not to mention friends and relatives. As facilities and amenities have become larger and more centralised, car use has increased¹⁰ contributing to greater levels of air and noise pollution.¹¹ In turn, poorer air quality results in more respiratory conditions such as asthma, higher levels of physical inactivity and higher levels of mortality,¹² while noise pollution is associated with poorer mental wellbeing and greater levels of stress.¹³ Those living on lower incomes are more likely to live in high traffic areas and urban centres and so experience these impacts disproportionately.¹⁴

Active travel, such as walking and cycling, offers an important source of physical activity and a sustainable means of transport. Safety is a major barrier to active travel.^{15,16} The use of good street design and lighting can make places easy, safe and pleasant to move around¹⁷ which in turn can encourage active travel^{17,18} and improve feelings of wellbeing.² Providing convenient connections both within a neighbourhood and to an affordable public transport network may help to improve access to employment, education and training opportunities, as well as recreational facilities, goods and services.^{19,20}

Road safety issues have a direct impact on health inequalities. The rate of casualties from road traffic accidents has fallen significantly in recent years but a striking difference persists: child pedestrian casualties are around three times higher in the most deprived areas compared with the least deprived.¹⁰ Lowering speed limits and introducing traffic calming measures, such as 20mph zones, has been found to reduce the risk of injury and death for pedestrians and cyclists.²¹ Targeting efforts to those neighbourhoods most in need can contribute to a reduction in inequalities in road casualties.^{14,19}

Neighbourhood maintenance

The maintenance of streets and public spaces can influence neighbourhood satisfaction, perceptions of safety and how people use their neighbourhood.²² It also has a bearing on social connections and neighbourliness within communities. Poor maintenance can create negative perceptions of a place, damage community resilience and discourage people from investing in their homes and communities. Anti-social behaviour, such as vandalism, litter and dog fouling, can lead people to feel dissatisfied and unsafe in their own neighbourhood, and is more common in areas of greater deprivation. However, places that are well cared for can improve perceptions of safety, discourage crime and encourage greater use of the neighbourhood with an increase in outdoor activities.



Source: Scottish Household Survey, 2014

Through these factors, maintenance can have a significant impact on health and wellbeing.²² But maintenance of disadvantaged areas is often poorer in comparison to more affluent areas.¹ Improving the maintenance of deprived neighbourhoods will have a number of benefits for the community and can help to tackle health inequalities. In contrast disinvestment in maintenance can have an opposite effect to that of preventative spending.²³

Sustainability and health inequalities

Sustainable development aims to create a fairer society without adding further burden to the planet.²⁴ For example, environments that encourage people to walk and cycle more and drive less will have positive impacts on health through increased physical activity and on climate change through an associated reduction in emissions. Future policy developments should further integrate health, housing, environment, community and spatial planning, and transport to address both the causes of health inequalities and climate change. For more information on sustainable development and planning with people and communities at the centre please see 'Creating Places',²⁵ the Scottish Government policy statement on architecture and place.

Communities and the social environment

Our network of support, sense of belonging and participation in the community around us are important aspects of our daily lives and can have a significant influence on health and wellbeing. Social isolation and a lack of support can be major causes of stress, particularly for those living on low incomes and for those with children. The presence of social networks and social participation is associated with a number of health benefits including lower levels of depression, a protective cognitive effect including reduced risk of dementia, and reduced morbidity and mortality.¹⁹

Social isolation

is a growing problem,
especially for older people,
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**poor physical and
mental health.**



Street life and social interaction

Social interaction is important to health and wellbeing. Social isolation is a growing problem, particularly for older people, and is negatively associated with a number of both physical and mental health problems.²⁶ On the other hand good social networks can offer a range of supports, giving people a way to cope with problems and reduce stress levels.²⁷ Greater levels of neighbourliness and a sense of belonging to the community are likely to nurture community wellbeing and to stimulate community activities aimed at improving the local environment.²⁸ Such activities can in turn help to foster feelings of neighbourliness. Importantly, living in a supportive and inclusive community may benefit those in lower income groups more than others and could be an important factor in reducing health inequalities.²⁷ The built environment can play an important part here: environments designed to be walkable (safe and easy to get around in on foot) and that provide well-maintained public and green spaces can give people the chance to meet opportunistically, potentially increasing social interaction and togetherness.^{2, 29}

Let them play

Play is an essential part of a child's development.³⁰ Play allows children to learn, make choices, take risks, solve problems and most importantly have fun. It is essential in making friendships and learning to manage social situations. Outdoor play helps to promote physical activity and contact with nature.

The places where children grow up have a big impact on the opportunities they may have to play. More deprived areas are less likely to have good quality places for children to play and teenagers to spend time with their friends.⁷ Coupled with a greater likelihood of negative environmental issues and lower feelings of safety on streets and in public places, children living in deprived areas face considerable limitations in terms of space and freedom to play in a way that develops independence.

The right to play is a right of every child.³¹ Providing children with high quality environments that support play and social interaction in children of all ages is an essential part of community and spatial planning.

'Creating an environment that provides rich play experiences is critical in meeting the needs of our children and young people. Offering them choices to develop the skills of expression, thought, curiosity, movement, problem solving and achievement provides a sound basis for fostering the development of useful skills and attributes which will serve them well throughout life.'

Play Strategy for Scotland: Our Vision (2013)

Community empowerment and participation

Community empowerment, community engagement and co-production (working with communities to achieve positive outcomes) are essential to improve health and social outcomes and reduce inequalities through action on place (actions that improve the places where we spend time). Ensuring that all local people are heard and are able to influence decisions that affect them can give people a sense of control and strengthen communities.³² Equally importantly, views that represent the whole community are vital in establishing the right local priorities. Inclusive participation is key to these approaches, which are well established in Scotland, and have been reinforced by the Community Empowerment (Scotland) Act 2015.³³

Co-production and community-led decision-making have the potential to reduce health inequalities. To do this the greatest focus needs to be on communities in relatively deprived areas where the worst health outcomes are seen. The work of Community Planning Partnerships and Integrated Joint Boards provides opportunities for the public sector to support communities by planning investment, development and services according to their needs. This may require capacity building to equip communities with new skills, a challenge in which the third sector will be key. If relatively affluent communities are able to benefit most from such activity there is a risk of increasing inequalities. Resources such as the *National Standards for Community Engagement*³⁴ can help to guide and support work with communities.

While working with communities in an inclusive way is key to action on place, there remains a role for additional or enabling actions, such as air quality legislation and effective maintenance of public spaces by local authorities. Working with communities should be embedded within a wider approach to tackling health inequalities that addresses the whole causal chain including the fundamental causes of power, income and wealth. (See briefing 1 *Health inequalities: What are they? How do we reduce them?* at www.healthscotland.com/documents/25780.aspx)

The Place Standard

The Place Standard is a tool that aims to assess and improve the quality of the places in which we live, work and grow up. A primary aim of the Place Standard is to support communities and the public, private and third sectors to work together to deliver high quality, sustainable places. The Place Standard brings people together to have an open and informed discussion about the things that are important to them and their place. It considers not just the physical environment but also social and cultural aspects that are important to communities; it addresses many of the themes highlighted in this briefing. In asking a series of questions relating to these aspects of place it identifies strengths and weaknesses and presents these in an accessible and illustrative way. This can be used to develop and prioritise actions that will improve places and the lives of the people that use them. For more information and to download the resources please go to www.placestandard.scot



Actions on place that can improve health and reduce health inequalities

1. Improve access to and quality of greenspace, particularly in deprived areas, providing places for play, physical activity and social interaction.
2. Promote active travel through improved road safety, good street design and good maintenance of pavements and cycle paths.
3. Encourage alternatives to car use by ensuring places have a good quality and affordable public transport network.
4. Improve neighbourhood maintenance according to need; ensure that environmental incivilities and concerns about safety do not limit the use of public spaces and facilities by the community.
5. Make the built environment easy to walk in, less dominated by traffic and provide places for people to sit and meet to encourage social interaction.
6. Embed the principles of co-production to ensure that communities have a central role in shaping the environment in which they live and the services they receive.
7. Build capacity in communities in relatively deprived areas to ensure that the benefits of co-production and community-led action and decision-making are distributed in a way that reduces inequalities.
8. Ensure sustainability is a key consideration in local planning and development.

References

1. Scottish Government. Good Places Better Health for Scotland's Children. 2012.
2. Glasgow Centre for Population Health. Concepts Series 11 – The built environment and health: an evidence review. 2013.
3. Pearce JR, Richardson EA, Mitchell RJ, Shortt NK. Environmental justice and health: the implications of the socio-spatial distribution of multiple environmental deprivation for health inequalities in the United Kingdom. 2010;35(4).
4. Maas J, Verheij RA, Vries Sd, Spreeuwenberg P, Schellevis FG, Groenewegen PP. Morbidity is related to a green living environment. 2009;63(12).
5. Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. 2008;372(9650):1655-1660.
6. Mitchell RJ, Richardson EA, Shortt NK, Pearce JR. Neighbourhood environments and socioeconomic inequalities in mental wellbeing. Am J Prev Med 2015;49(1):80.
7. The Marmot Review Built Environment Task Group. Strategic Review of Health Inequalities in England post-2010. Task Group 4: The Built Environment and Health Inequalities. 2009.
8. Balfour R, Allen J. Local Action on Health Inequalities: Improving Access to Green Spaces. Health Equity Evidence Review 8. 2014.
9. Scottish Government. Scotland's People Annual Report: Results from 2014 Scottish Household Survey. 2015.
10. Whyte B, Waugh C. Trends in pedestrian and cyclist road casualties in Scotland. 2015.
11. British Medical Association. Healthy transport = Healthy lives. 2012.
12. Cowie H, Crawford J, Davis A, Steinle S. Air Quality, Health, Wellbeing and Behaviour. 2015.
13. Geddes I, Allen J, Allen M, Morrissey L. The Marmot Review: implications for Spatial Planning. 2011.
14. Campaign for Better Transport. Transport and Poverty: A Literature Review. 2012.
15. Reynolds R, McKenzie S, Allender S, Brown K, Foulkes C. Systematic review of incidental physical activity community interventions. 2014;67:46-64.
16. Hewitt, E, MacMillan, K, Shaw, L. The Kelvingrove-Anderston route: views of cyclists and pedestrians. 2015.
17. Scottish Government. Designing Streets: A Policy Statement for Scotland. 2010.
18. Sundquist K, Eriksson U, Kawakami N, Skog L, Ohlsson H, Arvidsson D. Neighborhood walkability, physical activity, and walking behavior: the Swedish Neighborhood and Physical Activity (SNAP) study. 2011;72(8):1266-1273.
19. Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England Post-2010. 2010.
20. Taylor M. Transforming Disadvantaged Places: Effective Strategies for Places and People. 2008.
21. Road Safety Information: Inappropriate Speed. 2011 23/10.
22. Carnegie Trust UK. Pride in Place: Tackling Incivilities – A Policy Summary. 2012. 23.
23. Milne A, Rankine D. Reality, resources, resilience: regeneration in a recession. 2013.
24. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. 2015.
25. Scottish Government. Creating Places: A Policy Statement on Architecture and Place for Scotland. 2013.
26. Nicholson NR. A review of social isolation: an important but underassessed condition in older adults. 2012;33(2-3):137-152.
27. Uphoff EP, Pickett KE, Cabieses B, Small N, Wright J. A Systematic Review of the Relationships between Social Capital and Socioeconomic Inequalities in Health: A Contribution to Understanding the Psychosocial Pathway of Health Inequalities. International Journal for Equity in Health. 2013;12(1).
28. Cordes C, Hothi M. Understanding neighbourliness and belonging. 2008.
29. Living Streets. Making the case for investment in the walking environment. 2011.
30. Scottish Government. Play Strategy for Scotland: Our Vision. 2013.
31. United Nations. The United Nations Convention on the Rights of the Child. 1989.
32. O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, et al. Community Engagement to Reduce Inequalities in Health: A Systematic Review, Meta-Analysis and Economic Analysis. Public Health Res 2013;1(4).
33. Scottish Government. Community Empowerment (Scotland) Act 2015. 2015.
34. Scottish Government. National Standards for Community Engagement. 2005.

Collaboration with NHS Health Scotland

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