



Public Health  
England

# Healthy Settings: The PHE contribution

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14 November 2014



## Why “Place” matters

Our health is determined by...

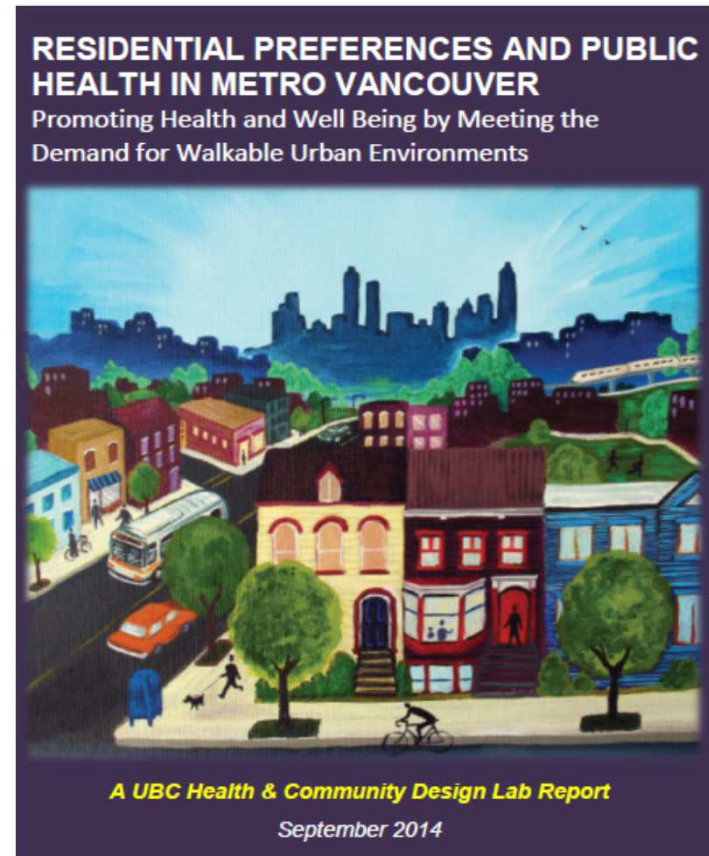
- who we are
- what we do
- where we live

In 2011, 5.4 million homes (24%) were non-decent

Pedestrian-friendly neighbourhoods

Car dependent areas record:

- 1.4 vs. 4.8 d.p.w. walk for transportation
- 21% vs. 10% incidence of high BP
- 18% vs 8% incidence of obesity





## Healthy People, Healthy Places Programme (HPHP)

### Vision Statement:

*A future where everyone, wherever they live, is able to live, work and play in a place that **promotes health and wellbeing**, sustains the development of **supportive and active communities** and helps **reduce health inequalities**.  
In short, “Healthy places to grow up and grow old in”.*

### Key Aim for the year:

- Almost all local public health teams are engaged in spatial planning and health



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## PHE's support to place-based public health

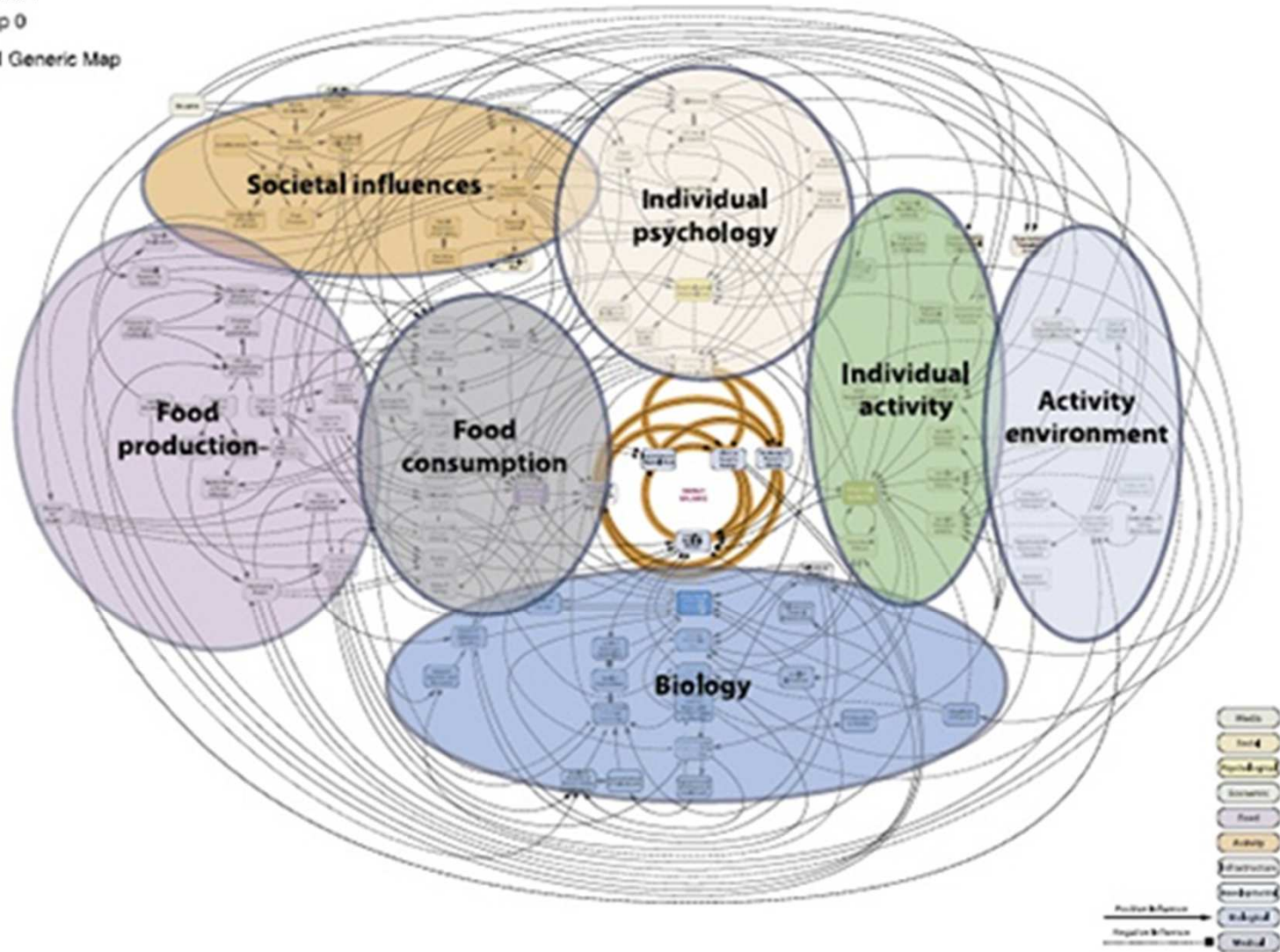
People's health and wellbeing  
is shaped by:

- Green spaces
- Transport & active travel
- Homes and streets
- Neighbourhoods
- Workplaces





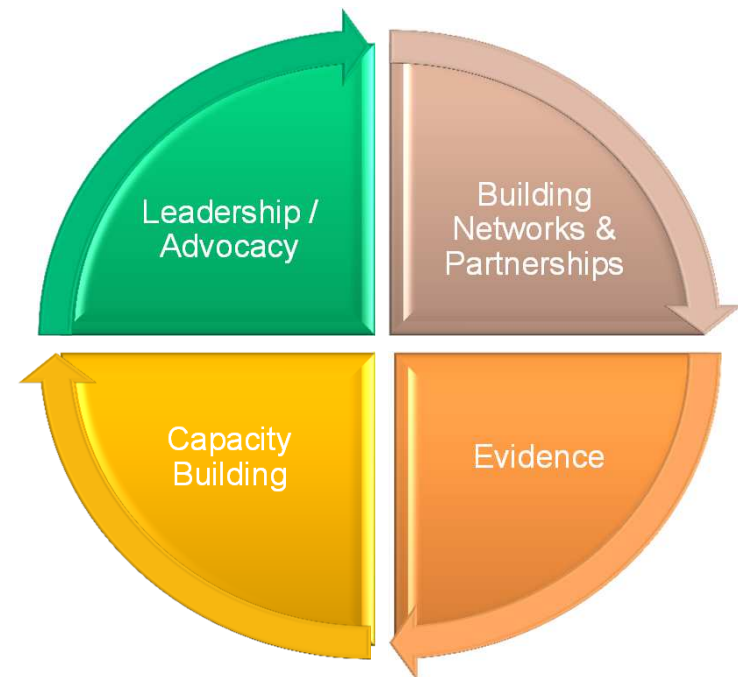
# Review of obesity – Foresight Report





## Healthy People Healthy Place Programme 2014-15

- **Leadership and advocacy:**
  - Cross government / association working
- **Building networks and partnerships:**
  - Support LAs / local networks
  - Training seminars and group facilitation
- **Building the evidence:**
  - Briefings and webinars
  - Health Impact Assessment Gateway
- **Capacity building:**
  - Sector-led briefings on NPPF/NPPG





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# Health and Place




Public Health England

Chartered Institute of Environmental Health

Local Government Association

## Healthy people, healthy places briefing

### Obesity and the environment: regulating the growth of fast food outlets



March 2014

## Walking & Cycling for Transport

How promoting active travel can help meet the physical activity challenge



Centre for Diet and Activity Research  
at Public Health Research Centre, University of Liverpool

www.cedar.liverpool.ac.uk

Evidence Brief, March 2013

Fully referenced and listed at

www.cedar.liverpool.ac.uk/resources/evidence

It is well established that many people are not spending enough time being physically active and that this can contribute to serious health problems. Given the time people spend travelling to work and other destinations, encouraging active travel is a promising way of meeting this challenge. It also has the potential to deliver environmental and economic benefits.

### The burden of physical inactivity

We know that a lack of physical activity is harmful, contributing to an increased risk of diabetes, cardiovascular disease and cancer. WHO figures show that physical inactivity accounts for an estimated 9% of premature mortality, or more than 5.3 million of the 57 million deaths that occurred worldwide in 2008.

UK recommendations advise at least 150 minutes of moderate intensity aerobic activity every week for adults. Many do not achieve this, and people also tend to overestimate their level of physical activity. Physical activity questionnaires show 40% of men and 28% of women in England achieving recommended levels. However, objective accelerometer data suggest that only 4% of men and 4% of women achieve recommended levels.

### Exploiting the opportunity of active travel

Being physically active can be time consuming. However, the average journey to and from work takes 28 minutes each way. Many commuters could meet recommended activity levels if they walked or cycled for at least part of their journeys.

In the *Commuting and Health in Cambridge* study, Parler et al (2013) showed that commuters who include walking or cycling as part of their car journeys reported an average of 12 minutes walking or 17 minutes cycling to and from work per day.



Evidence also suggests that people who walk or cycle for transport tend to be more physically active overall. In the *CONNECT* study, Sallis et al (2013) showed that adults whose active travel increased over the course of a year reported about two hours more physical activity per week on average, whereas those whose active travel decreased reported about two hours less.

### Health benefits of active travel

Active travel has been shown to be associated with better health outcomes. Comparing states and cities across the USA with different levels of active travel to work, Pucher et al (2010) found that the higher the proportion of adults who walked or cycled to work, the lower the prevalence of diabetes.

Epidemiological studies following individuals through time also suggest that active travel leads to better health outcomes. A systematic review by Hamer and Chida (2008) concluded that active commuting conferred around a 30% reduction in risk of cardiovascular outcomes in studies with 5-20 year follow-up periods.

### Brief in brief

- Physical inactivity causes an estimated 9% of premature mortality, or more than 5.3 million of the 57 million deaths that occurred worldwide in 2008.
- Most adults do not meet the recommended 150 minutes of physical activity each week, and people tend to overestimate how much activity they undertake.
- The average journey to work is 28 minutes each way, and spending more of this time in active travel is likely to increase overall physical activity levels.
- Active travel can reduce the risk of chronic disease, as well as having a positive environmental and economic impact.



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## PHE offer - practical products and services

- South East KIT
- Health impact assessment support
- Events, workshops, webinars
- Sector led briefings
- Mapping topics to place
- Forum for discussion / sharing







## PHOF Indicators intrinsically linked to “place”

- Utilisation of outdoor space for exercise/health reasons
- Rate of people Killed or SI on the roads, all ages, per 100,000 resident population
- The percentage of the population exposed to road, rail and air transport noise of 65 dB(A) or more,
- The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more,
- Fuel poverty
- Adults with a learning disability who live in stable and appropriate accommodation (person)
- Adults with a learning disability who live in stable and appropriate accommodation (male)
- Adults with a learning disability who live in stable and appropriate accommodation (female)
- % Adults in contact with secondary mental health services who live in stable and appropriate accommodation (person)
- % Adults in contact with secondary mental health services who live in stable and appropriate accommodation (male)
- % Adults in contact with secondary mental health services who live in stable and appropriate accommodation (female)
- The rate of complaints about noise
- % of adults aged 65+ who felt very safe or fairly safe walking alone in their local area during the day
- % of adults aged 65+ who felt very safe or fairly safe walking alone in their local area after dark
- % of adults aged 65+ who felt very safe or fairly safe alone in their own home at night
- % of children aged 4-5 classified as overweight or obese
- % of children aged 10-11 classified as overweight or obese
- Excess weight in adults
- Recorded diabetes
- Alcohol related admissions to hospital
- Percentage of adults achieving at least 150 minutes of physical activity per week
- Self-reported wellbeing
- Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution
- Excess Winter Deaths
- Excess Summer Deaths
- Injuries due to falls in people 65 and over (person, males, females, 65-79, 80+)



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# Thank you and Questions?

For queries regarding the Healthy Places programme:

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