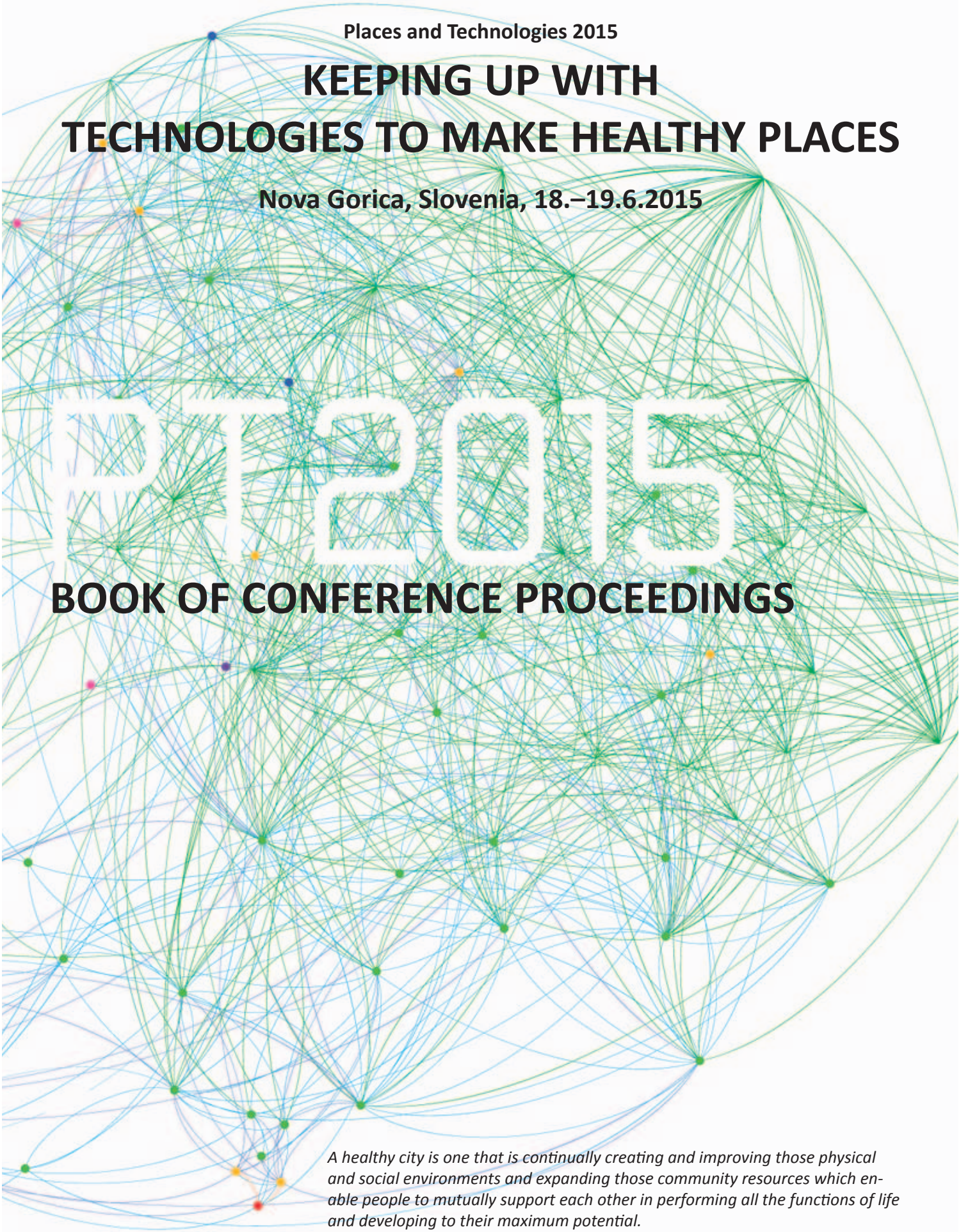
Places and Technologies 2015

# KEEPING UP WITH TECHNOLOGIES TO MAKE HEALTHY PLACES

**Nova Gorica, Slovenia, 18.–19.6.2015**




## BOOK OF CONFERENCE PROCEEDINGS

*A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential.*
*Health Promotion Glossary (1998)*

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Restrukturiranje studijskog programa Arhitekture u program sa integrisanim Masterom, usklađen sa standardima Evropske Unije

GO
European Grouping of Territorial Cooperation
Gruppo europeo di cooperazione territoriale
Evropsko združenje za teritorialno sodelovanje

CIP - Kataložni zapis o publikaciji
Narodna in univerzitetna knjižnica, Ljubljana

614:711.4(082)(0.034.2)

INTERNATIONAL Academic Conference Places and Technologies (2 ; 2015 ; Nova Gorica)

Keeping up with technologies to make healthy places [Elektronski vir] : book of conference proceedings / [2nd International Academic Conference] Places and Technologies 2015, Nova Gorica, 18.-19. 6. 2015 ; editors Alenka Fikfak ... [et al.]. - Ljubljana : Faculty of Architecture, 2015

ISBN 978-961-6823-68-5

1. Gl. stv. nasl. 2. Dodat. nasl. 3. Fikfak, Alenka
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**Places and Technologies 2015**

# KEEPING UP WITH TECHNOLOGIES TO MAKE HEALTHY PLACES

BOOK OF CONFERENCE PROCEEDINGS

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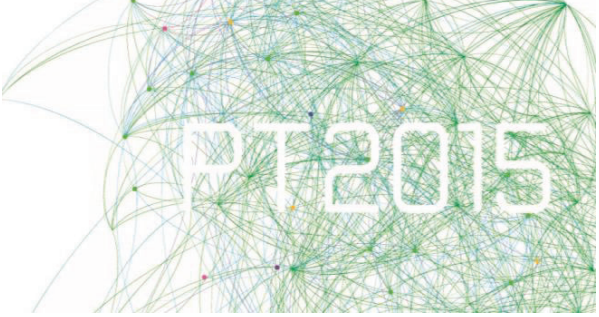
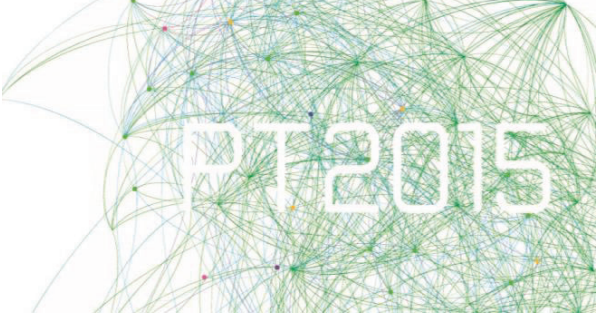
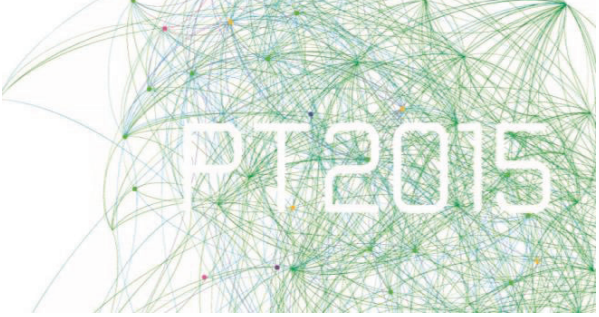
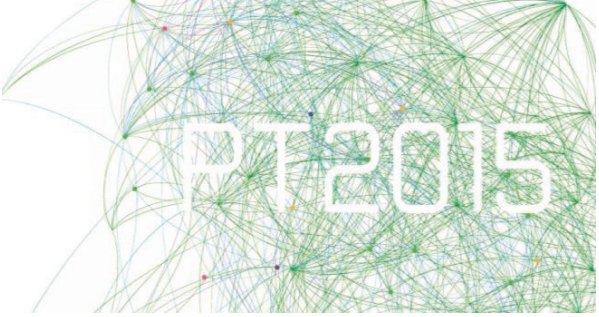
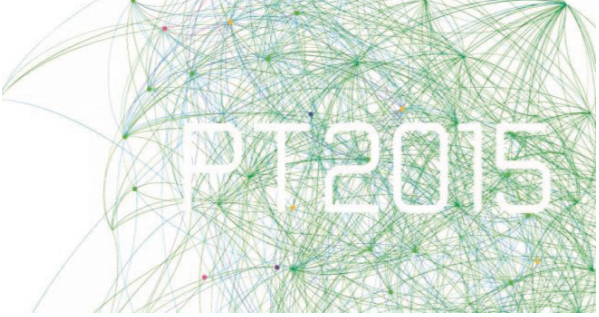


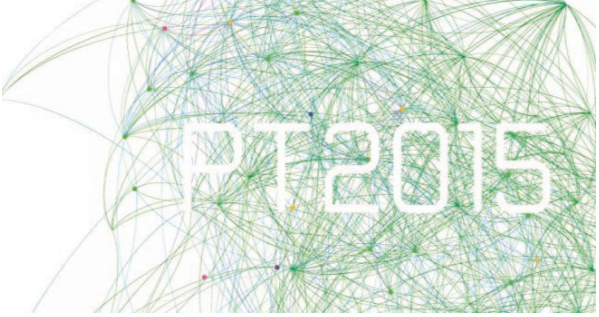

# Contents

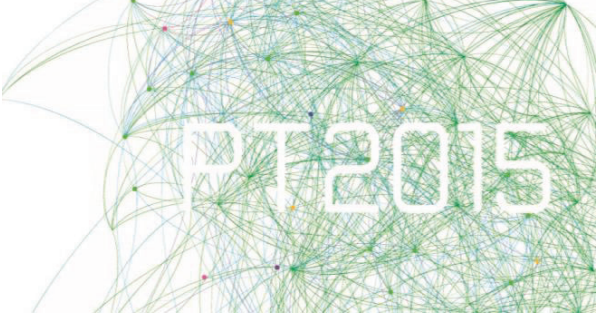


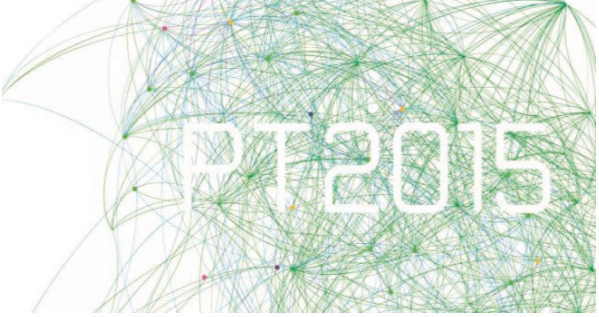












2ND INTERNATIONAL ACADEMIC CONFERENCE
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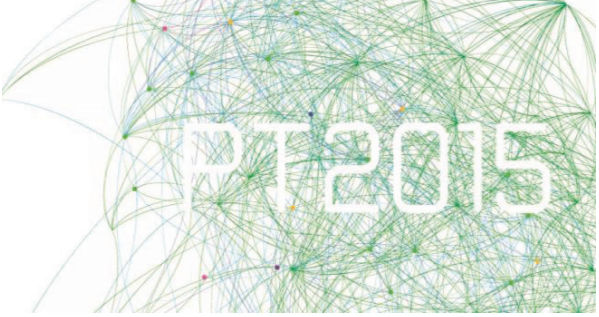


# URBAN REGENERATION AS A TOOL FOR POPULATION HEALTH IMPROVEMENT

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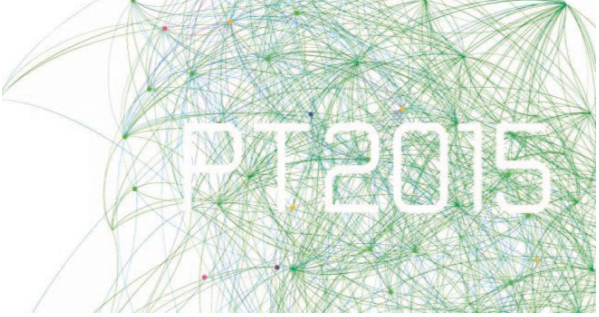
## ABSTRACT

*Poor health is associated with poorer living circumstances (Ellaway et al., 2012) and there is therefore, a logical expectation that housing improvements and area regeneration in disadvantaged urban areas will improve health and reduce social inequalities in health (Kearns et al., 2009; WHO Commission on Social Determinants of Health, 2008). Urban regeneration can thus be considered a public health intervention whereby improvements in health and wellbeing are stated as specific aims of regeneration strategies (Beck et al., 2010). Regeneration in most cases includes a range of activities that potentially may improve the interlinked realities of household, dwelling, community and neighbourhood environment in urban areas, thereby impacting on many of the social determinants of health (Dahlgren and Whitehead, 2007). However, to date the evidence that regeneration activities achieve these health benefits is limited or weak and any health effects are small (Jacobs et al., 2010). Evidence for long-term effects and the mechanisms by which different interventions or combinations of interventions might lead to positive health outcomes tend also to be rare (Jacobs et al., 2010). There are also concerns that regeneration activities may have unintended consequences of social disruption and displacement through gentrification (Lindberg et al., 2010). This paper therefore collects information and evidence of urban regeneration projects in a systematic way, both from historic urban regeneration projects and new modern models of regeneration, analysing and evaluating them from population health impact perspective. Paper concludes with recommendations of necessary future aims and methods to implement in urban regeneration projects as to achieve improvements in population health and health equality.*

***Keywords**: urban regeneration, population health, effect, improvement, gentrification.*

## WHERE WE LIVE MATTERS FOR OUR HEALTH

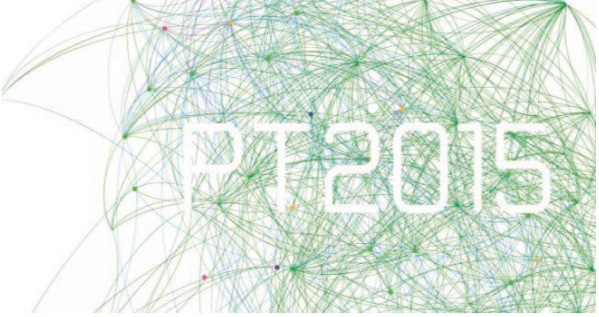
Poor health is associated with poorer living circumstances (Ellaway et al., 2012) and there is therefore, a logical expectation that housing improvements and area regeneration in disadvantaged urban areas will improve health and reduce social inequalities in health (Kearns et al., 2009; WHO Commission on Social




Determinants of Health, 2008). Where we live is essential for our daily lives. For most people, home is a place of safety, security and shelter, where families come together. Housing generally represents family's greatest single expense, and, for homeowners, their greatest source of wealth. Given its importance, it is not surprising that factors related to housing have the potential to help or harm our health in different ways. This paper briefly examine many ways in which housing and neighbourhoods can affect our health and recommend strategies to improve population health through healthier homes and healthier neighbours, achieved by urban regeneration projects. Urban regeneration can thus be considered a public health intervention whereby improvements in health and wellbeing are stated as specific aims of regeneration strategies

## CHANGING THE PHYSICAL, ECONOMIC AND SOCIAL ENVIRONMENT

Urban regeneration is primarily concerned with regenerating cities and early/inner ring suburbs facing periods of decline due to compounding and intersecting pressures (in its widest sense: social, economic, cultural, physical) through policies and programmes. An urban regeneration project is typically a partnership undertaken by local and / or central government, the local community and sometimes private developers (Johnson, Gregory, Pratt & Watts, 2000). Regeneration in most cases includes a range of activities that potentially may improve the interlinked realities of household, dwelling, community and neighbourhood environment in urban areas, thereby impacting on many of the social determinants of health. The historical and theoretical underpinnings of urban regeneration have their genesis in the spirit of modernity at the turn of the late nineteenth century. Urban regeneration has been known under many different names in different countries and different times such as: Slum Clearance, Reconstruction, Revitalisation, Urban Renewal and increasingly Urban Renaissance. With each of these names come different public policy objectives and aims. The re-development or rehabilitation of "depressed" urban areas has often been justified and executed as a means of improving housing and environmental conditions (Gibson & Langstaff, 1981). The term "slum clearance" and the symptoms of "urban decay", poor housing, social and environmental conditions, have been the main focus of many urban renewal initiatives, especially in post-war England (Gibson & Langstaff, 1981). Today, urban regeneration embodies physical development and also economic objectives, such as stimulating investment and employment, as well as social objectives, such as alleviating the problems caused by poverty and disadvantage (Fitzpatrick et al., 1995). Most conceptions of urban regeneration hold that physical, economic, social and health problems are entwined and that regeneration will not be sustainable unless all aspects are tackled.



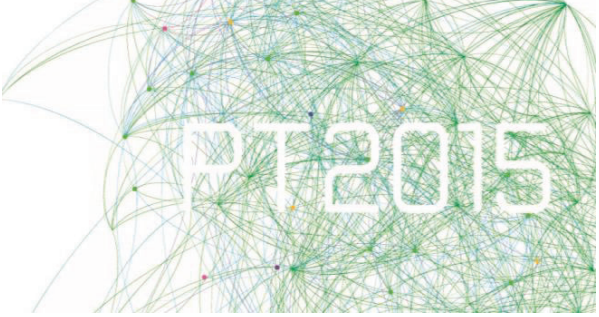

## PLACE AND HEALTH

Health is affected by how we feel about a place. Opportunities for social interaction in a local neighbourhood are key for developing good health. A simple facility like a small café or landscaped garden with seating can be an important meeting place and the focus of community life, such as the Plaza common in Latin and Hispanic cultures (Low, 2000). Within the urban environment, urban design and planning can influence health, for example, the creation of better health by walking, running or cycling to destinations, rather than travelling by car or induce poor health as a result of low-density development or urban sprawl which has been associated with a number of adverse health, social welfare and ecological conditions (Knox, 2003).

Observed differences in health impact between places have traditionally been attributed to one of the two possible explanations: compositional and contextual. The first explanation is that differences in health impact between places are a result of the differences in the characteristics of people who live in these places (a compositional explanation). Often tied to this explanation is the fact that lower individual socio-economic status is associated with poorer health outcomes. The other explanation is that differences in health between places are due to differences in the characteristics of these places (a contextual explanation). This explanation is given when differences cannot be explained by individual factors. Kawachi and Berkman (2003) argue that this distinction is somewhat artificial due to evidence of the interrelationship between people and places. People create places and places create people. It is generally recognised within the literature that concentrations of disadvantage in certain areas within cities is the result of a complex mix of social, spatial, economic and political forces, and that the local neighbourhood is important in shaping these processes (Skifter Andersen 2003). This spatial segregation is not a simple result of social inequality, but of the interaction between social and spatial processes that simultaneously create both social and spatial inequality (Skifter Andersen 2003). Place is, therefore, important. Hence the focus on places and place-based interventions in current urban renewal projects.

Although commonly known that certain places have better health impact than others, still many health promotion projects and public health polices only focus on individuals. Focus should be, instead of changing behaviours, to use urban regeneration to remake city areas by improving social and physical environment. Used in conjunction with behavioural approaches, urban regeneration would aim to improve the aspects of the urban environment more health promoting. For example, urban regeneration projects could aim to improve the availability, quality and prices of healthy food, improve the accessibility to sports grounds and green spaces, aim to lower crime and improve primary health services.

The physical and social characteristics of the urban environment are intertwined. MacIntyre and Ellaway (2000) suggest a link between social interaction, place and health and argue that socially constructed features of the built environment or in their terminology “local opportunity structures” contribute to an individual’s and community’s health and well-being. By this, MacIntyre and Ellaway (1999) argue



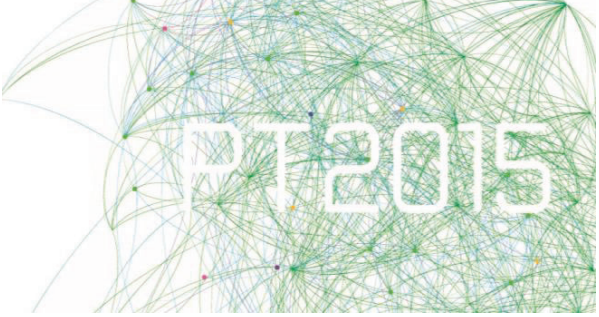

that citizen civic engagement with urban or environmental design and urban planning can influence social relations and facilitate social capital and encourage place making. Places where people can build and maintain social interaction and relationships are essential to encourage social inclusion and encourage health development, as is lacking of them essential for social exclusion.The creation of places where a community can meet and interact with each other has been termed "third places": places in communities that are not domestic or commercial environments (Oldenburg, 1997). Macintyre S and Ellaway A. (2000) found that third places were important for participants in their study. Third places were used as important meeting places to establish or maintain loose social ties and networks. Their research also suggested that people felt it was important for their health to have places in their local area, outside of their home, that enabled people to mix socially (Macintyre S & Ellaway A., 2000).

Collaboration between urban designers and planners, through urban regeneration projects, holds much promise as a method of health promotion and encouraging participation among people. Recent developments in social policy and urban planning have highlighted the role of spatial policy and the use of space as a significant dimension in social exclusion and associated negative health outcomes (Beck et al., 2010). The concentration of urban poor in the least advantaged neighbourhoods, not a new social phenomena, means that citie can become spatially segregated along social class lines. Residential segregation is a form of spatial exclusion that is heavily influenced by social factors. Social scientists have termed these areas as "ghettos" which have a politicised meaning (see Hannerz, 1969). Spatial exclusion is often experienced by those facing multiple disadvantage. For example, indigenous people in many countries face great health inequalities compared to other ethnics groups and are increasingly segregated within urban environments.

As the title states, this paper examines the positive and negative health implications for urban regeneration, examining health and social effects on housing improvements, mental health and economic impacts on participants' health outcomes within them.

**Housing improvements**

Housing improvement has been a central initiative to create better health in areas experiencing urban decline. Urban regeneration programs rarely operate at the micro process level, and significant changes in health are likely to occur only over a relatively long period. Despite this fact, there have been many studies that have shown that health and social well-being are influenced by housing improvement. In a systematic review of forty-five intervention studies of the health impact of housing improvement from 1887 to 2007 Thomson, Thomas, Sellstrom and Petticrew (2009), identified improvements in general respiratory and mental health following warmth improvement measures, but these health improvements were varied across studies. Thomson et al. (2009) also noted varied health impacts were reported following housing led urban regeneration especially in the developed



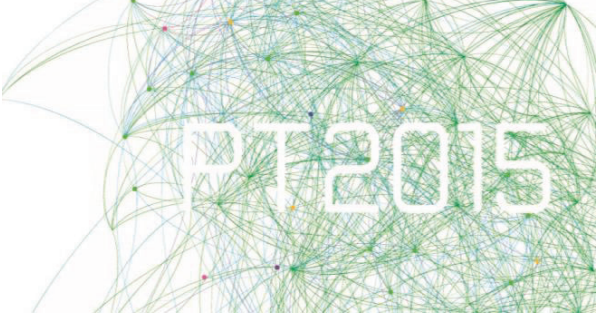

world, such as the United Kingdom, United States of America, Western Europe and Australia. This review suggests that housing improvements can generate health improvements and that there is little evidence of detrimental health impacts. Also, research into housing improvements outlines some negative outcomes associated with housing renewal projects. The Forest Gate and Plaistow Sustainable Communities Project carried out in London, England, showed that the negative effects of housing improvements and health were mainly the result of risks due to disruption, pollution and accident hazards from the building works (Curtis & Cave, 2002). The residents in this project also expressed dissatisfaction with the fact that the housing improvements were unable to help everyone currently living in the program area (Curtis & Cave, 2002). The Forest Gate and Plaistow Sustainable Communities Project highlights that health benefits from urban regeneration might be selective and uneven in the populations in which projects are implemented. Other studies have shown that housing improvement can have adverse effects on residents because of increased rents. For example in Stepney, England rents increased by 14.8 percent, which affected a household's ability to buy adequate food, and became a barrier to employment opportunities (Ambrose, 2000 cited in Thomson, Petticrew & Douglas 2003). Such negative aspects of housing improvements can also influence other health factors such as mental health.

**Mental health**

Mental health is greatly impacted by housing improvements and urban regeneration projects. Studies by Green and Gilbertson (1999) found positive improvement to self-reported mental health one month to five years after the housing were completed. These positive health improvements were related to improvements to physical aspects of housing, such as improvements to windows, bathrooms, fencing of semi-private space, the closing of alleyways, traffic calming and improved child playground facilities (Curtis, Cave & Coutts, 2002). Psychosocial changes associated with these improvements were found to: reduce anxiety and depression, improve self-esteem, reduce fear of crime and create a greater perceived "friendliness" of the area (Curtis et al., 2002). However, a longitudinal study of an urban regeneration project in South Manchester, England found no improvement over time in mental health for those in the area undergoing urban regeneration (Huxley et al., 2004). This study found that the urban regeneration initiatives may have had little impact on mental health because it failed to address the concerns of local residents, and failed to remove restricted opportunities, a variable closely related to mental health (Huxley et al., 2004).

**Economic factor**

Inherent with mental and physical health are economic issues which have various health implications for urban regeneration projects. Vast majority of urban regeneration and economic initiatives are often solely focused on unemployment and training patterns. There is a growing body of research showing that unemployment, insecure employment and work that offers low social support to

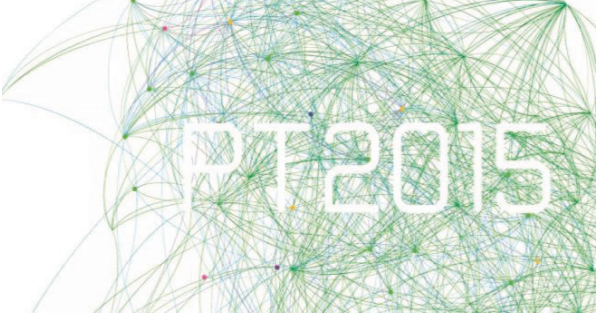



workers' and high ratios of effort to reward, are associated with poor health outcomes (Curtis et al., 2002). The negative material effects associated with unemployment and/ or insecure employment include low income, poverty, low standards of quality of life, poor housing and poor health determinants (Curtis et al., 2002). Negative mental health effects associated with urban regeneration projects, such as unemployment, are seen after the completion of the project. Unemployment can influence a person's health by contributing to greater uncertainty, lack of choices and control in life, disruption of life plans and negative social stigma (Curtis et al., 2002). Curtis et al. (2002) also mention that there is little evidence so far that urban regeneration creates changes to neighbourhood economic conditions. The authors also suggest that individual participation in schemes to improve employability is unlikely to have positive effects on the health of those who are disadvantaged in the labour market (Curtis et al., 2002).

Economic focus in urban regeneration projects do not always produce employment benefits to the people of targeted area. Often, new employees are „imported" from outside the targeted area, preventing local people from competing for new jobs in order to create an environment, where positive health outcomes are possible. Therefore, economic regeneration programmes, made through inter-sectoral solutions, need to include the creation of employment opportunities within disadvantaged neighbourhoods, and strategies that aim to build links between excluded areas and the wider labour market in order to create the opportunities for health development (Gordon, 2000).

## A TOOL FOR POPULATION HEALTH IMPROVEMENT

Changes to the built and social environment through urban regeneration can provide changes to the determinants of health. The relationship between place and health in reference to urban regeneration suggests that local physical amenities and resources were closely associated with social relationships and symbolic meaning (Forrest & Kearns, 1999). For example, communities that experience urban decline where small local shops were closed lost not only access to retail outlets, but also access to the shopkeepers who were often key community stakeholders and leaders (MacIntyre & Ellaway, 2003). Places within communities are important sites of social interaction. When public services, such as banks or post offices closed, residents suffered not only from poorer quality services but also felt that the removal of these services indicated a lack of interest in or support for the neighbourhood from service providers (MacIntyre & Ellaway, 2003). Social factors such as crime and violence could hasten or trigger the closure of shops, banks and post offices. The prevalence of delinquency and vandalism can be influenced by physical features, such as empty or abandoned properties, bad or inadequate street lighting (MacIntyre & Ellaway, 2003). Urban regeneration projects that focus interventions on physical development through improvements to environmental design and lay-out can influence patterns of social interaction. Thus, changing features of the built environment to include the provision of improved physical amenities such as street lighting, street cleaning, shops and



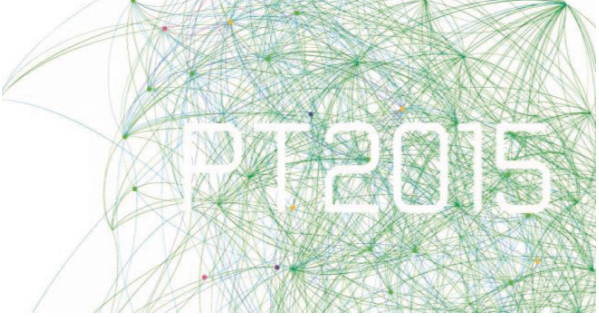

banks, may help to facilitate the regeneration of social interaction and a "feel good" sense about a place (MacIntyre & Ellaway, 2003).

## CONCLUSION

Urban regeneration projects need to focus on physical features of the environment shared by all residents in a locality, for example air, water quality, decent housing, secure employment, and safe play areas for children. Urban regeneration projects also need to focus on services in the community that provide support for people in their daily lives, such as education, transportation, street cleaning, street lighting and policing. The socio-cultural features of a locality, including the political, economic, ethnic and religious history and the degree of social integration also have to be addressed for the urban regeneration of an area to be successful as an intervention. If urban regeneration is to enhance and mitigate social inequalities in health, it needs to implement policies that concentrate on the following initiatives:

- **Main focus for urban regeneration should be public health issues of people and places.** Urban regeneration policies should be focused toward people and places, as the exclusive targeting of the most deprived areas will not help materially and socially disadvantaged people or households living in slightly better off areas. Exclusive targeting of individuals in either health education programmes or income redistribution often does not address geographical and social variations in employment, education, or land use.

- **A holistic view of urban regeneration is essential for giving equal attention to all aspects of the environment.** Urban regeneration policies should be directed towards the physical and social environments. Urban regeneration policies that solely focus on physical inputs or have not involved local people or considered patterns of social relations, and cultural values in to urban regeneration projects have often failed. Equally, community development policies that only focus on the social environment may ignore important aspects of the physical environment, such as street lighting, and third places. So it is therefore important for planning regulations to place importance on green spaces, safe play areas and community facilities that encourage interaction and sustainable uses.
- **Implementing use of health impact assessment as a factor in decision making.** Central and local government, private and local voluntary services should be encouraged to undertake health impact assessments especially in relation to the analysis of health inequalities (through an understanding of the broad views of the determinants of health) on all polices and plans that might have an impact on the health of the local areas. There is general agreement within the literature that poorer people have poorer health, in part because they live in places and spaces that can be damaging to their health (Macintyre S & Ellaway A., 2000) It is therefore critical that urban regeneration should be seen as a public health intervention, enhancing the social determinants of




health through the organized efforts of society and healthy public policy and practice.

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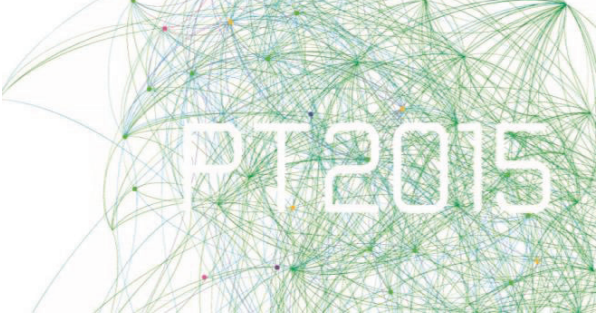


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