Changing corporate mindsets for healthier urban development decision-making

The issue

When speaking to decision-makers in urban development, they make two things clear: one, current thinking around urban development and how it is practiced is not well suited to respond to complex issues such as climate change and health crises; and two, very few people feel they have sufficient power to be able to bring health and health equity more centrally into their own professional practice. Thus, practitioners feel stuck between a system they know is not delivering all that it should and a feeling of powerlessness to improve that system.

Our response

In responding to the intersection of these issues, we use insights from two literatures; the psychology of decision making with a focus on normative messaging and group dynamics, and current theorisations of power dynamics to understand how different aspects of power (resources, knowledge, and structures) shape mindset change. By identifying the connections between these two powerful influences on how people think, we're developing an intervention to trigger effective mindset change for pro-health thinking and practice.

The first step in bringing the two influences of power and norms together was to create a systems map that shows the in-depth, and underexplored connections between norms and power in shaping intentions to act. In the second step we talked to experts in both power and norms to see if our map made sense and understand what needed to change.

This work highlights that:

- Norms are diverse and multiple – meaning that we are all exposed to many and different norms repeatedly throughout our different roles and we need to choose how to understand and sort through this complexity. Therefore, **norms and responses to them cannot be fully understood in the clinical, experimental way that they are often used in psychology**; especially when the normative information is coming from multiple sources, at multiple levels.

- While the literature on power and norms overlap, power literature rarely mentions norms explicitly, therefore deepening our **understanding of how the two concepts talk about similar constructs will provide us with more effective ways to intervene in this system**.

- We need the two literatures **to create a sustainable and effective mindset change** intervention that leads to health prioritisation within urban development.

University consortium
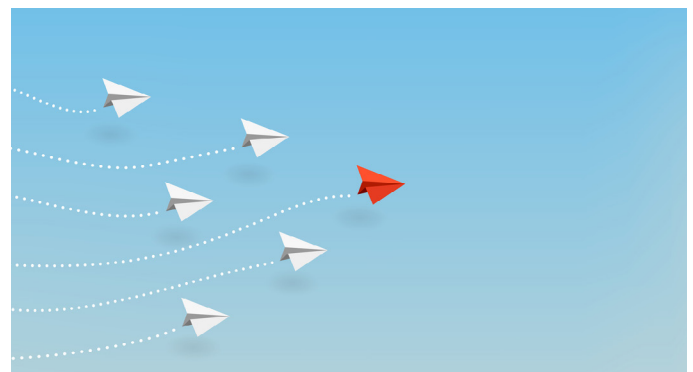
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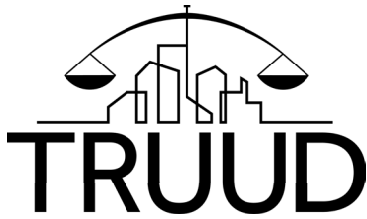
The evidence

Urban environments have long been linked to public health and infectious disease in particular, from pre-Christian sewers to industrialisation and cholera. Recent years have seen the rise of 'non-communicable' diseases, including those linked to urban environments: air pollution and respiratory illness, green space and mental health, physical inactivity, obesity, and diabetes. However, this considerable evidence has not yet led to essential changes within the urban development and planning sectors. There is still a high priority on short-term profit maximisation over health prioritisation despite claims that individuals within the industry want to prioritise the latter.

It was in connecting this understanding to our discussion with 132 senior decision makers from Whitehall to industry executives, third sector experts, local councils, and other stakeholders, that clarified the need to increase their intention to enact pro-health practices within their part of the system. We were somewhat surprised to see the depth of our interviewees dissatisfaction with current thinking and their feelings of powerlessness. While these senior decision-makers wanted to prioritise health, they felt that they could not. This effect was seen in individuals throughout the system, from those we would expect to have little power to change planning and policy, to those more senior decision-makers that we would expect to have much greater influence.. Therefore, simply focussing on changing the norms of the group would not be enough to create effective system change. Helping those making decisions to use their power in an effective way is essential.

In bringing knowledge of power together with that of psychology, we can better design an intervention that has lasting impact on the system. If done right, it can be a catalyst not just for a change in mindsets, but the foundation necessary for structural change. If individuals have the belief that health prioritisation in development is necessary, and feel they have the power to enforce their beliefs, they will make better use of the tools, policy, and legislations that they have at their disposal in a more health positive manner.

Next steps

In the next four steps we will:

- **develop** a message package that uses tools from both power and norms to more effectively trigger decision makers thinking around health, in particular as a priority in decision-making. We are working with senior industry actors to coproduce messages about health and health equity that make sense to, and are more likely to influence, industry members' thinking about health.

- **coproduce** the delivery of these messages at events that industry leaders will be attending throughout the year.

- **measure** how far the tools from power and norms help these messages about health to take deeper root in peoples' minds.

- **map** the ripple effects, if possible in TRUUD's timeframe, to see the longevity and spread of the mindset change intervention.

About Truud

'Tackling the Root causes Upstream of Unhealthy Urban Development' (TRUUD) is a 5-year, £6.7m research project that aims to design policy interventions to support the development of healthier urban environments. Our research seeks to promote a fundamental shift in thinking about how to prioritise healthy urban development. We are funded by the UK Prevention Research Partnership.

Contact the authors

Krista Bondy, Daniel Black, Martha Jordan and Holly Bain are the team responsible for the mindset change intervention. They bring skills from a wide range of fields together in the shaping and implementation of this intervention (e.g. management, environmental and health psychology, and expertise in urban environments and health impact assessments). For more information contact research-truud@bristol.ac.uk