



Health in government housing and transport policies

The issue

Action in a wide range of policy areas outside of the healthcare system has the potential to have significant benefits for the health of the population. One example is the development of urban spaces, where a wide range of factors such as housing density, air quality, and cycling and walking infrastructure can [protect, improve, or damage public health](#).

Currently however, policies shaping urban development in the United Kingdom (UK) are not delivering healthy places to work and live. In centralised systems like the UK, national government policy sets the context that urban development takes places in at the local level. Therefore, to help understand this issue and what needs to change, we examined the extent that health is included within narratives driving policy development in two key areas of urban policy – housing supply and transport systems.

Our response

We wanted to understand how the UK government considers health in urban policies. We examined the issue through reviewing 38 national UK housing supply and transport policy documents published since 2010. For each policy we sought to identify the narratives driving it: the problems being addressed, the reasons for the policy, and its intended outcomes. We coded these narratives to capture the explicit policy justifications in each document individually, including how health features and any other important factors used to explain or justify the policy, and proceeded to identify themes in these justifications across the set of documents.

The evidence

Our analysis revealed two overall findings:

1. There is a hierarchy of factors used to justify the direction of urban policies. Dominant factors justifying housing supply and transport policies related to the provision of new housing and improving urban mobility respectively. Secondary justifications that cut across policies related to growing the economy and productivity, improving the natural environment, and supporting social connectivity.
2. Health is not only absent as a dominant or secondary justification in these policy areas but is rarely featured at all. Outcomes and narratives relating to preventing disease, prolonging life, and promoting good physical and mental health are frequently entirely missing from these policies despite their important health implications. Where included, most commonly in a transport policy context, health was typically mentioned briefly and superficially, without targets or measurable outcomes attached.

The policy problem

Health does not appear to be a strong driving factor in national housing and transport policies. This fails therefore to provide the context through which healthy urban development can be delivered at the local level. Currently, health is framed as an outcome achieved by delivering against other policy agendas. However, to make healthier urban spaces the [World Health Organisation](#) confirms the importance of prioritising health in urban policies. Future national UK urban policies need to explicitly prioritise health outcomes alongside their other agendas.



Local authority partners



University consortium





However, there are factors in the policy environment that restrict the potential for health to be more central in national policymaking: central government does not prioritise long-term preventative health actions, and there is insufficient cross-departmental collaboration on health. Cooperation and co-ordinated actions across teams with expertise in health and urban policy agendas is required to integrate health into urban policymaking. However, there is a lack of [joined up working](#) across UK government departments as teams focus on delivering their own departmental agendas rather than considering system-wide and interactive effects.

Recommendations

Our analysis resulted in the development of four recommendations to encourage policy actions that will support healthier urban developments and to include health as a priority area in urban policymaking:

1. Explicit and measurable health outcomes should be included within urban policies.
2. Health sensitive policy requires increased cross-sector, collaborative action between different government ministries and relevant stakeholders focused on public health, planning and the environment.
3. Shared accountability in national policy is needed to integrate health stakeholders and considerations in policy areas that have health implications. This requires ownership from the top of government to implement a strategy for cross-government action on preventative health.
4. Emphasising the interactive effects between health and key urban policy agendas can incentivise stakeholders across government silos. For example, supporting a healthier workforce will improve productivity and reduce absence from work, which can help drive economic growth and innovation.

An economic valuation tool to support cross-sector action on health

Truud has developed an economic valuation tool – HAUS – that identifies the health impacts of urban development decision-making, as well as the associated economic costs of ill health and where these costs are incurred across the system. It provides a bank of clearly defined pathways covering a wide range of factors from air pollution to walkability and over 70 health outcomes. Watch our [short film](#) explaining how it works and could be used by developers, planners and other decision makers.

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 author

This briefing is based on the article '[Urban policies and the creation of healthy urban environments: A review of government housing and transport policy documents in the United Kingdom](#)' published in the Journal of Urban Affairs. It was authored by members of the Truud project Geoff Bates, Md Nazmul Hasan, Andrew Barnfield and Krista Bondy.

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