



Joint Policy Brief 2

November 2023



The projects that form the European Health Cluster have received funding from the European Union's Horizon 2020 research and innovation programme, under grant agreement, No. 945307 (eMOTIONAL cities), No. 945238 (ENLIGHTENme), No. 945105 (HEART), No. 945095 (RECETAS), No. 945391 (URBANOME), No. 945097 (WELLBASED).

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Based on the 6 projects' DoAs this common communication and dissemination strategy corresponds to the deliverables listed below.

eMOTIONAL Cities	D1.10
ENLIGHTENme	D7.5
HEART	D9.10
RECETAS	D1.8
URBANOME	D10.10
WELLBASED	D1.11



The European research cluster to understand the impacts of urban environment on health and wellbeing of people

November 2023

Joint Policy Brief

Second Issue



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URBAN HEALTH CLUSTER BACKGROUND & POLICY BRIEF CONTEXT

The Urban Health Cluster (UHC) is the first European cluster that aims to **“improve and safeguard health and well-being of citizens, leaving none behind”**. The UHC builds on robust evidence for policymaking that stems from research through experiments, urban and city labs as well as studies across Europe and overseas. The UHC specific objectives are to **improve population health, physical and/or mental**, in urban areas of the EU; and **reduce health inequalities** in urban areas. If you want to read more about the UHC working groups and actions, please visit the UHC [website](#).

This policy brief is **twofold**. First, it focuses on the **link** between **the policy questions pointed out by the UHC consortium** and **the UHC policy topics highlighted in the [first joint policy brief](#)**. Second, showcase the **health determinants that are most and least analysed by the UHC** and which are the **main Sustainable Development Goals (SDGs)** covered within UHC efforts.

KEY MESSAGES

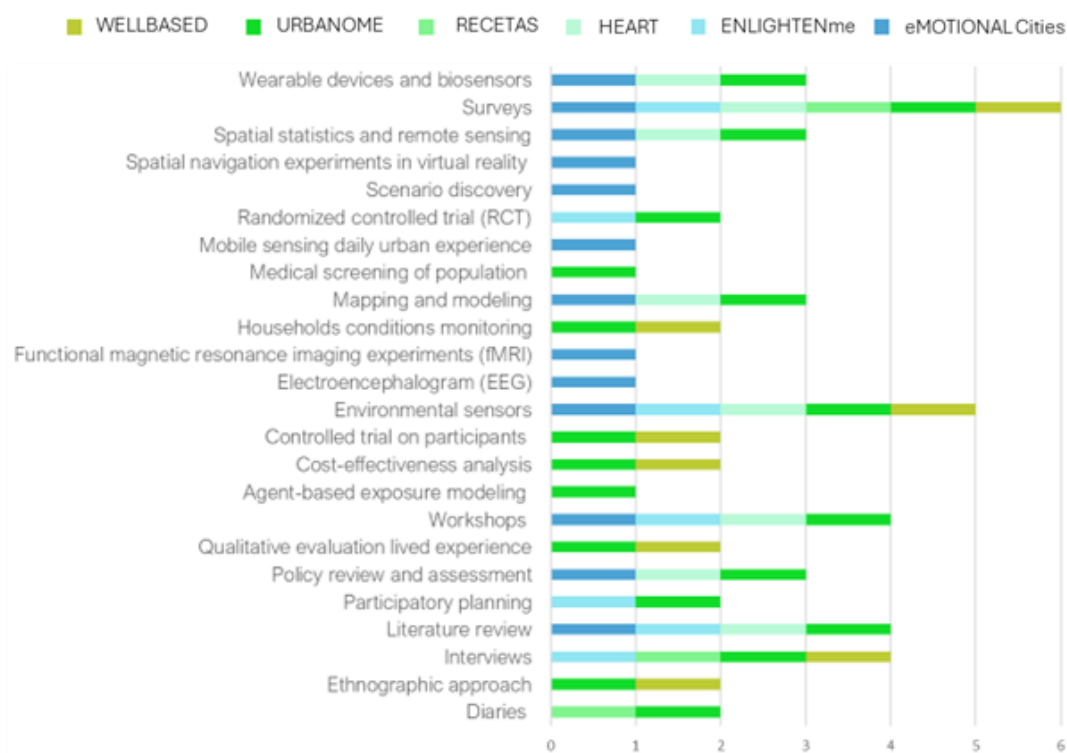
The urban health problems that cities are currently facing require the use of a set of advanced methods & tools, in order to build evidence-based knowledge that helps policy and decision-makers to implement efficient actions



This is fundamental for a more efficient translation of science into policy and health, and, in this sense, UHC projects adopt a mixed-methods approach in general.

However, quantitative methods are favoured over qualitative ones, with 65% and only 35% respectively. The environmental sensors (11%) and surveys (13%) are specifically the tools and methods more commonly chosen.

The table below shows the main research methods and tools adopted by each project within the UHC.



KEY MESSAGES

Policy instruments are roadmaps for stated key policy objectives, and to guide the **translation of policy into science**.

According to the six research projects of the UHC projects, the United Nations, mainly the WHO, and the European Union are the main source of key policy instruments. The policy instrument common to the largest number of projects is the European Union's Green Deal (11 %), while the EU Urban Agenda (EU, 2019), the EU Biodiversity Strategy for 2030 (EU, 2021) and the European Health Union: a new comprehensive approach to mental health (EU, 2023) also stands out.



The **systematic production of data in time and space and with the granularity** required at the scale of the city is critical for more accurate and realistic diagnoses, as well as for scenario-building.

There's evidence of the relationship between urban built environment and people's health (mental and physical) and well-being:



"The physical and social environments of urban life can contribute both positively and negatively to mental health and wellbeing. Cities are associated with higher rates of most mental health problems compared to rural areas: an almost 40% higher risk of depression, over 20% more anxiety, and double the risk of schizophrenia, in addition to more loneliness, isolation and stress." (Centre for Urban Design and Mental Health, 2023)

There's an **URGENT** need to invest in the systematic production of data at the city scale that contributes to the construction of urban health and well-being indicators for all the determinants and for monitoring.



UHC POLICY TOPICS

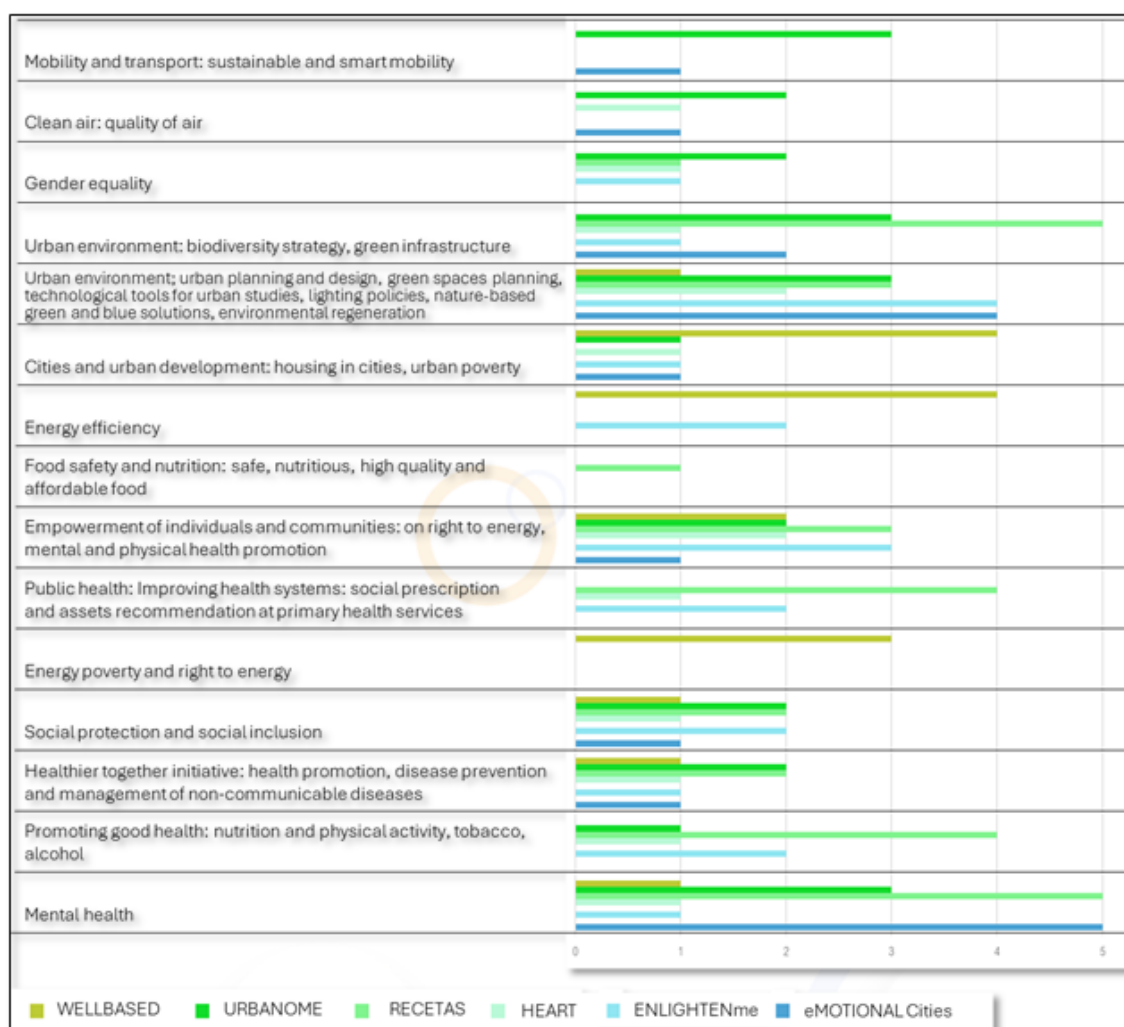
The UHC policy topics were identified in the first Joint Policy Brief. Here we highlight **how often the projects** contribute to these policy topics in terms of their objectives.

GENERAL URBAN ENVIRONMENT	<ul style="list-style-type: none"> ► Mobility and transport: sustainable and smart mobility ► Clean air: quality of air ► Gender equality ► Urban environment: biodiversity strategy, green infrastructure ► Noise levels
BUILT AND LIVING ENVIRONMENT	<ul style="list-style-type: none"> ► Urban environment: urban planning and design, green spaces planning, technological tools for urban studies, lighting policies, nature-based green and blue solutions, environmental regeneration ► Cities and urban development: housing in cities, urban poverty ► Energy efficiency ► Food safety and nutrition: safe, nutritious, high quality and affordable food
SOCIAL AND COMMUNITY NETWORKS	<ul style="list-style-type: none"> ► Empowerment of individuals and communities: on right to energy, mental and physical health promotion. ► Public health: Improving health systems: social prescription and assets recommendation at primary health services. ► Energy poverty and right to energy ► Social protection and social inclusion
LIFESTYLE FACTORS (PUBLIC HEALTH)	<ul style="list-style-type: none"> ► Healthier Together initiative: health and well-being promotion, disease prevention, and management of non-communicable diseases ► Promoting good health: nutrition and physical activity, tobacco, alcohol ► Mental health

Urban planning and design, green infrastructure and green spaces, and the empowerment of people, communities and local stakeholders seem to be a general standard concern across the six projects of the UHC towards a healthier, physical, and mental urban environment.

UHC POLICY TOPICS

Several policy topics are addressed by all the projects. However, topics such as ***'Urban environment; urban planning and design, green spaces planning, technological tools for urban studies, lighting policies, nature-based green and blue solutions, and environmental regeneration'*** are the ones that are transversal with the greatest intensity.



UHC RESEARCH OBJECTIVES IN KEYWORDS

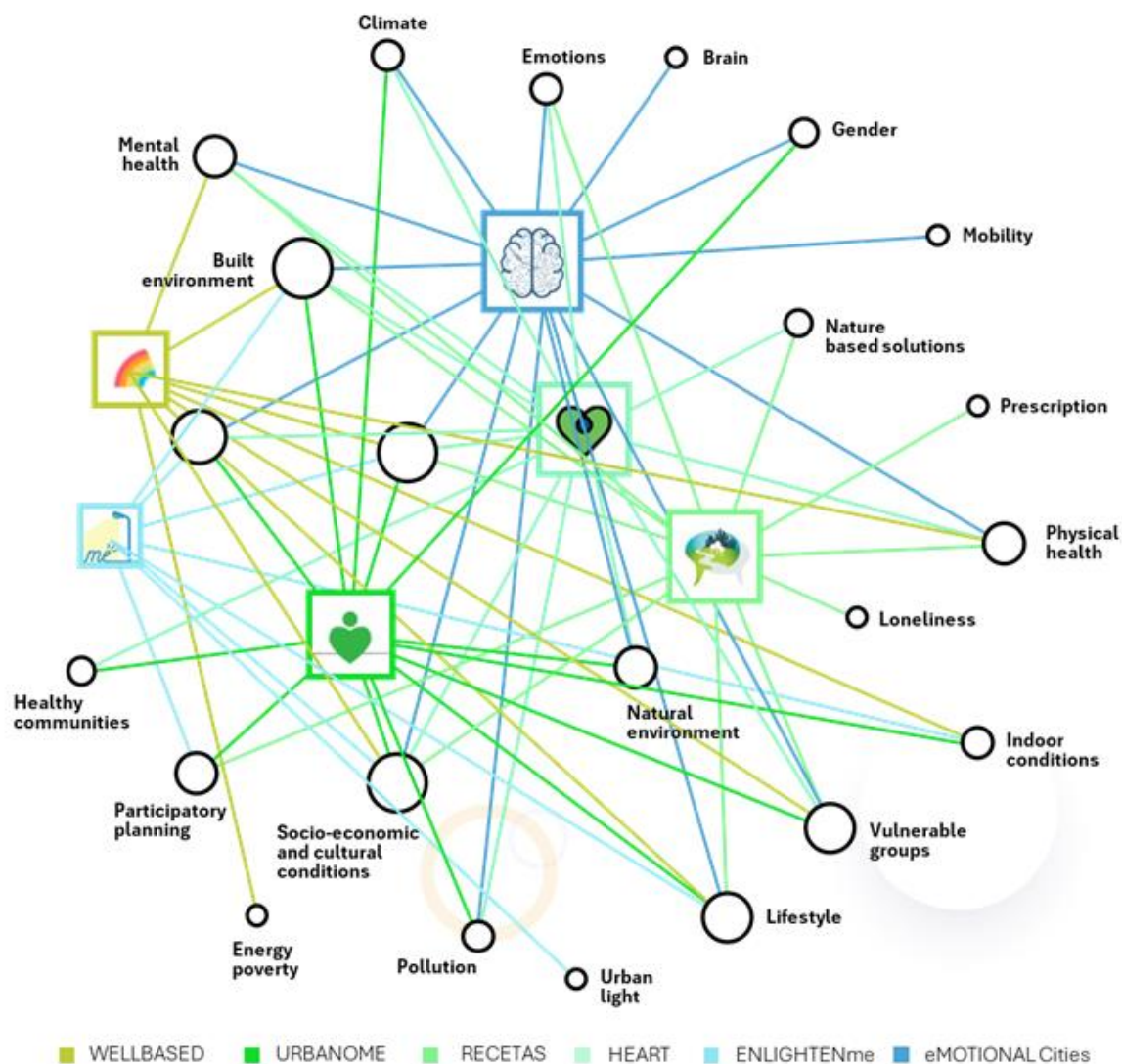
The set of keywords were acquired from the objectives provided by each of the projects. Other keywords, which have not been mentioned, even though they don't appear in the cloud, they can still be associated with the projects.



Well-being (17%), planning process (11%), natural environment (9%), and built environment (8%) clearly stand out as the often-mentioned keywords across the different projects' main objectives.

UHC RESEARCH OBJECTIVES IN KEYWORDS

What is the relationship between the **research keywords** and the **UHC projects**?



Graph based on network graph generated by UCINET 64

Node size tells us which projects address more keywords and are more focused on specific key terms and which keywords are addressed.

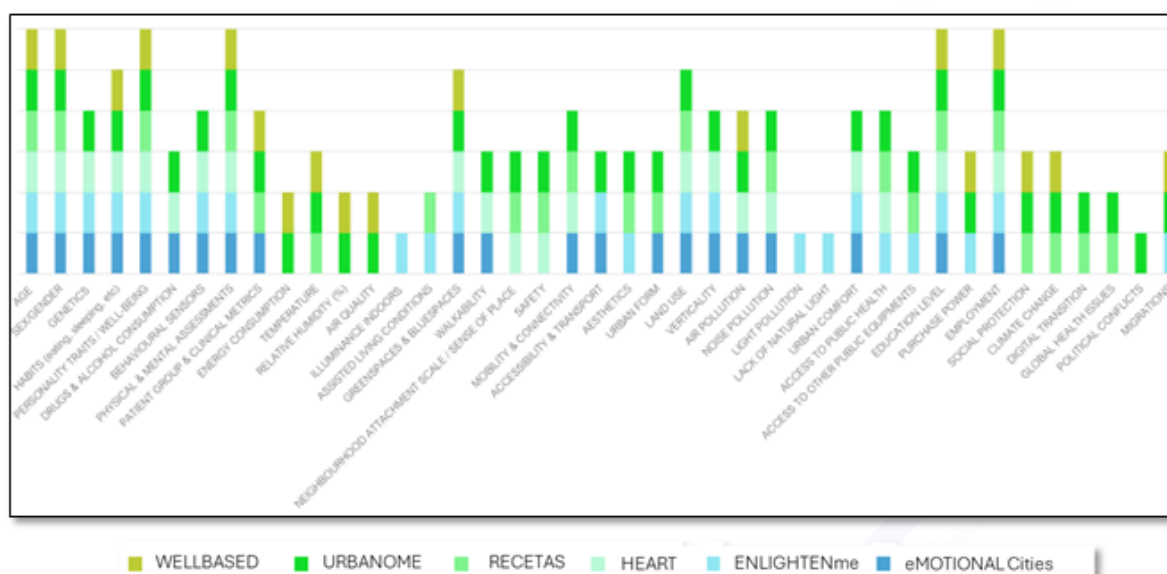
Graph image illustrates the projects that are more focused on specific issues, such as the ones with fewer links to the nodes (key terms) and others that are more broadband, which means they have more direct links to key terms.

URBAN CLUSTER HEALTH DETERMINANTS

The projects address **a vast set of urban determinants** related to the individual, social and community networks, living and working conditions and other general determinants of the socioeconomic, cultural and environmental context.

PEOPLE	INDIVIDUAL LIFESTYLE FACTORS		SOCIAL AND COMMUNITY NETWORKS + LIVING AND WORKING CONDITIONS														GENERAL SOCIO-ECONOMIC, CULTURAL AND ENVIRONMENTAL CONDITIONS			
	LIFESTYLE & BEHAVIOURS	PHYSIOLOGY & HEALTH	HOUSING & BASIC AMENITIES (INDOOR)				NEIGHBOURHOOD ENVIRONMENT										SOCIO-ECONOMIC CONDITIONS		EMERGENT CHALLENGES	
AGE																				
SEX/GENDER																				
GENETICS																				
HABITS (eating, sleeping, etc)																				
PERSONALITY TRAITS / WELL-BEING																				
DRUGS & ALCOHOL CONSUMPTION																				
BEHAVIOURAL SENSORS																				
PHYSICAL & MENTAL ASSESSMENTS																				
PATIENT GROUP & CLINICAL METRICS																				
ENERGY CONSUMPTION																				
TEMPERATURE																				
RELATIVE HUMIDITY (%)																				
AIR QUALITY																				
ILLUMINANCE INDOORS																				
ASSISTED LIVING CONDITIONS																				
GREENSPACES & BLUESPACES																				
WALKABILITY																				
NEIGHBOURHOOD ATTACHMENT SCALE / SENSE OF PLACE																				
SAFETY																				
MOBILITY & CONNECTIVITY																				
ACCESSIBILITY & TRANSPORT																				
AESTHETICS																				
URBAN FORM																				
LAND USE																				
VERTICALITY																				
AIR POLLUTION																				
NOISE POLLUTION																				
LIGHT POLLUTION																				
LACK OF NATURAL LIGHT																				
URBAN COMFORT																				
ACCESS TO PUBLIC HEALTH																				
ACCESS TO OTHER PUBLIC EQUIPMENTS																				
EDUCATION LEVEL																				
PURCHASE POWER																				
EMPLOYMENT																				
SOCIAL PROTECTION																				
CLIMATE CHANGE																				
DIGITAL TRANSITION																				
GLOBAL HEALTH ISSUES																				
POLITICAL CONFLICTS																				
MIGRATIONS																				

The chart below, indicates which determinants of urban health are most and least studied by UHC projects:



Age, sex or gender, personality traits or well-being, physical and mental assessments, education level, and employment, are a set of common determinants studied by all UHC projects.

UHC & THE SUSTAINABLE DEVELOPMENT GOALS



4 out of 17 SDGs are **cross-cutting to all UHC projects** with an emphasis on SDG 3, SDG 9, SDG 10, and SDG 11, which underline the **relationship between determinants and results to achieve a more positive scenario.**

ABOUT JPB2 METHODOLOGY

This joint policy brief is the result of the information gathered from each of the projects that are part of the UHC.

Firstly, each project was asked to indicate up to five policy questions and how they related to the policy questions concerning the policy brief defined in Joint Policy Brief 1. This matrix made it possible to identify the main policy topics familiar to the projects and the terms each project used in the policy questions, making it possible to build the keywords cloud.

Secondly, the main methods and tools used by the projects to address the political issue were identified.

Next, we established a set of results, instruments and/or indicators that were most often addressed.

Finally, to assess the expected contribution (general or broader) each project identified the SDGs most related to urban health (according to the policy questions defined) and established the level of priority for responding to the SDGs.

www.urban-health.eu



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