Their latest offering is a cohort study of elderly Tokyo citizens to establish whether having ready access to green space affects longevity. In summary it seems to, and the factors of walkable green streets and spaces near the residence and that of having a positive attitude to one’s own community both came out with positive predictive values for survival over the following five years.

The implications of this, and of this genre of work for the reinvigoration of town planning and its connections to public health are obvious (Liverpool, where I am writing this piece from, had not only the first full time city medical officer in William Henry Duncan but also the first university department of town planning, and this was no coincidence).

However, we must remind ourselves that to the biomedical strand of public health and the environmental strand of town planning we also need the behavioural and political strand when considering these kinds of questions. Throwing green space at people may well not work unless they have some sense of ownership power and control, hence the significance of the finding relating to citizen’s attitude to their community.

Professor Takano visited Liverpool in the late 1980s to study William Henry Duncan’s legacy when he was embarking on his Healthy Cities research programme. William Henry would have been more than proud at the results.

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Urban green spaces

Health and greening the city

L Duhl

Relation of urban planning and health

This is an unusual paper, as the subject, the relation of open green space and health has rarely been studied.1 It is extremely well done.

In the 1960s, at a meeting of the Outdoor Recreation Resources Commission, an interdisciplinary panel of experts, declared open space was tremendously important, but there were no data. Indeed, as Abel Wollman, a Professor at Johns Hopkins School of Public Health said in the 1960s, “This is an important area, even if there is no data. Therefore, we must yell loudly!”

There are many studies of the commons, or piazzas that show how open space encourage interaction, communication, recreation, play, and much more. There is little specifically on closeness of open space to living, and its impact. Studies of outdoor activities such as running and walking similarly, as do those of recreation and aging show positive health impacts.

There is a dirth of literature on the relation of physical space to health. My summary of the relation of urban planning reviews to health shows how many reasons: they demonstrate how epidemiological methods can be adapted to research the structural factors that affect people’s health; they suggest that exercise patterns reflect the environments in which people live and contribute to an evidence base for health promotion initiatives based on settings such as Healthy Cities projects. The first of these factors has been examined above; the other two are examined below.

Before the publication of the Ottawa Charter7 much health promotion put emphasis on changing behaviours of individuals. Many heart health campaigns were launched to try and persuade people to take up healthy behaviours. The results from these trials were largely disappointing and those who benefited tended to be better off and healthier people. For many people structural factors such access to healthy food, access to sporting facilities, or time limitation impeded lifestyle change. The paper by Takano et al8 provides important evidence that it is not individual motivation alone that determines willingness to take exercise but that the environments in which people live also have an effect.

The recognition of the limitation of behavioural health promotion has meant a greater focus on the settings in which people live, work, and play. Health promotion bodies, such as the National Heart Foundation in Australia, are moving away from a focus on the behaviour of individuals to look at the role of local environments in encouraging behaviours such as exercise.9 The WHO Healthy Cities movement10 has advocated the importance of working with

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local governments to take a whole of community approach to health promotion. These projects put considerable emphasis on gaining political support and mobilising community action to ensure that health becomes a key consideration in city and community decision making. The initiatives offer particular challenges to evaluators. They are long term and aim to influence health by changing the way decisions are made to make environments more supportive of health. Attributing causality in Healthy Cities projects is extremely difficult so while process evaluations of the projects have been conducted outcome evaluation has proved more difficult. Work such as that presented by Takano et al is very important in building an evidence base for Healthy Cities and other projects. A body of evidence that shows the ways in which availability of facilities affects the extent to which people exercise can form the basis of healthy urban planning decisions and will make the task of health promoters easier.

J Epidemiol Community Health 2002;56:897–898

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Health and greening the city; new visions for health promoters

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*J Epidemiol Community Health* 2002 56: 896
doi: 10.1136/jech.56.12.896-a

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