Built infrastructure for health equity: placemaking meets levelling up

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The issue

Large scale built infrastructure investments – e.g., roads, rail, airports, ports, health and education precincts – are catalysts for economic growth. Infrastructure, via 'agglomeration', creates spaces for economic development via jobs, goods and services, and innovation. However, health equity challenges the way infrastructure is planned and delivered. For example, the 'Western Sydney City Deal' leverages investment in the Western Sydney Airport, but recent research from CHETRE is showing how the known levers for influencing equity are missing.[1]

What we already knew

Different places and spaces create unfair, inequitable, differences in health status: literally where you live can kill you.[2] 'Levelling up health' maximises places for health equity, flattening the health gradient and improving health for all.[3] However, levelling up challenges traditional infrastructure planning. Attending to multiple issues that connect infrastructure with places is necessary – health, disadvantage, economic, socio-cultural, environmental – as well as equitable local empowerment and addressing political power.

New evidence suggests...

A new '***Levelling up Health: a practical, evidence-based framework***'[3], produced by a group of equity and place experts in the UK, provides evidence for maximising infrastructural investment for health equity with a place focus.

The five, interconnected, principles are:

- ***Healthy-by-default and easy to use***
  Influencing 'upstream' structural factors makes health the easy choice because individuals do not need to invest much of their own resources or effort to benefit.
- ***Long-term, multi-sector, multi-component action***
  Health inequalities are created by unequal distribution of the wider determinants of health over time. Multiple sectors and across-government balance the wider determinants of health.
- ***Locally designed focus***
  Design services and programmes around the specific needs of places and communities.
- ***Targeting disadvantaged communities***
  Disadvantaged areas and communities need bespoke interventions beyond the rest of the population.
- ***Matching of resources to need***
  More resources given to those with more need to enable the extra support required to enjoy good health.

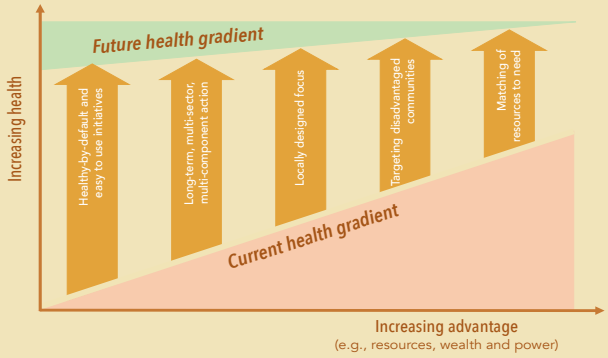

Figure 1: Levelling up practical framework [3]

The strength of the evidence in practice

The evidence supporting the levelling up framework was developed 'rapidly' but systematically across a large number of sources. The framework builds on known historical evidence about how 'place' influences health equity. Specifically, a mix of compositional (who lives here?) and contextual (what is this local place like?) factors.

Putting it into policy and action

Levelling up for health has never been more important. COVID-19 is providing stark, daily, reminders of health inequities faced because of where people live. Action, however, challenges institutionalised ways of planning and investing in infrastructure. The multiple dynamics for levelling up require governments reorient policy, planning and investment based on the five evidence-based principles presented here.

References
[1] Harris, P., et al., City deals and health equity in Sydney, Australia. Health & Place, 2022. 73.
[2] Bambra, C., Health divides: where you live can kill you. 2016: Policy Press.
[3] Ford, J., et al., Levelling Up Health: A practical, evidence-based framework, N.U. University of Cambridge, NIHR, Cambrige Public Health, Editor. 2021, University of Cambridge Primary Care Unit.

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