

Urban Age Conference Report
Hong Kong 16-17 November 2011

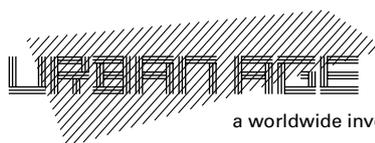
Cities, health and well-being

Report on a conference organised by LSE Cities at the London School of Economics and Political Science and the Alfred Herrhausen Society, in partnership with the University of Hong Kong.

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1. Introduction

Cities are critical sites for enquiry and action in relation to health and well-being. With up to 70 per cent of the world's population estimated to be living in urban areas by 2050¹, global health will be determined increasingly in cities. As Africa and Asia become the locus of urbanisation, researchers and policy-makers are increasingly contextualising, questioning or even moving beyond the urban health knowledge and approaches we have developed over the past century mainly in Western Europe and North America. The existence of significant urban health inequalities even within rich cities, often stubbornly resisting the efforts of public policy to reduce them, also continue to demand our attentions. In response to these challenges, the 2011 Urban Age Hong Kong conference, organized by the London School of Economics and Political Science and the Alfred Herrhausen Society in partnership with the University of Hong Kong, brought together over 170 planners, architects, sociologists, medical doctors, public health experts and economists from 36 cities and 22 countries to help identify the routes through which new meanings, methods and interventions for health and well-being might be developed for greater effect in today's cities.

This report provides one entry point into the conference discussions, in addition to the videos, presentations and publications already available online at www.lsecities.net/ua/conferences/2011-hongkong. Comments from conference participants, as well as any other interested parties, are welcomed. Please contact Myfanwy Taylor (m.m.taylor@lse.ac.uk) in the first instance, or comment via Twitter (@lsecities using the hashtag #urbanagehk).

2. Health and well-being in today's cities

In contrast to our knowledge of the health of urban relative to rural populations within nations, our understanding of the health of specific cities and of health inequalities within cities is much less developed, at least in relation to internationally extensive and comparable data². This reflects the tendency of international agencies to collect demographic and health data at a national level, through nationally representative samples that tend not to be large enough to allow for spatial disaggregation, thus masking the significant health differentials that exist between and within cities. The 2011 Urban Age conference showcased new and innovative research on both these fronts, sparking discussions around the meaning of health and well-being, data, methodologies and interventions, which are presented in detail later in this report.

2.1. International comparisons of health between and within cities

In an attempt to kick-start new efforts to collect and analyse internationally-comparable city-level data on health and well-being, Ricky Burdett (London School of Economics and Political Science) presented new exploratory work to create a composite health index for 129 extended metropolitan regions, using a range of available data, including infant mortality and life expectancy. This work makes visible the significant differences in health outcomes between cities in the same world region: approximately seven years separates life expectancy at birth in Paris (82.3 years) and Bucharest (74.1 years) in Europe; New York (80.9 years) and Buenos Aires (74.3 years) in the Americas; and Hong Kong (82.5 years) and Ho Chi Minh City (74 years) in Asia. High-income Asian cities top

the health index (Hong Kong, Osaka, Tokyo and Singapore), followed closely by the highest-scoring European cities (Stockholm, Rome, Madrid, Paris and Berlin) and Sydney, Australia.

As Burdett emphasized, however, such city-level analysis often masks significant health inequalities within cities. In London, for example, as Stephen O'Brien (Barts and London NHS Trust) noted, life expectancy at birth falls by seven years between the tube stops of Westminster and Canning Town, just a few miles apart, while East London has become the 'tuberculosis capital' of Europe. New LSE Cities research presented by Ricky Burdett also made visible significant spatial differences in premature mortality (deaths prior to 75 years) within Hong Kong, which reaches double the Hong Kong average of 210 deaths per 100,000 people in some deprived areas. Sharon Friel (Australian National University) also presented the staggering statistic that men born in Glasgow's working class neighbourhoods can expect to live to just 54 years: a life expectancy lower than the countries of India (61 years), Philippines (65 years) and Mexico (72 years), as well as the UK average (76 years). Turning to Kenya, Catherine Kyobutungi (African Population and Health Research Centre) presented detailed data and analysis of health outcomes, which allowed not only a comparison between rural and urban populations at a national level, but also differences between Nairobi's slums and Nairobi as a whole, and different income groups within urban populations. For example, while malnutrition levels are lower in Nairobi than in Kenya as a whole (23% compared to 30%), they are significantly higher in Nairobi's slum areas (50%). Comparing teenage pregnancy amongst different income groups within Kenya's urban population, it is clear that a substantial social gradient exists, with teenage pregnancy nearly three times higher amongst the urban poor than the urban rich. Siddharth Agarwal (Urban Health Resource Centre) exposed similar patterns in India, by comparing infant mortality rates, chronic undernourishment, and access to toilet facilities within and between eight cities: Delhi, Meerut, Kolkata, Indore, Mumbai, Nagpur, Hyderabad and Chennai. Agarwal identified the particular problems facing India of unlisted slums (where environmental conditions and health outcomes tend to be worse than in listed slums) and of towns and small cities (where access to water and sanitation tend to be worse than in larger cities).

Combining health outcomes and health systems assessment, Victor Rodwin (New York University) presented his analysis of five global cities: London, New York, Paris, Tokyo and Hong Kong. He emphasised the importance of establishing comparative spatial units, and the difficulties of doing so given cities' very different governance boundaries. Rodwin examined a range of indicators, each of which had been chosen to capture a particular aspect of urban health and the effectiveness of health services, including life expectancy at birth, avoidable mortality (premature death from diseases amenable to screening and medical intervention), avoidable hospitalisations (as a measure of access to primary care), and access to speciality care.

2.2. The challenges of comparison across diverse urban contexts

In light of changing patterns of urbanisation and the particular health burdens experienced by the urban poor in low- and middle-income countries, the Urban Age Hong Kong conference sought to bring a particular geographical focus on Asian and African cities. Joan Clos (UN Habitat) stressed the importance and difficulty of exploring relationships between health and urbanism in very different contexts, and in particular where average annual incomes are less than US\$1,000. Athar Hussain (London School of Economics and Political Science) described how the pace and scale of urbanisation in Asia was impacting on what he termed 'the atlas of poverty', through an urbanisation of poverty which 'accentuates and brings to light certain aspects of inequality or deprivation ... [such as] housing, infrastructure, [and] access to education'. Edgar Pieterse (African Centre for Cities, University of Cape Town) showed that slum living could be expected to remain the norm in East and West Africa in 2050, as poverty and inequality were forecast to remain significant even while the population of the regions doubled.

2.3. Re-thinking urban health for a wider range of cities

Conceptualising and analysing health across very different urban contexts presents considerable challenges to the science and practice of urban health. One way in which conference participants sought to re-shape urban health theory and practice to a

diversity of urban contexts was by challenging and re-articulating the health challenges of particular cities. Catherine Kyobutungi (African Population and Health Research Center), for example, destabilized the notion that communicable diseases were the main urban health challenge in Sub-Saharan Africa by detailing the increasing presence of non-communicable diseases. She presented compelling evidence of undetected, untreated and uncontrolled risk factors, pointing to a huge future burden of cardiovascular disease. Kyobutungi argued that the complexity of urban South Saharan Africa's triple burden of disease (communicable disease, injuries and non-communicable disease) and the 'slumization' of some of its urban centres required policy and programmes to harness the multiple resources of slum settlements. Turning to Chinese cities, Xuejin Zuo (Shanghai Academy of Social Sciences) argued that the major challenge was the inclusion of the 220 million urban migrants without household registration (*hukou*), for whom access to health services, education and social insurance was very much harder.

Other conference participants explained how the urban contexts they were working in had required them to re-think key urban health concepts, such as walkability. Warren Smit (African Centre for Cities) drew on his work in Cape Town to suggest that current measurement instruments for measuring 'walkability' relied on clearly defined streets, plots and land uses which weren't present in African informal settlements. For Jean Woo (Chinese University of Hong Kong), existing conceptualisations of walkability were equally irrelevant to hyper-dense Hong Kong; rather, in this context, the notion of walkability required greater emphasis to safety considerations and obstructions rather than proximity to services.

3. What do we mean by health and well-being?

Grappling with the challenges of diverse urban contexts prompted conference participants to engage with notions of health and well-being from different perspectives. Participants sought to pursue a broader notion of health than simply the absence of disease, and emphasised that health involved mental as well as physical aspects, and subjective as well as objective elements. These integrated conceptions of health

place greater emphasis on multiple and co-existing social and environmental determinants of health, rather than on individual diseases and specific risk factors. In this way, they may be helpful in negotiating urban health research, policy and practice across very different urban contexts and across the many disciplines implicated in the field: as Luiz Gonzalo Navarrete Muñoz (Mayor, Lo Prado, Santiago del Chile) said, 'health is too important to be left in the hands of doctors alone'.

3.1. Health as multi-dimensional, holistic, cumulative, spiritual

Participants explored conceptions of health which went beyond ill-health and the absence of disease. Secretary for Food and Health, Dr York Chow, explained that the health policies of the Hong Kong government did not simply seek to extend life expectancy but also sought to improve quality of life, recognising the connections between health, well-being and economic productivity. Edgar Pieterse (African Centre for Cities) suggested that multi-dimensional health perspectives – incorporating social and economic indicators as well as health indicators - would be helpful as tools to address poverty and inequality more effectively.

Jean Woo (Chinese University of Hong Kong) and Jason Corburn (UC Berkeley) also sought to utilise more integrated and holistic concepts of health. Woo introduced the notion of 'frailty' – an accumulation of stresses – as an alternative way to measure older people's health. Focussing on frailty placed greater emphasis on the critical role of social support and caring, and the neighbourhood as an environment for health. Corburn saw merit in the notion of 'weathering' – the cumulative effect of exposure to stress over time – as part of the development of a more relational perspective on health. He said, 'we can't continue to treat people and send them back to the living and working conditions that made them sick in the first place'.

Other conference participants sought to go further and accommodate more subjective or spiritual concepts within definitions of health. For Sharon Friel (Australian National University), writer Katherine Mansfield's notion of health as 'the power to live a full, adult, living, breathing life in close contact with

what I love' carried the most relevant meaning, as did Amartya Sen's work on development, which he conceives as the freedom to lead a life we have reason to value.

3.2. The relevance of well-being and happiness research to notions of health

The World Health Organization's 60 year-old definition of health as, 'a state of complete, physical, mental and social well-being'³ is very much consistent with the broad notions of health as well-being or freedom put forward by conference participants. Yet, despite this, the discussions which took place during the Urban Age Hong Kong conference demonstrated that well-being research remains controversial for many people.

Lok Sang Ho (Lingnan University) and Philip Morrison (Victoria University of Wellington) presented new work to measure well-being in Hong Kong and New Zealand respectively, based around questions regarding self-assessments of happiness and satisfaction. But for Joan Clos (UN Habitat), well-being research did not seem particularly helpful as, in his reading, it neglected power conflicts and political struggles, masked the role of intermediary factors, and risked generating perverse policy responses. In reply, Morrison suggested that the relationships between well-being and many aspects of urban life were not yet known, as they had not been the focus of research thus far. He suggested that the challenge was to develop instruments and methodologies to answer the questions we were interested in. Sociologist Richard Sennett (New York University and London School of Economics and Political Science) further questioned the relationship between quality of life and happiness, suggesting that while difference and difficulty might sometimes make us unhappy, developing the adult skills and capacities to make productive use of them was core to quality of life. Sennett proposed that such skills and capacities – what he termed, 'social competence' – might provide a better measure of quality of life than happiness. Both Ho and Morrison saw no inconsistency between Sennett's analysis and their own, suggesting that feeling interconnected had emerged as a key determinant of happiness in the surveys they had conducted. Other participants also made use of the concept of well-being in their work as a means to emphasise the social and environmental

determinants of health: for example, Jackie Kwok (Hong Kong Polytechnic University) used the incorporation of well-being within the WHO's definition of health to argue that greater emphasis on social and cultural aspects of health was needed in the context of development in Hong Kong.

Arguably, to some extent these debates can be seen to reflect the very different approaches and methodologies of public health, sociological and economic approaches to the meaning, measurement and analysis of well-being, happiness and quality of life, as well as the relatively young nature of this field of research. The debates suggest there may be merit in exploring these issues in more detail as part of future inter-disciplinary projects.

4. What makes a city healthy?

Conference participants discussed the specific meaning of health and well-being in cities, and the implications of this for policy and practice at different scales. Key talking points included the importance of intra-city inequalities within the notion of the healthy city, the potential for risk management and urban regulation pursued in the name of health and well-being to have negative consequences for the city, and the importance of the built environment to health in cities relative to other factors. The opportunities and challenges posed by Hong Kong's hyper-density were explored through many presentations, and conference participants reflected on the implications of this context for notions of healthy cities.

4.1. Healthy cities and the politics of scale

Many conference participants remarked on the importance and the politics of looking within cities in order to assess their health. Victor Rodwin (New York University) expressed the issue succinctly early on in the conference: 'No Mayor stands up and says, "I represent an unhealthy city". All cities looked at through a telescope are healthy cities'. Tony Travers (London School of Economics and Political Science) returned to this issue towards the end of the conference, expressing the dilemma faced by politicians as to whether their role is to present the city in its best light, or to be open about and to work to address its problems: whether to 'repress or redress

poverty'. Ricky Burdett (London School of Economics and Political Science) recounted his experiences in Cape Town when the Mayor refused to see the problems of poverty that were so clearly visible to the visitor. Edgar Pieterse (African Centre for Cities) explained how slums were difficult and fearful for African politicians, who understood them primarily as sites of political opposition. More hopefully, Gora Mboup (UN Habitat) told of his positive experience in engaging with the Indian Government to improve their definition and mapping of slums, even though, as Siddharth Argarwal (Urban Health Resource Centre) told, many slums remain unlisted and the Government's lower standards for sanitation and water infrastructure in slums as compared to formalised urban areas act to perpetrate inequalities. York Chow (Hong Kong Secretary for Food and Health), also expressed interest in LSE Cities' mapping of health outcomes at a fine-grained spatial scale⁴ which could contribute to better understanding of health risks in different areas.

4.2. The role of structural factors in driving health inequalities

Sharon Friel's (Australian National University) comprehensive presentation made clear that health inequities (including in cities) are products of many factors operating at different scales and across different fields: the distribution of power, money and resources; daily living conditions; and material, psychosocial and political empowerment. In this approach, thinking about the healthy city means incorporating and / or accounting for multiple and complex factors – Friel's analysis, for example, scaled from the international trade agreements and the food processing industry, to community-based planning.

Several other participants also acknowledged structural factors influencing urban aspects of health and well-being, without negating the capacity for intervention at a local level. Saskia Sassen (Columbia University) re-conceptualised individual stories of inequality and poverty as 'the systemic logics of expulsion' at the same time as arguing that the 'return to territory' currently occurring – the power to occupy and make claims on land – offered potential as a site and means of articulating and building other visions. Edgar Pieterse's (African Centre for Cities) contribution on Africa's 'splintered

urbanism' combined attention to structural obstacles, including a limited tax base, lack of leverage or unity in international trade agreements and a limited state appetite to address urbanisation, with a community-based approach to designing and implementing urban interventions (termed 'resonant design') in the Khayelitsha township of Cape Town. In relation to Hong Kong, Lai Shan Sze (Society for Community Organization) presented recommendations for improving poor housing conditions which extended from full democratic representation, to a range of improvements to existing housing policy which could be delivered within the present political settlement. Thus, the analyses presented during the Urban Age conference demonstrated that it is possible to account for structural and high-level drivers of urban health outcomes, without negating the capacity for action at other levels.

4.3. Neighbourhoods, urban planning, design and management: do they matter?

Several conference presentations marshalled new evidence that where we live has a significant impact on our health. Presenting evidence from Hong Kong, Jean Woo (Chinese University of Hong Kong) showed that neighbourhood factors were as significant as individual lifestyle factors in determining frailty amongst older people, while Mazda Adli (Charité - Universitätsmedizin Berlin) drew on evidence from Europe to explain that urban living seems to be related to the development of schizophrenia amongst high-risk individuals to a similar extent as smoking cannabis by, it is presently thought, impacting on the stress-associated processing of emotions. Analysis from Yuan Ren (Fudan University) highlighted the importance of spatial as well as social policies to improve health, by identifying the inequalities in access to healthcare between Shanghai's inner city and its outskirts. Warren Smit (African Centre for Cities) drew on the case of Cape Town to argue that neighbourhood matters to health in a highly nuanced way, which is none-the-less well-understood by residents: for example, the problem of insufficient and poorly maintained outdoor spaces can be compounded by the fear of crime, which further constrains and degrades their use.

Other presentations explored the specific role of urban planning, design and management - a particular

focus of the Urban Age project more generally – in achieving urban health and well-being. Comparing Mumbai, São Paulo and Istanbul, Philipp Rode (London School of Economics and Political Science) suggested that public transport infrastructure, enabled by and supporting a dense and mixed urban form, was associated with reduced spatial and social disparities in access to services and jobs. This analysis was consistent with Smit's presentation, which showed how Cape Town's sprawling urban form and lack of public transport particularly disadvantaged the city's poorer residents, excluding them from the labour market. Even in highly connected Hong Kong, social and physical isolation can be a problem: Paul Yip (University of Hong Kong) connected Hong Kong's high suicide rates with social isolation, which was particularly present in the city's physically disconnected new towns, which house higher proportions of low-income and unemployed groups. Turning to issues of urban decline, Chairman of China's largest developer, Shi Wang (China Vanke Co.) reviewed the company's attempt to restore aging buildings and facilities in one of Vanke's oldest estates - City Garden in Shanghai (built in 1991). He highlighted the pressing need to create a socially accountable structure (engaging property owners) and financially viable operations (the idea of social enterprises) to support complex and costly community renovation projects in China. And providing clear evidence of the significant potential impact of small-scale physical interventions on health, Geetam Tiwari (TRIPP) presented evidence from a detailed case study of Bus Rapid Transit Systems in Delhi, where the introduction of 'rumble' strips reduced bus lane fatalities to zero by effectively slowing down traffic.

The conference included a specific focus on density. Many presentations took inspiration from Hong Kong's high-density environment, but also explored density in very different contexts. Elizabeth Burton (University of Warwick), for example, reviewed a wide range of mainly UK-based quantitative studies to draw out connections between density and health across many spheres, including psychological health and high-rise living, mix of uses and physical activity; social interaction and a 'buffer zone' between public and private space; greenery and well-being, and so on. Gora Mboup (UN Habitat) showcased new analysis which demonstrated the different relationships

between density and crowding in Africa and Asia, and identified the challenge facing many rapidly urbanising cities as 'how to take advantage of high densities?' This involved adequate urban planning, which takes land, housing and accessibility to basic services into account, promoting high densities while avoiding overcrowding. In the Hong Kong context, Anthony Yeh (University of Hong Kong) reviewed the evidence linking crowding and health, and identified the ways in which negative impacts might be mitigated through urban planning and management. Winy Maas (MVRDV; University of Delft) explored new ways of designing density in order to incorporate more open space, environmental resources, diversity and porosity. Finally, David Lung (University of Hong Kong) reminded conference participants of the potential for infectious disease to spread quickly through poorly designed buildings in dense urban settings, as had been the case in the 2003 SARS outbreak linked to the Amoy Gardens estate.

In light of the powerful forces at work at higher spatial scales and in other sectors, however, several conference participants questioned the focus on the city or neighbourhood as a site of health, and on the role of planning and design in relation to health outcomes. Architect Reinier de Graaf (OMA; AMO), for example, chose to focus his presentation on the increasing mismatch between the geographies of cities and of political representation posed by new mega city-regions, and questioned the capacity of the state to act in this context. More specifically, despite the hopefulness of Andy Altman's (Olympic Park Legacy Company) presentation (given by Ricky Burdett, London School of Economics and Political Science, on his behalf) on the potential for the London 2012 Olympic Games and its legacy to reduce health inequalities in East London, other conference participants were more cynical about the potential of a mega-event to improve health. In relation to Hong Kong, Wing Shing Tang (Hong Kong Baptist University) argued that improving social conditions demanded a focus on social justice, rather than on improvements to the built environment to solve social problems. In a similar vein, Christine Loh (Civic Exchange) made the case for greater attention on social issues, questioning why so much more money was being spent on 'pouring concrete' than the environment, education and welfare in Hong Kong.

4.4. Planning healthy cities: making room for diversity and contingency

Other conference participants questioned the role of planning and other forms of urban regulation from another perspective, resisting the idea of a 'risk-free' and hyper-regulated city as a healthy city and instead emphasising concepts of difference, diversity, and freedom. Speaking specifically about Hong Kong, Jackie Kwok (Hong Kong Polytechnic University) challenged what she identified as a discourse of expert-led regulation and management of urban space and argued instead for a social and cultural appreciation of health. Richard Sennett (New York University and London School of Economics and Political Science) proposed that, 'a healthy city can embrace and make productive use of the differences of class and of ethnicity and lifestyle it contains, while the sick city cannot. The sick city isolates and segregates difference, instead of drawing a collective strength from its mixture of different people'. Joan Clos (UN Habitat) echoed these sentiments, suggesting that the best definition of a city was 'the place where you find what you are not looking for', and suggested that diversity and encounter were fundamental to notions of the good city. These statements could be seen as a response to some of ways in which health has motivated planning responses which have had profoundly negative consequences for cities in the past, notwithstanding its more progressive motivations. Edgar Pieterse (African Centre for Cities), for example, reminded the audience that Cape Town's extreme and problematic spatial segregation originated in part in the response to outbreaks of bubonic plague in the late 19th century, as well as the policies pursued under Apartheid.

Summing up some of the contradictions within the idea of a healthy city, Pieterse said, 'I know everything that I should do to live a healthy life, and I don't do any of it ... There seems to me to be a paradox, a profoundly human paradox ... We have to be very cautious, because interesting cities, good cities ... are places that are a little bit like me: they don't do what they are supposed to do. They don't respond to formal regulation in the way that one would expect them to. And that's kind of what makes them interesting'. Presentations from Jørgen Eskemose Andersen (Royal Danish Academy of Fine Arts) and Jackie Kwok (Hong Kong Polytechnic University)

provided analyses which related strongly to this idea of urban citizens 'not doing what they were supposed to do', in this case building informal dwellings and infrastructures not permitted by planning regulations. Both speakers argued that fundamental aspects of the healthy city could be found within such practices: in people's wish and capacity to create and nurture their homes and environments, and in their social and cultural practices. Pieterse opened up a line of enquiry around how design and planning might shape health outcomes at the same time as 'respect[ing] contingency'. Or, in other words, 'can a city be sustainable in the long run without providing opportunities for people to genuinely appropriate space? Can there be any sustainable development without allowing people to shape their own cities?'

4.5. Planning for health in hyper-dense Hong Kong

The tensions between urban regulation and freedom seemed to be a particularly extreme in hyper-dense Hong Kong, potentially reflecting the intense and multiple competing demands on space. These tensions were visible in the opening comments from conference partner, John Burns (University of Hong Kong), in which he stressed the choices Hong Kong faced in terms of balancing development and conservation - or even development and 'non-development' - and argued that the political economy of development was highly significant to these debates.

Perhaps inevitably, the conference focused its attention on Hong Kong's challenges, arguably neglecting to analyse its considerable achievements to the same extent. Some of these achievements include its effective public transport system and policies to discourage car use; protection of natural assets such as country parks and wetlands; economic strength; and significant improvements in health outcomes such that on measures such as life expectancy and child mortality, Hong Kong tops international comparisons.⁵ Carrie Lam (Secretary for Development, Government of the Hong Kong Special Administrative Region) was very open in acknowledging the problems Hong Kong was facing, including its isolated and deprived new towns, decaying buildings and poor living conditions, monopolistic and boring shopping centres, loss of street life, and environmental problems such as roadside air pollution, wall-like buildings and urban

heat island effects. As one of the most compact cities in the world, Hong Kong was facing critical issues such as meeting surging land demand for development, enhancing living quality, ensuring efficient mobility, and coping with increasingly vocal and diverse public views, suggested Jimmy Leung (Planning Department, Government of the Hong Kong Special Administrative Region). Mr Leung outlined Hong Kong's present approach of integrated land use and transport planning policies, which aimed to achieve quality of life attributes such as convenience, accessibility and mobility, and diversity and vibrancy.

However, where Mrs Lam, Mr Leung (Hong Kong Planning Department) and Anthony Yeh (University of Hong Kong) saw the potential to improve the built environment and promote quality living through more effective planning, urban design and management, Wing Shing Tang (Hong Kong Baptist University), Christine Loh (Civic Exchange) and Lai Shan Sze (Society for Community Organization) argued that Hong Kong's social inequalities were in part driven and exacerbated by the government's approach to high-density development. Reflecting on the approach to planning underway in the mainland Chinese city of Chongqing, Tianqi Huang (Chongqing University) highlighted the risk that in replicating Hong Kong's model of high-density development, the housing status of deprived groups in Chongqing might be worsened, at the same time as various improvements were realised.

By concentrating the conflicts and opportunities of living in a dense urban environment, the case of Hong Kong brought the contradictions hidden within the notion of the healthy city into sharp focus. In this way, as Carrie Lam (Secretary for Development, Government of the Hong Kong Special Administrative Region) suggested, Hong Kong provides an acute example of the city 'laboratories of trial and error, failure and success' envisaged by Jane Jacobs in *The Death and Life of Great American Cities*.

5. Researching urban health and well-being

Through debates on the meaning of health and well-being and what constitutes a healthy city, conference delegates developed a series of propositions for

directions of future research. They emphasised the need for both new approaches and methodologies, capable of straddling the disciplinary divides as well as sources of knowledge both within and outside academia. They also discussed the need for comparative work on cities, as well as the theoretical and practical difficulties that must be confronted in doing so. Multiple propositions emerged (detailed below) but further attention is needed to explore the potential relationships amongst them, and to identify and/or initiate work that exemplifies them. We hope that the connections made through the Urban Age Hong Kong conference will generate new collaboration amongst participants and others to progress these themes.

5.1. Inter- and post-disciplinary perspectives on urban health

As Jason Corburn (UC Berkeley) put it, 'we can't continue the same kind of epidemiology, the same kind of urban analyses that we are doing to get at the health equity problems we are hearing about'. Detlev Ganten (World Health Summit; Charité Foundation) and Mazda Adli (Charité - Universitätsmedizin Berlin) made specific proposals for combining urban planning with evolutionary science and neuroscience/psychiatry (through what might be termed, 'neurourbanism') respectively, while Kee Seng Chia (National University of Singapore) suggested that urban health could make much more use of the integrated modelling and simulation techniques employed by other disciplines to generate an evidence base for policy. More generally, Siddharth Agarwal (Urban Health Resource Centre) suggested that multi-disciplinary 'urban well-being' teams were needed, incorporating the range of disciplines involved in the Urban Age Hong Kong conference.

5.2. Multi-method comparative urban health studies

Victor Rodwin (New York University) reflected on the difficulties of comparing population health and health care systems in cities, in light of issues of geographic comparability and the range of different approaches taken by cities to measure health, for example. He urged that, 'cities of comparable size and function should collaborate to conduct comparable surveys ... [so that] we reduce the relentless rhetoric about

making cities healthier and start tracking - based on accepted indicators and available data - which cities are in fact healthier, and studying why'. Using GIS to spatially map health inequalities within cities was identified by many conference participants as being a potentially powerful methodology to 'make the invisible, visible', in the words of Siddharth Agarwal (Urban Health Resource Centre), later repeated by Wolfgang Nowak (Alfred Herrhausen Society). Paul Yip (University of Hong Kong) suggested that GIS offered great potential as a means of identifying where to target community mental health programmes. Jean Woo (Chinese University of Hong Kong) suggested that the combination of such quantitative methods with qualitative approaches would be important in exposing different aspects of health and cities, as indeed was the case with the multi-method analysis of Hong Kong presented by Ricky Burdett (London School of Economics and Political Science).

5.3. Researching 'insurgent practices'

Presentations which highlighted the dominance of informal settlements within African and Asian cities today sparked a range of discussions around what this meant for approaches, methodologies and policy on urban health. As Jørgen Eskemose Andersen (Royal Danish School of Art) argued in relation to Maputo, the informal city is the city. Edgar Pieterse (African Centre for Cities) stressed the necessity of fundamentally accepting a perspective of 'people as infrastructure' – working with slum dwellers to map and analyse informal settlements and to design and carry out any resulting interventions. The examples of research and intervention presented by Eskemose Andersen (on staying ahead of urbanisation through 'barefoot' planning in Maputo) and Warren Smit (African Centre for Cities) (on citizen-led re-design and retro-fitting in Cape Town) also epitomized this approach. Interestingly, despite the very different context, so too did Jackie Kwok's (Hong Kong Polytechnic University) argument that Hong Kong planners acknowledge and accommodate the work of people themselves in shaping their environments. Geetam Tiwari (TRIPP) spoke of the importance of reflecting on what such 'insurgent practices' are telling us about what matters to people, what they value, such as access to employment, opportunities and services, and suggested that experts were in danger of neglecting such perspectives with

potentially problematic consequences for urban health and well-being. In his response to a conference session on transport and well-being on Day 2, Eskemose Andersen provided a pithy illustration of this, questioning the lack of consideration given to the bicycle by presenters by saying, 'it seems to me that planners do not ride bicycles!'

5.4. Initiating public debate

Finally, the importance of public debate and effective mobilisation and communication of research was considered. In Hong Kong, Christine Loh (Civic Exchange) suggested that political and business elites were uncomfortable about opening up a dialogue around the sharing of wealth, worrying that it might be conflictual and violent. Loh was interested in exploring how productive conversations might be initiated and sustained between citizens and city leaders in order to begin shift the politics of such debates. She explained, 'How can we build the kind of interdisciplinary conversations, informed by the hard and the soft sciences, where we can produce the kind of visuals that will move certain kinds of decision makers, but [where] we can also take them on walkabouts so that they can see ... this blindness that elites have ... can only be cured if they can be brought to see'. Through this contribution, Loh opened up the discussion of new approaches and methodologies for urban health research to the tools and processes that might facilitate such dialogues in cities.

6. Concluding comments

By way of a conclusion, the following reflections are offered. Health, whether it concerns international, national or urban populations, has been a rallying call for progressive intervention across many spheres in the past century. In fact, its power to shape politics and policy extends much further, as Cicero's maxim, 'the health of the people is the highest law', indicates. In today's increasingly urban context, the Urban Age Hong Kong conference suggested that a focus on health might make the paucity of our current measures of success more palpable, and the daily lives and conditions of the poor and marginalised more visible. Wolfgang Nowak (Alfred Herrhausen Society) concluded in his closing remarks to the conference, 'we should all become advocates of the

invisible ... it is our fate to do everything that this world will become a better world, knowing that this will never be the case'. For all those concerned with more hopeful urban futures, the Urban Age Hong Kong conference confirmed the potential power of health and well-being as a point around which to re-think city development, develop new approaches and methods of research, and identify more sensitive and inclusive ways of intervening in cities.

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5. As measured by LSE Cities' international comparison of 129 metropolitan regions, available online at <http://lsecities.net/media/objects/articles/measuring-metropolitan-well-being>

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