

Biggest European health study identifies key priorities in 26 cities

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Researchers have announced the results of the largest ever health and lifestyle survey of cities and conurbations across Europe – including five British urban centres.

The research examined and compared the [health](#), [life expectancy](#) and lifestyles of the populations of 26 European cities (the Euro-26) and found major differences, not only between cities, but within individual urban areas too.

The pan-European study, led in the UK by the Universities of Manchester and Liverpool, identified key priority areas for each city studied that the researchers hope policymakers will address.

In England's Greater Manchester and Merseyside, for example, depression and anxiety were identified as problem areas, along with cancer and respiratory disease – both of which were higher in these conurbations than the Euro-26 average. Obesity among Manchester and Liverpool's populations was also higher than the average of those cities studied, as was heavy drinking among the population's youth and [binge drinking](#) among adults.

It wasn't all bad news for Manchester though: Mancunians ate considerably more fruit and vegetables than the average Euro-26 city; they had more green spaces to enjoy, and ate breakfast more frequently than their European counterparts. Liverpoolians smoked less than the European average but had a lower-than-average perception of their own

wellbeing.

Birmingham, Cardiff and Glasgow were the other British cities analysed. Death from respiratory disease in Birmingham was substantially higher than the Euro-26 average, although the incidence of male cancers was significantly lower. Heavy drinking and smoking among young Brummies was also well below the Euro-26 average.

In Cardiff, male cancers and deaths among women from circulatory diseases were much lower than in the other European cities studied, but depression and anxiety among adults in the Welsh capital, as well as binge drinking, were higher than the Euro-26 average. Mortality from cancers and [respiratory diseases](#) were seen as key concerns in Scotland's largest conurbation, but drinking and smoking among young Glaswegians was on par with the Euro-26 average.

The study, known as the European Urban Health Indicator System (EURO-URHIS 2) project and co-funded through the European Union's Seventh Framework Programme, provides an in-depth health and lifestyle analysis, as well as key policy recommendations, for each of the 26 European cities and beyond.

The 26 cities and conurbations are: Amsterdam, Birmingham, Bistrita, Bordeaux, Bratislava, Cardiff, Craiova, Glasgow, Greater Manchester, Iasi, Kaunas, Koln, Kosice, Liepaja, Ljubljana, Maribor, Merseyside, Montpellier, Oberhausen, Oslo, Riga, Siauliai, Skopje, Tetova, Tromso and Utrecht. (A link to the findings for all cities is provided in the notes below.)

Project coordinator Dr Arpana Verma, from The University of Manchester, said: "The gap between the rich and poor living in urban areas across the world is widening. The urban poor are now worse off than the rural poor. Health inequalities are a greater issue than ever

before and it's becoming increasingly important for policymakers to take the valuable information that we have to offer and translate into policies that can help improve our health.

"The European Urban Health Conference highlights these disparities and demonstrated effective tools that policymakers can use to improve health for all. Comparison within cities and between cities is becoming an area of interest to researchers, policymakers and the populations they serve. We will shortly launch our website with our preliminary results, including the differences we have seen. By highlighting these differences, we can learn from each other to make our cities healthier, and empower the citizens of Europe."

Dr Erik van Ameijden, from Utrecht Municipal Health Service, Netherlands, said: "The monitoring of health information is vital to bring about evidence-based health gain in urban populations. With the help of our partners, my team in Utrecht has been able to analyse and present data in easy-to-use profiles, as well as demonstrate the key differences seen between cities and countries.

"We are proud to launch our health profiles for 26 cities across Europe where we describe differences in the health status of our urban citizens. These differences may be explained by the variation in social, demographic and economic conditions both within and between cities. We are concerned that the European north/south divide in health outcomes previously reported at national and regional level is happening in our cities."

Dr Christopher Birt, from the University of Liverpool, said: "Networks and public health advocacy is vital if we are to make our urban areas work for our populations in the future. Policy makers and researchers need to work together, with the best evidence, to reduce inequalities and improve health."

Dr Daniel Pope, also from the University of Liverpool, said "The results of our research show that policy makers are keen to use and learn about the tools we have created such as the profiles, healthy life expectancy and future trends, tools to help prioritise policies, urban health impact assessment and screening tools."

Professor Arnoud Verhoeff, from the Amsterdam Municipal Health Service, Netherlands, and chair of the local organising committee, added: "We enjoyed welcoming our esteemed speakers, guests and delegates to what proved to be the most popular venue for urban health researchers, policy makers and lay people to mix and share ideas. The main outputs of the conference will be the launch of the results of EURO-URHIS 2 and a new website which will offer a resource for all people interested in [urban health](#)."

More information: The key findings for each individual city involved in the research can be accessed here: www.urhis.eu/index.php?option=com_content&id=125&Itemid=73

Provided by University of Manchester

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