

Bridging the Gap

Translating Public Health Evidence into Urban Policy

The research problem is not simply whether evidence exists —
but whether it can travel into the places where urban decisions are actually made.

Urban health is produced far beyond the health sector

The determinants of health sit inside systems with different responsibilities, priorities and measures.

PUBLIC HEALTH

Identifies inequalities
Measures population outcomes
emphasizes prevention,
equity and long-term impact

TRANSPORT

Plans networks and infrastructure
Works within budgets and
engineering constraints
priorities mobility, access and
performance

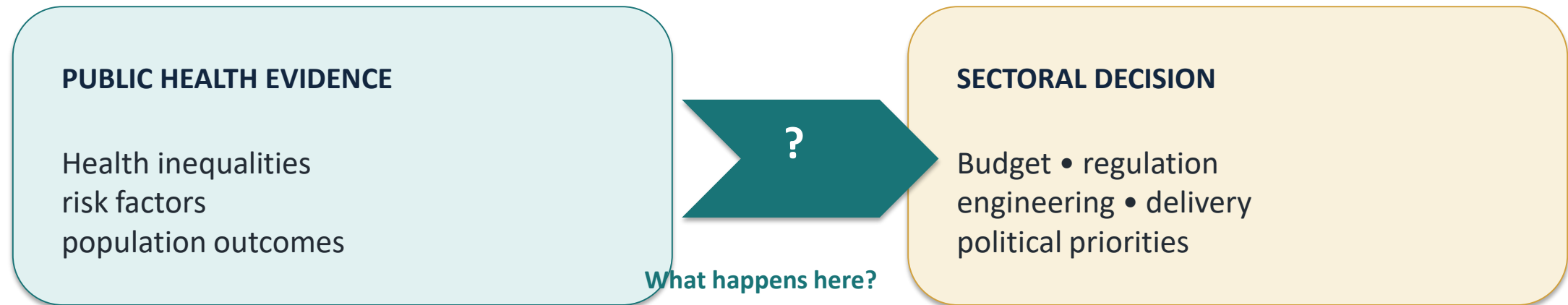
HOUSING

Plans affordable housing supply
Works within regulatory and
financial requirements
priorities delivery, standards
and viability

The same urban environment can therefore be a public-health problem, a transport problem, a housing problem — or all three at once.

The gap appears between evidence production and decision-making

A study can be rigorous, relevant and still fail to become influential.



My research focuses on this interface: the point at which health evidence has to cross into another sector's way of defining problems, judging options and making decisions.

The problem is deeper than a simple 'evidence-to-policy' pipeline

THE LINEAR ASSUMPTION



WHAT THE LITERATURE REVEALS

Evidence is interpreted, selected, prioritised, reframed and sometimes contested.

Professional cultures and institutional contexts shape what counts as actionable knowledge.

**The question becomes: not simply 'How do we get evidence into policy?'
but 'How does evidence become meaningful inside a different policy system?'**

What is missing from existing approaches?

Each literature explains an important part of the evidence–policy relationship. My thesis asks what happens at the sectoral interface.

Evidence-Based Policy	Why evidence should inform policy	Limited explanation of cross-sector translation
Knowledge Translation	How knowledge moves into use	Often developed around health/clinical settings
Implementation Science	How evidence-based interventions become action	Less focus on policy formulation across sectors
Health in All Policies	Why all sectors should consider health	Limited operational mechanism for sector-specific decisions
Interpretive Policy Analysis	How problems are framed	Does not itself provide a practical translation mechanism

THE GAP No single framework adequately explains how public health evidence becomes actionable within different urban sectoral knowledge systems while retaining its scientific and equity dimensions.

So what is my PhD actually asking?

How can health evidence be translated across different urban sectoral knowledge systems so that it becomes actionable within the institutional, operational and decision-making frameworks of those sectors while retaining its scientific and equity dimensions?

Three questions sit underneath it:

- Why do evidence-based health interventions stall when collaboration crosses sectoral boundaries?
- How do professional cultures and epistemological frameworks shape the use of shared evidence?
- Can a translational model adapt health metrics into the operational language of sectors such as transport and housing?

Translation is not 'making evidence simpler'

It is changing the form and framing of evidence so it can enter another decision system — without changing the underlying scientific claim.

HEALTH QUESTION

How does poor housing contribute to unequal health outcomes?

SECTORAL QUESTION

Which housing intervention is viable within regulatory, financial and delivery constraints?

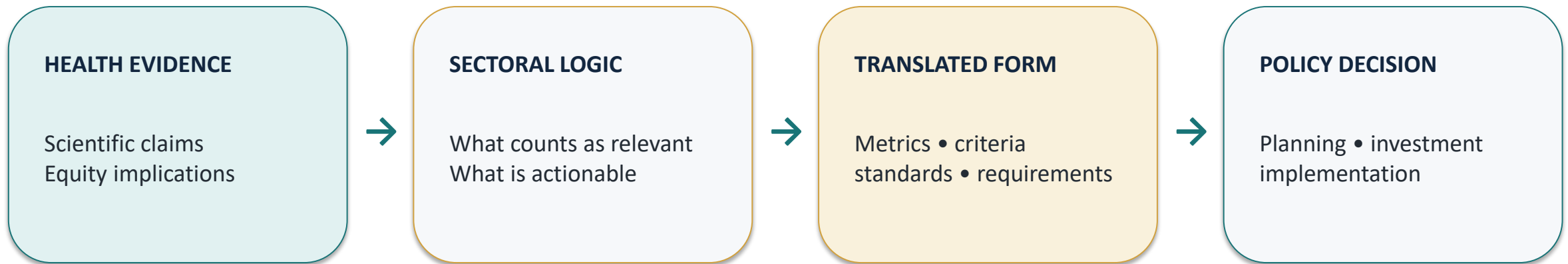
THE TRANSLATIONAL CHALLENGE

How can the health implications become relevant to the criteria by which housing decisions are actually judged?

This is where the thesis moves beyond communication and into institutional translation.

The contribution: a sector-specific evidence translation model

The model is designed around a simple proposition: translation must respond to the decision system receiving the evidence.



Originality: not another generic knowledge-translation framework, but an explanation of the interface between health evidence and the operational logics of non-health urban sectors.

From conceptual gap to empirical investigation

WHAT I AM EXAMINING

- Public health evidence
- Transportation infrastructure
- Social housing
- Selected European urban contexts
- A 15-year period

HOW I AM APPROACHING IT

Policy discourse analysis + comparative case studies

Focus: how evidence is constructed, framed, interpreted and applied across institutional settings.

WHAT I AM LOOKING FOR

The 'friction points' where health evidence is:
marginalised • reinterpreted • prioritised
translated • excluded

The study is not about ranking cities. It is about identifying common patterns and divergences that can inform a transferable model.

The gap I am trying to bridge

**is the space between knowing what affects health
and being able to make that knowledge matter
inside the systems that shape urban life.**

Public health can produce compelling evidence. Urban sectors can make powerful decisions. My research asks what is needed for the evidence to travel between them — without losing what makes it evidence.