

HEALTHY URBAN PLANNING – what is the role of local authorities?

There is a strong interaction between land-use planning and the health of communities. The health status of a community does not only depend on the quality of the healthcare system available to it, but first and foremost on its living conditions. Article 1 of the law 2016-41 on the modernisation of the French healthcare system defines health promotion as "**the coordination of all public policies to foster... the creation of healthy physical, social and economic environments.**"



Health is therefore not only the concern of specialists in the field of healthcare. Stakeholders in the urban planning sector are also very much involved, as changes made to land-use planning, the provision of efficient transport systems and of varied housing facilities, etc. are likely to have a direct or indirect effect on the health of communities.

As such, all **political decisions taken in the field of urban planning affect the health of communities.** Public health issues should be considered as a separate criterion in development and urban planning projects, just like sustainable development.

Historic development of the link between urban planning and health

Close and complex ties have historically existed between urban planning and health. An effective remedy against epidemics of cholera and other diseases linked to poor sanitation in the 19th century, then against tuberculosis, the urban planning of years gone by has paradoxically

contributed to the emergence of many contemporary diseases¹.

As such, moving away from the functions so dear to the Athens Charter (1933) having led to **zoning**, the car-centred development era brought with it new health and environmental problems: **an increase in air and noise pollution**, a decrease in physical activity, the loss of social ties, urban spread and a reduction in agro-natural spaces, etc. Starting in the 1950s, the institutions of health, urban planning and the environment were gradually compartmentalised.

And in the Healthy Cities Network

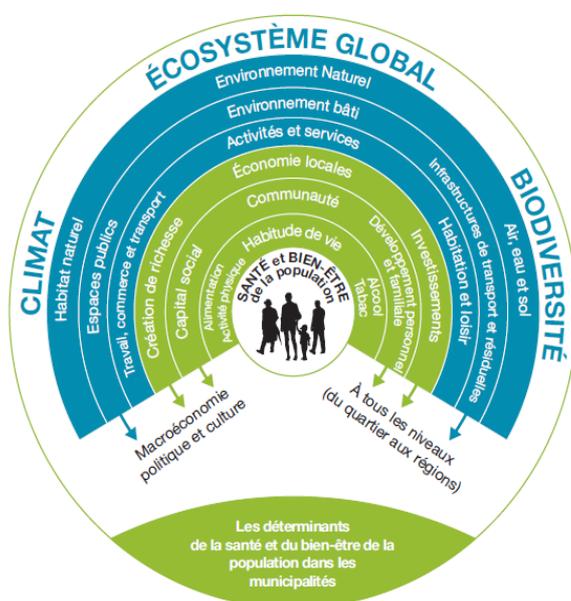
The concept of healthy urban planning was initiated by the European Healthy Cities Programme, from the work that Barton² carried out for this Network in 2000. The term has become central to the Healthy Cities approach. According to Barton, "*healthy urban planning involves planning practices that promote the health and well-being of communities while respecting... sustainable development. It also entails the values of equality, intersectoral cooperation and participation – key values of the WHO "health for all" policy.*"

¹ Some of the text in this leaflet has been reproduced with the permission of Roué-Le Gall A et al, *Agir pour un urbanisme favorable à la santé*, 2014 EHESP, Rennes

² Barton H et al. Urbanisme et santé – un guide de l'OMS pour un urbanisme centré sur les habitants. 2000 WHO-Copenhagen, translated in 2004 by S2D

A framework to address healthy urban planning

The analytical framework proposed by Barton and Grant consists of a graphical representation of health determinants through the lens of land-use planning. Inspired by the theory of urban ecosystems, it enables us to see all relevant health determinants in regard to land-use planning and constitutes a common framework for identifying the levers on which each stakeholder is likely to be able to take action. By referring to this common framework, all land-use planning stakeholders can position themselves and participate together to promoting healthy urban planning.



The health determinants affected by land-use planning (adapted from Barton & Grant by Trémblay)

And in France

Awareness of the influence of urban and planning policies on health and quality of life has grown significantly in recent years. The field of public health in France has recently reinvested in the concept of healthy urban planning in order to identify levers thereof at local level. The development of regulatory procedures for environmental assessment, an approach using health determinants and a growing interest for **health impact assessment (HAI)** have all contributed to this renewed focus.

Since 2010, the Healthy Cities Network has been organising a symposium and a publication on the health impact of travel and active mobility. Forms of habitat and

health have also been the subject of a publication. And, subsequently, work on the economic and epidemiological evaluation of walking and cycling practices (**HEAT tool**) was carried out.

Since 2011, led by the DGS and the EHESP, a national intersectoral working group has extensively discussed health issues in the field of urban planning. This discussion led to the publication of the guide "*Agir pour un urbanisme favorable à la santé : concepts et outils*" which provides an analysis framework for urban and land-use planning projects, based on a health prism (see box hereinbelow). This publication constitutes a reference document for setting in motion a process of moving practices towards a more interdisciplinary approach.

Reference framework of healthy urban planning (by Roué-Le Gall 2014)

Taking action towards healthy urban planning means promoting land-use and urban planning choices that:

1. Reduce **pollutants, harmful substances** and other **detrimental products** (*emissions & exposures*)
2. **Promote healthy behaviours** among individuals (*physical activity & diet*)
3. Contribute to changing the social environment to **encourage the social cohesion and well-being** of inhabitants (*public spaces*)
4. **Redress health inequalities** between different socio-economic groups and vulnerable people at regional level (*prevent cumulative exposure to risk factors, and encourage exposure to protective factors*)
5. **Remove and manage**, as far as possible, **contradictions and synergies between different public policies** (*environmental, green spaces, mobility, habitat, etc.*)
6. Implement **strategies fostering intersectorality** and **the involvement of all stakeholders**, including citizens.
7. Design an **adaptable project** that takes into account changing lifestyles and behaviours.

HEALTHY CITIES ACTIONS

Health in an eco-neighbourhood project

The Saint-Sauveur eco-neighbourhood project in **Lille** aims to take action at local level on the physical environment, and also on health issues (both physical and psychological), related to the urban environment. It is possible to promote a healthy living environment through this type of planning project, by monitoring health risks (pollution, noise, allergens, healthy building materials, walking areas and public spaces, ageing-related requirements of a community, etc.). This is why the City of Lille's project takes health issues into account in these new development activities, thereby supplementing the environmental approach to the advantage of the city's residents and future generations.



Participatory work on Saint-Sauveur

Constructing more meeting points

The Cities of **Cannes** and **Châteauroux** are currently constructing new green spaces, open to the public, close to their city centres. Place d'Austerlitz in Strasbourg is a former tourist bus station. In 2012, it was made into a real square – a pleasant place for both tourists and locals to socialise. Traffic has since decreased and biodiversity increased. The adjacent neighbourhood is now a network of streets and squares that lends itself to alternative modes of transport, encouraging people to meet up, interact and share public spaces in a safe environment.

To our knowledge, Strasbourg is the only city that has managed to validate the "municipality sheets" in its Local Health Contract AND its Urban Mobility Plan.

Health in urban planning documents

In **Salon de Provence**, vector control (mosquitoes and other pests) is currently being incorporated into the Town Plan (Local Urbanisation Plan ,PLU) as part of its

revision. The Public Health Department in **Rennes** has developed a "Health" sheet to be part of the new Rennes PLU. This sheet highlights the need to incorporate quiet areas, revitalisation spaces and also access to urban healthcare and health centres. In **Saint-Quentin-en-Yvelines**, health will be part of the new "i" PLU

Encouraging active mobility

A large number of Healthy Cities are improving the quality and number of cycle paths. For example, **Nantes** has created 460 km of cycle paths in the last 5 years. **La Brie Francilienne** has created a "voie verte" (greenway), exclusively for non-motorised traffic, between 2 municipalities. This new path along the B-21 road is secured both by the physical barrier that runs along the route and the fact that it is well laid out at junctions.

Shared gardens

As part of the urban renewal of sensitive neighbourhoods in **Angers**, the participatory gardens at the foot of blocks of flats have proved to be a good thing. They have a health impact owing to the fact that gardens improve social cohesion, encourage people to appropriate public space, and help isolated people to integrate.



In **Dunkirk/Dunkerque**, the shared gardens are neighbourhood gardens designed and tended by residents. The gardens, which are managed collectively, provide a place for people to meet up and socialise.

Shaded areas

Shaded areas are often overlooked, but when it is very hot and/or sunny, they can be invaluable for passers-by to protect themselves from the sun. Shade, whether created by trees, canvas screens, wood or other materials, can reduce the temperature and exposure to the sun's rays.

HEALTHY CITIES REVIEW OF...

Support is at hand

A number of organisations operating in the regions can assist authorities who would like to find out more about the healthy urban planning approach. The ADEME recommends methods, particularly the Environmental Approach to Urban Planning (AEU) to meet sustainable development challenges, including health, in regional projects. It gives pointers for taking into account air quality and health issues linked to climate change, mobility, etc. The AASQAs (3) provide localised data on air quality that enable municipalities/intermunicipalities to take action when drawing up their urban mobility policies.

The CEREMA³ raises awareness among decision-makers on the methods that can be employed to understand the changing relationship between transport, pollution and health. Moreover, urban planning agencies and Councils for Architecture, Urban Planning and the Environment (CAUEs) can assist municipalities in taking health into account in the creation of urban planning documents.

The DREALs and the ARSs steer Regional Health and Environment Plans (PRSEs), which can be a source of areas to prioritise. The Local Health Contracts signed between the ARS, the prefecture and a local authority may also contain objectives related to healthy urban planning.

Encouraging resident participation

The concept of participatory urban planning, as conceived by Zetlaoui-Leger⁴, is entirely in line with the Healthy Cities approach of involving residents in projects that affect their environment. Video games can be used to encourage citizen participation, such as Clim'Way Paris, designed to reduce individuals' carbon footprint, and local versions of Minecraft – for example, Rennescraft, which lets players build a healthy town or neighbourhood.

CONCLUSION

A systematic approach to health, taking determinants thereof into account, could be placed at the heart of the creation (or revision) of urban planning documents and development projects.

³ CEREMA = Centre for Studies and Expertise on Risks, the Environment, Mobility and Planning. / ASSQAs = Approved Air Quality Monitoring Associations

⁴ Jodelle Zetlaoui-Léger, "Urbanisme participatif", in CASILLO I. et al. (dir.), *Dictionnaire critique et interdisciplinaire de la participation*, Paris, GIS Démocratie et Participation, 2013. www.dicopart.fr/en/dico/urbanisme-participatif.

The first step in moving towards healthy urban planning involves bringing elected representative in the fields of health and urban planning and those in charge of these services closer together, with a view to creating a common culture. The people in charge of specific projects could also be identified – for example, the development of a square in a neighbourhood, or the creation of a 20 km/h zone.

The second step might involve identifying the plans/documents that will be subject to revision in the following 24 months, particularly those that are mandatory (Territorial Coherence Plan (SCoT), Atmosphere Protection Plan (PPA), Urban Mobility Plan (PDU)) and also those that are optional (Agenda 21, Plan Piéton, etc.). It is then a question of incorporating health issues into these documents. Special attention may be given to the new Intermunicipal PLUs (i PLUs). Throughout the process, fragile and/or vulnerable people should be prioritised.

The fact that local authorities and intermunicipalities operate in such close proximity to residents means that they are in a good position to take action towards healthy urban planning.

To find out more: www.villes-sante.com "Urbanisme" section under the "City actions" heading

Roué-Le Gall A et al, *Agir pour un urbanisme favorable à la santé*, 2014 EHESP/DGS, Rennes, 192p (Free to download)



Health in Action. "Urbanisme & aménagements favorable à la santé" file, Dec 2015 INPES, Paris (Free to download)

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