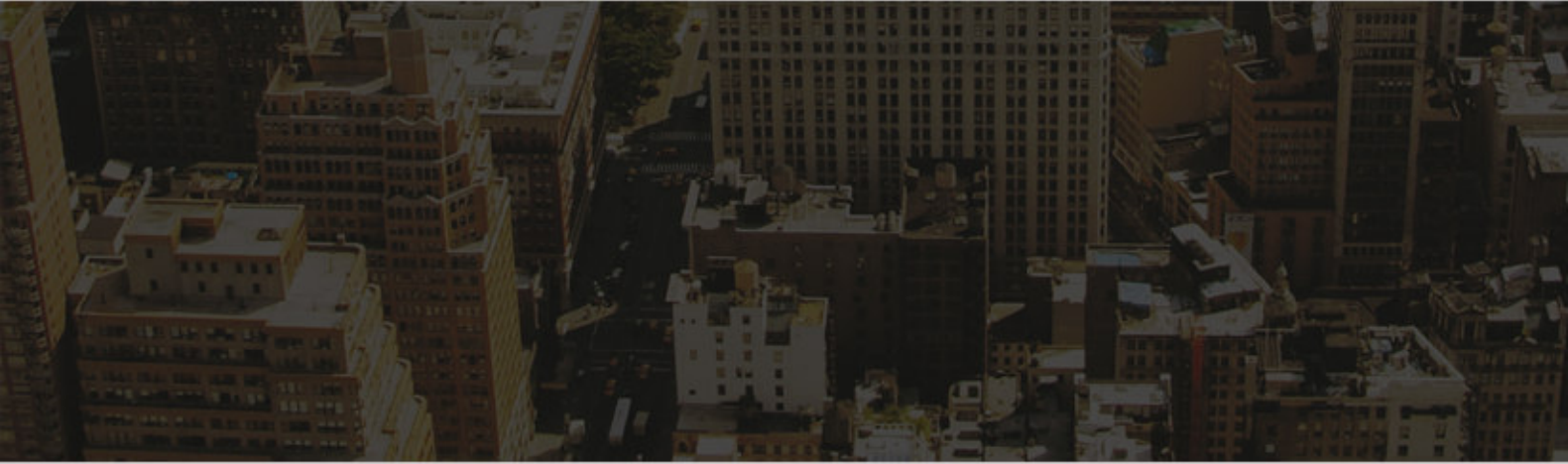


AMPS Proceedings Series 11



Health: The Design, Planning and Politics
of How and Where We Live

AMPS CONFERENCE 11

Health: The Design, Planning and Politics of How and Where We Live.

AMPS, Architecture_MPS; University of the West of England
25—26 January, 2018

Health: The Design, Planning and Politics of How and Where We Live.

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INTRODUCTION

This publication is the product of the conference *Health: The Design, Planning and Politics of How and Where We Live* held at The University of the West of England in 2018. The conference was set in the context of what the World Health Organisation identifies the ‘urban health threat’: infectious diseases, noncommunicable diseases; and violence and injury from, amongst other things, road traffic. Within this tripartite structure of health in the built environment are many issues affecting both the developed and the developing worlds and the global north and south. In informal settlements the poor design and maintenance of sanitary systems is linked with TB, pneumonia and diarrhoeal disease. The industrial expansion of countries like China and India has increased urban pollution exponentially. In the UK, where this event was held, almost 2 million people live with sight loss. Obesity levels are at an all-time high. Dementia is increasing. Heart disease is linked to sedentary lifestyles and asthma has been connected with to traffic congestion. The conference and this publication is thus based on the argument that our health and how we live in our homes, streets, neighbourhoods and cities cannot be divorced.

The publication, and the conference which it documents, were organised by the research organisation AMPS, its academic journal Architecture_MPS, and the Department of Architecture at The University of the West of England. It formed part of the AMPS program of events, *Housing – Critical Futures*.

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HEALTH AND URBAN PLANNING. ATTEMPTS AT DISCIPLINARY INTEGRATION AND INNOVATION

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INTRODUCTION

Important challenges for global health are being faced in the twenty-first century. The decisions that local governments should make with reference to housing, food, water, energy, transport, social services, and health care affect the health, well-being, and safety of urban populations, pushing the medical disciplines to rethink their approaches to disease prevention. An important response to these challenges according to some scholars lies in urban planning, which can contribute to reducing non-transmittable diseases (Billie Giles-Corti et al., 2016).

It is not by chance that the WHO (World Health Organization) recommends "...placing health and health equity at the heart of [city] governance and planning" (CSDH, 2008) and that in the UN's Sustainable Development Goal 11—"to make cities and human settlements inclusive, safe, resilient and sustainable by 2030"—road safety, public transport, air quality, and safe, inclusive, and accessible green and public places receive special mention (UN, 2015).

It is clear that the effects of urban spaces on health can be both negative and positive. In many European countries and beyond, the assessment of such effects is entrusted to a specific tool that is sometimes integrated in the tools of urban planning. This is the HIA (Health Impact Assessment), which is designed to assess the choices made in plans and projects, correct them or direct their activation in the name of health and well-being of the people, contributing to developing a performance-based approach in designing spaces for living.

While the first applications of the HIA began in Europe starting in the 1980s, it was officially introduced with the Gothenburg consensus in 1999.

For nearly a decade, the HIA was standard practice in assessing policies, plans, and projects, especially in the United Kingdom, Finland, Netherlands, and Denmark, and recently in an experimental way, also in other countries such as France, Italy, etc.

It is one of the central themes in phase IV (2003–2008) of the European "Healthy Cities" network, used to evaluate the impacts on health of projects, plans, and policies and to provide recommendations on how to reduce risks, promote benefits, and monitor the effects on the health of city inhabitants over time. Despite growing interest in the HIA, in a recent article published in *Journal of Environmental Planning and Management* entitled "Environmental Health in the complex city: a coevolutionary approach" (Verbeek and Boelens, 2016), the authors debate the complexity of relationships between urban planning and health, highlight the current difficulty in integrating them, and identify three areas of weakness.

The first element regards the dynamics of spatial transformations for which impact assessments are often shown to be obsolete and incapable of dealing with the continuous, accelerated evolution of urban phenomena.

The second element regards the difficulty of understanding the assessment processes. The HIA (but also the EIA and the SEA) are be "black boxes" because they rely on specialist language that exacerbates the

gap between experts in the different disciplines involved and between experts and citizens.¹²

The third element regards a lack of consideration for the social determinants of health. Impact assessments in general do not consider problems of health and well-being systematically, nor do they recognize the complex interrelationships between health and the social and environmental conditions and spaces of life.

This contribution identifies the basic "conditions" such that the HIA can favour the approach of the urban-planning discipline to themes of health and well-being; it also identifies the gaps that need to be bridged.

COMPARING EXPERIENCES

The experiences addressed in this contribution refer to some European experimentation with local planning using the HIA and assessment processes that cannot properly be classified as HIA, but which share the same goals. Particular reference is made to some cities—Rennes, Ljubljana, Pécs, Belfast—and to two experiences made on the inter-city and regional scale but which are directed at the local scale of territorial government—Kajaanin in Finland and the Friuli-Venezia Giulia Region in Italy, respectively. The frame of reference is not uniform. In some cases, an assessment of the effects of urban-planning policies, plans, and projects on health is due to the existence at the national level of laws and regulations that have established content (Belfast and the district of Kajaanin). In other cases, attention is due to the alliance among different sectors of public administration that has favoured the construction of documents to direct initial experimentation in the field (Rennes and the Italian Region of Friuli-Venezia Giulia). Finally, in other cases, interest was determined by the existence, while following documented experiences, of the growing cultural mobilization of local communities, technicians, and public administrations to approach the theme (Pécs and Ljubljana).

Belfast

Starting in 2000, Northern Ireland introduced the HIA tool as support to assess the impacts of planning choices on health. The Institute of Public Health has published numerous reports providing indications to carry out the assessment. The use of the HIA has persisted because it is deemed a useful tool for reducing health inequalities, for example, by raising the awareness of public decision-makers about the different needs of citizens regarding health-related services.

The City of Belfast represents a best practice for Northern Ireland. For many years, this city has experimented with the integration of health and well-being within urban-planning processes, proposing innovative approaches (Belfast Healthy City, 2013). Belfast Healthy Cities, supported by the Institute of Public Health, has introduced and experimented with the HIA methodology on numerous programs and projects, such as the regeneration project for the Connswater Community Greenway. The intervention, situated in the eastern zone of the city, established the creation of a linear park equipped with services, bike and walking paths, and recreational activities with the general scope of improving the health and well-being of citizens, community cohesion, and the urban environment. The park responds to environmental ecological requests and acts as a catalyst for city development from the social and economic points of view. The Connswater Community Greenway project (Connswater Community Greenway, 2012) was subject to an HIA to evaluate the potential effects on the health of the citizens. The impacts were analysed considering the main themes and major material and immaterial interventions of the project using evaluation techniques based on data and information already available or easily accessible and through consultation with interested parties via participatory workshops.

The results came together in the assessment sheets, which were refined with the participation of the local community through events for consultation. The actors involved during the participatory workshop

provided suggestions about how to address potential impacts on physical/mental health and well-being in the medium and long terms, and on ways to expand the potential effects of the project.

District of Kajaani (Finland)

In 1999, the Finnish Ministry of Social Affairs and Health published a manual on assessing social and health impacts, introducing the term “Human Impact Assessment” in order to unite the different areas of assessment (Kauppinen, 2002). The HuIA (Human Impact Assessment) is a tool to be used in decision-making processes to assess the effects that given strategic projects, plans, or programs have on human health and well-being. It combines the HIA (Health Impact Assessment) and the SIA (Social Impact Assessment) and is applied to all levels of territorial government. In the Finnish Healthy Cities network, the integration of the HuIA in the local decision-making process is identified not only as a priority, but also as an essential component of any city strategy tied to welfare. The district of Kajaani represents a best practice for Finland.

In 2003, this district, located in the Province Oulu and forming part of the Kainuu Region, decided to apply the HuIA to carry out the welfare strategy in all planning documents. The debate centred on the specific model of HuIA to consider.

Three models were compared: Model 0 (a sectorised legislation-based model); Model 1 (a sector-based combination model); and Model 2 (a client-based model) (Kauppinen & Nelimarkka, 2005).³ The impact of each model was assessed with respect to the different population targets (elderly people, children, workers, teachers, etc.) and in reference to pursuing the following objectives:

- complete the welfare strategies for the district of Kajaani;
- make operational the plan of action to support policies to promote health and well-being;
- support planning of the management model for Kainuu region.

The process to construct the HuIA also worked to increase empowerment of the local community, which participated in the strategic planning process. All the various decision-makers were involved in the process, helping to select the best alternatives. The HuIA was made available to the Kainuu Regional Pilot Project in its own planning activities.⁴

Rennes

In France, following several national reforms regarding the environmental assessment of projects and plans that require the consultation of the Health Authorities (*Autorité de santé*, As), increasing numbers of urban policies and projects have been subjected to evaluation of their possible impacts on the environment and on health.⁵

One of the most active cities in France is Rennes.

In 2015 Rennes became a metropolitan city and, faced with high demographic growth, had to provide urban-planning tools capable of addressing new socio-demographic and economic needs. To this end, three documents were drafted: the Territorial Coherence Plan (*Schéma di Cohérence Territoriale*, SCoT), the Piano Local Habitat Plan (*Programme Local de l'Habitat*, PLH), and the Urban Transport Plan (*Plan de Déplacements Urbains*, PDU), whose main objectives were to contain urban expansion by designing natural spaces and prioritizing alternative and multi-modal transport. The objectives of the three documents fall under the broader goal of making Rennes an inclusive, sustainable city (*Cité solidaire et durable*). In 1990, the city joined the WHO's Healthy Cities network. The precociousness of the City of Rennes in terms of planning and health with respect to the broader French context, is closely tied to the territorial presence of the Health and Sustainable Development Association (*Santé et Développement Durable*, S2D), which coordinates the French section of the WHO's Healthy Cities network, pursuing the objectives of phase VI of the program. This is accompanied by the presence of

the School of Public Health (*Ecole des Hautes Etudes en Santé Publique*, EHESP), which has promoted a working group on the theme of interaction between urban planning and health since 2006. Recourse to the HIA has taken this favourable climate to heart and the city used it for the first time in 2009 to design the renewal of the Pontchaillou train station. On this occasion, the assessment was carried out with the support of a directory committee (*Comité de pilotage*, CoPIL) to coordinate city workers with those responsible for urban planning and the health of the city, and a technical working group (*Comité technique*, CoTECH), responsible for activating the HIA. Although the process to involve citizens was difficult, the HIA for Pontchaillou is very rich with active players, many of whom have pursued their collaboration with the institution of the Brittany Healthy Cities Network (*Réseau Bretagne Urbanisme Santé*, RBUS). The formation of this network is perhaps one of the most important results reached using the HIA (Tollec et al.2013; Tollec, 2011)⁶⁷

Some critical points have emerged from the application of the HIA. In the first place, the actors in the process have revealed that while the intersectoral approach is one of the most important aspects for the validity of the HIA, it requires great effort in coordination and cooperation among the actors and the need to develop a common vocabulary between "health operators and planners" and vice versa. Another difficulty highlighted by the stakeholders regards access to information, which is often difficult to gather, compromising the quality of the process and the results.

The experience of Friuli-Venezia Giulia (Italy)

In Italy, the HIA (*Valutazione di Impatto sulla Salute*, VIS) began to be discussed and addressed. Some applications were made in the field and different legislative initiatives were undertaken on the national and regional levels, which culminated in 2016 with the final project document "Linee Guida VIS" [HIA Guidelines]. Already in 2009, however, some Regions had begun initial experimentation. Among the most active was the Region of Friuli-Venezia Giulia, which, with the Central Directorate for Health and Social Protection (*Direzione Centrale Salute e Protezione Sociale*), constituted a technical working group on urban and territorial planning as a promoter of health. A Guiding Document (*Documento di Indirizzo*) was drafted that inspired different proposals, which, while not framed within the HIA procedure, had the merit of activating the promotion of health and well-being of citizens within urban areas through recourse to assessment methodologies that established a network of alliances among different sectors of the public administration and experts in the various disciplines. The first proposal was the Guiding Document "Mobilità sostenibile e sicurezza in ambito urbano" [Sustainable Mobility and Safety in the Urban Area] (Regione Autonoma Friuli-Venezia Giulia, 2009), promoted by the regional health management together with the National Association of Italian Municipalities (*Associazione nazionale comuni italiani*, ANCI). This document represents the result of an institutional and interdisciplinary working table based on the exchange of data, information, and experiences between subjects and the various sectors. An applied checklist was developed based on the health indicators emerging from the working table. The proposal of the checklist is inspired by the need to give municipalities a tool that was easy and practical to assess the proposals for transformation in their territories.⁸

Ljubljana and Pécs

Many cities in Slovenia and Hungary, Ljubljana and Pécs above all, have joined the international Healthy City project promoted by the WHO and have experimented with the HIA on multiple occasions, inserting it as much as possible in urban-planning practice and trying to integrate it with the tools of the EA⁹, which have been used for a long time. In this respect, the first attempts were made in Slovenia and the capital starting in 1992. Twenty years later, the experiences were already numerous enough to draw the first conclusions, evaluating the successes and failures of the HIA with a specific conference in 2012:

Capacity Building in Environment and Health. From this and other studies, the major criticalities in applying the HIA in Slovenia can be defined, in particular in Ljubljana, which are briefly (Gibson et al., 2013):¹⁰

- lack of administrative personnel trained and specialized to prepare an HIA;
- overwhelming prevalence of external consultation;
- lack of national resources and training courses to create experts capable of carrying out an HIA or integrating the theme of health within the EA;
- lack of laws and tools of reference for the HIA;
- absence of national guidelines to apply the HIA and/or for its integration with the EA;
- uncertainty on the role and tasks of the two competent ministers (health and environment) and the National Institute for Public Health.

In the case of Hungary, the experimentation began in 2002, in perhaps a more systematic way, but with still unsatisfactory results. After the training of administrative personnel, the process to apply the HIA was rather problematic for the following reasons (De Blasio et al., 2011):

- detachment and disinterest on behalf of politicians not involved in the training program;
- low motivation of public officials, not stimulated by politicians nor by any requirement to do the HIA;
- untimely reorganization of the administrative machine, with the modification of functions and structures of the departments involved.

In both cases, therefore, it seems that the HIA—as a tool for preventive screening of the plans and projects—can function on par with the EA only if national guidelines are first developed to clarify its preliminary process, and new specific professional figures are formed within the public administration.

CONCLUSION

From the experiences reviewed in this article, some conditions emerge that determine the usefulness of the HIA for the urban planning discipline and some obstacles that are interposed with its effective integration.

The "first condition" regards the existence of "dialogue" between the health sector and the urban planning sector within the public administration. If in the Finnish and Belfast experiences this dialogue is usually reinforced over time due to a certain regulatory framework, in other contexts this dialogue is just beginning and is often represented by the constitution of mixed working groups whose objective is to identify themes for comparison and common languages to design the spaces of the city (Rennes and Italian experiences). In the experiences of Pécs and Ljubljana, the obstacles in finding points of contact are identified in the lack of national guidelines and in the lack of interest on behalf of technicians and politicians despite the favourable cultural climate, as evidenced by the subscription of the two cities to the Healthy Cities network.

The second condition regards the effective capacity of the HIA to assess unease present in cities and the expectations of inhabitants, as well as to ultimately contribute to pursuing the performance objectives in planning/regenerating the city and living spaces. In the case of Belfast, the acquisition of this capacity is pursued through permanent consultation with the population based on community planning paths that are applied to all planning and design tools in the city through the organization of numerous activities and events planned in the different phases of preparation and realization of the project and the HIA. This attitude is also beginning to be seen in other contexts, as in the case of the city of Udine (Friuli-Venezia Giulia), where projects have been promoted to raise awareness in the community of themes related to health and to initiate the first shared experiences of co-planning. This is also true in the case of Rennes,

where the HIA has touched many elements of the project for the station, immediately favourable for the health of the population, and others instead that are improved to limit the negative impacts. In other experiences, there is a need for wider application, as in the case of Ljubljana, where the local community's involvement in most assessment processes mostly regards the middle-high social classes for various reasons (mostly tied to the ease of contact and involvement). It has, therefore unfortunately remained outside of a large part of the social fabric, which lives in disadvantaged economic and environmental situations.

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¹ EIA- Environmental Impact Assessment

² SEA- Strategic Environmental Assessment

³ Model 0: the system of assistance proposed provides services conforming to the regulation in specialized areas; Model 1: the system of assistance provides most services required by law both as a specialized area and in service of the community; Model 2: the system of assistance provides specialized services based on the community's requests.

⁴ Kainuu Region was chosen by the Finnish government as a pilot region for regional self-government in order to find a way to tackle challenges like, for example, a declining population or the lack of entrepreneurship.

Objectives are to obtain experiences on strengthening regional self-government, e.g., organising basic services, citizen participation, and relations between the governmental and regional administrations.

⁵ Project decree no. 2011-2019; Decree no. 2012-616 for the environmental assessment of plans/schemes/programs; and Decree no. 2012-995 related to assessing the PLUi, PLU, and SCoT urban plans.

⁶ S2D, the Association for the International Promotion of Health and Development, or simply Health for Sustainable Development, is a collaborative body of the WHO that supports the Healthy Cities movement instituted in 1986.

⁷ <http://rbus-eis.org/>

⁸ Alliance network involving administrators and professionals in the health world and local administrations.

⁹ Environmental Assessment

¹⁰ Environmental Impact Assessment, EIA, and Strategic Environmental Assessment, SEA.

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