

Chapter 1 : Healthy cities: public health and urban planning | MetaFilter

Healthy urban planning focuses on the positive impact that urban planning can have on human health, wellbeing and quality of life, and reflects WHO's broad definition of health. The book explains concepts and principles, and draws on the experiences of cities and towns throughout Europe, many of which are part of the Healthy Cities movement.

Dearman, executive director of the In-Home Supportive Services Public Authority, said the drive was only 30 minutes long. But it felt like a lifetime fraught with frustration. In the past 10 years, San Franciscans have embraced the bike as a viable means of transportation. Anyone who wants to hop on two wheels has access to a bike network that consists of lane miles. Since , bike ridership has increased in San Francisco by percent. Healthy cities The construction of bike lanes is part of larger transit-first planning policy embraced by San Francisco. The significant infrastructure investment has altered the look and feel of the West Coast city. Everything from parks and pedestrian friendly walkways and plazas, to dedicated bus routes, and of course bike lanes, are in abundance for residents and visitors to use and enjoy. The data is culled from surveys taken by , people " from 50 medium- to large-size metro communities across the United States " on a number of health and wellness factors. How urban planning helps In the simplest terms, urban planning is the physical and social development of a city through design, plus the provision of services and facilities. But in , urban planning has taken on an ever greater meaning: The grant program is a three-year project supported by the U. Centers for Disease Control and Prevention CDC , designed to strengthen the connection between the planning and public health professions. The highest rates hover predominantly in Southern and Midwestern states. Lower rates of obesity tend to cluster in coast cities and regions. Along with obesity rates comes a greater risk for diabetes, high blood pressure, heart disease, and some cancers. The CDC recommends that adults who engage in just 30 minutes of physical activity five days a week can stave off some of these complications. How a city is designed has a direct influence on how, when, and why we engage in physical activity. Obesity is a complex health issue with many factors in play. But along with genetics and behavior, the CDC includes community environment as one of the top three determinants of obesity. How bad is air pollution for us? Back in the late s and early s, city planners championed the construction of large parks in urban environments. Central Park in New York is a prime example. The idea was to create an oasis of green among the concrete, according to the CDC. The construction of sewer systems, albeit a little less glamorous than city parks, also greatly influenced public health. By the s, that mindset around urban planning fell out of favor. During the s and s numerous cities started to refocus on urban renewal. That eventually evolved into smart growth. In a way, the current definition of urban planning has come full circle, according to Danielle Spurlock, assistant professor at the University of North Carolina, Chapel Hill, Department of City and Regional Planning. Coast to coast One of the most obvious takeaways from the active living report is the location of top ranked cities. People had to walk. People had to take a horse and buggy. Spurlock noted that Pittsburgh and Youngstown, Ohio, are excellent examples. Ricklin added that a few of the cities ranked at the bottom of the report are also implementing more forward thinking health and wellness programs, as well. Tulsa, Oklahoma, is a grantee in Plan4Health and is working on a plan for community farms and food forests, she noted. Oklahoma City is also at the forefront. It can mean installing new traffic calming mechanisms along high capacity roads so kids can safely walk to school. Or, it can come in the form of incentives for grocery stores to move into urban food deserts. How do you counter that with policy and environmental change? Bike riding has helped her to maintain her weight. So, for a mere 30 minutes, twice a day, the ride to and from work has evolved into a daily, meditative journey.

Chapter 2 : CDC - Healthy Places - A Training Framework for Public Health and Planning Professionals

The WHO Center for Health Development supports generating new research, building the evidence base, and increasing capacity to advance sustainable universal health coverage. Located in Kobe, Japan, the Center has a unique role in bringing together initiatives from local to global level.

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Introduction Urban planning, also called city and regional planning, is a multidisciplinary field in which professionals work to improve the welfare of persons and communities by creating more convenient, equitable, healthful, efficient, and attractive places now and for the future. The centerpiece of urban planning activities is a "master plan," which can take many forms, including comprehensive plans, neighborhood plans, community action plans, regulatory and incentive strategies, economic development plans, and disaster preparedness plans¹. Traditionally, these plans include assessing and planning for community needs in some or all of the following areas: Urban planning and public health share common missions and perspectives. Both aim to improve human well-being, emphasize needs assessment and service delivery, manage complex social systems, focus at the population level, and rely on community-based participatory methods. Both fields focus on the needs of vulnerable populations. Throughout their development, both fields have broadened their perspectives. However, both fields have expanded their tools and perspectives, in part because of the influence of the other. Urban planning and public health have been intertwined for most of their histories. Geographic analysis is a key planning tool shared by urban planning and public health. By , the disciplines were so aligned that two of the seven founders of the American Public Health Association were urban designers an architect and a housing specialist³. In , the U. Supreme Court, in validating zoning and land-use law as a legal government authority in *Village of Euclid v. Ambler Realty*, cited the protection of public health as part of its justification^{4,5}. Other connections have included 1 pioneering urbanist Jane Jacobs, who during the s, called for community design that offered safe and convenient options for walking, biking, and impromptu social interaction; and 2 the Healthy Cities movement, which began in Europe and the United States during the s and now includes projects in approximately 1, cities that in various ways highlight the role of health as much more than the presence of medical care⁶. Contributions of Urban Planning to Public Health During the 19th and early 20th centuries, the synergies between urban planning and public health were evident in at least three areas: During the middle of the 20th century, the disciplines drifted apart, to a certain extent because of their success in limiting health and safety risks caused by inappropriate mixing of land uses. The disciplines recently have begun to reintegrate. During the last 20 years, shared concerns have included transportation planning to improve air quality, encourage physical activity, prevent injuries, and promote wellness. In addition, some original crossover ideas, such as the potential for parks and recreational facilities to contribute to physical activity and mental health, have reemerged. Relatively recently, urban planning has focused on the effects of community design on energy use and greenhouse gas emissions to affect the growing public health concern of climate change. Finally, emergency preparedness e. Recent contributions to the public health knowledge-base by urban planners and other community designers, such as architects and engineers, are important. Examples of cross-discipline collaborations Table 1 from publications such as JAMA and AJPH address such diverse CDC program areas as aging studies, air pollution and respiratory diseases, disability and health, unintentional injury, and nutrition and physical activity. As individual collaborations have increased, calls for broad profession-level integrations also have increased Table 2. Thus far, CDC has employed only a few urban planners, either temporarily or permanently. Although these urban planners have conducted some research, their primary role has been to bridge the broader urban planning, academic, and practitioner worlds. Specific Findings, Activities, and Contributions The interdependence of urban planning and public health in both research and intervention activities is evident in many areas. For example, to increase physical activity, persons need safe and accessible areas; development of these areas can be aided by determining the environmental barriers and facilitators that affect activity levels; designing, constructing, and maintaining

community environments to help ensure safety and accessibility; and developing programs to encourage people to use improved community environments to increase their activity levels. Without the contributions of both disciplines, the odds of substantial increases in community physical activity decrease considerably. Pedestrian and bicycle safety programs also illustrate the interdependence of public health and urban planning. Transportation planners are charged with creating streets and intersections on which all modes of transportation can safely coexist. However, considerable morbidity and mortality occur annually because of injuries related to interactions between motorists, bicyclists, and pedestrians, indicating that many communities have failed to truly balance choices of transportation modes. Examples of recent successful cross-discipline activities include chronic disease prevention, injury prevention, health promotion for older adults and persons with disabilities, and air- and water-quality assurance. Reviews of research studies conducted by cross-disciplinary teams on behalf of the Guide to Community Preventive Services have documented that street-scale urban design and land-use policies affect levels of physical activity and result in recommendations for wider implementation of such policies ⁸. Similarly, research has documented the potential for design choices to reduce both unintentional ^{9,10} and intentional ^{11,12} injuries. Research has described some of the impacts of physical environments on the health and quality of life of persons with disabilities ¹³, residents of low-income housing projects ¹⁴, and older adults. In environmental health, data analysis of waterborne-disease outbreaks and extreme weather events indicates potential interaction between land-use patterns and risk for waterborne diseases. Other impacts of the interdependence of urban planning and public health also have been demonstrated Table 3. Urban planning in particular and the array of community design professions in general historically have played major roles in public health, and public health disciplines have played major roles in urban planning. In recent years, as reintegration between the two professions has accelerated, academia has responded by offering cross-cutting courses and, in at least five schools, joint graduate degrees in urban planning and public health. At the federal level, CDC leadership selected seven "place-related" goals reflecting this reintegration ¹⁸, many of which are impacted by urban planning. CDC scientifically and programatically addresses all factors associated with the interaction between people and their natural and human-made environments and promotes design and construction of places that improve both physical and social environments [http: Providing safe and healthy places in which to live, work, and play is more likely to succeed if urban planning and public health work together.](http://www.cdc.gov/nceh/ehp/) Future integration of and collaborations between the disciplines can serve as a cornerstone for the immediate and long-term success of the Healthy Places goals. A long-term blending of the responsibilities, tools, and eventually perspectives of public health and urban planning can result in many positive outcomes, including the following: Public health explicitly recognizing the importance of place-based approaches and the leverage these provide for addressing public health opportunities and threats. Public health and urban planning professionals increasingly drawing on tools and processes developed by the other field. Key examples are geographic information systems ²⁰; health impact assessment ²¹; and community assessment tools, such as the Protocol for Assessing Community Excellence in Environmental Health. Public health professionals increasingly engaging in the urban planning arena, participating in zoning decisions and serving on urban planning boards, and incorporating health into urban planning decision-making. Urban planning professionals increasingly engaging in the public health arena, participating in campaigns promoting physical activity and pedestrian injury prevention and serving on boards of health, and incorporating design into public health decision-making. References American Planning Association. *Western City*; March: Back to the future [transcript]. Presented at Global public health: Massachusetts, US 11. Village of Euclid v. International Healthy Cities Foundation. *American Journal of Public Health*. Guide to community preventive services. A review of evidence-based traffic engineering measures designed to reduce pedestrian--motor vehicle crashes. *Am J Public Health*; Area-wide urban traffic calming schemes: *Accid Anal Prev*; Zoning out crime and improving community health in Sarasota, Florida: Casteel C, Peek-Asa C. *Am J Prev Med*; ¹⁸ 4 Suppl: Identifying environmental factors that influence the outcomes of people with traumatic brain injury. *J Head Trauma Rehabil*; Aggression and violence in the inner city: *Environment and Behavior*; Crosswalk markings and the risk of pedestrian--motor vehicle collisions in older pedestrians. The association between extreme

precipitation and waterborne disease outbreaks in the United States, Impact of changes in transportation and commuting behaviors during the Summer Olympic games in Atlanta on air quality and childhood asthma. Healthy people in healthy places. Applied spatial statistics for public health data. Growing the field of health impact assessment in the United States:

2. *HEALTHY URBAN PLANNING IN PRACTICE* Abstract Healthy urban planning means planning for people. *Healthy urban planning - a WHO guide to planning for people* (Spon Press,) introduced the concept and principles of healthy urban planning.

History of urban planning There is evidence of urban planning and designed communities dating back to the Mesopotamian , Indus Valley , Minoan , and Egyptian civilizations in the third millennium BCE. Archeologists studying the ruins of cities in these areas find paved streets that were laid out at right angles in a grid pattern. Beginning in the 8th century BCE, Greek city states were primarily centered on orthogonal or grid-like plans. City planning in the Roman world was developed for military defense and public convenience. The spread of the Roman Empire subsequently spread the ideas of urban planning. As the Roman Empire declined, these ideas slowly disappeared. However, many cities in Europe still held onto the planned Roman city center. Cities in Europe from the 9th to 14th centuries, often grew organically and sometimes chaotically. But in the following centuries some newly created towns were built according to preconceived plans, and many others were enlarged with newly planned extensions. In this period, theoretical treatises on architecture and urban planning start to appear in which theoretical questions are addressed and designs of towns and cities are described and depicted. During the Enlightenment period, several European rulers ambitiously attempted to redesign capital cities. The industrialized cities of the 19th century grew at a tremendous rate. The pace and style of this industrial construction was largely dictated by the concerns of private business. The evils of urban life for the working poor were becoming increasingly evident as a matter for public concern. The laissez-faire style of government management of the economy, in fashion for most of the Victorian era , was starting to give way to a New Liberalism that championed intervention on the part of the poor and disadvantaged. Around , theorists began developing urban planning models to mitigate the consequences of the industrial age , by providing citizens, especially factory workers, with healthier environments. At the beginning of the 20th century, urban planning began to be recognized as a profession. The Town and Country Planning Association was founded in and the first academic course in Great Britain on urban planning was offered by the University of Liverpool in . Many planners started to believe that the ideas of modernism in urban planning led to higher crime rates and social problems. Theories of urban planning Planning theory is the body of scientific concepts, definitions, behavioral relationships, and assumptions that define the body of knowledge of urban planning [16]. There are eight procedural theories of planning that remain the principal theories of planning procedure today: Technical aspects of urban planning Technical aspects of urban planning involve the applying scientific, technical processes, considerations and features that are involved in planning for land use , urban design , natural resources , transportation , and infrastructure. Urban planning includes techniques such as: In order to predict how cities will develop and estimate the effects of their interventions, planners use various models. These models can be used to indicate relationships and patterns in demographic, geographic, and economic data. They might deal with short-term issues such as how people move through cities, or long-term issues such as land use and growth. They formulate plans for the development and management of urban and suburban areas, typically analyzing land use compatibility as well as economic, environmental and social trends. In developing any plan for a community whether commercial, residential, agricultural, natural or recreational , urban planners must consider a wide array of issues including sustainability , existing and potential pollution , transport including potential congestion , crime , land values, economic development, social equity, zoning codes, and other legislation. The importance of the urban planner is increasing in the 21st century, as modern society begins to face issues of increased population growth, climate change and unsustainable development. An urban planner could be considered a green collar professional.

Chapter 4 : WHO/Europe | Healthy urban planning

Providing safe and healthy places in which to live, work, and play is more likely to succeed if urban planning and public health work together. Future integration of and collaborations between the disciplines can serve as a cornerstone for the immediate and long-term success of the Healthy Places goals (19).

What did you learn from undertaking this project? You cannot prove causality easily, because the issue is so complex. The studies [on this] are actually fairly soft. If you look at these eight cities, 83 percent of the suburban counties ranked healthier than their central city, using widely accepted health-risk factors. Some public health officials believe that proximity to medical facilities always leads to better public health, but when you start mapping those cities – Houston, for example – some of the worst health is in neighborhoods near the highest density of medical facilities. Also, the idea of the food desert is largely fiction. The question is how you get people to choose the right foods. These are all opportunities for us to build the knowledge base. The bottom line is that there is no conclusive evidence or body of definitive research that concludes one form of density is better or worse than another form. A deep body of scientific research shows that increases in density inevitably lead to a major declines in biodiversity. Yes, density hurts the streams or environment generally where that density happens, but prevents much wider but lower level impacts of low density development. For streams and endangered aquatic organisms in particular, high density development protects other parts of the watershed at the expense of localized total impact. This seems to be their key source on the food desert question. I feel like the parts of the report that mention food which I read quickly are kind of axe-grindy. We have a definition of food desert. I just about live in one. If I were to make an uneducated guess, I think the unknown to me definition of grocery store is playing a role here. They assert poorer areas have fewer fast food restaurants sure and more grocery stores, which only makes sense if any shop with a few sad apples counts as a grocery store. We definitely meet the income criterion. When the transit system is compared with diabetes data, an unexpected correlation appears: This relationship is likely due to either underutilization of the public transit system, or certain socioeconomic groups that have higher rates of diabetes using mass transit in greater numbers. The locations of fast food restaurants are concentrated in the central Fulton and Dekalb counties with high diabetes rates, but they are also evenly dispersed in the counties with the lowest diabetes rates. While it is commonly acknowledged that fast food is part of a poor diet and related conditions like diabetes, recent research has revealed that fast food access is not causally related to health conditions like diabetes. They then drop the topic of food. Which is kind of a big miss. I got the USDA map to load properly and it gave me census tract-level data. I was informed "This tract does not have a relatively high number of households 0 of total households 0. This should be obvious- in the US at least. Several conventional urban design standards for improving urban health were proven wrong in our research. Extremely low-income neighborhoods that have abundant sidewalks also exhibit poor health, while wealthy and healthy neighborhoods like Hollywood Hills have no sidewalks. Sidewalks do not seem to contribute to physical activity levels in several locations. The relationship between designated food deserts and urban health was similarly benign. Beverly Hills and South Los Angeles are both neighborhoods with extremely limited access to fresh food, but Beverly Hills residents have good health outcomes while South Los Angeles residents have poor health outcomes. Proximity to fresh food and health ranking does not correlate and should not be used as a measure for public policy, planning, or design in Los Angeles. So, because there are plenty of sidewalks and access to fresh food in [otherwise unhealthy] South LA, but fewer sidewalks and grocery stores in the [super-fit] Hollywood Hills, we ought to abandon both of those things as metrics as far as public policy, planning, and design are concerned? This seems short-sighted, at best. I understand that the study is focused on the larger patterns that make a city or metro area un healthy - which, in LA, seems to be air pollution rather than walkability or food deserts. It reads as a justification for the kinds of development that have taken place in the last half-century, leading to the disparities in overall health between residents of those two areas - which is actually quite alarming. There also happens to be two whole foods in my town, go figure. How much I will utilize said sidewalks, or public transit for shopping has a lot to do with gang activity in my area, loose,

unpredictable, aggressive dogs, and how tired I am. Certainly no hypotheses, no statistical analysis, and little to suggest that the analyses are not a fishing expedition. Oh, and peer review. The word "control" does not even appear, whereas regressions that control for, e. The actual desert is a food desert. I tend to think the very notion of a food desert is pretty axe-grindy for a lot of folks, who seem to find the concept dovetails well with whatever particular unifying theory of societal woes they like to espouse. The Atlantic Cities covered this a couple weeks ago , if anyone is interested in a quick overview of the findings. First of all, in this field, lousy methodology is the rule, not the exception. And sadly, it makes no difference wether the authors are architects, planners or health care specialists. I think the main reason is that it is just too political, and it is an evil spiral. In this case the publisher is the AIA, an organization which encompasses all sorts of architects, but as architects come, most of them work for developers and private clients whose main interests are not necessarily sounder cities. No reason to offend those members, is there? If the particular criticisms above are correct, it may be that it is mainly the privilege of architects working at MIT that shows. I am often surprised at how difficult it can be for some scholars to see what is right in front of them, because they are truly unable to understand it. What hoyland, Austenite and Katusja Roquette all describe is simply not visible to people who grew up in suburbs, went to good schools, and now have good jobs. Johns Hopkins hospital is located in one of the poorest distressed neighborhoods in Baltimore In which case they are greatly missing the point. I live in one of the poorest and the largest, because it was made that way to reduce our clout on the City Council neighborhoods in my city. I have been treated at that hospital. No one I know who lives nearby has insurance. People who take public transit are generally poor. Also, of course, my neighbors and I live on a really busy urban street and everything is covered with soot. We have to have a raised bed for the garden in back because of the arsenic in the soil. I always wonder what that does to health outcomes. Which seems kind of useless for evaluating urban planning issues that are so tightly linked to poverty. This, a thousand times over. I finished the report last night and just got more and more frustrated as I read. There are spurious assertions left and right, many of which are meaningless without controlling for income or other factors. This is crappy, sloppy, and at times even simpleminded, and the frustrating thing is that it will probably be used to justify a while set of regressive and crappy policy decisions. To be clear, Minneapolis does have food deserts. If, you know, you have the budget for it. There are fewer fast-food places, and there are a ton of delis where you can get a relatively healthy meal for a decent price. On the corner where I got out of the subway where I used to live in Harlem, on the other hand, you could see at least 2 fast food chains, one fried chicken restaurant, and at least one pizza place. This is one of those internecine battles which is shockingly vicious and personal at its interior, and the fields have basically retreated into these two camps. So this work looks to me as an attempt to strike at the heart of principles taken as central assumptions by New Urbanists and thus to gain traction for Landscape Urbanist approaches , rather than an independent analysis.

Chapter 5 : Urban Planning and Public Health at CDC

Healthy Urban Planning aims to refocus urban planners on the implications of their work for human health and well-being. If many of the problems faced in cities are to be resolved, improving health will be the fundamental goal of urban planners.

The paper provides a brief historical perspective on the relationship of health and planning and an overview of the ways in which urban spatial development affects health. The paper presents the overall results, concluding that a significant progress has been made and the most advanced cities have much to offer municipalities everywhere in the best practice for integrating health into urban planning. Modern town planning has its roots in the unhealthy industrial cities of the nineteenth century: The codes of street and building layout were designed to banish forever the dank houses and airless streets. It is ironic, then, that the connection between health policy and urban planning became tenuous in the twentieth century. The original health objectives of clean air and water are deeply entrenched in planning and building control systems, but contemporary diseases of civilization have been ignored in many ways. Indeed, planning policies have facilitated if not actually fostered the powerful trends towards car-dependent, sedentary and privatized lifestyles, with their negative effects on health. This paper highlights the important work of the Healthy Cities movement in seeking to reintegrate health and planning. The first section sets out the nature of the link and the problem of separation; the second section summarizes the evaluative methods used. The results are in two parts: Subsequent discussion points to five key elements in an ideal health-integrated planning system, concluding that health is a powerful motivator, capable of cutting across sectional interests in the process of city planning. The health-related professions increasingly recognize that promoting health solely through programmes of changing the behaviour of individuals or small groups is not very effective, reaching only a small proportion of the population and seldom being maintained in the long term McCarthy, ; Lawlor et al. What is needed is a more fundamental, social, economic and environmental change. Urban planning as a mechanism of environmental control influences health in systematic ways. The sphere of direct planning influence is the built environment: This sphere affects all the others to a greater or lesser extent, helping to shape some of the options that are open to individuals, social groups, businesses and state agencies. For example, through the provision or lack of provision of appropriate space, it influences what can take place and how accessible those activities are to different groups in the population. Human ecology model of a settlement. Barton and Grant Each outer sphere affects the health and well-being of people, represented by the inmost sphere Whitehead and Dahlgren, ; Marmot and Wilkinson, ; McCarthy, ; Lawlor et al. The model can be used therefore to help understand the relationship between health and planning. Many of the urban development trends promoted by the market and facilitated by planning authorities are pandering to our unhealthy instincts Barton et al. Despite more than a decade of official advocacy of sustainable development, many conventions of the development industry remain trapped in a pre-Rio time warp. Across Europe, the expanding peripheral city areas exhibit a pattern of low-density, use-segregated, car-based development that not only uses land profligately but reduces the viability of local services, makes walking impractical because of distance and deters cycling. The segregation of land uses is undermining the potential for integrated neighbourhoods and local social capital. Unsustainability is literally being built into our cities. In this context, health is a casualty. The decline in regular daily walking and cycling is resulting in increased obesity and risk of diabetes and cardiovascular diseases Franklin et al. Social polarization of opportunity is exacerbated. People tied to localityâ€”elderly people, children, young parents, unemployed people and immobile peopleâ€”are increasingly vulnerable. The decline in local facilities, the reduction in pedestrian movement and neighbourly street life all reduce opportunities for the supportive social contacts so vital for mental well-being Halpern, Health problems are being accumulated for the future, which will make the present problems of health service delivery look trivial by comparison. The research literature is divided between that focused on health outcomes Halpern, ; Aicher, and that focused on planning interventions and behaviour Hedegar and Curtis, ; Cervero and Kockelman, ; Williams et al. This lack of progress is in part because of the difficulty in disentangling the influence of the

built environment from related social, economic and personal variables in a rigorous way. Nevertheless, the evidence of the interconnections is steadily building. In relation to physical activity, for example, we can now say with confidence that incidental foot and bike trips to get to somewhere for a specific purpose are affected by a number of spatial variables: We can link rising asthma levels generally to traffic-derived pollution ozone , with some startling specific findings: Rather tardily, the research community is embarking on a more cross-cutting research in this field. Its current relative paucity does not mean that health and planning have not been linked in practice. But normally this link is implicit, not explicit, lacking a systematic or comprehensive approach. The first is through participant observation in the development of the HUP programme over a number of years. In addition, self-identified cities reported on progress were interviewed individually and evaluated through discussion as part of a mutual learning exercise. Some of the results and conclusions were set out in earlier publications Barton et al. The second stage, in late , involved the evaluation of 52 city applications for Phase IV of the Healthy Cities project. The applications were, on occasion, supplemented by telephone calls to applicants to clarify particular statements. Where feasible, the accuracy of the written material was compared with the personal or reported knowledge of the applicant city and their programmes. With certain exceptions, there was consistency between the applications and reality. Where there was discrepancy, the actual performance was invariably better than the application suggested. Some applicant cities where English was not their native tongue had problems in conveying complex ideas with clarity. Overall, it is therefore likelyâ€”given the number of cities particularly in eastern Europe where no external check was availableâ€”that the results underplay the actual quality of the work going on. The assessment of the applications involved three specific tests: The way these were assessed by the researchers is explained later. The third stage is the evaluation of progress made by the end of Phase IV. Healthy Cities projects throughout Europe have sought, with limited success, to involve urban planners in their work since the late s. The baseline was established in through a questionnaire survey. Nearly one-third of planning heads considered that planning policies were actually incompatible with health in certain waysâ€”especially rigid standards of zoning and design. Other anti-health issues highlighted were excessive levels of motorized traffic, the focus on private profit and public budgets, social segregation and the lack of attention to the everyday needs of citizens Barton and Tsourou, Meanwhile, urban planners across Europe were becoming increasingly aware of the importance of sustainable development, which emphasizes the need to tackle social, environmental and economic issues in a coordinated way. Their work in this area led planners to reconsider issues of the quality of life, well-being and, ultimately, health in cities. In , WHO began to work with urban planning practitioners and academics from across Europe in a more concerted way. It makes the case for health as a central goal of urban planning policy and practice, highlighting the role of planners in tackling the environmental, social and economic determinants of health. It discusses the relevance of the Healthy Cities movement to urban planners, drawing attention to the principles of equity, sustainability, intersectoral cooperation, community involvement, international action and solidarity. The book translates concepts and principles into practical ideas. It was produced in cooperation with a number of cities and academics who met to discuss the content at a seminar in Milan, Italy in October WHO Regional Office for Europe, The group agreed 12 key health objectives for planners. The list provides a close parallel with the 12 goals of sustainable development: Urban planning, in this light, is seen as a key means of promoting health and well-being. Equivalently, human health, well-being and quality of life are seen as central purposes of urban planning. Senior urban planners and HC co-ordinators from 11 cities across Europe attended the meeting, making a commitment to begin a process to integrate health issues more fully into their work. The initial membership of the group included cities from all parts of Europe: Group meetings provided a forum for sharing knowledge and experience of exactly what HUP implies in practice and how it affects day-to-day planning processes and outcomes. The other three were health impact analysis, physical activity and healthy ageing. HUP is still a new departure for many municipalities. Each city was judged according to what improvements it planned above and beyond what had already been achieved. In some cases, cities had little tradition of land use planning as in Seixal, reported earlier and therefore started from a low level. In others, there was a well-developed planning system but no established Healthy Cities programme which might already have built bridges between planning and health agencies. It was possible for

cities in any of these groups to perform well according to assessment criteria referred to in the Methods section. All the cities were, of course, completely aware that their plans for the development of HUP were to be scrutinized. However, they did not know exactly how this would happen, so the opportunity for game-playing was reduced. The character of the answers generally suggests that applicant cities made a direct and honest response to the cues in the application form. In relation to the first criteria, the applicants were not formally asked to reflect the full range of health objectives in their application, but specific aims and programmes might be expected to cover a number of relevant areas. The range encompassed helps to show the understanding of the multi-faceted nature of the health-planning relationship. Housing quality and accessibility to services were the objectives most commonly identified. HUP objectives identified in the applications. View large Download slide HUP objectives identified in the applications. Most of the cities giving a good coverage of objectives also demonstrated a good overall understanding. Conversely, those identifying few objectives demonstrated poor understanding; the most common limitation was that they had not made the jump from a view of public health as purely about the co-ordination of services and campaigns, to one which was about the creation of a healthy urban environment. Twenty-five per cent of the cities showed weak or very weak understanding. The strongest cities not only demonstrated a coherent and well-developed understanding, but also linked together the three Phase IV themes: Thirty per cent of cities showed a good or excellent level of understanding. Planning agencies have not traditionally been involved. Phase IV acted as an incentive to broaden the management of the Healthy Cities programme. Without proper representation of planning agencies at a senior decision-making level in the programme, it is very difficult to achieve health-integrated plans. However, a few of the strongest cities also lacked representation. Analysis of the involvement of planning agencies and officers. However, the evaluation process is not simple. The good applications, with relevant and coherent programmes and clear mechanisms for further building mutual understanding between health and planning professionals, are straightforward to assess. The poor applications, with no coherent approach, are also straightforward. But between lie many applications, over half of the total, which display some appropriate ideas without being sufficiently clearly argued or illustrated to judge their real merit.

Chapter 6 : Healthy Urban Planning: 1st Edition (Paperback) - Routledge

The purpose of this paper is to evaluate the progress made by European cities in relation to Healthy Urban Planning (HUP) during Phase IV of the World Health Organization's Healthy Cities programme ().

Chapter 7 : Urban Planning, Environment and Health Initiative - ISGLOBAL

A first step was to publish Healthy Urban Planningâ€”A WHO Guide to Planning for People (Barton and Tsourou,). It makes the case for health as a central goal of urban planning policy and practice, highlighting the role of planners in tackling the environmental, social and economic determinants of health.

Chapter 8 : Reconnecting Urban Planning and Public Health â€” Next City

Healthy urban planning aims to promote healthy, successful places for people to live and work in. This can be achieved by providing the homes, jobs and services that people need.

Chapter 9 : Urban planning - Wikipedia

The latest data from leading climate trend record keepers published last week shows that was among the top three warmest years on record.