

International perspectives on building capacity for planning and health

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Bike Boulevard: Research informed policy: bicycle boulevard in downtown Portland.
Credit: Laurence Carmichael

This paper looks at the integration of health into planning and planning curricula and what we have learnt from international practice in the context of the PLAN-ED (“Educating Planners for the New Challenges of Sustainability, Knowledge and Governance”) project

involving staff from four planning schools in the EU and the USA. In Bristol, the project brought together researchers, stakeholders and practitioners from both health and planning, including from local authorities, NGOs and health services to consider how best to progress the capacity building agenda.

This is core to the work of the WHO CC which recently carried out a review for the National Institute for Health and Clinical Excellence (NICE), assessing the extent to which health is considered in planning practice and policies in the UK (Carmichael et al., Gray et al, 2011) and is also engaged in examining how far education supports this (ENHS project, 2010). In this context, it is valuable to compare challenges faced by different cities and their strategies to foster healthy urban planning, as well as understand the role of universities in addressing these challenges.

The demographic, economic and social contexts of the PLAN-ED EU and US partners vary enormously. They may all face similar challenges from poverty, urban sprawl, global warming and obesity - aided by urban environments which encourage car use, convenience food outlets and low housing density; but some cities are faced with specific issues and seem less equal than others in offering healthy environments.

The city of **Richmond, Virginia** for instance, suffers particularly from segregation and health disparities and our colleagues from Virginia Commonwealth University outlined the challenges faced by their disadvantaged communities, in a background of economic downturn and a history of racial tensions. The East End of the city has greater health problems, coupled with lower expenditure on fruit and vegetables and a higher proportion of public housing. The city is now trying to improve the health of its most disadvantaged citizens in redeveloping this area. A new mayor has pushed the health and sustainability agenda through the 'East End Transformation Plan' involving local people and businesses through a charette process – and reaching out to young people through a 'youth charette'. The charettes have helped to raise awareness and educate not only businesses and the public but also officials, of the need to incorporate health aspects in new urban plans. Residents and stakeholders identified that physical regeneration of the area and urban design should contribute to enhancing lifestyle, in particular allowing better access to fresh food through market and urban agriculture, encouraging active through open spaces, cycling and walking accesses and facilities, facilitating social interaction with good streetscapes and meeting places, as well as ensure access to health care.

This example of Richmond identifies a lack of healthy drivers for planning at city policy and strategic levels. This means that the commitment of the mayor at project level becomes essential in addressing some of the challenges facing neighbourhoods. The Charette has been critical in raising the awareness of stakeholders around key health determinants and have given a sense to the local population that their priorities are on the map. However,

healthy environments cannot be created through action at the neighbourhood level alone. Good neighbourhood planning should be set within a nested context of innovative urban policies, growth management and regional planning. US states have, generally speaking, a weak regional/metropolitan level of planning and metropolitan planning organizations (MPOs) remain weak instruments for strategic planning, hence the need for local leadership such as that demonstrated in Richmond.

By contrast, colleagues from Portland State University discussed how, in **Portland, Oregon**, the local MPO “Metro” has established itself as a driver of sustainable planning since its creation in the 1970s (see Ozawa, 2004). The example of Portland and its Metro gives us an insight into a very progressive planning system that has offered a city the opportunity to become one of the most cycling friendly cities in the USA. At policy level, the key driver has been the Oregon Transportation Rules (TPR) developed in the 1990s, requiring consideration of alternative land use plans to reduce car use. This ensured cross-sector collaboration to address critical aspects of healthy urban environments, namely land use, transport and air quality. For Portland, the ‘Portland City Bicycle Plan 2030’ aims to increase the amount of bicycle use to 20% across the city. Collaboration between the university, elected officials, consultants and cycling advocacy organisations is increasing research and education to support the plan through evaluation of initiatives and by providing professional training for cycle planning and embedding it in the student curricula at the university.

In Europe, EU has no legislative competences in the area of spatial planning but promotes broad strategic transnational cooperation through the European Spatial Development Perspective. However, there are a range of EU Directives supporting the objectives of healthy urban planning, in particular in the field of environmental planning and health which each country is required to translate into national law. Our colleagues from Leibniz Universität Hannover, Germany for instance, outlined how the city of **Hannover** has responded to the EU Directive on Environmental Noise. In Hannover, noise from transport and industry affects certain areas of the city and maps for different types of transport and industry have been compiled to show where the greatest effects occur, together with maps showing the populations affected.

The maps are being used to inform actions to reduce the number of people affected adversely by noise from 4270 to 120 through:

1. Avoidance of noise emissions by supporting alternative forms of transport
2. Shifting noise emissions by moving heavy traffic
3. Reducing noise through speed reductions, changes in surfacing and streetscapes
4. Insulating against noise
5. Behaviour change / PR initiatives

The city is also developing a cost-benefit methodology to compare the cost-effectiveness of different measures and a cost-benefit analysis of the overall noise action plan.

As for **Bristol**, the PLAN-ED project gave the WHO CC the opportunity to outline some recent activities such as workshops on Health Impact Assessment (HIA) and study tours. These have helped to build strong cross-sectoral working relationships. The university also involves students through the agency project, a six week placement of UWE students with planning authorities and stakeholders. One of these placements supported the development of a protocol between the NHS Bristol and Bristol City Council's planning department committing planners to consult the local director of public health on selected planning applications which could potentially harm human health (Grant, Raffle and Hewitt, 2011).



HIA Workshop run by WHO Collaborating Centre Research / practice co-operation on engagement processes. HIA workshop in Bristol, credit: WHO Collaborating Centre

The international examples of city level changes in the urban environment to support health provided some interesting approaches which have clearly helped to develop capacity and understanding of the health impacts of urban planning and how to deliver positive outcomes. The challenge for the academics involved in the project is how to use this learning to support change in academic programmes.

Some lessons from comparing practice in the USA and Europe include:

- Need for multi-layer approach to healthy urban planning: good neighbourhood planning must be set within a nest of innovative urban policies, growth management and regional planning. The cases of Richmond and Portland particularly illustrate this

point. Across Europe, EU directives offer cities the opportunity to raise the noise issue on the policy agenda and tackle it at city level.

- Need for community engagement from an early stage. Health issues are then identified by local residents, and addressed effectively when people engage early in the design of their community.
- The importance of robust evidence to inform policies. Evidence can raise awareness of policy-makers, and give them the opportunity to legitimise policy decisions.
- The role played by universities to provide research evidence and training. During the PLAN-ED project, it was also evident that universities had another role to play as broker between planners and other stakeholders and communities. Studio work at VCU and PSU and the agency project at UWE reinforced the case for the strong community role of planning schools.

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