

**WORKSHOP ON SUSTAINABLE AND HEALTHY
URBAN TRANSPORT AND PLANNING
(16 – 18 November 2003, Nicosia, Cyprus)**

**Conclusions of the Strategic Workshop “Integrating Healthier Local Transport
With Sustainable Urban Planning”**

22 October 2003, Belfast, United Kingdom

Introduction

This paper summarizes discussions and recommendations emerging from a workshop on “Integrating Healthier Local Transport With Sustainable Urban Planning”, held on 22 October 2003 in the context of the Healthy Cities Conference “The Power of Local Action” (19-22 October 2003, Belfast, United Kingdom)¹.

It intends to share the views, experiences and recommendations of Healthy Cities representatives with participants in the Workshop on “Sustainable and Healthy Urban Transport and Planning” (Nicosia, Cyprus, 16-18 November 2003). In particular, the paper aims at contributing to discussions to be held under item 4. “Institutional co-ordination and co-operation” of the workshop agenda, focusing on issues, barriers and solutions related to legislative frameworks, institutional arrangements, information, communication and participation requirements, with views of strengthening the active involvement and participation of the representatives of the environment, health and other relevant sectors in decision-making processes on urban transport and land-use planning.

The workshop was attended by ca. 45 participants, from Baku (Azerbaijan), Belfast (United Kingdom), Birmingham (United Kingdom), Camden (United Kingdom), Cork (Ireland), Dublin (Ireland), Geneva (Switzerland), Gothemburg (Sweden), Helsingborg (Sweden), Liege (Belgium), Lisbon (Portugal), Lodz (Poland), Loures (Portugal), Melbourne (Australia), Milan (Italy), Newtown Abbey (United Kingdom), Nitra (Slovak Republic), Rotterdam (Netherlands), Riga (Latvia), Sandnes (Norway), Viana Da Castelo (Portugal), Stockholm (Sweden) Winchester (United Kingdom).

The workshop was chaired by Mr Hugh Barton and facilitated by Ms Francesca Racioppi. It consisted of:

- ✓ Introduction to workshop objectives and background about THE PEP - F. Racioppi, WHO Technical Officer, Accidents Transport and Health and THE PEP secretariat
- ✓ Presentations²:

¹ More information about this Conference can be obtained from the web site <http://www.healthycitiesbelfast2003.com>

² Abstracts of papers presented at the workshop can be found in the Conference book of abstracts, downloadable at <http://www.healthycitiesbelfast2003.com/pdf/abstracts.pdf>

- “Promoting Walking and Cycling as an Alternative to Using Cars: What Works? A Systematic Review” - David Ogilvie, MRC Social and Public Health Sciences Unit, University of Glasgow, UK
 - “Health- integrated Spatial Planning: the Experience of Sandnes, Norway” - Marco Zanussi, Senior Urban Planner, Sandnes, Norway
 - “A Health Map for Urban Planners – Towards a Conceptual Model for Healthy, Sustainable Settlements” - Hugh Barton, Executive Director of the WHO Collaborating Centre for Healthy Cities and Urban Policy
- ✓ Working groups discussions
 - ✓ Reports from working groups
 - ✓ Summary of discussions and recommendations - F. Racioppi

Summary of discussions and recommendations

1. There is a strong need for high level of consistency in policy objectives, supportive arguments and strategies across different levels of government (national, sub-national and local level).

Commitments and objectives need to be supported by adequate resources to allow for their implementation. This should be seen as a continuous, dynamic and two-ways process, moving from top-down and from bottom-up.

2. Enabling national policy frameworks, backed-up by appropriate resources to facilitate their implementation, are of the highest importance to trigger and support local action.

In Norway, the launch in 1990 by the Ministry of Environment of a national plan aimed at reducing traffic volumes and at achieving a modal shift towards cycling and walking in combination with public transport, complemented by the provision of funds to local authorities committed to its implementation, prompted actions at the local level. For example, since the plan was launched, the city of Sandnes built 70 km cycling lanes, 40 parking stands for 400 bicycles, established a system of 225 “city bikes”, introduced schemes to promote cycling to work, carried out information and awareness raising campaigns, and improved the quality of green spaces in the city.

3. The existence of regional strategies may help in the development of a common agenda at the local level for transport and urban planners, thereby bridging existing fragmentation and possible inconsistencies in approaches, objectives and priorities.

As in most cities the responsibility for transport and urban development planning and development is assigned to different departments, the lack of common goals and agenda often leads to conflicting priorities and inconsistencies as well as to difficulties in bridging different points of view and stakes. For example, opportunities

for jobs creation and/or the protection of economic interests are often offered as goals and justification for transport development. This may be at odds with sustainable urban development and health protection objectives, as well as with other competing economic interests (e.g. interests of those who expect to benefit from new jobs opportunities vs. those who live and/or own properties in areas affected by interventions with possible negative impacts) and give rise to conflicts in priority settings, unless a common understanding and shared objectives are agreed and transparent and informed trade-offs made in the decision-making process.

4. Cities' Municipal Development Plans should be closely related to City Health Development Plans, to ensure coherence of goals and synergies in implementation.

City Health Development Plans are drawn-up by Healthy Cities with the double objective of addressing upstream the wider determinants of health (such as socio-economic and environmental conditions) and of integrating the progressive development of health with the development of other aspects of city life. As a result, city health development plans aim to harmonize strategic plans at a city level, with health sometimes taking centre stage and sometimes figuring as part of another plan.³ Integration is intended as an active process, which takes into account the interdependence of the effects of sectoral policies and actions, recognizing and promoting the positive synergistic effect of actions for health with a view to achieving maximum impact.⁴ For example, the city of Sandnes (Norway) has established an explicit link between its municipal and health development plans, thereby making the achievement of these plans objectives inter-dependent.⁵

5. To control the growth in the demand and volume of traffic, urban developments should concentrate to the extent possible on existing built-up areas, minimizing sprawling and moving from low to high-density dwellings.

As this shift may raise concerns about possible deterioration in some aspects of the real and perceived quality of the built environment, high attention has to be placed in ensuring that high density neighbourhoods are developed maintaining high quality standards of dwellings, services and amenities accessible to them. High-density neighbourhoods need to be serviced by convenient public transport. This can be made more efficient by improving services provided by existing infrastructure (e.g. rail, underground) as well as by completing/strengthening the network by connecting trunks, e.g. light rail, tramways.

³ More about City Health Development Plans can be found in "City health development planning" by G. Green, J. Acres and C. Price, – paper published in WHO Healthy Cities in Europe: compilation of paper on progress and achievements – A working document for the 2003 International Healthy Cities Conference, Belfast, Northern Ireland United Kingdom, 19-22 October 2003- Edited by A. Tsouros and J. Farrington- Copenhagen, WHO Regional Office for Europe, 2003

⁴ See: "A working tool on city health development planning: concepts, process, structure and content, Copenhagen, WHO Regional Office for Europe, 2001 (Centre for Urban Health)

⁵ More information on the city of Sandnes municipal and health development plans can be found in "Healthy Urban Planning in Practice: experiences of European Cities – Report of the WHO City Action Group on Healthy Urban Planning" Edited by H. Barton, C. Mitcham and C. Tsourou, Copenhagen, WHO Regional Office for Europe, 2003

6. There is a need to improve the assessment of effectiveness of interventions that are meant to promote modal shifts towards walking, cycling and public transport. This should include planning for evaluation (and allocating the necessary resources) at the design stage of the intervention/policy, and support the development of appropriate methods to assess the overall effect of complex policies/interventions

A recent systematic review of what interventions are effective in promoting a shift from using cars towards using physically active modes of transport in urban populations in developed countries indicates that only a very limited number of relevant interventions qualify for an assessment of their effectiveness. On the one side this is due to the lack of an evaluation stage in the planning of the interventions (often for cost reasons). On the other side it underscores methodological difficulties in measuring the overall results of the interventions, especially of complex ones that include several measures, each of which contributing only to a relatively minor part of the overall result. Improvements in the evaluation of interventions effectiveness are of crucial importance to guide and support the development and implementation of demonstrably cost-effective measures. Where evidence is available, there is indication that interventions aiming at targeted behaviour change can be comparatively more effective than engineering and financial measures. Interventions made in the context of health promotion show improvements in the fitness of the subjects participating in the study, but remains a challenge to quantify the effects also in terms of health benefits.

7. Legislative frameworks, institutional arrangements and information, communication and participation aspects are closely inter-related and dependent/influenced by each other.

Unless the public is ready to accept changes, little or no political support and priority will be given to the establishment of enabling legislative frameworks and to the institutional re-arrangements needed for the changes to take place. The difficulty of changing habits and life-styles relying mostly or entirely on information and awareness-raising should not be underestimated. Specific actions taken at the individual and neighborhood level (e.g. the introduction of schemes such as “Safe routes to school”) can help in modifying habits and attitudes.

8. Historically, transport planning has concentrated on making private motorized transportation the easiest and obvious choice. If modal shifts towards cycling, walking and public transport are sought, then the choice of these means of transport should be facilitated as well, including by introducing measures that discourage the use of private motorized transportation.

Cross-sectoral approaches, horizontal collaboration and interventions at the community level can be effective in promoting behavioural changes. In addition, measures restricting and/or discouraging the use of private cars should be considered to attain greater modal shifts and higher returns from investments in infrastructures for cyclists and pedestrians. For example, in the city of Sandnes the provision of high

quality infrastructure for cyclists and information campaigns have contributed to improve the environmental quality of the built environment, but have not resulted in a high modal shift towards cycling. While the provision of good infrastructure is a necessary pre-requisite to create safe conditions for cycling, it may be not sufficient to achieve significant modal shifts. Therefore, the need to introduce also measures that restrict or discourage the use of private cars (e.g. by reducing the availability of parking places, introducing/increasing parking fees) has to be taken into consideration as well.