

## Chapter 6

# The Crucial Point in Assessing Plans and Projects for Healthy Cities



**Abstract** Assessment of the impacts that the planning model and planning choices can have on the health of people and their quality of life is entrusted in many European countries and beyond to specific tools that are only rarely obligatory and integrated in ordinary planning tools. Their task is to evaluate the effects that the choices of plans, projects, and interventions can have on human health to correct them or orient their activation. In European countries, the HIA is required mostly for some categories of interventions, but rarely in the case of urban plans. Despite the evidence of certain risks, it can be of great assistance on the road to integrating urban planning and health, when the latter is carried out in conjunction with the former and with the urban project, later entering the phase of plan management through monitoring actions.

**Keywords** Health impact assessment (HIA) · Decision-support system · Sharing urban planning · Local democracy and participation · National best practices

Assessment of impacts that the planning model and planning choices can have on the health of people and their quality of life is entrusted in many European countries and beyond to specific tools that are only rarely obligatory and integrated in ordinary planning tools. Their task is to evaluate the effects that the choices of plans, projects, and interventions can have on human health to correct them or orient their activation. A publication by the WHO-Europe in 2014 entitled “Health in Impact Assessment” considers five types of impact assessment that hold this importance: the Environmental Impact Assessment (EIA), the Strategic Environmental Assessment (SEA), the Social Impact Assessment (SIA), the Sustainability Assessment, and the HIA. While the other types of evaluation also deal with the impacts on human health, the HIA is expressly dedicated to it.

In its current state, the HIA is not supported by binding legislation for European countries, as is the case instead for the EIA and the SEA. Although it was not compulsory, it was one of the central themes of Phase IV (2003–2008) of the European Healthy Cities Network, with the WHO’s request for its habitual use to assess the impacts on health of projects, plans, and policies on a regional and local scale in order to provide recommendations on how to reduce risks, promoting the benefits to and monitoring the effects on health over time.

In European countries, the HIA is required mostly for some categories of interventions, but rarely in the case of urban plans. In addition, the HIA is used more on the local level than on the level of national plans and policies.

There are a series of reasons that have delayed the adoption of the HIA in urban planning.

In a recent article published in the *Journal of Environmental Planning and Management*, entitled “Environmental Health in the complex city: a coevolutionary approach”, the authors discuss the complexity of the relationships between urban planning and health and identify three elements of weakness in the current evaluation procedure (Verbeek and Boelens 2016).

The first element regards the dynamics of the spatial transformations, for which impact assessments are often shown to be obsolete or incapable of addressing the continuous, accelerated evolution of urban phenomena. In a context of continuous change, territorial planning is beginning to experiment with design and regulatory solutions that are more adaptable and co-evolutionary (Boelens 2009; De Roo et al. 2012). Similar trends are slow in being realized in the area of impact assessments on health, where standards and regulations continue to be considered as something static and not, more appropriately, as components in a developing process that involves as many subjects as possible, among which solutions to problems are identified and negotiated.

The second element regards the difficult understanding of assessment processes. The EIA, SIA, and HIA are generally “black boxes” because they require specialized language that expands the gap between experts of different disciplines and between experts and citizens. Planners often do not have the technical skills necessary to understand the information provided by experts in other sectors, which makes it even more difficult to interact with citizens and associations, who often criticize the assessment procedure.

The third element regards the inadequate consideration for the social determinants of health. Impact evaluations essentially include environmental data that can affect personal health, but problems of health and well-being are generally not considered in a systematic way; they do not recognize the complex interrelationships between health, social conditions, and living spaces (Vancutsem et al. 2009).

Despite these effective difficulties, the HIA can be of great assistance on the road to integrating urban planning and health, when the latter is carried out in conjunction with the former and with the urban project, later entering the phase of plan management through monitoring actions. In the search for a new model of flexible, adaptable urban planning, the HIA could possibly indicate corrections and changes in path to make during the work. It would be able to correct the undesired effects of land transformations on the health of city inhabitants with the help of participatory paths and real sharing.

In the Foreword to this book, Patrizia Gabellini identifies some risks in applying the HIA. For one, it would introduce yet another assessment tool on top of already existing ones, further weighing down the process of developing plans and projects. In addition, its presumed inclination to control “everything” through sophisticated algorithms would mean using powerful databases that are often not available.

In our opinion, albeit with the limits highlighted above and without the pretence of relying on a valid tool on all occasions and in all contexts, the HIA has revealed a certain usefulness in the cases for which it was designed, i.e.:

- as a tool in support of decision-making (a decision-support system), whose goal is to achieve equality and equity in the health of all citizens;
- as a tool useful to promoting personal empowerment, in particular for the most vulnerable groups, favouring the involvement of private, public, and publicly controlled actors in search of an acceptable consensus (Sciences Po Toulouse 2015).

More specifically, its use would regard:

- the possibility of discussing different plan and design alternatives. Even where the HIA does not help to make decisions, it can still contribute to creating a debate that allows the possible impacts to be signaled;
- the possibility of developing forms of interaction and cooperation among the sectors of public administration and between these and citizens and interest holders;
- the possibility of increasing local democracy and participation. The HIA could be configured as a transparent tool to gather and show the effects of the different alternatives of a project, providing the possibility to share the choices with the population.

There are many important HIA experiences in Europe. We have selected two regarding its application: the City of Rennes and the restoration of the Pontchaillou railway station, and the city of Bristol in the case of Greville Smyth Park (see Appendix 2).

In the case of Rennes, the HIA represented the first experience in France in the area of an urban regeneration project. This initial application caused some critical and some potential aspects of this tool to emerge. Its application confirmed the general lines of the project to restore the Pontchaillou station and the surrounding neighbourhood, but it also contributed to providing a concrete list of new possible solutions and to reinforce the probability that the project could have a positive impact in terms of personal health (Tollec et al. 2013). The HIA also proposed the objective of allying the different players (experts, communities, politicians) around the central question of health and the quality of life, developing a method centred on a multi-criteria network. This network allowed the different determinants of health to be investigated in relation to the design proposal in order to best evaluate the choices of the politicians responsible and to provide useful recommendations to promote the success of the project. The inter-sector approach worked, while requiring a large effort in coordination and cooperation among public and private players, which is not always easy to achieve, especially when different actors use different languages. The language difficulty was overcome because preliminary meetings were held in which all interested subjects were taught the common definitions, such as the concepts of *health*, *air quality*, and *noise pollution*.

What did not work was the involvement of citizens and users (people interested in the project, users of the TER Bretagne railway network, users of the Rennes University Hospital, local residents, and students). A further difficulty, this time highlighted by the stakeholders, regarded the access to information, which was often difficult to collect. This led to problems such as: the increase in time to draft the HIA and compromising the quality of the process and the results.

In the case of Bristol, the success of the HIA, in contrast, regarded precisely the involvement of the population in the project. The experimentation dealt with Greville Smyth Park, a green area situated to the southeast of the city centre, which was frequently subject to vandalism by youths. The city administration, in collaboration with the non-profit organization Friends of Greville Smyth Park (FroGS)<sup>1</sup>, defined, in the Greville Smyth Park Improvement Plan, design choices aimed at converting the area's problems into strong points, encouraging youths to use the park in a positive manner. Recognizing youths as key users, the organization established a participatory process aimed directly at them. There were many initiatives implemented (events and demonstrations related to art, etc.), and many players contributed economically to realizing the new park and the participatory process.

## References

- Boelens, L. (2009). *The urban connection: An actor-relational approach to urban planning*. Rotterdam: 010-Publishers.
- De Roo, G., Hillier, J., & Van Wezemaal, J. (Eds.). (2012). *Complexity & planning: Systems, assemblages and models*. Farnham: Ashgate.
- EHESP/DGS, Roué-Le Gall, J., Potelon, J. L., & Cuzin, Y. (2014). *Agir pour un urbanisme favorable à la santé, concepts & outils*. [www.ehesp.fr/wp-content/uploads/.../guide-agir-urbanisme-sante-2014-v2-opt.pdf](http://www.ehesp.fr/wp-content/uploads/.../guide-agir-urbanisme-sante-2014-v2-opt.pdf). Accessed June 6, 2017.
- Fehr, R., Viliani, F., Nowacki, J., & Martuzzi, M. (2014). *Health in impact assessments*. WHO Regional Office for Europe. [social-sante.gouv.fr/IMG/pdf/02health-in-impact-assessments-final-version.pdf](http://social-sante.gouv.fr/IMG/pdf/02health-in-impact-assessments-final-version.pdf). Accessed June 6, 2017.
- Sciences Po Toulouse, Iferiss. (2015). *L'évaluation d'Impact sur la Santé (EIS). Analyse comparée de démarches territoriales étrangères pour améliorer la santé et l'équité en santé*. [http://www.iferiss.org/images/IFERISS/2015\\_rapport\\_eis.pdf](http://www.iferiss.org/images/IFERISS/2015_rapport_eis.pdf). Accessed June 6, 2017.
- Tollec, L., Roué le Gall, A., Jourden, A., Auffray, F., Jabot, F., Vidy, A., Thébault, P., Mordelet, P., Potelon, J. L., & Simos J. (2013). L'Évaluation d'Impacts sur la Santé (EIS): une démarche d'intégration des champs santé-environnement dans la voie du développement durable. Application à un projet d'aménagement urbain: la halte ferroviaire de Pontchaillou à Rennes. *Development durable & territoires* (Vol. 4, no. 2), Santé et environnement. <https://developpementdurable.revues.org/9815>. Accessed June 6, 2017.
- Vancutsem, D., Gee, D., Gossop, C., Hoyer, U., Jarosinska, D., Laconte, P., Schrenk, M., Hemis, H., & Seidl, R. (2009). In J. Colman (Ed.), *Urban planning and human health in the European city*. Report to the World Health Organisation. International Society of City and Regional Planners

---

<sup>1</sup>The organization aims to improve the environment and structures of Greville Smyth Park and the surrounding areas, through actions related to safety and accessibility. In addition, it looks to initiate actions to encourage local residents to care for the park and to act responsibly.

- (ISOCARP). [https://isocarp.org/app/uploads/2014/08/WHO\\_report\\_final\\_version.pdf](https://isocarp.org/app/uploads/2014/08/WHO_report_final_version.pdf). Accessed June 6, 2017.
- Verbeek, T., & Boelens, L. (2016). Environmental health in the complex city: A coevolutionary approach Environmental health in the complex city: A co-evolutionary approach. *Journal of Environmental Planning and Management*. <https://doi.org/10.1080/09640568.2015.1127800>.