

How and why integrate health and wellbeing into urban planning projects? An ongoing research project about the dissemination of healthy urban approaches in France.

Lise Patron^{1*}

*¹Ambiances, Architectures, Urbanités research laboratory, ENSA Nantes, Nantes Université, France
and Lab'Urba, Paris Est-Créteil Université, France
lise.patron@etu.univ-nantes.fr*

(*Main presenter and corresponding author)

Abstract: The places we live in, their features and quality impact both our health and wellbeing, and are associated with social inequalities. Healthy Urban Planning (HUP) emerged in the 1980s to address these issues, in line with the principles of sustainable development. In France, healthy urban approaches, inspired by HUP, started to develop in the 2010s. Nowadays, their increased development, implementation, diffusion and sustainability encounter certain impediments, such as mediation with political, economic and technical concerns and, also, with other stakes such as the ecological and social impacts of urban planning projects. Studying the terms and conditions of the emergence, implementation and dissemination of these approaches and the arbitrations that take place at the local level is thus of interest for both stakeholders and researchers, and raise important questions related to the definition of “healthy urban approaches”. This questioning has resulted in the start of a three-year action research project currently implemented through my PhD thesis in Urban Planning, undertaken at Nantes Université, Paris Est Université (France) and at an urban consultancy firm (Paris, France).

Keywords: Healthy cities, Wellbeing, Inequality, Climate Change, Decision-making Processes, Healthy Urban Approaches, Urban Planning Practices, Action Research.

Extended abstract

1. Introduction: the links between urban planning, health, climate change and inequalities

Health is a complex notion that is not limited to the “absence of disease or infirmity” but defined as “a state of complete physical, mental and social well-being” (World Health Organization, 1946). It depends on a large variety of factors, called determinants of health, which can be individual (genetics, gender, age...), linked to specific lifestyle factors (diet, physical activity...) or related to socio-economic and environmental components (heat waves, urban designs...) (Lalonde, 1974). Our social, economic and physical environments impact our health and wellbeing and contribute to inequalities among dwellers (Roué-Le Gall & Jabot, 2017). Simultaneously, climate change challenges the sustainability of our living spaces (Crane et al., 2021), notably through issues such as energy consumption, access to water and food, or heat waves and floods. This also impacts people’s state of health through differentiated effects and levels of exposure amongst inhabitants (Kim et al., 2014).

Healthy Urban Planning (HUP) emerged to address these issues in 1987, by calling for “town planning practices that tend to promote health and wellbeing, displaying significant similarities with the principles of sustainable development”¹ (Barton & Tsourou, 2004). The aim is to improve health by maximizing the exposure to healthy determinants, minimizing negative consequences stemming from infrastructures, and anticipating the impacts of climate change (Roué-Le Gall and al., 2020). To facilitate the integration of health into urban projects, HUP promoters resort to various tools, such as HUP support studies and Health Impact Assessments.

2. Healthy urban approaches in France: emergence, development and perspectives

In France, healthy urban approaches started to develop in the 2010s (Jabot, 2021). While they are becoming increasingly popular, their emergence, implementation and dissemination deeply vary across regions (Jabot, 2021). In addition, they remain discretionary (contrary to other urban studies) and sometimes compete with other political, economic, technical (Anzivino et al, 2021) and socio-environmental challenges. Their implementation sometimes appears costly for local governments, in terms of budget and time to be added to the pre-existing costs and duration of projects, while not displaying significant impacts in a short period of time given the long duration of urban projects. Similarly, combining environmental, social and health challenges in urban projects may also be complex (Crane et al., 2021; Hunter et al., 2019), as illustrated by the risks of gentrification (and therefore the eviction of underprivileged groups) that increase with the presence and quality of public green spaces, which are both favorable to health and the environment (Hunter et al., 2019).

3. An action research project about the implementation and dissemination of healthy urban approaches in France: challenges, research questions and methodology

These approaches being relatively recent in France, few research works have focused on their emergence, implementation, and diffusion. Understanding how and why health becomes a crucial matter to be addressed in urban projects is therefore important for both stakeholders and researchers, as it will help diffuse and replicate healthy urban approaches to other French local governments while

¹ Free translation from the French.

producing scientific knowledge about current changes in urban planning practices. Better comprehending the arbitrations that take place between health issues and other challenges of the urban projects (e.g. feasibility, socio-environmental dimensions...) is of interest as it influences the terms and conditions of the integration of health in urban planning projects and informs the transformations of local decision-making processes. All of this results in major questions about the very definition of “healthy urban approaches” as well as about the ways local governments perceive and contribute to health by undertaking actions related to health promotion and prevention.

These challenges are part of an action research project carried out through my PhD thesis in Urban Planning about the dissemination and sustainability of healthy urban approaches in France, currently undertaken at Nantes Université, Paris Est Université (France) and at a consultancy firm (Paris, France). This 3-year research project will analyze several healthy urban approaches implemented in France, through a qualitative method of data collection (monographs, participant observations, semi-directive interviews, case-studies...), that will be further presented during my intervention. Beyond providing straightforward answers, this contribution is therefore intended as an invitation to reflect collectively on healthy urban approaches, their stakes, meaning, and future, as well as their impacts on operational dimensions.

References

Anzivino, L. *et al.* (2021). ‘L’appropriation de la démarche d’évaluation d’impact sur la santé par les collectivités : Trois exemples en Auvergne-Rhône-Alpes’. *Santé Publique*, Vol. 33(1), 57-63. doi : <https://doi.org/10.3917/spub.211.0057>

Barton H., Tsourou, C. (2004). *Urbanisme et santé : Un guide de l’OMS pour un urbanisme centré sur les habitants*. Rennes : Association internationale pour la promotion de la Santé et du Développement Durable.

Crane, M. *et al.* (2021), ‘Transforming cities for sustainability: A health perspective’, *Environment International*, 147; doi:<https://doi.org/10.1016/j.envint.2020.106366>.

R.F. Hunter *et al.* (2019) ‘Environmental, health, wellbeing, social and equity effects of urban green space interventions: A meta-narrative evidence synthesis’, *Environment International*, 130. doi:<https://doi.org/10.1016/j.envint.2019.104923>.

Jabot, F. (2021). ‘L’évaluation d’impact sur la santé pour scruter et sculpter les politiques’. *Santé Publique*, Vol. 33(1), 7-16. doi : <https://doi.org/10.3917/spub.211.0007>

Kim K-H, Kabir E, Ara Jahan S. (2014). ‘A review of the consequences of global climate change on human health’. *Journal of environmental science and health. Part C, Environmental carcinogenesis & ecotoxicology reviews*, 32, 299–318. doi: <https://www.tandfonline.com/doi/abs/10.1080/10590501.2014.941279>

Lalonde, M. (1974), *Nouvelle perspective de la santé des Canadiens : un document de travail*. Available at: <https://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-fra.pdf> [Accessed August 7, 2023]

Roué-Le Gall, A. *et al.* (2020). *Le Guide ISadOrA : une démarche d’accompagnement à l’intégration de la Santé dans les Opérations d’Aménagement urbain*. EHESP, A-urba, FNAU, ADEME, DGS et DGALN.

Roué-Le Gall, A., & Jabot, F. (2017). ‘Health impact assessment on urban development projects in France: Finding pathways to fit practice to context’. *Global Health Promotion*, 24(2), 25-34. doi: <https://journals.sagepub.com/doi/10.1177/1757975916675577>

World Health Organization (1946). Preamble of the Constitution of the World Health Organization, New-York, 22 july 1946. Available at https://treaties.un.org/doc/Treaties/1948/04/19480407%2010-51%20PM/Ch_IX_01p.pdf [Accessed August 7, 2023]

Permission to reuse and Copyright

Not applicable, as this paper does not include copyrighted materials from other sources (including the web).

Conflict of Interest

The PhD research presented in this extended abstract is undertaken within the framework of a CIFRE contract (Industrial Agreement for Training through Research) in a consultancy firm specialized in Healthy Urban Planning, housing and quality of life decision-support systems. CIFRE (doctoral) contracts are measures created by the French government to promote scientific research within firms and public administrations as well as to support cooperation between academia and operational sectors.

Author Contributions

LP:

- Conceived, designed and performed the analysis
- Collected the data
- Wrote the paper

Funding

This work benefited from a CIFRE contract (Industrial Agreement for Training through Research) in a consultancy firm specialized in Healthy Urban Planning, housing and quality of life decision-support systems. CIFRE (doctoral) contracts are measures created by the French government to promote scientific research within firms and public administrations as well as to support cooperation between academia and operational sectors.

Acknowledgments

The author would like to thank all the stakeholders that agreed to participate in this PhD research, including the consulting firm that is welcoming her as part of the CIFRE doctoral contract, and her thesis supervisors, Laurent Devisme (Nantes Université, ENSA Nantes, Ambiances, Architectures, Urbanités) and Hélène Charreire (Univ. Montpellier, MOISA, INRAE and Paris Est Université, LabUrba).