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Rosalba D'Onofrio · Elio Trusiani

Urban Planning for Healthy European Cities

Springer

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Foreword: Resilience and Welfare Reform

This book, by Rosalba D'Onofrio and Elio Trusiani, addresses health and well-being in the city, which leads to a reflection on the reasoning of modern and contemporary urban planning, highlighting the distance that separates one from the other rather than their persistence.[1]

Questions pertaining to hygiene, as the authors remind us, are among the founding questions of urban planning, which originated with the "second urban revolution"[2] and fed different ideas of the modern city, moving progressively to a basis on ideas pertaining to welfare. Standards and zoning,[3] the two cornerstones of modern urban planning, which are at the centre of the disciplinary "review" today, form the technical response that European urban planners used to realize a healthy, just city over the course of about 80 years (starting with Ildefonso Cerda's general theory of urbanization published in 1867 up to the Athens Charter published by Le Corbusier in 1942). This was a universalist response, ethically founded and politically supported by movements and shared by socialist parties where it was taught starting from the needs of the mass of urbanized workers.

Reference to the "origins of modern urban planning"[4]—or perhaps better, to some of its "roots"[5]—provides a way to investigate the current explosion, which, faced with profound changes in the urban and environmental order, with evident effects on public health, affects the entire field of urban planning, redefining the themes, techniques, procedures, and tools.

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[1] See Clementi, A. (2016). *Forme imminenti. Città e innovazione urbana*, LIStLab, Rovereto on the relationship between the modern and contemporary eras.

[2] The second and third urban revolutions in the sense given by F. Ascher, *I nuovi principi dell'urbanistica*, M. Russo (Ed.), Tullio Pironti editore, Naples 2005.

[3] The zoning reform, as it is known, is one of the doctrinal points in the Athens Charter. See Di Biagi, P. (Ed.) (1998). *La Carta d'Atene. Manifesto e frammento dell'urbanistica moderna*, Officina, Rome.

[4] Benevolo, L. (1991). *Le origini dell'urbanistica moderna*, Laterza, Rome-Bari.

[5] Secchi, B. (2007). *Prima lezione di urbanistica*, Laterza, Rome-Bari.

The original research presented in the central part of this book consists of a broad reconstruction of the operational framework, which follows European recommendations, the achievements of the Healthy Cities movement, and some significant door-opening experiences in European cities. As a whole, these experiences have given shape to a theme that, for the last decade, has merited careful critical attention. In particular, according to the authors, from the "laboratory" of the 1400 cities composing the Healthy Cities Network, "a new 'idea' of city, a new means of organizing functions in space, composing the urban form, organizing the city's relationship with the environment and the landscape—in effect, a new model of urban planning" would make inroads. In effect, the conditions required for cities to adhere to the Health 2020 strategy directly affect urban planning and design, identifying choices regarding land use, social services, and transport as some important cornerstones. Other important lines of work include policies of adapting to climate change and community resilience. In other words, by focusing on health and well-being threatened by ageing, chronic disease, and diseases transmitted by infection and urbanization,[6] cracks can be seen in the fundamental achievements of modern urban planning as well as in the limits of the urban-planning field. It is not by chance that the internal urban-planning debate addresses and also affects the way of dealing with historical questions (land use, social services, transport) and more recent questions (climate change, resilience).[7]

There are many implications situated on many different planes. I refer to only some of them as examples of actions ranging from housing ergonomics to supranational policies for different climate regions.

As a characteristic datum, new demographic conditions show an ageing population, with the trend in Italy that by 2025 will see positive balances in only 23 provinces, almost exclusively in the north.[8] Such a consistent, diffuse presence of people with various forms of disabilities related to advanced age requires a new set of city facilities, organized forms of service, and widespread accessibility, but also a massive operation to renovate buildings, especially considering solitude due to death or the distance from family. For example, installing lifts and removing architectural barriers within buildings is fundamental (which otherwise risks "reclusion", with its social and economic costs). This type of intervention, added to those for energy and static renovations, is one of the main reasons for regenerating existing buildings. On the other hand, the current profound reorganization of

[6] These are the "new challenges for health systems" delineated in the Preface to the book by D'Onofrio and Trusiani (2017) *Città, salute e benessere. Nuovi percorsi per l'urbanistica*, by Andrea Lenzi, President of the National Committee for Biosafety, Biotechnology, and Life Sciences under the Presidency of the Council of Ministers and the Health City Institute.

[7] See "Progetto Paese" (Country Project) presented by the Italian National Institute of Urban Planning at its 29th Conference (Cagliari 28–30 April 2016); the acts of the 19th Italian Society of Urban Planners Conference (Catania 16–18 June 2016; www.planum.net); La Biennale public space program (Rome, 25–27 May 2017).

[8] Data from CRESME (Italian Centre for Economic and Social Research in the Building Market), 2017.

social/health services related to home assistance is already proposing new forms of living based on different degrees of sharing. These are found above all in the area of social housing, but are beginning to come into view of the most up-to-date real estate investors. The impacts on transport, while obvious, still seem to be suffocating. The means of managing local public transport have still not been sensitized in this sense, while the relevance of continuous, safe (not slippery, for example) pedestrian paths is subordinate to cycling paths.

Among chronic diseases, cardiovascular disease in particular is associated with incorrect lifestyles, notably sedentariness. The short circuit with urban operation is clear, almost immediate: preventive therapies (movement outdoors in well-oxygenated areas) create a spatial organization that makes different modes of life possible and easy. Continuous, branching biking paths that intersect daily habits (so they are no longer and not only for leisure), comfortable, attractive, or dedicated walking paths (fitness courses), green spaces, and equipment for various recreational activities are already present in guidelines for the design of public spaces. In the health perspective, however, they find further reason for focusing designers' attention on more specific, refined solutions and a pervasiveness that borders on hygienic obsession. Even horticulture, a characteristic component of peri-urban agriculture, where the conditions have been less dramatically changed by the crisis and are less socially polarized, is confirmed in relation to the need to affirm new lifestyles and new value systems (attention for the environment, food quality, and a sharing economy).[9]

Diseases tied to urbanization refer not only to dust pollution mainly due to vehicular traffic (damage to the respiratory system and allergies in general), but also to noise pollution and smells, with the systemic consequences of the stress they can cause. American studies on the relationship between urban sprawl and health show a correlation between high street use and both the reduction of physical activity and the incidence of mental illness, including even a reduction in social capital. The studies highlight a specific, serious penalization of vulnerable populations (due to age, disability, skin colour, and income).[10] Conversely, D'Onofrio and Trusiani refer to the positive relationship between dense cities/public transport services and green areas with health.

Considering that the production of carbon dioxide is among the main causes of the global increase in temperature and considering that about 75% of CO_2 is produced in cities (distributed among housing, transport, and economic activities in roughly equal parts), we can include the impacts on health due to climate change among the consequences of urbanization. We can also add that environmental questions have entered the political agendas and subject to public attention precisely when they began to have evident negative effects on health. In the

[9] See, for example, Cinquepalmi, M., Petrei, F. (Eds.) (2015). *Ortipertutti. Nuovi orti a Bologna/New Gardens in Bologna*, Urban Center Bologna, Bologna.

[10] Frumkin, H., Frank, L., Jackson, R. (2004). *Urban Sprawl and Public Health: Designing Planning and Building for Healthy Communities*, Island Press, Washington (DC).

Mediterranean region,[11] specific threats to health arise from heat waves, the absolute lack and/or low quality of water, and the possibility of serious accidents due to extreme atmospheric events. Climate plans, which are now indistinguishable from plans for sustainable energy,[12] with their fusion of strategies and actions and their ability to interface with multiple urban plans, projects, and policies, constitute the technical product at the most interesting and precise moment to consider and contextualize questions pertaining to health and well-being.

It is precisely this scope of actions that I have summarily referred to and which explains the recommendation by the World Health Organization (WHO) to consider "Health in all Policies" that, in my opinion, advises against the introduction of a new tool aimed at assessing the impact of health (HIA), which would be added to the strategic environmental assessment (SEA) and the Italian environmental and territorial sustainability assessment (*Valutazione di sostenibilità ambientale e territoriale*, ValSAT). This relates not only to intolerance for the multiplication of specialized tools that are slowly making the content of policies opaque, but also their powerlessness with respect to the all-encompassing anxiety that inspires them or the willingness to control the *whole* that eludes us in sophisticated algorithms based on the identification and availability of powerful databases. One of the reasons for dissatisfaction with respect to the ValSAT, practiced for many years in support of urban plans, lies precisely in its specialized fragmentation. One loses sight of its relation to the problem since complexity is reduced by selecting some numerical indicators and the assessment of quality becomes a procedure, such that from denoting levels it risks being transformed into a flag to hold onto (as happened with standards). Paradoxically, tools designed to be integrated wind up fragmenting the framework of skills and lose the sense of the operations.

Without a doubt, there is a strong trend towards a new functionalist reductionism.[13] In this respect, the authors' open-ended conclusions, the reference to interpretation, culture, and skills to deal with extremely diverse contexts and circumstances are appropriate. Summary and determinism, in fact, are always risks lurking in disciplines with a low rate of specialization.

The importance and vastness of the theme posed by the book lead to questions about the universal character (or not) of the proposals, asking how it is possible to create cities that are healthy for all. While recognizing a general flattening in public discourse that supports a judgement of neo-hygienism, there are rivulets of reflection in its folds on the discrepancies and different impacts that different diseases have on populations. Even ageing is not "democratic", and not only for

[11] One of the seven climate regions in Europe according to the European Environment Agency report *Urban adaptation to climate change in Europe 2016. Transforming cities in a changing climate*, EEA Report, no. 12, 2016.

[12] As of 2017, the energy initiative promoted with the Covenant of Mayors is now integrated with the initiative on climate change in the Climate Change Adaptation through the Covenant of Mayors for Climate and Energy.

[13] Widely discussed by Cristina Bianchetti in her latest book, *Spazi che contano. Il progetto urbanistico in epoca neo-liberale*, Donzelli, Rome 2017.

economic reasons, given the importance assumed by social and cultural capital in a "hypertext society".[14] Cleaning up the air, land, and subsoil is now recognized as a condition for survival (of the human species through other living species) and, in this sense, is an objective of universal worth. However, levels of risk and threats are usually polarized, as already shown by the research on urban sprawl mentioned above. This awareness is decisive for the choice of priorities and the refinement of policies, to identify a thread in the extraordinarily intricate bundle of problems to be faced. There is a city of the rich and a city of the poor,[15] and there is a responsibility that is distributed among politicians, administrators, and those in charge of constructing the "urban agenda". The initial step is to not confuse the levels and then to not oppose the hygienic drift with a welfare drift. Instead, intersections among the different objectives should be identified to work on in depth, along with the possible confluences (with synergic effects) and dilemmas when objectives and actions aimed at realizing healthy cities run into objectives and actions aimed at building just cities. It seems to me that the effective encounter with the different contexts is situated precisely at this intersection and community resilience can be expressed. For this reason, it is not reasonable to quash social questions with environmental questions or maintain that policies for environmental resilience respond simply to the need for a new welfare. Environmental and social instances meet but do not identify each other, and devices to redistribute spatial richness do not coincide with those for mitigation and adaptation to climate changes if none other than for different time horizons and, in many cases, due to the competition regarding the destination of resources.

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[14] As defined by Ascher, in contrast to the industrial society, op. cit.

[15] Secchi, B. (2013). *La città dei ricchi e la città dei poveri*, Laterza, Rome-Bari.

Preface

In 2012, the Lancet Commission conducted a study into potential innovative associations between issues of health, social (in) equality, and economic development in city planning. This study recognizes the so-called urban advantage for human health and focuses on limitations of the linear and cyclical approaches to urban planning in dealing with the issues of health and quality of life of city inhabitants. In doing so, the Commission expressed the belief that urban planning is the most appropriate tool to move from the rhetoric of many policies aimed at promoting health and safety in the city to practical actions. The study requires planning to focus on experiments and projects while involving local communities and planning at various levels. More recently, the UCL-Lancet Commission 2015 report "Health and Climate Change" says climate change could be the greatest global health opportunity of the twenty-first century and it encourages the transition of cities to promote and support lifestyles that are healthy for both individuals and the planet.

This book uses the above as a starting point and aims to investigate different aspects of European Healthy Cities, examining various best practices. Capitalizing on ongoing trials, the book identifies the policies that underlie plans and projects that have caused positive changes in local communities in terms of the quality of life, health, and well-being of inhabitants. From these best practices, the book deduces some themes, strategies, and general criteria for planning healthy European cities.

The book is organized into three parts.

PART I—The City for Better Living

With reference to the international literature, the first part of the book addresses the different aspects of healthy cities, evaluating synergies with other interesting issues concerning contemporary cities. It describes the successes and failures of the European Healthy Cities Network. Finally, it lists the main inspiration for new urban governance to promote the well-being and health of European cities. This first part includes contributions from two cities: Belfast and Bologna, experts on health, city well-being, and the governance of urban phenomena.

PART II—Healthy Urban Planning in Europe

The second part investigates the role of urban planning in promoting concrete actions to improve the quality of life, health, and well-being in the city. This was done through a selection of some practices in different European cities, with the aim of identifying and investigating relationships between: (a) health promotion and urban sustainability; (b) possible conflicts and synergies between different levels of urban policies and between different urban actors and local communities; and (c) technical and operational tools that cities have implemented to ensure public health. The cases investigated include cities such as: Belfast, Bologna, Bristol, Copenhagen, Poznań, Rennes, Rotterdam, Turin, and Turku.

PART III—Planning and Designing Healthy Cities and Communities

Based on European and international experiences, the third part defines strategies and criteria to reformulate and adapt urban plans and projects aimed at building health-friendly urban environments. First, it promotes the assumption of neighbourhoods as an ideal field of action to understand the challenges to health and well-being, intercept and stimulate the participation of local communities, and understand the design aspect of the planning choices that are increasingly tied to the quality of life, health, and well-being of the citizens. Second, the exploratory role of the project is considered in order to reposition and reorganize urban spaces with respect to the potential impacts of the transformations and effects due to climate change on health and well-being of city inhabitants. Recourse to checklists, guidelines, and design orientations is established, which can be of assistance in stimulating discussion and negotiation among the different actors on the urban scene and in local communities. Finally, in this dimension, urban design takes on two new meanings among the most debated aspects in contemporary urban planning: densification and the temporary nature of city uses. In particular, the former appears as a sort of prerequisite for some recommended actions in terms of health, such as walking, socializing, sharing spaces. The latter serves as an occasion to approximate the quality design choices over time in an attempt to contribute to creating healthier and more equitable places and lifestyles.

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Bologna_Healthy City: Social Sustainability, Urban Projects, and Innovations in Agreements by Luca Rizzo Nervo

Appendix n.2—City Experiences

Bristol's parks and green space strategy by Piera Pellegrino

Rennes-Restructuration de la halte ferroviaire de Pontchaillou by Michela Tolli

Healthy Poznan (HP)—Health Development Plan for the City of Poznan by Flavio Stimilli

The Hirvensalo District Master Plan: health impacts of three structural models in Hirvensalo—Turku by Chiara Camaioni