JOINT ACTION BY HEALTH AND PLANNING ADMINISTRATIONS: EXPERIENCES FROM SMALL AND MEDIUM-SIZED COMMUNITIES IN NORTHWEST GERMANY

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Outline

1. The AFOOT project
2. Local stakeholder’s awareness of health as a planning issue
3. Participation of local health authorities in planning processes
4. Experiences from the AFOOT role-playing games
5. Constraints and opportunities for changing municipal action in health promotion
1.1 Securing urban mobility of an ageing population – the AFOOT project

- Embedded in the AEQUIPA prevention research network
- Funded by the German Federal Ministry of Education and Research
- Duration: 02/2015-01/2018
- AFOOT → interdisciplinary research team
- Focus on small and medium-sized towns in the Metropolitan Region Bremen/Oldenburg in Northwest Germany
1.2 Research process of the AFOOT project

- **Document analysis**
  - of international guidelines and local/regional planning documents

- **Expert interviews**
  - with representatives from health and planning administrations

- **Workshops**
  - with municipal representatives and other stakeholders to jointly develop indicators

- **Expert interviews**
  - with municipal representatives, relevant regional institutions, scientists and practitioners

- **Role-playing games**
  - in 3 municipalities to test the guide

AFOOT guide
Aims of the guide:

1. Raising awareness for health promotion
2. Fostering intersectoral cooperation
3. Strengthening local knowledge and capacities in the field of health promotion
2.1 Awareness of health as a planning issue

Contact with health issues in planning processes:

- Noise pollution of streets, industrial sites, wind power stations
- Unpleasant odour of agricultural and industrial facilities
- Particulate matter
- Water and sanitation
- Provision of medical care

Immission control outweighs health promotion!
2.2 Awareness of health as a planning issue: Approaching health issues in planning processes

„We work in a risk-oriented manner. We look at the risks that influence people and try to minimize them."

(Health official in a big city)

„It is more about whether we comply with the guidelines, e.g. the technical instructions on noise. (…) It is not that we really check what a street does with people.“

(Planning official in a rural district)
3.1 Participation of local health authorities in formal planning processes

Many formal planning processes grant health authorities the opportunity to write a statement, for example:

- Environmental Impact Assessment
- Preparatory and statutory land-use plans
- Noise Action Plans

Mind the routines, e.g. joint statements by district administrations!
3.2 Participation of local health authorities: Using formal opportunities

“They send it to us, we flip through the material, write one or two lines and that’s it."

(Health official in a rural district)

“Everything that is related to immissions, that has an influence on the population, I assess it – I assess it critically.”

(Health official in a rural district)
4.1 Role-playing game: Participants and interaction

- Mayor
- Former head of planning department
- Head of planning department
- Transport planner
- Department for culture, education, free time
- Department for social security
- District admin.
- District health authority
- Cycling association
- Representative of people with disabilities
- Representative of elderly people
4.2 Role-playing game: Assessing the needs of elderly with regard to active mobility

The **topography** hinders walking and cycling.

Cobblestone is beautiful, but difficult to walk and cycle on.

It is difficult to **cross** the street.

The **river** is difficult to reach on foot.

Cyclists do not **feel safe** on the main road.
4.3 Role-playing game: Developing solutions to promote active mobility among elderly people

Creating opportunities to sit and rest

Tracing barriers in public space („barrier-scouts“)

Widening and smoothing the dike path

Placing cycling pictograms on the main road

Improving street crossings for pedestrians and cyclists
5.1 Constraints for changing municipal action in health promotion

• Health related planning in rural districts in Northwest Germany is mainly limited to immission control and risk prevention. Health promotion is not yet on the agenda.

• Health authorities in the study area have very limited capacities. Health promotion is not among their priorities.

• Joint action by health and planning administrations is made more complicated by split responsibilities between district administrations and local communities.

Open question

If the health authorities are not, who is the one to name health interests?
5.2 Opportunities for changing municipal action in health promotion

• Local authorities are well aware of the challenges of demographic change. The needs of elderly are well represented.

• Dealing with concrete places and target groups strengthens the understanding for more supportive environments – though the outcome is not necessarily perceived as health promotion.

• Health is considered a potentially powerful argument.

Open question: Does health promotion have to be an explicit aim of municipal action?
Thank you for your interest!

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www.aequipa.de/teilprojekte/afoot.html