SESSION 2-1

« Urbanism, urban planning, transport and health»

Wednesday, September 11th

Room : D 111 à 16h30

Rivaldo Faria

Town : Coimbra, Portugal

Job Title : No indicated

Company : 1. Instituto de Geociências, Universidade Estadual de Campinas, IG/Unicamp, Brazil; 2. Universidade de Coimbra, Pt, Departamento de Geografia

Title of the presentation : « Strategic policy of primary healthcare in the context of the urban dynamics in the state of Minas Gerais, Brazil »

Abstract :

INTERNATIONAL CONFERENCE "Intra-urban dynamics and health" Concepts, methods and applications September, 11th - 13th, 2013 University Paris Ouest Nanterre la Défense – France Rivaldo Mauro de Faria IG/Unicamp/Brazil Postdoctoral researcher, University of Coimbra, Portugal Paula Santana Full Professor, University of Coimbra, Portugal "Strategic policy of primary healthcare in the context of the urban dynamics in the state of Minas Gerais, Brazil" . Primary healthcare has acquired a strategic nature in Brazil, and specifically in the state of Minas Gerais, through the implementation of "Family Health Teams" (FHT). These are multiprofessional teams operating from the Basic Healthcare Units and designed to attend to a geographically defined public. The FHT should effectively make the Primary Healthcare facilities into the user's point of contact with the Single Healthcare System (SHS) through a continuum of care based on practices of health prevention and promotion. In the last ten years, these teams' coverage of the population of Minas Gerais has increased from 25% to 75%, exceeding the growth in the country at large, which rose from 37% to 63% in the same period. But there are spatial variations in these figures in terms of coverage and impact on health conditions. The aim of this study is to discuss the Primary Healthcare policy within the context of the urban dynamics in the state of Minas Gerais in the period 2000 to 2010. The specific aims are: i) to analyse the spatial distribution of services according to urban network typology (i.e. small, medium and large cities); ii) to determine the spatial impacts of the implemention of FHTs in accordance with urban typology. The discussion of the urban dynamics and respective classification of the urban network is based on the theoretical work of Milton Santos. The impacts assessed are related to the goals imposed by the government of the state of Minas Gerais in relation to primary healthcare, such as a reduction in maternal

and child mortality rates, and expansion of the vaccination programme to cover 95% of the child population. The data are collected from the SHS databank (DATASUS) and the Brazilian Institute of Geography and Statistics (IBGE), both available online. The results offer a distributive scenario of services and impacts that contributes to the assessment of the primary healthcare policies in this state. Spatial divergences and correlations are assessed through a comparison of the expansion of these services and urban expansion in the period analysed. Spatial phenomena such as urban concentration and deconcentration also need to taken into account in the formulation of policies to strengthen primary healthcare and SHS in Minas Gerais, Brazil. Key Words: primary healthcare, urban dynamics, political health strategy, Minas Gerais- Brazil.

MaryAnn Sorensen Allacci

Town : New Brunswick, United States

Job Title : Rutgers University Center for Green Building Research Project Coordinator

Company : Edward J. Bloustein School of Planning and Public Policy, Rutgers University, The State University

Title of the presentation : « How Healthy is Green? Evaluating Green Housing Environments for Their Urban Health Implications »

Abstract :

The promotion of green design as both a response to concerns about the environmental connections to urban health as well as a response to environmental concerns themselves is a viable albeit complex theme for contemporary urban development. Particularly in the case of lower income communities where chronic diseases can be geographically concentrated, can be exacerbated by environmental conditions, and rely upon very limited economic resources for health promotion, decisions about housing and neighborhood design must balance the role of factors rooted in a range of disciplines. These decisions often result in a series of trade-offs that have implications for residents' health and well-being. Greater understanding about how socioeconomic disparities, locational or contextual features, and energy policies converge on design decisions can contribute to planning that integrates the knowledge available from multiple stakeholder groups toward improved health environment outcomes. This communication proposal discusses the mulitlevel role of multiple stakeholders including planning and policy, environmental science, psychology, and energy efficiency regulation disciplines in conjunction with community development and investment in defining the gaps, challenges, and opportunities for creating healthy, green affordable housing. The program highlights research funded by the US Department of Housing and Urban Development (HUD) and the US National Science Foundation (NSF) that bring together methodologies aimed at evaluating the relationship between indoor environmental quality and indicators of

residents' health. Further, the role of residents and community as they intersect with design and building performance are examined to identify potential opportunities for building-related interventions. Research questions examine three aspects of multi-family housing design policy: 1) What are the physical and social manifestations of green design applications as it relates to occupant health and well-being? How can these features improve health and well-being? 2) What are the opportunities and the trade-offs of healthy green apartment buildings for low-income urban residents? 3) How does occupant behavior vary in its influence on building-related health promotion? Where are opportunities for improving the collaboration of stakeholders to address health disparities through green multi-family housing? Longitudinal evaluations of two urban green buildings are described for their implications for the well-being of occupants and the performance of the buildings. Indoor air quality, energy efficiency, and health interventions as functions of the building design, operation, and education are measured on multiple levels over the course of 9 to 12 months. Results indicate benefits of participant indoor air quality interventions providing supplies and education that were context-sensitive. Indoor air quality and ventilation performance varied as did reports by participants about the presence of ambient odors (see Figure 1). Results of interventions for health and energy efficiency promotions on a building and apartment level were more modest. Housing designers, regulators, developers, and managers play important roles at the building level for health-promoting outcomes that are tempered by socioeconomic disparities. In sum, the potential advantages of green building design on occupant well-being can be enhanced through apartment-level interventions and flexibility in energy efficiency design and are compromised by inadequate economic resources.

Sotiris Vardoulakis

Town : Oxon, United Kingdom

Job Title : Group Leader, Air Pollution & Climate Change

Company : Public Health England

Title of the presentation : « Challenges and Opportunities for Urban Environmental Health and Sustainability: HEALTHY-POLIS »

Abstract :

Rapid urbanisation, especially in the Asian-Pacific region, is stretching natural resources and threatening environmental quality. Similarly, densely populated urban areas in Europe are facing environmental health challenges including contamination of air, water and soil. Sprawling urban areas worldwide contribute to traffic congestion, with associated air pollution and long commuting times affecting public health and productivity. Climate change is likely to aggravate certain health risks by increasing the frequency and severity of extreme weather events (heatwaves and floods) and potentially contributing to air pollution episodes

(ground-level ozone and pollen). On the other hand, climate change mitigation and adaptation policies can provide a range of health co-benefits associated with active transport, low carbon buildings, renewable energy generation and sustainable food consumption. Cities are complex systems that demand systems-based, interdisciplinary research methods involving epidemiologists, toxicologists, urban planners, environmental and public health scientists. Methodological innovation and standardisation of epidemiological and risk assessment methods across countries, are needed to address complex environmental health challenges in the context of climate change and sustainable development. Relevant areas include the assessment and reduction of the health risks and impacts of weather extremes, air pollution and other forms of environmental contamination, as well as assessing and promoting the potential health benefits of climate change mitigation and adaptation. We are proposing to set up an international consortium for urban environmental health and sustainability to: (1) promote innovation and standardisation in research methods, (2) facilitate international, multi-disciplinary research collaborations, (3) provide training and promote capacity building especially in rapidly urbanizing countries, and (4) evaluate and promote environmental interventions to improve public health in cities. Keywords: Environmental determinants of health, knowledge translation, public health, urban planning, climate change Language of Communication: English

Ana Maria Sperandio

Town : Campinas, Brazil

Job Title : Health in the city considering the strategies of urban planning healthy

Company : State University of Campinas-São Paulo, Brazil

Title of the presentation : « Health in the city considering the strategies of healthy urban planning »

Abstract :

Introduction - The City Statute, a Brazil's Federal Law provides the municipal public administration and social movements, various instruments guaranteeing rights to the city and its social function responsible for the establishment of urban policy at the municipal level and the full development of the social functions of the city and urban property. Is essential for the development from the perspective of urban planning healthy using strategies such as the collective elaboration of healthy public policies, intersectoral action, the formation of human capital, participation and social networking movement. A healthy city must seek and develop the potential of generating healthy environment and incorporate it into its Master Plan, which has the proper tools to ensure compliance with the targets set. The Laboratory of Urban Investigations - Unicamp has through of the Network Potentially Healthy Municipalities (NPHM) accompanied same cities. Objective - Point out the strategies for

healthy urban planning from the perspective of health promotion from the experience of the network connections cities. Methodology - Studies of LABINUR, results and experience of PHMN, bibliographical study and consultation to official documents were the basis for the researcher. Using instruments as maps of managers and desires of the community, map of existing projects, photos, framework's information tested for guiding managers and community in terms of collaborate to build the new polices. LABINUR realized the monitoring and registering of the significant changes in terms of urban police in five municipalities of small and medium size enterprises in five Brazilian states belonging to RMPS during one year. Results - Were identified common characteristics in the five counties: Community participation and improvement of their knowledge for decision making; Sharing of technical knowledge and common; Pursuit of common goals; Intersectoral effort to build a single government healthy; Governance; Involvement of the Mayor. LABINUR proposed Strategic Reference for the development of a Healthy Urban Planning in the Health Promotion perspective: Suitable urban planning; Involvement of the local government; Monitoring through an efficient fiscalization; Intersetoriality including different areas : health, planning, urbanism, education, economy; Participation of the community in the county management; Development of healthy public policies related to the urban structure; Development of actions and projects that increase and stimulate the governance; Development of actions and projects in network. Conclusion - The recovery of human values, fairness, proper use of technology, education, transparency, participation in public management and creation of collective sense are relevant aspects for healthy urban. The impacts on urban planning issues targeting the city, so what concerns the urban health must be considered of the urban planning to achieve healthy spaces.

Thomas Verbeek

Town : Ghent, Belgium

Job Title : PhD student

Company : Ghent University

Title of the presentation : « Reconnecting urban planning and public health: towards a more adaptive approach »

Abstract :

Keywords: urban planning, public health, concepts, models Historically public health and urban planning were closely interlinked, with modern urban planning originating in the unhealthy and overcrowded industrial cities of the 19th century, in response to problems of poor water supply, inadequate sanitation and air pollution. In the course of the 20th century, however, the initial connection faded away and urban planning began to focus on a narrowly defined version of an efficient and functional city. Only through more or less obligatory

planning evaluations, like the environmental impact assessment, health enters the planning processes. These tools are widely criticized for resulting in generic solutions, by restricting analyses mostly to quantitative data, limiting the discourse and practice to experts and treating all populations as similarly susceptible. Today a reawakened interest in the impact of the built environment on health and well-being can be noticed, both from public health professionals, researchers and the public. Recent concerns about levels of physical activity, obesity, asthma, mental illness and increasing environmental inequality point again to deficiencies in our urban design. From a public health point of view the "New Public Health Movement", originating in the end of the 20th century, opened up new perspectives. This movement challenged the escalating cost and limited focus of therapeutically based health provision and instead advocated that the context in which people live greatly affects their ability to pursue healthy lifestyles. Today there is widespread agreement that the built environment as well as the social environment (including social networks) and the access to health services, social services, and resources (e.g. exercise facilities, healthy food stores) all are intermediating determinants influencing public health. Because it affects the patterns of development in these three themes, it is once again recognized that urban planning has a significant effect on the health of communities and individuals. Now it is time for the urban planning discipline to reconnect both fields and initiate a more health-oriented planning approach. A new two-tiered approach should be established, in which a generic level with general norms and regulations is complemented with a second level that enables an adaptive, specific application. This approach will substantiate a good operational reconnecting framework in which the relationship between individual, social, economic and environmental variables is articulated. The first part of the paper briefly discusses the joint history of urban planning and public health. The main part of the paper analyzes an overview of concepts and models in different areas of public health and urban planning. Concepts vary from environmental justice to the precautionary principle and models at least include the ecosystems approach, ecosocial epidemiology perspective and the health determinants model. These principles and models will be positioned in the new two-tiered approach and will substantiate an operational reconnecting framework, which is more adaptive and less generic.