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## **Health in spatial planning (*Raumplanung*)**



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# Health in spatial planning (*Raumplanung*)

## Contents

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Going beyond the common roots of health and spatial planning, this article includes aspects of well-being and elaborates salutogenetic and resource-oriented strategies. This requires greater involvement of public health actors.

# 1 Key terms and definitions

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*Health* is defined in various ways. In its constitution, the World Health Organization (WHO) defines health as follows: ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO 2009: 1). This definition, formulated in 1946 and often used today, represents a modern, holistic and positive understanding of health. The oft-cited ‘rainbow’ model by Göran Dahlgren and Margaret Whitehead places the various factors influencing the development of health and illness in a context (cf. Dahlgren/Whitehead 1991 among others). The use of the term *well-being* additionally emphasises people’s subjective perception; however, this is a target of criticism from various scientific perspectives (cf. Hurrelmann/Richter 2013: 117-119; Fehr/Neus/Heudorf 2005: 13).

The understanding of health has broadened steadily in both science and practice. For example, the concept of pathogenesis, which concerns the development of diseases, is set against that of salutogenesis, which deals with the factors involved in maintaining health. Health-influencing factors such as well-being and social inclusion are also included in the use of the WHO definition. Closely related to the concept of pathogenesis are the emergency preparedness strategies of  $\triangleright$  *Urban planning* (resulting from police and building regulations) that have evolved over time. The focus here has always been on dealing with risk factors that can affect human health and raise the risk of disease. Health risks in cities are higher due to the greater spatial density of buildings, businesses, people and, in the past, animals. Diseases (such as typhus, plague and cholera) in particular but also dangers due to fire, famine and siege led to building and hygiene regulations aimed at limiting the risks associated with urban living.

In contrast, salutogenetic and resource-oriented strategies concentrate on the health-preserving factors that affect people’s well-being. Though the influences that have been identified (e.g. nitrogen dioxide concentration versus clean air) are nearly the same, the observational perspective and the resulting consequences are the opposite (cf. Hurrelmann/Richter 2013: 12). The concept of salutogenesis has established the theoretical foundation for the health promotion approach, which includes strengthening individual resources (including personality traits such as self-confidence and avoiding risky behaviour) and external/social resources (such as social-environmental living conditions) in the interest of prevention. The WHO made a crucial contribution to the health promotion approach with its 1986 Ottawa Charter, which makes reference to the definition formulated by the body in 1946.

## 2 Tasks and objectives of spatial planning in promoting health

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Strengthening social and personal health resources and physical capabilities, and initiating and implementing integrated processes that involve diverse disciplines, are the declared aims of the comprehensive promotion of health (cf. WHO 1986). Since health is primarily a consequence of people’s everyday lives, it is not exclusively the responsibility of the healthcare sector. Policy areas such as transport, environmental, social and municipal policy (in particular  $\triangleright$  *Urban development*) are given special priority when it comes to issues and decisions on promoting and

maintaining everyday health (cf. Waller 2006: 127). Spatial planning (▷ *Planning*) plays a central role in the health-promoting design of living environments (called the setting approach in the health sciences). At the local level in particular, creating liveable and healthy cities is a central element of sustainable spatial development, and spatial planning can influence the determinants of human health to varying degrees.

At the supra-local level, the range of tasks in the provision of healthcare is indirectly referred to in the guiding vision and principles of spatial planning. Under the heading ‘*Gesundheitswesen und Gesundheitspolitik*’ (healthcare and health policy), as early as 1970 the ARL Handbook of Urban and Spatial Development described the promotion and maintenance of health as acknowledged areas of state responsibility. Today, ensuring the provision of ▷ *Services* and the corresponding infrastructure for the ▷ *Provision of public services*, particularly access for all population groups to facilities and basic services – including those for healthcare – are among the core structural and social policy responsibilities of ▷ *Spatial planning (Raumplanung)*. Against the backdrop of an ageing population (▷ *Demographic change*) and the different development trends in different regions of the country, there are discussions in connection with the guiding principle of the ▷ *Equivalence of living conditions* about minimum standards for providing (basic) public services and new approaches to providing medical care.

At the local level, in accordance with section 1 of the Federal Building Code (*Baugesetzbuch, BauGB*), the declared goal of urban planning, urban development, urban redevelopment (section 171a of the Federal Building Code) and urban regeneration (section 136 of the Federal Building Code) is to establish the conditions that promote health. Wherever people live, work, study, play or spend their leisure time, spatial planning can help to protect their health from harmful environmental influences and can actively promote healthy living conditions and well-being. Numerous environmental epidemiology studies demonstrate how strongly the health of both individuals and different population groups depends on their social and built environment; socially disadvantaged areas are often confronted with various problematic environmental situations (Bunge/Katzschner 2009). Health-promoting spatial planning strategies can have a positive influence on built and spatial conditions and, by changing these conditions, can also indirectly promote healthier individual behaviour (e.g. through the zoning of different uses of space or by establishing attractive routes for walking and cycling). A further goal of health-promoting spatial planning is the activation, ▷ *Participation* and empowerment of the public, especially the residents of a given area.

### 3 Consequences for spatial planning

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It is important for spatial planning to (once again) explicitly recognise and account for health promotion in the ▷ *Weighing of interests*. This includes taking full stock of and weighting the relevant health-promoting and harmful elements and influences in the relevant material. In the Strategic ▷ *Environmental Assessment* that is linked to the planning process for projects, plans and programmes, this is done with a view to people and their health as a protected resource. However, the focus here is mostly on air and noise pollution, though other factors appear to be worthy of consideration in view of potential multiple burdens (cf. von Zahn/Stürmer 2013). To

assess the health effects, in case of yet-to-be-defined legal presumptions, a supplementary Health Impact Assessment could be integrated in the Strategic Environmental Assessment or performed as a separate process as is done in the United Kingdom and other countries. This could grow in importance in the context of current statutory provisions on ▷ *Inner development* (pursuant to section 13a of the Federal Building Code) and densification, for which there are planning challenges related to dealing with existing buildings and thus with those living or working in them. Historically evolved mixed-use areas and plans for mixed use call for analytical tools to record health-related evaluation criteria for impact analyses. The health science community, especially in North Rhine-Westphalia, is discussing the development of informal sectoral healthcare plans (LZG.NRW 2012a, 2012b) and a ‘Healthy City’ assessment guideline for the inclusion of health concerns in planning processes.

For planners dealing with mixed-use areas, subsequent decrees pursuant to section 17 of the Federal Immission Control Act (*Bundes-Immissionsschutzgesetz, BImSchG*) are also relevant as they constitute interventions in the existing rights of use of polluting businesses and are seldom implemented in view of other concerns such as protecting jobs (▷ *Immission control*). In the case of plans for mixed use, such as restructuring port districts, arrangements are often made to reduce the protection requirements when land is sold.

Health concerns must be anchored in all policy areas and thus also explicitly in urban development policy instruments under the *Health in all Policies* guiding principle based on the health determinants concept. This is already being pursued in certain cities, such as Munich with its *Rundum gesund* (‘Healthy all round’) guideline (State Capital Munich 2010). This also has consequences for formally regulated and informal planning processes and their need for steering. The inclusion of extended stakeholder networks (▷ *Networks, social and organisational*) linked with daily life organisational contexts – the settings, e.g. kindergartens, schools or hospitals – is being recommended for the first time in the administrative agreement on granting federal financial assistance to the states pursuant to article 104b of the Basic Law (*Grundgesetz, GG*) to fund urban structural measures (2016 administrative agreement on promoting urban development [*VV Städtebauförderung 2016*], 18 December 2015 / 15 March 2016) with a view to the ▷ *Socially Integrative City* and the explicit inclusion of ▷ *Environmental justice*. Among other things, this will also involve critical infrastructure, for which not only precautionary planning but also disaster management will be relevant, especially in view of climate change.

## 4 Current topics of research – outlook and trends

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The potential of planning instruments to achieve healthy housing and living conditions has not been fully realised thus far, though the health science community has increasingly brought spatial matters into consideration with its public health approach in recent years. Urban planning and public health are caught between local environmental (in)justice based on social inequality and the health situation in disadvantaged neighbourhoods, for which both can lay a claim for designing interventions. For example, there are key fields of action for promoting health equity in physical and social environments to alleviate multiple hazards, especially air and noise pollution, and also to improve inadequate energy efficiency and mitigate the effects of hazardous building

materials. This could be the basis for planning requirements (Dieckmann 2013). School entry health examinations are often used for small-scale, socially differentiated health reporting, but only rarely can they be analysed in relation to the socio-spatial data of the children's places of origin without additional effort.

The focus of current planning tasks is primarily on classifying the building stock and restructuring sites and areas within the built environment used by people. Spatial planning is thus confronted with conflicts between existing and new uses, indicating the need for a nuanced application of the instruments of planning law in  $\triangleright$  *Urban land-use planning* and also the permissibility of projects within contiguously built-up areas (section 34 of the Federal Building Code). This also relates to considerations involving the guiding principles for the urban development of compact cities with increased building density ( $\triangleright$  *Guiding principles for urban development*). As a result, reduced land take in line with the political and sectoral objectives for inner development will be pursued, while adapting to climate change will require the safeguarding of inner-city open spaces and microclimates ( $\triangleright$  *Climate, Climate change*). This also involves the challenges posed by an ageing population, which will call for urban design solutions that promote accessibility, mobility and social interaction. In this context, it will be important to identify synergies and conflicts with the goals of health promotion and environmental justice, and to use spatial planning instruments (cf. Böhme/Bunzel 2014).

With regard to ensuring the provision of healthcare services, particularly against the backdrop of demographic change and migration away from rural areas, questions are arising about quality standards and forms of public service provision. At the regional level, the continued development of central-place theory ( $\triangleright$  *Central place*) will be influenced by the viability of social  $\triangleright$  *Infrastructure*. The introduction of a formal sectoral assessment of human health in connection with the implementation of the energy transition, within the framework of strategies for  $\triangleright$  *Climate change adaptation* and sustainable commercial land development, appears well worth consideration at both the regional and local levels.

This includes procedural fairness, which is also a matter of addressing and reaching people who, though affected, have hitherto hardly been involved in planning processes, and thus also involves the inclusion of stakeholder networks, forms of participation in spatial planning, and public health, which to date have scarcely intersected. Current questions address forms of dialogue and the development of inter- and transdisciplinary approaches in the spatial and health sciences, as is already happening in the *Gesunde-Städte-Netzwerk* (Healthy Cities Network), for example. Spatial planning's coordinating role for a wide range of state and private-sector actors and their spatially-relevant activities can aim to improve the interaction between planning and health authorities. Current activities in research and planning practice involve inter- and transdisciplinary working and research groups.

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