



Healthy Cities.

From planning to action

INTEGRATED ACTION PLANNING REPORT

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ABOUT THIS DOCUMENT

Purpose of this document

The purpose of this document is to share lessons learned from our network experiences, especially from the IAP, SSA, ULG, and knowledge transfer activities. The document reflects on the network's journey, identifying interesting cases and distilling key learnings from these experiences. All the learnings can be useful feedback for the URBACT programme team, future URBACT networks and experts.

How to navigate this document

The first section of this report explains the basics of the network, the main themes and methodologies. The second section provides a brief analysis of the HEALTHY CITIES journey and its main elements (IAP, SSA, ULG, knowledge transfers), sharing best practices and lessons learned. The third and final section brings together all learnings from the HEALTHY CITIES network and provides some extra recommendations. Reflections from the partners on their learnings, and photos of the network's activities, the Healthy Cities Generator, and the communication campaigns are included in the Annex.

SECTION 1: HEALTHY CITIES NETWORK OVERVIEW

Introduction To The HEALTHY CITIES Network And Methodology

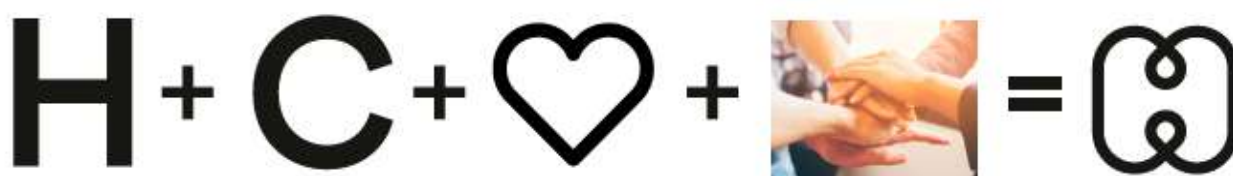
HEALTHY CITIES is an URBACT action planning network gathering nine partners to explore and deepen the relationship between health and the urban environment. The project aimed to improve the population's health through urban planning while developing a rigorous health impact assessment (HIA) methodology to quantify health impacts and enhance positive impacts of planning.

The project runs from May 2020 to September 2022. During this time, the partnership examined how cities can improve public health and life, explored what actions to undertake to support healthy lifestyles, and discovered their role in the health (both physical and mental) of their citizens. Urban planning was understood as integral to citizens' health and this partnership reflected the multiplicity of possible approaches to deepen the knowledge on three main topics: greening and landscape, mobility and connectivity, and lifestyle, along with the transversal topics of urban planning and HIA.

By collaborating at a transnational level, the URBACT programme and HEALTHY CITIES allowed a diverse network of partners to work on one common topic, but coming with different challenges and contexts. This enabled the creation of a community and dynamic learning through multiple exchanges. Within the network the nine partners focused on:

1. Understanding their role as actors in health (health generators, role of the city, facilitator of URBACT local groups)
2. Developing healthier environments through urban planning with a focus on the three main topics (greening and landscape, mobility and connectivity, and lifestyle)
3. Implementing the HIA in urban planning and development projects their healthy development

The outcomes of the network were the 8 Integrated Action Plans (IAP), multiple Small-Scale Actions (SSA), the URBACT Local Groups (ULGs) and the final product of the network, the Healthy Cities Generator.



The methodology

The overall methodology of the HEALTHY CITIES network has three elements: the urban planning aspects (hard interventions), the social aspects (soft interventions), and the HIA (analysis). The partners' interventions in urban planning and social innovations contribute to creating HEALTHY CITIES, while the HIA can assess their impact and provide feedback on the planning and social interventions for improving all planned actions. This process is continuous and was key for the project.

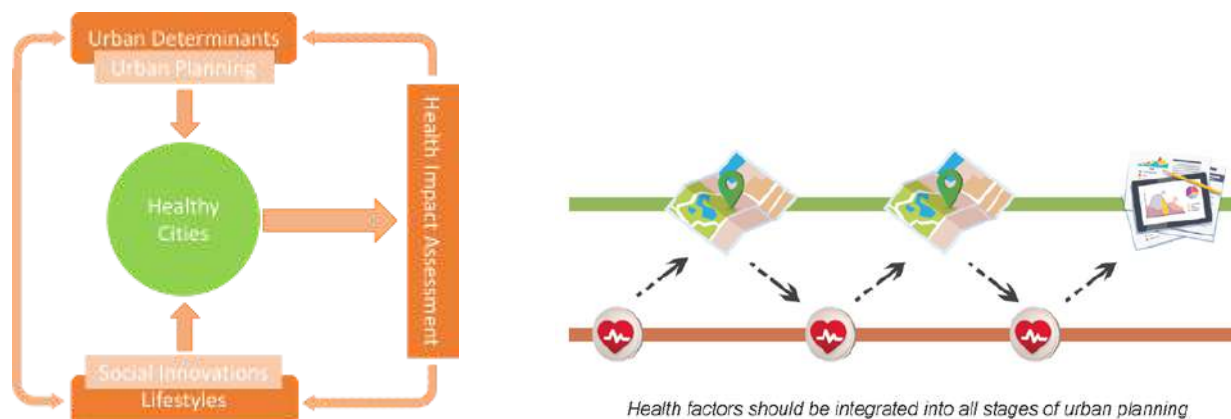


Figure 1. HEALTHY CITIES methodology

The HEALTHY CITIES methodology defined the most important determinants for the pathway to healthier cities and those are summarised in table 1 (as defined in phase 1 of the project). These determinants were used to analyse the partners' needs and expertise, providing the base for creating the Deep Dive groups.

Table 1. HEALTHY CITIES' determinants for healthier cities and citizens

Category	Description
Landscape & Greening	Green and blue areas, nature-based solutions, aesthetics and cleanness, urban furniture, maintenance, and lighting, as well as their location in the cities.
Connectivity & Mobility	Intersection density and street connectivity, connectivity to services, accessibility, cycling infrastructure, walkability and pedestrian infrastructure, public transport density, and broad mobility options.
Traffic	Traffic density, type of traffic, truck routes.
Lifestyle	Social innovation for healthier communities and individuals. It targets healthy groups/all and their habits including activity and sports, social/community life, food habits, commuting/mobility habits, growing own food (urban farming).
Social & Green Prescribing	Prescribing social activities (e.g. exercise groups, singing groups) and use of green space (e.g. activity, therapy, farming), instead of or alongside normal medical prescription, to target groups that usually suffer from chronic diseases (depression, anxiety, diabetes, dementia, heart diseases etc.), poor social health (e.g. isolation, low self-esteem) or community level issues (e.g. lack of social cohesion).

Monitoring	Tools and methods (digital and non-digital) for monitoring urban health and the benefits of ecosystem services. It helps with collecting data and improving urban interventions according to findings.
Assessment & Valuation	Environmental and health assessment and impact assessment methodologies that quantify and value the positive and negative impacts of interventions. They also monetise their value.

Following the partners' self-evaluation on the abovementioned urban determinants, the city visits, and continuous strategy meetings with the Lead Partner (LP), the agreed methodology was to focus on three main topics distilled from the list above: **Landscape & Greening, Connectivity & Mobility, and Lifestyle**. The Social & Green Prescribing, Monitoring and Assessment & Valuation were not the highest scored priorities for the partnership, but they were brought in on an ad-hoc basis in the transnational exchanges. The **Urban Planning** and **Health Impact Assessment** was agreed to be a transversal, recurrent theme for all partners in Phase 2. The grouping for the Deep Dives was the following:

- **Landscape & Greening:** *Pärnu (lead)*, Alphen aan den Rijn, Vic
- **Connectivity & Mobility:** *Bradford (lead)*, Malta, Farkadona
- **Lifestyle:** *Loulé (lead)*, Anykščiai, Falerna

The lead of each group were also assigned to host a transnational meeting for the whole network dedicated to their assigned themes.

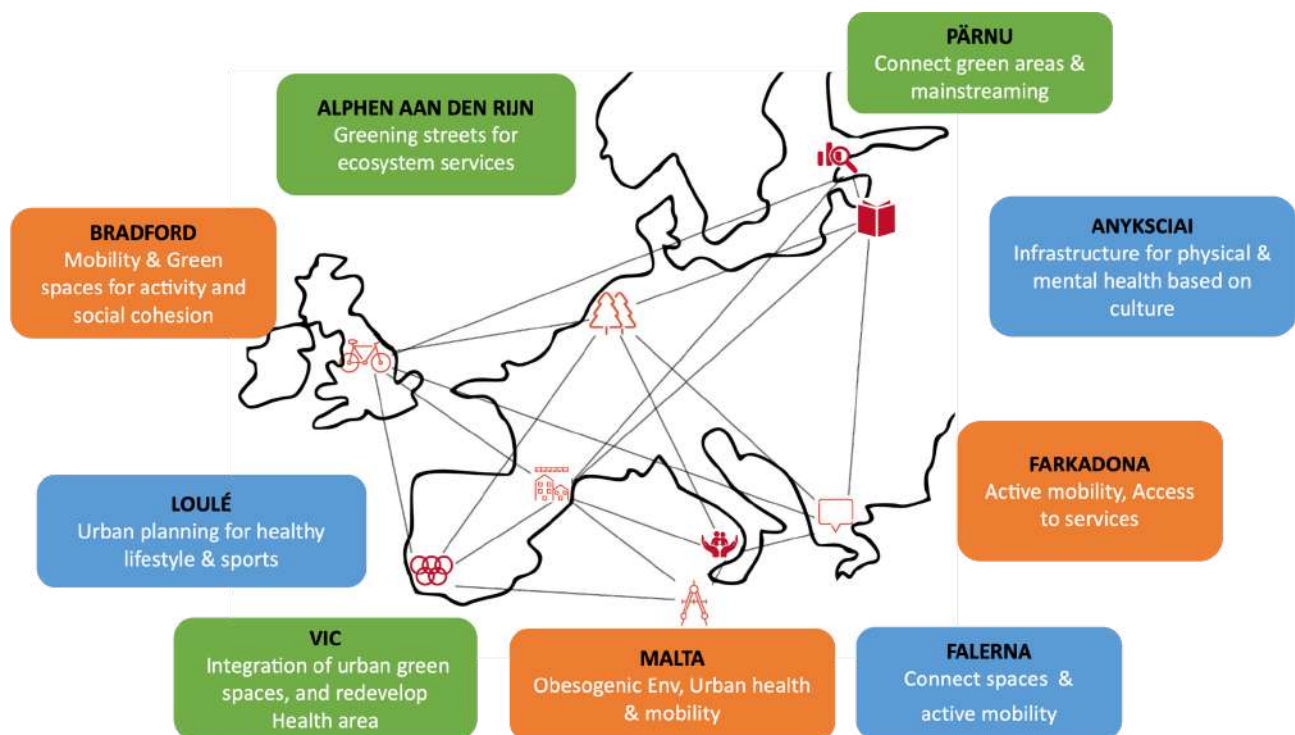


Figure 2. Deep Dives grouping and main focus areas per partner (Green: Landscape & Greening; Blue: Lifestyle; Orange: Connectivity & Mobility)

As the project progressed, considering the COVID-19 situation (online format), it became clear that the thematic group lifestyle was not strong enough to operate separately and had to be incorporated to the other two groups.



Figure 3. New deep dive groups

The main deliverables of the network were the 8 IAPs¹ that were developed by all partners, in a stepwise approach of intermediate deliverables (IAP Roadmap, Draft IAP, Final IAP). This plan was collectively made by the partners with their ULG and enriched by all international interactions from peers and external experts. The work delivered was organised in 4 work packages as shown below.

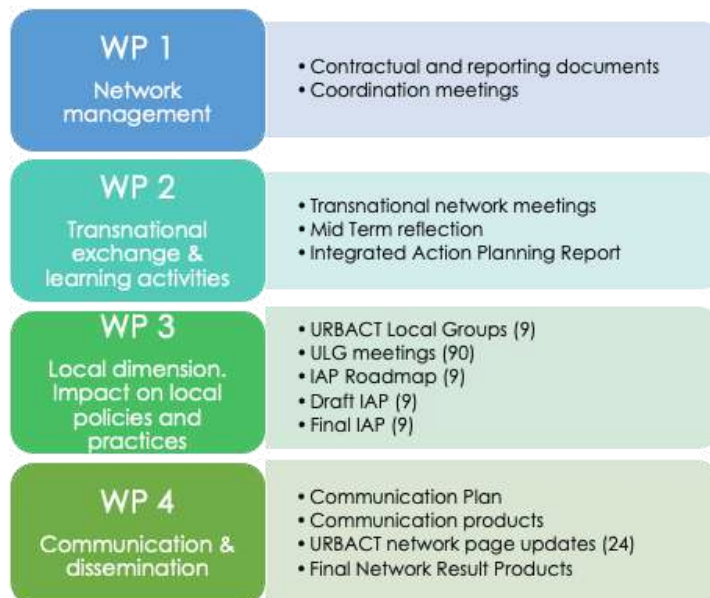


Figure 4. HEALTHY CITIES Work Packages

The HIA approach was used to evaluate each partner's proposed actions from their IAP. This systematic process allowed partners to understand the potential positive and negative health impacts of their plan. The HIA process ran throughout phase 2 and its methodology was explained

¹ One partner left the network so the final IAPs were reduced from 9 to 8.

in various steps following the development of the IAP. For the HIA an external Ad-hoc Expert (AHE) was appointed to guide this process.

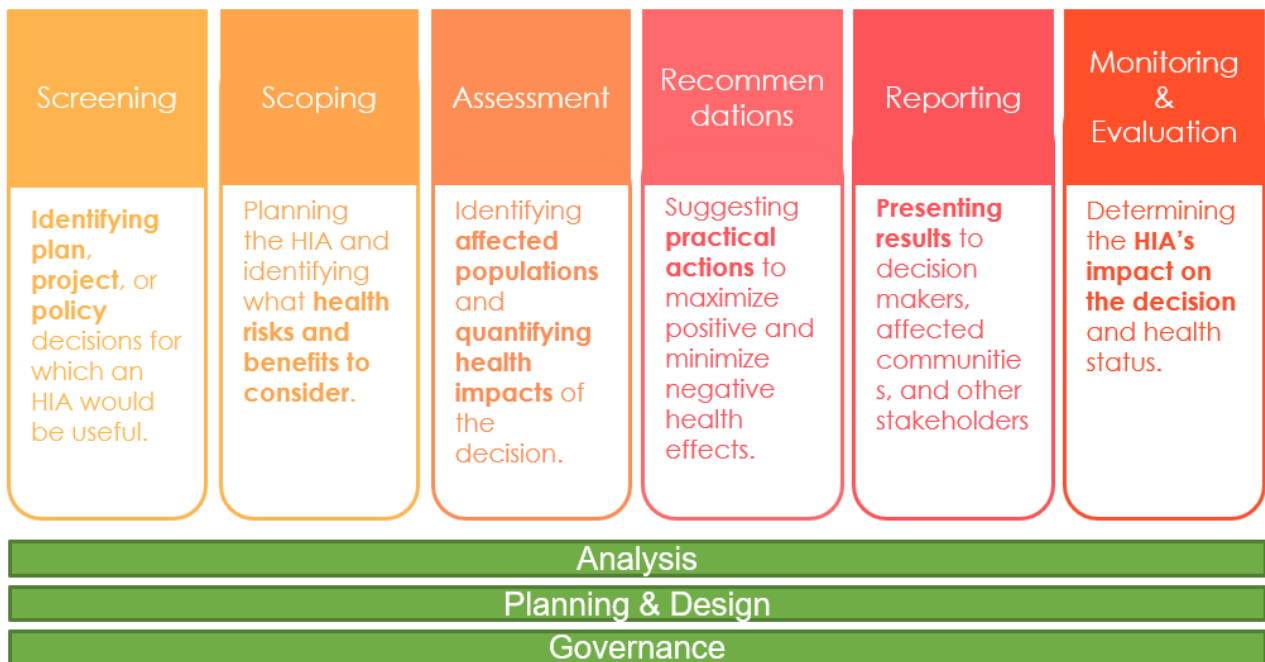


Figure 5. The 6 steps of the Health Impact Assessment

In order to provide further value to the HIA process, together with the LP we developed a practical tool, the “[Healthy Cities Generator](#)”, designed for planners, landscape architects, mobility experts, health experts and even citizens to better understand the health implications of urban planning. The tool was co-funded by all partners and URBACT and also significant other sources of external funds. Currently a digital beta version is available online but further work will be required after the end of the project. The Healthy Cities Generator allowed the partners to have more insights on the health impacts of their proposed IAP and served as a practical approach for the HIA.

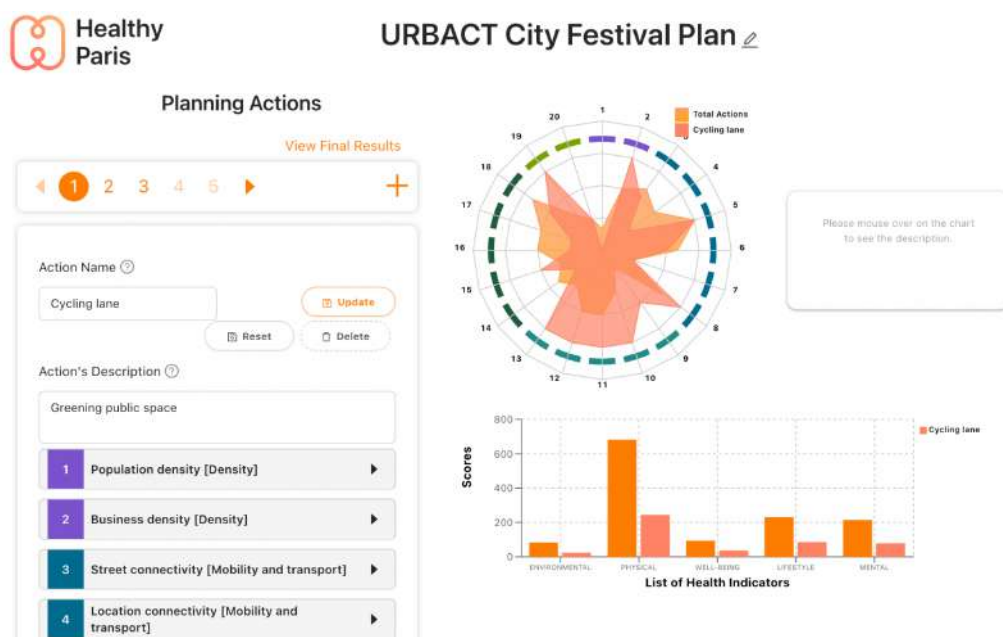




Figure 6. The beta version of the Healthy Cities Generator

The Healthy Cities Generator is an evidence-based, hands on planning tool that links 30 health indicators with 20 urban determinants. To leave a valuable legacy after the end of the project, we created a [website](#) where the general public can get more information on the tool.

		IMPACT ON HEALTH																																	
		HEALTH DETERMINANTS (7)							DIRECT HEALTH OUTCOMES (23)																							WELLBEING (2)			
		URBAN DETERMINANTS (7)							PHYSICAL HEALTH (11)											MENTAL AND SOCIAL HEALTH (11)											WELLBEING (2)				
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Figure 7. Interrelation of urban determinants with health indicators

Apart from the tailored HEALTHY CITIES methodology, the network was benefited significantly by the universal URBACT methodology. URBACT follows an integrated approach to ensure partners' IAPs are thorough and holistic. The five types of integrations as defined by URBACT include:

1. Policy / Sector - integrating economic, social, and environmental challenges; joining solutions and minimising the effects of negative externalities.
2. Horizontal - developing partnerships at the local level and bringing together all of the main actors around a challenge.
3. Vertical - aligning policies, interventions, and funding upwards; using a vertical chain of governance; and ensuring coherence and building scale.
4. Territorial - ensuring cooperation takes place between adjacent municipalities in functional urban areas and minimising edge effects and displacement of problems.
5. Hard and soft investments - avoiding silos and integrating physical investments with human resources in urban regeneration (for example, ERDF + ESF).

The use of this methodology was followed by all partners and became part of all activities within the network. URBACT experts joined the network activities to provide training on the integrated approach of URBACT.

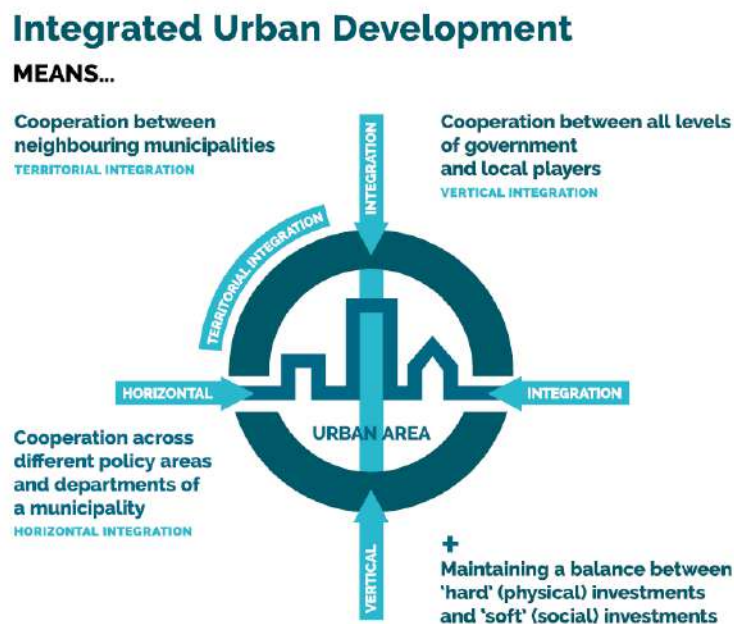


Figure 8. URBACT's framework of integrated urban development

Process: Transnational and Local Knowledge Exchange

HEALTHY CITIES has developed an extensive plan for capacity building and knowledge exchange around the transnational and local challenges to support the development of the IAPs and to accelerate their implementation and uptake. The exchanges happened at the transnational level with the partners, other networks and URBACT experts and at the local level with the ULGs. The main tools for knowledge exchange and capacity building included:

1. Transnational Meetings
2. Deep Dives
3. City-to-City Open Meetings
4. ULG Meetings



Figure 9. The interrelation between the meetings and the knowledge transfer

1. Transnational meetings

Transnational Meetings were organised by the coordinator of a thematic Deep Dive group and had the thematic focus of that group. The format moved from in-person to digital due to the COVID-19 travel restrictions and safety regulations, and some changes in hosts also happened due to capacity or other nuances. The transnational meetings delivered were the following:

1. Activation Meeting hosted by Vic (online), 16-18 June 2020
2. 2nd Transnational Meeting Hosted by Vic (online), 17 February 2021 - THEME: Lifestyle
3. 3rd Transnational Meeting Hosted by Parnu (online), 28-29 June 2021 - THEME: Greening
4. Mid-Term Meeting hosted by Bradford (online), 24-25 November 2021 - THEME: Mobility
5. Final Meeting hosted by Loulé (in-person), 31 May - 1 June 2022

Each Transnational Meeting had a dedicated part of the programme on the challenges and case studies of the host partner. Experts and other URBACT networks were also invited to participate in the transnational meetings (many presentations are available on the [YouTube channel](#)). The transnational meetings also addressed the transversal topic of the HIA and offered more understanding of the Healthy Cities Generator. Time was dedicated during all meetings to share progress and methodology of the development of IAP, to share challenges and learnings, and to discuss the ULG aspects and the SSA.

2. Deep Dives

Each thematic group had to prepare three meetings (Sep 2020 - Jan/Feb 2021 - Mar/Apr 2021). At least two of these meetings were supposed to be physical meetings with the possibility of one of the meetings being organised online. The Deep Dives were to be conducted in between transnational meetings in order to share the experience and results from the Deep Dives in the transnational meetings. However, due to COVID-19 all meetings were delayed and were all hosted

online. The total number of meetings was 7, as opposed to the 9 originally planned, with Falerna and Pärnu not hosting one and as a result of the lifestyle group merging with the other two. Pärnu presented their city during the 3rd Transnational Meeting, and a separate Deep Dive did not happen. Falerna faced many difficulties and before the end of the project they left the network. Throughout the process of sharing and learning, the partners synchronised and coordinated work at the transnational level with local activities (IAP development and ULG).

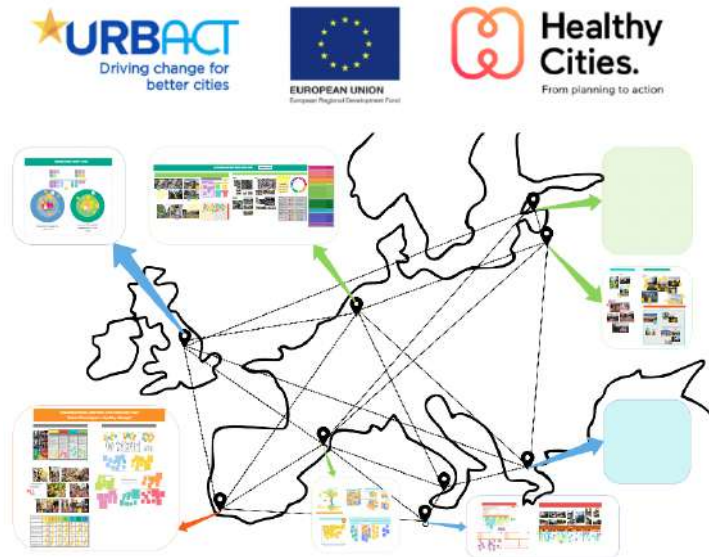


Figure 10. Online workshops with MIRO from the Deep Dives

3. City-to-City Open Meetings

Two optional meetings were possible between two partners, the City-to-City Open Meetings. Each partner was supposed to host one and visit one partner outside their Deep Dive groups, during the period between September and November 2021. After extensive matchmaking, we created groups of three partners again (instead of one-to-one) and prolonged the period of implementation to May 2022 due to further COVID-19 restrictions and other local difficulties. The City-to-City Open Meetings were especially focused on further developing and deepening the IAPs knowledge. Additionally, they linked to the SSA, scaling opportunities, and lessons from the ULGs and IAPs. All City-to-City Open Meetings (6 in total) were delivered in-person, except for the one hosted by Farkadona that was delivered online.

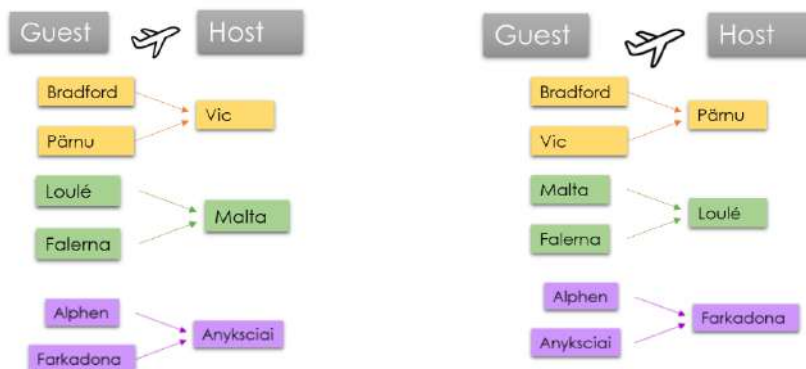


Figure 11. City-to-City Open Meetings groups

4. URBACT Local Groups Meetings

The main role of the ULG was to develop and deliver the IAP for each of the partners. The ULG meetings were taking place before (to prepare) and after (to follow up) every Transnational Meeting and Deep Dive to discuss the expected learnings and get informed of meetings outcomes, deploying the learnings in the development of the IAP. 62 ULG meetings were delivered by the 9 partners, creating strong local groups that are expected to continue working together after the end of the project as well.

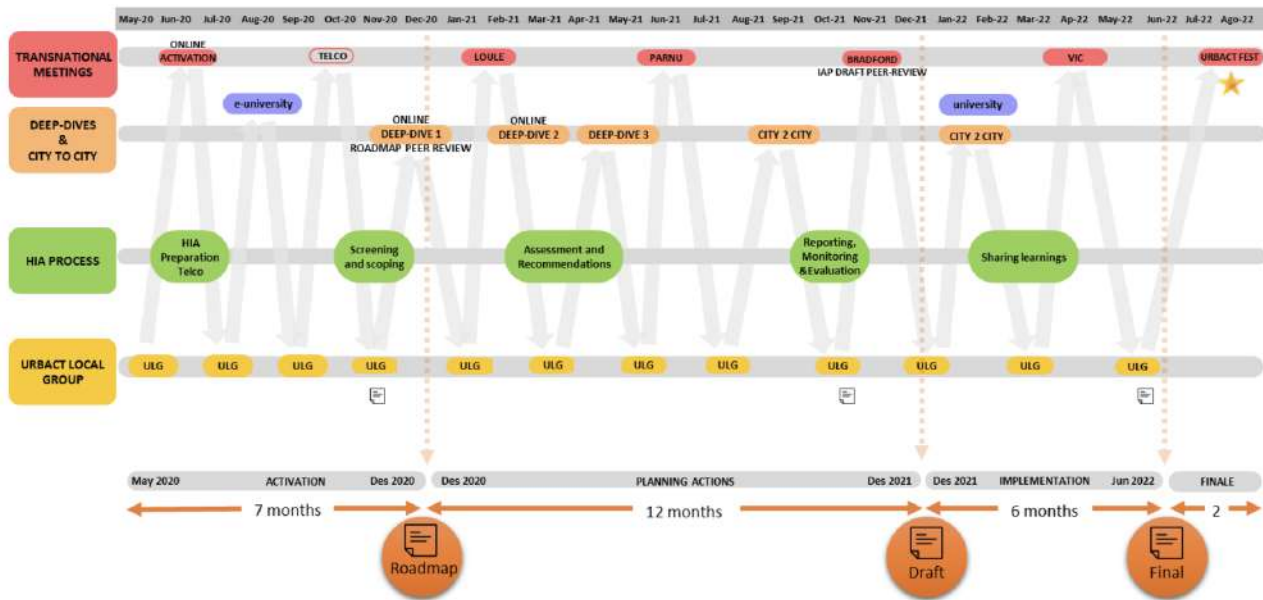


Figure 12. HEALTHY CITIES Workplan

SECTION 2: HEALTHY CITIES NETWORK EXPERIENCES

IAP Experience

In the first year, all partners had to develop a roadmap before developing their IAP. The roadmap defined the main objectives of the IAP and the action plan for the ULG during the course of the project. The roadmap was completed in the Activation Phase (December 2020). Afterwards, the partners developed their IAP and delivered them in two parts. The Draft IAP was delivered in January 2022 and the Final IAP in June 2022. In all stages we used the peer review process to help learning and enhance sharing among partners.

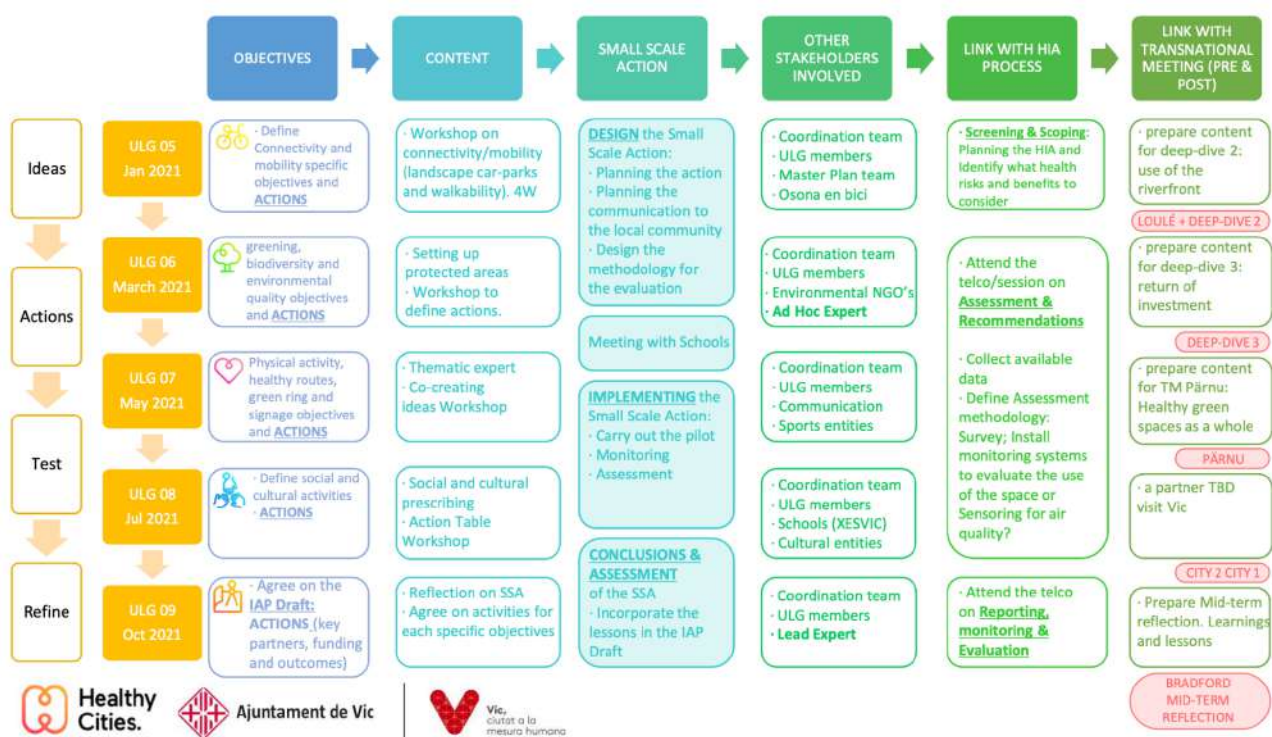


Figure 13. IAP Roadmap from Vic, planning actions stage

The IAPs responded to specific local challenges within the spectrum of the themes of the project. For example, Malta tackled obesogenic environments while Farkadona and Bradford focused mainly on mobility aspects. As a result, all IAPs had their own specific focus. Though many partners touched on some similar ideas, their overarching plans were unique to their locations, challenges, culture, and communities, which made it difficult to thematically group the IAPs.

Initial challenges and plans were transformed throughout the course of the project, due to the local and transnational learnings and exchanges. In most cases, the IAPs were enriched with more actions inspired by their peers. All of the partners' final IAPs touched on at least two, if not all three, of the HEALTHY CITIES topics. All IAPs had the unique element of the HIA with the Healthy Cities Generator, creating another level of understanding of the transversal topic of health.

Table 2. A sample of planned actions across the main topics of the network

<p>Alphen</p>	<ul style="list-style-type: none"> ● Greening and Landscape: Increase greening, replace grey for green, improve aesthetics, introduce green as a service ● Lifestyle: Encourage healthy lifestyle, promote culture and heritage, more space for community uses, healthy routes, healthy meals at schools, stimulate property owners to increase green, installing exercise objects and benches
<p>Anykščiai</p>	<ul style="list-style-type: none"> ● Greening and Landscape: Greening public spaces (green/gastro bridges), introduce urban furniture (sitting and laying), greening in existing promenade, attractive public spaces close to housing, re-naturalisation of river ● Mobility and Connectivity: Multi-modal centre planning (from boats and bikes to tree-tops) ● Lifestyle: Education activities, green paths
<p>Farkadona</p>	<ul style="list-style-type: none"> ● Mobility and Connectivity: Redevelopment of public space (pedestrianise school road, upgrade 3 main squares), accessibility infrastructure ● Lifestyle: Outdoor gym and sports infrastructures, digitisation of cultural heritage, cultural and natural paths
<p>Vic</p>	<ul style="list-style-type: none"> ● Greening and Landscape: Promotion of green, support biodiversity, urban furniture (sitting, light), green routes ● Mobility and Connectivity: Accessibility, improve trails and pathways, traffic calming ● Lifestyle: Communication & campaigns, organisation of activities, play areas
<p>Bradford</p>	<ul style="list-style-type: none"> ● Greening and Landscape: Increase blue and green spaces, regeneration of urban areas, explore investments for more green, implement principles for Green Streets and Spaces in the Homes & Neighbourhoods Design Guide ● Mobility and Connectivity: Prioritise active travel, increase and improve walking and cycling infrastructure, low traffic neighbourhoods and school streets, improve air quality ● Lifestyle: More opportunities to play, support communities (inclusive), deliver on the principle for Play in the Homes and Neighbourhoods Design Guide and the new Creating Healthy Places policy, create and improve space for social cohesion and interactions, develop social prescribing
<p>Pärnu</p>	<ul style="list-style-type: none"> ● Greening and Landscape: Improve biodiversity (public awareness and in city plans/strategies), urban furniture (sitting, shade, fountains), pocket park ● Mobility and Connectivity: Bike repair station ● Lifestyle: Healthy tracks, culture centre area development (exhibition path, concert area), children play and swim area, outdoor gym, public dog park, upgrade culture centre area for community use and art
<p>Malta</p>	<ul style="list-style-type: none"> ● Greening and Landscape: Understand urban landscape and make recommendations, upgrade environment, increase green (holistic plan) ● Mobility and Connectivity: Increase active travel ● Lifestyle: Shared streets, create awareness, encourage healthy lifestyle

The IAP structure was based on the recommendations of the URBACT programme experts and adapted to fit into the HEALTHY CITIES context, adding the important part of the HIA.

IAP structure and content

HEALTHY CITIES IAP



- CATEGORY (greening, connectivity, lifestyle...)
- OBJECTIVE /SUBOBJECTIVE
- DESCRIPTION of the Action
- ACTIVITIES
- OUTPUTS
- RESOURCES
- STAKEHOLDERS
- TIMESCALE
- ACTION READINESS
- RISKS
- ***IMPACT ON URBAN DETERMINANTS OF HEALTH**
- ***IMPACT ON HEALTH INDICATORS**

ZEMATI	
1.1. Description	1.2. Justification
<p>1.3. Objectives</p> <p>1.4. Activities</p> <p>1.5. Outputs</p> <p>1.6. Resources</p> <p>1.7. Stakeholders</p> <p>1.8. Timescale</p> <p>1.9. Action Readiness</p> <p>1.10. Risks</p>	
<p>1.11. Impact on Urban Determinants of Health</p> <p>1.12. Impact on Health Indicators</p>	

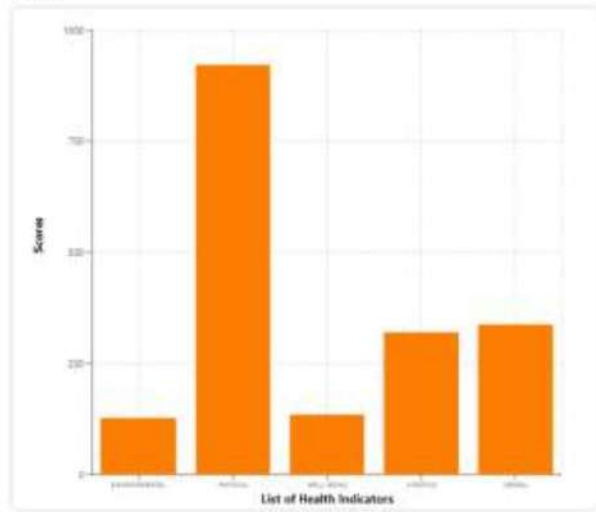


Figure 14. The IAP structure

For the Final IAP the partners used the Healthy Cities Generator to evaluate their planned actions, namely those related with physical interventions (urban planning). The results were insightful and were widely discussed with the ULG members of the various partners (especially the scoring). Locally, the tool was an excellent mechanism to facilitate engagement as it gave a starting point for conversations. Furthermore, it helped to gather support from politicians as it clearly demonstrates the health benefits of partners' plans. The simple method of quantification and a final score for the plan generated many interesting discussions across the board.

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Final Results



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Final Results

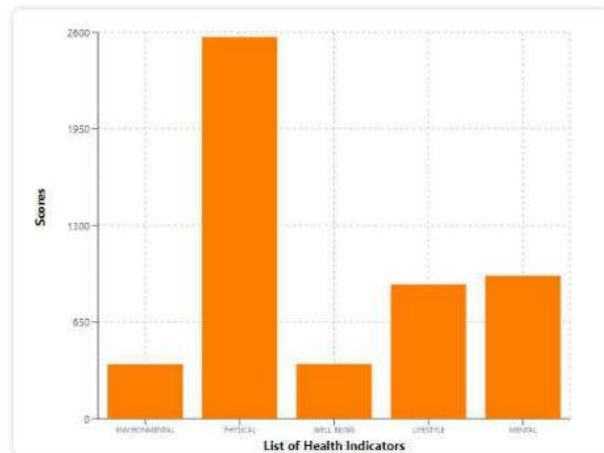
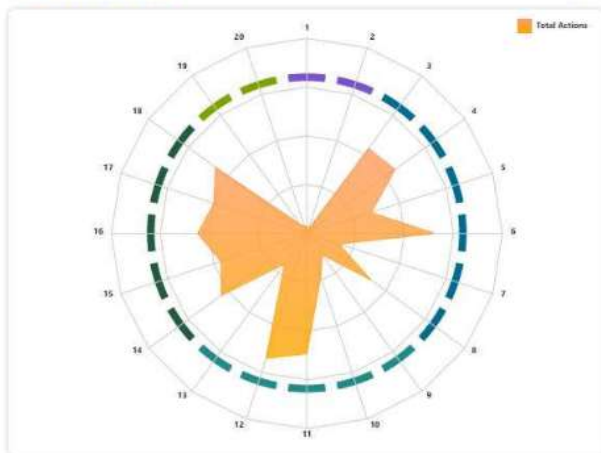


Figure 15. The scoring of the IAPs of Bradford and Malta

IAP Challenges

The IAP process encountered several challenges, mainly due to COVID-19. Restrictions on movement and social activity slowed progress and changed priorities. This type of work relies on collaboration and stakeholder engagement, most effectively achieved in face-to-face meetings, making the challenge even greater. Many ULG members were also part of the response forces for the pandemic, placing HEALTHY CITIES to a lower priority. The silver lining of this is that the pandemic brought health into conversations across the board, making healthy cities initiatives stronger than before. Political support has also been crucial for the success of the network. ULGs that included politicians had significantly stronger visions and solutions in their IAPs, and the added support increased the likelihood of implementing the plan.

Looking at the content - linking health determinants and indicators was also a challenge as the partners came from different backgrounds, departments and expertise. It took time and effort for the whole team to understand all the topics of HEALTHY CITIES. Involving local experts who could restate the same aspect but with a local context gave more clarity to partners and international experts brought interesting insights and inspired the partnership. In the end, by completing the IAP all partners reached high understandings of the complexity involved in delivering HEALTHY CITIES.

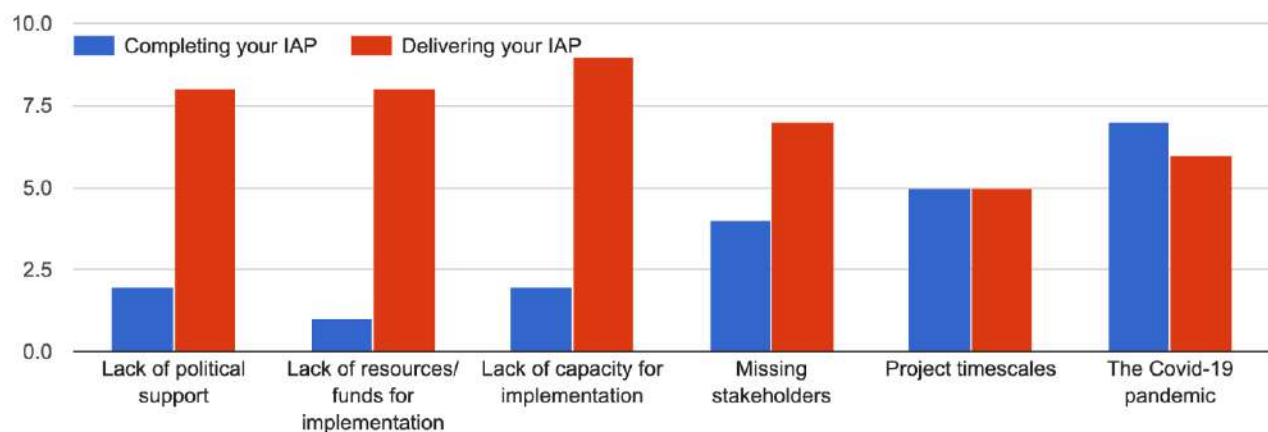


Figure 16. Mid-term review survey - biggest risks in the IAP completion

Good practices from IAP actions and processes

- **Natural and cultural paths** were not initially envisioned by most partners but many included them as part of their IAP and SSA (e.g. Malta, Farkadona, Vic, Alphen). This has been an excellent cross-topic action that covers most elements of making healthy cities. Mobile apps (Malta and Farkadona) were developed and used for more engaging and faster access to information (historical, biometric data).
- **Biodiversity considerations** were not part of the initial conceptualisation of the project, but many partners understood the value of greening not only for aesthetics or climate adaptation purposes but also for nature itself. Vic plans to deliver new wildlife crossings on the Ronda road. Pärnu is embedding improved biodiversity principles to urban planning and urban strategy.

- **Involvement of business owners** is usually overlooked. An innovative approach coming from Alphen promoted the concept Green-as-a-Service that provides incentives to local businesses to increase their green (green walls, roofs, gardens).
- Innovative approaches for positive health benefits to citizens are fundamental. Some partners included **social and nature prescribing** in their IAPs and in coordination with their health experts (Vic, Bradford).
- **Multi-modal mobility** does not need to stop at buses, bikes and other micro-mobility options. Anykščiai plans to include boats or even nature transportation via treetop paths. Mobility also includes **promotion across various groups** (e.g. Loulé bikes at school).
- **Targeted awareness campaigns** for citizens (Alphen) but also for the health sector for nature prescribing purposes (Vic) are important and effective.
- All actions mentioned in **IAP** developed under the health perspective are **included in** Anykščiai's district municipality **strategic action plan and master plan**, with the aim and vision to become a resort town in the document "Resorting programme". Bradford links the IAP with large investment programmes.
- Including **strategy development and design guides as part of the IAP's actions**, along with usual urban interventions, for more replicability and continuation is key (Bradford, Vic).
- **Promote healthy areas through social and sport actions** (e.g. walking routes, Loulé) and mobilise existing organisations to deliver them (e.g. sports clubs).
- **Hands-on experiences with the IAP** (apart from the SSA) supported knowledge transfer and engagement. Peer reviews of the IAP throughout the various phases, presentations, focus groups, and reflections during transnational meetings accelerated learning.

IAP LESSONS LEARNED

- Most partners **worked across all project topics for their IAP**: environmental, physical, and mental health. This resulted in **all-inclusive plans with higher impact**. This was not part of the initial objective for their participation in the project. The selection of ULG members (planners, health experts, local NGOs, businesses, citizens) also guided those decisions.
- **Starting from the health perspective** gives new insights for planning, even in traditional city departments (silos) and especially across. Working on **healthy cities stimulates cross-departmental collaboration** and enriches plans. Health is a transversal topic. Health in all policies is crucial. It takes **time and patience for cross-departmental/cross-sectoral collaborations**.
- **Bring together different perspectives** from housing quality/energy efficiency/population health/transportation to think through the issues, as joint actions can be more effective.
- **International collaborations and projects** can be a vehicle for **more local collaboration** (available funds, extra knowledge, support, new opportunities, recognition).
- **IAPs should be flexible and adaptable**, especially to link to (emerging) policy and investment programmes. They should be useful locally and beyond the scope of the project.
- Using the **Healthy Cities Generator helped assess the plans** (IAP) with a larger **group of stakeholders**. Furthermore, the framework provided consistency and inspiration across our network.
- **Create a wishlist of actions** that came out of the various consultations but were not analysed in the IAP. These can be referenced in the future and will be ready for any potential funding opportunities.

- Emphasis on **long-term sustainability is key**. In the HEALTHY CITIES IAPs, long term funding and maintenance of initiatives seems to be the biggest risk.
- Actions developed in the IAP to be included in city action plans, urban development plans, and master plans, and they stem from strategies and policies. **Create good links of the IAP with the city's priorities**.
- IAPs should also be **coherent across politics and administration decisions/agendas**, because changes in local governments can hamper continuity. ULG members could be members from various political parties.

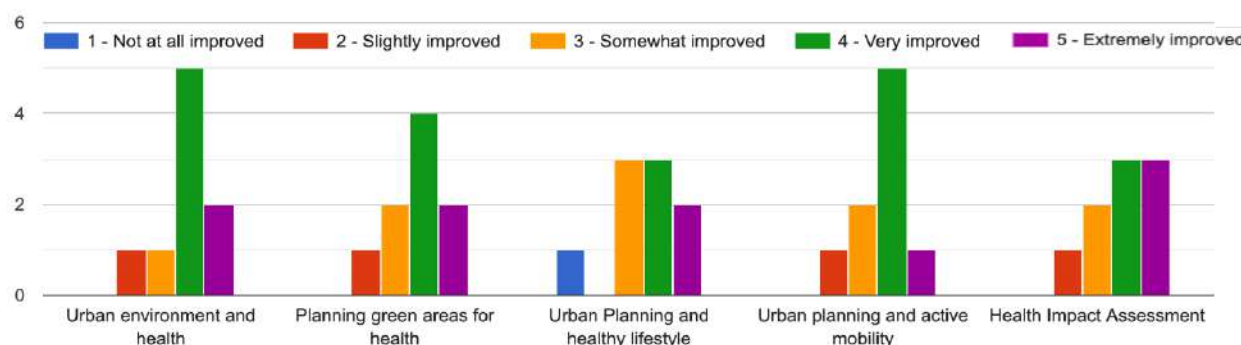


Figure 17. Mid-term review survey - improved knowledge on main healthy cities areas

ULG and SSA Experience

URBACT Local Groups

As with the IAP, experiences with the ULG have varied among the partners, some of whom have faced larger COVID-related challenges in maintaining engagement. All partners established their ULG during Phase 1 of the project, but during Phase 2 a few partners lost members in their ULGs to other public health priorities presented by the pandemic. In spite of the pandemic situation, collaboration with the ULGs has been quite successful overall and they are reported to provide a lot of value to the project and IAP development.

To adapt to COVID times, the majority of partners were able to shift their ULG meetings online when needed and generally follow the schedule of meetings foreseen in their initial IAP Roadmaps. These partners report that their groups have been very engaged and supportive of the HEALTHY CITIES objectives, often with different representatives getting involved in the group depending on the topic of that specific ULG meeting. Looser COVID-19 restrictions and SSAs laid the groundwork for momentum to pick up with the ULGs as new connections were established with existing initiatives and local awareness about the project grew.

Time was also a significant challenge for many, generally divided into two categories. For some smaller ULGs time was difficult as the team's capacity was limited and they could not dedicate as much time as they wished to HEALTHY CITIES work. For some larger ULGs, it was especially difficult to find dates and times that allowed all members to come together. In the former instance, partners got creative with reaching out to other colleagues - both locally and through the network -

for support. Meanwhile, in the latter instances partners accepted that not all members can join all of the time and pushed forward with their objectives by having smaller and more informal ad-hoc meetings. Partners experienced that once ULG members understand the project objectives they can easily join in and collaborate, highlighting the importance of clearly communicating project objectives to enable more engagement from the groups. An important consideration with communication here is the added difficulty when materials were not in partners' local languages or required extra work for translations. While the best solutions will vary, it will be important to consider translational support for future URBACT projects.

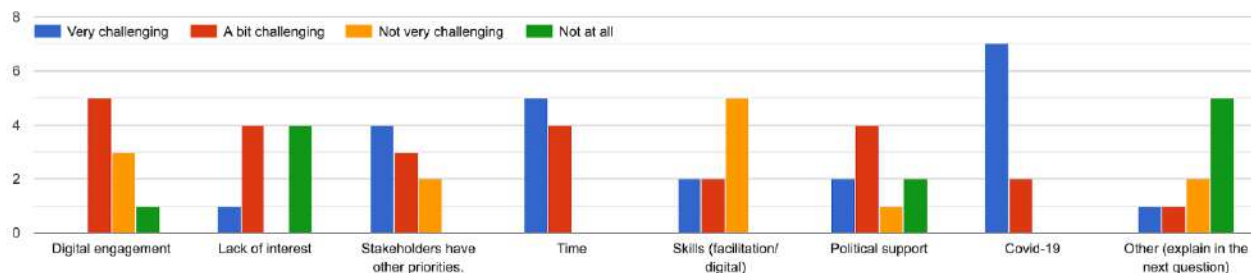


Figure 18. Mid-term review survey - Challenges with ULG

ULG LESSONS LEARNED

- For the ULGs, **pragmatism is key**. Sometimes meeting with smaller, fragmented groups of the greater whole worked best. With fewer schedules to accommodate, work could continue without delays. Even 1-to-1 ad-hoc interactions with individual members can be a good solution to keep moving forward when the larger group meetings are not possible.
- **Starting from the health perspective** gives new insights for planning, even in traditional city departments (silos) and especially across. Working on **healthy cities stimulates cross-departmental collaboration** and enriches plans. Health is a transversal topic. Health in all policies is crucial. It takes **time and patience for cross-departmental/cross-sectoral collaborations**.
- **Bring together different perspectives** from housing quality/energy efficiency/population health/transportation to think through the issues, as joint actions can be more effective.
- **International collaborations and projects** can be a vehicle for **more local collaboration** (available funds, extra knowledge, support, new opportunities, recognition).
- **Proactive engagement (local, political, etc.) and involvement from the beginning** is very important for the creation of ownership, commitment and support.
- **Quick wins create excitement and are useful to demonstrate early results**. The quick wins can satisfy various ULG members, politicians and citizens, and create trust and patience for long term goals and actions.

Small Scale Actions

There have been many approaches to the SSAs - from community engagement events, to awareness campaigns, to a mobile app tool, and more. Overall, these activities were useful for developing and completing the IAPs, but some partners reported that the time investment for coordinating their SSAs took time away from working on their IAPs, ultimately slowing the process. The main challenges with these were, again, COVID-related. Restrictions made in-person activities difficult and shifted health priorities away from urban planning, limiting available stakeholders. To adapt, partners moved their SSAs outdoors and got creative with new COVID-friendly ideas such as posting signs, QR codes, handing out flyers, and tree planting. By limiting COVID risks in their SSAs, partners made their work safely accessible to citizens and boosted overall engagement.



Figure 19. A selection of the HEALTHY CITIES' SSA

SSA LESSONS LEARNED

- **Flexibility is essential.** To make the most of citizen engagement, it is important not to feel obligated to stick to a plan created at the start of the project simply because it was already planned. Situations can be unpredictable, and engagement will be far more effective when partners can **take advantage of timely opportunities**, such as other events or awareness days, to connect with locals.
 - On a pandemic level, this can mean holding off on an event until the situation is safer and redesigning the activity to be more accessible (for example, by going outside).
 - On the other end of the spectrum, it can even mean being flexible according to the weather, rescheduling an outdoor event for a nicer day when more people are likely to join.
- To extend reach, **connecting with existing community groups** is one of the most efficient and effective approaches. Rather than reinventing the wheel and involving people 1 by 1, harness existing structures and connections to involve the community on a collective basis.

- **More visibility brings more engagement.** Targeted messaging and events in more populated areas, such as city centres or well-known parks, helps to capture the attention and curiosity of the community as a whole.
- **SSA can become a bigger part of the IAP process.** They have proved to be an effective and engaging process for the ULG members.
- **Planning** (physical) and **social innovation** (activities) **both bring impact** and can reinforce each other (hard & soft). SSA can easily be deployed for social activities. Ideally they link or promote larger scale physical interventions.
- **SSA** worked very well to **engage the wider public** and (consequently) politicians. It provoked creative and innovative initiatives and **inspiration transnationally.**
- **Translating materials into partners' own languages** is hugely important for citizen engagement, especially in communities where the default English of URBACT materials is not widely understood.

Final Network Product Experience

Our final network product, the Healthy Cities Generator, emerged as a tremendously useful tool - not only for engaging the network and transferring knowledge, but also for strengthening the IAPs and activities partners are delivering through HEALTHY CITIES. Beyond using the tool to assess plans and ensure a positive impact on health, the tool also allowed partners to back up their plans with data, which made it easier to engage more stakeholders and build support for the project. When there is more evidence and understanding to prove that an idea for urban planning will really improve health for citizens, people are far more likely to support the action. The communication of the tool, apart from the dedicated website, is supported by two videos and an infographic.

- [Full video](#)
- [Short video](#)
- [Infographic](#)

FINAL NETWORK PRODUCT LESSONS LEARNED

- Harness the opportunity of the final product to **create something that helps the partners and responds to their needs.** In this way, the time and energy spent on a task or activity can have a positive and lasting impact, capitalising on the resources invested in the project.
- The final product should be **ambitious but yet realistic with the resources allocated to it.** If fitted to the context and interests of the network and experts, the final product can become a much bigger deliverable **supported by additional resources** (internal and external).
- **Various formats** of the final product allow its dissemination and **use after the end of the project.** For example, the infographic can be embedded in most websites. We created two versions of the video, one short for the wider public and a longer one for a more interested audience.

Thematic Knowledge and Support

The HEALTHY CITIES partners improved their knowledge and understanding of the urban challenges they are tackling as a result of the project. The largest areas of improvement are the general topic of healthy urban planning, active mobility, green spaces, and the HIA. Another topic that emerged and attracted a lot of attention was the social aspects of making healthier cities, the community engagement, the culture and lifestyle, and the local groups organisation and activation. The HIA became a focus area in which the team was very eager to develop and start applying in their projects. Through their IAPs, partners harnessed the Healthy Cities Generator to improve knowledge on this theme with a “learning by doing” approach. The network’s end product of an HIA was used to review partners’ IAPs and make improvements. This ensured each partner’s IAP is an actionable work plan that truly incorporates health in planning. Additionally, it provided evidence to back-up urban plans and, in turn, strengthen the support in official planning processes and in potential investments.

Knowledge was transferred through a variety of channels, including exchanging with cities in the network, inputs from external experts, virtual study visits, facilitation tools and knowledge transfer session, direct knowledge from the LE, LP, AHE and programme experts and exchanges with other URBACT networks (RiConnect and HEALTH&GREENSPACE). A profound impact came from the partners themselves. This is important to highlight because this exchange between different regions and cities is at the core of HEALTHY CITIES’ work. All partners learned so much from each other, so it is rewarding to see that the team effectively leveraged the advantage of having insights and perspectives from nine different places. Due to the pandemic, in-person study visits (Deep Dives) became all virtual, proving only to be somewhat useful in improving thematic knowledge in comparison to the City-to-City. The in-person study visits (City-to-City) of the later part of the project brought many benefits and partners were able to exchange far more knowledge with one another.

URBACT programme experts’ support

At a programme level, partners felt well supported by the URBACT experts at the various stages of the project. All planned activities, training and tools provided have been used widely from the network, not only during the transnational meetings but also during the ULG meetings.

- URBACT secretariat support - programme experts
- E-University capacity building
- URBACT toolbox, digital support and trainings
- National URBACT point support

REUNIÓ TEMÀTICA TRANSNACIONAL
1r DEEP-DIVE "landscape & greening"

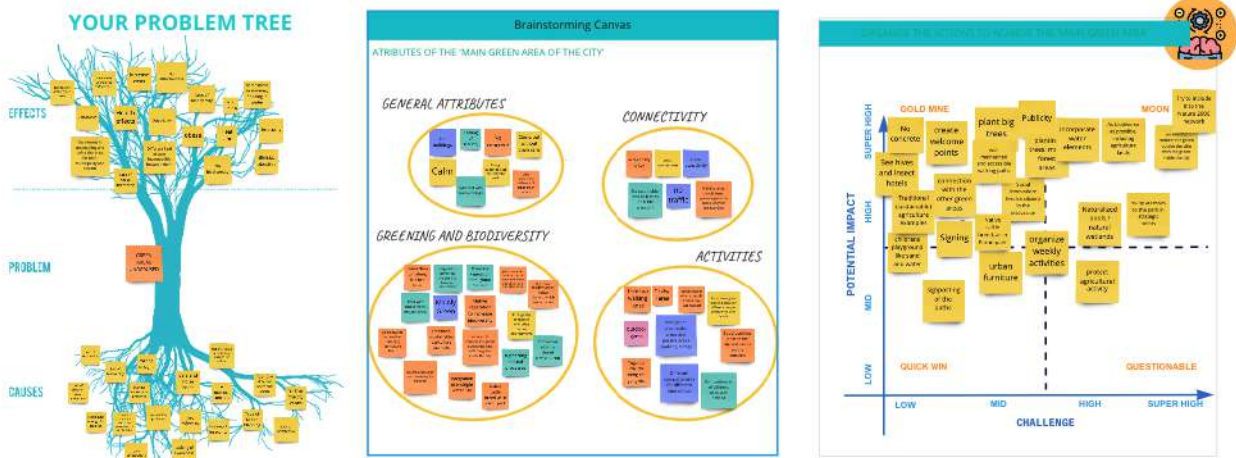


Figure 20. The problem tree from the Deep Dive to the ULG meeting in Vic

An excellent example of support and a learning opportunity for the network was URBACT's e-university. As many meetings were already happening online, partners had grown used to this format and were able to make the most of the e-university sessions with online engagement tools like MIRO. The programme helped partners approach their local barriers in a more organised and coherent way. Additionally, it provided coordinated support to building unique funding strategies for each partner.

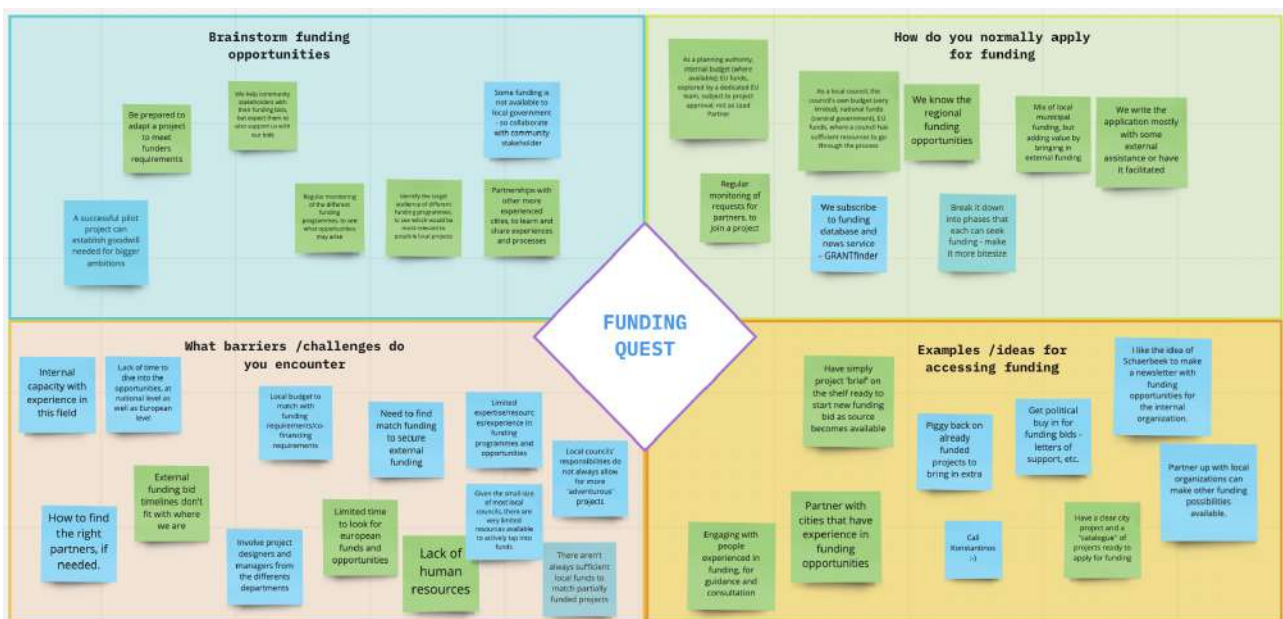


Figure 21. Funders map: developing a funding strategy, URBACT e-university 2022

Transnational Meetings, Deep Dives and City-to-City

Most of phase 2 was carried out online (all transnational meetings and Deep Dives). The partners felt supported by the various mechanisms we established for frequent communication, but the personal face-to-face contact was missed. Thanks to URBACT's guidance and experience, the online interactions were engaging and useful in every step of the project. Again, virtual collaboration tools like MIRO boards, but also KAHOOT, Mentimeter, and others, were very helpful for making the most of online interactions. A positive coincidence was that the LE was located very close to the LP so more frequent face-to-face meetings between the LP, LE, and AHE facilitated the coordination of the network. The final City-to-City meetings took place in-person and most of the partners accelerated knowledge transfer that was much needed and strengthened all professional and personal relations.



Figure 22. City-to-City Open Meetings, 2022

TRANSNATIONAL EXCHANGES LESSONS LEARNED

- To effectively leverage transnational exchanges, the network should **use a challenge-based approach**. First determine the needs of the partnership, then focus activities to directly respond to those needs.

- It was very comforting to have plenty of expert support on all possible challenges and needs by the programme experts. This also contributed to a feeling that the network belongs to a **bigger family brought together by a sense of purpose and inspiration**.
- As a pandemic-era project, the overarching lesson all partners realised is that **nothing beats in-person exchange**. Whenever possible, take advantage of meeting the team face-to-face. Online meetings were very time consuming to prepare (virtual site visits, canvases, online activities) but not as effective as real site visits. On the plus side, virtual meetings gave us lots of visual content (videos, photos) for communication through our online media channels and reduced our carbon footprint.
- Unfortunately, in-person meetings are not always feasible, so it is important to **stay flexible and find alternative ways to facilitate exchanges** between partners. Online facilitation tools can provide a platform for more creative and collaborative meetings. Rather than watching a PowerPoint screen share on Zoom for hours, partners have an opportunity to interact with each other in a shared, virtually tactile space (MIRO, Kahoot, mentimeter). And insist on having cameras on!

SECTION 3: OVERALL LESSONS LEARNED AND RECOMMENDATIONS

Overall Lessons Learned

On IAPs

- Most partners **worked across all project topics for their IAP**: environmental, physical, and mental health. This resulted in **all-inclusive plans with higher impact**. This was not part of the initial objective for their participation in the project. The selection of ULG members (planners, health experts, local NGOs, businesses, citizens) also guided those decisions.
- **IAPs should be flexible and adaptable**, especially to link to (emerging) policy and investment programmes. They should be useful locally and beyond the scope of the project.
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- **Create a wishlist of actions** that came out of the various consultations but were not analysed in the IAP. These can be referenced in the future and will be ready for any potential funding opportunities.
- Emphasis on **long-term sustainability is key**. In the HEALTHY CITIES IAPs, long term funding and maintenance of initiatives seems to be the biggest risk.
- Actions developed in the IAP to be included in city action plans, urban development plans, and master plans, and they stem from strategies and policies. **Create good links of the IAP with the city's priorities**.
- IAPs should also be **coherent across politics and administration decisions/agendas**, because changes in local governments can hamper continuity. ULG members could be members from various political parties.

On ULG

- For the ULGs, **pragmatism is key**. Sometimes meeting with smaller, fragmented groups of the greater whole worked best. With fewer schedules to accommodate, work could continue without delays. Even 1-to-1 ad-hoc interactions with individual members can be a good solution to keep moving forward when the larger group meetings are not possible.
- **Starting from the health perspective** gives new insights for planning, even in traditional city departments (silos) and especially across. Working on **healthy cities stimulates cross-departmental collaboration** and enriches plans. Health is a transversal topic. Health in all policies is crucial. It takes **time and patience for cross-departmental/cross-sectoral collaborations**.
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- **Quick wins create excitement and are useful to demonstrate early results.** The quick wins can satisfy various ULG members, politicians and citizens, and create trust and patience for long term goals and actions.

On SSA

- **Flexibility is essential.** To make the most of citizen engagement, it is important not to feel obligated to stick to a plan created at the start of the project simply because it was already planned. Situations can be unpredictable, and engagement will be far more effective when partners can **take advantage of timely opportunities**, such as other events or awareness days, to connect with locals.
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On the Final Network Product

- Harness the opportunity of the final product to **create something that helps the partners and responds to their needs**. In this way, the time and energy spent on a task or activity can have a positive and lasting impact, capitalising on the resources invested in the project.
- The final product should be **ambitious but yet realistic with the resources allocated to it**. If fitted to the context and interests of the network and experts, the final product can become a much bigger deliverable **supported by additional resources** (internal and external).
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On Transnational Exchanges

- To effectively leverage transnational exchanges, the network should **use a challenge-based approach**. First determine the needs of the partnership, then focus activities to directly respond to those needs.
- It was very comforting to have plenty of expert support on all possible challenges and needs by the programme experts. This also contributed to a feeling that the network belongs to a **bigger family brought together by a sense of purpose and inspiration**.
- As a pandemic-era project, the overarching lesson all partners realised is that **nothing beats in-person exchange**. Whenever possible, take advantage of meeting the team face-to-face. Online meetings were very time consuming to prepare (virtual site visits, canvases, online activities) but not as effective as real site visits. On the plus side, virtual meetings gave us lots of visual content (videos, photos) for communication through our online media channels and reduced our carbon footprint.
- Unfortunately, in-person meetings are not always feasible, so it is important to **stay flexible and find alternative ways to facilitate exchanges** between partners. Online facilitation tools can provide a platform for more creative and collaborative meetings. Rather than watching a PowerPoint screen share on Zoom for hours, partners have an opportunity to interact with each other in a shared, virtually tactile space (MIRO, Kahoot, mentimeter). And insist on having cameras on!

Recommendations for future networks

Here we share some additional reflections from our experience for future consideration by new networks:

- The HEALTHY CITIES workplan, following the URBACT guidelines, had a good number of deliverables that were balanced and useful. However, combined with the amount of travel logistics this plan can be very overwhelming, therefore adapting to a post-pandemic era by using more hybrid formats can actually work quite well.
- Sharing with other projects has been very beneficial, but required a lot of extra work. A more structured/established method of collaboration and exchange can be easier to implement. Create cluster projects/sister projects where some joint activities are part of the workplan since the beginning.
- Creating a tight-knit working group with the LP, LE, AHE and communication officer, often spending plenty of face-to-face time, has been a very positive experience. This improved understanding of the project topics and needs and led to a very inspiring final network product.
- A strong visual brand and concept that can last after the end of the project will support continuity in all the things we have created within the HEALTHY CITIES project. This is more than just a project; we created a positive urban transition that will live beyond the project lifetime.

HEALTHY CITIES Journey: partners' perspectives

In the last meeting partners had to reflect on their journey with HEALTHY CITIES and these are some of their reflections.

Something that you knew and revalued with the HEALTHY CITIES?

- Health benefits of BGI
- Our Policies and how they are relevant and linking them to active mobility
- Face to face meetings (local and international)
- Green is good for health
- Spaces for informal recreation
- Work in a network and EU projects
- Revalued urban planning with new perspectives
- Health should be the starting point
- The importance of communication

Something new that you learned in the HEALTHY CITIES?

- HCG to evaluate our work and demonstrate it
- HIA process
- Malta's app
- Synergie
- IAP
- More conscious about health
- Health can be improved by urban planning
- the links between health and urban planning
- Online meetings are more possible than ever
- So many new tools that can improve online meetings

Something that you will replicate from HEALTHY CITIES?

- Social activities with communities
- Blue line and green line (in all cities)
- Working with specific groups
- Participatory budgeting with projects coming from the citizens
- Keep on working with EU projects
- Tree tops paths
- Having thematic meetings with specific groups
- Having #Facts visible in public spaces
- Outdoor classes
- Awards ceremony
- The action sheets format

- City-to-city programme
- Engage the owners in the greening projects
- Maps with walking distances in minutes (metrominuto)
- Connect with organisations that already exist to join your network
- Communication use facts to increase general awareness
- How to connect green with sports

Any design/urban planning idea that inspired you from HEALTHY CITIES partners?

- Bridge Anyksciai through the woods in a wow factor
- Seed funding to develop and learn
- Connection between different users – Inclusive space and use by different stakeholders and users
- Bike routes, healthy routes, tree-top paths
- Biodiversity parks, inspiration from Vic
- Design for seasonal changes (frozen rivers)
- Have a swing but the river or the sea
- Greening to reduce heat in the city

HEALTHY CITIES Network Activities

Transnational Meetings

Videos from the transnational meetings are available [here](#).



How do we feel about our streets?

How would you use these spaces?	1	2	3	4	5	6	7
Do you like this street?	👍	👎	👍	👍	👎	👍	👎
Would you like to walk along this street every day?	👍	👎	👍	👍	👎	👍	👍
Would you allow your child to walk alone on this street?	👍	👎	👍	👍	👎	👎	👎
Would you set up your shop on this street?	👍	👎	👎	👎	👎	👍	👍
Would you stay chatting with friends on this street?	👍	👎	👍	👍	👎	👍	👎

2nd TN Meeting February 2021



Healthy Cities
3rd Transnational Meeting - 28-29 June 2021

Examples of Action Tables



	Objective / Subobjective	Action (short descriptions)	Activities	Intended Results / Outputs	Finances / Resources	Stakeholders / Key Partners / Governance	Timescale	Impact on urban determinants	Impact on health (qualitative assessment)
Example	Health	Improve food system	Local food production, food education, food security	Local food production, food education, food security	Local food production, food education, food security	Local food production, food education, food security	Local food production, food education, food security	Local food production, food education, food security	Local food production, food education, food security
Alphen aan den Rijn									
Anyksciai									
Bradford									
Falerna									
Farkodena									
Loulé									
Pärnu									
VIC									
P.A. Malta									

Flag and star the corresponding data according to the level of your action table (see below)

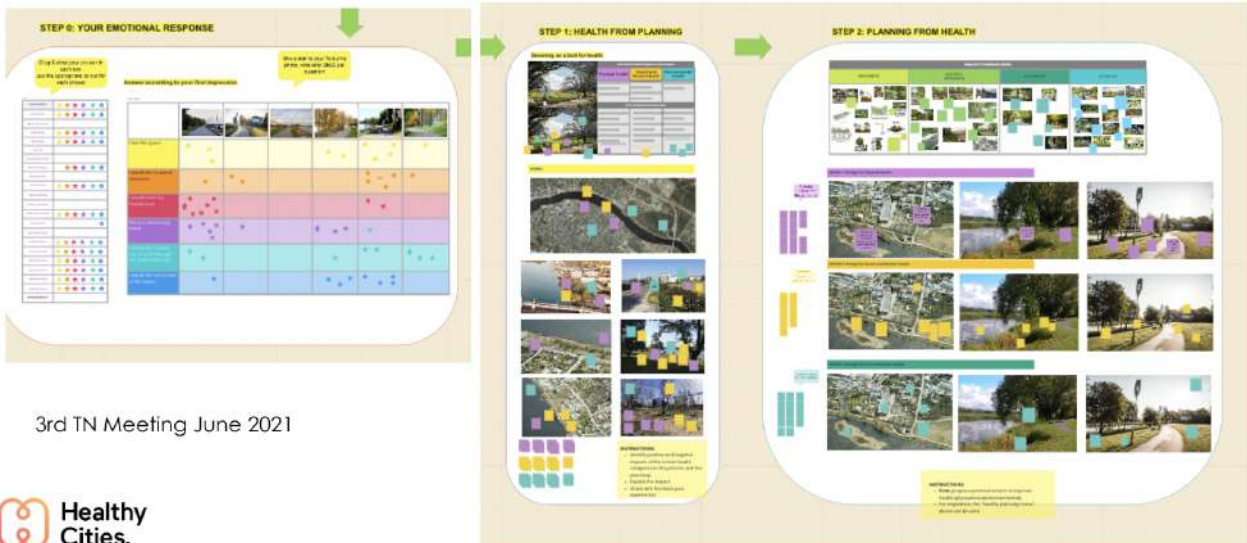
Information on Urban Determinants of Health

- Health determinants: Physical environment, Social environment, Built environment, Natural environment, Governance, Health services, Health behaviors, Health status
- Health outcomes: Life expectancy, Quality of life, Mental health, Physical health, Well-being
- Health equity: Health inequalities, Health disparities, Health justice
- Health systems: Health care, Health services, Health workforce, Health financing, Health governance
- Health promotion: Health education, Health communication, Health advocacy, Health empowerment
- Health research: Health research, Health evidence, Health innovation, Health leadership
- Health policy: Health policy, Health strategy, Health action plan, Health monitoring and evaluation

How do we feel about this areas

Map health impacts

Design for more positive health impact



How we use the URBACT integrative approach

Vic

URBACT
Planning Actions

Type of integration	Description	What is the current situation?	To what extent can progress be made?
Policy / Sector	<ul style="list-style-type: none"> Integrate economic, social and environmental challenges Develop solutions and measure the effects of negative externalities 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Integrating economic, social and environmental challenges Developing solutions and measuring the effects of negative externalities
Horizontal	<ul style="list-style-type: none"> Develop partnerships at local level Bring together all of the main actors around a challenge 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Developing partnerships at local level Bringing together all of the main actors around a challenge
Vertical	<ul style="list-style-type: none"> Align policies, interventions and funding upwards Optimal chain of governance Ensure coherence and build trust 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Aligning policies, interventions and funding upwards Optimising the chain of governance Ensuring coherence and building trust
Territorial	<ul style="list-style-type: none"> Ensure cooperation takes place between adjacent municipalities to enhance urban areas Minimise edge effects and displacement of problems 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Ensuring cooperation takes place between adjacent municipalities to enhance urban areas Minimising edge effects and displacement of problems
Hard and soft investments	<ul style="list-style-type: none"> Integrate physical investments with financial resources to urban regeneration For instance, ERDF + LEADER Attract jobs 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Integrating physical investments with financial resources to urban regeneration For instance, ERDF + LEADER Attracting jobs

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URBACT
Planning Actions

Type of integration	Description	What is the current situation?	To what extent can progress be made?
Policy / Sector	<ul style="list-style-type: none"> Integrate economic, social and environmental challenges Set up solutions and measure the effects of negative externalities 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Integrating economic, social and environmental challenges Setting up solutions and measuring the effects of negative externalities
Horizontal	<ul style="list-style-type: none"> Develop partnerships at local level Bring together all of the main actors around a challenge 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Developing partnerships at local level Bringing together all of the main actors around a challenge
Vertical	<ul style="list-style-type: none"> Align policies, interventions and funding upwards Optimal chain of governance Ensure coherence and build trust 	<ul style="list-style-type: none"> High unemployment High level of social inequality High level of environmental degradation 	<ul style="list-style-type: none"> Aligning policies, interventions and funding upwards Optimising the chain of governance Ensuring coherence and building trust
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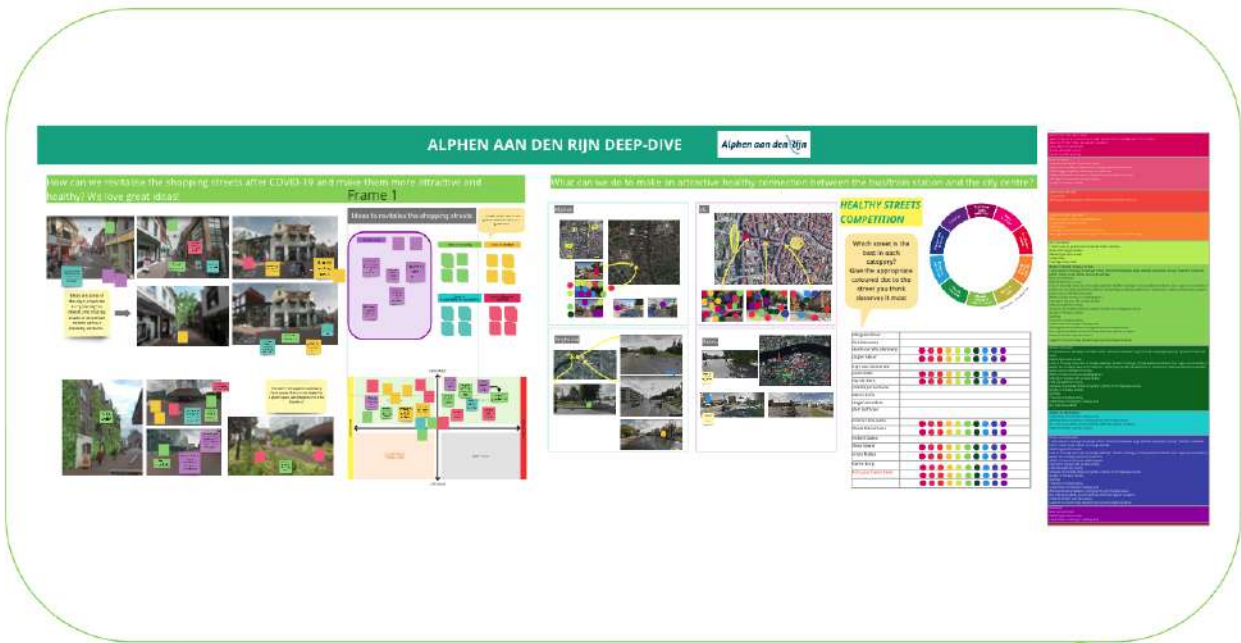


Mid-Term Meeting November 2021



Deep Dives and City-to-City Meetings

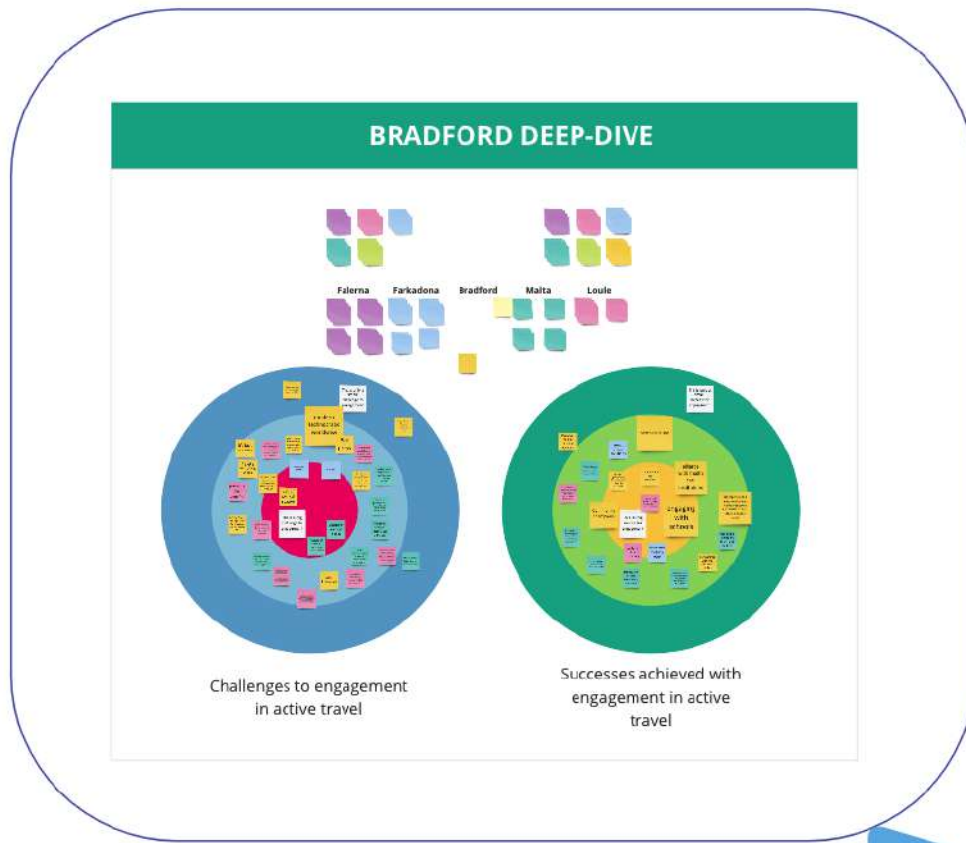
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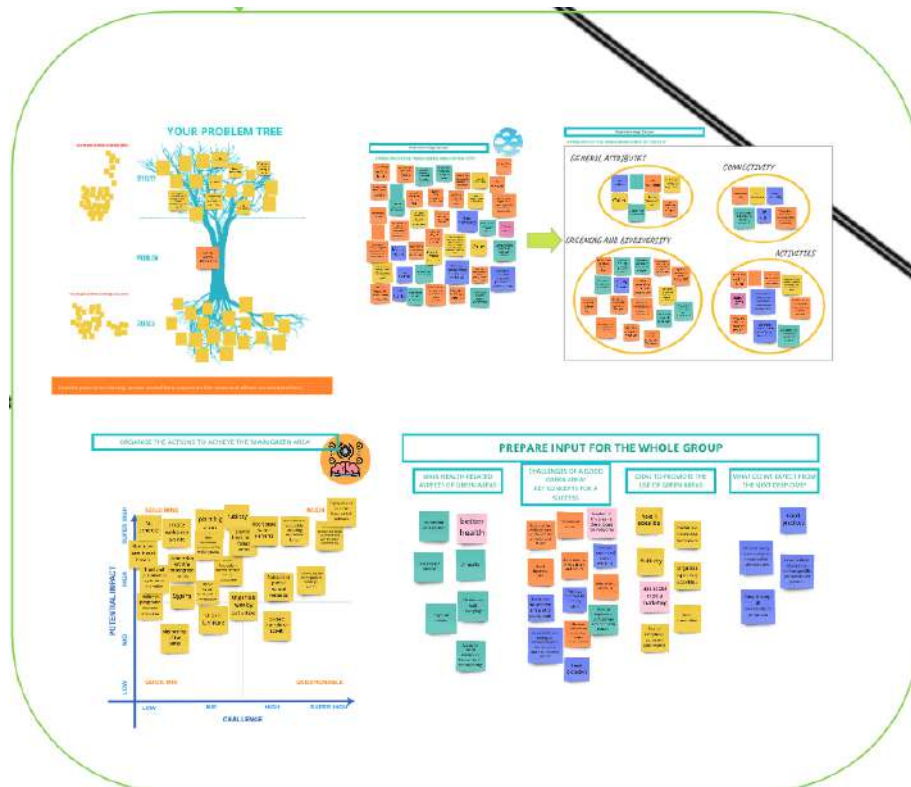
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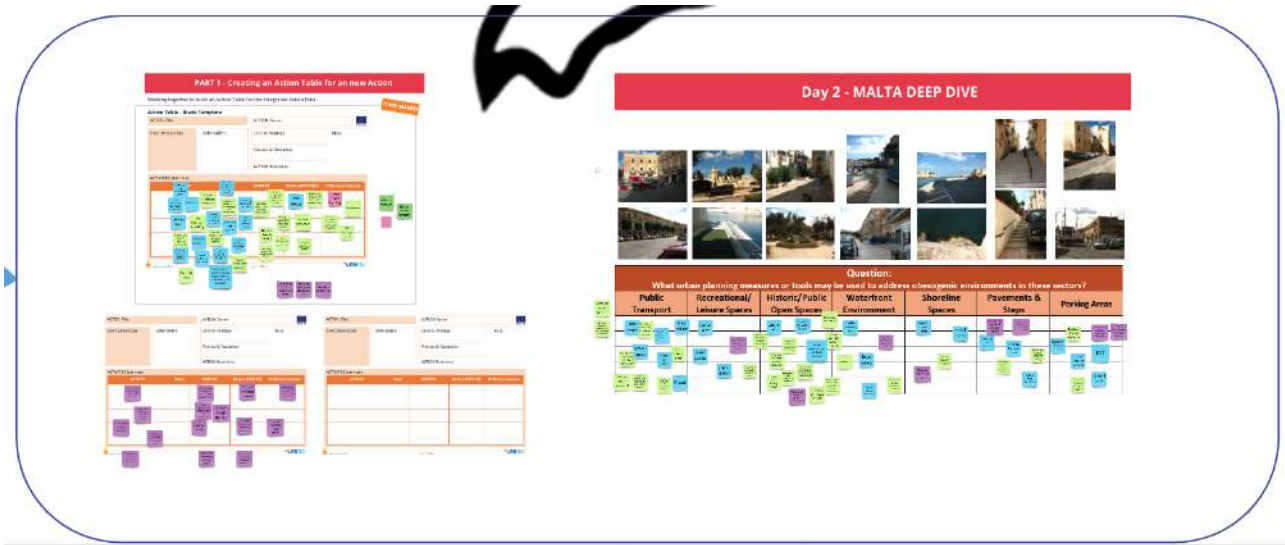
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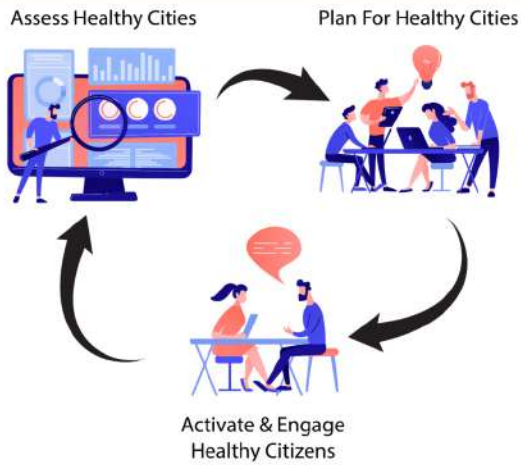
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The Healthy Cities Generator

More information on the tool is available here: <https://www.healthycitiesgenerator.com/>

WHAT DO WE NEED TO PLAN HEALTHY CITIES?



There's plenty of scientific evidence showing how urban design affects health – despite this, health and planning are too rarely considered in tandem. The Healthy City Generator bridges the gap between 'what we know' and 'what we do', making it easy for urban planners and policy makers to incorporate health factors into urban planning and urban factors into health policy.

Until now, if a planner wanted to centre health, they needed to choose between applying a complex, intensive framework like the UN Site Specific Assessment, or selecting simple tools that only touch on a single driver of health – like the Propensity to Cycle Tool.

We need to make the process simple, while integrating all aspects of health into all stages of planning. With our practical, interactive tool, users can quickly assess the health impact of their whole plan, and see how small adjustments could make a big difference to the lives of local people.

HOW WILL THE HEALTHY CITIES GENERATOR HELP?

The Healthy Cities Generator is a hands-on, practical planning tool designed to give actionable indicators for anyone looking to integrate health into planning.

Based on a systematic review of scientific peer-reviewed publications linking urban determinants and their impact on health, the tool automatically calculates the health impact of urban planning actions. Combining these science driven insights with a lean, easy to use interactive interface, the tool provides unique support to decision makers, planners and citizens and health professionals.



Urban plan in Barcelona, Spain, based on the HCG



Gathering input for the Healthy Cities Generator to assess the health impact of an urban plan in the City of Vic, Spain

From the planning perspective, the user can easily enter their own planning actions and immediately visualise the specific health effects of changes to density, mobility, mixed uses, landscape, and housing. The results paint a clear picture of how your plan affects health.

For health, the tool includes an assessment to help citizens and practitioners understand their areas strengths and weaknesses, and guides the user to the urban planning & social actions that will improve their health results.

TRY THE TOOL

[Healthy Cities Generator](#)

No description is available. [🔗](#)

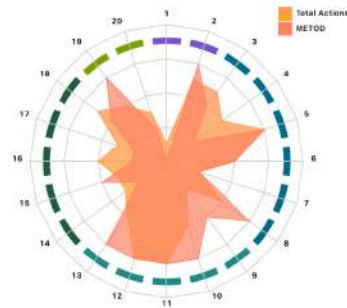
Planning Actions [View Final Results](#)

1 2 3 4 5 ▶ +

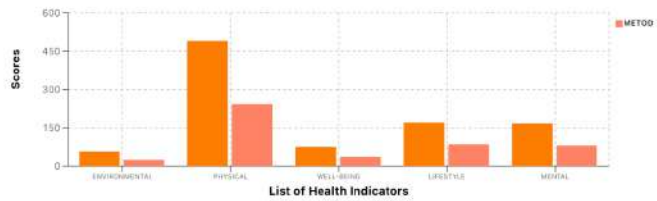
Action Name ⓘ
 Delete Update Reset

Action's Description ⓘ

- 1 Population density [Density] ▶
- 2 Business density [Density] ▶
- 3 Street connectivity [Mobility and transport] ▶
- 4 Location connectivity [Mobility and transport] ▶
- 5 Cyclability [Mobility and transport] ▶
- 6 Walkability [Mobility and transport] ▶



Please mouse over on the chart to see the description.

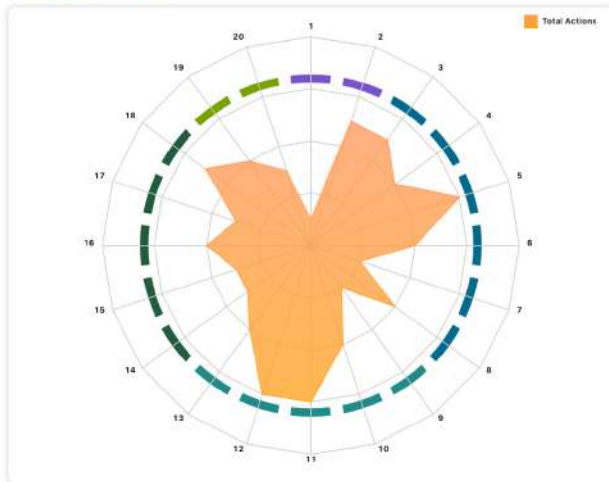


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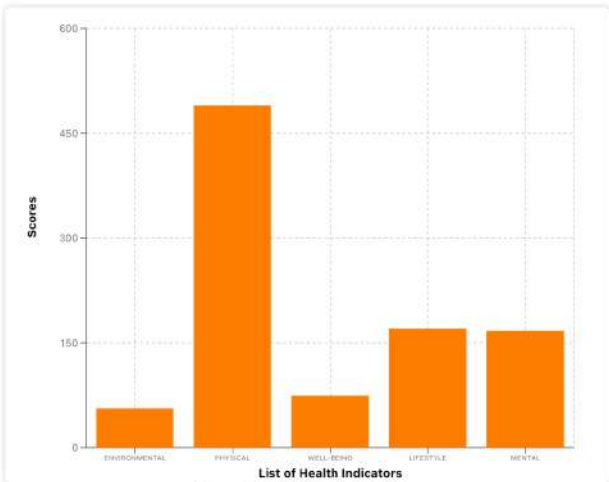
8.0/10
 Healthy Cities. Score

[Back To Planning Page](#)

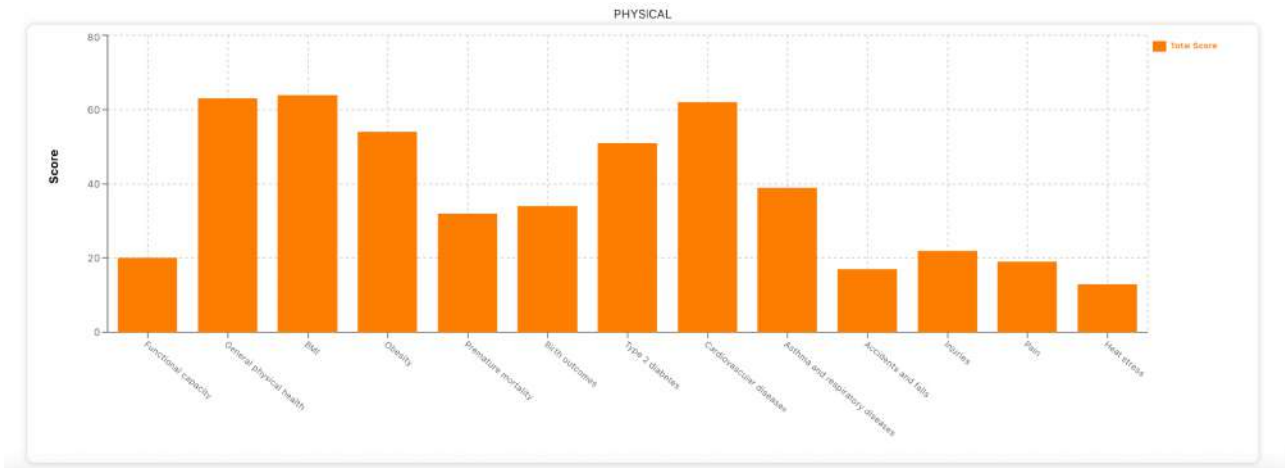
Final Results



Please mouse over on the chart to see the description.



Please click each bar to see the distribution.



Communication campaigns: HEALTHY CITIES facts
 The full series is available on this [slideshow](#).

Facts: Landscape & Greening

Fact #15:
Green spaces increase levels of self-reported general health

Uggeldorfer et al. (2019). Health-promoting outdoor environments - Associations between green spaces and health, health-related quality of life and stress based on a Danish national representative survey. Scandinavian Journal of Public Health 198(6):11-7

Fact #1:
Green spaces have direct health benefits for psychological wellbeing

Van Dillen S.M.E., De Vries S., Groenewegen P.F., Sporendberg P., 2011. Green space in urban neighbourhoods and residents' health: Adding quality to quantity. Journal of Epidemiology and Community Health 65(1):1-6

Fact #10:
Visiting green spaces boosts concentration capacity

Hussain, Gulzar & Nadeem, Muhammad S, Nazam, Ahsan B, Raic, Alf & Khan, M. S. Nawaz, Shahrivar. (2018). IMPACT OF PUBLIC PARKS ON HUMAN LIFE & CASE STUDY. Pakistan Journal of Agricultural Sciences. 47. 225-230.

Facts: Lifestyle

Fact #18:
A walk in the park can reduce symptoms of ADHD in children



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Taylor, A., Kuo, M., 2009. Children With Attention Deficit Hyperactivity Disorder: After Walk in the Park. *Journal of Attention Disorders* 13(5):502-9

Fact #24:
Mixed-use neighbourhoods create inclusive, connected communities



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Zanorini, L., & Kubik, E., 2018. People-Oriented Cities: Mixed-Use Development Creates Social and Economic Benefits. *World Resources Institute*

Fact #12:
Investing in healthy cities lowers costs of treating lifestyle diseases



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Hollenberg, M., Statens, N., 2017. A good life in a healthy city. *Randall Group, NY*

Facts: Connectivity & Mobility

Fact #9:
Active mobility improves physical and mental wellbeing



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Araù-Palencia, I. et al. 2017, 2025. Active Mobility and Subjective General Health: Roles of General Health, Social Support and Physical Activity. *Journal of Transport & Health*, Volume 5

Fact #17:
Mixed-use neighbourhoods improve fitness with mobility opportunities



URBACT
European Urban Initiative
Healthy Cities

Zanorini, L., & Kubik, E., 2018. People-Oriented Cities: Mixed-Use Development Creates Social and Economic Benefits. *World Resources Institute*

Fact #2:
Active mobility opportunities can reduce cardiovascular risk



URBACT
European Urban Initiative
Healthy Cities

Araù-Palencia, I. et al. 2017, 2025. Active Mobility and Subjective General Health: Roles of Mental Health, Social Support and Physical Activity. *Journal of Transport & Health*, Volume 5

Facts: general & HIA



HEALTH IMPACT ASSESSMENT (HIA)

HIA can develop relationships between agencies or departments that do not regularly collaborate



How to Deliver: An URBACT & Healthy Cities (2011) Enhancing benefits in health impact assessment through stakeholder consultation. Health Assessment and Project Approval, 203, 180-204

HEALTH IMPACT ASSESSMENT (HIA)

HIA empowers communities to get involved in political decisions that impact their lives and livelihoods



How to Deliver: An URBACT & Healthy Cities (2011) Enhancing benefits in health impact assessment through stakeholder consultation. Health Assessment and Project Approval, 203, 180-204

HEALTH IMPACT ASSESSMENTS (HIAs)

HIAs can encourage decision-makers to prioritise healthier and more equitable investments



The Health Impact Assessment for the new 'Green Building' in the City of Vic, 2018. How to Deliver: An URBACT & Healthy Cities (2011) Enhancing benefits in health impact assessment through stakeholder consultation. Health Assessment and Project Approval, 203, 180-204

HEALTH IMPACT ASSESSMENT (HIA)

Stakeholders engaged in HIA contribute knowledge of community concerns and visions



How to Deliver: An URBACT & Healthy Cities (2011) Enhancing benefits in health impact assessment through stakeholder consultation. Health Assessment and Project Approval, 203, 180-204

HEALTH IMPACT ASSESSMENT (HIA)

HIAs can contribute to more equitable access to health-promoting resources



The Health Impact Assessment for the new 'Green Building' in the City of Vic, 2018. How to Deliver: An URBACT & Healthy Cities (2011) Enhancing benefits in health impact assessment through stakeholder consultation. Health Assessment and Project Approval, 203, 180-204

Facts in Action: Vic's Campaign

- Street signs following healthy route to green space
- Hospitals & medical centres

