

**Opinion of the European Committee of the Regions on 'Health in cities: the common good'**

(2017/C 306/08)

**Rapporteur:** Roberto Pella (IT/EPP), Mayor of Valdengo**POLICY RECOMMENDATIONS**

THE EUROPEAN COMMITTEE OF THE REGIONS (CoR)

**General comments**

1. recognises that the concept of health is essential to the well-being of a society. This concept, as defined by the World Health Organisation (WHO), relates not merely to physical survival or the absence of disease, but includes psychological factors, natural, environmental, climate and housing conditions and working, economic, social and cultural life;
2. stresses that cities play an important role in health promotion owing to the phenomenon of urbanisation, with 70 % of the world's population living in urban areas;
3. reiterates that EU measures, financing arrangements and priorities are often geared towards large cities, and that more attention should be paid to the important accumulative impact of small and medium cities and towns with a population of between 5 000 and 100 000, in which more than half of the EU population lives<sup>(1)</sup>, and their considerable scope for designing and implementing rules to improve public health in the EU;
4. points out that the term 'healthy city' (see WHO) presupposes the idea of a community that is conscious of the importance of health as a public good and able to foster and put in place clear policies to protect and improve existing forms of welfare, as well as prevention to increase resilience and healthy life expectancy and cut risks of disability, whilst promoting sustainable development goals;
5. notes that although many of the 12 partnerships launched by the 2016 Pact of Amsterdam for the purposes of implementing the Urban Agenda for the EU relate to health issues, no specific partnership has as yet been dedicated to health. Regrets, furthermore, that the Urban Agenda for the EU does not provide for cross-cutting cooperation between authorities in evaluating health effects at an early stage. Therefore calls for the definition of health, health assessment and health promotion to be included in the Urban Agenda for the EU, highlighting its impact on health;
6. notes that public health is a national responsibility and the role of the EU is primarily to complement Member States' policies in helping government achieve shared objectives and generate economies of scale;
7. highlights the need to study and analyse the determinants of health, in particular in relation to health in cities, and to assess the opportunities and issues resulting from increased life expectancy;
8. sees the need for a review of welfare mechanisms using data on the varying circumstances and needs of different population groups, where older age groups are growing in line with the increase in life expectancy and where there is an increase in inequality between social groups, and of the parallel phenomenon of migration, which constitutes a further challenge for social and health services;
9. sees regional and local authorities as guarantors of a network of fairness and collaborative multilevel governance in which institutions, businesses, civil society organisations and the public can contribute to designing a fair, shared, harmonious urban system;

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<sup>(1)</sup> CDR 7987/2013.

10. can see opportunities to propose and adopt practical tools for 'health in cities' as a public good in the following priority policy areas:

- urban planning,
- mobility and transport,
- environment and healthy diet,
- sport, physical activity and education,
- governance.

### Urban planning

11. urges that health and the definition of health be included in the Urban Agenda for the EU, which would launch a new culture of joint planning that can contribute to ensuring that spatial planning promotes health and provides supportive environments for health;

12. invites local authorities to make use of the Urban Innovative Actions (UIA) — an initiative of the European Commission with a total ERDF budget of EUR 372 million for 2014-2020 (it does not specifically mention 'health' as a priority area, in fact) to provide urban areas with resources to test new and unproven solutions to address urban challenges and reflect on innovative actions that could address some of their health challenges too;

13. calls for the pursuit of policies to integrate health and social care and improve the social, economic and environmental fabric of deprived or disadvantaged neighbourhoods;

14. draws attention to the need to safeguard the welfare of the most vulnerable groups, particularly women and children, and of groups prone to medical conditions such as mental health problems, disease and disability. This is a social cohesion priority in terms of combating — in the urban context — the socio-economic gap and rising inequalities; It is, in fact, the correlation between health and social indicators (such as overall mortality, disability and subjective health) that shows that this inequality takes the form of a gradient (Gini coefficient): wherever you are on the social scale, there is a less favourable level of health below you and a more favourable one above. This suggests that in order to achieve consistent health outcomes from the policies designed to tackle this issue we cannot be satisfied with approaches that focus selectively on high-risk individuals: we have to tackle the whole of the *gradient*;

15. considers it vital to frame policies that ensure healthy and active ageing in good physical and mental wellbeing, social life and relationships and encourage involvement in the city's leisure activities and intergenerational programmes, not least to combat loneliness and isolation;

16. underlines that it is necessary, to strengthen health promotion, prevention and social/health integration policies for migrants as a social inclusion priority, including the use of cultural mediators present in the city (e.g. Re-Health<sup>(2)</sup>) and dedicated attention to victims of traumatic experiences, especially children;

17. suggests evaluating the potential benefits and costs of establishing *monitoring centres* for health determinants in major urban centres (based on harmonised European definitions and methodologies) or information centres (*HiAP focal points*) that would enable local and regional authorities to access best practice, case studies, reports, funding possibilities and so on in this sphere;

18. suggests that cities which do not yet have such a service should evaluate the potential benefits and costs of establishing the post of a *healthy city manager*, who would interpret the needs expressed by the city and guide the improvement process in synergy with local authorities by aligning their policies and ensuring their implementation.

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(<sup>2</sup>) Run in collaboration with the International Organisation for Migration: <http://re-health.eea.iom.int/>.

19. believes that proper spatial planning, that aims to improve population health, should not only include green areas and spaces, but also provide for an overall assessment of the ecosystem of cities and regions;

### **Mobility and transport**

20. stresses the importance of framing local policies for urban public transport planning, active mobility and urban mobility based on sustainability and public health. In this context, draws attention to the revised Horizon 2020 work programme 2016-2017 for 'Smart, green and integrated transport' (with a budget of over EUR 6,3 billion for the period 2014-2020) and its 'Urban Mobility' heading in particular and recommends the policymakers to explore the possibilities offered by the programme to invest in their local mobility projects;

21. reiterates its support for the Sustainable Urban Mobility Planning and encourages designing transport and planning/land use policies according to a sustainable mobility hierarchy that prioritises incentives and measures to make active mobility on foot or by bicycle safer and more attractive and also encourages multimodal public transport; requests to be included in the Coordinating Group of the European Platform on Sustainable Urban Mobility Plans;

22. encourages local and regional authorities to endorse European policies that foster the use of — private and public, electric and electrified — modes that progressively reduce the use of fossil fuels and incentivise that of clean ones;

23. notes that healthy cities can only be achieved if cities are sustainable. Underlines that quality of life and global environmental conditions depend on the state of the urban environment and, therefore, that a holistic and sustainable approach will be a prerequisite for future urban development <sup>(3)</sup>;

24. calls for new, comprehensive transport policies to make sure that every city falls into step with the highest standards of accessibility and usability of urban spaces and services for people with disabilities;

25. calls for awareness-raising initiatives to make people better informed about urban mobility options that are more efficient in terms of the economy, the environment and the effect on their health;

26. calls on the European Commission, when reviewing the criteria for green public procurement in the EU transport sector, to include the use of sustainable means or to promote the development of innovative technologies in the transport sphere and their dissemination in the Member States;

27. warmly welcomes best practices such as the EUROPEAN MOBILITY WEEK — a well-established campaign, launched in 2002, that in 2016 reached its highest participation rate with 2 427 towns and cities organising awareness-raising activities from 16 to 22 September every year, the EU-funded project PASTA <sup>(4)</sup> (Physical activity through sustainable transport approaches) — a programme that explicitly acknowledges the link between health and mobility in cities and public-private partnerships to develop services for commuters.

28. points out that local and regional authorities have the legal powers to designate conservation areas, support the EU Natura 2000 networks and integrate biodiversity concerns into urban and spatial planning and points to the growing body of scientific research that nature can contribute to addressing the health and social challenges by mitigating climate change effects, promoting physical activity and social integration and reducing stress;

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<sup>(3)</sup> COR/07987/2013

<sup>(4)</sup> <http://pastaproject.eu/home/>

**Environment, housing and healthy diet**

29. welcomes the European Commission's decision of 7 December 2016 to frame an action plan to better implement the Birds and Habitats Directives and its recognition of the importance of integrated management and planning of cities in achieving biodiversity conservation objectives in the EU <sup>(5)</sup>;

30. reiterates its request — and its own commitment on this — for an increase in the budget of the LIFE Nature and Biodiversity programme after 2020. This programme is intended to develop green infrastructure and solutions in cities, which are acknowledged as being crucial in the light of climate change, the climate and energy goals of the EU agenda for 2020-2030, the Paris Agreement, the UN and FAO agendas and the SDGs; in this perspective, calls for stronger support for initiatives at the local and regional level on climate adaptation in the European urban environment <sup>(6)</sup> with a view to the 8th Environment Action Programme 2020-2027;

31. urges that action be taken on environmental and climate-related factors to promote health in cities. Projects under way have demonstrated the impact of urbanisation on the prevalence of diseases, such as cardiovascular and respiratory ones, but also obesity and type 2 diabetes. Therefore calls for cost/benefits analyses of failure to address the air and noise pollution that affect and determine the state of health in cities in order to increase awareness and to choose the most economically viable public policy <sup>(7)</sup>;

32. encourages initiatives that promote collaboration between local and regional authorities, health and nature sectors and aim to improve the health and well-being of citizens by connecting citizens with nature, allowing them to benefit from regular access to nature areas in the proximity, promoting regular physical activity and using nature areas for therapeutic interventions along with other health treatments;

33. warmly welcomes good practices, such as the European Green Capital Award, and the nascent European Solidarity Corps, which will offer opportunities to young Europeans to contribute directly to the management of Natura 2000 sites through volunteering activities, thus bringing them close to nature, increasing environmental awareness and reaping the health benefits of nature and biodiversity;

34. urges that account be taken of housing conditions and housing-related health issues, as well as health and safety in the construction and maintenance of public buildings such as schools and day-care facilities, including in relation to indoor air quality;

35. recommends the greatest possible attention be given to the importance of adopting a healthy diet, through precise guidelines that take account of the different contexts and different target populations (school meals, workplace menus and relevant social canteens). In this context, welcomes the publication of the technical report on the Public Procurement of Food for Health in schools and recommends to all local and regional authorities who purchase food and food-related services in or for schools to use this support document to better integrate health and nutrition into food procurement specifications;

36. recommends the promotion of policies designed to reward environmental responsibility in the productive sector, aimed both at producers and products and including the waste sector;

37. recommends focusing particularly on preventing eating disorders, and the harmful use of alcohol and tobacco, and other addictions and proposing specific strategies at local and regional level, not only by promoting innovative and high quality research, sharing evidence, and assessing regulatory measures, but also by adopting prevention and monitoring policies for public spaces and places;

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<sup>(5)</sup> [http://europa.eu/rapid/press-release\\_MEX-16-4308\\_en.htm](http://europa.eu/rapid/press-release_MEX-16-4308_en.htm): 'The Action Plan will contain a series of concrete measures such as holding regular meetings with mayors and other local authorities to assess implementation challenges and help Member States take the necessary corrective action. Moreover, the Plan will design, in partnership with Member States and relevant stakeholders, appropriate implementation guidelines for regional actors, reducing unnecessary burdens and litigation, and incentivising national and regional investment in biodiversity. The Committee of the Regions will be closely involved in the follow-up of today's orientation debate.'

<sup>(6)</sup> Mid-term evaluation of the LIFE programme (see COR-2016-04126).

<sup>(7)</sup> Towards a new EU climate change adaptation strategy — taking an integrated approach (see COR-2016-02430).

### Sport, physical activity and education

38. reiterates that physical activity is one of the most effective ways to prevent non-communicable diseases and combat obesity, and to maintain a healthy lifestyle; given the growing evidence on the positive correlation between exercise and mental health and cognitive processes in this regard, calls on the local and regional authorities to collect and share their good practice examples to inspire, lead and learn;

39. calls on the European Commission to strengthen the role of the municipalities and regions in pursuing better HEPA (health-enhancing physical activity) policies to encourage the taking up of physical activity in every area of the individual's life, from school to the workplace to leisure time and transport, and to respond to recent calls from the Council and the Parliament to take initiatives to promote healthy lifestyles;

40. reiterates the need to promote training and capacity-building on health in education establishments, since it has been demonstrated that health education carried out in schools is effective in reducing the prevalence of behaviour that jeopardises young people's health;

41. endorses the content of the first report on the implementation of Council recommendations on the promotion of HEPA across sectors, adopted by the European Commission and published in December 2016 <sup>(8)</sup> and recommends that the European Commission set itself the goal of reducing the cost of physical inactivity, which stands at more than EUR 80 billion per year in the 28 EU countries <sup>(9)</sup>, by increasing efforts to promote physical activity and discourage sedentary lifestyles and by supporting the development of monitoring indicators at local, regional and EU level;

42. warmly welcomes best practices such as the following, and calls for them to be shared at local level: creating conditions for increasing cycling/walking routes for running and walking as well as for urban mobility ensuring proper security; the transformation of green public spaces into 'open-air gyms'; raising the quantity and quality of school hours dedicated to teaching sport 'for all'; out-of-hours use of school sports facilities for other sections of the public; and supports initiatives such as the annual designation of a European capital and cities of sport — an event coordinated by ACES Europe; the European Week of Sport, which in 2017 will have the title 'Sport and Health'; the Erasmus+ sport programme, and better promotion of HEPA (Health-Enhancing Physical Activity);

43. acknowledges the severe effects of the financial and economic crisis upon the capacity of public healthcare systems to deliver adequate services, also in the light of growing demand due to, inter alia, an ageing population; recalls that ICTs can be a powerful tool for maintaining cost-efficient and high-quality health care, as they empower people of every age to better manage their health and quality of life, in urban and rural areas alike;

### Governance

44. proposes working with the European Commission to examine tangible ways to invite regional and local administrations to participate in networks such as Smart Cities or the Covenant of Mayors or in health prevention and promotion networks promoted by the WHO (WHO Healthy Cities Network, WHO Healthy Ageing Task Force, WHO Age-Friendly Cities Project, WHO Regions for Health Network, Schools for Health in Europe Network, etc.), in key areas of the flagship Resource Efficient Europe <sup>(10)</sup> initiative, such as biodiversity and land use, waste and water management or air pollution;

45. calls for more support to be given to local initiatives to inform people about primary prevention programmes and to encourage them to join, with particular reference to lifestyle diseases and chronic, communicable and non-communicable diseases, which are now the main risk to human health and development; calls for support for scientifically tested secondary prevention programmes for the public, which involve institutions and education services;

<sup>(8)</sup> [eur-lex.europa.eu/legal-content/IT/TXT/?qid=1483950644221&uri=CELEX:52016DC0768](http://eur-lex.europa.eu/legal-content/IT/TXT/?qid=1483950644221&uri=CELEX:52016DC0768)

<sup>(9)</sup> ISCA/CEBR Study (2015) in Narrative review: the state of physical activity in Europe, p. 37 [PASS Project fr.calameo.com/read/000761585fb41d432c387](http://PASS.Project.fr/calameo.com/read/000761585fb41d432c387).

<sup>(10)</sup> CdR140/2011.

46. calls for the forging of a strong alliance between municipalities, universities, healthcare companies, research centres, businesses, professionals, charities and community organisations to study and monitor at urban level the determinants of citizens' health, so as to create a more effective and responsive multilevel governance to improve health policy;

47. stresses that it is the responsibility of all tiers of government, and the public itself, to play a big part in reducing the impact of communicable diseases, promoting and incentivising vaccination plans, prevention and healthy lifestyles and studying the best urban contexts (health facilities, workplaces, recreation and sports facilities and virtual spaces such as authorities' own websites) for informing and motivating people;

48. points out that little has been done so far to assess the health effects of the circular economy. In relation to implementing and continuing work on the European Commission's Circular Economy Package, as well as national projects promoting the circular economy, its health effects should be assessed in more detail and dialogue stepped up between authorities responsible for waste management, environmental protection and health protection (e.g. on the use of waste in earthworks or on water reuse);

49. recommends that promotion of well-being and health be added to local and regional strategies, so that this is better taken into account in different sectors' decision-making. Implementation could be monitored with online well-being reports containing indicators set at national level;

Brussels, 11 May 2017.

*The President  
of the European Committee of the Regions*

Markku MARKKULA

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