

In Miramas: “Renovating a neighbourhood while taking into account the health impact on inhabitants”

Interview with Jérôme Marciliac,
Head of the Urban Renovation Department, Urban Dynamics and Sustainable Development Unit for Istres-Ouest-Provence, Aix-Marseille Provence, France.

La Santé en action: For how long has the city of Miramas supported healthy urban planning?

Jerome Marciliac: The healthy urban planning initiative began in 2016 during discussions on the renovation of La Maille-Le Mercure, designated as a priority district by city policy, where almost 2,700 people live and where social housing represents 86% of total housing. It is a landlocked district with ageing buildings, the redevelopment of which requires heavy demolition and reconstruction operations. However, it is fairly well covered by health-care professionals. This ten-year project has a budget of €170-million, financed to the level of €34-million by the National Agency for Urban Renewal (ANRU). The initial idea was to measure the impact of such a renovation on the health of the inhabitants, with the longer-term goal of taking this impact into account during the planning and work. We brought together a multidisciplinary team to work on this assessment process, which lasted two years. The working group involved the policy department of the City of Miramas, represented by the coordinator of the urban health workshop; the urban renewal project team, who measure the impact of developments and works on the well-being of residents; and an urban sociologist, who represents the operational support team in charge of project coordination and follow-up. Steering was entrusted to the regional committee for health education (CRES PACA), in collaboration with the Public Health School (EHESP) of Rennes. A firm specializing in urban sociology also provided support. The objective was to plan and imagine the renovation of this district using the concept of health as defined by the World Health Organization: “*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*”¹. This is why healthy urban planning strives to improve both the

KEY POINTS

■

▶ **The city of Miramas is renovating a district with a high concentration of social housing. Before demolishing, renovating and rebuilding, it considered the impact of urban planning on health via four criteria which are determinants of health: air quality, access to care and social services, social cohesion, physical activity and diet. Residents were consulted.**

quality of the built environment and also, in a broader sense, the living environment of inhabitants.

S. A: What tools came out of the assessment process?

J.M.: Initially, the working group identified four major health determinants specific to the district that should guide the development scenarios and which constitute the core challenges of rehabilitation: physical activity and diet; indoor and outdoor air quality; access to care and social services; social cohesion. The second step was to raise awareness of health among all stakeholders and show them that it is not solely the responsibility of health professionals. A charter called *Taking action towards healthy urban planning, developments, buildings and facilities* was drawn up and joined to the ANRU agreement. Next, very detailed practical sheets, featuring concrete development actions argued from a health perspective, were drafted for the various project stakeholders: promoters, lessors, co-owners, health professionals, city and metropolitan services. These documents contain specifically adapted information demonstrating each stakeholder’s capacity to act on health factors. For example, for public or private lessors, the availability of bike sheds in a building is likely to encourage people to cycle, be it for work or for leisure, which helps to develop physical activity. Working on the density and the organization of spaces can help to create a less stressful environment, in particular by limiting noise, whose harmful effects on



© Ville de Miramas

health are now recognized. As for real-estate developers, one of the recommendations is to pay particular attention to the design of entrance halls, stairwells and areas at the foot of a building, so as to create a pleasant and green environment that also incites residents not to take the lift every time. These educational tools are essential for securing commitment to the approach among the various stakeholders.

S. A: What areas for improvement emerged after analysis?

J.M.: This urban project is complex, combining three intrinsically connected approaches: healthy urban planning, urban renewal and the eco-neighbourhood approach. It plans to demolish 220 dwellings, mainly social housing, and rebuild 250 for unrestricted purchase in order to promote social diversity: the share of low-cost social housing will thus drop from 83% to 63%. About 80% of the road network will be transformed, resulting in less car traffic and more pedestrian streets, including planted strips. This will have a positive impact on air quality while also promoting physical activity. The decision was taken to introduce an urban river in order to reintegrate water in the district and irrigate the larger plantations. It is also a means of combating the urban heat island phenomenon and improving everyone’s comfort. The living environment will also benefit from a new school building built on a spot overlooking a lake, as well as a new medical centre located in accessible

and adapted premises. Even if the district is not a medical desert, the aim is to offer health professionals a pleasant and functional working environment. We secured ten years of funding to commission a specialized firm that will assist the contractors, ensuring that the health dimension is well integrated and that stakeholders adhere.

S. A: Were the inhabitants consulted during the assessment process?

J.M.: The inhabitants have played an important role in the development of the project. Several consultation channels were established between elected officials, technicians and especially residents. The latter were able to take part in “walking diagnoses” and prospective workshops on a series of subjects ranging from public spaces to shops, including transport, parking, employment, togetherness, etc. Residents had a say in how they imagined their future environment. Decisions on what to keep or remove were then made during the programming phase. Even now, we are still holding meetings every couple of months with the citizens who have invested themselves in the co-construction of this project. We have done a lot to get them involved: communication in letter boxes, evening workshops held on different days and with an offer of childcare.

Between 60 and 80 people attended. Today, there remains a core group of about 20 people who follow the project and relay news to other inhabitants.

S. A: Are there obstacles to the promotion of healthy urban planning?

J.M.: This is an approach that is shaking up the working habits of stakeholders. It adds a new dimension to their profession, particularly for lessors, promoters and project managers. The latter do not always see it in a good light. Either they believe they have already addressed this concern, or they think that it will generate additional costs. We need support and strong political will to put the health and well-being of inhabitants at the heart of decision making. A project needs to be carried out with a desire for meeting the needs and expectations of the inhabitants and, once the renovation is complete, it should deliver short- or medium-term health benefits that are noticeable to doctors and healthcare staff: less stress, less asthma, less obesity problems, etc. Planning takes time, as does observing the direct health effects of planning choices, which are quite difficult to understand. Even if the question of evaluating results remains complex, several methods have been anticipated. For example,

air sensors installed at different points in the neighbourhood. Readings will be taken before and after redevelopment, which will help us see the impact of the choices made in terms of roads, building insulation, etc. on air quality. The same goes for social cohesion. We are in the process of forming a cohort of residents to interview about their experiences within the neighbourhood, before and after the renovation. We will see what has changed and if we have really improved things. ■

Interview by Nathalie Quéruel, journalist.

1. World Health Organization. World Health Organization Constitution. WHO, 22 July 1946. On-line: <https://apps.who.int/gb/bd/PDF/bd47/FR/constitution-fr.pdf?ua=1>

For more information

- Territorial coherence scheme for healthy urban planning: <https://grand-douaisis.com/scot-mixte-presentation/>
- Mixed Association of the Grand Douaisis SCoT. *Grand Douaisis 2018-2028 health programme*. December 2018: 111 p. On-line: <https://grand-douaisis.com/wp-content/uploads/2020/01/rapport-schema-de-sante-du-grand-douaisis-vf-pp-1.pdf>

THE INTERVIEWEE DECLARES NO TIES OR CONFLICTS OF INTEREST WITH REGARD TO THE CONTENT OF THIS ARTICLE.

DOUAISIS: A TERRITORIAL COHERENCE SCHEME THAT TAKES INTO ACCOUNT THE DETERMINANTS OF POPULATION HEALTH

Building a city is not just about building housing, creating economic zones or developing infrastructures. It is a question of tailor-made elements, meeting the needs of the territory, being part of a sustainable model, offering a quality living environment...

For 20 years, the territory of Grand Douaisis has been developing its urban planning culture using a territorial coherence scheme (SCoT) to define the main principles of regional planning, with which all local urban planning documents and urban projects must be compatible. It is not a question of moving away from a logic of urban planning negotiated and co-constructed between the

project promoters and the public stakeholders, but of laying out the intangible rules from which the projects cannot diverge.

Faced with a lack of attractiveness and unfavourable health indicators, the Grand Douaisis SCoT has taken an approach that is unique in France, developing a health plan (associating healthcare stakeholders, elected officials and town planners) concomitantly with the revision of the SCoT and the drafting of the territorial climate-air-energy plan (PCAET). Beyond the issues of improving the care of patients and the care pathway, it was a question of carrying out a global reflection on the determinants of health (individual

and social behaviour, living environment, environment) making it possible to achieve a complete state of both physical and mental well-being. This work made it possible to include development guidelines in favour of healthy urban planning in the revised SCoT, approved on 17 December 2019, and the PCAET, approved on 15 December 2020. The Grand Douaisis SCoT now has the task of translating these guidelines into local development plans and the operational implementation of development projects.

Adeline Perotin,
Manager of the Urban Planning Division, Mixed Association of the Greater Douaisis Territorial Coherence Scheme.