

In Rennes: “Integrating health into all public policies”

Interview with

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La Santé en action: The City of Rennes and the Rennes Metropolitan Area are participating in the international research project CUSSH (Complex Urban Systems for Sustainability and Health) since 2018. Why choose to participate in this project and how does it fit into the overall healthy urban planning approach?

Frédéric Auffray and Audrey Martin: Rennes has been a member of the WHO Healthy Cities Network since its creation in 1987. In other words, we have long been driven by the desire to implement policies which promote health and high quality of life, in collaboration with local stakeholders and other cities. Health is a highly cross-cutting issue and our ambition is to integrate it into all public policies. Therefore, for more than 10 years, we have been developing the healthy urban planning (UFS) space following 4 approaches:

1- The development of frameworks and planning documents, publicly available to our local municipalities: the urban mobility plan (PDU), the spatial climate-air-energy plan (PCAET), the local housing programme (PLH) or the new inter-municipal local development plan (PLUi), all concerning the 43 municipalities of the metropolitan area. The PLUi, approved in 2019, has been an opportunity to emphasize the role health should play in our strategic decision-making for the development of the metropolitan area, by responding to fundamental issues such as water quality, air quality, soil quality, noise pollution, electromagnetic waves, aging population, healthcare supply, etc. 2- The UFS is also integrated within a research and operational approach. In the context of the regeneration of the Gros Chêne opportunity area in Rennes, for example, an approach to consider health-related issues in urban decision-making is being carried out in specific areas: public spaces, children's playgrounds, the school complex, building refurbishment, etc. This

project is the outcome of an agreement between the City and Rennes Metropolitan Area and the local development corporation (Territoires Publics), highly involved in this approach. The goal is to promote a common understanding and create a shared culture amongst the urban planning and public health stakeholders, in order to facilitate decision-making.

3- Chairing local networks internally (with health representatives from different departments within our local authorities) and externally (such as with the Brittany Urban Planning and Health Network RBUS, linking urban planning and public health professionals) is another method we are using to develop the healthy urban planning (UFS) approach within the City of Rennes and the Rennes metropolitan area. 4- Finally, a fourth pillar of the UFS is action research. The partnership between the City of Rennes, the Metropolitan Area of Rennes and the Public Health Research School EHESP, which dates back more than a decade, is a driving force for the development of an UFS approach. EHESP researchers bring scientific knowledge to the table as well as an external perspective to our local authorities, challenging our approach to questioning issues and opportunities. It was in this context that Charlotte Marchandise, then deputy health officer for the City of Rennes, initiated our collaboration with the CUSSH project.

S. A.: How did this collaboration with the CUSSH project practically take place?

F. A and A. M.: At the start, we found it difficult to understand how we could fit within this international approach, in which larger cities are involved, such as London, Beijing and Nairobi. Moreover, the approach seemed “too top-down”, whereas we needed interaction. The work began with the evaluation of the PCAET, using a quantitative health impact modelling tool. The evaluation translated policy outcomes into the number of deaths or illnesses “avoided” if implemented – a different way of expressing results, but not necessarily adapted for decision making. However, links were gradually established and methodologies refined.

It seemed to us that there was a missing link between the urban community and wider academia, hence why we wanted EHESP to

participate in the project. This collaboration was then defined and formalized through an inter-organizational agreement. The School acts as a boundary spanner between the CUSSH scientific research teams and the local authorities and facilitates the relationships between both and the transfer of knowledge. This enabled the development of more applicable analysis – such as the urban travel plan, which models detailed pedestrian and cyclist movements in each neighbourhood. Additionally, we, ourselves, can bring on-the-ground case studies to CUSSH which could be used for experiential research and action, such as the Gros Chêne opportunity area. EHESP plays the role of project management assistant for Gros Chêne, using it as a “laboratory” development project to push the health agenda as far as possible in its conceptualisation. The outcome of this will be the creation of a local guide for more systematic integration of health in urban development.

S. A.: What is the added value of participating in this type of international project? What are you expecting out of it?

F. A and A. M.: Ever since 2018, the collaboration continues, even despite the health crisis, which did not make it any easier. It is always stimulating to compare one's own practices with those of other cities, as we were able to do during certain workshops, which were held online because of COVID. However, what has been most compelling and thought-provoking is undoubtedly exploring issues around governance. Indeed, the enablers for a healthy city are intrinsically reflected in the capacities of different stakeholders within a same authority. Hence the idea of working towards the establishment of a common urban planning and health body for our municipalities, to receive both political and technical approval in development projects and to measure and evaluate their added value. This would encourage a less siloed process and would systematically anchor a UFS approach in our practice. ■

Interview by Nathalie Quéruel, journalist