PASTA
PHYSICAL ACTIVITY THROUGH SUSTAINABLE TRANSPORT APPROACHES

Transport & Health – how far do they link up in cities?

What local authorities said…

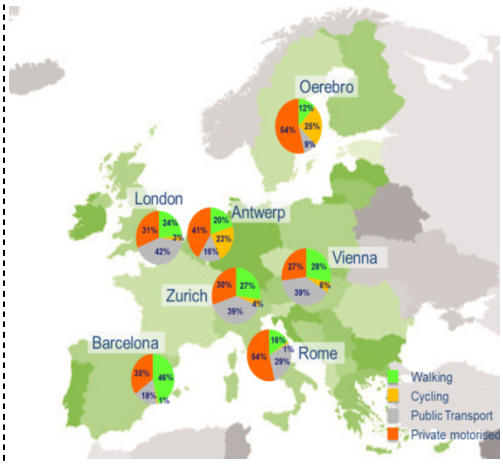

Figure 1: Modal Split in the 7 case study cities

To look more closely at the link between promoting Active Mobility (AM), and health in the urban environment, the PASTA project carried out a series of interviews (61) and workshops (7) with local stakeholders and experts from urban and transport planning, public health, PT operatores etc. from the seven PASTA case study cities: Antwerp, Barcelona, London Borough of Newham, Örebro, Rome, Vienna, Zurich.

The majority of the gathered AM measures in the case study cities come under **infrastructure** (56 measures) as well as **social environment** (38 measures) as the most visible efforts made to promote AM.

Analysing stakeholders' perspectives reveals that the **cities struggle with similar barriers and challenges** but that there are some **promising strategies** and **enabling factors** from which others can learn.

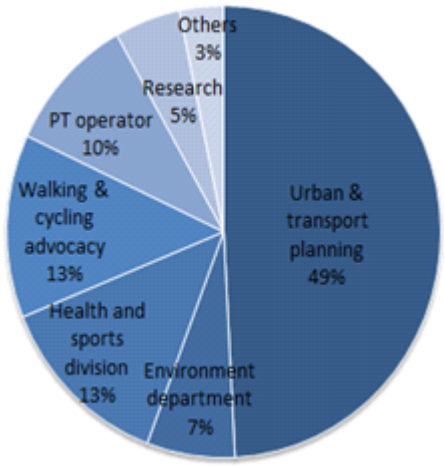

Figure 1: Stakeholders by sector (n=61 interviewees)

Pictures: Stakeholder Workshop, Vienna, June 2014 (© Magistrat Wien, MA 18 / Richard Macho)

"A car centred city has no future and the political role has to show that."
(Antwerp, stakeholder)

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Challenges

When it comes to implementation of walking and cycling measures in European cities, barriers and challenges arise from various perspectives: **political, institutional, financial, envrionmental** and **societal** ones (Table 2).

"Political will is made visible by the budgets … It is significant that the budgets for the soft modes are still only a fraction of the budgets set aside for car infrastructure."
(Antwerp, stakeholder)

"The future will depend on political choice, the timing and cultural evolution to convince people that cycling is good for your pocket and health."
(Rome, stakeholder)

Table 1: Barriers and challenges for promotion of AM (non-exhaustive extract of stakeholder interviews and workshops)

BARRIERS & CHALLENGES				
Political / Planning	Institutional / Administration	Financial	Physical environment	Social environment
Political leadership/ willingness; more car votes than active mobility votes?! (ANT, VIE, ÖRE)	Cycling not yet received full attention in traffic planning decisions (ZUR)	Political will is made visible by the budgets (lion's share for car infrastructure) (ANT)	Limited space for urban renewal (BAR, ANT, ZUR)	Strong implicit association: streets = cars (LON)
Sustainability: short-term view of the politics (ROM); Challenge of short-term with long-term planning perspective (ÖRE)	Lack of collaboration between departments e.g. environ. and health (BAR)	Lack of budget for walking and cycling measures (ANT)	Difficult to reduce spaces for cars for the benefit of cyclists and pedestrians (ROM, ANT, VIE, ÖRE)	Lack of public support in AM vs. car infrastructure (ANT); strong public opinion against restrictions in car traffic (ÖRE)
Policy/strategies: new (reverse) developments e.g. which make driving easier than walking and cycling (LON, ANT)	Too many top-down approaches – inconsiderate of societal needs (BAR)	Budget and economy issues: especially for long-term measures (ÖRE)	Poor and degraded urban environment, fear of crime (LON)	Cultural barriers and social norms; Lack of cycling culture and tolerance (LON, ROM, VIE)
Health is not an important driver, it's just an indirect outcome. (BAR, LON)	Lack of communication and awareness raising for AM on institutional level (ROM)	Promoting walking and cycling has no direct impact on the health budget (VIE, LON)	Need for better infrastructure for cycling (ÖRE, ROM)	Very well developed Public transport as a barrier for cycling (ZUR, VIE)
Urban planning is strongly determined by "how it has always been done" (ZUR)	Competence / responsibility is scattered (ANT, VIE)	Economic crisis (BAR, ROM)	Major traffic axes that work as barriers for pedestrians (and cyclists) (ZUR)	Established habits (people don't want to change their behavior) (all)

"In the end it's a question of education of the population. To understand that the city is for everyone in the discussion between walking and cycling, nobody owns the public space."
(Barcelona, stakeholder)

Looking more deeply at the **cooperation between the health** and **transport sector it seems that there is still quite some room for improvement.** There is only a cautious convergence in some cases e.g. including health objectives in urban transport plans or vice versa.

Table 2: Transport & health perspectives in PASTA cities (non-exhaustive extract of stakeholder interviews and workshops)

TRANSPORT & HEALTH						
Antwerp	Barcelona	London/ Newham	Örebro	Rome	Vienna	Zurich
Cooperation between mobility and health is not structural or a regular interchange.	Health issue is receiving less attention among politicians compared to environment.	Awareness of healthy urban planning is focused on access to greenspace and leisure facilities.	Little cooperation bet. health and transport; health issues neither considered nor communicated.	Traffic Masterplan: Improving life of citizens by impact of reduced car traffic.	Health issue is considered in Urban dev.plan; Mobility is considered in the Austrian's 'Health targets'.	Collaboration between the transport and health sectors is quite limited.
Health in mobility often reduced to air pollution. Safety & PA only sporadically included.	"It would be important that public health & environmental departments find integrated approaches for co-benefits. "	Transport planners are far more aware of the health impacts than health experts are of transport issues.	Traffic is not a prioritized area on the public health agenda;	The Mayor is a doctor, so he is aware of the link health - transport and promotes AM.	Health benefits are a welcome side-effect; on administrative level: single projects; more potential for cooperation.	Health is used as an argument to promote cycling on canton level.
Health gains are long-term (national level) implementation, costs are local and immediate.	Need to raise awareness in civil society on health impacts of urban policies.	Public Health recently been devolved back to local authorities; idea of healthy urban streets.	Public health argument more related to safety perspective rather than AM and PA	"Mobility is not considered to be relevant for health"	"Investment by the transport department – cost savings in the health resort".	HEAT: "good economic situation in Switzerland → economic issues less prominent"

"To overcome these barriers, a multi agency approach is required which includes transport, health, design and law enforcement. A sharing of knowledge is required within a framework of partnership working."
(London, Stakeholder)




Pictures: Cycling infrastructure in Zurich (1-2), Antwerp (3), walking boulevard in Vienna (© PASTA consortium)

Opportunities & enabling factors

Ambitious goals to reduce motorised traffic and to increase the share of walking and cycling are defined in the strategic policies of the seven CSCs, and are clearly directed towards more sustainable and healthy cities. Political will, often tied with a powerful politician, is the most important driving force and a cornerstone for promoting AM; it needs courage and sensitivity to reduce car traffic ('fear to loose votes of car drivers') and collaborations between the different administrative departments, planning sectors and stakeholders.

"In 2012 Antwerp won the title of cycling city… the jury referred to the huge effort that the city of Antwerp has done in the last 10 years to focus on cycling." (Antwerp, stakeholder)

The seven case study cities have similar **promising strategies** and **policies** towards a sustainable urban development (Table 1).

Table 3: Enabling factors in PASTA cities (non-exhaustive extract of stakeholder interviews and workshops)

ENABLING FACTORS						
Antwerp	Barcelona	London/ Newham	Örebro	Rome	Vienna	Zurich
Active cycling policy	Urban Mobility Plan focuses on AM	Mayor's cycling vision	Culture leading to political will to work for cycling	New Traffic Masterplan for Rome (PGTU)	Clear political will (Austrian Green Party)	Goal: double cycling within 10 years
Diversity and connectivity	Promotion of PT, reduction of car use	Mixture of policies and funding (TfL)	Transport Master Plan (reduction of car use)	Cycling plan and Cyclability Framework Plan	Urban development plan 2025	Urban transport program 2025
Cycling infrastructure	Improving quality of life, air quality, road safety	Improving the Health of Londoners	Long-term vision on cycling	"The future will depend on political choice, timing & cultural evolution"	Mobility agency e.g.(commissioner for walking and one for cycling)	"Masterplan Cycling" and Strategy "2000-watt-society"

Comprehensive urban development plans are the most important strategy for cities to begin defining their specific visions for future sustainable mobility. As the importance of specialized walking and cycling models is becoming increasingly apparent, cities are continuing to differentiate active mobility measures within their Masterplans.

"Until three to four years ago cycling was not considered as a priority, now the perspective is changing." (Rome, stakeholder)

HEAT Health economic assessment tool

HEAT[1] is a proven economic assessment tool designed to support politicians decisions by arguing that investing in walking and cycling projects means an investment in a healthy society. However, transport and health politics operate in most cases separtely and implementation of common projects is slow and cautious. Whether it's about missing collaboration, the integration of health arguments in transport related decisions or about financial responsibilities, the statements of (transport as well as health) stakeholders in the case study cities are indeed very similar (Table 1).

Key messages

TO LINK TRANSPORT & HEALTH by …

- making health a key driver in transport planning and decision making,
- including health arguments explicitly in urban policy plans,
- implementation of HEAT in the decision making process,
- idea of 'Health in all policies',
- thinking and acting cross-sectoral,
- structured and regular exchange among the policy fields,
- support health literacy among the citizens etc.

ENABLING FACTORS are …

- a clear vision on sustainable urban mobility,
- walking and cycling plans,
- collecting and monitoring AM data,
- integrating environmental and health targets in AM planning,
- dedicated budget for AM infrastructure,
- creating a safe and livable environment,
- discouraging car ownership,
- joint cooperation between the public an policy makers,
- increasing synergies between the health and transport sectors etc.

"Rome has an enormous potential to tap into walking and cycling and establish a more sustainable urban mobility."
(Stakeholder, Rome)

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