TECHNICAL CONSULTATION WITH THE WHO HEALTHY CITIES NETWORK

ON

THE ROLE OF LOCAL GOVERNMENTS IN PROMOTING PHYSICAL ACTIVITY AND ACTIVE LIVING

Bursa, Turkey 21-24 October 2005

REPORT

This Technical Consultation on *the Role of Local Governments in Promoting Physical Activity and Active Living* was one of the main themes of the annual business and technical conference of the WHO Healthy Cities Network and the European National Healthy Cities Networks. 275 delegates were present from 100 European cities from 34 countries. They were Mayors and deputy Mayors, urban planners, public health professionals, healthy cities coordinators and researchers.

WHO HEALTHY CITIES AND URBAN GOVERNANCE PROGRAMME
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ABSTRACT

Local governments have a crucial role to play in creating environments and opportunities for physical activity and active living. Effective partnerships at the local level are the key to change. Modifications to the built environment alone are unlikely to solve the public health problem of insufficient physical activity. Increasing population-wide levels of physical activity will require a range of approaches. Complementary strategies addressing the individual and social as well as the environmental determinants of physical activity behaviour need to be subject of future research and interventions. Local strategies and plans should aim at promoting physical activity for all, people in different ages, social circumstances and living in different parts of cities with special attention to issues of equity, deprivation and vulnerability. Physical activity and sporting opportunities need to be created close to where people live, together with creating cleaner, safer, greener and more activity friendly local environments. Partnership based strategies should focus on promoting physical activity in different settings (neighbourhood, workplace, school, transport system, etc) and offering people choices to be physically active. Community participation and empowerment are crucial. Physical Activity and Active Living is one of the principal themes of the fourth phase (2003-2007) of the WHO European Healthy Cities and Urban Governance Programme. There is already a wide range of innovative city practices in this area. Member cities of the WHO Healthy Cities Network are committed to developing and implementing comprehensive local plans for physical activity and active living. Furthermore Mayors and Political Leaders from the 100 European cities present at the Bursa Meeting adopted a statement on *Designing Healthier and Safer Cities: the Challenge of Healthy Urban Planning* which puts emphasis on promoting and supporting urban design interventions that facilitate physical activity and active living.

Keywords

HEALTH PROMOTION
LOCAL GOVERNMENT
MOTOR ACTIVITY
EXERCISE
CONSUMER PARTICIPATION
COMMUNITY HEALTH PLANNING

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THE ROLE OF LOCAL GOVERNMENTS IN PROMOTING PHYSICAL ACTIVITY AND ACTIVE LIVING

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SCOPE AND PURPOSE

Physical Activity and Active Living is one of the principal themes of the fourth phase (2003-2007) of the WHO European Healthy Cities and Urban Governance Programme. The main two topics of the WHO Annual business and technical conference of the Healthy Cities Networks, which was held in Bursa, Turkey in October 21-24, 2005, were physical activity and healthy urban planning. Several sessions were devoted on the issue of the role of local governments in promoting physical activity in the urban environment. The context of the discussions was WHO's efforts to tackle obesity, which is a major pan-European public health problem. The outcome of these sessions will contribute to the WHO Ministerial Conference on Counteracting Obesity in Europe, to be held in Istanbul in November 2006, as one of pre-conference technical consultations. The technical consultation consisted of the following components: Plenary presentations on various aspects of the scientific evidence and examples of good practice; parallel sub-plenary presentations of case studies in the area of physical activity; parallel working groups to discuss the preconditions and obstacles to change; meetings of politicians and meetings of urban planners.

OPENING OF THE MEETING

The opening session of the Meeting was addressed by Mr Abdulkadir Aksu, Minister of Interior, Mr Sahin Hikmet, Chairman Mayor of Bursa Metropolitan Municipality, Mr Nihat Canpolat, Governor of Bursa, Mr. Faruk Çelik, Member of the Turkish Grand National Assembly from Bursa and Dr Agis Tsouros from WHO.

UNDERSTANDING THE BROADER CONTEXT OF URBAN PLANNING AND HEALTH

The sessions on Physical Activity and Active Living took place on the second day of the Meeting. The first day was devoted to understanding and debating the evidence on urban planning and health.

Professor Marc McCarthy, University College, London, presented a review of the published scientific health literature related to urban planning. He highlighted seven themes emerging from the bio-medical literature relating to urban planning and health: environmental health, sprawl, housing, residential environments, nature, obesity and income. Obesity and lack of exercise are associated with several features of the physical environment. He noted that Europe has many models for the promotion of health through the built environment. Planners and health activists need each other. Direct evidence of the impact of urban design on health remains unclear from existing research. Planning schemes for big built development projects present an opportunity to make health predictions and then measure the impact on health of new design. The focus on healthy urban planning through the Healthy Cities Network also presents an opportunity to test the impact of urban planning on health.

Mr Hugh Barton, Faculty for the Built Environment, University of West England, Bristol, presented an overview of the urban planning research literature related to health. Urban design creates opportunities to encourage active living. Current estimates indicate that 50% of young people will become obese. The research is not conclusive on the links between urban design and desired health outcomes. For example, poor non-car owners are fatter than rich car owners. However, good design may encourage walking and cycling. Evidence informs us that people will walk more within cities when facilities are close. However in many cities facilities are closing down or moving to the outskirts of city boundaries. Good urban planning requires provision for local human need such as housing, work opportunities, local facilities, recreation and movement. Good neighbourhood planning builds upon the health and well-being of people living working and playing in the locality. Collaborative communities involving community groups, the Local Planning Authority, investors and providers and local people are essential for building social capital and planning for balanced populations. The spatial layout and route-ways of our local built environment shape the density, form and character of neighbourhoods. People like to live next to people ‘like’ them. People want live in an environment with safe streets and access to green space. Access to affordable healthy food and management of local resources such as energy, waste, and biodiversity is also a requirement for healthy neighbourhoods within the built environment. Long-term strategic planning is essential for building healthy built environments. Land-use planning needs to incorporate transport, housing and economic planning. What won’t work is disconnected policy and action. The public and private sector must have shared strategic approaches for built development and the community and local people must be partners in planning development. What will work is integrated strategy including top-down and bottom up processes with all sectors buying in.

PLENARY SESSION ON PHYSICAL ACTIVITY AND ACTIVE LIVING

Chair Mustafa Yurtkuran, Rector, Bursa Uludag University

Dr Agis Tsouros described how child and adult obesity is a pan-European challenge. Promoting work that can support individuals to take more physical activity and be more active is particularly relevant to the roles and responsibilities of local governments. Urban planning can design for healthier neighbourhoods and communities by creating healthier options that encourage more active lifestyles. He highlighted a range of recent national and local examples of systematic efforts to tackle obesity and promote physical activity from Sweden, the UK and member cities of the European Healthy Cities Network.

This session set the scene, presented scientific evidence, explored the United States and European context and gave example of two cities in Denmark that have invested a great deal in this field.

The context and the links

Presented by Dr Francesca Racioppi, WHO

Dr Francesca Racciopi outlined how physical inactivity is a leading risk factor for ill-health and has large costs to society: costs of treatment and care, lost quality of life and days lost at work. Physical inactivity and the associated poor health outcomes are unequally distributed across Europe. Countries in Eastern Europe are more severely affected. This presents a challenge for policy-makers and presents a role and opportunities for local authorities and cities to address this.

The health benefits of physical activity are clear. Undertaking 30 minutes of physical activity each day can reduce risk of developing coronary heart disease, type 2 diabetes, hypertension, colon cancer, overweight and obesity. It can protect against osteoporosis; improve balance, coordination, mobility, strength and endurance; and increase self-esteem and overall psychological well-being.

The prevalence of obesity ranges from 10% to 27% among men and up to 38% among women across European countries. One in five children in Europe is overweight, and their number is increasing by about 400 000 per year. The effects of overweight and obesity in children are significant. Overweight children are more likely to become overweight adults, with an associated risk of greater cardiovascular disease, diabetes and other disorders. Type-2 diabetes is now being reported among children in several European countries. Excess weight in childhood may lead to: hypertension; increase in “bad” and decrease in “good” cholesterol; interruption of breathing during sleep; bone and joint problems; and poor mental health (such as eating disorders, poor social relationships and educational disadvantages).

In many countries, fewer children are walking to school and more are being driven by car. However, walking and cycling to school and for leisure can help in achieving the recommended daily amount of physical activity (60 minutes of moderate physical activity every day).

The health sector cannot meet this challenge on its own. The scale of the problem is too great. The environmental approaches that are needed are outside the control of the health sector. New partnerships must therefore be developed across different sectors.

Getting millions of people more physically active poses complex challenges. This includes incorporating physical activity into daily routines; avoiding dependence on facilities for sports; ensuring equitable and easily accessible options; and targeting and supporting the most sedentary part of the population in a cost-effective and engaging way that makes physical activity fun.

Methods for successfully supporting the most sedentary people in becoming active need to be understood. It is also important to understand which groups of the population are most likely to engage in more cycling and walking, the most supportive conditions for choosing walking and cycling, the overall balance between benefits and possible increased risks (such as injury or exposure to air pollution) and how to evaluate the effects of interventions promoting more cycling and walking.

Designing for environments that encourage increased physical activity benefits cities. Transport and urban planners gain by reducing: emissions of air pollutants and greenhouse gases; congestion; road traffic injuries; and the need to invest in costly infrastructure to cater for more cars. The approach can also improve accessibility and quality of urban life; provide tools to support investment in infrastructure for cycling and walking; and lower health expenditure by reducing noncommunicable diseases and injuries.

Cities and local authorities have an important role to play. Political commitment and leadership at the local level are essential. Urban planning and transport policies at the local level can be part of the answer. This requires developing appropriate tools to understand the effects of urban planning and transport policies in changing patterns of physical activity. Tools are required to assess the proportion of health effects attributable to changes in physical activity and to present strong arguments to the transport and urban planning sectors to invest in cycling and walking. Francesca Racciopi described several international health policy tools that support the promotion of physical activity in urban settings and introduced the European Network for the Promotion of Health-enhancing Physical Activity (HEPA Europe).

Rebuilding the environment to promote physical activity
Presented by Professor Susan Handy, University of California

Professor Handy described how the obesity epidemic is growing: public health officials are searching for both explanations and answers. She presented insight into the United States experience of how the design of the built environment provides obstacles and opportunities for participation in physical activity. The United States suburban environment is characterized by low-density development and high dependence on car use. In the United States, walking accounts for only 6% of urban trips and cycling 1%. Traditional transport concerns have focused on economy, the environment, equity and safety. However, with increasing obesity and sedentary lifestyles, there is a stronger focus on how the design of the built environment can facilitate increased participation in physical activity.
Susan Handy posed two key questions.
Can physical activity be increased by changing the built environment, and if so, in what ways?
How can policy and investment decisions be used to make these changes happen?

A growing body of research provides evidence on the association between the characteristics of the built environment and higher levels of physical activity. Most clearly, closer proximity to destinations is linked to more walking and biking as a mode of transport, and better accessibility to recreational facilities along with nicer aesthetic qualities are linked to more walking and biking for exercise. Susan Handy presented evidence demonstrating a positive association between walking and cycling and: population and employment density; accessibility to destinations; and walkable, transit-oriented, traditional measures. Most citizens will not walk more than 0.25 miles to the nearest store. Factors positively associated with levels of physical activity include: access to facilities; the presence of sidewalks; and the perceived aesthetics of the neighbourhood environment. People who walk their dogs walk significantly more than those who do not have a pet to walk.

Susan Handy emphasized the importance of designing environments for specific groups, such as women, children, elderly people and low-income people. Research on low-income households suggests that people from low-income households in the United States walk for travel and use transit more than moderate- and high-income households. Low-income people perceive less favourable walking conditions, and pedestrian accidents are relatively frequent in low-income areas. Healthy food choices are more limited, and unhealthy food choices are more abundant in low-income and ethnic-minority neighbourhoods. Higher levels of walking for low-income households have not translated into lower levels of obesity.

The evidence does not affirm that changing the built environment will necessarily lead to increases in physical activity. The evidence does support the premise that changing the built environment will increase opportunities for physical activity.

Susan Handy gave an overview of the United States policy context, in which physical activity can be supported through urban planning. She described how street connectivity ordinances could improve accessibility by creating shorter distances to travel and more choices of routes. Main street programmes can plan for stores and other community

facilities within walking distance. Trails programmes provide separate facilities for pedestrians and cyclists. Traffic-calming programmes increase safety and comfort for pedestrians. Safer routes to schools programmes offer parents, children and other local stakeholders (including road traffic engineers) an opportunity to work together to make streets safer for pedestrians and cyclists along heavily traveled routes to schools. Community and neighbourhood severance (the barrier effect) can be reduced by building pedestrian and cycle bridges and tunnels and by sinking or removing freeways.

Susan Handy described how across North America and around the world, a movement called new urbanism is changing the way cities and towns are built. New urbanist developments create walkable neighbourhoods rather than large, single-use developments connected by streets hostile to pedestrians.

Susan Handy concluded by noting positive steps in linking the design of the built environment and the creation of opportunities to increase physical activity. Collaboration between researchers and practitioners to improve the evidence base is increasing. Planners and public health officials are increasingly combining their efforts to advocate for change in community design.

Copenhagen on the Move (the policy and political perspective**)**
Presented by Ms Inger Marie Bruun-Vierø, Mayor for Health, Copenhagen

Ms Inger Marie Bruun-Vierø presented a video of the Copenhagen on the Move programme in action. She described the urban health challenges for the City of Copenhagen. Copenhagen has invested in a major way in creating extensive cycling path networks. The life expectancy for inhabitants of Copenhagen is lower than that of residents of Helsinki and Stockholm. Obesity rates (body mass index >30) within the city increased by 3% between 1991 and 2004. Light, moderate and strenuous exercise did not increase significantly among inhabitants during the same time period.

Copenhagen on the Move was developed to increase citizens' participation in physical activity. It combines action to improve nutrition and diet with interventions to increase physical activity. The programme involves long-term strategic planning and builds on the experience of previous projects. Key to the programme is the promotion of positive role models, including the Mayor for Health.

The programme has invested in more signage to encourage commuters to walk, use stairs etc. "Green Pulse" areas within the city offer grades of exercise for citizens including a strength training pavilion, which is protected from rain and located next to a children's playground in a low-income area.

The programme supports schools in improving the standard of physical education and food in schools. It also supports exercise policies for workplaces. Exercise consultants provide face-to-face guidance. Consultants provide personal and group instruction and introduce citizens to exercise facilities. The programme also trains trainers in motivational dialogue.

In conclusion, Inger Marie Bruun-Vierø described Copenhagen on the Move as a multifaceted long-term programme. Demonstrating successful experiences was crucial for motivating partners to support the programme and for motivating citizens to participate in its activities.

The (bicycle) road to a longer life in Odense, Denmark
Presented by Mr Henrik Lumholdt, urban planner

Mr Henrik Lumholdt described approaches aimed at increasing physical activity in Odense, Denmark. The Safer Routes to Schools programme asked 4359 children about their experience of transport to school. The results from the consultation were mapped using interactive media onto a database. The data gathered included: mode of transport such as walking, cycling, car, bus etc.; distance traveled; and injuries experienced traveling to school. The results reveal that the mode of transport for the first trip of the day determines the mode of transport for the rest of the day; 85% of children walk or bike to school in Odense.

Henrik Lumholdt outlined a comprehensive campaign approach to increase cycling in Odense. The campaigns targeted specific audiences and were based on the principle that children have a right to their own mobility and that blaming should be avoided. The campaigns encouraged all children to travel by bicycle; attempted to reach parents through their children; and encouraged the children and adults to try cycling.

A cycle trailer campaign offered parents the opportunity to borrow a cycle trailer for up to one week. Ten trailers were made available to 3000 parents each year; 45% of the trailer users previously drove a car. A picture book resource was produced to encourage safe cycling around the city. It was designed for the whole family and distributed to 5400 children in grades 2 and 3. Associated with this, children were encouraged to enter a competition, writing about and sending photos of their cycling experience. The Freewheeling campaign targeted 960 12- to 13-year-old schoolchildren, challenging them as to who could cycle furthest in one week. Computers were fixed to bikes to measure distances traveled. On average, children cycled 100 km during the competition week and the winners cycled 244 km. Of the 960 children, 60% cycled before the campaign, 81% cycled during the campaign and 74% of children continued to cycle afterwards.

Campaigns were also targeted at companies to encourage their employees to cycle to and from work and reduce their dependence on private and company cars and taxis. Campaigns included providing folding bikes for car users who had long commutes and encouraging them to park on the outskirts of the city and cycling for the remainder of the commute. In another campaign, 29 companies ordered bicycles. People who cycled more than 500 km per year were able to buy the bikes at half price. The average distance traveled by 67 cyclists was 5 km per day; 37% of workers also used their bikes in their spare time, and everyone cycled more.

A Home-Helpers on Bicycles campaign encouraged companies to provide personal company bicycles for home-help staff rather than paying them a cycling allowance. The companies bought 77 company bicycles, and 56% of participating workers cycled more in their spare time and lost weight.

Henrik Lumholdt concluded that campaigns make a difference. Those who wish to initiate campaigns to increase cycling must attend to the safety issues involved. Participation should be kept simple and voluntary. In Odense, cycle traffic has increased by 20%; every fourth trip is cycled; and there have been 35 million new cycle trips in four years. This represents 25 000 extra cycle trips every year, and more than half the new cyclists used to be car drivers.

PARALLEL SUB-PLENARY SESSIONS: Case studies on physical activity and active living

In these sessions, case studies were presented on practical experiences of cities in the field of physical activity. Presentations took place in two rooms.

Copenhagen on the Move, Copenhagen, Denmark (the strategic and technical perspective**)**

The number of physically active Copenhagen residents has stagnated since 1991. A third of all Copenhagen residents are overweight (body mass index (BMI) exceeding 25). Almost one tenth of Copenhagen residents are obese (BMI exceeding 30).

Copenhagen on the Move aims:

- to make more Copenhagen residents physically active to combine efforts for better nutrition with physical activity interventions in order to prevent obesity;
- to ensure long-term and intersectoral cooperation and planning in the City of Copenhagen in order to achieve better results and more synergy in urban planning, education and the development of policies that promote physical activity; and
- to ensure that new interventions are based on the lessons learned and experience from former projects.

Three main strategies were used: knowledge, opportunities and action. The impact on the behaviour of a certain target group depends on the intervention's ability to give the individual knowledge about why they should adopt the new behaviour. The individual must also be given some opportunities to act in the local environment and with the physical settings available there. This could be done with facilities or policies that support physical activity. Finally, the intervention needs to motivate the individuals to take action themselves.

A intersectoral steering committee has been established with representatives from each of the seven departments in the city. The steering committee will decide what specific intervention to implement, when and where, targeting predefined groups and activities.

Healthy urban planning to enhance opportunities for physical activity: the Admiral Park Project, Liverpool, England

The Admiral Park Project aims to use wasteland in Liverpool to create outdoor sport and activity facilities. The Project has created a new sports ground in the heart of the Toxteth area of Liverpool, which is one of the most deprived wards in the country. The case study gave an overview of the results of four years of work involving a unique partnership between three local regeneration agencies. The Project demonstrates how the Liverpool: Active City programme is creating ways in which people can be more active as a means of tackling obesity, preventing the onset and rehabilitating those with heart disease.

A partnership of local schools, Merseyside Police and Liverpool City Council has turned a local run-down area into a much-needed sports facility for the community, with phase 1 providing grass mini-pitches, athletic facilities and a multi-use hard court area for tennis, netball and basketball. This cost £290 000, with funding from Include, Liverpool City Council and the Neighbourhood Renewal Fund.

The success of the project led to an additional grant award of £180 500 from the National Football Foundation for a changing pavilion. The programme aims to expand: it has been recognized as an example of good practice and may be introduced to other areas.

The project clearly demonstrates the benefits of partnership working between organizations and increased access to physical opportunities in one of the most deprived areas of the city.

Active Stirling, Scotland

Scotland's Physical Activity agenda is guided by the national strategy *Let's make Scotland more active* adopted in 2003. In Stirling, the Stirling Community Planning Partnership Physical Activity Action Team takes forward the recommendations of this document at a local level. This group consists of staff from transport, public health, health promotion, sports and leisure, countryside, voluntary sector organizations and children's services. All partners have individual strategies and plans that have a relationship with physical activity. The Physical Activity Action Team brings these plans together and has developed several joint actions.

This has resulted in more efficient use of resources and effective outcomes and has explicitly recognized the positive impact these actions have on population health. This joint approach is described in documents such as the *Stirling Council physical activity strategy* (adopted in 2004) and deals with a wide range of major developments such as the new sports village, active schools and active commuting to school.

In practice, several joint actions have been developed. These include active urban design, walking and active citizenship in later years, midnight football, workplace lunchtime walking groups and play-at-home support services.

Dedicated physical activity and health resources are moderate and limited to particular services. However, by raising partnership awareness of the impact all services can have on increased physical activity, combined resources are transformed into a significant pool of expertise, support, funding and commitment to design living communities, workplaces and facilities for active living.

Walking campaigns in Stockholm, Sweden

The Stockholm Diabetes Prevention Program for 1995–2004 has implemented models for community-based intervention. One objective was to increase physical activity in the target population, consisting of people aged 35–54 years not exercising regularly. Walking campaigns were implemented in a suburban area.

The strategy (intervention within the community) made it possible to address smaller subgroups of the population in certain settings such as residential areas. A project leader and the local health promotion authority had the responsibility for the campaigns in cooperation with a sports organization. Advertising in local mass media was used to recruit volunteer leaders. Twenty-seven volunteers were trained in a brief education programme. They then organized walking groups in several residential areas. Questionnaires designed to get information from both leaders and participants were used in three campaigns. Thanks to good urban design, the walking campaigns were easy to carry through.

About 5% of the inhabitants in the target population followed one or several groups. Those who participated 1–3 times a week were predominantly married women with good health and regular physical activity. One third of the participants had never been exercising regularly before. Several participants expressed that they found walking with leaders safe and stimulating. The voluntary leaders were remarkably easy to find and recruit.

It was expected that this model would attract people with less possibility to attend expensive exercise facilities as well as parents who prefer to remain near their homes. However, from a public health perspective, even this small change in habits can have a considerable population impact.

Innovative and enthusiastic people, fire-souls, can make the change: Turku, Finland

The case study focused on the importance of partnership, communication and research as well as practical examples of developing and implementing a successful active living strategy. Experience in Turku has identified several steps towards success. This includes:

- determining the important and various facts of physical activity;
- formulating a core message;
- analyzing the local situation;
- developing a strategy and policy;
- implementing it; and
- monitoring and evaluating.

A strategic approach has been taken in Bergen, Glasgow, Liverpool and Turku. The proportion of people who engage in physical activity sufficient for their health has increased from 32% to 42% during the last 10 years in Turku. Implementation of an active living strategy requires services for diverse groups of sedentary people. These hard-to-reach groups differ: middle-aged men, girls, immigrants, frail elderly people etc. Horsens has developed theatre courses for overweight children, and Turku and Rotterdam have mobile containers in the neighbourhoods where people can borrow equipment etc.

Implementing a successful active living strategy also requires effective communication. Turku distributes a newsletter three times a year to each household. In Belfast the four active living weeks of walking, cycling, swimming and dancing get very good visibility.

City planning also plays a key role in active living. Turku and Bergen work with planners in making the schoolyards more attractive and conducive to physical activity. Counseling is also an important part of an active living strategy. In practice, exercise referrals or general practitioner prescriptions of physical activity are used in Stockholm, Glasgow and Turku.

Partnership is another key to success. Physical activity promotion requires a multidisciplinary approach in which sport, health, social welfare, youth, education and city planning departments, clubs and nongovernmental organizations work together.

Promoting healthy eating and active lifestyle choices in Udine, Italy

Nutrition and physical activity are fundamental to a sense of well-being and to meet the growth, development and activity needs of children and youth. School health programmes can help children and adolescents to attain full educational potential and good health by providing them with the skills and environmental reinforcement they need to adopt long-term, healthy eating behaviour. The City of Udine is trying to create supportive environments and establish patterns for healthy living through food and mobility policies.

Food policy includes two main projects: Melanchio, (for nursery school children) carried out both in Udine and in 15 municipalities of the regional network and Crescere Sani (for primary school children). The first aims at sensitizing children to simple and natural tastes, such as apples, through lovely and cheerful approaches (a booklet written in five languages and practical activities in class). The second encourages children to eat healthy and nutritious snacks, avoiding junk food. Both initiatives include evaluation phases and involve several stakeholders, including parents, teachers and public health professionals.

The Going to School on Foot, by Bike, by Bus with Topo Topazio project focuses on increasing physical activity and sustainable mobility in schools.

An important aspect of these projects is the multisectoral and integrated approach adopted, involving strong collaboration between local authorities, health care services, schools, university and families. They have proven to be effective and meet citizen's needs. However, efforts will have to become more focused, including more formalized nutrition education and mass media campaigns.

Becoming an active city, Stoke-on-Trent, England

In England, 32% of adults currently meet the Chief Medical Officer's minimum recommendations, undertaking 30 minutes of physical activity on at least five days a week. In Stoke-on-Trent, this is likely to be even less because of the levels of deprivation.

Locally, several strategies and projects have been developed in partnership to systematically tackle this problem and target and involve diverse social groups. Closing the Gap is a project that aims to give people 0–25 years old the same opportunity to enjoy the benefits of sport and recreation, focusing on those already experiencing or at risk of social exclusion. It will raise levels of participation and be a tool for working with this group to achieve a number of objectives. It is a community-oriented, innovative pilot project with funding from Active England.

The GO5 Project aims to help people become more physically active by enabling health care professionals to refer clients to a 10-week programme offering up to five activities per week: gym visits, swimming and led walks for a maximum cost of £10. The project is based on a medical model and is evidence based.

The key lessons from the Stoke-on-Trent experience are that: partnership working is the key to success of these programmes; to achieve sustainable changes, organizational change is required to deliver programmes to those in greatest need; and a range of approaches are needed to increase physical activity.

PARALLEL WORKING GROUP SESSIONS

The purpose of these sessions was to explore the role and commitment of cities in addressing physical activity, to discuss the evidence and to make recommendations. Participants were invited to describe the strengths and challenges involved in taking forward the implementation of physical activity objectives and priority themes within their cities.

Issues raised and points frequently made in working groups include:

1. A number of cities had developed well-thought-out strategies for physical activity and active living and several cities are at an early stage in developing such strategies

2. Most cities have in place a wide range of activities promoting active living.
3. The lack of adequate local information or statistics on physical activity
4. Even those with well-developed strategies reported low levels of participation.
5. The importance of planning for choice – provide alternatives to car use and sedentary lifestyles.
6. Comprehensive and radical plans can work if there is strong political commitment
7. Enabling and supporting national policy frameworks and subsidies for local initiatives and projects are very important
8. National-sub-national-local governments cooperation is vital for addressing obesity, nutrition and physical activity in a comprehensive way in countries
9. Local partnerships for promoting physical activity need to be developed across organizations and departments.
10. Health professionals and urban planners need to be involved.
11. Joint understanding of possibilities linking healthy urban planning and physical activity and active living need to be developed.
12. Systematic documentation and evaluation of interventions will provide the highly needed evidence base for advocacy and implementation

The general technical conclusions and recommendations for action from the group discussions and plenary debates are summarized below.

CONCLUSIONS ON THE EVIDENCE

1. Regular physical activity is important for health. Increasing physical activity can contribute to the prevention of many conditions and positive benefits on mental health and self esteem
2. Active living can make an important contribution to health, social and financial benefits, including crime reduction, social inclusion, reduction of health care costs and regeneration.
3. Taking part in physical activity activities increases opportunities for socialisation and social networking
4. The physical environment can facilitate or constrain physical activity
5. Physical activity levels are declining
6. Built environments that facilitate more active lifestyles and reduce barriers to physical activity are desirable because of the positive link between physical activity and health as well as the synergistic effect with sustainable urban development including energy efficiency and fewer emissions of pollutants.
7. Studies show convincing evidence of link between built environment and physical activity. Less convincing evidence of what characteristics of the built environment are most strongly associated with physical activity and is not sufficient to identify which specific changes would have most impact on physical activity and health outcomes
8. Emerging patterns: Accessibility, the importance of design variables and distance, individual and inter-personal factors. Supportive built environment is not enough on its own to ensure physical activity but it facilitates physical activity
9. Many unanswered questions about causal mechanisms. Emphasis should be on which characteristics of the built environment affect what types of physical activity? A

weakness of the current literature includes lack of a sound theoretical framework and research designs. There is a need for inter-disciplinary research.

10. Key question: What land use, transportation, and design policies will help to increase active travel?
11. The relationship between the built environment and physical activity is complex and operates through many mediating factors, such as socio-demographic characteristics, personal and cultural variables, safety and security and time allocation.
12. Empirical evidence from cross-sectional studies shows important associations: population and density; measures of the transportation system and walking, accessibility/distance, design, qualitative aspects (what were the aspects facilitating cycling), safety. Measures such as accessibility, for example, have strong positive associations with total physical activity.
13. Continuing modification of the built environment provides opportunities over time to institute policies and practices that support the provision of more activity conducive environments
14. There are many barriers that can block activity in daily life. Fear of accidents on roads and broken pavements, fear of assault or molestation, traffic fumes and pollution, problems with changing and lack of facilities, risk of bike theft, and public attitudes to cycling. Responsibility for tackling the barriers lies with different sectors and national or local government departments.
15. Opportunities to increase physical activity levels in different settings/ home, work, school, travel, neighbourhood, leisure. The built environment has the potential to influence physical activity in each of these settings
16. Modifications to the built environment alone are unlikely to solve the public health problem of insufficient physical activity. Increasing population-wide levels of physical activity will require a range of approaches. Complementary strategies addressing the individual and social as well as the environmental determinants of physical activity behaviour need to be subject of future research and interventions. Such complementary strategies need to encompass leisure-time, home-based, transportation, and occupation-based physical activity, given that a combination of physical activity in a variety of settings and locations can provide individuals with a feasible way to reach the goal of at least 30 minutes per day of moderate physical activity. The fact that this 30 minutes can be accumulated in segments of at least 10 minutes or more means that all the activity need not be accrued in leisure time, in transportation, at home or at work, but can be spread across a range of different locations where individuals spend their time.

RECOMMENDATIONS

1. There is a need to change the physical activity cultural landscape and building environments that supports people in more active lives.
2. Promoting physical activity requires the involvement of and cooperation between all levels of government (national, regional, local) with clear roles and commitments
3. Local governments have a crucial role to play in creating environments and opportunities for physical activity and active living. Effective partnerships at the local level are the key to change.

4. Local strategies and plans should aim at promoting physical activity for all, people in different ages, social circumstances and living in different parts of cities with special attention to issues of equity, deprivation and vulnerability
5. Create physical activity and sporting opportunities close to where people live, together with creating cleaner, safer, greener and more activity friendly local environments.
6. Partnership based strategies should focus on promoting physical activity in different settings (neighbourhood, workplace, school, transport system, etc) and offering people choices to be physically active. Community participation and empowerment are crucial.
7. Action includes well-maintained streets and open spaces/walking and cycling paths/affordable and accessible leisure facilities, parks and playgrounds. Planning policies for open space, recreational facilities.
8. Promoting awareness on the links between physical activity and health, and opportunities to be active in daily life is essential. There is a need to employ social marketing techniques and to selectively target different social and age groups.
9. Special attention needs to be given to tackling child obesity and establishing healthy behaviours from early age.
10. Health Impact Assessments of local urban development and transport plans and policies should give priority to pedestrians and cyclists.
11. Local health services especially primary health care should be actively supporting physical activity behavioural changes

What can WHO do?

1. Promote action for Physical Activity and Active Living that recognizes the role of all levels of Government and in particular the importance of local political commitment and action
2. Promote the WHO brand of healthy city tied to physical activity initiatives at the local level.
3. Develop policy and guidance tools and a set of core indicators that cities can use for population profiles and mapping of physical activity.
4. Disseminate the evidence base and good practices relating to urban design for active living and measures for supporting behavioural changes.
5. Provide evidence of cost-effectiveness of interventions and developments that urban planners can use.
6. Provide assistance and expertise
7. Facilitate the exchange of information and experiences
8. Support and encourage evaluation of local urban planning interventions and strategies for physical activity and active living

STRENGTHENING LOCAL POLITICAL COMMITMENT TO CHANGE: EUROPEAN MAYORS STATEMENT

The Mayors and Political Leaders from the 100 European cities present at the Bursa Meeting adopted a statement on *Designing Healthier and Safer Cities: the Challenge of*

Healthy Urban Planning (Appendix A). In this Statement Mayors and Political Leaders commit themselves to supporting and promoting healthy urban planning practices in five priority action areas: transport and mobility; healthy ageing and accessibility; urban design and physical activity; neighbourhood planning and long term strategic planning. Physical Activity and Active Living is a priority but also a cross-cutting aspect of all these areas for action.

APPENDIX A

EUROPE

STATEMENT

Designing Healthier and Safer CITIES: the Challenge of Healthy Urban Planning

Mayors and Political Leaders Statement of the WHO Healthy Cities Network
and
The European National Healthy Cities Networks

23 September 2005, Bursa, Turkey

Dedicated to promoting health and sustainable development through improving the living conditions and quality of life of all our citizens, we, Mayors and Political Leaders of WHO European Healthy Cities, declare that:

We are becoming increasingly aware that the policy decisions we take can have a positive or a negative impact on the physical and mental health and well-being of our citizens, and on the social capital and vibrancy of our communities;

We are ready to put health considerations at the heart of all urban planning and generate political commitment and resources to achieve this goal.

We acknowledge scientific evidence that good urban spatial planning can shape people's health, through the design of environments that address key 'determinants of health' by providing:

- Opportunities for healthy active lifestyles (especially regular exercise)
- Access to affordable, high-quality housing
- Opportunities for social cohesion and supportive social networks
- Access to diverse employment opportunities
- Access to high quality facilities (educational, cultural, leisure, retail, health and open space)
- Opportunities for local food production and healthy food outlets
- Accessible, ecological and safe transport systems.
- An attractive environment with acceptable noise levels and good air quality
- Good water quality, sanitation and waste disposal
- Reduction in emissions that threaten climate stability
- Emergency planning and community safety
- Equity and poverty reduction

We also understand that success will require close cooperation between health and planning agencies; robust partnerships with public, private and voluntary sectors; active and democratic citizen participation processes; and strong political support from the top tier of the city government.

Recognising our key advocacy and leadership role in addressing these determinants that influence the health of our citizens, **we therefore commit** ourselves to the following objectives and priority actions:

1. Raising local awareness and creating a common understanding of the concept of healthy urban planning and all that it implies as key to changing practice
2. Gaining local practical experience from the application of healthy urban planning principles and approaches in the following five priority areas:
    - Transport and mobility
    - Healthy Ageing and accessibility
    - Urban design and physical activity
    - Neighbourhood planning
    - Long term strategic and master plans
3. Mainstreaming healthy urban planning through appropriate and feasible institutional and technical solutions.

We call upon our fellow Mayors in the wider healthy cities networks across Europe and beyond to follow our example and take up the challenge of healthy urban planning, to promote solidarity and cooperation, and to share knowledge and experience.