

## Chapter 12

# Knowledge–Based Policymaking for Urban Development: The Healthy City Model

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### **ABSTRACT**

*This chapter provides a view on the healthy city project that started in the 1980s. The healthy city project is a WHO initiative launched to incorporate health in the agenda of city governments. One of the main challenges in the project implementation is the evidence synthesis, especially at local levels. The author explores this limitation in the literature relevant to the healthy city project. The author conducted a narrative review to examine the position of different aspects of evidence-informed policymaking in the studied literature and documents. Four categories of research work were charted: Theoretical Framework, Guides, Measurement, and Evidence Use in Urban Planning. The chapter concludes that despite the increased efforts, there is a room for further development of knowledge-based policymaking. More attention to the actual practice of using evidence in policymaking and outputs of such a process should be given despite focusing on the inputs of the process.*

### **INTRODUCTION**

Healthy city (or Healthy Communities) is a global movement working to put health on the top of the social, economic, and political agenda of city governments (Fehr, 2014). The term is used in public health and urban design literature to stress the impact of public policy on human health. It continually improves on a physical and a social level until environmental and other relevant conditions are reached, establishing an acceptable health indicator for the entire population. (Caves, 2004)

In practice, it was widely spread since the World Health Organization (WHO) launched the initiative on Healthy Cities and Villages in 1986 and has a history back to the 19th century. (Awofeso, 2003) The concept was developed in the European Union (EU), but rapidly became global as a way of establishing

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sound public policymaking at the local level through health promotion. (O'Neill, 2006) It encompasses the multidimensional nature of health as structured in the WHO's constitution and the Ottawa Charter for Health Promotion. (Fehr, 2014)

According to WHO (WHO, 1998), founding a Healthy City requires establishing standards, measuring indices, and determining the impact of each component on health. In Europe, health impact assessment is a necessary input for the public policymaking process. (Fehr, 2014) A key feature here is ensuring that the social determinants of health are taken into consideration in urban design and urban governance. In this regard, the WHO has developed guidelines for program implementation with 80 indicators in 9 domains: community organization/mobilization for health development; intersectoral collaboration; availability of information; environmental health; health development; education and literacy; skill development and capacity building; microcredit activities; and emergency preparedness and response. (WHO, 2018)

Besides, there are many networks and community mobilization activities for healthy cities such as the Alliance for Healthy Cities and the "Urbanization and Health" theme of the 2010 World Health Day as well as incorporating developing healthy cities in social entrepreneurship. (de Leeuw, 1999)

Regardless of the continued efforts, Healthy Cities implementation faces challenges of governance and institutionalization of both concept and practice; and documentation and evidence synthesis at the local level. Moreover, it focuses on health indicators on morbidity and mortality rates with less attention on the disaggregated equity indicators; and communications and partnerships with partners such as NGOs, donors, UN agencies, academic institutions. (Elfeky, 2019)

Concerning these challenges, there is growing academic attention to developing strategies and theories of evidence synthesis, dissemination, and use. (Davoudi, 2006; Rychetnik, 2012) Research evidence is rarely used to inform urban policymaking and planning, despite the growing attention. (Taylor, 2015) Moreover, there is little work conducted to evaluate the effectiveness of knowledge/ research translation interventions in the urban planning and public health fields. (Allender, 2009)

Among the main barriers of the knowledge translation process is the distinction between the two worlds of researchers and policymakers (Oxman, 2009; ElSayed, 2019). This separation is due to a lack of interactions nor shared interests, lack of trust, and different work modes, influences, and expectations. (Giles-Corti, 2015; Innvaer, 2002). Also, political agenda, budget constraints, and time pressures limit the policymakers' capacity to use evidence in policymaking (Innvaer S, 2002). This is illustrated in the urban planning context, for example, in the land use and development policies, which are often highly challenging with competing priorities and trade-offs, as well as conflicts between different ideologies and development agendas such as equity versus economic growth (Campbell, 1996).

This work focuses on the position of the knowledge-based policymaking concepts and practices in the healthy cities-focused literature and to identify existing gaps, aiming to serve as a guide for healthy city developers, researchers, and policymakers.

## **BACKGROUND**

It is estimated that by 2030 two thirds of the world's population will live in urban areas. This part of the literature provides a conceptual understanding of the Healthy city in theory as well as in practice.

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