

Urban development and public participatory mechanisms to promote health equity : A Norwegian case study

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Introduction

As the world urbanizes, public health challenges are increasingly concentrated. To support public health in a society, it is crucial to have inputs from all groups of citizens in urban development plans [1]. Oslo (the capital of Norway) aims to become a greener, and creative city with room for everyone [2]. Given the expected growth in older adults' population [3] and high rate of immigrations, an important step in achieving this goal is to provide inclusive urban environment considering the needs for all citizens groups including older adults and immigrants. Oslo is also a member of WHO age-friendly cities consortium [4] and is taking steps towards meeting the objectives of age-friendly urban development.



Scope of This Research

□ Aim

To evaluate 1) the urban development planning and 2) the participatory mechanisms considering the concept of health equity in cities in Norwegian context.

✓ This study is part of a bigger project "CaPs – Citizens as Pilots of Smart Cities" aiming to evaluate the existing participatory mechanisms in Nordic countries.

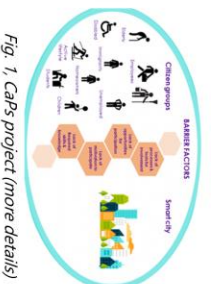


Fig. 1. CaPs project (more details)

Research Methods

□ Methods

A collaboration between academics and municipal partners Data on participatory processes was provided by the municipal partners; and scientific background (literature survey and support) was delivered by the academic team.

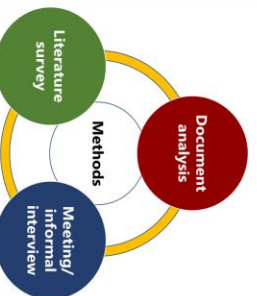


Fig. 2. Implemented methods

□ Case study description

- A multifunctional revitalizing urban area in Oslo, Norway, Furuset
- Residents: in diverse ages and nationalities (+140)
- Surroundings: school, library, cultural and social gathering building, public green outdoor spaces, etc.

- The documents were reviewed and qualitatively analyzed
- Keywords: "health equity in cities", "public participation in urban development", "Age-friendly cities" were reviewed
- The search engine Google Scholar has been mainly used
- Several meetings and informal interviews were conducted between the academic and municipal partners

Findings

1. Urban planning considerations in Oslo

1.1. Objectives to increase social participation of older adults (60+)

1. All districts should have accessible and diverse meeting places
2. Communities need to be inclusive and allow for the participation of vulnerable groups, e.g. older adults
3. There should be a variety of activity programs that reflect the broad interests of the population [2]

Findings

1.2. Measures considered in the case study neighbourhood

- Older adults' accommodation in a multifunctional urban area
- Proximity of their accommodations to the neighborhood library and cultural building
- Easy access to the outdoor meeting space
- Constructions with green roofs
- Extended opening hours of the library (avoid loneliness)
- Involve older groups in city governance and providing feedbacks

2. Existing citizen participatory mechanisms

Social participation of all citizens to influence the city development, a set objective in Oslo to meet WHO health equity criteria [2]

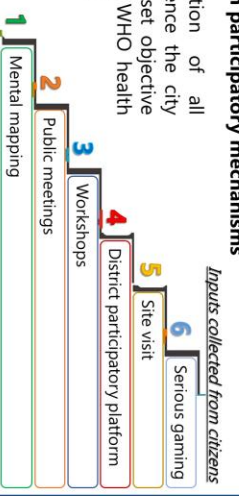


Fig. 3. Participatory processes, steps 5 and 6 can take according to the project details.

Discussion and Conclusion

□ Considerations in urban planning

- Opportunity for activities with different ages and cultural groups
- Taking advantage of constructions, green roofs as gathering spaces
- Opportunity to be involved in trainings & informal activities, in library *What else can be done?*
- Create neighborhood communities for different purposes
- Provide opportunity of visiting theaters, museums, etc. for free
- Establishing knowledge centers to share knowledge with peers [1]

□ Evaluation of the participatory methods (+ and Δ)

Citizen participation	
Older adults	Immigrants
+Facilitated participation 3D models and mental mapping app	+Can easily be involved using emojis and serious gaming
+Added social values, involvement in the meetings and workshops	+Social integrity, fight loneliness
Δ Challenging to play serious games and modelling	+Direct interaction with the organizers as minority backgrounds
Δ Issues in using apps and digital equipment	+Clear understanding of the plan (with no need for reading the details)
	Δ Language barriers in the meeting, workshops and site visits
	Δ Cultural diversity, different needs in 3D modelling, may not be useful

References

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4. WorldHealth Organization. *Global Age-Friendly Cities: A Guide*.WorldHealth Organization, Geneva, Switzerland. 2007. ISBN9789241547307