

# Health promotion by stealth: active transportation success in Helsinki, Finland

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## Summary

The promotion of active transportation (AT—utilitarian trips including walking, cycling, and public transit use), represents a well-recognized opportunity for increasing physical activity. This study examines the strong AT success achieved in Helsinki, Finland (in 2013, the share of daily trips in Helsinki completed by AT was 77 per cent) from a political perspective. Helsinki represents a noteworthy example of AT success given important challenges including the region's relatively low population density, its difficult winter climate, and Finland's high driving rate. This research applied the advocacy coalition framework (ACF), a formal policy process theory from political science. Interviews were conducted with 23 AT experts in Helsinki. Document review was employed as a secondary method. Overall, the research indicates that Helsinki's success may be attributed to the long-term dominance of municipal transportation policy by a pro-AT advocacy coalition. When viewed from the perspective of health promotion, it is striking that this success is not strongly attributable to health considerations or efforts from health-related fields. Rather, the data suggest that the coalition, comprised of members from a variety of non-health fields, was most strongly motivated by a desire to protect a high degree of livability. Importantly, a number of significant historical events and background-level factors greatly facilitated success. Overall, these results suggest that health promotion advocates may have very useful allies in non-health sectors, and that awareness of the importance of political factors is likely to contribute to stronger health promotion efforts. Finally, several possibilities for related and further research are suggested.

**Key words:** active transport, healthy public policy, politics, sustainable transport

## INTRODUCTION

Active transportation (AT), defined for this research as the practical use of walking, cycling, and public transit, (This definition incorporates public transit use as well as walking and cycling based on the fact that users of public transit normally walk in connection. The Public Health Agency of Canada considers AT similarly (Public Health Agency of Canada 2014)) is of particular interest for health promotion because of its potential to assist in increasing physical activity levels (Active Living Research, 2009;

Larouche, 2012). As is well-known, physical activity reduces the risk and severity of common conditions including cardiovascular disease, obesity, and diabetes. (Cavill *et al.*, 2006). Physical inactivity is considered the world's fourth leading risk factor for mortality (World Health Organization, 2016b), and is particularly prevalent in developed countries (World Health Organization 2016a). From a health promotion perspective, AT is also promising given its potential to help reduce air pollution (Begeron and Cragg, 2009; Transport Canada, 2011), considered a

very important health benefit (World Health Organization, 2014). Finally, well-designed facilities and policies favourable for AT are likely to significantly improve safety for pedestrians and cyclists (Pucher and Dijkstra, 2003).

Accordingly, the promotion of AT is supported by many national and international organizations including the World Health Organization (Edwards and Tsoursou 2006; Dora *et al.*, 2011) and the International Society for Physical Activity and Health (International Society for Physical Activity and Health, 2011). Generally, organizations like these have suggested that governments commit dedicated funds and implement transportation and planning policies that support AT. Examples include investment in infrastructure such as public transit, sidewalks, multi-use paths, and dedicated bike lanes, land use planning that encourages the development of more compact communities and finally, policies that both encourage AT (*e.g.* social marketing campaigns) and discourage automobile use (*e.g.* increased fuel taxes and congestion charges).

The promotion of AT is considered to belong to a category of policies often referred to as *health in all policies* (Ministry of Social Affairs and Health Finland, 2013) or *healthy public policies* (World Health Organization, 2015). Briefly, these approaches aim to address the social determinants of health through the explicit consideration of the health effects of policies that are outside the traditional health sector. Social determinants-focussed health advocates have often struggled to have their recommendations translated into actual policy implementation (O'Neill *et al.*, 1997; Raphael, 2008; Gagnon *et al.*, 2007). At least in part, this struggle may be attributable to the fact that these efforts have generally been led by researchers from the health field who do not have formal expertise in public policy (Fafard, 2008; Bernier and Clavier, 2011). According to this line of argument, it is too often assumed that the policy making process is essentially linear, progressing through stages of problem identification, research, the transfer of research to policy, and finally, to policy implementation (Bernier and Clavier, 2011; Fafard, 2008). The reality may be considered much more complex, involving the interaction of many factors external to the immediate policy environment including, for example, values, stakeholder interests, and public opinion (Hawkins and Parkhurst 2015; Fafard, 2015, 2008).

Given that the field of political science gives explicit attention to these factors, a number of authors (Breton and De Leeuw 2010; Gagnon *et al.*, 2007; Bernier and Clavier 2011) have argued that more research that applies formal theoretical frameworks from political science is called for. While a number of these are potentially applicable, the Advocacy Coalition Framework (ACF) (Jenkins-Smith and Sabatier, 1994; Weible and

Sabatier, 2007; Sabatier, 1988) is considered by some (Exworthy, 2008; Fafard, 2008; Gagnon *et al.*, 2007) to be particularly relevant for the examination of social determinants-based health policy. This would appear to be significantly the result of the fact that its emphasis on advocacy coalitions and their composition of a wide range of actors from a variety of fields is thought to realistically reflect the health promotion-related policy environment. The ACF has, in fact, already been usefully applied in areas including mental health (Swigger and Heinmiller, 2014), illicit drug policy (Kübler, 2001) and tobacco control (Breton *et al.*, 2008). More generally, the ACF is credited with offering a plausible and comprehensive model of the policy process that has held up well in applications from a very large number of researchers in a variety of fields (Schlager, 1995; Weible *et al.*, 2011; Kübler, 2001). Accordingly, the ACF was selected as the theoretical framework for this research.

Helsinki was chosen for this analysis mainly for two reasons. The first is that it has achieved remarkable AT success at the international level. The second is that this is the case despite noteworthy potential political obstacles. The possibility of helping to explain what factors may have contributed to this somewhat surprising success makes Helsinki a particularly worthwhile case study. In 2013, Helsinki's AT *mode share* (the percentage of people using AT for daily trips) was 77 per cent (European Platform on Mobility Management, 2016). Within the database of the European Platform on Mobility Management, which includes more than 450 cities overall, Helsinki occupies a place in an exclusive group of only four cities with a population of more than 500 000 and an AT mode share of over 75 per cent (European Platform on Mobility Management, 2016). At the same time, Helsinki features potentially important obstacles to AT promotion, including its relatively low urban population density (1800 people per square kilometre - similar to many North American cities) (Demographia, 2016), the fact that it is situated in a country with the tenth highest level of car ownership worldwide (Burgess *et al.*, 2014), and its challenging climate which features cold temperatures, consistent snow cover and considerable darkness during the winter. Population density (Pucher and Buehler, 2006), high levels of car ownership (Toronto Center for Active Transportation, 2010), and challenging climates (Saneinejad *et al.*, 2012) have all been identified as constituting potentially important obstacles for the promotion of AT.

At one level, Helsinki's AT success could be attributed to its policy-level commitment to AT, or in other words, to deliberate decisions by policymakers. Briefly, it is clear that Helsinki has prioritized AT over a long time period.

Helsinki's internationally-recognized public transit network (Helsingin Sanomat, 2012) includes bus, tram, metro, commuter and long distance rail. There are 2,600 kilometres of bicycle facilities in the Helsinki metropolitan area (Helsinki City Planning Department, n.d.). Pedestrian-oriented measures have included investment in numerous streets that prioritize walking (either accommodating low traffic volumes or being car free) as well as, in some cases, the installation of underground heating technology that keeps pedestrian areas clear of snow. Finally, Helsinki has worked consistently to limit parking downtown, to lower speed limits and to implement extensive traffic calming. Given the above, this research was designed to develop understanding about what factors (e.g. advocacy efforts, values, sociocultural circumstances, and historical events) might explain Helsinki's particularly strong history of policy-level commitment to AT.

## THEORETICAL FRAMEWORK: THE ADVOCACY COALITION FRAMEWORK

The advocacy coalition framework (ACF) (Jenkins-Smith and Sabatier, 1994; Weible and Sabatier, 2007; Sabatier, 1988) is a comprehensive theory of the policy process that accounts for the influence of the major factors that are thought to influence policy choices (A visual representation of the ACF is available in Sabatier and Jenkins-Smith (1999)). It focuses on the role of *advocacy coalitions* (i.e. identifiable groups of actors from a wide range of organizations from both within and outside government) that share similar *policy core beliefs* (i.e. beliefs connected with objectives of policy informed by deeply held values) and that engage in a non-trivial degree of coordinated activity to influence policy outcomes. According to the ACF, often two or more advocacy coalitions compete with each other within a given *policy subsystem* (i.e. a policy area, such as transportation policy in a particular municipality). Ultimately, the ACF explains policy outcomes as reflecting the positions of the dominant advocacy coalition within a given policy subsystem.

Importantly, the ACF also considers a wide range of factors that influence the ability of advocacy coalitions to achieve this dominance, including *relatively stable parameters* such as the fundamental values of society at large and the basic constitutional structure, *external events* (i.e. major events occurring outside the policy subsystem but affecting policy choices) and advocacy coalition resources (e.g. money, skilful leadership and public opinion).

Finally, the ACF describes two categories of policy change. *Major policy change*, which occurs relatively infrequently, is considered to involve subsystem-wide alterations in policy at the level of policy core beliefs.

Conversely, *minor policy change* is less fundamental and may concern, for example, more technical matters such as the specifics of budgets and performance evaluations.

The ACF may be applied in many different ways to assist in understanding policy-making challenges. Given the complexity of the policy process, research employing the ACF often entails rigorous analyses of particular aspects of the theory. For example, some scholars have specifically examined the factors that explain stability and change in coalition membership over time (Zafonte and Sabatier, 2004; Jenkins-Smith *et al.*, 1991). In this paper, the ACF was employed more practically as a high level framework for gaining understanding about the overall and long-term policy process related to AT promotion in Helsinki.

## METHODS

The results described here are mainly based on a series of focussed (or semi-structured) interviews. Such interviews, guided by a set of pre-determined questions, remain essentially conversational and open ended (Yin, 1994). This format was chosen based on its potential to yield data pertinent to the identified research areas of interest, while at the same time encouraging spontaneous discussion that might assist in the discovery of unanticipated yet relevant information. Individual interviews (one to three hours in length) were conducted with 23 people considered to be experts in the AT policy process in Helsinki. Interview participants, identified using a process of chain referral (Tansey, 2007), included, for example, senior employees of the Helsinki City Planning Department and the Finnish Transportation Agency, members of Helsinki City Council, and representatives of prominent AT-focussed non-governmental organizations. The time period to which the knowledge of these participants was considered relevant was from roughly 1965 until 2014. Approval for the interview procedure was obtained from the Health Sciences and Science Research Ethics Board of the University of Ottawa, and all participants were required to give informed consent.

The interview guide was designed to help gather information related to pre-identified themes derived from the ACF such as *advocacy coalition identification and characteristics*, *relatively stable parameters*, *external events* and *major policy changes*. The interviews were recorded with both handwritten notes and audio. The analysis included the generation of a summary of each interview in which the major points expressed by participants were classified, where applicable, according to the pre-identified themes. The data were then categorized and reviewed on a theme-by-theme basis, during which data-derived sub-categories were also identified.

Review and analysis of relevant documents were also conducted to obtain necessary background information, to verify the interview data, and to fill any pertinent research gaps. The documents collected included a very wide range of publications including policy papers, academic works, books, advocacy material, statistical publications, newspaper articles and web pages. Together, the review of the interview data and documentary evidence served as a form of data triangulation.

## MAJOR FINDINGS: THE DOMINANCE OF THE EASY, BEAUTIFUL AND GREEN (pro-AT) ADVOCACY COALITION

Overall, Helsinki's AT success was found to be largely the result of the long-term (*i.e.* 1970–2014) dominance of a pro-AT advocacy coalition that, reflecting some of the most visible motivations for AT promotion among participants, is named here the *easy, beautiful and green* coalition. The emergence and dominance of this coalition can be strongly attributed to a number of important political factors as outlined in the ACF. Specifically, these include favourable relatively stable parameters, as well as a number of important external events. This article suggests that together, these contributed to two major policy changes, both of them favourable to the promotion of AT.

The most significant long-term membership of the easy, beautiful and green coalition came from among the Helsinki City Planning Department, the Helsinki Regional Transport Authority (and predecessor organizations), the municipal Green Party, the municipal Social Democratic Party, Enemmistö ('Majority'—a pro-AT nongovernmental organization), and the Helsinki Cyclists' Association. While a number of actors who resisted the promotion of AT were clearly identified by participants, it was not possible to conclude that these actors represented members of a significant and longstanding opposing advocacy coalition. Mainly, the evidence did not indicate that these actors had engaged in a non-trivial degree of coordinated activity (as would be required according to the ACF's characterization of an advocacy coalition). Bearing this in mind, the organizations considered to be the most significant obstacles to AT promotion included the Autoliitto (car drivers' association of Finland), the Helsinki Chamber of Commerce, the municipal National Coalition Party, and finally, particular representatives from each of the political parties who supported automobile-oriented transportation planning (colloquially referred to as 'the car party').

### Relatively stable parameters

The following relatively stable parameters were identified as very important in facilitating Helsinki's

commitment to AT: (i) Helsinki's location on a peninsula; (ii) Finland's strong commitment to the welfare state; (iii) the City of Helsinki's ownership of over 60 per cent of the land within its borders; (iv) apartments being the dominant housing type in Helsinki; (v) Helsinki's strong tradition of directive city planning and (vi) Helsinki's political system.

The effects of these factors were undoubtedly considerable. For example, downtown Helsinki's location on a narrow peninsula meant that there was very little room to accommodate increasing automobile traffic and participants indicated that policy makers, politicians and the public generally understood this natural limitation. Finland's strong commitment to the welfare state, combined with a political system in which municipalities collect income tax at an average rate of roughly 20 per cent of total income (Association of Finnish Local and Regional Authorities, 2014), has given the City of Helsinki considerable own-source revenues, creating a situation favourable to large and consistent investment in public transit and other AT-favourable infrastructure.

The combination of the City of Helsinki owning over 60 per cent of the land within its borders (City of Helsinki Real Estate Department n.d.) with a strong tradition of directive city planning appears to have made it relatively easy to conduct long term and coordinated planning of housing and transportation in a way that supported strong public transit ridership and short distance access to services and amenities. This was further facilitated by apartments (as opposed to single family homes, for example) being by far the dominant housing type, representing 86 per cent of all dwellings (Tikkanen, 2014, p. 20). This assisted considerably in limiting urban sprawl and, therefore, making private automobiles less necessary.

### Major policy changes and external events

Numerous important *external events* were found to have contributed to two periods of *major policy change* (both in favour of the promotion of AT), separated by a lengthy period of relative policy stability.

#### Major policy change 1: late 1960s to mid-1970s

Arguably, with the rejection of a proposal (by the American-Finnish planning firm, Smith-Polvinen) (Klinge and Kolbe, 2007) to build a gridiron style series of expressways and interchanges through its downtown, and the related commitment to eventually build a subway, Helsinki made its first major move towards the establishment of a policy tradition of 'favouring' non-automobile transportation ('favouring' was used by interview

participants to describe Helsinki's attempts to limit the growth of traffic). Furthermore, the city began to study and implement a variety of specific measures that ultimately supported AT, including reductions in speed limits (Helsinki City Planning Department 1971, 1972), noise and pollution reduction (Helsinki City Planning Department, 1972, 1975), dedicated public transit lanes (Rice, 2002), pedestrianized streets (Helsinki City Planning Department, 1971, 1969), and significant investment in cycling infrastructure (A. Naskila, personal communication, 16 March 2016).

To an important degree, these policy changes are attributable to several external events. The first of these was the rapid increase in automobile use throughout the 1960s as people became richer and as official restrictions on car imports were lifted (Klinge and Kolbe, 2007). Consequently, in the late 1960s Helsinki grappled seriously with the problems associated with car traffic for the first time. The resulting commitment to AT (generally referred to by participants as 'sustainable transport') was then shaped by two important external events that occurred in close succession in 1973: a New Year's speech by then President Urho Kekkonen emphasizing the need to improve road safety, and the beginning of the first oil crisis in October of the same year. According to a private-sector actor, 'the New Year's speech and the oil crisis worked like a package to help improve conditions for sustainable transportation and ultimately resulted in a series of measures (reduced speed limits, traffic calming, safer roads, etc.) that improved non-automobile transportation of all types'.

Participants also mentioned the order by President Kekkonen for the establishment of a Parliamentary public transport committee in 1974 as being an important external event. According to a former Director of Transport and Traffic Planning with the City of Helsinki this committee contributed, alongside the oil crisis, to a number of valuable public-transit favourable policy changes. These included, most notably, the establishment of a network of dedicated public transit lanes as well as some transit only streets.

Finally, two participants noted that the 1960s and 1970s were a period during which numerous powerful and mainly left-leaning youth movements in favour of a wide variety of causes emerged at the international level. In their view, this climate of activism likely contributed to the establishment (in 1968) of the influential nongovernmental organization, Enemmistö (translated as 'Majority' –signifying representation of the non-car owning majority of Helsinki), to which they both belonged. Briefly, Enemmistö was formed to defend the rights of pedestrians, cyclists, and public transit users in

Helsinki and grew to a peak of about 4000 members in the mid-1970s (R. Larjavaara, personal communication, March 12, 2016).

### Relative policy stability (late 1970s to mid-2000s)

A lengthy period of relative policy stability followed the initial period of major policy change. Briefly, while automobile traffic increased substantially and significant investments in road infrastructure were made (Helsinki City Planning Department, 1993), the pro-AT coalition maintained its position of dominance overall. Helsinki's commitment to favouring non-automobile transportation remained well-entrenched as indicated by a large number of policy measures and investments favouring AT. These included, for example, the adoption of a new policy to prioritize the construction of housing along rail lines and a doubling of the overall planned level of future investment in public transit in 1989 (Murole n.d.).

### Major policy change 2 (mid-2000s to mid-2010s)

Momentum in favour of a further significant increase in support of AT in Helsinki grew significantly starting in about 2005. During this period, Helsinki's stance with respect to the promotion of non-automobile transportation may be described as having shifted from favouring AT to having a goal of making personal vehicles largely unnecessary within the next 20–30 years (Greenfield, 2016). Examples of this further increase in the policy commitment to the promotion of AT include major additions to Helsinki's light rail/commuter network (Helsinki Regional Transport Authority, 2016), the extension of the subway to the neighbouring municipality of Espoo (Länsimetro, 2016), the building of the *Baana* bicycle superhighway through downtown (The European Prize for Public Space, 2016), and the installation of heating systems beneath several pedestrian areas (Ramboll 2016). Perhaps more importantly, the most recent Helsinki City Master Plan (Helsinki City Planning Department General Planning Unit, 2013) calls for major intensification and the transformation of numerous principal arteries into boulevards (which entails slowing traffic, prioritizing public transit and creating dense living space along them).

Finally, Helsinki is preparing to launch pilot projects of a concept known as *mobility as a service* (MAAS) (Heikkilä, 2014). Briefly, this project aims to dramatically reduce the need for private automobiles through the creation of a system whereby individuals would subscribe to a service provided by a *mobility broker* for the management of their transportation needs. Essentially, the brokers would commit to looking after a person's

mobility within the city according to an agreed upon *level of service* (an amount of time in which it is guaranteed that someone will be able to reach their destination). The mobility broker would provide itineraries for each trip, coordinating journeys via a variety of modes including public transit, taxi services, walking, as well as bike share and car share systems.

Overall, a large part of this further increased commitment to AT is attributable to three external events: 1) growing awareness concerning the need to address climate change; 2) generational values changes (more interest in addressing climate change, less interest in driving, more interest in urban living), and 3) the arrival of social media and mobile technology.

The most frequently mentioned external event during this period was the growing importance of environmentalism, particularly with respect to the need to address climate change. A significant number of participants described generation-related changes in values as being important in leading to improve AT conditions. These included a reduced interest in driving among younger people (with decreasing numbers of young people obtaining licenses) (Finnish Transport Safety Agency, 2013), more interest in urban living that does not require driving and, as highlighted above, more concern for the environment. Finally, the dramatic increase in the popularity of mobile technology and social media from about 2000 onward was described by several participants as being an important external event. For example, a former member of Helsinki City Council stated: 'Social media allowed people to re-imagine and promote cycling as something that could be done by normal people wearing normal clothing'. Furthermore, according to a member of National Parliament and Helsinki City Council: 'Part of the reason that many young people are less inclined to drive cars in Helsinki is because they can accomplish creative work using mobile technology while taking public transit, something which is not possible while driving'.

## DISCUSSION: FROM A HEALTH PROMOTION PERSPECTIVE

Considerations related to health promotion do not appear to have figured strongly in the overall, long-term development of Helsinki's AT success. This is noteworthy given the considerable amount of attention given to the promotion of AT among health promotion advocates. Perhaps most striking is that the membership of the pro-AT advocacy coalition did not include any significant representation from health-based organizations. Furthermore, specific health-related concerns were not strongly visible in connection with the analysis of the

underlying motivations and objectives (*i.e.* policy core beliefs) of leading AT actors. To the degree that health-related considerations were identifiable, they were most visible in the categories of *evidence* and *arguments* considered to be useful by pro-AT advocates.

### Advocacy coalition membership

The principal organizations contributing to the membership of the pro-AT advocacy coalition included a municipal government department (not health-related), the regional transportation authority, two political parties, a pro-AT nongovernmental organization, and a local cycling organization. The absence of health-based representation is surprising given growing international and Finnish concern with physical inactivity and related health conditions. More particularly, it is noteworthy that Finland has long been considered a leader in the previously mentioned health in all policies (HIAP) (Melkas, 2013). Normally, one would consider AT to be exactly the type of policy that would be emphasized within an HIAP approach given that it addresses important population health goals through action in a non-health sector.

This study was not explicitly designed to explain this noteworthy finding, meaning that further research addressing this issue would be worthwhile. Bearing this in mind, some possible explanations may be briefly discussed. One is that by the time the idea of encouraging AT was firmly established in the health sector (which was generally not until the 2000s (Sallis *et al.*, 2004)) Helsinki had already achieved remarkable AT success. With respect to AT's physical activity-related benefits, for example, a senior AT expert with Finland's National Institute for Health and Welfare noted that the first time AT promotion figured among the national health-enhancing physical activity recommendations was in 2008. This means that it would only have been a realistic possibility for health-based actors concerned with physical activity to join pro-AT advocacy efforts in Helsinki within about the last eight years. By the beginning of this period Helsinki's AT rates were already very high (Helsinki Urban Facts Office, 2004) and a well-established pro-AT advocacy coalition already existed, arguably leaving little incentive for health-based involvement.

Additional explanations worthy of exploration include the possibility that AT may be simply considered primarily a responsibility of transportation authorities, and that health-based actors continue to be focussed on more traditional approaches. Related to the first possibility, it is worth noting that the author of this paper twice contacted officials with the national Ministry of

Social Affairs and Health to identify interview participants and was directed to the Ministry of Transportation and Communications and the Finnish Transport Agency instead. Related to the latter possibility, commentary by representatives with the Helsinki Cyclists' Association (with respect to cycling specifically) included that health-based actors have generally focussed on 'sport' and 'exercise' and have not been importantly involved in the promotion of cycling for transportation purposes.

### Objectives and motivations of at advocates

To investigate the objectives and motivations (*i.e.* policy core beliefs) of AT advocates, participants were asked to discuss why they thought the promotion of AT was worthwhile, or alternatively, what problems they believed necessitated its promotion. Overwhelmingly, the answers to these questions fell within the data-derived category of the desire to protect or create what might be termed a *livable city* (implying in a general sense, a city that is aesthetically appealing, safe, healthy, easy to move within, etc.) More specifically, many participants expressed concerns related to the negative effects of automobiles including danger, ugliness, pollution, noise and their consumption of public space. For example, a former member of Helsinki city council and the Helsinki municipal planning board described his reasons for wanting to promote AT as follows: 'It is a question of aesthetics and pleasure living in a city. It makes the city nice, beautiful, and easy to move around in.' Another former member of the Helsinki City Council offered the following summary of why he and his pro-AT allies favoured its promotion: 'Urbanism and livable cities. These issues are at the core of the agendas for me and the people I associate with'. Finally, a more analytical perspective was offered by a senior-level manager with Helsinki Public Transport: 'The promotion of AT is important in terms of the quality of the urban environment and life, for the prevention of the growth of car traffic and its side-effects, and to contribute to the attractiveness and competitiveness of the region'.

The next most prominent category of response referred to AT's potential in terms of environmental protection and more particularly in recent years, with respect to limiting climate change. Motivations and objectives concerning health figured much less strongly. Furthermore, health only represented a significant category of response if issues related to physical activity, air pollution and traffic safety were all considered to belong to the same broadly defined category.

### Evidence

Within the ACF, evidence is considered to be one of several types of resources that advocacy coalitions employ

in order to influence policy choices. Resources would include, for example, information (including scientific evidence), money, public opinion and skilful leadership.

The single most frequently mentioned piece of evidence was a particular study (Helsinki City Planning Department, 2015) that employed the WHO Health Economic Assessment Tool (HEAT) approach for quantifying the economic benefits of cycling related to health (World Health Organization, 2014). Briefly, the results demonstrated a potential return of €8 for every €1 invested in cycling in Helsinki. While this study is clearly health-related, it is noteworthy that ultimately, the findings relate not to health per se. Instead, they point to the economic benefits of cycling, notably, the reduced spending on health care.

### Arguments

While it did not emerge as particularly dominant within the category of *arguments*, it was in this area where health figured most strongly in the research findings. Participants were asked to discuss the most useful and the most frequently employed arguments in the promotion of AT. Overall, those relating to health were slightly less strongly cited than those concerning economic benefits or those connected with livable cities. Similar to the findings concerning objectives and motivations, however, this was only the case if the category of health was considered broadly, including all arguments related to physical activity, air pollution, and traffic safety together.

## CONCLUSION: IMPLICATIONS FOR HEALTH PROMOTION

Theoretically informed awareness of political challenges is likely to be very useful for the development of effective health promotion strategies. This awareness allows a more strong understanding of the full magnitude of obstacles and also improves the likelihood of identifying specific opportunities for progress. From the perspective of health promotion, a number of important strategic considerations and areas for further research can be suggested.

First, policy decisions resulting in favourable health outcomes are not always the result of the efforts of health advocates or health-derived motivation. In the case of Helsinki, a municipal transportation system that supports a very high level of AT was developed with the support of an advocacy coalition not featuring significant health-based representation. Furthermore, this coalition was primarily motivated by concerns (*e.g.* livability, the environment) that would not be directly

considered health-related. While the topic of health was visible among the resources and arguments employed by pro-AT actors, it is fair to say that overall, health-related considerations played only a supporting role. It is evident, therefore, that health promotion advocates may have very useful allies in non-health areas. In Helsinki presently, not only would there appear to be a number of useful non-health allies with whom health promotion advocates could potentially work to develop even higher rates of AT, but these allies are clearly in a position of stronger influence than health actors.

Second, political factors that may not frequently be given consideration by health promotion advocates may have very important effects on the power of particular campaigns for policy change. While in Helsinki these factors facilitated progress in way that was ultimately good for health, in many cases their effects could be otherwise. In North America, for example, the society's long-term embrace of the car could be considered a relatively stable parameter representing a major political obstacle. At the same time, political opportunities for making progress with AT or similar health-related policies may be made particularly identifiable if political factors are given thorough attention. If, for example, a national government announces strong funding for so-called green infrastructure, a politically informed AT advocate might likely see this development as a favourable external event, carrying with it the potential for important policy changes favouring AT based mainly on its environmental benefits. In other words, non-health political and policy shifts can offer significant opportunities for advancing healthy public policy.

Finally, areas for further related research are evident. The question of why health-based actors were not more visible in AT promotion efforts in Helsinki merits attention. While some possibilities were briefly discussed, they deserve thorough exploration that was not possible in the context of this study. Furthermore, acknowledging that a case study of one jurisdiction has limited generalisability, further research that applies formal political theory to the promotion of AT or similar health-related policy efforts in additional jurisdictions would be worthwhile. Finally, this study did not attempt to determine if Helsinki's high rates of AT resulted in demonstrable effects on population health when measured by, for example, overall rates of physical activity or the incidence of a variety of health conditions that might be reduced by AT when compared with other jurisdictions. Accordingly, research which attempts to explicitly link political and public policy developments with measurable health outcomes could

usefully contribute to the accomplishment of health promotion objectives.

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