

OPC - Climate Change and Health:
Challenges and Opportunities for
Luxembourg

07/07/2026 – Workshop D

LONGEVITY AND HEALTHY LIFESTYLES FOR A CLIMATE-FRIENDLY AND CLIMATE RESILIENT LUXEMBOURG

WORKSHOP D

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CLIMATE CHANGE, CITIES AND HEALTH



CITIES & CLIMATE CHANGE

Growing urbanisation trend :

- **75% of Europeans live in cities**
- **+ 2.5 Billion urban residents by 2050** (UN, DESA)

Increasing urban share in **GHG** emission:

- **Cities account for ~70% of global energy-related CO₂ emissions** (IPCC AR6 WGIII)



CITIES & HEALTH

Urban environments, and related **daily exposures**, shape:

- Health behaviors
- Population health
- Socio-spatial inequalities in health

Need for integrated, climate-resilient and health-promoting urban strategies



A CLIMATE FRIENDLY AND RESILIENT LUXEMBOURG



CASE STUDIES





THE DENSE CITY & HEALTH

- Case 1: Urban densification and its impact on cardiometabolic health
- Case 2: Densifying, but how ? Third places and their impact on chronic stress



THE DENSE CITY: MECANISMS AT PLAY





THE DENSE CITY: MECANISMS AT PLAY

URBAN SPRAWL

- Car dependency
- Increased greenhouse gas and air pollutant emissions
- Unequal access to healthy resources and services
- Greater risk of social isolation





THE DENSE CITY: MECANISMS AT PLAY

URBAN SPRAWL

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URBAN DENSIFICATION

- Improved walkability and active mobility
- Lower transport-related emissions
- Better access to healthy resources and services – Increased resource efficiency
- Greater opportunities for social interaction



CASE 1: IMPACTS ON CARDIOMETABOLIC HEALTH

Cardio metabolic diseases account for **73% of global deaths** (2020)

Metabolic Syndrome (MetS) is associated with a **high risk** of cardio metabolic diseases



Prevalence of the MetS in Western populations = **20 – 30%**

Prevalence of the MetS in Luxembourg > 25% (Alkerwi *et al.* 2011)



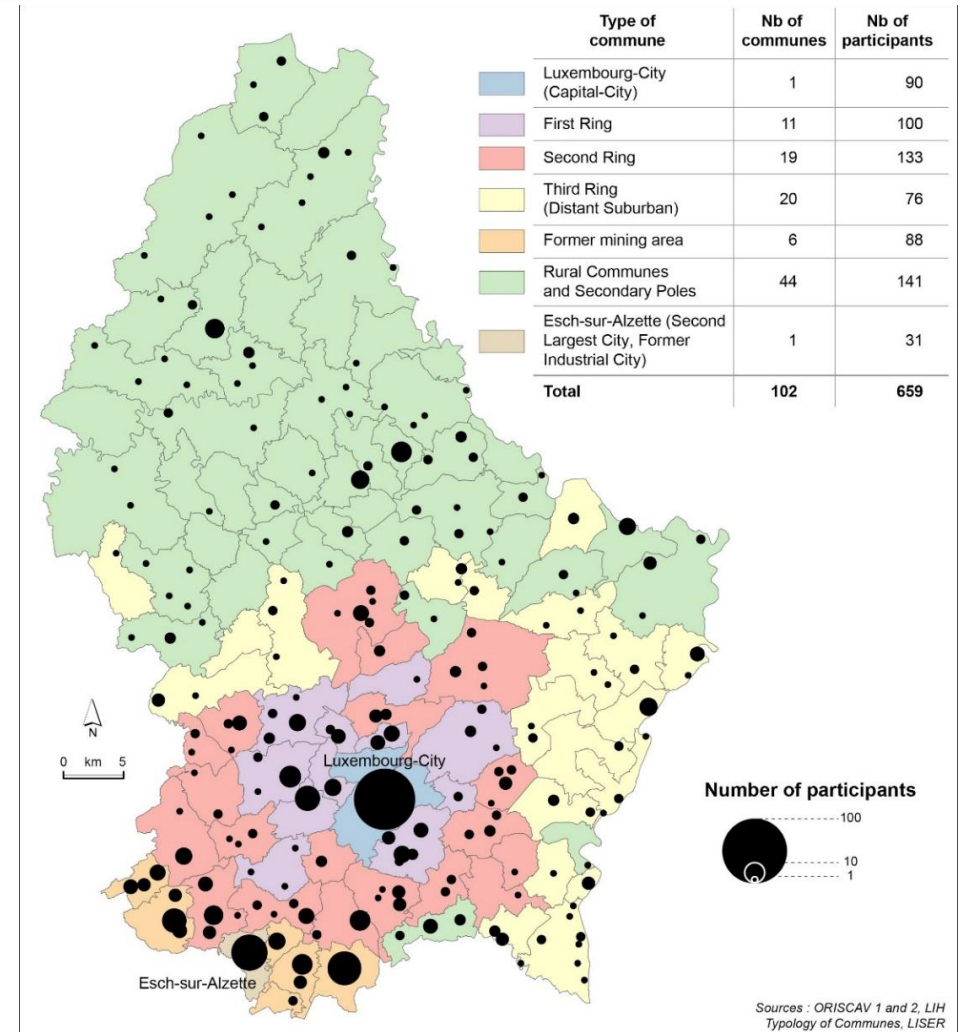
URBAN DENSIFICATION & THE METABOLIC SYNDROME

A LUXEMBOURG CASE STUDY



ORISCAV-LUX 1 (2007-09) & ORISCAV-LUX 2 (2016-17)

N= 659 participants in both waves 1 & 2





URBAN DENSIFICATION & THE METABOLIC SYNDROME

A LUXEMBOURG CASE STUDY

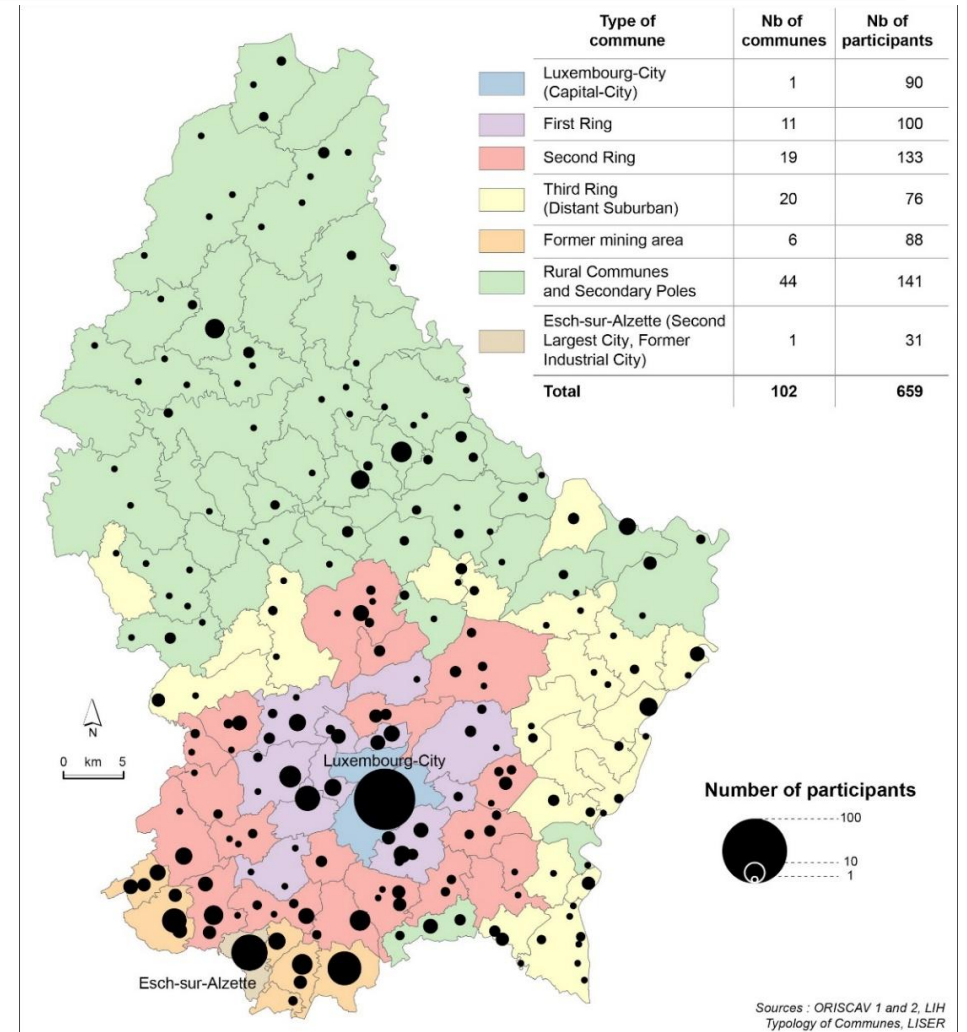


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METABOLIC SYNDROME

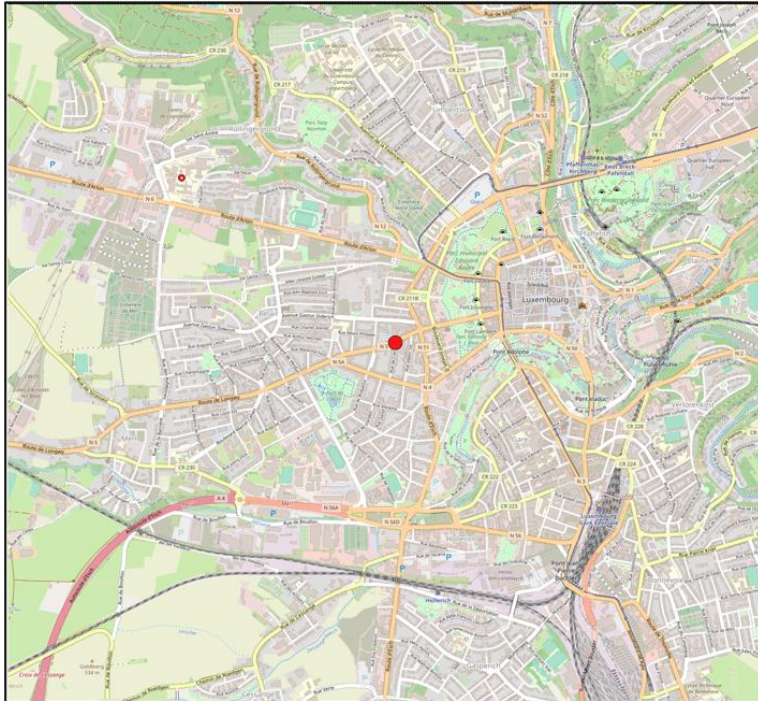
Continuous score to quantify the spectrum of metabolic abnormalities *(Soldatovic et al., 2016)*





URBAN DENSIFICATION & THE METABOLIC SYNDROME

URBAN DENSIFICATION



Buffer Size:

500 m

800 m

1,000 m

2,000 m

DESIGN

Street characteristics

Connectivity of the road/pedestrian network

DIVERSITY

Land use mix index

Land use categories

PUBLIC TRANSPORTATION

Access & density of
Bus stops, Train stations, Public bike sharing stations

DENSITY

Density of Amenities

Services (Bank, Post, tec.), Health (Doctors), Education (Schools), Cultural (Cinemas, Libraries, etc.), Sport (Swimming pools, Sports fields, etc.), Food (supermarkets, fast foods, etc.)

Population density

Index of urban densification (UDI)





URBAN DENSIFICATION & THE METABOLIC SYNDROME

n = 510

Mean age : 43.8 y

51% women

33% living in low neighbourhood SES

Increased Urban Densification over 10 years was associated with:

- **Higher risk** of developing the Metabolic Syndrome
- **Poorer cardiometabolic risk factors** (triglycerides, HDL-Cholesterol)

Models are controlled for baseline UDI, time, sex and country of birth, age, educational level, working status and marital status, neighbourhood SES (average housing price in the municipality), neighbourhood food environment (modified Retail Food Environment Index)



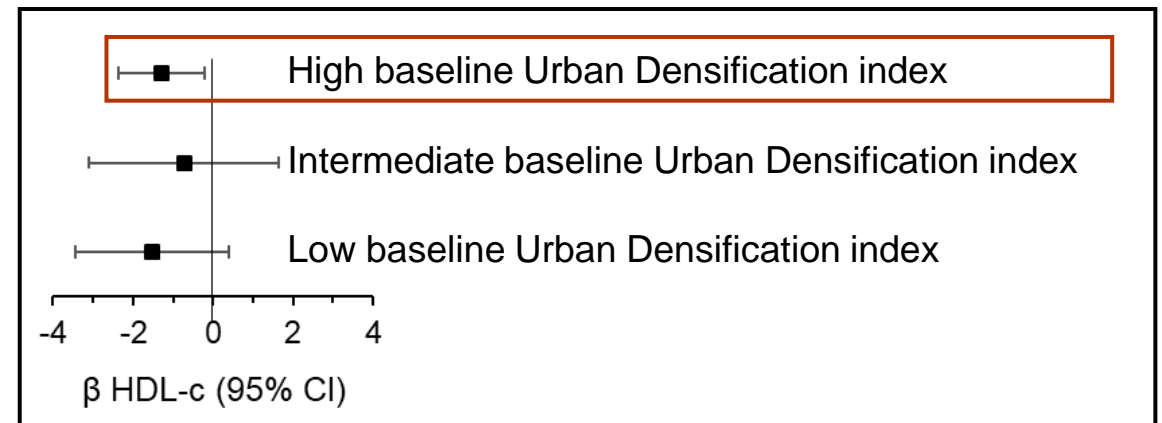
URBAN DENSIFICATION & THE METABOLIC SYNDROME

n = 510

Mean age : 43.8 y
51% women
33% living in low neighbourhood SES

Who is the more vulnerable ?

Individuals living in neighbourhood with already high level of urban densification 10 years ago (for HDL-c only)



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- **Higher risk** of developing the Metabolic Syndrome
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THE DENSE CITY & HEALTH

- Case 1: Urban densification and its impact on cardiometabolic health
- Case 2: Densifying, but how ? Third places and their impact on chronic stress



CASE 2: IMPACT ON CHRONIC STRESS




STRESS & DISEASES

90%

STRESS IS A RISK FACTOR OF 90% OF DISEASES OF VARIOUS ORIGIN

 **CARDIOVASCULAR**

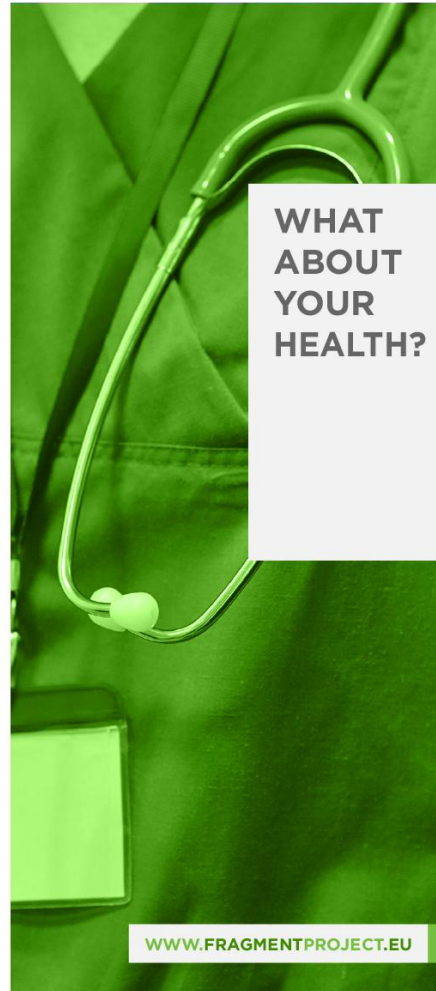
RESPIRATORY 

 **PSYCHOLOGICAL**

GASTROINTESTINAL 

 **IMMUNE**

COGNITIVE 



WHAT ABOUT YOUR HEALTH?

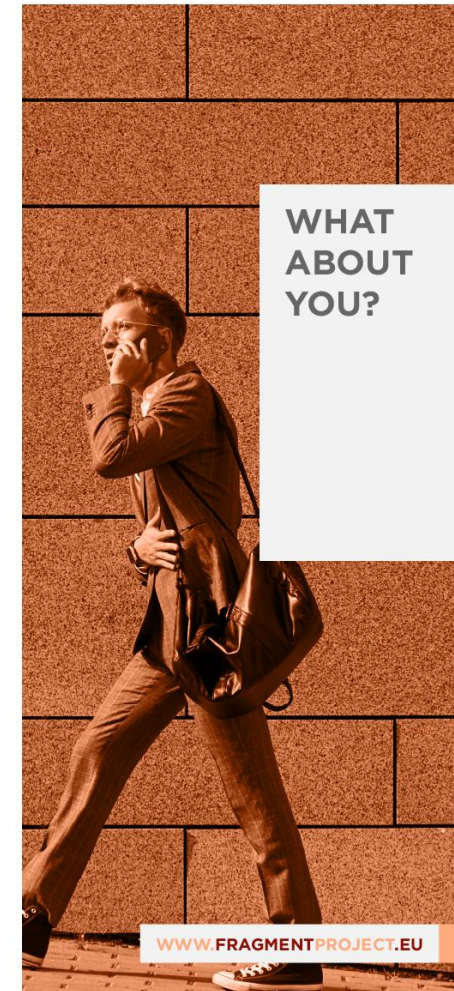
WWW.FRAGMENTPROJECT.EU



STRESS LEVELS

47%

IN LUXEMBOURG, 47% OF THE WORKING POPULATION REPORTS HIGH TO VERY HIGH STRESS LEVELS



WHAT ABOUT YOU?

WWW.FRAGMENTPROJECT.EU



CASE 2: IMPACT ON CHRONIC STRESS

Online survey

1439 participants



Chronic Stress and Mapping of Geographic Living Environments



Mobile survey

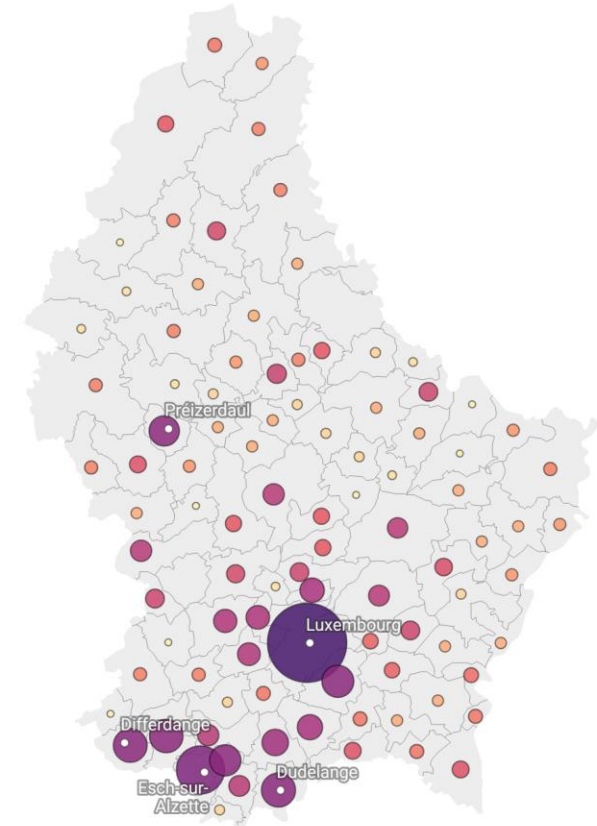
276 participants



Momentary Stress, GPS, and Daily Activity,

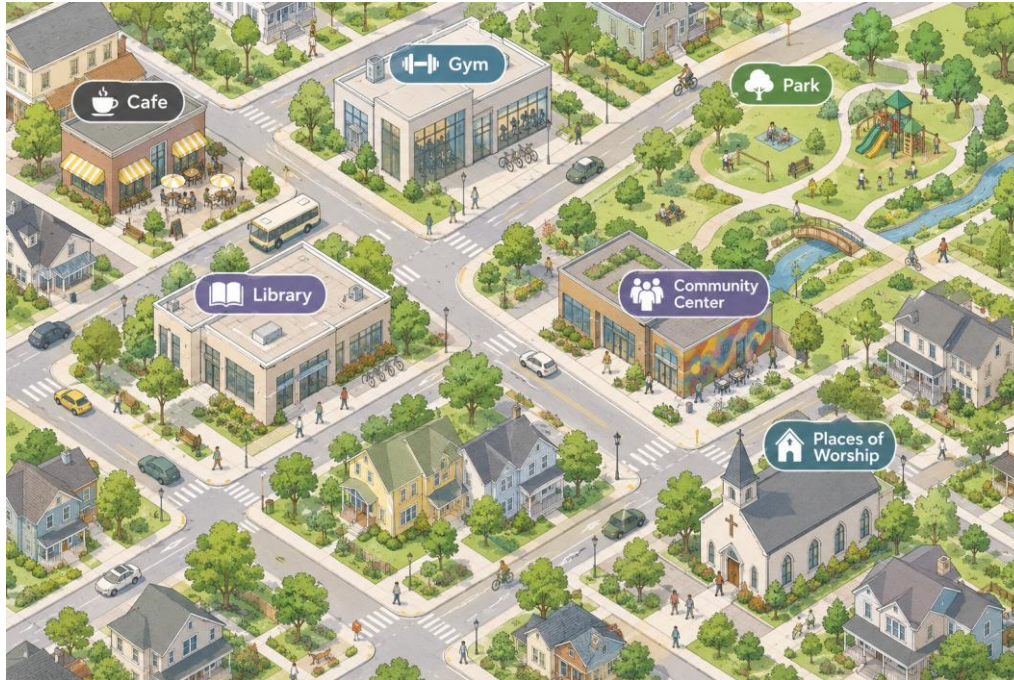
Participant Distribution by Commune of Residence

FragMent study: 1439 Participants





THIRD PLACES AND CHRONIC STRESS



1 in 5 participants have high chronic stress

What are “Third Places” ?

- Informal, and public spaces outside the home and workplace – where people can gather, relax, and connect without an agenda

The intuition: **these places *should* reduce stress – but do they?**



NOT ALL THIRD PLACES ARE THE SAME

Function <i>What is the primary purpose?</i>	Financial accessibility <i>What is the cost to use?</i>	Spatial context <i>What is the physical setting?</i>
Commercial <i>Cafes, bars, shops</i>	Open Access <i>Free, no spending expectation</i>	Outdoor <i>Parks, plazas, waterfronts</i>
Leisure <i>Gyms, cultural centers</i>	Implicit Transactional <i>Encouraged to spend</i>	Hybrid <i>Markets</i>
Community <i>Libraries, places of worship</i>	Fee-based <i>Spending required</i>	Indoor <i>Restaurants, supermarkets</i>



WHAT PROTECTS? AND WHAT DOESN'T?

ASSOCIATED WITH LOWER STRESS

Parks and outdoor spaces
Outdoor

Gyms, theaters, sport facilities
Leisure

Libraries and places of worship
Open Access

ASSOCIATED WITH HIGHER STRESS

Cafes, bars, restaurants
Implicit Transactional

Shops and malls
Commercial

Free-to-use places inviting disengagement are stress-reducing. Spaces structured around consumption are not.



THE ACTIVE CITY & HEALTH

- Case 1: Street-level environmental characteristics and affective responses while walking



THE ACTIVE CITY: MECHANISMS AT PLAY



ACTIVE FRIENDLY NEIGHBORHOODS

- Improve walkability
- Reduce car dependency
- Reduce negative externalities (air & noise pollution)

ACTIVE NEIGHBORHOOD EXPOSURE

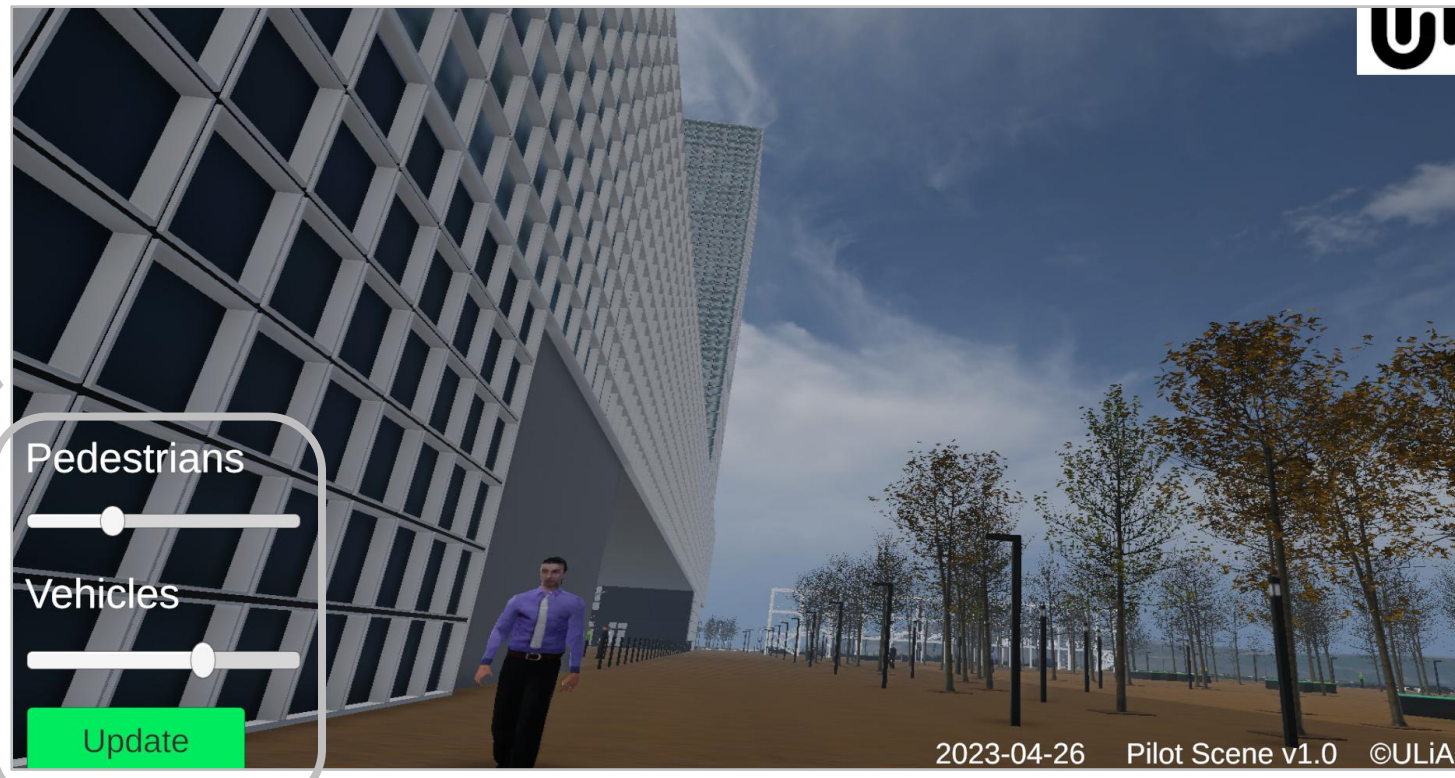
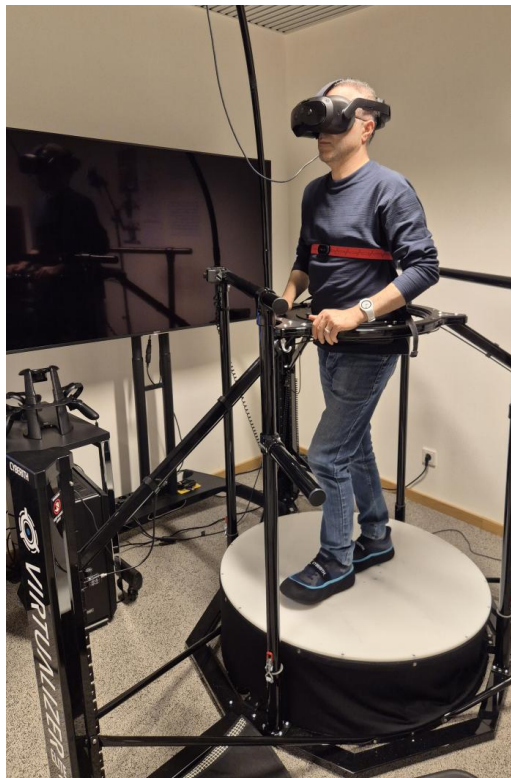
- Promote physical activity
- Reduce sedentary time
- Improve mental health



VIRTUAL REALITY TO STUDY URBAN HEALTH

Virtual reality experimentation makes it possible to systematically manipulate and test controlled virtual environments, while maintaining a high level of realism to ensure strong ecological validity.

(Birenboim, 2021)



Manipulation and decomposition of the attributable fraction to each factor



MANIPULATION OF 8 ENVIRONMENTAL FACTORS IN VR

- Greenness
- Building height
- The use of sidewalk
- Landuse functionality
- Sidewalk connectivity
- Width of sidewalk
- Pedestrian density
- Car traffic intensity



TWELVE VARIATIONS OF LUXEMBOURG





HOW DOES IT LOOK LIKE IN VR ?





WHICH ENVIRONMENTAL FACTORS MATTER?



MOST FAVORITE SENARIO :

- **Tree lines of both side of the street**
- Low building height (1-3 stories)
- **Large sidewalks (4 m)**
- **Outdoor activities on the sidewalk/open space**
- Ordinary street crossing
- **Mixed Land use/buildings (résidentiel + commercial)**
- High car traffic
- **Low pedestrian density**



LEAST FAVORITE SENARIO :

- **Tree line of one side of the road**
- Low building height (1-3 stories)
- **Narrow sidewalks (2 m)**
- **No outdoor activities on the sidewalk/open space**
- Ordinary street crossing
- **Residential landuse/buldings only**
- High car traffic
- **High pedestrian density**



WHICH ENVIRONMENTAL FACTORS MATTER?



MOST FAVORITE SENARIO :

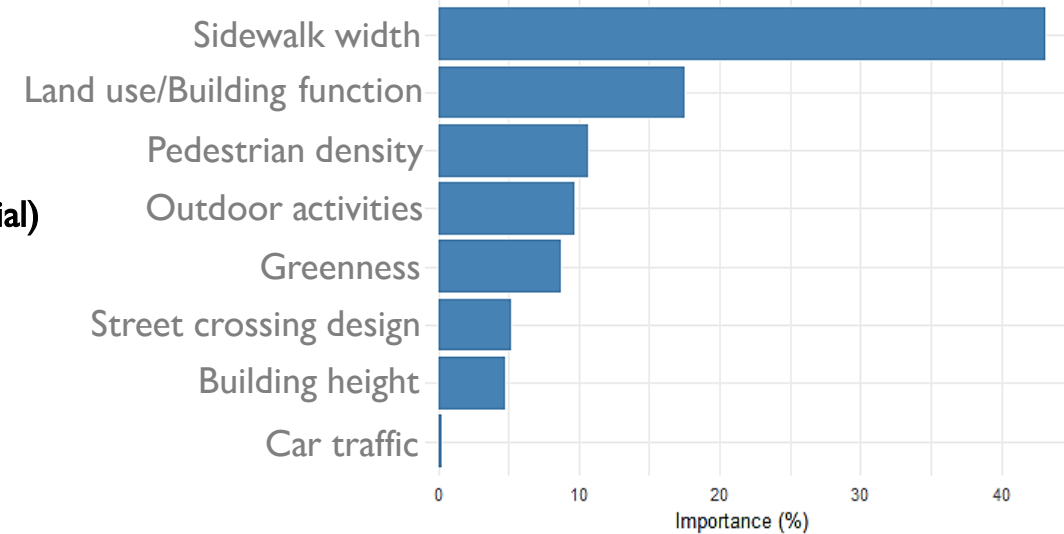
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RELATIVE IMPORTANCE OF EACH FACTOR:



Sidewalk width and land use mix are the main factors that influence walking preferences



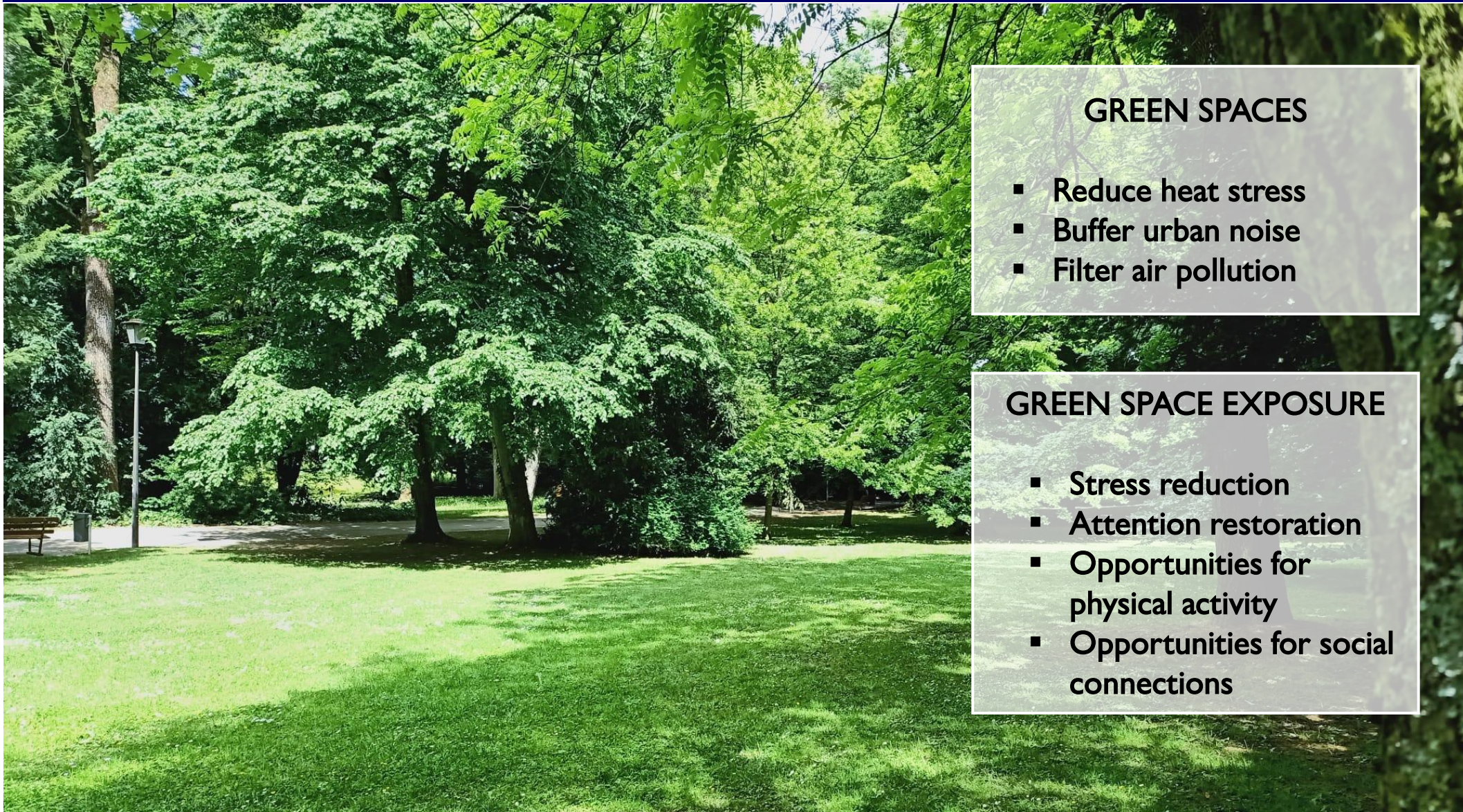
THE GREEN CITY & HEALTH

Case 1: Street-level greenness and its impact on stress

Case 2: Green spaces, trees and their impact on cardiometabolic health



THE GREEN CITY: MECANISMS AT PLAY



GREEN SPACES

- Reduce heat stress
- Buffer urban noise
- Filter air pollution

GREEN SPACE EXPOSURE

- Stress reduction
- Attention restoration
- Opportunities for physical activity
- Opportunities for social connections



CASE 1: STREET-LEVEL GREENNESS AND ITS IMPACT ON STRESS

EIGHT SCENARIOS

Each corresponding to a different combination of traffic, pedestrian density, and vegetation.



Traffic

- Low \approx 7.5 veh/min
- High \approx 30 veh/min



Crowdedness

- Low \approx 2.5 ped/min
- High \approx 10 ped/min



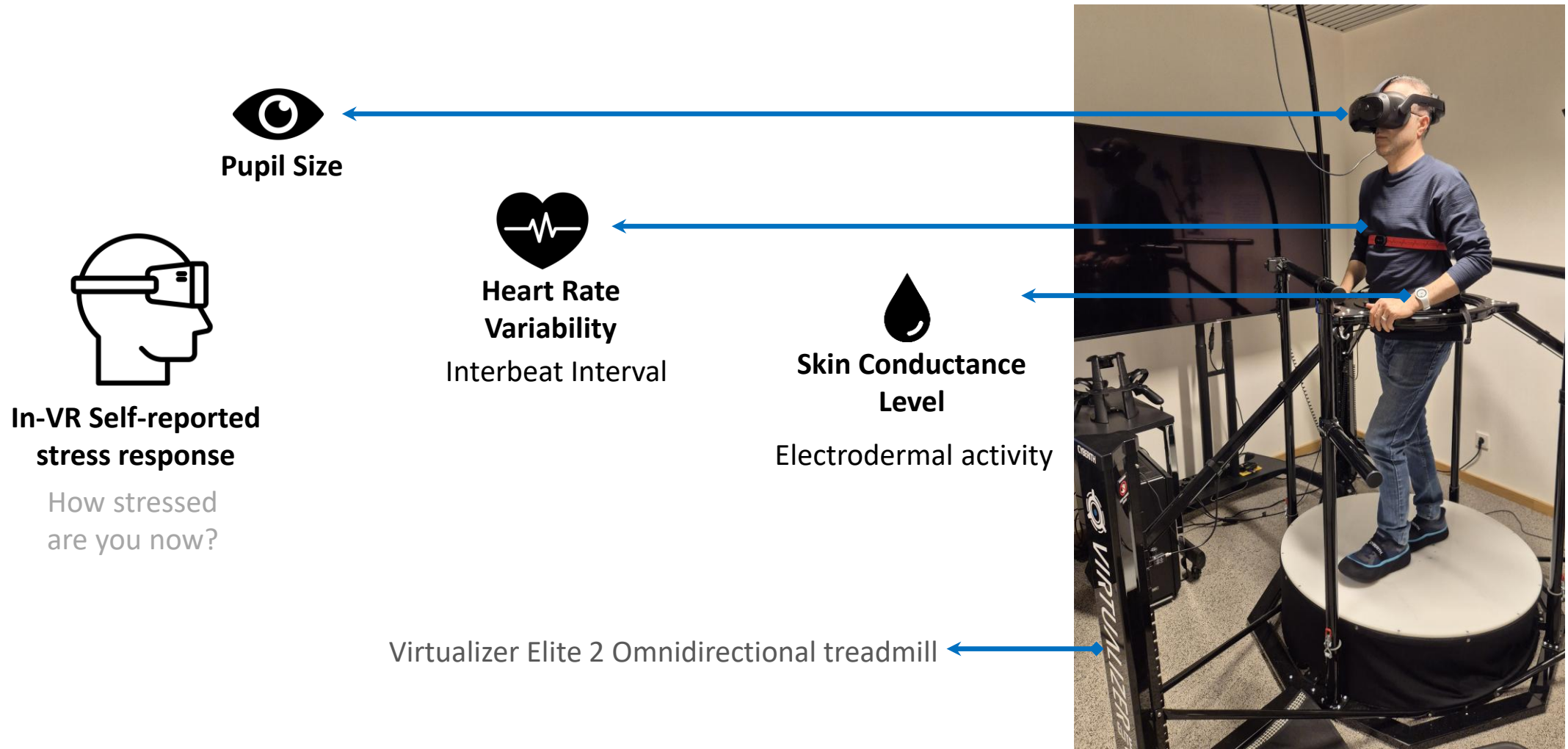
Greenness

- Non-green: No green features
- Green: 1-m-wide planting strip with trees and bushes and bird singing sound





MEASURING PHYSIOLOGICAL STRESS IN VR





TREES AND GREENERY HELPED REDUCE STRESS



Participants walking along greener streets showed lower physiological stress responses.



20% lower skin conductance level



THE BENEFITS DEPENDED ON PEDESTRIAN LEVELS



Greenery reduced physiological stress when pedestrian density was low.

This benefit was not observed when more pedestrians were present.



41% lower skin conductance level in **greener streets with fewer pedestrians**



THE BENEFITS APPEARED QUICKLY AND REMAINED STABLE



The benefits of greenery were already visible within the **first two minutes of walking**.

However, we did not find evidence that the benefits continued to increase during the 10-minute walk.



THE GREEN CITY & HEALTH

Case 1: Street-level greenness and its impact on stress

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CASE 2: GREEN SPACES & THE METABOLIC SYNDROME

GREEN SPACES

Greenness Density

aka Soil-Adjusted Vegetation Index

Source: Landsat surface reflectance

Spatial resolution : 30 m

Range : 0-100%

Tree Canopy

aka Tree Cover Density

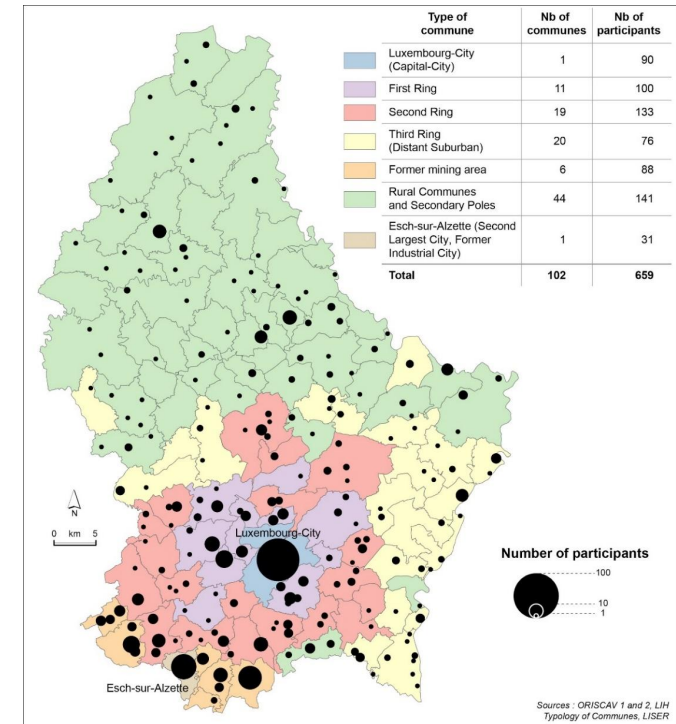
Source: Copernicus Land Monitoring

Spatial resolution : 20 m

Range : 0-100%

METABOLIC SYNDROME

Continuous score to quantify the spectrum of metabolic abnormalities *(Soldatovic et al., 2016)*





GREEN SPACES & THE METABOLIC SYNDROME

n = 395

Mean age : 41.9 y

55% women

32% living in low neighbourhood SES

- **10% increase in Greenness Density** over 10-year was associated with an improved **Cardio-Metabolic outcomes (HDL-cholesterol)**
- **No associations** between change in **Tree Canopy** and the cardio metabolic outcomes

Models are controlled for baseline greenness, time, sex and country of birth, age, educational level, working status and marital status, neighbourhood SES (average housing price in the municipality), degree of urbanity and residential self-selection.



GREEN SPACES & THE METABOLIC SYNDROME

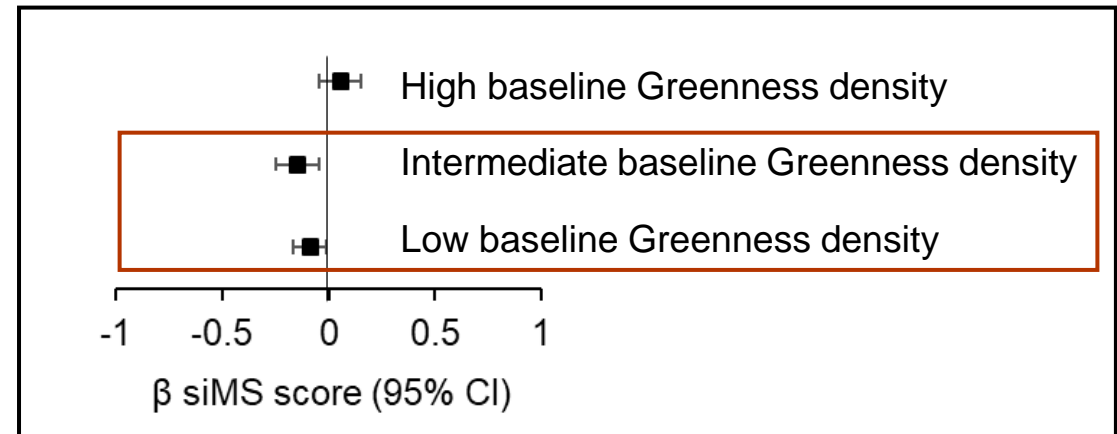
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Who benefits the most from this protective effect ?

Individuals living in neighborhoods with a low to intermediate greenness density level 10 years ago !



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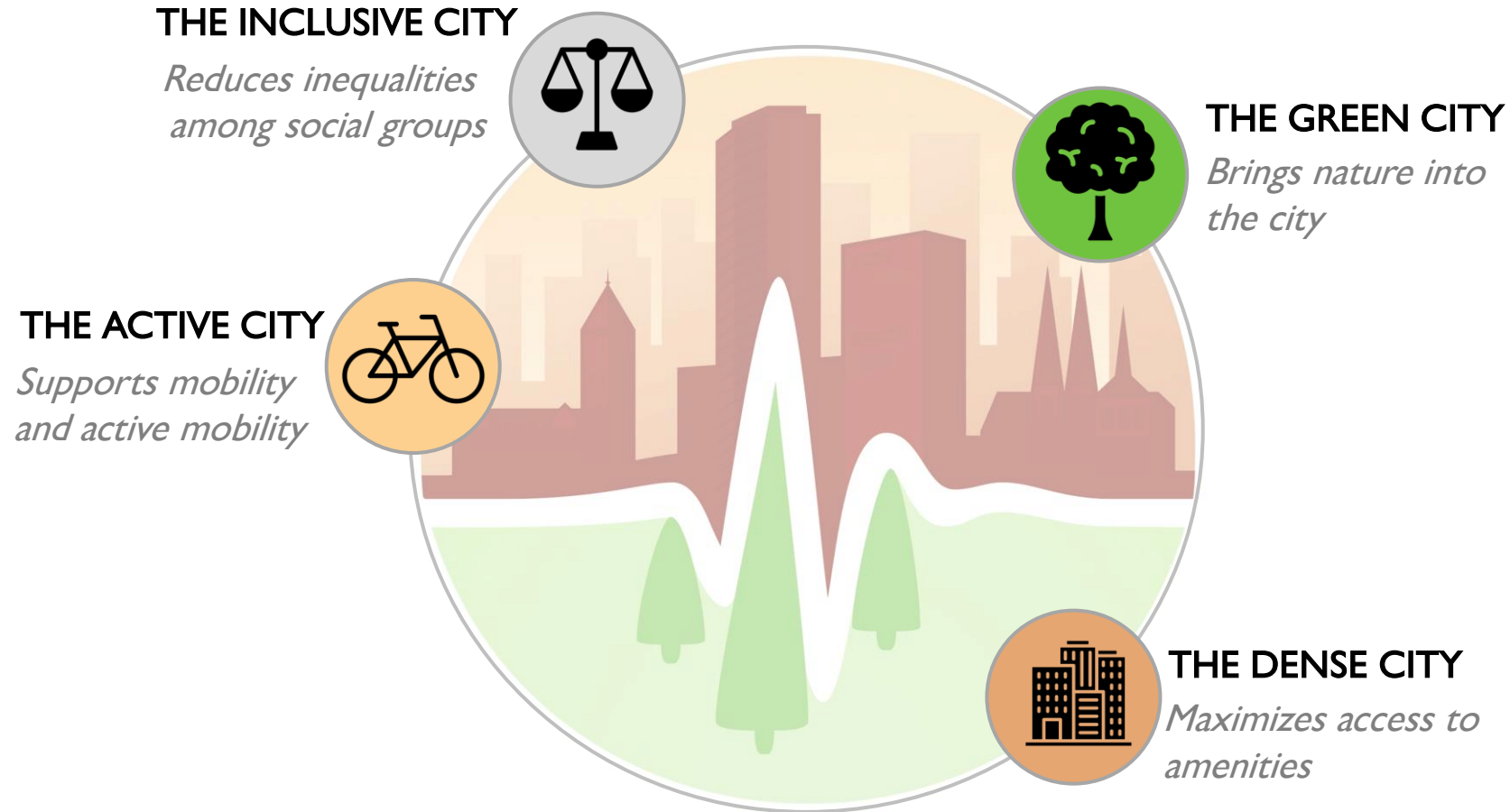


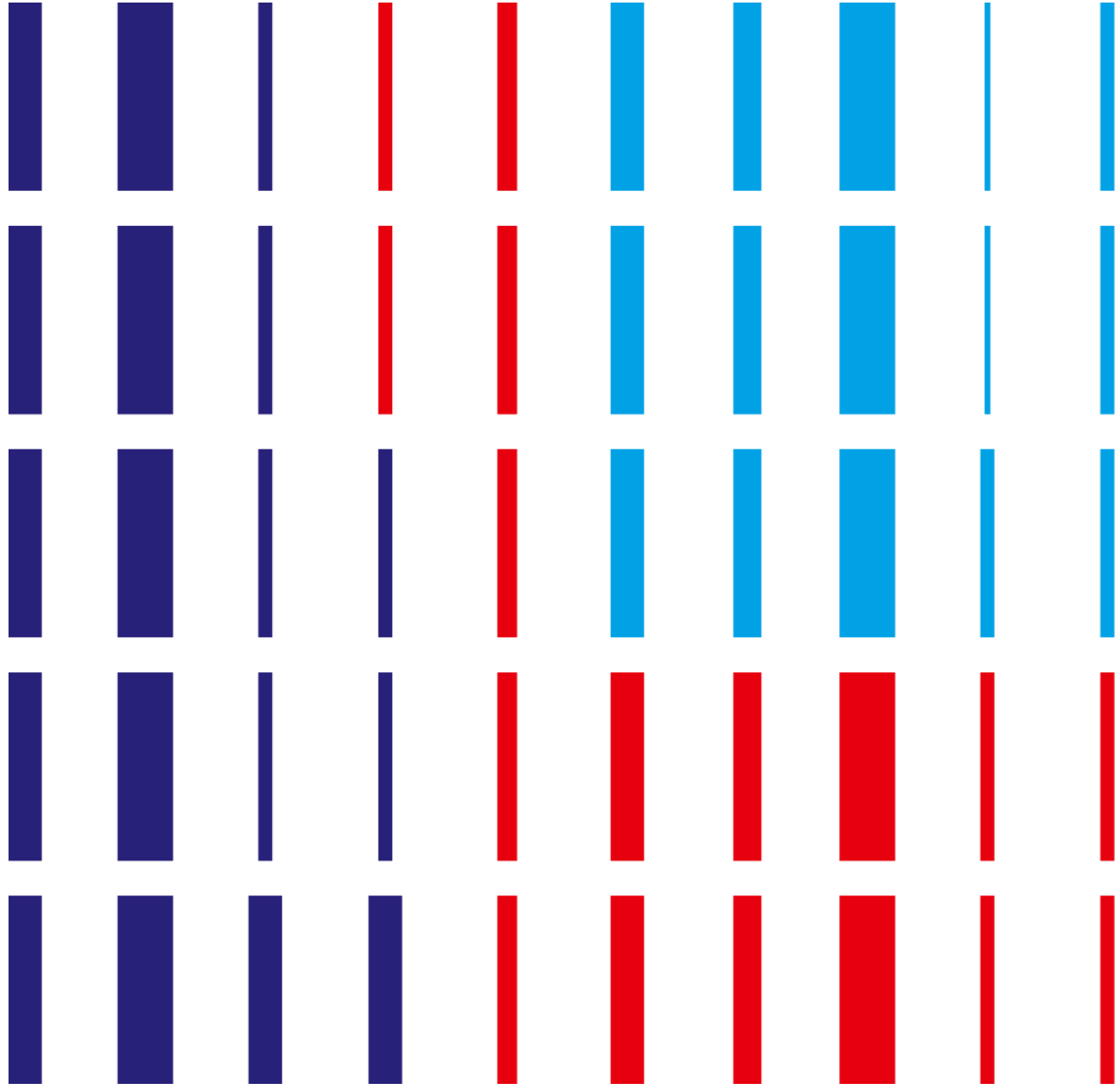
SYNERGIES IN HEALTH & CLIMATE-FRIENDLY INITIATIVES





SYNERGIES IN HEALTH & CLIMATE-FRIENDLY INITIATIVES





THANK YOU