Urban Planning for Health equity

Muhammad Salaha Uddin
Assistant Professor
URP, KUET, Khulna-9203; E-mail: msupavel@yahoo.com

Dr. Md. Manjur Morshed
Lecturer
URP, KUET, Khulna-9203

1. Introduction to Health Equity

Health Equity refers to the study of differences in the quality of health and health care across different population (CDPE, 2011). It implies some kind of social justice. Alternatively, the differences in health that are avoidable and unfair define health inequity. There are great health inequities everywhere, including in the world's cities, as revealed in the recent report of the WHO Commission on the Social Determinants of Health (WHO, 2008). The health disparities at city level are increasing due the complex nature of the cities' social and physical structures around the world. Urban planning is an inclusive approach to address the cities' complex environment as well as to improve population health and achieve health equity. Several planning efforts such as building codes and the widespread adoption of public sewerage are examples of early reducing health inequalities (Peterson, 1979). There is a growing body of work across various disciplines that recognise the role of the physical urban environment in shaping health and thus contributing to health inequalities (Galea et al., 2005). According to Tsui, 2010 there is three mechanisms through which it is possible to improve the health equity at city level. In the following figure the basic schematic figure of these mechanisms are presented.

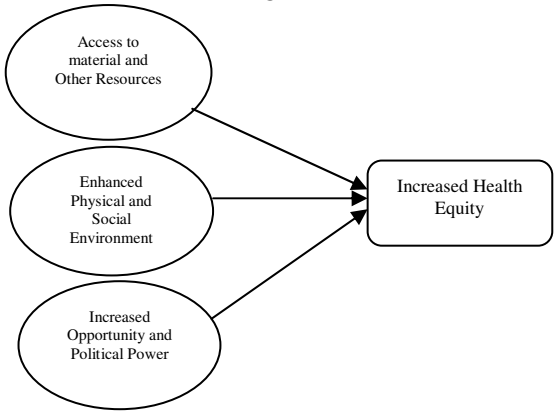

Figure 1: Mechanism for increasing health equity

2. Urban Planning and Health

Urban planning can play direct and indirect role in these mechanisms to ensure health equality in cities. For instance, in the second mechanism the built environment and the urban design include direct impacts on those are traditionally associated with planning and environmental health, such as air quality, climate, water quality, noise. In relation to urban design and built environment, recreational physical activity outside of the home may be an important component of health and wellbeing, especially in sedentary societies. Urban planning can directly influence to increase the physical activities. For example, physical proximity to places for walking, running, swimming, or engaging in other forms of exercise become important to the extent that it is more likely for people to engage in these activities. This environment as well as urban health equity can be ensured by doing integrated city wide planning. By Integrated city wide planning it is possible to create compact and integrated cities in which all residents have more equitable access to the benefits of urban life such as livelihood opportunities, physical infrastructure and education – through walking/cycling or through affordable and effective public transport. Bogota, the capital city of Columbia experienced an urban transformation through a shift in planning focus and expenditure from freeways and cars to bus and bicycle system and through the building of hundreds of kilometres of sidewalks, pedestrian streets, green space and parks. Due to this integrated urban transformation there is reduced the numbers of violence and this situation encouraged physical activity and improve citizens' quality of life and health (Montezuma, 2005)

On the other hand, the indirect impacts of Urban Planning show how it can influence the determinants of health, particularly in relation with social connections and physical activity, resource distribution and increased opportunities and political power that are associated with physical and mental health and well-being. An example of indirect urban planning solution to mitigate the negative effects of unequal access to nutritious food is for local government to create incentive programs to attract supermarkets and grocery stores to underserved neighbourhood (Institute of Medicine, 2009). Urban planning may influence food environments through land use decisions that affect the density and location of food outlets, the type of food outlets permitted and sited, and the provision of opportunities for local micro-agriculture. Food environments may also foster health disparities if there are differential impacts of location by socioeconomic status. For example, lack of proximity to full-service supermarkets may make it more difficult for poor households to access fresh produce because while affluent households may possess the necessary resources to pay for motorized travel or delivery of fresh produce, poor households may not.

3. WHO and Planning Guidelines

The interdependence of urban planning and public health is evidenced though the importance of re-establishing the link between urban planning and public health has been recognized in recent years (Frank and Kavage, 2008). For example, to facilitate increased physical activity in communities, people need safe and accessible areas as well as established programs that encourage them to use improved community environments. Without the interaction of urban planning and public health policies, the odds of substantial improvements in social capital and physical activities decrease considerably (WHO, 2008). The WHO Regional Office for Europe launched its healthy urban planning initiative in 1997, which had a number of important outputs culminating in *"Healthy Urban Planning - A WHO Guide to Planning for People"*, a set of guidelines which provides 12 key health objectives for planners (Barton and Tsourou, 2000). According to that guidelines Urban planning policies and proposals should encourage and promote the Healthy exercise, Social cohesion, Housing quality, Access to employment opportunities, Accessibility to social and market facilities, Local low-impact food production and distribution, Community and road safety, Equity and the reduction of poverty, Good air quality and protection from excessive noise, Good water and sanitation quality, Conservation and decontamination of land, and Climate stability (Barton and Tsourou 2000). Particularly, urban form, food environments, physically active spaces, environmental hazards, and social segregation are considered for reducing health inequalities through intervening on the social determinants of health (Northridge, and Freeman, 2011). There are established scientific evidences on links between urban planning and public health in relation to the mentioned factors.

4. Conclusion

It can be concluded by saying that major public health problems of the 21st century are dynamic, complex, and interconnected, and will require cooperation and partnership to address the enormous and persistent social disparities in health that exist within and across groups**.** Elimination of disparities is not possible without practicing healthy urban planning. Healthy urban planning means planning for people in cities. It promotes the idea that the city is much more than buildings, streets, and open spaces; it is a dynamic social space, the health of which is closely linked to that of its residents. This perspective is especially consonant with efforts to utilize urban planning to promote health equity in our society.

References:

1. Barton, H and Tsourou, C (2000): *Healthy urban planning: a WHO guide to planning for people.* London, World Health Organization, Spon Press.
2. CDPE (Colorado Department of Public Health and Environment) (2011): Glossary of a Few Key Public Health Terms. Office of Health Disparities.
3. Frank, L and Kavage, S (2008): "Urban planning and public health: a story of separation and reconnection". J. Pub. Health Mang. practice 14(3): 214-220.
4. Galea, S, Freudenberg, N and Vlahov, D (2005): "Cities and population health", *Soc. Sci. Med.* 60: 1017-1033.
5. Institute of Medecine (2009): *Local Government Actions to Prevent Childhood Obesity*. Washington, DC: Institute of Medicine of the National Academies.
6. Northridge Mary Evelyn and Freeman Lance (2011): "Urban Planning and Health Equity", J of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 88, No. 3.
7. Montezuma, R (2005). *Promoting active lifestyles and healthy urban spaces: the cultural and spatial transformation of Bogotá, Colombia*. Nutrition and an Active Life: From Knowledge to Action. Organization, PH: Panamerican Health Organization.
8. Peterson J (1979): "The impact of Sanitary reform upon American Urban Planning 1840-1890", J of Soc. His. 13(1):83-103.
9. Tsui EK (2010): "Sectoral job training as an intervention to improve health equity", Am J Public Health 100(4): S88–S94.
10. WHO (2008): *Our Cities, Our Health, Our Future: Acting on Social Determinants for Health Equity in Urban Settings*, Report to the WHO Commission on Social Determinants of Health from the Knowledge Network on Urban Settings. Kobe: World Health Organization.
11. WHO, (2008): *Closing the gap in a generation*. Report of the World Health Organization Commission on the Social Determinants of Health, pp. 60-64, Geneva.