Planning for healthy urban living in older age

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Urban planning as a positive force for change in the 21st century places concern for health at the heart of planning. In my view, it is clear that many aspects of city and town planning across the world compromise health and well-being as we age. In many ways, we are quite literally building unhealthy conditions into human settlements. So the fundamental question is: how do we plan and design our settlements to promote health and well-being for an ageing population? How do we create the age-friendly conditions for healthy behaviour, equitable environments, and resilience in the face of climate change?

The entrepreneurial planners and social reformers a century ago, reacting to the unsanitary and inhumane conditions prevailing in the industrial cities of Europe and America, saw improving health as central to increasing life chances. Promoting a healthy environment was not viewed in opposition to economic development. Rather, it was seen as a pre-requisite for it, increasing creativity and productivity. However, having conquered the prevailing communicable diseases, partly through better town planning, there is now a rising economic burden from non-communicable diseases. To rely heavily on health care to address these issues is both misjudged, as to their origins, and misguided in terms of economic realities. The UN Habitat report 'Hidden Cities' (WHO 2010) sees the health threat facing urban populations as one that could cripple global health care systems. Here in the UK, in recent months, we already see an overstretched NHS struggling to respond to increasing demand on accident & emergency services, planned hospital admissions and services.

The urban environment is implicated in this crisis. The early planning ideals of healthy towns were blown away over the latter part of the 20th century. The segregation of professional and institutional responsibilities, the pressures of technological change (particularly motorisation), and the triumph of neo-liberal economics, have meant that holistic principles were submerged. With some notable exceptions, silo decision-making predominates. Indeed, this can be seen as a barrier to change as we rapidly seek to develop more service and system integrated solutions, such as joining up health and social care, and embracing new and emerging technologies.

Health planning is all about providing services for those who are ill, while tacitly ignoring the many societal factors, including environmental conditions that are tending to make them ill. Income inequality has grown even in the maelstrom of worldwide recession and governments' austerity measures. Health inequality has followed suit, reinforced by social exclusion in housing, transport and access to facilities, often experienced by the young and old alike. The worldwide obesity epidemic is at least partially due to an environment that prejudices healthy physical activity. Parallel rises in mental illness, stress-related cardiac morbidity and

respiratory diseases - usually dealt with in separate clinical silos - are similarly related when considered from a spatial planning perspective.

In my opinion, the public and political debate on planning is, in most places, at kindergarten level. Vested interests, political dogma and public ignorance sideline rational response to human problems. Plans may offer the rhetoric of sustainability and health, while actual investment decisions by private and public sectors are taken in a disjointed, unconnected way. Planners, working to fulfill the conflicting aspirations of politicians, investors and communities, have become acclimatised to making the best of a bad job. But this is not good enough. We need to re-energise built environment professionals, providing an ethical base for planning and designing age-friendly homes and healthy communities for this and future generations of older people, informed by good science and an integrated strategic vision.

There are some welcome signs of change. The World Health Organization (WHO) Healthy Cities Programme has, since 2000, been actively promoting the idea of 'healthy urban planning'. Some cities across the globe have begun to re-orientate their spatial policy-making and design principles towards health and well-being. The research community has embraced the healthy planning agenda. Over the last decade the depth and breadth of evidence linking spatial decisions to human behaviour and health has expanded exponentially.

At the same time, the WHO has led the charge for age-friendly cities and communities (WHO, 2007). Making the link with health, age-friendly environments promote healthy and active ageing, in particular, by creating barrier-free and affordable housing, accessible public spaces, and transportation that can enable people to stay independent and participate in community life. They also have the capability to prevent or delay the onset of disease and functional decline, the modern challenges for the NHS.

I believe that we are now in a position to be clear about the kind of environment that promotes health and celebrates ageing in the 21st century. What we need is a sea-change in attitudes and action to support people to star, live and age well.

References
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WHO (2007*). Global age-friendly cities: a guide*, World Health Organisation

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On the latter (due May/June 2015), Kevin McCloud has written: *"This is a manifesto for healthy, humane cities…..I'd like to see every politician, planner and developer given a copy".*