



**Healthy Urban Planning: integrality towards the sustainable
development goals**

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ABSTRACT

The paper aims to problematize the health and sustainability of contemporary cities and advocates for Healthy Urban Planning as a comprehensive and integrated strategy to address the most relevant issues of the present. This approach allows for the promotion of more sustainable and healthy cities, aligning with the UN Sustainable Development Goals (SDGs), especially within the context of Brazilian cities characterized by inequality and socio-spatial segregation. The expanded understanding of health as a determinant of quality of life and the consideration of social determinants of health enable the recognition of the city and, consequently, of urban policy, management, and planning as a privileged locus for integral action to promote more humane, inclusive, sustainable and healthy environments and places. The argument supporting this approach is based on documentary and bibliographic analyses, as well as the findings of a qualitative doctoral research study. The thesis argues that urban life and how it is perceived play a critical role in promoting quality of life. As a result of this critical analysis, several issues and challenges stand out, prompting a fresh perspective on the planning of Brazilian cities.

KEYWORDS: Urban planning. Healthy cities. Healthy public policies.

INTRODUCTION: URBAN HEALTHY, A CURRENT ISSUE

With rapid urbanization occurring worldwide, various new challenges emerge across social, economic, environmental, public health, and sanitation systems. Contemporary individuals, in their relentless pursuit of health, happiness, and ultimately, of an improved quality of life, cannot afford to disregard their living environment, specifically, the urban setting. Recognizing the importance of the urban environment in the well-being and quality of life of the population, especially in light of the rise of health promotion and the acknowledgment of the social determinants of health, has placed the city at the forefront of concerns.

As humanity increasingly chooses the urban environment as its habitat, a growing global urban population (see Figure 1) raises concerns about the escalating occurrence of infectious diseases within urban environments on a global scale. This concern was recently evident in the recent pandemic caused by the SARS-CoV-2 virus, known as Covid-19. Epidemiological data (see Figure 2) demonstrate the importance of addressing the role of large cities, in the context of how they have been planned and/or built, as they can facilitate the rapid spread of epidemics due to their high population density and connectivity. Several studies have suggested that urban scale and density can impact not only the progression and dissemination of epidemics but also the challenges associated with post-outbreak recovery (GALLO; AUGUSTO; GALLO, 2020; SINGHAL, 2020; BEECHING; FLETCHER; FOWLER, 2020; LING 2020; LI; RICHMOND; ROEHNER, 2018; TARWATER, 1999).

Figure 1 – Growth rates of urban agglomerations by size class between 1970-1990; 1990-2018 and 2018-2030



Source: United Nation, 2018.

Figure 2 – Distribution of total cases and Covid-19 incidence rate globally



Source: Johns Hopkins University & Medicine, 2023.

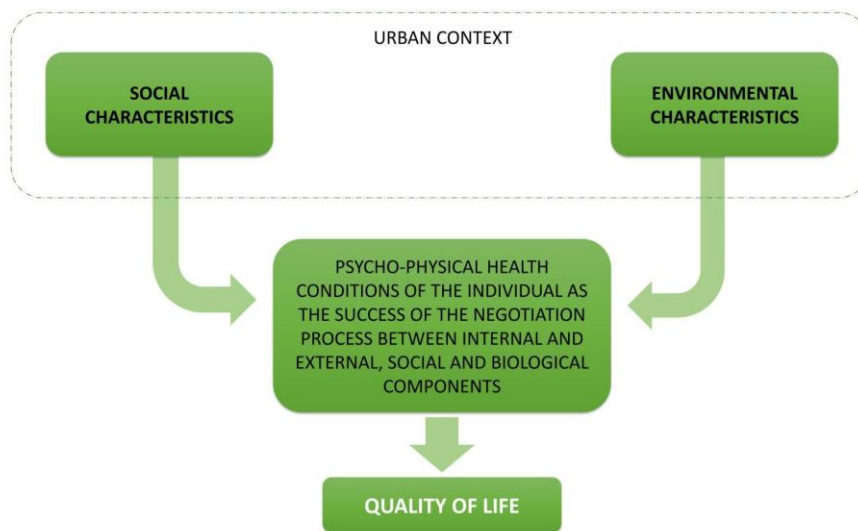
Although concepts such as quality of life and health in the urban environment seem to be new topics in the field of applied social sciences, particularly in urbanism, as early as the 19th century, Alexis de Tocqueville wrote about well-being in urban spaces. The author noted that there are universal concerns shared by all individuals, including the pursuit of meeting basic bodily needs and enjoying the small comforts of life, even if these desires are satisfied in various ways in different parts of the world (CIPRIANI, 2014; ESPADA, 2000). Urban health, therefore emerges as a field of knowledge normally associated with Public Health. It which allows reflection on the impact that urban public sector interventions have on the health of populations, including interventions that originate outside the health sector PROIETTI; CAIAFFA, 2005; CAIAFFA; FRICHE; OMPAD, 2015).

The health of urban populations is subject to global, national, and local influences, forming a complex web of determinants. The core idea behind this concept is that the physical and social environments defining the urban context are shaped, either directly or indirectly, by government policies, civil society, the private sector and national and international markets. Therefore, this field is rich in the translation of knowledge, rooted in social and political foundations, intertwined with public administration, urban management, and their intersectoral relationships, including governance. When considering the city as the context where the body experiences challenges and receives assistance, interacts with other bodies, and engages in a symbiotic relationship with their surroundings, an ecological perspective emerges. From this standpoint, promoting well-being and health within the city becomes paramount, as it represents the expression of one's body in the urban environment. Health, viewed through this lens, results from contextual characteristics acting as mediators. Figure 3 illustrates these relationships, leading to an enhancement of life quality itself (NUVOLATI, 2014).

In light of the environmental, social, and economic crises that have affected health and health systems worldwide in recent decades, there an urgent necessity to expand and renew interdisciplinary methodologies, reflections, and contributions for understanding health conditions, from a collective perspective. Regardless of the nomenclature used, whether it's referred to as urban health, health geography, medical geography, healthy urban planning, environmental health, or other similar terms, the essence lies in the contributions and understanding that community health requires planning and the organization of health promotion actions within the urban territory, especially in this urban-centric century. While the

production of maps and georeferencing of health data were previously the focus within this field, they now represent just one stage of the approach, with urban spaces serving as indicators of health and living conditions (RIBEIRO; VARGAS, 2014; JUNQUEIRA, 2009; GUIMARÃES, 2016).

Figure 3 – Diagram of the relationship between urban context and health - Quality of Life depending on the Social and Environmental Characteristics of the City



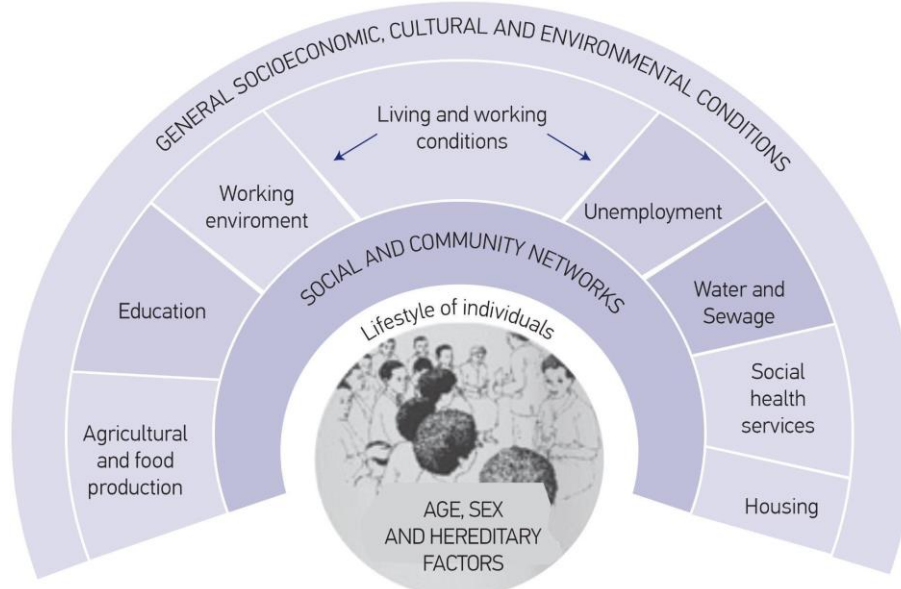
Source: Adapted from Nuvolati, 2014.

A method to design cities or create human habitats that are entirely free from the risk of disease transmission has not yet been invented, or at least not one that can significantly minimize such risks. Environments that support healthy lifestyles and reduce health disparities are not currently being built. This is because planners, urban designers, traffic engineers, and public health officials are just beginning to acknowledge this reality. Cities not only serve as the primary residence for the majority of the world's population but also host most of the social determinants of health (Figure 4). The connection between urban morphology and population health has been historically recognized, in such a way that each urban community has developed, over time, a public health profile that is directly or indirectly associated with its urban form. Urban planning originally emerged as a response to emergencies and health issues resulting from unhealthy urban environments and lifestyles. Planning, on a large or small scale, can be considered a fundamental tool for promoting individual and collective health (BUFFOLI, 2014; SPERANDIO; MOREIRA; BERNARDINO, 2018; SPERANDIO, 2018; 2020).

The World Health Organization (WHO, 2010) acknowledges the direct impact of urban environments on the health of city residents. Urban planning'S ROLE in transforming a healthier 21st century stands out, given the strong and accelerated process of urbanization worldwide. Projections indicate that by 2050, 70% of the global population will be living in urbanized areas. In general, urban populations tend to be wealthier than their rural counterparts. Urban areas offer greater access to social and healthcare services and are associated with longer life expectancies. However, cities can also concentrate various health threats including deficiencies in sanitation and solid waste collection, environmental contamination and pollution, traffic

accidents, the spread of infectious diseases, and unhealthy lifestyles. Unhealthy behaviors include sedentary living and the misuse of both legal and illicit drugs.

Figure 4 – Diagram of the relationship between urban context and health - Quality of Life depending on the Social and Environmental Characteristics of the City



Source: Adapted from Dahlgren and Whitehead, 1991.

CITIES CAN BE HEALTHY

Urban planning and design can play either a positive or negative role in human health, health equity, and social conditions. Different forms of governance can adapt agendas, programs, and policies to address health promotion and health equity. Consequently, understanding the relationship between the characteristics of places – environmental, social, and economic – with urban planning and their impact on quality of life, well-being, and health can aid in creating a more compassionate city (SANTANA, 2014; GALLO, 2020).

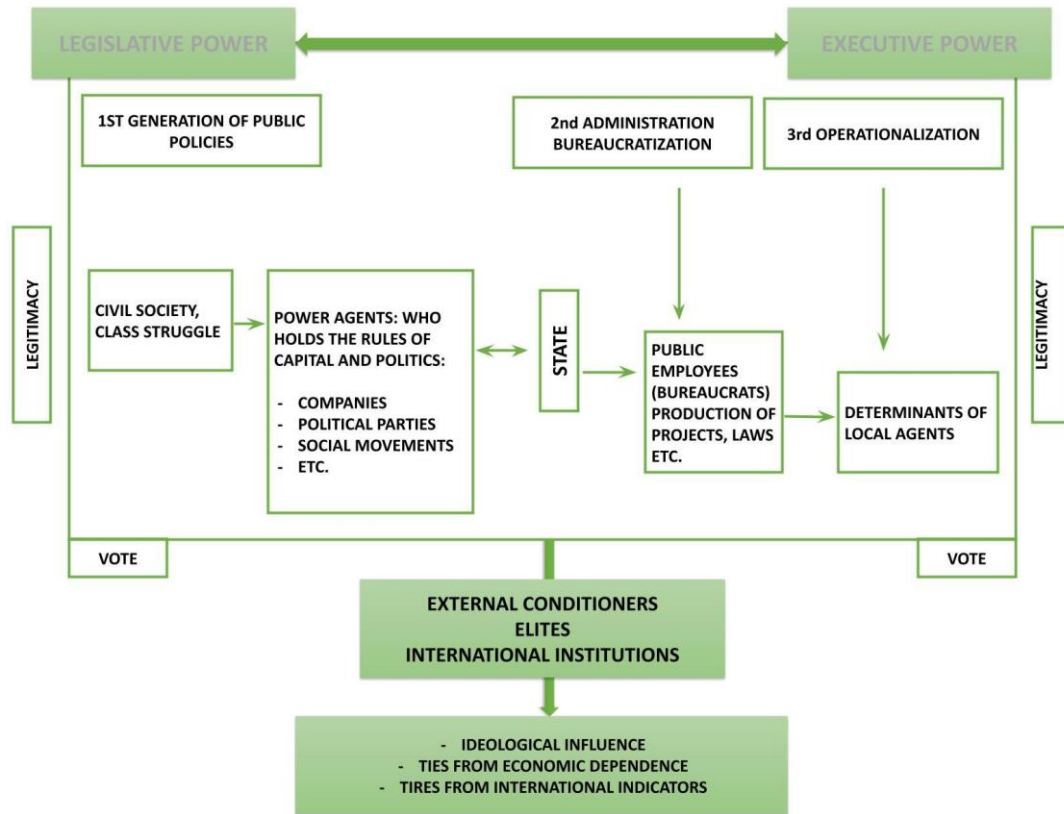
Political action can either exacerbate or diminish inequalities, whether by altering the planning process, for instance, by modifying construction possibilities, or by implementing welfare systems, including the provision of various public services and infrastructures (TACCHI, 2015). Thus, good governance practices, which are more democratic and participatory, can foster a fairer and more inclusive city. The current urban landscape is marked by “liquid modernity” (BAUMAN, 2001), characterized by the fragmentation of space, the acceleration of time, and processes of individualization that shape social relationships and the social configuration of space (ASCHER, 2010). The complexity of information encoded in urban spaces demonstrates the relevance of planning and social control in contemporary cities. Space is intertwined with social relations, being constructed and conceived in light of these practices. From a contemporary perspective, the rapid expansion of space and the virtual potential for

mobility have accelerated individuality, as individuals are now inclined to interpret the information that reaches them, becoming a reference for a new vision of space (AGUSTONI; GIUNTARELLI; VERALDI, 2015).

The state, through its practices, actions, and determinations, meaning public policies, can induce and trigger significant transformations in the use and function of urban spaces. Directing investments in infrastructure can generate inequalities, as in the context of a capitalist society, it can intervene in a manner that deepens differential appreciation of urban land. Any intervention in the capitalist city is not inherently exclusive, as governments intervene cities continuously. The inclusivity of these interventions depends on the social and political forces at play in the local context at any given time. It's crucial to emphasize that public policies result from the struggle of various agents, including state representatives, social classes, civil society, and the market. Consequently, public policies reflect interests in dispute more than the common good. It is imperative to revitalize the city, transforming it into a suitable space for all to inhabit (HARVEY, 2005; VITTE, 2009; MARICATO 2011; CARLOS, 2015).

Considering that cities are dominated by the logic of capital and its spatial reproduction, the meaning of public policies as actions resulting from the dynamics of the game of forces between different power relations must be understood - political and economic groups, social classes and civil society. Even though public policies arise from the social context, when they pass through the state apparatus, they materialize in decisions regarding public interventions in certain social realities, whether through investments or interventions (see Figure 5).

Figure 5 – Explanatory diagram of the genesis and operation of Contemporary Public Policies



Source: Adapted from Boneti, 2007.

According to Boneti (2007), the defining agents of public policies originate in the relationship between the State, social classes, and civil society. Public policies are not solely defined by the common good or the specific interests of a particular class, as if the State were merely serving that class. The elaboration and operationalization of public policies occur within the complexity of the intrinsic relationship between these entities and agents. Public institutions direct these policies in alignment with the desired type of society. However, the global capitalism project aims for a Minimal State, where competitive instrumental rationality places market self-regulation principle at the core of the economic and social sphere. The universalization of technological standards, cultural norms, and consumption habits becomes a reference point. There is a global hegemony that combines political decisions with economic projects, determining which projects prioritized over others.

As a consequence of the correlation of different social forces, public policies evolve over time, reflecting the nature of State intervention in social reality. Thus, it is not a matter of viewing public policies from a dichotomous perspective of horizontality or verticality, depending on whether the population participates in their elaboration and operationalization, as some thinkers analyze. Considering public policies from this perspective implies separating the State from civil society, as if public policies were thought of in separate instances and the issue at hand concerned only the involvement of the population. Considering, however, public policies as the result of a correlation of social forces, it is assumed that they arise from the context of civil society. In this case, the question is which social groups are best represented by these public policies (BONETI, 2007).

The notion of healthy public policies originated in the international debates of the 8th International Conference on Health Promotion in 1986 (CARTA DE OTTAWA, 2002). It refers to the idea of democratic participation in the formulation process, triggering collective political actions aimed at intervening in the social determinants of health, in its different contexts and territories. Healthy public policies are expressed through several complementary approaches, including legislation, fiscal measures, taxation, and organizational changes, among others. These policies involve coordinated actions with the aim of promoting health equity, and a more even distribution of income and social policies (BUSS, 2009).

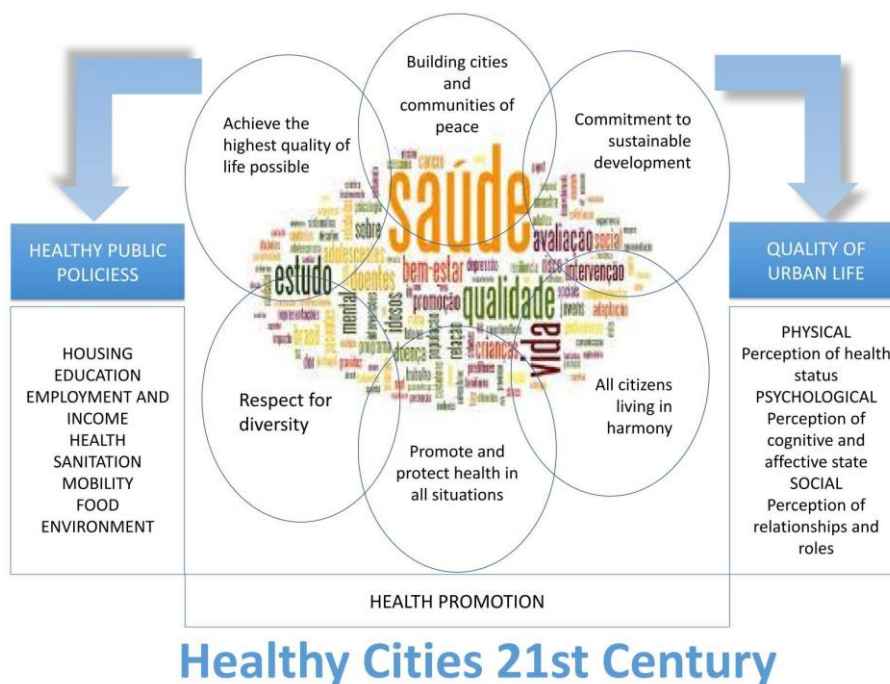
Public policies are considered healthy when they have a significant influence on the living conditions of the population. Healthy public policies explicitly concern health and equity, seeking to create a supportive environment for people to pursue healthy lives by transforming their physical and social environments. For Akerman, Mendes and Fischer (2014), despite their intersectoral nature, these policies should be led and driven by the health sector. However, the authors disagree with this proposition, as it tends to maintain a vision focused solely on the importance of the health sector. Since urban planning, by definition, is interdisciplinary, it is necessary to understand and build a healthy and integrated urban planning, that transcends intersectoral divisions and power struggles, moving towards transdisciplinarity (GALLO; SANTOS; BESSA, 2018; TSOUROU, 2015; BELLAVITI, 2014, 2015; BARTON; TSOUROU, 2004).

HEALTHY URBAN PLANNING

Municipalities that seek to be healthy must join forces between the executive and legislative branches to implement integrated public policies that aim to address identified problems in an intersectoral and integrated way. The “Healthy Urban Planning” proposal (BARTON; TSOUROU, 2004; BARTON; MITCHAM; TSOUROU, 2003) can be seen as an extension of the “Healthy Cities” strategy, within the field of public policies that directly influence the living conditions within a city (BELLAVITI, 2014). This concept followed the evolution of the European healthy cities movement, especially during its third phase (1998-2002), aiming to develop, as a priority, health-friendly urban planning principles and practices (BARTON; TSOUROU, 2004; TSOUROU, 2015).

The creation of a healthy city, with quality of life and well-being, involves urban planning. Its objectives align closely to urban management with the approach Healthy Cities Movement (Figure 6), reorienting all planning towards health as a quality of life (BARTON; TSOUROU, 2004; GALLO; SANTOS; BESSA, 2018). Therefore, for cities to become attractive and healthy places to live in the future, it is vital that planners focus on people and the way they use their living spaces, built environments and the surrounding areas.

Figure 6 – Integrated vision of the Healthy Cities Movement



Source: Elaborated by the author based on WHO, 2015.

Healthy Urban Planning is a field of experimentation involving policies, projects, and practices for requalification and urban management, dedicated to consciously improving the health and living conditions of cities for all their inhabitants, especially those who are most vulnerable. In this approach, the focus shifts to well-being and quality of life as central components of urban planning policies. It refers to planning with a people-centric perspective, where the needs of individuals and communities are at the center of the urban planning process, considering the implications of decisions for health and well-being, including quality of life. It also means finding the right balance between social, environmental, and economic pressures, thus relating to sustainable development. The concept is based in the basic principles of healthy cities, equity (Table 1), intersectoral cooperation, community engagement and, sustainability (BELLAVITI, 2014; BARTON; TSOUROU, 2004).

Table 1 – Illustrative table of the Integration of the Principle of Equity in Urban Planning

INTERVENTIONS
Planning and design, taking into account the specific needs of the population
Requalification of public spaces and degraded areas
Accessibility to services in all residential areas
IMPACT ON URBAN MORPHOLOGY
Lower imbalances among urban areas

Equitable distribution of green areas, meeting places and services
Adequate connection through efficient public transport, cycle paths and pedestrian networks
HEALTH IMPACT
Social cohesion
Security
Opportunities for healthy lifestyles
Environmental quality (air, noise, water, etc.)
Disease prevention, especially among the most vulnerable people

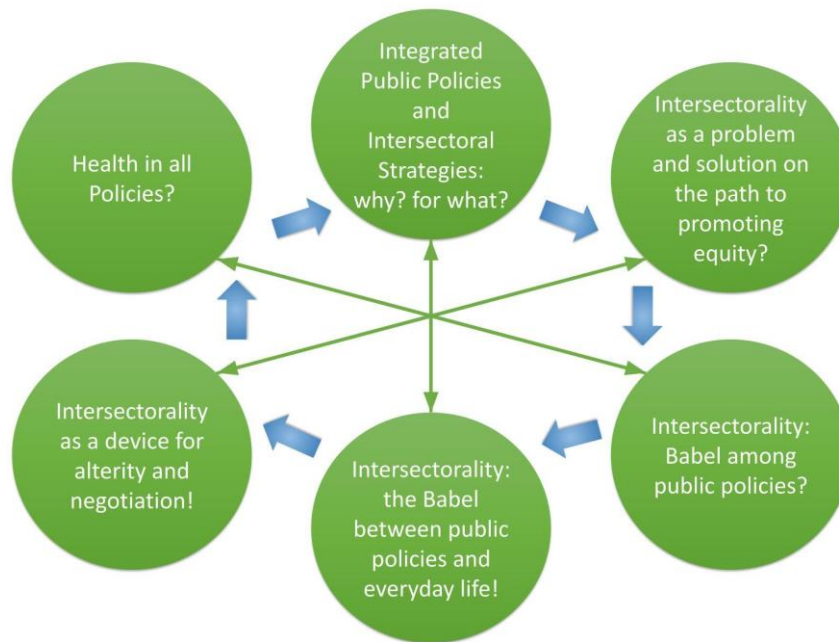
Source: Tsourou, 2015.

The main innovation and revolution in Healthy Urban Planning lie in the structural transformation of how planning is approached and conceived. Difficulties are intrinsic to this innovative way of thinking, as it disrupts work processes that are often consolidated and crystallized by bureaucratic systems and the *status quo*. However, through collaboration among various sectors, especially the public sector, academia, and organized civil society, it is possible to change the way cities are planned and managed, towards the creation of healthier and more participatory cities (GALLO; SANTOS; BESSA, 2018).

Basically, this approach envisions a more livable city, one that offers all its diverse inhabitants the possibility and freedom of “well-being” in their own living space. A condition of well-being that refers to a vast complex of goods and services. It includes access to material goods such housing, employment, a non-degraded environment, being able to use gardens, parks and public spaces. It also has a series of immaterial dimensions, such as the ability to shape one's own life path, feeling secure, avoiding stigmatization in one's place, having social support networks, among others.

Regarding to the principle of community participation, it involves developing and reinforcing a sense of community, encouraging and empowering people to define their own needs, and seek informed solutions for themselves. Within the context of urban planning, the right to participate signifies each person’s entitlement to be informed and consulted in decision-making processes that affect their living spaces. Intersectoral cooperation concerns the need for cooperation among different sectors (construction, urban planning, social services, health services, ecology, education, mobility, etc.). This is a way to optimize the use of resources and results, enhancing the synergy and effectiveness of interventions, recognizing that the well-being and health of citizens are holistic values (TSOUROU, 2015). Figure 7 shows potential paths in the process of establishing effective intersectoral collaboration, , which unfold and vary according to time, circumstances, and actors.

Figure 7 – Possible paths for intersectorality in public policies



Source: Akerman, Mendes and Fischer, 2014.

According to Barton *et al* (2009), the European initiative provides evidence that health has proven to be a powerful incentive to for addressing planning issues still lie ahead. The biggest difficulty encountered has been the compartmentalization of sectoral departments within municipalities, which impedes collaborative work. In places where healthy urban planning has been implemented, health remains a priority not only in policy documents and contexts but also in decision-making processes.

Figure 8 exemplifies how an integrated local planning policy, at the neighborhood level, can bring a wide range of possible benefits. According to Barton and Tsourou (2004), creating a local employment policy where planners, in collaboration with local development experts and the economic sector, can design a precise policy that maximizes benefits while minimizing issues. This also highlights how a creative and flexible approach requires monitoring the policy’s effectiveness during its implementation.

Figure 8 – Potential benefits created with an integrated policy supporting job creation at the local level

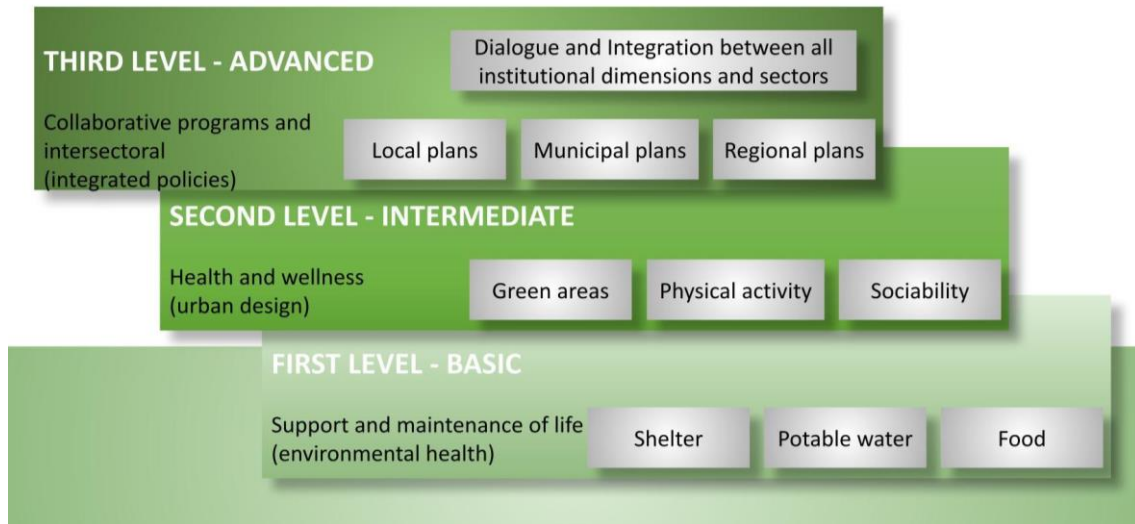


Source: Adapted from Barton and Tsourou, 2004.

Barton and Grant (2011) consider three levels of Healthy Urban Planning. At the first, basic level, it acknowledges the essential role of supporting the existence of communities by providing shelter and ensuring access to food and drinking water. At the second level, going beyond the idea of environmental health, it recognizes that the different aspects of planning and design affect health and well-being.. This level entails features such as parks offering opportunities to practice physical activities, contact with nature, fresh air, and aesthetic enjoyment in densely populated cities; small green areas providing access to fresh food through urban gardens, fostering physical activities and promoting social cohesion; the establishment of bike paths encouraging active and healthy modes of transportation while creating a safer environment with less dependence on cars; in addition to projects and technical support for housing improvements and renovations, with the aim of reducing health inequalities. The third level, which is the least common, involves the full integration of health into the planning process, based on collaborative and intersectoral programs, considering that planning health and well-being becomes fundamental at local, municipal and regional levels (Figure 9).

The urban reality, with a clear social connotation, will demand public actions aimed at reversing the historical pattern of socially unequal allocation of public resources, seeking to universalize access to public benefits, extending them to the most marginalized sectors (CARVALHO, 2009). Urban health is a current and complex topic that considers the city's territory as a living space, where living conditions act as determinants in the health and disease process. Promoting health in cities, as a quality of life, means contemplating urban planning and management with human life at the center of public policies. The challenge for the century of urbanization is precisely to construct cities that promote quality of life and health, living spaces, and sociability, focused on human scale and needs. Participation and social control in urban planning policies must aim to reduce urban inequities that affect life and its quality.

Figure 9 – Healthy City Planning Levels



Source: Elaborated by the author based on Barton e Grant, 2011.

NEW URBAN REFERENCES, FINAL CONSIDERATIONS

Lassance *et al* (2023) discuss that city paradigms are being reviewed in light of the Sustainable Development Goals (SDGs), with the compact city paradigm being the most legitimized. However, they point to the necessary overcoming of the still hegemonic reference of the traditional city model, particularly in the teaching of urbanism. Even with the 2030 Agenda, the socially exclusionary logic in progress cannot break the strong inequality and segregation present in Brazilian cities, nor ensure better integration of the city with its infrastructure. Defending “Sustainable cities and communities”, as in SDG nº 11, is more in line with combating peripheralization as a process of social exclusion than a critique of territorial dispersion. It must be ensured that public policies and planning are healthy, going beyond the fight against dispersed urbanism, moving towards less exclusionary cities and logics, more inclusive and humane cities.

Healthy urban planning is a reorientation of practices and concepts, requiring political action that considers inclusion and social control in decisions, policies, plans, and projects in democratic and participatory governance, which overcomes sectoral dichotomies and ideological enclosures towards the integration of urbanism, enabling the thought of more livable, humane and qualified urban spaces, towards sustainable urbanism (FARR, 2013). The urban crisis arises from the inability of capitalist social organization to ensure the production, distribution, and management of means of consumption necessary for the community, such as housing, education, mobility, health, green and leisure spaces, since many of these urban services and benefits they are not profitable enough to be produced by capital (CASTELLS, 1980).

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