

The Healthy Cities
CityLab:
Understanding the
links between the
urban environment
and health

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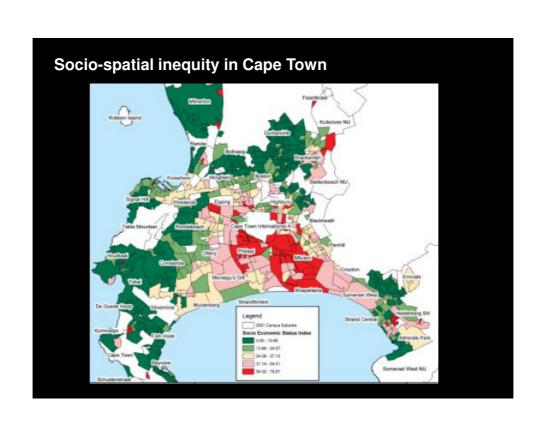


The Healthy Cities CityLab

- Although Cape Town faces enormous health challenges, for various reasons (lack of data, short-term political timeframes, competing discourses), health has largely fallen off the urban agenda (apart from HIV/AIDS).
- Existing body of knowledge on health/well-being and the physical urban environment (and how to create healthy cities) is of limited use in cities such as Cape Town. In response, the African Centre for Cities established the Healthy Cities CityLab to bring together researchers from different disciplines to undertake research on health and the urban environment in Cape Town and engage with policymakers.
- The first phase of the research involved focus groups/interviews with residents in three different types of neighbourhoods in Khayelitsha.

Some key dimensions of relationship between physical urban environment and health:

- Housing (shelter, water, sanitation) has a direct impact on health
- The urban environment impacts on physical activity through spaces for outdoor activity
- The urban environment can impact on diet/nutrition through the nature and location of food outlets and through space for urban agriculture
- The built environment can impact on safety in various ways (defensible spaces, traffic accidents, etc.)
- The urban environment can impact on mental health in various ways (e.g. noise pollution)
- Some



| Health inequities: age-standardized mortality | y |
|---|---|
| rates for two health districts 2003-2006 | |

| Indicator | Khayelitsha | Southern Peninsula | |
|---------------------------------|-------------|-----------------------|------------------------|
| Non- communicable disease | 844 | 526 | 618 |
| HIV/AIDS | 229 | 30 | 79 |
| Other communicable diseases | 321 | 82 | 135 |
| Homicide | 111 | 26 | 58 |
| Traffic accidents | 59 | 13 | 27 |
| Total | 1619 | 713 | 956 |
| | | | Groenewald et al., 200 |

Body mapping workshops

| Area mapping | | |
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Section A

Site B

Taiwan

| Shelter | | |
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Water and sanitation

| Space for outdoor activities | |
|------------------------------|--|
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| | |

Solid waste





Alcohol and shebeens

Preliminary findings of fieldwork

- Highlights that health and well-being need to be understood in a more nuanced, context-specific way.
- Confirms that neighbourhood physical urban environments have a significant impact on health/well-being of residents, and residents understand these links better than anyone.
- The relationship between the neighbourhood physical urban environment and health/well-being is made more complex by the local social context, e.g. fear of violent crime greatly constrains use of outdoor space.
- Most low-income households in Cape Town live in spatiallymarginalized areas cut off from socio-economic opportunities, which has a profound impact on health/wellbeing of residents.

Creating healthier neighbourhoods

- The first priority is to ensure that everyone has adequate access to water and sanitation and other basic services. In addition to better provision and maintenance of services/ facilities, neighbourhoods need to be designed /retrofitted to make them safer, more conducive to outdoor activity and more conducive to better diet and nutrition.
- Possible interventions to create safer outdoor spaces that are more conducive to outdoor activity include: redesign of streets for pedestrians/ cyclists, better street lighting, greening of public spaces
- Possible interventions to increase food security include, better infrastructure for food markets/ street food sellers and better support for urban agriculture.

Creating healthier neighbourhoods (cont.)

- In order to enhance opprtunities for residents there should be accessible clusters of information resources and government services (such as the "lighthouses of knowledge" and "citizenship streets" found in some Latin American cities).
- At city-wide scale, densification, compaction and integration of land uses/socio-economic groups are required (through participatory processes that use disaggregated health data, and utilizing tools such as slum upgrading, inclusionary zoning, and land taxation) to ensure that all residents have easier access to socioeconomic opportunities and to reduce health inequities.

