

Planners, public health, and healthy cities

By Donald W. Bradley, Ph.D., AICP

Early American city planning emerged barely a century ago with the public health movement in its roots. As the 21st century begins, urban planning has gone full circle and again embraces the public health profession.

City planning and public health grew out of the emphasis on our early cities' filth, pollution, and overcrowding. The tenement houses needed regulation and laws to provide sunlight, air, and public space for a growing population. Urban planners and public health officials now need to share our skills, information, and authority to improve the health of our cities and their residents.

Urban planning has witnessed several shifts since the late 19th century public health emphasis, among them the "City Beautiful" movement, real estate booms and busts, World Wars I and II, suburbanization, civil rights efforts, the segregation to integration shifts, planning theories of advocating pluralism, and including more of the social sciences in the profession and practice, as well as the institutionalization of city planning into the governmental political process. We now welcome and encourage the fields of land economics, urban sociology, physical geographers — even political scientists — to augment the more traditional architects, civil engineers, landscape architects, land use lawyers, urban designers, and transportation engineers.

Health is not the absence of physical disease or mental illness. Real, high-level health is being fit and feeling good, without pain, depression or anxiety, neuroses, psychoses, organ damage, alcohol abuse, drug dependence, prescription medication addiction, or nicotine use, while participating in a regular exercise program and eating a nutritious and balanced diet.

City planners are similar to public health practitioners in many ways. We all want what is good for the public. Our processes also have much in common. Planners analyze, set goals, work with the public, replace what is bad with something better, make things look better, provide more green vegetation, and try to conserve resources. Public health workers provide healthier outcomes for the public through physical healthcare and childhood disease prevention by vaccinations, physical examinations, diagnosis, and treatment.

Environmental psychology emerged not long after the "human ecology" movement and about the same time as the first "Earth Day" in 1970. Human ecology recognized that all things are related to everything else on the planet — humans, animals, plants, insects, organisms, sea life, birds,

reptiles, trees, shrubs, grasses, food, energy, climate, water, air, and land uses. The research shows that while the medical, nursing, pharmaceutical, biotechnology, and genetics fields have all made tremendous progress in the past century, city planning has not kept pace. Longevity has increased, morbidity has decreased, and our "quality of life" indicators have gone up as well. But social indicators tell us that city living has suffered. Cities have maintained or worsened their labels as unfriendly, unsafe — even dangerous — places to live, while workers and residents struggle to spend quality time trying to enjoy the advantages cities offer.

Some of the factors contributing to unhealthy urban environments are clearly beyond the scope, control, or authority of public health workers or planners in public agencies or private practice, at either the urban or regional level. Those factors include unacceptable public school environments, high dropout rates, high crime rates, violence, robberies, rape, no gun control, gang activities, vehicular-caused air pollution, toxic wastes, climate change, natural disasters, drought, famine, starvation, wars, domestic violence, childhood abuse, bullying, drug addiction, political corruption, epidemics, racial discrimination, religious intolerance, homelessness, poverty, illiteracy, unemployment, and gender inequality.

But personal lifestyle patterns can contribute to a healthier urban environment and better individual healthful living:

"We are what we eat." Eat more nutritious foods in balanced diets with more vegetables, fresh fruits, with balanced vitamins and minerals and less salt, sugars, sodas, and fats.

"Use it or lose it." Exercise our bodies and minds, manage stress, run, swim, walk, all on a regular but moderate basis; and,

"We are our brothers keeper." Compassionately care for our children, parents, the poor, sick, homeless, disabled, aged, and all others in need. People need each other in families, the workplace, and in social settings. Many rely on religion, clubs, sports, hobbies, charities, and other activities for support.

We humans experience a wide range of the human condition, from serenity, comfort, contentment, and health to fear, anxiety, grief, depression, loneliness, anger, turmoil, chronic stress, physical and mental pain, and torment.

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Mental illnesses include mood disorders, severe sadness, agitation, bipolar disorder, dementias, family dysfunction, relationship conflicts, addictions, schizophrenia, paranoia, delusions, and hallucinations. Planners and public health personnel can contribute to healing by providing better ingredients for healthy cities:

- Bring more nature and greenery into your city with parks and open spaces.
- Insure better healthcare for all ages and income levels.
- Provide community mental health clinics for all in need.
- Demand adequate hospitals and medical centers.
- Integrate urban design into your plans, policies, and projects.
- Insist on environmental quality protections and regulations.
- Disseminate more health information to the media and schools.
- Include a Health Assessment element in your general plan.
- Make a personal and family commitment to a healthy diet and exercise.
- Increase interdisciplinary collaboration with public health departments.

Health planning in your city or county plan document should be coordinated with the county health department

and the state health organization, with their recommendations integrated into your plans. Health professionals will gladly provide you with facts, statistics, and other valuable data.

So, can we as planners work more closely with public healthcare officials, medical doctors, community nurses, environmental and clinical psychologists, residents, academic researchers, and activist organizations to insure a healthier city? Yes, it's not that difficult. Remember what Daniel Burnham told us over a century ago: "Make no little plans. They have no magic to stir men's blood, and probably themselves will not be realized. Make big plans; aim high in hope and work."

Donald W. Bradley, Ph.D., is a Professor of Psychology and Planning. He has worked in Los Angeles, North Carolina, Michigan, for the U.S. Air Force, U.S. Navy, Veterans Affairs, El Camino Hospital, and in Asmara, Eritrea, Africa, and has taught at UC Berkeley, Stanford, UC Davis, SJSU, U. of Michigan, Michigan State U, Northwestern Polytechnic U., Sunlin U. in Pohang, South Korea, and Chengdu U. and Chongqing U. in China, and has led the Northern California APA AICP Exam Prep course for 25 years. Dr. Bradley served as President of the Michigan Chapter of the American Institute of Planners and the California Planners Emeritus Network.