

COLUMNISTS

COMMENTARY

Building a culture of health in our cities

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With the pandemic lasting much longer than expected, it's urgent that we exert more effort in building a culture of health in our cities. Some of us may believe that the most important assets of our city are its buildings and sound infrastructure. But the pandemic has clearly shown that all the ingredients of a sustainable, vibrant city are founded on the health of its citizens.

Rapid population growth is increasing the demand for food, housing, and other essentials to meet basic needs. More urbanites are leading sedentary lifestyles, contributing to the rise in diseases that heighten vulnerability to COVID-19. Rising temperatures due to climate change are strengthening vectors of infectious diseases. Congestion, increased mobility, and inadequate safety protocols are resulting in the faster spread of the virus, while inequality limits access to health care facilities and services.

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A focus on health is key to tackling all these challenges. Decisions made on land use, transport, housing, basic services, waste management, etc., all have significant effect on the health of a city's population. Depending on how they are made, and whose voices are heard in the decision-making process, such decisions can pose risks and impose costs. Or they can yield substantial health benefits, unlock economic progress, and foster environmental resilience.

Mainstreaming health in city development has many benefits. Healthy urban policies can reduce infectious and noncommunicable diseases by increasing people's access to public transport and safe places for walking and bicycling, which promote active

lifestyles and lesser air pollution. Effective waste management prevents garbage from clogging drainage canals, thus preventing the proliferation of mosquitoes and other vectors of communicable diseases. Landscape design to expand urban green spaces can reduce “urban heat islands,” improve absorption of floodwater, mitigate the risks of flooding, and increase green spaces important for physical activity, stress relief, and mental health.

Health indicators also help document how citizens benefit from urban investments in infrastructure and environmental and social protection. Linking health indicators to urban infrastructure projects help track the impact of changes on the lives of individuals. For instance, urban building codes that require greater energy efficiency and good ventilation can reduce emissions of climate-warming pollutants. Mitigating greenhouse gas emissions from the transport sector in cities is beneficial for both climate and health.

By definition, health-promoting policies protect populations that may not have a voice in the city decision-making process, despite being directly affected by those decisions. As the pandemic has exposed, health inequity is strongly associated with socioeconomic deprivation. Rates of illness and premature death are much higher among the poorest and most marginalized groups. Cities can improve health outcomes through slum upgrading, good quality affordable housing, decent jobs, healthy foods, better health care, and amenities such as public open spaces.

By virtue of a city’s density, its citizens, elected leaders, policymakers, and members of businesses and civic organizations live in close proximity. The resulting interactions enable beneficial feedback loops of experimentation, learning, and innovation. Cities can leverage this advantage in implementing healthy urban policies, and generate opportunities for inclusiveness in governance. Health-promoting policymaking provides a platform for various stakeholders to share their views on proposed actions and investments that directly affect their well-being and health.

It is the core business of cities to improve and protect the health and well-being of citizens, and should be recognized as such.

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For more news about the novel coronavirus click [here](#).

[What you need to know about Coronavirus.](#)

For more information on COVID-19, call the DOH Hotline: (02) 86517800 local 1149/1150.

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