ŞEHİR PLANLAMA MASTER STÜDYOSU
ORTA DOĞU TEKNİK ÜNİVERSİTESİ - MİMARLIK FAKÜLTESİ
ŞEHİR PLANLAMA BÖLÜMÜ - CP 502 - 2019-2020 İLKBAHAR

WELL-BEING ECONOMY

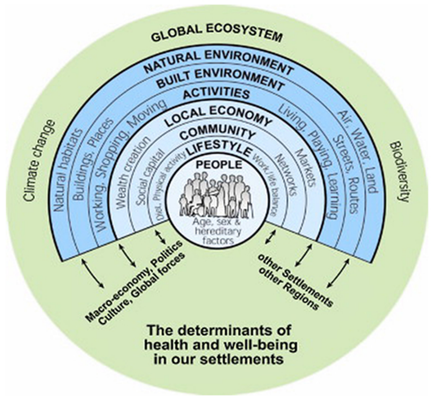
CITY PLANNING MASTER'S STUDIO
MIDDLE EAST TECHNICAL UNIVERSITY - FACULTY OF ARCHITECTURE
DEPARTMENT OF CITY PLANNING - CP 501 -FALL 2020-2021

AYŞE BAŞAK AĞIR

WELL-BEING & HEALTHY CITY

HOW HOUSING TYPOLOGY WILL CHANGE WITH THE COVID-19 PANDEMIC?

HEALTH AND WELLBEING ECONOMY



THE DETERMINANTS OF HEALTH AND WELL-BEING IN OUR SETTLEMENT

THE DIAGRAM OFFERS A WAY OF CONCEPTUALIZING BOTH THE WAY SETTLEMENTS WORK AND THE WAY THE WAY THEY AFFECT HEALTH. IT IS BASED ON TWO INTERLOCKING SETS OF THEORIES: ABOUT URBAN ECO-SYSTEMS AND ABOUT THE DETERMINANTS OF HEALTH (BARTON, 2005; WHITEHEAD AND DAHLGREN, 1991). EACH OF THE LAYERS OF THE MODEL IMPACTS ON HEALTH AND WELLBEING. EQUIVALENTLY EACH LAYER IS INFLUENCED BY LAND USE CHANGE. THE BUILT ENVIRONMENT LAYER IS THE SPHERE WHERE LAND USE PLANNING HAS A DIRECT IMPACT. A CHANGE IN THE STRUCTURE OF THE BUILT ENVIRONMENT ALTERS THE NATURAL ENVIRONMENT AND THE SOCIAL AND ECONOMIC ENVIRONMENT.

CITIES AFTER COVID: HOW CAN WE CREATE A POSITIVE LEGACY FOR HEALTH AND WELLBEING?

-HEALTHY CITIES FOSTER HEALTH AND WELL-BEING THROUGH GOVERNANCE, EMPOWERMENT AND PARTICIPATION, CREATING URBAN PLACES FOR EQUITY AND COMMUNITY PROSPERITY, AND INVESTING IN PEOPLE FOR A PEACEFUL PLANET.
-HEALTHY CITIES LEAD BY EXAMPLE, TACKLING INEQUALITIES AND PROMOTING GOVERNANCE AND LEADERSHIP FOR HEALTH AND WELL-BEING THROUGH INNOVATION, KNOWLEDGE SHARING AND CITY HEALTH
-HEALTHY CITIES ACT AS LEADERS AND PARTNERS IN TACKLING OUR COMMON GLOBAL PUBLIC HEALTH CHALLENGES, INCLUDING NONCOMMUNICABLE DISEASES (NCDS), COMMUNICABLE DISEASES, ENVIRONMENTAL CHALLENGES, HEALTH INEQUALITIES, ANTIMICROBIAL RESISTANCE, HEALTH EMERGENCIES AND THE PURSUIT OF UNIVERSAL HEALTH COVERAGE.

HEALTHY CITIES

11 PRINCIPLES OF A HEALTHY CITY:

1-THE MEETING OF BASIC NEEDS (FOR FOOD, WATER, SHELTER, INCOME, SAFETY AND WORK) FOR ALL THE CITY'S PEOPLE
2-A CLEAN, SAFE PHYSICAL ENVIRONMENT OF HIGH QUALITY, INCLUDING HOUSING QUALITY
3-AN ECOSYSTEM THAT IS STABLE NOW AND SUSTAINABLE IN THE LONG-TERM
4-A DIVERSE, VITAL AND INNOVATIVE ECONOMY
5-A STRONG MUTUALLY SUPPORTIVE AND NON-EXPLOITATIVE COMMUNITY
6-A HIGH DEGREE OF PARTICIPATION AND CONTROL BY THE PUBLIC OVER THE DECISIONS AFFECTING THEIR LIVES, HEALTH AND WELLBEING
7-THE ENCOURAGEMENT OF CONNECTEDNESS WITH THE PAST, WITH THE CULTURAL AND BIOLOGICAL HERITAGE OF CITY-DWELLERS AND WITH OTHER GROUPS AND INDIVIDUALS
8-ACCESS TO A WIDE VARIETY OF EXPERIENCES AND RESOURCES WITH THE CHANCE FOR A WIDE VARIETY OF CONTACT, INTERACTION AND COMMUNICATIONS
9-A FORM THAT IS COMPATIBLE WITH AND ENHANCES THE PRECEDING CHARACTERISTICS
10-AN OPTIMUM LEVEL OF APPROPRIATE PUBLIC HEALTH AND SICK CARE SERVICES ACCESSIBLE TO ALL
11-HIGH HEALTH STATUS (HIGH LEVELS OF POSITIVE HEALTH AND LOW LEVELS OF DISEASE).
(WHO,2008)

HISTORY OF HEALTHY CITIES

The Early Stage- Before Mid-19th Century

- Documentation of the first public health effort by Greeks and Romans
- Miasma Theory (13th to 18th) Century
- Confronting "bad air" in the 19th century
- Before developing the urban planning profession

The Reformers -From Mid-19th To Early 1900s

- The Haussman model for city prettification
- Ebenezer Howard's concept of Garden City
- Patrick Geddes' concept of regional City to develop ecological balance
- Lewis Mumford's theories
- Germ theory

The New Cities- Mid-20th Century

- Criticism of Howard and Geddes' principles
- Humans' incapability to control all pathogens
- Shift from sanitation to immunisation
- Pendulum shift from social model to medical model

Current And Emergent Trends -End Of 20th Century

- New Urbanism principles
- New public health paradigm

SETTLEMENT TYPOLOGIES

Occupation (Planned / Informal)

- Planned forms of occupation impose technical parameters on buildings and thus guarantee **minimum sanitary conditions or their occupation. For informal occupations, buildings are forged in the socioeconomic reality of the population** and generally lead to the degradation of their sanitary quality

Legal Status (Regular / Irregular)

- The regularity of land ownership plays a fundamental role in the **establishment of medium- and long-term policies**, especially in **urban regularisation and in the formal provision of public services, such as sanitation, lighting, and heating.** In this way, regular settlements present better conditions and generally comply with **sanitation standards, while irregular settlements commonly lack infrastructure and standards compliance.**

Location (Urban / Rural)

- **Rural environments tend to have a lower rate of construction and bigger green areas, promoting adequate ventilation and lighting**, while **the occupation in urban areas tends to be maximised, generating vertical and overlapping spaces.** On the other hand, **infrastructure, goods, and services are more accessible in urban than in rural area**

Density (Concentrated / Dispersed)

- **The density of buildings is a fundamental factor for aspects such as ventilation and lighting and, consequently, of sanitary conditions. The concentration of buildings also** promotes the concentration of people and generally implies a less ventilated and lighted environment.

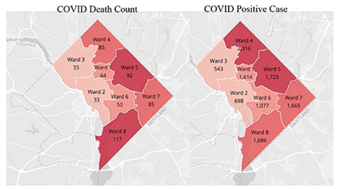
Duration (Short / Medium / Long)

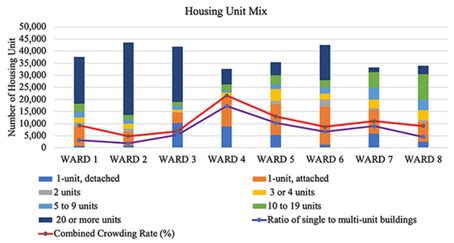
- The provision of infrastructure and quality of constructions. **In refugee camps, all infrastructure is generally improvised, while urban subdivisions have water and sewage networks designed to serve for decades.** The shorter the planning period, the more rudimentary the quality of infrastructure and the constructions of this settlement tends to be.

BEST PRACTICE: HOW DID HOUSING TYPOLOGY AFFECT THE SPREAD OF COVID-19?

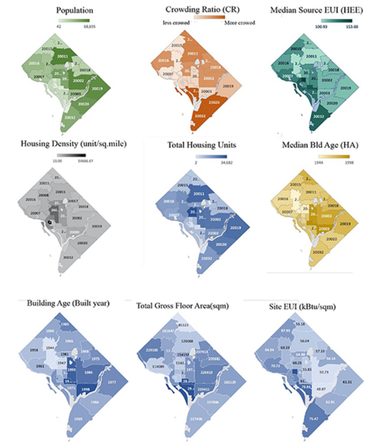
THE ROLE OF BUILT AND SOCIAL ENVIRONMENTAL FACTORS IN COVID-19 TRANSMISSION: A LOOK AT AMERICA'S CAPITAL CITY

BY THE 1980S, NEARLY HALF OF THE WORLD'S POPULATION HAD BECOME URBAN RESIDENTS AND NEW THEORIES ABOUT CITIES FROM SEVERAL URBAN SOCIAL SCIENTISTS BEGAN TO REJECT THIS PORTRAYAL OF URBAN LIFE. FURTHERMORE, IN MANY URBAN AREAS, URBANIZATION IMPARTS EXCLUSIVITY, WHICH SUBSEQUENTLY MARKS CITY LIVING WITH OVERCROWDING, POOR HOUSING, POLLUTION, VIOLENCE, SEGREGATION, AND THE ABSENCE OF MUNICIPAL SERVICES (E.G. SANITATION) THIS RESEARCH PRESENTS A CONCEPTUAL MODEL IMBUING THE CONNECTIVITY OF MULTIPLE DOMAINS WHICH ENCOMPASSES AN ARRAY OF DETERMINANTS RELATED TO THE ASSOCIATION BETWEEN SOCIAL ECONOMIC FACTORS, HOUSING AND HEALTH





SPECIFICALLY HOUSING QUALITY, WERE FOUND TO BE ASSOCIATED WITH A HIGHER COVID-19 DEATH COUNT, EVEN AFTER ADJUSTING FOR INDIVIDUAL RISK FACTORS, SUCH AS RACE AND HOUSEHOLD INCOME. FOR EXAMPLE, WARD 4, WHICH HAD THE LOWEST SUPPLY OF HOUSING UNITS. OVERCROWDED HOUSING CONDITIONS IN AN URBAN AREA LIKE WARD 8, PRESENTED A CONSUMMATE OPPORTUNITY FOR INCREASED COVID-19 HEALTH RISK. WARD 7 HAD THE SECOND HIGHEST DEATH COUNT AND SECOND LOWEST SUPPLY OF HOUSING UNITS.



PARAMETERS FOR THE SPREAD OF COVID-19 VARIABLES RELATED TO HOUSING TYPOLOGY

PARAMETERS FOR THE SPREAD OF COVID-19 DEPENDENT VARIABLES RELATED TO HOUSING TYPOLOGY

BUILT ENVIRONMENT FACTOR

HOUSING QUALITY
MEDIAN BLD ACE
HOUSING SIZE
HOUSING ENERGY EFFICIENCY
TOTAL HOUSING UNITS

LIVING CONDITION
POPULATION AND CROWDING RATIO
GREENSPACES RATIO
HOUSING DENSITY

TRIPS BETWEEN WORK AND HOME
TRANSPORTATION MODES
COMMUTE TIME

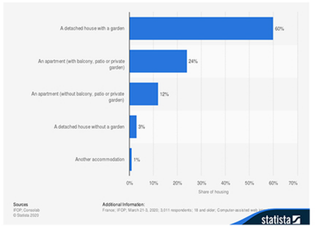
SOCIAL ENVIRONMENT FACTOR

DEMOGRAPHIC STATUS
MEDIAN AGE
>65 ACE

ECONOMIC STATUS
MEDIAN HH INCOME
POVERTY RATE

HH COMPOSITION
FAMILY SIZE
NON/FAMILY RATIO
OCCUPATION TYPE

HOUSING TYPOLOGY PREFERENCE IN COVID-19



THIS GRAPH SHOWS THE TYPES OF HOUSING IN WHICH FRENCH PEOPLE LIVE DURING THE CONTAINMENT CAUSED BY THE CORONAVIRUS EPIDEMIC (COVID-19) IN MARCH 2020. AT THAT TIME, THE MAJORITY (60 PERCENT) OF THOSE QUESTIONED STATED THAT THEY WERE WANTED TO SPEND IN A DETACHED HOUSE WITH A GARDEN.

CASE STUDY: ASSESSMENT OF HOW HOUSING TYPOLOGY WITH DEPENDENT VARIABLES AFFECTS THE SPREAD OF COVID-19 IN ANKARA

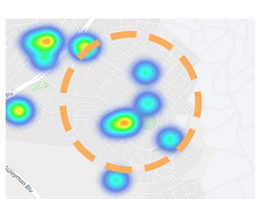
ANGORA HOUSES

TOPLAM NÜFUS
Yıllık Artış: 4.44 % / YIL
198bin Kişiler

SOSYO EKONOMİK DURUM
B+
Bu puan nasıl hesaplandı?

SEMI DETACHED AND GARDEN HOUSES

DETACHED AND GARDEN HOUSE
NUMBER OF HOUSE:1929
HOUSING SIZE RANGE (M2) :165-639 M²

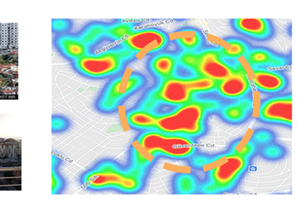
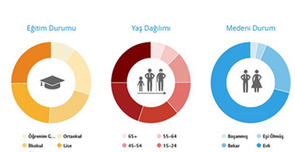


MEDIUM RISK OF COVID-19

ŞENTEPE NEIGBORHOOD

TOPLAM NÜFUS
Yıllık Artış: 10.54 % / YIL
91 Bin Kişiler

SOSYO EKONOMİK DURUM
C-
Bu puan nasıl hesaplandı?

APARTMENTS, BLOCKS, SQUATTER HOUSES
NUMBER OF HOUSE:ND
HOUSING SIZE RANGE (M2) :100-350 M²

APARTMANTS, BLOCKS, SQUATTER HOUSE