Jane Jacobs and Urban Health

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By 2030, 60% of the world's population will live in cities;¹ in such an environment, intelligent urban design is needed to encourage the health and civility of citizens. Jane Jacobs, an influential urban critic of the 20th century who passed away this past year, pioneered thoughtful and responsible city design that would build not on the imaginary theories of city planners, but on observations and records of city life. In her seminal work, *The Death and Life of Great American Cities*,² Jacobs observed how the complex interaction of multiple variables within cities affects residents' quality of life. For Jacobs, "healthy" cities are ones where the physical environment is organized in a way that strengthens social networks of streets and communities to promote crime reduction and collective action.

Although her ideas have had pervasive influence in urban design, criminology, and political science, their integration into public health research is only a recent phenomenon. For instance, in research on neighborhood-level health outcomes, green space often is hailed for its positive health effects (for recent examples, see Maas, et al³ and Takano et al⁴). In Jacobs' conception, the possible effects are more nuanced; although parks can function as community centers when properly integrated, misallocated green space can negatively impact neighborhoods. When located in a low-traffic area such as at the residential edge of a neighborhood, parks may become havens for transient populations or criminal activity. Greenery does not automatically lead to physical activity or positive psychosocial health, and the positioning of parkland can be a driving factor in how green space is used and perceived. Jacobs' theories have been integrated in conceptual models of mechanisms producing health outcomes,⁵ but further development and testing of such models can only broaden understanding of the relationship between green space and health.

Jacobs' conceptualizations of city living could have great impact on the definition and implementation of "good" urban design. Jacobs maintained that unless theory is grounded on data, even the best-intentioned urban planning efforts can be counter-productive. Extending this central tenet, studies of the health impact of physical, social, and health service environments in cities should be a major source informing projects that aim to improve whole blocks or communities. First, population health profiles can be used to evaluate which neighborhoods may benefit most from interventions. Second, comparisons of various planning designs in terms of health outcomes may identify which neighborhood compositions (i.e., combinations of residential, commercial, and recreational space) are most salutary. For instance, Jacobs was a strong advocate for mixed-use blocks that increase "eyes on the street," (i.e., passive policing), thereby discouraging crime and increasing

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overall social vibrancy. Urban health investigations have advanced her argument as recent findings reveal that residents of high population density, mixed-use neighborhoods walk and bike more frequently for transportation than residents of low density, single-use neighborhoods.⁶ Urban renewal designs promoting suburban ideals of privacy, open space, and separation of business and residence in the city could diminish positive health effects associated with regular physical activity.

Urbanization persists as a strong global trend, and the social problems Jacobs saw in US cities in the 1960s continue apace in both the developed and developing world.⁷ Therefore, as urban areas continue to grow across the globe, the opportunity for innovative and thoughtful city design grows as well. Public health scientists must partner with representatives from urban planning, government, and affected communities to build upon Jacobs' legacy in revealing the complex mechanisms inherent to cities and using this knowledge to work for healthier cities worldwide.

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