



HEALTHY CITIES

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Planning and Designing the City for All Ages: Evolving Urban Planning for Demographic Change, Health and Well-Being



Public spaces that serve all segments of the population through simple yet essential features such as seating areas and benches.

Image: Unsplash

Cities are dynamic systems that are shaped by demographic, environmental and socio-economic change. Yet much of today's cityscape was designed for a different era, one characterised by 20th-century economic patterns, traditional household structures, journey-to-work-dominated commuting patterns and a population centred around working-age adults and young people.

In the 21st century, this city model no longer reflects lived urban reality. Across much of the developed world and increasingly in the developing world as well, everything is changing. Populations are ageing, household sizes are shrinking, migration is active and contested, and more people are dealing with age- and activity-related health issues, particularly chronic and degenerative illnesses while climate change is intensifying environmental stress.

In many parts of the world, including Europe and Asia, and increasingly in North and South America, change is a structural necessity. Many Asian populations are rapidly ageing and

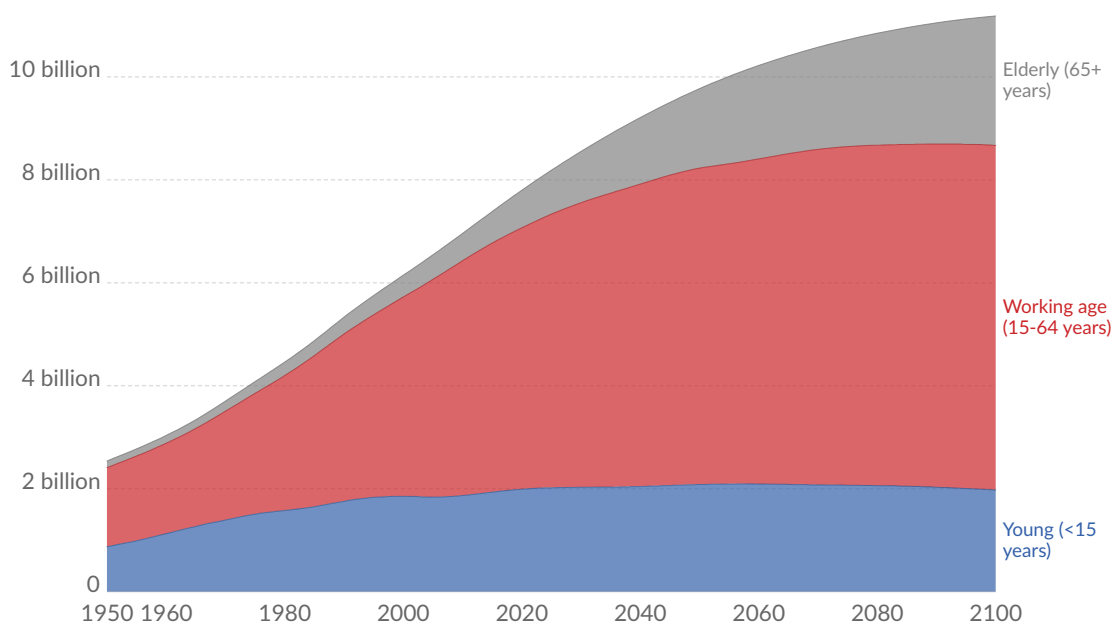
new household size and labour market realities reflect global changes at a dramatic level. Asia is a particularly important testbed for new urban planning strategies that do not simply accommodate growth, but also support diverse populations across their life courses while safeguarding individual physical and mental well-being.

A city for all ages is not a niche aspiration. Demographic changes and new lifestyle needs require, in some cases, incremental adjustment, but, in other cases, demand new approaches towards urban planning priorities, city form and design.

Size of young, working-age and elderly populations projected to 2100, World

Our World
in Data

Total population categorised by three age groups: young (under 15 years old); working-age population (15-64 years old); and elderly (65+ years old). This is shown for historic estimates from 1950 to 2015, and projected to 2100 based on the UN medium scenario.



Source: UN World Population Prospects (2017)

Human demographics are changing the world in unforeseen ways. The number of persons over age 60 is increasing globally, while the population of young people under age 15 may already have peaked. Future cities will be older, and city design and planning needs to adapt to create cities for all ages.

Image: Our World in Data, CC BY 3.0 / Wikimedia Commons

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Demographic Transformation and the Life-Course Approach to Public Space Design

In recent years, transformed demographics have reached a tipping point in many parts of the world. In cities across Europe, East Asia and North America, people aged 65 and above already represent more than 20% of residents. Other than ageing societies, youth are choosing larger cities over smaller ones for work and education. This has resulted in multi-generational urban communities with distinct spatial and social needs.

Planning, and national economies with concomitant welfare and social systems, historically operated with implicit demographic assumptions. The archetypal urban resident was a working-age commuter travelling daily between suburban housing

and a central employment district. Infrastructure investment prioritised roads, parking, and separated land uses for users assumed to be the typical adult resident with long daily commutes, often in a car. On top of that, public spaces were designed for families with children, often marginalising those outside the “productive” workforce, particularly older adults, people with disabilities, or children with caregivers instead of parents.

A life-course approach to public space design and city planning challenges such assumptions. It recognises that people’s spatial needs evolve over time as they always have, and that the “dominant” demographic in populations is shifting away from

Health as Preventive Urban Infrastructure

active adults to older adults who may or may not be working, and may or may not be physically able. Older residents benefit from a differently designed city, one that is not only step-free, but also has vastly enhanced proximity to services and ever greater opportunities for social participation.

Interestingly, the spatial needs of the new dominant group may not differ greatly from those of others in society. Nowadays, spaces for children are subject to increasingly high safety standards. At the same time, working adults have more needs than just long daily

commutes—they require flexible mobility options. Of course, all these necessary changes to the built environment are not isolated; they overlap. A street safe enough for an eight-year-old to cycle in is also safer for an eighty-year-old to cross. Adopting a life-course approach therefore reframes the design of the built environment as intergenerational infrastructure.

The relationship between urban form and health is increasingly evident. Sedentary lifestyles, air pollution exposure and limited social interaction contribute to non-communicable diseases that now account for substantial global mortality. Mental health challenges—including anxiety, depression and loneliness—are particularly acute in dense urban settings in mature societies where social isolation, in some cases exacerbated by technology, can paradoxically coexist with physical proximity. Planning decisions therefore have the potential to contribute to long-term health improvements.



Pedestrianisation of parking along 44th Avenue in New York City created painted sidewalk extensions that provide safe spaces for students.
Image: New York City Department of Transportation, CC BY-NC-ND 4.0



City fabrics are slow and costly to reform. Yet the long-term costs of not considering health in urban planning are likely greater.



A preventive health-based planning paradigm recognises that sidewalks, trees and benches play a role in supporting population health alongside hospitals, vaccines and clinics. Walkable neighbourhoods make for a very good start. They embed physical activity into daily routines while mixed-use districts enhance destinations for walking, add visual and experiential interest, and can reduce reliance on cars and decrease exposure to emissions. Accessible and reliable public transport supports independence for non-drivers, such as increasing numbers of young adults who choose not to drive, older adults with less driving dexterity, and low-income residents with less access to cars.

The COVID-19 pandemic that resulted in near-total societal shutdowns in many countries further revealed how housing quality, access to green space and neighbourhood design

can directly affect resilience to pandemics. Residents confined to small, poorly ventilated dwellings without nearby parks experienced disproportionate stress and health impacts. In contrast, communities with accessible open space that permitted flexibility of egress and circulation demonstrated greater adaptability during the COVID-19 pandemic.

Preventive health is challenging. The effects are long-term, but city fabrics are slow and costly to reform. Yet the long-term costs of not considering health in urban planning are likely greater. Improvements will require collaboration between urban planners and designers, public officials, infrastructure specialists, public health professionals and social policy experts. The challenge, in many cases still unmet, will be to integrate health impact assessments into planning approvals and transport strategies.

The 15-minute City: Proximity and Urban Space

There has been growing popularity of proximity-based models, including the “15-minute city”, in the reconsideration of urban structure. Paris is one such example. It is rich in pedestrian amenities, dense with high-quality housing and abundant transportation. So, in some ways, is central Philadelphia. The principle is simple: essential services should be reachable within a short walk or cycle from home.

The 15-minute city offers many benefits. Proximity enhances independence for both younger and older residents. It reduces time burdens for caregivers, who can live nearby or access homes more easily, and proximity enables children to navigate neighbourhoods safely and equally importantly, independently. Proximity reallocates urban value, challenging auto-centric zoning and encouraging alternative economic arrangements.

I am privileged to live in one of Boston’s 15-minute cities, the Coolidge Corner neighbourhood of Brookline. This is an inner-ring suburb where much of the street and open space network was designed by Frederick Law Olmsted. Within 15 minutes of my multifamily dwelling are a neighbourhood park, several light-rail transit stations and bus stops, two full-service grocery stores, a cinema, an independent bookstore, and over 20 restaurants in three different commercial areas. On-street parking is easy, streets are walkable and shaded by abundant trees, and amazingly enough, the neighbourhood is, for the most part, an oasis of quiet.



Coolidge Corner, a neighbourhood-scale commercial district near Boston, exemplifies many of the physical qualities of the 15-minute city. The neighbourhood features light rail transit, a variety of commercial establishments and high and medium-density housing.
Image: Pesotsky, CC BY 3.0 / Wikimedia Commons

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There could be no stronger evidence of the benefits of the 15-minute city than neighbourhoods like Coolidge Corner that already exist.

However, proximity must be implemented equitably. Brookline is accessible, but hardly affordable to all. Without safeguards, improvements in walkability and amenity—the creation of 15-minute cities—can accelerate gentrification, displacing long-term residents, or strengthen exclusivity. Central Paris, for so long a mixed-income area, is increasingly gentrified with lower-income residents pushed to the auto-oriented periphery. Relaxing zoning, rent stabilisation, enhanced transit, and affordable housing mandates are some of the strategies being tested to make the 15-minute city more affordable.

However, these measures, in the eyes of some, also threaten some of the qualities that make these areas attractive.

Proximity is not merely a spatial concept but a social one. From personal experience, I have seen how proximity in Brookline strengthens neighbourhood identity, supports local businesses such as the bookstore, and increases opportunities for casual social encounter, whether with neighbours or fellow shoppers. All of these encounters and experiences are determinants of mental well-being.

Retrofitting existing neighbourhoods will be critical. Most of the United States (US) is low density, where suburbs are built around car dependency and single-use zoning.

Such spaces can be incrementally reconfigured without wholesale redevelopment and there is evidence that some of these changes are already underway across the US. Examples include:

- Converting single-family homes to multifamily structures
- Transforming underused retail centres
- Introducing local health clinics
- Converting parking lots into green space
- Altering the transportation system that encourages car ownership



Ljubljana, Slovenia, is an ancient city that has become a city for all ages. Human-made and natural elements coexist in harmony, car use has been reduced, and barrier-free sidewalks and park spaces provide a comfortable space for the city's inhabitants. Slovenia is a rapidly ageing society, making Ljubljana's transition timely as well as beneficial.

Image: Brent D. Ryan

Streets, Green Infrastructure, and Climate Equity

Streets are often the most heavily used public spaces in cities, yet historically they have prioritised vehicles over humans. The design challenge is to rebalance streets to accommodate more than just cars. This transition will take time, but it also offers an opportunity for streets to serve as climate-positive elements of the city, while emphasising human activity at the same time.

How can streets be improved? Boston offers many examples of improvements that have changed the balance from auto dominance to human focus. Bicycle lanes, wider, barrier-free sidewalks, and enhanced shading accomplish many goals at once. Of course, such streets have historically been regarded as “great streets”, to use

the terminology of Allan Jacobs’ famous book. Street improvements also reduce auto dependence, improving air quality while reducing heat impacts and enhancing walkability for both older and younger members of society.

At a larger scale, as streets are transformed into shade-giving, pedestrian-friendly avenues, heat island effects can be mitigated by the creation of regional open space systems. Atlanta’s Belt Line is one example of how abandoned infrastructure can become a framework for pedestrian activity for all ages and abilities, while enhancing tree coverage and providing opportunities for stormwater management and other environmental goals.

Conclusion: Designing a City for All Ages

Urban planning designs not for the needs of today, but for the needs of the future where city populations in most parts of the world will be older, and the world a hotter place.

Can we accelerate the transition to generate cities for all ages? Reshaping the city is not a choice but a necessity. Progressive cities led by leaders who acknowledge reality, welcome the future instead of fearing it, and who understand that meeting people’s needs is the best form of governance, will be essential partners. We live in exciting and challenging times, and the greener, safer, more comfortable and more equitable future is waiting for city designers and planners. 🌱