

HealthBridge's Livable Cities Program

HealthBridge helps local partners to identify needs, develop and implement appropriate solutions, apply innovative and sustainable practices, and promote effective policies through research and action. Through its **Livable Cities Program**, it aims to:

- Create supportive environments for increased physical activity and improved nutrition;
- Improve urban social and physical environments;
- Reduce inequity and increase overall quality of life through investments in public transport, walking, and cycling infrastructure;
- Reduce poverty through decreased transport costs and increased employment opportunities for the poor; and
- Improve gender equity by increasing the mobility of women and girls.

Livable Cities in Action:

- ✦ Advocacy efforts in Dhaka, Bangladesh have generated more pedestrian-friendly policies, including safer pedestrian crossings and pedestrian and cycling zones;
- ✦ Research in Hanoi, Vietnam has raised awareness among policy-

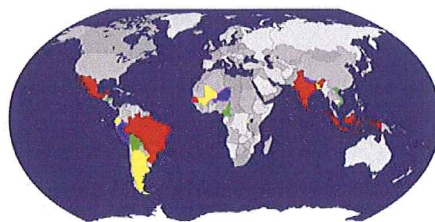
and decision-makers and the media of local markets' critical role in improving nutrition;

- ✦ Research in Bangalore, India highlights the lack of safe and accessible play spaces for children. Raising awareness of this problem has created support among local government officials to implement changes.

Mission

HealthBridge works with partners worldwide to improve health and health equity through research, policy, and action.

HealthBridge currently works with local partners in Argentina, Bangladesh, Bolivia, Brazil, Cameroun, Ecuador, Honduras, India, Indonesia, Mali, Mexico, Nepal, Niger, Peru, Rwanda, Senegal, Sri Lanka, and Vietnam.



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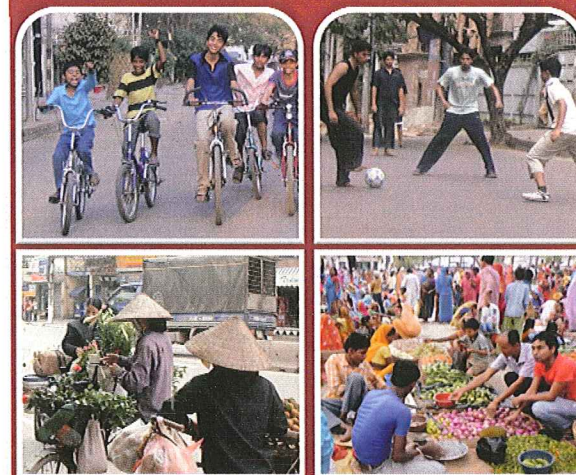
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Livable Cities and NCD Prevention

Promoting sound urban design to improve health, gender equity, the urban environment, and poverty reduction efforts



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Livable Cities and NCD Prevention

In our increasingly urbanized world, non-communicable diseases (NCDs) have become the leading cause of death worldwide. Nearly 80% of NCD deaths occur in low- and middle-income countries and are thwarting poverty reduction efforts.

Many NCDs are directly related to unhealthy lifestyles that in turn are the product of the adverse physical and social environments found in cities. Unhealthy eating habits and physical inactivity, two of the four major NCD risk factors, are particularly related to community and societal factors that hinder people's access and opportunity to engage in healthy behaviour.

International experience demonstrates that programmes which solely target individual behaviour change are ineffective, as is promoting awareness, unless there is a concerted effort to ensure that supportive environments are also created and maintained. Public health research suggests that we must concentrate on environmental and policy approaches to create sustainable changes and to control chronic diseases.

Stronger global efforts are needed to make significant improvements in nutrition and physical activity that will facilitate population lifestyle changes. Focusing on strategies and interventions that create supportive environments must be a priority.

More than half of the global population now lives in urban areas. By 2030, more than 5 billion people will do so. Research shows an association between urbanization and increasingly sedentary lifestyles. Urban planning and design measures impact people's ability to walk from place to place; low-income groups are particularly affected by the lack of accessible transportation options.

As people transition from subsistence to urban livelihoods, those who in the past produced their own food are now almost completely reliant on purchased food. This shift has changed the availability and accessibility patterns of healthy versus unhealthy foods, and has resulted in increasingly unhealthy eating practices. This is especially true in low-resource settings and among marginalized women and children.

