Session 14 Resilient and productive neighbourhoods

CONSTRUCTION OF HEALTH RESILIENCE OF LOCAL COMMUNITIES: THE CONTRIBUTION OF IoT TECHNOLOGIES

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University of Camerino, Italy

HEALTH RESEARCH - POLICY - PRACTICE

14-15 OCTOBER 2019 ROYAL COLLEGE OF PHYSICIANS, LONDO

FINAL PROGRAMME

DESIGNING FOR UTOPIA OR DYSTOPIA? PEOPLE AND PLANETARY HEALTH AT A CROSSROADS

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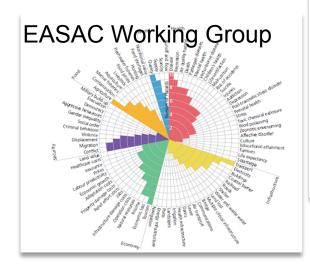
@HCD2019 #HCD2019



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THE LANCET THE LANCET

Lancet and University College London Institute for **Global Health Commission**

Managing the health effects of climate change

Anthony Costello, Mustafa Abbas, Adriana Allen, Sarah Ball, Sarah Ball, Richard Bellamy, Sharon Friel, Nara Groce, Anne Johnson, Maria Kett, Maria Lee, Caren Lovy, Maik Masim, David McCost, Bill McGuire, HapM Aontgomey, David Napier, Christina Pagel, Jinesh Tetel, Jose Antonio Pappim de Chines, Namnek Reddyl, Hannh Nees, Damie Riogae, Joanne Sock J, Judhi Stephenson, John Twigg, Jonatham Welf, Craig Patterson*

Shaping cities for health: complexity and the planning of Q urban environments in the 21st century

Yvonne Rydin, Ana Bleahu, Michael Davies, Julio D Dávila, Sharon Friel, Giovanni De Grandis, Nora Groce, Pedro C Hallal, Ian H Philippa Howden-Chapman, Ka-Man Lai, C J Lim, Juliana Martins, David Osrin, Ian Ridley, Ian Scott, Myfanwy Taylor, Paul Wi James Wilson

THE LANCET

The health benefits of tackling climate change An Executive Summary for The Lancet Series

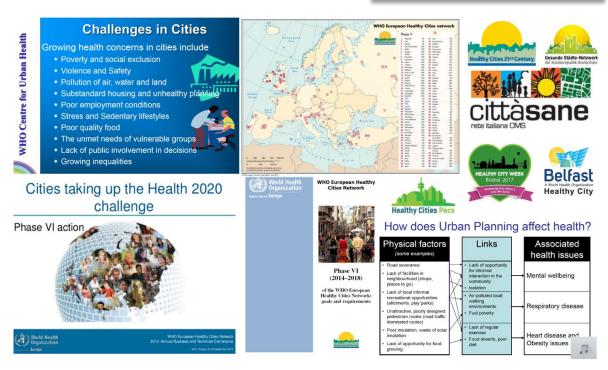
Key messages

- Cities are complex systems, so urban health outcomes are dependent on many interactions
- The so-called urban advantage-whereby urban populations are, on average, at an advantage compared with rural populations in terms of health outcomes-has to be actively promoted and maintained
- Inequalities in health outcomes should be recognised at the urban scale
- A linear or cyclical planning approach is insufficient in conditions of complexity
- Urban planning for health needs should focus on experimentation through projects
- Dialogue between stakeholders is needed, enabling them to assess and critically analyse their working practices and learn how to change their patterns of decision making

BACKGROUND

Climate change is affecting the health and well-being of people living in European cities with effects such as: poor air and water quality, the urban heat island, food safety, the spread of infectious diseases, and injuries and deaths due to extreme weather events (WHO Europe, 2017).

These effects are felt hardest by the weakest segments of the population (children and elderly people) and aggravate chronic health conditions such as



"The density of cities can increase vulnerability to the local manifestations of extreme weather and climate change in several ways: reducing green space and mature trees that have a cooling effect on ambient air, for example; creating barriers for natural air and water flow; and producing large quantities of biological waste that can contaminate floodwaters.

THE LOCATION, QUALITY, AND UPKEEP OF LOCAL INFRASTRUCTURE – water supply, sanitation and drainage, roads and related structures such as culverts and bridges – CAN ALL PLAY AN IMPORTANT ROLE IN MODIFYING HEALTH AND OTHER IMPACTS OF Climate Change and built vio of Jataic Sched Dockshaltingto), Darby Jack (New York City), Jennifer Penney (Toronto) Mizanur Rahman (Dhaka), Rae

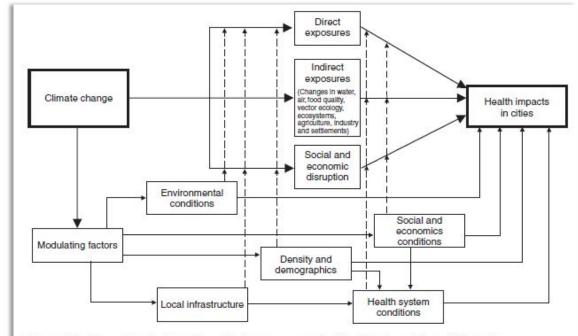
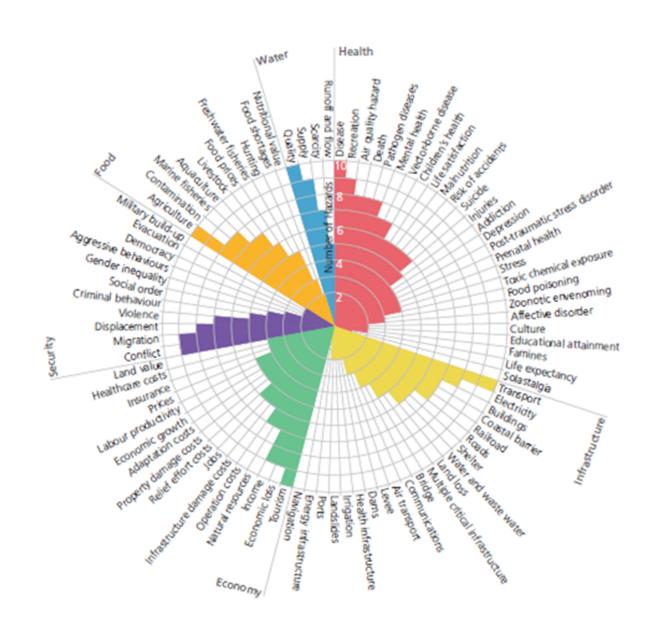


Figure 7.1: Three main mechanisms of how climatic processes may affect health in cities and its modulating factors. Source: Adapted from Confalonieri et al., (2007).

Table 7.1: Climate change-related drivers and outcomes for urban health.

Drivers	Health endpoint	Impact on cities	Degree of uncertainty	Key references
Temperature extremes	Mortality via heat exhaustion. Elderly most vulnerable	Pronounced (via urban heat islands)	Low (extensive evidence exists)	Kovats and Hajat, 2008; Bell et al., 2008
Wind, storms, and floods	Mortality via physical trauma, drowning	Pronounced (population density in vulnerable areas)	Low (extensive evidence exists)	Guha-Sapir <i>et al.</i> , 2004; Ahern <i>et al.</i> , 2005
Drought	Malnutrition	Ambiguous	Medium (adaptive capacity is poorly understood)	Confalonieri et al., 2007
Water quality	Diarrheal disease	Pronounced (flush contaminants, may overwhelm city water systems)	High (limited research)	Hunter, 2003; Kistemann et al., 2002
Air quality	Respiratory illness	Pronounced (population density, pollution sources)	High (limited research, likely to vary greatly across cities)	Kinney, 2008; Holloway et al., 2008; Steiner et al., 2006
Aeroallergens	Allergies, asthma	Ambiguous	High (limited research, likely to vary greatly across cities)	USEPA, 2008
Vector-borne diseases	Malaria, dengue, others	Diminished – few vectors thrive in urban environments	High (scholarship on urban effects)	Lindsay and Birley, 1996

- The recent publication of the European Academies Science Advisory Council, called "The imperative of climate action to protect human health in Europe" (EASAC, 2019) (Fig.1) and is coming to the forefront of public opinion with articles in newspapers around the world, not least the recent TIME Report "2050 The Fight for Earth".
- The EASAC Working Group has worked on mitigation and adaptation measures in European cities to address climate change and the health benefits of their inhabitants.
- . From all these experiences, it emerges for



VIEW

Between all disciplines involved about these themes, tough URBAN PLANNING AND DESIGN are called to respond to the needs of health in cities, in delivering health improvements through reshaping the urban fabric of cities, in the creation of new healthy urban environments, in the sustainable organization of probility, land use, and green areas.

"Healthy as the Pulse of the New Urban Agenda" (WHO 2016) introduced the idea of urban health resilience as the need to promote resilient urban policies to reduce the risk of climate change with respect to human health.

The Fifth and Sixth Ministerial Conferences on Environment and Health from 2010 and 2017 dealared their commitment to protect health and well



Europe

strategy recognizes the important leadership role of cities in developingof ne vHC 2012 through the UCL-Lancet mm lio

WHO European Healthy **Cities Network**



Phase VI (2014 - 2018)

of the WHO European Healthy Cities Network: goals and requirements

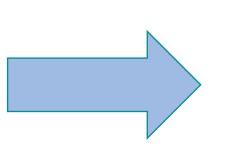
Health 2020"

World Health HEALTH 2020 A European policy framework

and strategy for the 21st century



the Healthy Chy Europe Movement (VI Phase 2014-2018: theme: "creating resilient communities and supportive environments")g health urban policies.



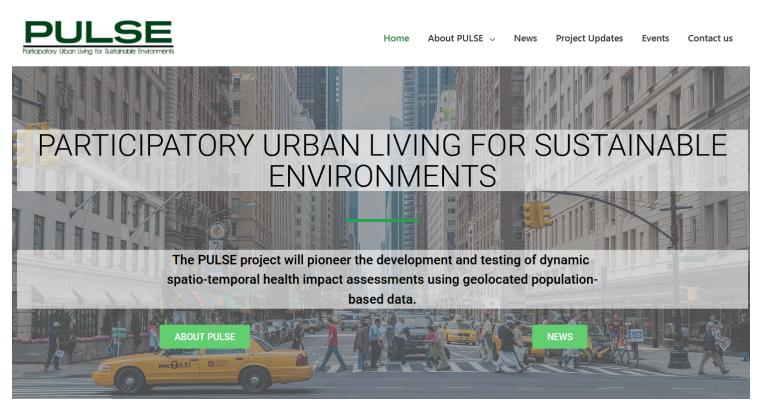
- The need for relevant investigation tools and integrated analysis is therefore indispensable.
- The knowledge we need must combine quantitative and qualitative data to measure/assess the effects of climate change and measures to increase the resilience of cities, actively involving communities.



- Renewed relationship between urban planning and health
- Renewal of analysis and project knowledge tools about the city
- From the project to the process to the prefigurative scenarios, predictive and adaptive design solutions changing the meaning and the time horizon of the urban planning project and above all the actors: the communities as co-projects of the living space.
- Renewal of the term and meaning of INTEGRATION

ONGOING EXPERIENCES

Some cities are trying to use new technologies to investigate and improve the quality of urban health



 PULSE (Participatory urban living for sustainable environments; http:// www.project-pulse.eu/) is, for example, a research and innovation action funded under the EC Framework Programme H2020 which aims to initiate a collaborative dialogue between five global cities:

> Paris, Barcelona, Birmingham, New York and Singapore to transform public health from a reactive to a predictive system, through the

PULSE Participatory Uban Uking for Austanciale Environments

PARTICIPATORY URBAN LIVING FOR SUSTAINABLE ENVIRONMENTS The PULSE project will pioneer the development and testing of dynamic spatio-temporal health impact assessments using geolocated populationbased data.

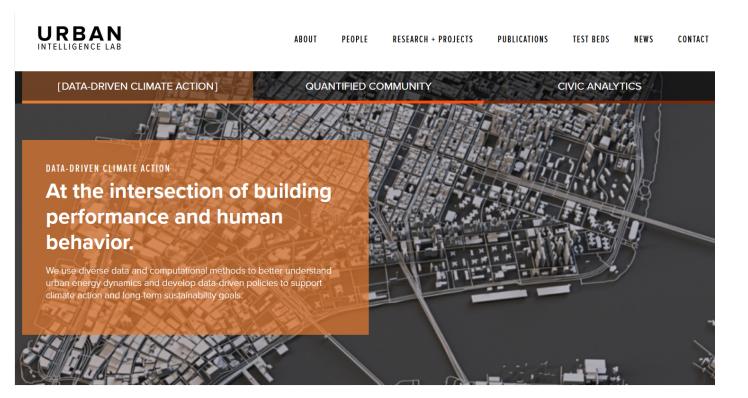
Project Updates Events

inactivity and metabolic disease of type2diabetes.

The objective of the research is to build extensible models and technologies to predict, mitigate and manage these health problems through the use of GIS technology and real-time data mapping tools within the physical space of the city; this will allow, for example, to analyze data on air pollution in certain places with respect to the occurrence of respiratory diseases.

The data collection system and the information management dashboard allow the integration of different sources: from apps, to Fitbits, to sensors.

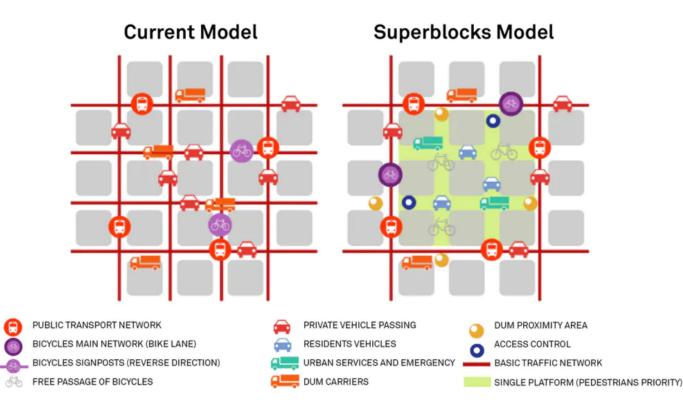
The design of low-cost, reproducible and interoperable sensor platforms used in these experiences presents a number of technical challenges: from the right selection of locations whereto apply them, to mitigate the impacts of external elements, to legal and privacy issues. All these variables can make the deployment of sensors in urban spaces very complex and in this case the comparison and contribution of the local community is extremely important.

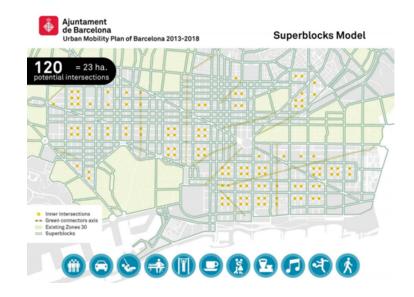


• Another ongoing experiment within the Center for Urban Science and Progress (CUSP) of the NYU, called "Quantified Community" (QC), uses a system of collecting, measuring and analyzing data on environmental conditions and human behavior of the inhabitants of some neighborhoods of New York, to better understand and how the built environment affects the individual and social wellbeing (Kontokosta, 2016a).

An urban detection platform, the QC Urban QoL Sensor, has been developed: an inexpensive and reliable "array" of sensors to measure and

SUPERBLOCKS MODEL





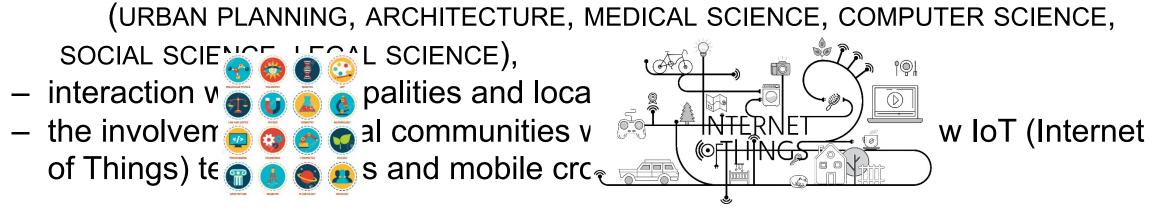
Modello Superblocks: Barcelona's car-free "superblocks" could save hundreds of lives.

PROPOSAL

The University Research **CCHURE (Climate change and urban health resilience)** funded in 2018 by the University of Camerino represents an attempt to contribute to developing the field of research described above. The proposal, currently in its initial phase, is applied to the Monticelli Ascoli Piceno district.

Climate Change and Urban Health Resilience aims to define a transdisciplinary methodology :

- to evaluate the effects that climate change produces on urban health;
- to direct policies for adaptation/mitigation through the contribution of many scientific disciplines;



CCUHRE PROPOSES To Climate and Health Profile (CHP)

1) Build a **methodology to investigate** the relationships between the impacts of climate change and the health/well-being of inhabitants on the urban scale of the neighborhood, which contributes to selecting actions and combinations of actions for mitigation and adaptation with citizens' active role.

2) Build a methodology for public administration to select scenarios for adaptation to/mitigation of the effects of climate change, through the use of real-time analytics and data feedback mechanisms and non-instrumental interaction with local communities. to construct the neighbourhood CHP, reference will be made to qualitative/quantitative indicators that assess the effects of climate change on the health andwell-being of the population.

These indicators will be selected based on existing public health data, as products of international research and with the contribution

a) Climate Health Lab (CHL): construction of a platform of sensors and automation technologies (Urban Internet of Things, IoT), which will provide real-time information/ measurement of the physical/environmental conditions of the neighborhood and its inhabitants.

This platform will be implemented with citizen contribution through the use of mobile crowdsensing techniques, which will allow smart-

b) Climate and Health Actions (CHA)

the selection of actions and combinations of actions for adaptation and mitigation, already present in international best practices, with reference to the "fundamental themes" of urban design — land use, mobility, housing, open spaces, and meeting spaces, the natural environment — and some themes of technological design with the sign and t

- analyse and assess the difference between subjective and objective measurements of quality-of-life indicators to understand how the perception of different environmental conditions varies across the neighbourhood;

- verify and compare, with the help of researchers, technicians, and citizens, the "health" performance of the scenarios identified and their

CCUHRE RESEARCH UNITS

The research involves different disciplines of the University of Camerino and Italian and International research groups which hold consolidated experience in the field of urban regeneration, climate change, and urban health (Columbia University in New York, University of Adelaide in Australia, University of Turin, La Sapienza University, University of Belgrade, University of Maranhão- UEMA-Brazil, Middlesex University).

Also, the research has the capport of public administrations involved in the project: the City of Ascolic Piceno, the local health agency ASUR-Area Vasta 5 (Ascoli Piceno-San Benedetto del

> Middlesex University

The work eis organized in five Work Packages.

UNIVERSIDADE

ESTADUAL DO MARANHÃO

University of Belgrade

Title of the WP UNIT(S) Main Goal Activities in each WP involved (in short) COORDINATION AND UO1 with the Coordination and monitoring of the Technical coordination MANAGEMENT contribution of UO2: research and project activities, financial Financial coordination UO3; UO4; UO5 aspects and risk management 3. Monitoring and administrative controls 4.Call and Coordination of meetings and workshop DEVELOPMENT OF A UO2 and UO4 with To identify impacts of climate 1.Identification of content for the Climate and METHODOLOGY TO ASSESS THE the contribution of change on human health and well-being health profile (CHP) NEEDS OF HEALTH IN UO1; UO2; UO5 2.Selection of best practices in health-based and the related adaptation and mitigation NEIGHBOURHOODS AND THE strategies considering urban planning and SELECTION OF ACTIONS TO actions (CHA) for mitigation and adaptation MITIGATE AND ADAPT TO design for small and medium European 3.Selections of means of effective interaction CLIMATE CHANGE towns with the local population CONSTRUCTION OF UO3 with the Building a virtual assessment platform for 1.CHL Domain: data attributes and relationships HEALTH RESILIENCE contribution of the neighborhood for assessment with 2.CHL Functionalities as cloud-based services **OF LOCAL** UO1; UO2; UO4; citizen contribution: the impacts of 3.CHL Interface: as a web- based application COMMUNITIES WITH 1105 climate change on health that determine 4.App: allowing smart-phone users to interact with THE CONTRIBUTION CHI and the Health climate profile, the adaptation OF IoT supporting the recruitment phase 3.5 Protocol to and mitigation actions, and to select **TECHNOLOGIES** USE CASES ADAPTATION. scenarios of adaptation and mitigation 4.1. Activation of the software platform "Climat Monticelli Focus Groups INTEGRATION AND contribution of testing the selected innovations by 2.Climate and Health Profile (CHP) for Monticelli **EXPERIMENTATION** U01-U02- U03-U04 adaptation and mitigation scenarios, to 3.Climate and Health Actions (CHA) for Monticelli support the decision-making process 4.Design prefiguring of scenarios for mitigation and adaptation (design laboratory) 5.Use of CHL to assess the scenarios 6.Selection of scenarios through comparison and projection in time DISSEMINATION AND U01 and U03 with Project identity Spreading of results among towns, public EXPLOITATION ACTIVITIES Links to the websites of the institutions and esearch entities involved to provide public the contribution of and private entities, etc, thereby leading information about the project UO2; UO4; UO5 to new ideas for further research at the 3.Publications and presentations

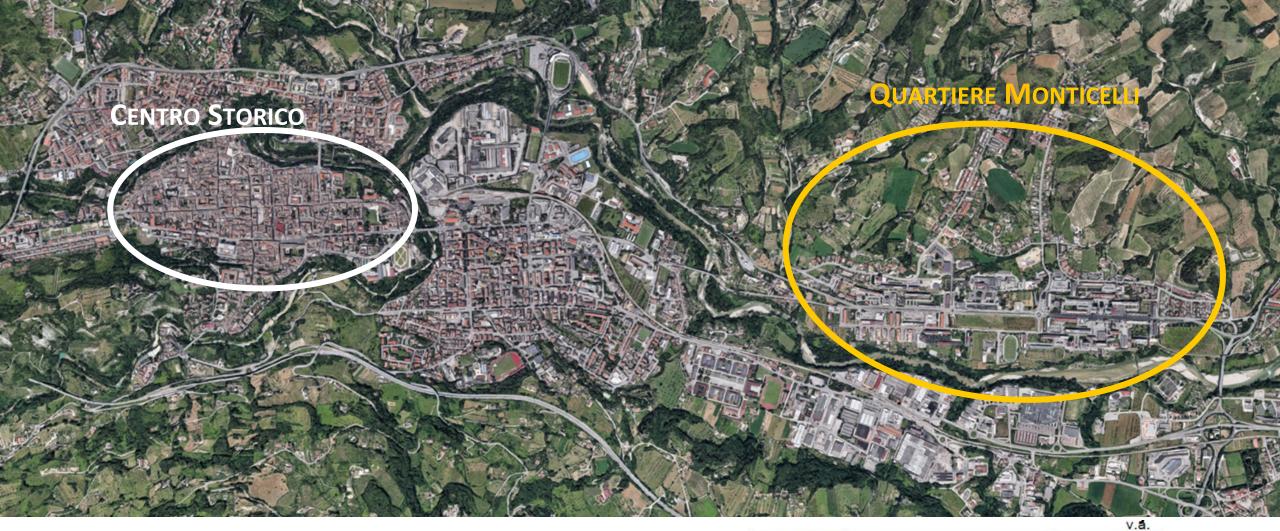
national and European levels

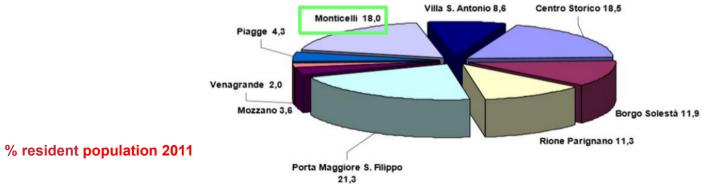
Exploitation activities

CCHURE_ Team:

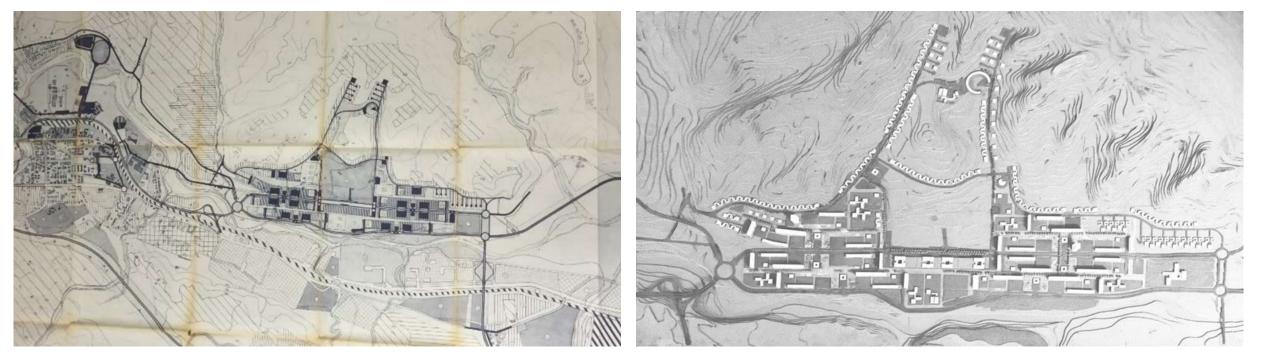
SAPIENZA

Professors: Rosalba D'Onofrio, Elio Trusiani, Michele Talia, Maria Federica Ottone, Roberto Ruggero, Roberta Cocci Grifoni, Enrica Petrucci, Iolanda Grappasonni, Giuseppe Costa, Piera Di Martino, Leonardo Mostarda, Marta Magagnini, Franco Raimondi, Francesca Giofrè, Zoran Djukanovic, Luca Bradini, Mariana Pierantozzi, Gerardo Doti, George Zillante, Lina M. Calandra, Andrew Rundle ; **Researchers**: Chiara Camaioni, Tatiana Guarnier, Diletta R. Cacciagrano, Ingrid Gomes Braga; **PhD students**: Ilaria Odoguardi, Fabia Pagnetta, Gianmarco Mazzanto, Graziano E. Marchesani; **Advisor Public badias**: Maurizia Piecioni, Pama Appignanesi, Renedetta R. Puggeri





Centro Storico	9.361
Borgo Solestà	6.203
Rione Parignano	5.716
Porta Maggiore S. Filippo	10.792
Mozzano	1.849
Venagrande	1.018
Piaggo	2.201
Monticelli	9.115
Villa S. Antonio	4.345
Totale	50.600



PRG 1968, LEONARDO BENEVOLO AND GIOVANNI ZANI

MONTICELLI DISTRICT



PRG 1968 PLANNED BY BENEVOLO AND ZANI expresses

the idea of a linear development along a central axis, in the West-East direction they start a new zone..... Monticelli District

Benevolo's operational strategy is achieved in a complete way:

- public urbanization of soils;
- expansion of the residential city by autonomous districts;
- expressive research of rationalism movement
- increase of infrastructure: the rapid crossing of the

Until the '70s, Monticelli is still an agricultural area then was identified by the new Plan as an area of natural expansion of the city.

The largest residential volumes had to be concentrated in the area of new construction with a view to settling 21,000 inhabitants compared to the 75,000 envisaged throughout the municipal territory for the year 1975.

This prediction was overestimated as also the data related to the nucleus of Monticelli.

BUILDING TYPOLOGIES



The multistorey line buildings

Toweffshe old rural buildings



Areas along the Tronto river

SPACES

Parking areas







park

Spaces adjacent to

buildings

Monticelli is a district of public housing, characterized by situations of building degradation, insufficient social aggregation centers and public and private services, scarcity of equipped green areas, in a context of poor social cohesion...

The district is also crossed by an equipped infrastructure, used as a crossing road and traveled by high-speed vehicles; this infrastructure causes a







ENO'S RESIDENTS.... Y A DORMITORY









RESTO DEL CARLINO, 8 GIU

WORK-PLAN



Presentation of the research to community

dissemination of the questionnaire to familias

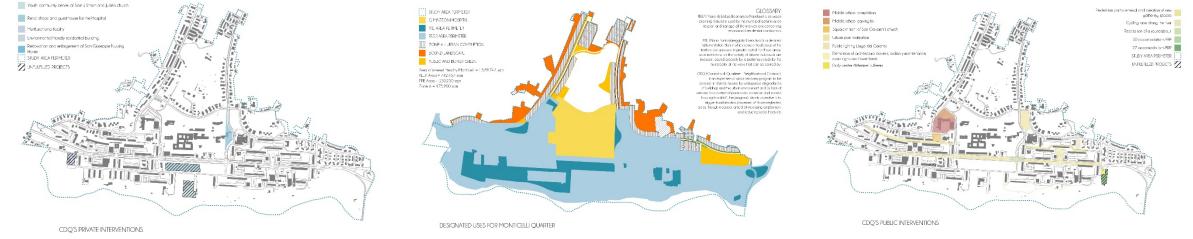
With the collaboration of the secondary school Don Giussani, 600 questionnaires were given to 1st STEP COMPLET fer is to learn about the habits and problems they face every day in the life of the Monticelli district and which can affect their health and quality of life .

> The investigation deepens some themes, such as:

- THE CHARACTERS OF THE NEIGHBORHOOD AREA WHERE THE FAMILY LIVES
- NEIGHBORHOOD SECURITY
- ACCESSIBILITY TO SERVICES
- SOCIAL COHESION IN THE NEIGHBORHOOD
- DAILY TRAVEL
- THE SURVEY WILL PROVIDE QUALITY OF LIFE • THE INDO **ELEMENTS THAT WILL**
- LIFE CLALLOW US TO OUTLINE AN
- **OVERALL PICTURE OF THE** QUALITY OF LIFE OF INDIVIDUALS AND FAMILIES.



BAN SURVEY



Schementer = 16.816 -

Subways = 130 m

Pedestrian paths = 3.358 m

Pedestrian crossings = 1.257 m

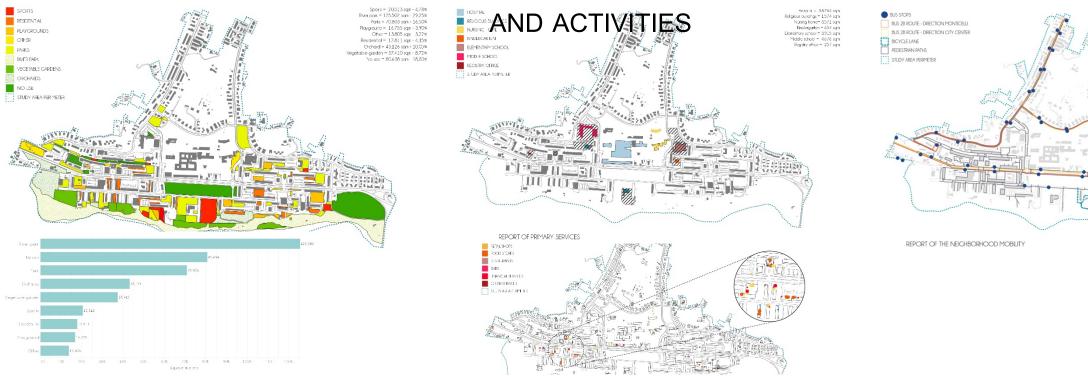
Pedestrian paths through parks = 1.042 m

edestrian paths around residential areas = 7.057 m

Minimum distance between bus-stops = 112 m

Maximum distance between bus-stops = 618 m Average distance between bus-stops = 268 m

DISTRIBUTION AND QUALITY OF OPENDESTARIES JTION OF SERVICES MOBILITY



WORK-PLAN

1ST STEP COMPLETED WORK IN PROGRESS

Urban survey

Presentation of the research to community Elaboration of the results

obtained from the first questionnaire addressed to families and first deductions

Selection of quality of life

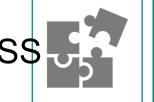
indicators

Distribution/dissemination of

the PASSI questionnaire

Distribution dissemination of the questionnaire to families

Identification of best practices with the support of international experiments



Construction of the neighborhood profile based on the results obtained

Comparison on the selection of quality of life and Best Practices indicators





methods of involvement of the district (participation and communication activities) FOCUS

communication strategy, programming and web links,





Definition of 2nd step



In summary, the most important issues are:

- traffic
- air pollution
 - noise
- low street lighting/insecurity
 - road pavement conditions

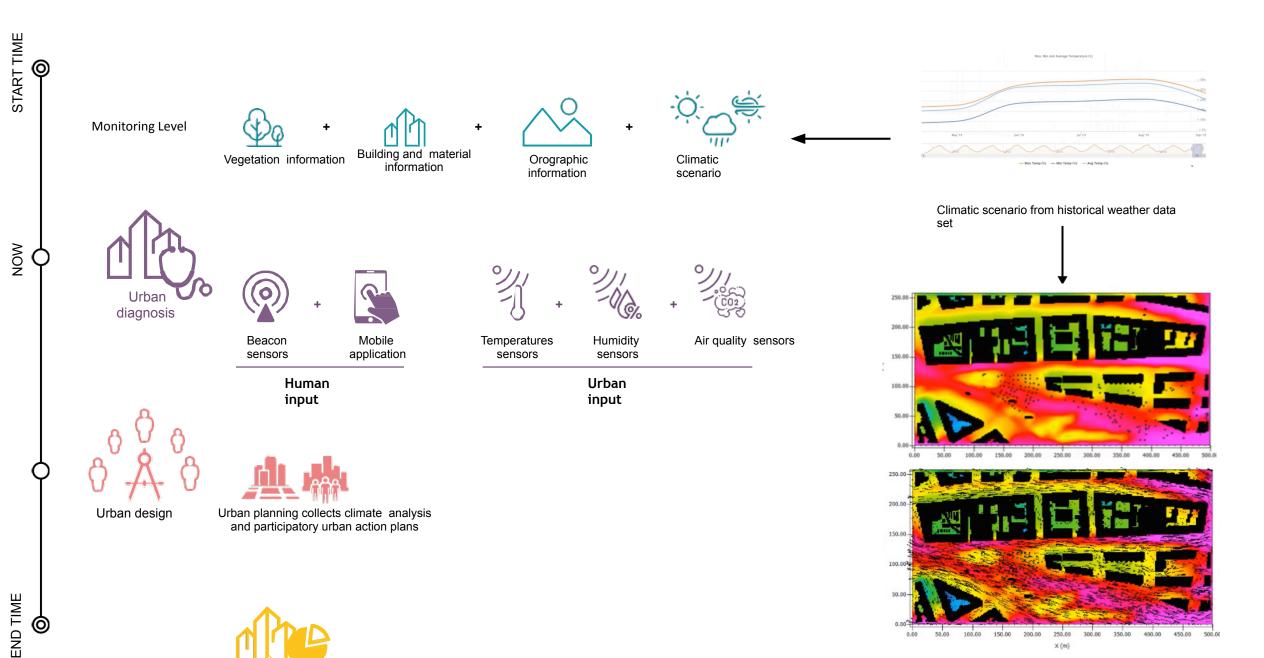


Elaboration of the results obtained from the first questionnaire addressed to families and first deductions



a) Climate Health Lab (CHL):

construction of a platform of sensors and automation technologies (Urban Internet of Things, IoT), which will provide real-time information/ measurement of the physical/environmental conditions of the neighborhood and its inhabitants. This platform will be implemented with citizen contribution through the use of mobile crowdsensing techniques, which will allow smart-phone users to interact with IoT devices.



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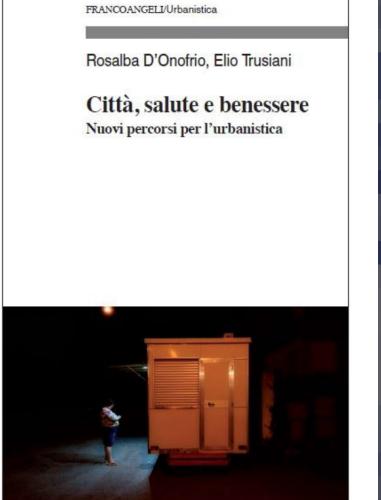
X (m) From weather data to simulation data

300.00 350.00 400.00 450.00 500.00

Prognostic level

0

numerical simulation to foresee the urban climate evolution and adaptation strategies



SPRINGER BRIEFS IN GEOGRAPHY D'Onofrio · Trusiani Rosalba D'Onofrio Elio Trusiani Urban Planning for Healthy European Gties Urban Planning for Healthy European Cities Deringer

Than k!



Scuola di Ateneo Architettura e Design "Eduardo Vittoria" Università di Camerino