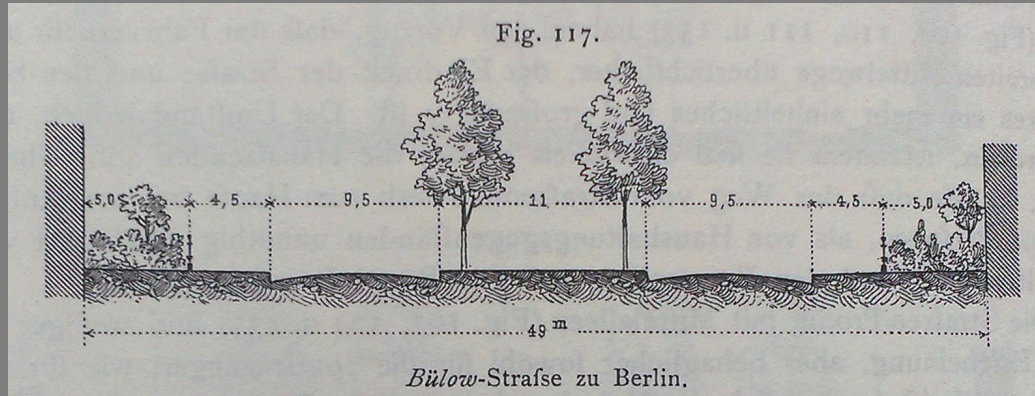


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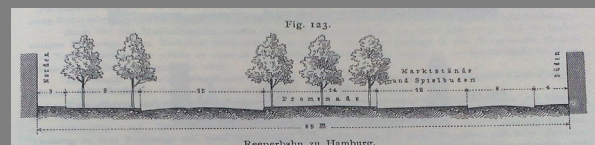
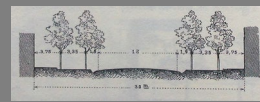
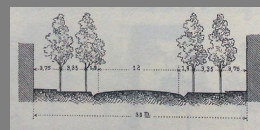
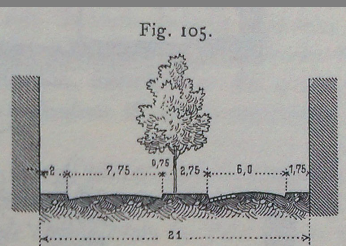
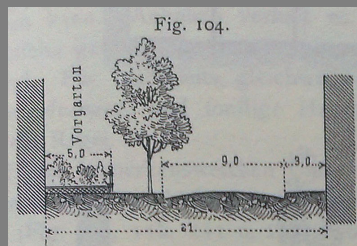
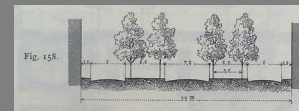
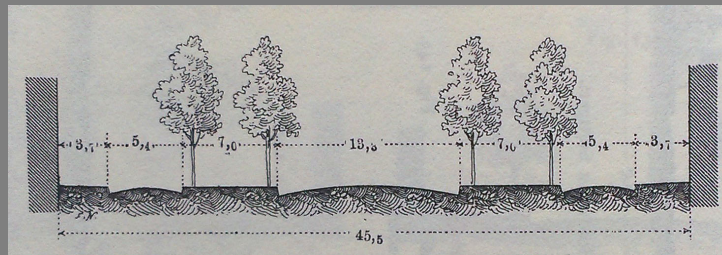
>two functions:

-connection:

traffic, mobility, transportation

-destination (places):

play, theater, socializing



Both are related to health!

Note: *only* when people use it as pedestrians and/or cyclists!

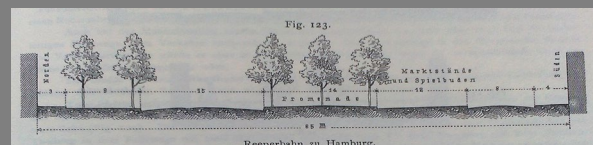
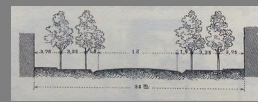
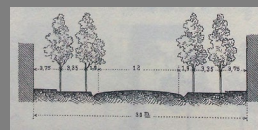
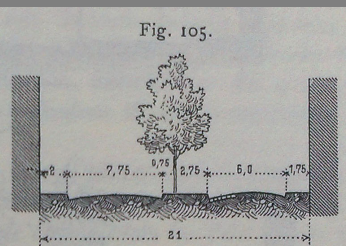
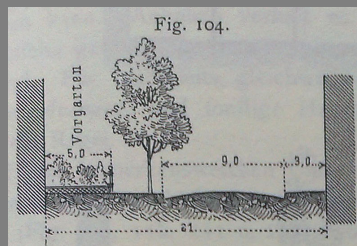
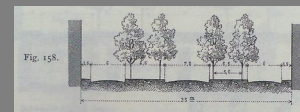
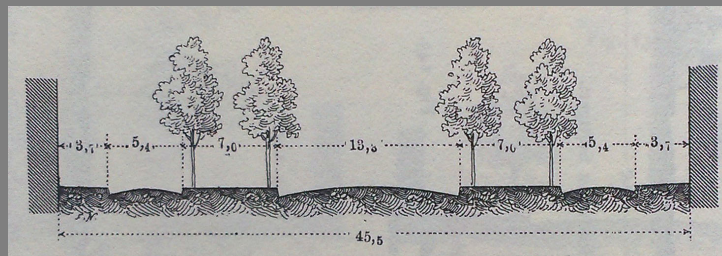
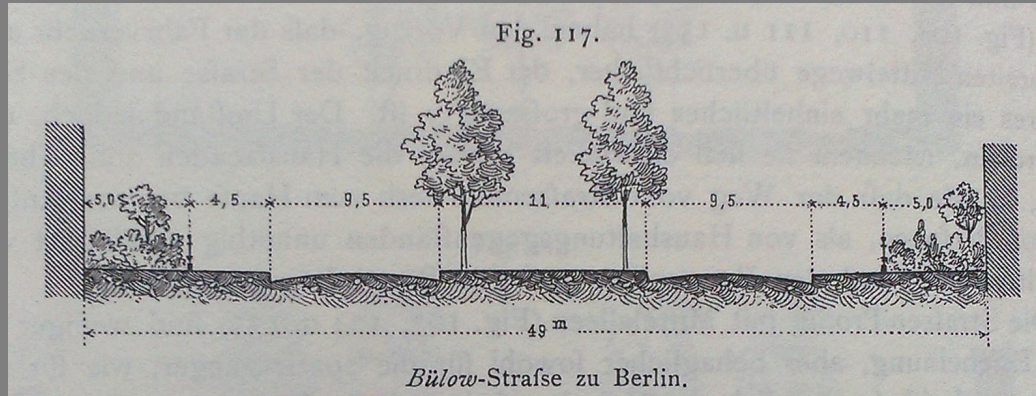
Note: assessing health impacts only makes sense if they are studied in relation to *daily living patterns*

Joseph Stübben, *Der Städtebau*, 1890

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Fazit: it only makes sense to study the health effects of streets in the broader context of urban analysis and urban planning

>in practice: focus on the scale level of a *neighborhood*

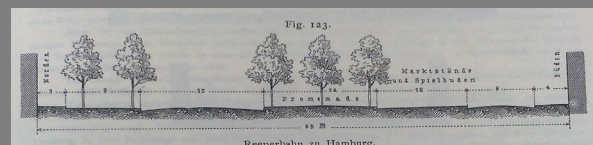
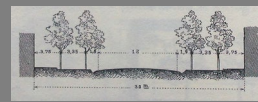
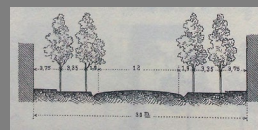
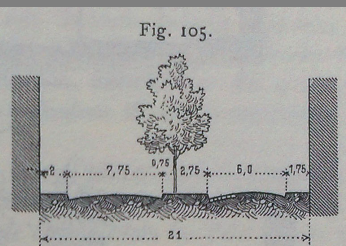
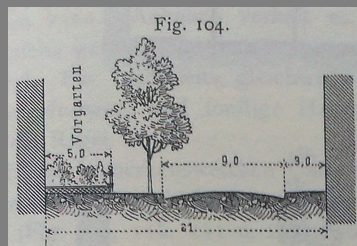
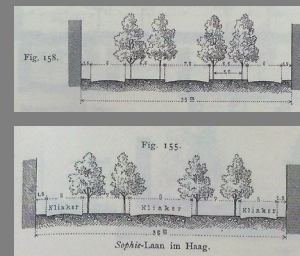
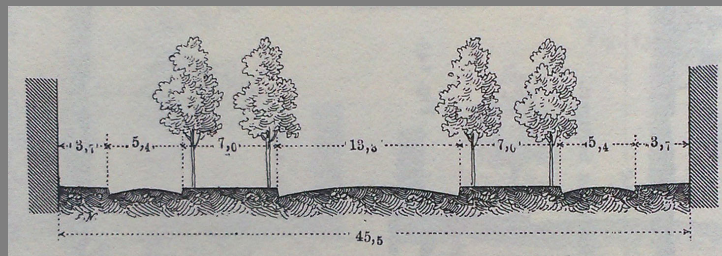
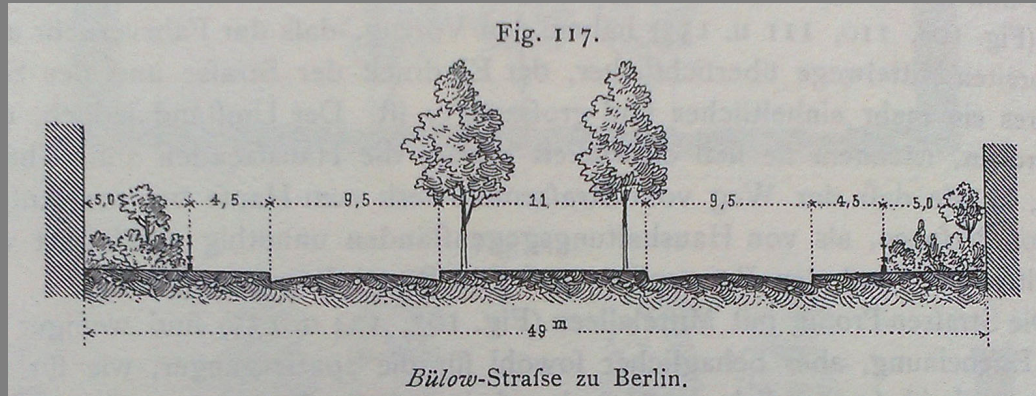
Tools: (non-medical) urban (and sometimes architectural) interventions

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Limitations:

>it takes many years to realize urban (and architectural) interventions

>health outcomes only occur *indirectly*. Link: lifestyles and behavior

>architects and urbanists lack the skills for assessing health outcomes

>architects and urbanists lack the skills for assessing lifestyle effects

Joseph Stübben, *Der Städtebau*, 1890

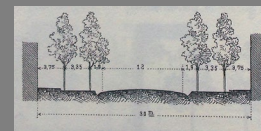
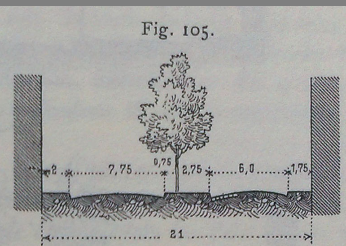
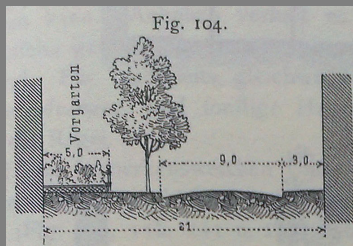
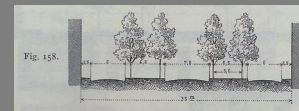
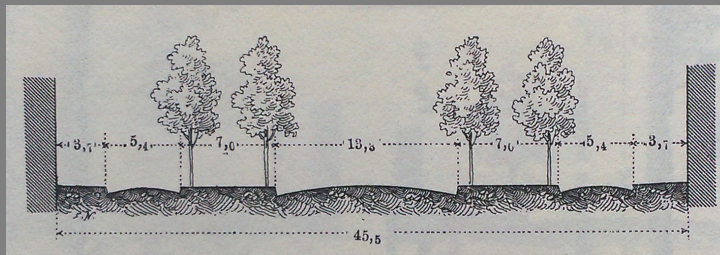
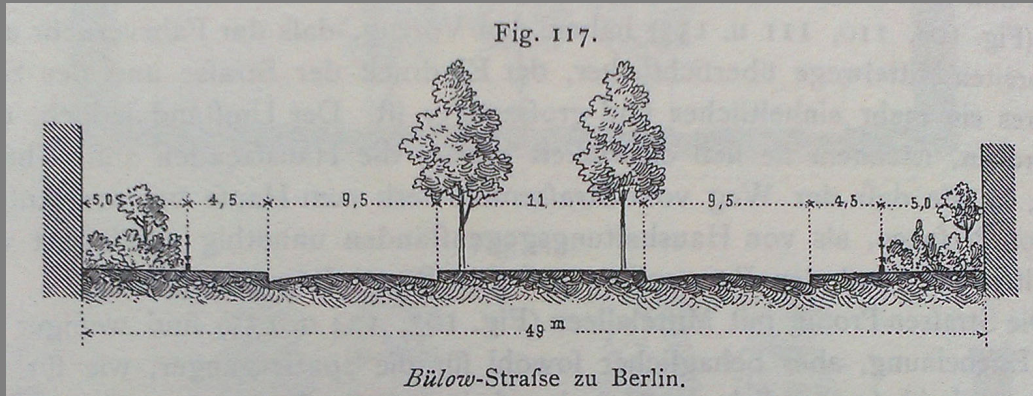
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Mission impossible?

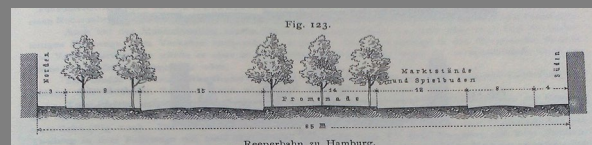
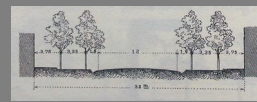
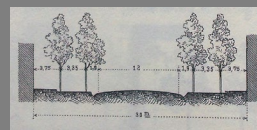
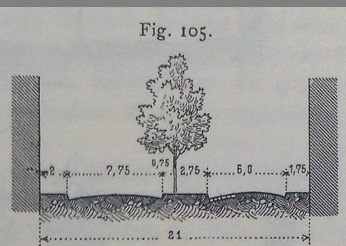
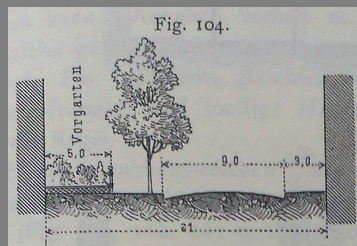
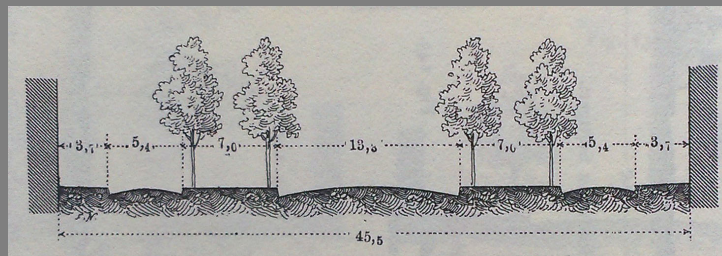
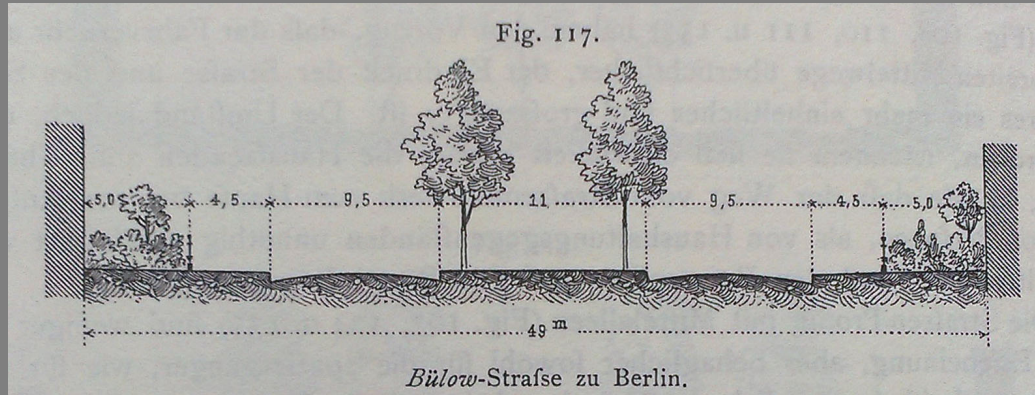


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Minimum requirements

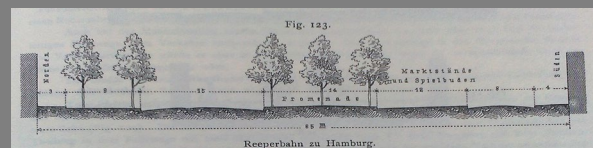
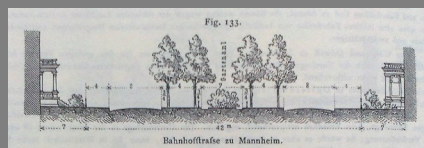
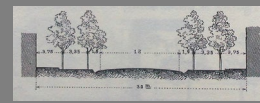
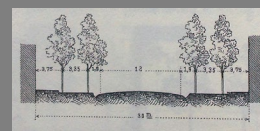
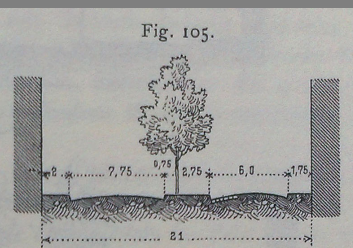
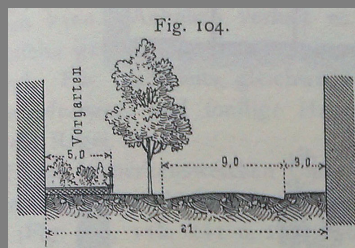
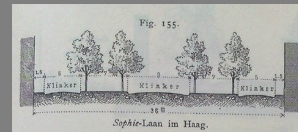
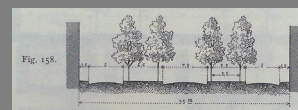
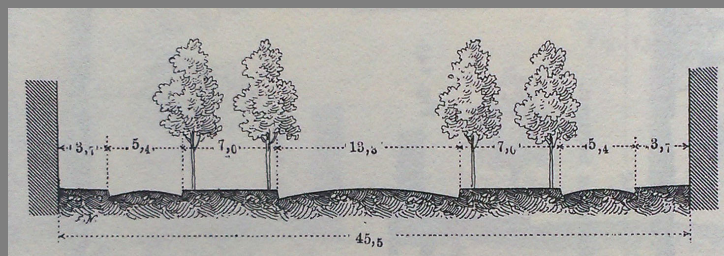
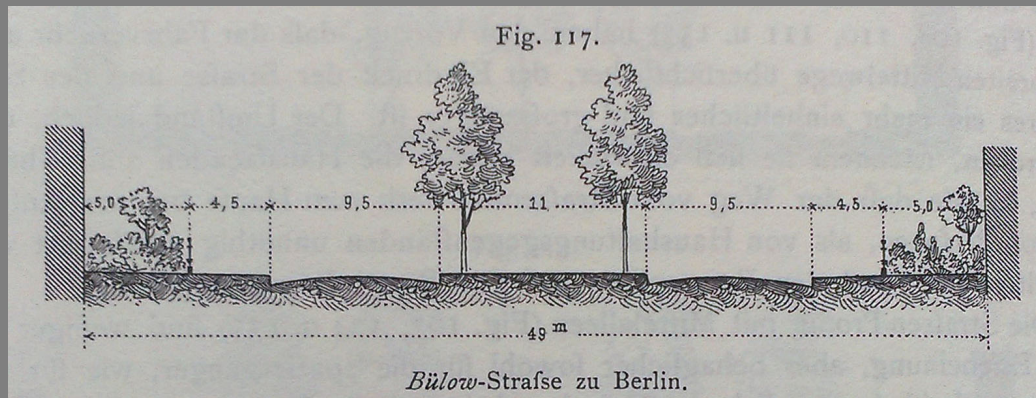
- A multidisciplinary team
 - .public health experts
 - .co-creation experts
 - .inhabitants
 - .designers
- An urban analysis of the original plan/model and later changes
- An analysis of the original social composition and later changes
- Public health data

Joseph Stübben, *Der Städtebau*, 1890

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„HEALTHY STREET MAKER“



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Pilot project: *Urban Design for Improving Health in Groningen (UDIHiG)*

Aim: improving public health in a typical, generic post-war neighborhood. Case-study: Paddepoel

Means: architectural and urban interventions

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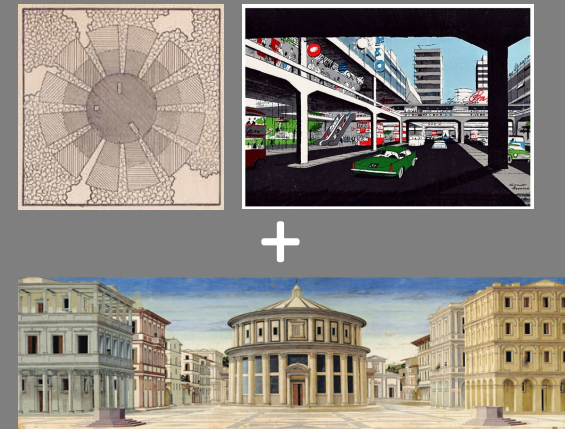


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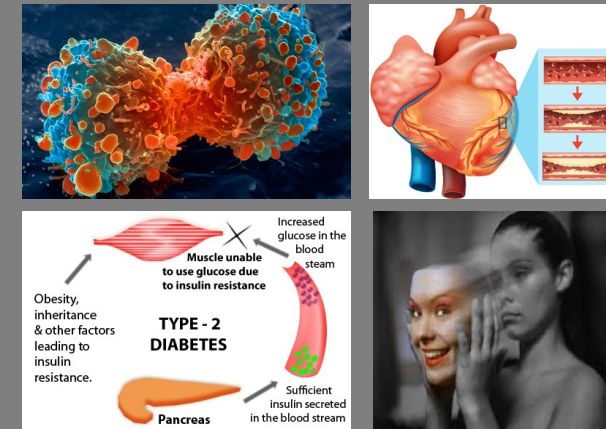
Urbanism



Lifestyles



Health Impacts



Diagnosis



Intervention



Evaluation



Alternatives



Evaluation



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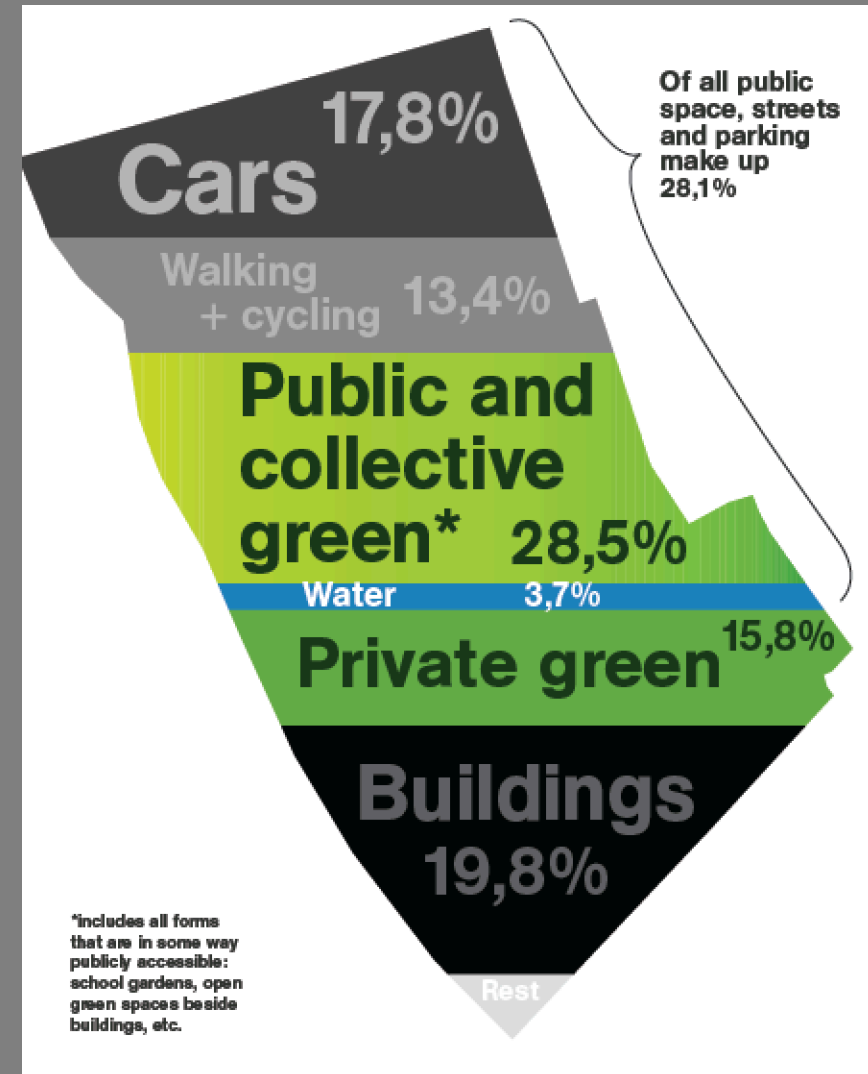
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Diagnosis: urban analysis

- >Original plans
- >Building stock (years, heights, typologies entrances)
- >Hard and soft surfaces
- >Greenery
- >Mobility: cycling, public transportation, car traffic, profiles, parking, facilities
- >Observations

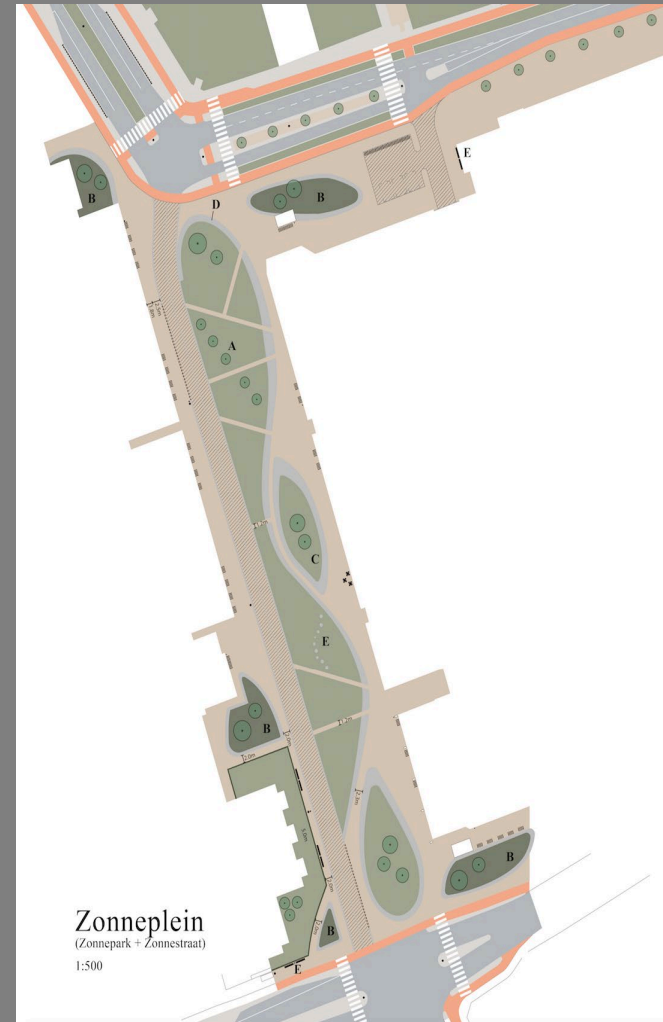
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Pilot: shopping center; re-design for accessibility



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Virtual Reality: Visualization, Experiencing, Evaluation, Designer's brief



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Consortium

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Stefan van der Spek



Cor Wagenaar



Marieke Zwaving



Manda Broekhuis



Jeroen de Willigen



Derk den Boer



Jolanda Tuijnstra



Frans Jaspers



Frans Greven



Mark Mobach

