

DEFINITION

Health-Friendly City: A city that promotes higher quality of life in terms of Pre Illness Wellness & Post Illness Healthcare.

Age-Friendly City: A city that caters to all age groups Wellness and Healthcare needs to lead a quality life at a reasonable cost.

Urban environments significantly impact the well-being of residents across all age groups in Mysuru

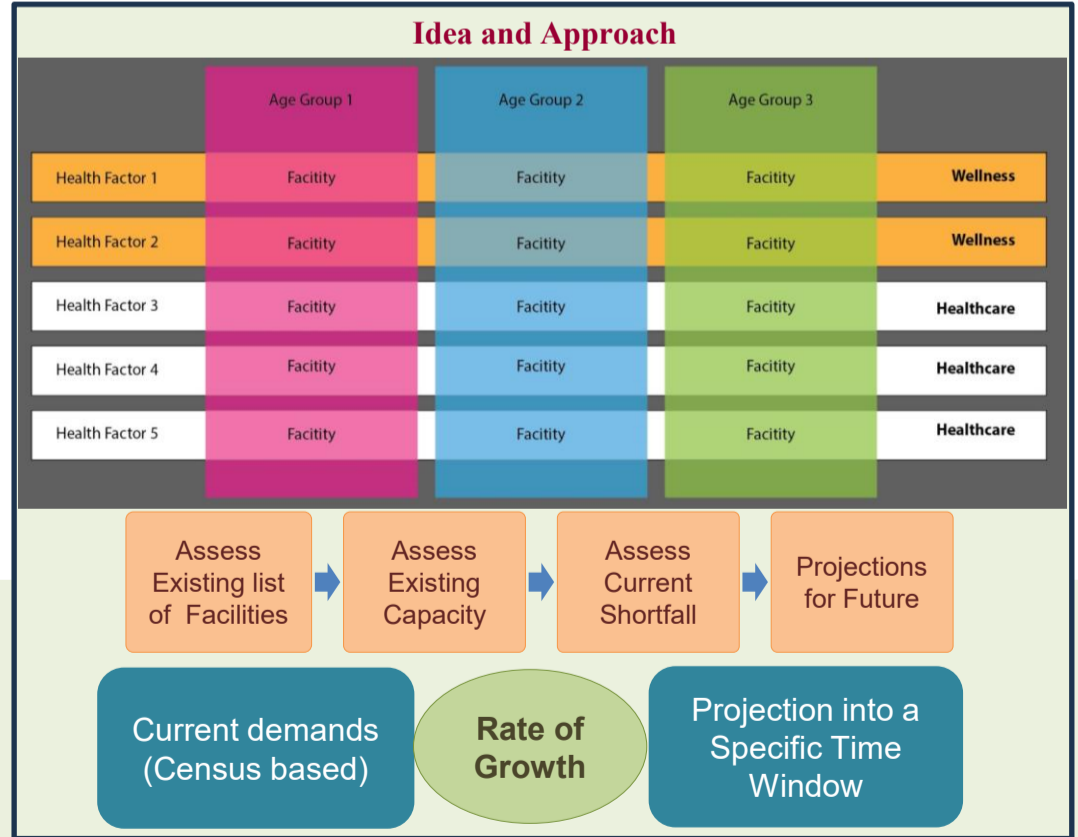
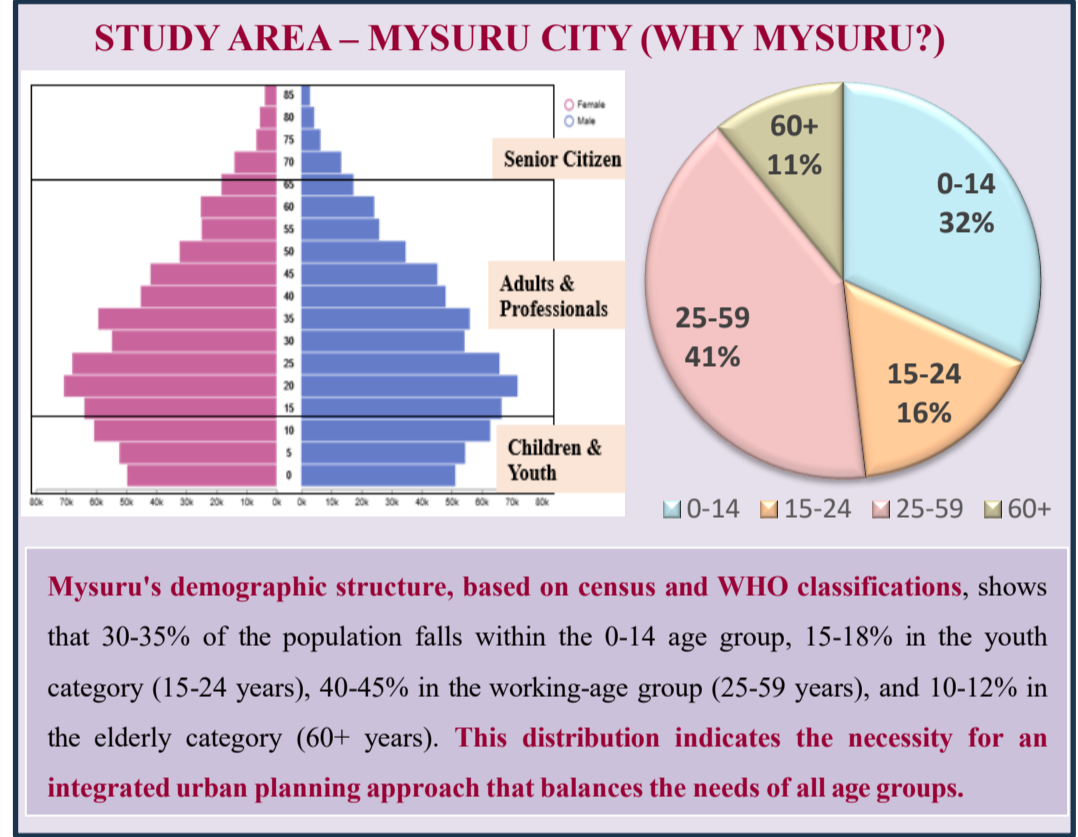
RELEVANCE OF THE TOPIC (WHY HEALTHY AND AGE-FRIENDLY CITIES?)

- Importance of planning cities that cater to all age groups (children, youth, adults, elderly).
- Impact of urban environments on physical, mental, and social well-being.

The goal is not just to plan a city but to shape an experience, creating a living, breathing ecosystem that nurtures every age group.

"The way we work in public health is, we make the best recommendations and decisions based on the best available data." – Tom Frieden

"Cities have the capability of providing something for everybody, only because, and only when, they are created by everybody." – JANE JACOBS



AIM

PLAN FOR HEALTHY AND AGE FRIENDLY CITY IN THE REALMS OF TRANSPORTATION, HEALTH FACILITIES AND GREEN SPACES

OBJECTIVES

1. To study the land use characteristics & spatial dynamics of Mysuru city .
2. To assess the existing urban green spaces, transportation system & health facilities in the study area.
3. To explore the integration of green spaces, transportation and health facilities with respect to healthy and age friendly cities framework in the study area.
4. To propose planning strategies and policy recommendations for planning healthy and age friendly city of Mysuru.

METHODOLOGY

OBJECTIVE 1

1. To achieve the above objective to study the land use characteristics of Mysuru by referring various
 - MASTER PLANS last 30 years
 - Spatial dynamics will be studied through .
 - FIELD SURVEYS, LAND USE analysis and land cover changes in the different period.
3. Use GIS to map urban growth and population density, highlighting changes in land use

OBJECTIVE 2	Techniques
Green Spaces Assessment	
Map existing green spaces, such as parks, gardens, and recreational areas, using GIS.	GIS Mapping
Evaluate the accessibility, usability, and coverage area of green spaces according to standards like WHO and URDPFI.	Proximity Analysis
Conduct user surveys to understand the specific needs of population in relation to green spaces.	Questionnaire Survey
Transportation Assessment	
Map the transportation networks, including public transport routes, roads, and pedestrian paths.-spatial accessibility analysis	Network Analysis
Collect data on modal share, accessibility, and walkability to understand the transportation environment.	<ul style="list-style-type: none"> • Mode Choice Modeling • Pedestrian Level of Service (PLOS) Analysis
Identify gaps in public transport and pedestrian-friendly infrastructure.	<ul style="list-style-type: none"> • Network Analysis • Service Gap Analysis
Health Facilities Assessment	
Map the location of health facilities, including hospitals, clinics, and primary health centers (PHCs).	Spatial Mapping
Assess accessibility of health facilities based on proximity and capacity.	<ul style="list-style-type: none"> • Proximity Analysis • 2SFCA
Conduct surveys to understand the usage patterns of health facilities by elderly populations.	Questionnaire-Based Surveys
Data Integration and Analysis	
Overlay the maps of green spaces, transportation, and health facilities in GIS to integrate data from these different sectors.	Spatial Overlay Analysis
Perform spatial gap analysis to identify areas lacking essential services for an age-friendly city.	Spatial Interpolation and Service Area Analysis

OBJECTIVE 3

Combine the data layers for green spaces, transportation networks, and health facilities, and overlay them to analyze their spatial interconnections and proximity to each other.

Assess how well the integration of these sectors aligns with sustainable planning principles, such as accessibility, equity, and inclusiveness, using tools like AHP or GIS suitability analysis, new opportunities based on current trends, looking into the future.

Evaluate the connectivity and usability of green spaces, transportation, and health facilities and validate findings through surveys to ensure their needs are met.

Opinion survey will be conducted by targeting city key stakeholders of Mysuru city –General public, service providers and Experts/administrators.

Techniques

- Weighted Overlay Analysis
- Analytic Hierarchy Process (AHP)
- Trend watching
- GIS-based analysis Surveys
- Stakeholder consultations

OBJECTIVE 4

Formulation of Strategies:

Develop strategies based on the gap analysis and integration results, focusing on improving inclusiveness for the elderly and disabled, ensuring better accessibility to public transport and green spaces, and promoting sustainability in urban planning.

Draft Recommendations:

Propose short-term, medium-term, and long-term strategies that address the identified gaps, ensuring they align with national and international planning guidelines, such as the WHO age-friendly cities framework, to promote a more inclusive and sustainable urban environment.

OUTPUT

The comprehensive planning document will provide actionable recommendations for improving green spaces, transportation, and health infrastructure, focusing on inclusiveness, accessibility, and sustainability. It will include maps showing proposed interventions in these sectors, highlighting areas for development and enhancement to guide future planning efforts.

Scope of the Study

1. Focus on Healthy and Age-Friendly Urban Development
Addresses inclusivity, accessibility, and well-being across age groups in the context of rapid urbanization in Mysuru.
2. Three Core Urban Systems Studied
Urban Green Spaces – Assessed for accessibility, safety, usability, and health benefits.
Urban Transportation Systems – Evaluated for walkability, barrier-free mobility, and age-friendly design.
Urban Health Facilities – Spatially analysed for equitable distribution and demographic responsiveness.
3. Geographic Scope Limited to MCC Area
Covers all 65 wards within Mysuru City Corporation boundary.
4. Integrated and Human-Centric Planning Approach
Moves beyond environmental indicators to prioritize spatial equity, dignity in mobility, and quality of life.
5. Identification of Health-Access Synergy Zones
Pinpoints spatial overlap or gaps in service delivery for targeted interventions.
6. Emphasis on Digital Health Opportunities
Explores potential of e-health, telemedicine, and GIS-based elderly support tools.
- 7.Addresses Broader Urban Challenges
Demographic shifts, service disparities, universal accessibility, and cross-sector policy gaps.

Limitations of the Study

1. Thematic Limitation : Restricted to green spaces, transportation, and healthcare; excludes sectors like housing, sanitation, education.
2. Exclusion of Environmental Health Indicators : Parameters such as air quality, noise, and climate resilience are not included.
3. Geographic Limitation : Analysis confined to MCC limits; excludes peri-urban and regional influences.
4. Limited Stakeholder Participation : No direct community workshops with children, elderly, or persons with disabilities due to access/time constraints.
5. Absence of Detailed Financial Models : Does not map funding mechanisms (e.g., PPP, BOT) or financing strategies for proposed interventions.
6. Lack of Disaster-Responsive Urban Health Planning : Emergency preparedness for events like floods or heatwaves not covered in detail.
7. No Structural or Architectural Working Drawings : 3D visuals, rendered walkthroughs, and conceptual architectural elements are included to represent planning intent; however, these do not extend to construction-level detailing, material specifications, or service layout designs. Cross-section standards are maintained, but full technical drawings fall outside the planning scope.
8. Limited Technical and Engineering Detailing of Infrastructure Proposals : While the study includes rendered views and walkthroughs to support visual understanding of the proposals, detailed engineering specifications such as material selection, operational protocols, street section dimensions, safety audits, and maintenance frameworks are not elaborated. These are recommended for the next phase involving departmental and technical coordination.
9. Exclusion of Financial Health and Socioeconomic Vulnerability as a Determinant of Urban Well-being : Economic capacity, health expenditure, and income-based access to services not analyzed due to data gaps.

INDRODUCTION

MYSORE CITY PROFILE

Mysuru was the most modern city in the 19th Century India and catered to the wellness and healthcare right from the year 1826 when Krishnaraja Wodeyar Hospital was built.

Mysuru Medical College and Research Institute was established in 1924.

Wellness is a key attraction of Mysuru and good lung spaces, good roads and general hygiene of the city is among the top cities of India.

Mysuru is a Yoga Center which attracts learners and practitioners from across the western and eastern world.

With this existing position, Mysuru's Health Focused planning for the future is definitive and positive to enhance the quality, reach and capacity of Wellness and Healthcare fulfillment.

Source: Mysuru city corporation (mec), government of Karnataka.

Mysuru	Mysuru	Mysuru
Municipal Corporation with Outgrowth	Mysuru	606,755
		762,408
		920,550

Mysuru

- 920,550 Population (2011) - Census
- 112.8 km² Area
- 8,160/km² Population Density (2011)
- 1.9% Annual Population Change (2001 -- 2011)

Mysuru: city in the state of Karnataka, India - Elevation: 745 m - Local dialing code: 821 - Postal code: 570001

Source: Saritha, A Demographic Scenario of Mysore City

Study Mysuru City Masterplan/s of past 30 Yrs

Study % of effectiveness achieved + contributing factors

Study in detail about parameters and sub-parameters

Define Basic Health Metrics for all ages & social-class - For next 30 Yrs -

Create Proposals for Spatial rearrangements

Create Proposals for optimisation of Resources

Create Proposals wrt 3 indicators

for Short-Term, Mid-Term and Permanent implementation

Planning for healthy and age friendly cities: A case of Mysuru city

SCHOOL OF PLANNING AND ARCHITECTURE

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