Data from the World Health Organization indicates that 54% of the world’s population lived in urban areas in 2014 (cite). According to projections from the United Nations, 2.5 billion people worldwide may live in urban settings by 2050 (cite). Without question, the need for higher-density urban housing will continue to be in demand in the coming years. Many urban-dwellers cite cities’ vibrant and complex cultures and environments as a key reason for choosing to live in urban settings. As population and density increase, human health must be considered in conjunction with the need for additional development. A selection of health considerations associated with urban high-rise housing are presented herein.
Residential views to natural settings such as parks and green spaces can be beneficial for all age groups. The micro-restorative experiences (Kaplan, 2001) of experiencing natural views improves attention and cognitive abilities cross-generationally, laying the groundwork for improved mental functioning, better interpersonal interactions, and overall sense of wellbeing.

Children with residential views of nature show signs of improved focus and attention, and better ability to think through problems (Wells, 2000; Wells & Evans, 2003).

Adolescent girls show improved self-discipline, including concentration, impulse inhibition, and delay of gratification when they had views of nature from their homes (Taylor, Kuo, & Sullivan, 2002).

College students living in dormitory settings performed better on cognitive tasks and reported improved daily functioning (Tennesen & Cimprich, 1995) when their residence overlooked natural settings.

Studies in workplace settings suggest that attractive window views reduce psychological discomfort (Aries, Veitch, & Newsham, 2010). These findings may be translatable to residential occupants who spend the majority of their time in the home, including children, caregiving parents, those who work from home, are retired, elderly, or those with disabilities that limit independent mobility. A 1967 study (Fanning) found a high rate of psychological distress among women who were full-time homemakers.

Post-operation patients in hospital rooms with views of nature had shorter hospital stays and required less pain medication than post-operation patients with views of an adjacent brick wall. (Ulrich, 1984)
Privacy

Privacy is typically a highly-rated concern among high-rise dwellers, constituting both auditory and visual privacy. F.D. Schoeman (1984) defines privacy as, “the measure of control one has over information about himself, intimacies of personal identity, who has sensory access to him”. While this definition seems clear enough, the actual boundaries of privacy in practice are quite ambiguous and subjective. High-rise housing faces particular challenges in mediating this public-private relationship, as individual units share floors, walls, ceilings, and common amenity and circulation spaces. Balconies and windows however, form a particularly sensitive boundary between the two spheres as visual access points allowing the public gaze into the private domain (Garvey, 2005).

Many residents prefer balconies that face the street as opposed to an adjacent building or shared courtyard in order to mitigate the privacy issues and unwanted social interaction. (Kennedy, Buys, & Miller, 2015)

Social isolation is a concern as residents seek to control privacy through limiting social interaction with other residents. Social isolation has been linked to an array of adverse health outcomes including compromised immunological functioning (Taylor & Repetti, 1997).
Social Connection &
Urban Green Space

Well-planned urban environments create opportunities for social
connectedness through mixed-use planning and the incorporation of
natural areas and green spaces. Benefits of social connectedness
can be realized for urban high-rise residents cross-generationally.
Neighborhood parks and playgrounds afford parents opportunities to
interact with other parents in the area, forming social networks and
prospects for social support.

Children with ADHD were reported to have improved attentional and
cognitive functioning after participating in activities in green settings.
(Wells, 2012)

Residents of residential building complexes with more green space
have stronger social ties, which is achieved through increased social
interaction (Kuo & Sullivan, 1998).

Elderly residents living in buildings surrounded by green common
spaces had higher levels of well-being and social integration than
those with little nearby vegetation (Kweon & Sullivan, 1998). In-
creased social interaction and a greater sense of connectivity is
associated with better physical and mental health among elderly
residents as well (Young, Russell & Powers, 2004)


