The sickness at the heart of modern cities is clear. But what's the cure?

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Do cities make us sick? A century ago, it went without saying that they did. With their teeming slums, open sewers, filthy streets and soot-laden air, global capitals such as New York, Rome, London, Paris and Hong Kong were rife with infectious diseases.

That world has been turned completely upside down. Poverty has shifted to the suburbs – a process which has been dubbed the "great inversion". Urban density is now associated with high wages, artistic creativity and entrepreneurial start-ups rather than epidemics.

But if our cities are experiencing a dramatic resurgence, inequality is also growing at a fantastic pace. Our economic geography is deeply polarised, and the fault lines run not just between cities and suburbs, but between comparatively rich cities and comparatively poor ones – and between the more or less advantaged and disadvantaged neighbourhoods within them.

If the downtowns of many older US cities are pre-eminently walkable, their more affordable peripheries and suburbs are as car dependent as most newer Sunbelt cities. And the affluent creative class is far from a majority: overall, it accounts for less than a third of the workforce. For most of us, urban living means long commutes, sedentary working days and the constant temptations of junk food and sugary and alcoholic beverages.

The prevalence of lifestyle diseases – atherosclerosis, heart disease, stroke, type 2 diabetes and the whole panoply of bad things that are associated with obesity, smoking and alcohol and drug abuse – is rising alarmingly. A new study by researchers at University College London (…) explores the factors that are driving this epidemic. One of its most striking findings is that the social isolation that occurs in cities and vulnerability to disease are closely associated.

That chimes with an important study published by Toronto Public Health, which looked into the increasing incidence of mental health problems and suicides in the city's population. The link it found between suicide and social isolation was unmistakable. Isolation is a fact of life in far-flung sprawling suburbs where people depend on the car, but it also occurs in even the most crowded cities.

There is good news and bad news in this. If urban living elevates some health risks, cities can also mobilise the resources that are needed to mitigate them. Most cities have well-established infrastructures for the delivery of social welfare and health services. Urban hospitals and clinics are developing more and more effective medical interventions; as medical schools and medical professionals reach better understandings of the specifically urban dimensions of health problems, they will be better able to respond to them. Urban density and diversity accelerate the transmission of information and ideas; cities are rich in media and other mass communication professionals and platforms that can go far to raise public awareness and change behaviours.

Quality of place is important too – numerous surveys have shown that the physical and intangible features of a city are associated with higher levels of happiness and better health. Poor health outcomes and intractable urban poverty are as closely related today as they were historically; raising minimum wages, improving education and creating higher levels of socio-economic mobility can go far to change that. Community-building can help dispel the plague of loneliness.

Cities need to become more like teaching hospitals where researchers, policy-makers, urbanists and residents can come together to identify the most effective ways to promote healthier lifestyles.

By the middle of this century, 75% of humanity will live in cities; we are about to embark on the greatest epoch of city-building that history has ever seen. We can do it systematically, making our cities better and healthier places, or we can wing it. The choice is ours. (635 words)