Abstract

As a place to live, the city can create a place for its inhabitants when the environment is optimal. The increasing trend of urbanization and environmental, social and demographic consequences have led to widespread responses of advocates of healthy living away from the health and environmental pollution has caused and centered on the idea of a healthy city as a way to achieve the good life. The purpose of this study is to evaluate the indicators of the healthy city in the current situation of Neyshabur city according to the standards announced by the WHO based on the statistics of three developed countries to identify deficiencies and failures. The research method was descriptive-analytical based on library and documentary studies, field surveys and interviews. The statistical population of the study consisted of 15-64 ages. The data were analyzed by SPSS software and the results were presented in the form of tables, diagrams and images of the research findings. Also, Topsis model was used to evaluate and rank the quality and superiority of indicators over a healthy city. Findings show that in evaluation of health indicator, components such as number of mental patients, non- contagious and contagious patients, due to being higher than the average value of 3, do not have the desirable status for health indicator. But two indicators of fertility rate and number of health workers show a more acceptable situation than the previous three. The health services indicator showed that the major failures related to the lack of proximity of Neyshabur city to world standards are related to the very poor status of the following components: number of nurses and midwives, number of health and medical centers, number of pharmacies, access to improved facilities (urban and rural) and health expenses. In terms of the human development indicator, although average education levels are rising, life expectancy is low. Percentage of population aged 65 and over in Neyshabur is much lower than the three countries in question, indicating low quality of life and low life expectancy in the city. Finally, it can be said that the health services indicator is more inappropriate to other components. As with the Topsis model, it is clear that the present situation of the health services indicator by 0.104 value is smaller than the other two indices and far from 1.

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