



2003-01-01

Healthy Cities

Julie Gannon

Dublin Institute of Technology, julie.gannon@dit.ie

Follow this and additional works at: <http://arrow.dit.ie/futuresacart>



Part of the [Urban, Community and Regional Planning Commons](#)

Recommended Citation

Gannon, J.: Healthy cities. *Futures Academy*, Dublin Institute of Technology. 2003.

This Article is brought to you for free and open access by the Futures Academy at ARROW@DIT. It has been accepted for inclusion in Articles by an authorized administrator of ARROW@DIT. For more information, please contact yvonne.desmond@dit.ie, arrow.admin@dit.ie, brian.widdis@dit.ie.



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 3.0 License](#)



Healthy Cities

Julie Gannon
The Futures Academy
Dublin Institute of Technology

Introduction

This article is based on a paper prepared by The Futures Academy for the 2003 International Healthy Cities Conference held in Belfast this year. It suggests that what we need in order to build a healthy future for our cities is a paradigm shift in the way respond to the changing nature of the 21st century city.

It is essential to make the city of today a more desirable place in which to live and work because the 21st century is the century of cities (Landry, 2002). With, for the first time, the majority of the world's population now living in cities and urban areas, the city can determine the present and future quality of peoples' lives. Effective urban planning and policy making is crucial so as to improve the health standards, working conditions and quality of life for our urban populations. Due to the fundamental changes occurring in the city at every level and the many other pressures on the urban environment, older solutions to the city's problems no longer work. More creative methods of thinking are necessary for the city of the 21st century, in order to look afresh at urban possibilities. Just as the economist Kevin Kelly (1997) stipulates that new rules are necessary to govern the new, knowledge-driven network economy of the 21st century, new creative methods of urban planning and thinking are required for the continually changing urban environment and the ever-expanding cities of our world.

One such new method of thinking is the World Health Organisation (WHO) Healthy Cities Network which aims to put health high on the agenda of European decision-makers. This innovative initiative involves a network of European cities that experiment with new ways of promoting health and improving the urban environment. This article is based on this idea of the 'Healthy City'. It aims to define and characterise a healthy city and to outline the ways in which we can achieve more healthy cities in the 21st century. In order to fully appreciate the concept, the problems associated with unhealthy cities will also be highlighted. To conclude, several scenarios and policy measures will be presented based on the futures approach advocated by The Futures Academy during the Conference in an attempt to promote this innovative type of thinking within urban planning and development for the future of our cities.

What is a 'Healthy City'?

A healthy city is one that seeks to enhance the *physical, mental, social* and *environmental* well being of the people who live and work within it. Several definitions have been suggested conveying various interpretations of the concept of the healthy city, some of which are expanded here:

“A ‘sustainable city’ is organised so as to enable all its citizens to meet their own needs and to enhance their well being without damaging the natural world or endangering the living conditions of other people, now or in the future”

(Girardet, 1999, p.13).

“Sustainable communities are defined as towns and cities that have taken steps to remain healthy over the long term. Sustainable communities have a strong sense of place. They have a vision that is embraced and actively promoted by all of the key sectors of society, including businesses, disadvantaged groups, environmentalists, civic associations, government agencies and religious organisations. They are places that build on their assets and dare to be innovative. These communities value healthy ecosystems, use resources efficiently, and actively seek to retain and enhance a locally based economy...Public debate in these communities is engaging, inclusive and constructive. Unlike traditional community development approaches, sustainability strategies emphasize: the whole community (instead of just disadvantaged neighborhoods); ecosystem protection; meaningful and broad-based citizen participation; and economic self-reliance”

(REC, On-line, 26/02/03).

From these definitions, it is clear that a healthy city is much more than a city that provides adequate medical care. Healthy cities are those that provide nurturing environments for all their citizens, environments that possess the following distinctive qualities as recognised by the Dublin Healthy Cities Forum:

1. Clean, safe, physical environment
2. Stable, sustainable ecosystem
3. Strong, mutually supportive community
4. Public participation and control
5. Meeting citizen needs
6. Variety of experiences
7. Diverse vital innovative economy
8. Links with the past
9. A city form to support these characteristics
10. Accessible public health and care
11. High health status

(www.dublinhealthycities.ie).

As is evident from the above definitions and qualities of a healthy city, a healthy city involves many interdependent and inter-related factors, only one of which is an effective healthcare system.

In summary, a healthy city is one that nurtures its members. What builds a healthy city also builds community, safety, prosperity and families.

Consequently, building a healthy city requires holistic planning and innovative thought involving everyone who can make a difference, not just those employed within the healthcare profession. As suggested by Duhl and Hancock (2003), a healthy city is “rooted in the simple but evolutionary idea that health is less about medical care than about equitable access to such basic prerequisites of health as food, shelter, transportation, clean air and water, education, physical safety and meaningful jobs paying sufficient wages. This way of thinking expands the idea that no person or family is an island; everyone’s life is bound up in the whole community”.

Achieving a Healthy City

Having defined a healthy city, it is now important to explain how we can achieve a healthy, sustainable city. Achieving a healthy city is a complex task that involves bringing together a variety of actors, agents and interest groups with varying backgrounds, aspirations, potentials and cultures (Landry, 2002). There are a number of preconditions for a city to be truly creative, innovative, sustainable and, in essence, healthy. The following is a list of the preconditions to a healthy city, as presented by Landry (2002):

1. *Personal qualities*
2. *Will and leadership*
3. *Human diversity and access to varied talent*
4. *Organisational culture*
5. *Local identity*
6. *Urban spaces and facilities*
7. *Networking dynamics*

1. Personal Qualities

Cities have one crucial resource – their people. Intelligence, imagination, creativity, motivation, commitment, open-mindedness and desire are some of the vital qualities required in order to create and sustain a healthy city. The citizen is an urban resource and will determine the ultimate success of a city.

2. Will and Leadership

A city needs people who have the will to tackle its problems and take on the city project as their own responsibility. Vision, energy, discipline, focus, willingness to make decisions, initiative and courage are some of the characteristics needed in order to lead the transformation of a city. Leaders must create a vision of what their city might be, must envision a path to this goal and must lead the city to this goal.

3. Human Diversity and Access to Varied Talent

In an environment where the skills, talents and cultural values of outsiders and immigrants are understood and appreciated, rather than feared, new ideas, opportunities and creativity will flourish and invigorate the city. Understanding and a willingness to learn from others are important preconditions to a healthy city.

4. Organisational Culture

In order to create a healthy city, changes to organisational culture may be necessary. Exposure to new ideas, shared learning, shared problem solving and mentoring are several methods that can be used to foster an organisational culture synonymous with a sustainable city. Devolution of authority, the empowerment of individuals, teamwork and, in general, a more open structure is the ideal organisational structure.

5. A Sense of Local Identity and Culture

A strong identity is a precondition for establishing civic pride, community spirit and care for the environment. Tolerance of other cultures and identities is key if local culture is to be harnessed and established. Consciousness of culture is an important asset and a driving force in promoting a healthier, sustainable city. The cultural resources of a city can be used to maximise a city's potential and create economic gain. Because of the phenomenon of globalisation, cities have become more similar to one another and, as a result, more detached from their cultural heritage and historical connections. The "anytown" syndrome consequently prevails. In this increasingly international, globalised world, culture plays a vital role in creating stability and a sense of localness perhaps now more than ever before. It can also be used to demonstrate that a city is unique, distinctive and has a real sense of being. These characteristics constitute several of the qualities of a healthy city. In order to create a healthy city, cultural resources should play a pivotal role in urban planning, rather than simply being seen "as a marginal addition to be considered once the important planning questions like housing, transport and land use have been dealt with" (Landry, 2002, p.7).

6. Urban Spaces

An essential element of a healthy city is public space, as both a physical setting and also as an arena for public debate and the exchange of information. The public realm is a vital characteristic of a healthy city as it helps with the sharing of information and ideas and helps to expand the horizons of the city's citizens. Meeting places and other public spaces ranging from conference rooms, to a town square, from parks to shopping centres are also part of a city's public space.

7. Networking Dynamics

The two aspects, according to Landry (2002), of networking include networking within a city and networking internationally. Networking is vital as a healthy city should never be disengaged from its regional hinterland (Landry, 2002). It aids communication and the establishment of connections within and outside the city. Networking helps to involve all players within a city to work together.

These are a number of the preconditions for achieving and sustaining a healthy city in the 21st century. Furthermore, strong local action and the commitment from all citizens to the health and sustainable development of the city is vital.

Indicators of a Healthy City

Conventional indicators of economic, social or environmental conditions do not easily translate to the city level. Specific indicators are therefore necessary to describe and measure urban health (Landry, 2002). Health indicators are “numeric measures of health and well-being” (Tsouros & Farrington, 2003, p.67), which convert data into relevant information, thus informing decision-makers and policy formulators. This leads to rational and informed decisions, benefiting the health of the city. Health indicators identify the aspects of a city that contribute to or detract from the health of the population; they can help find constructive solutions to urban problems; and they provide information to make comparisons of urban health over time and across different cities.

Measuring the health of a city is a complex and challenging task. Because many inter-related issues affect the health of a city and its citizens, several factors must be examined in order to define, describe and measure urban health. These factors include: physical, mental, emotional and spiritual health. The following table shows many of the indicators used by the WHO European Healthy Cities Network to measure urban health:

Health:

- Mortality
- Main causes of death
- Low birth weight

Health services:

- Infrastructure (self-help groups, support programmes and health education)
- Output (immunisation rates)
- Resources (physicians and nurses)
- Access (financial – percentage of insurance cover and geographical distance to emergency services; individual – service available in foreign languages)
- Public profile
- City health education programmes
- Inhabitants per nurse; inhabitants per primary health care practitioner
- Percentage of population covered by health insurance

Physical environment:

- Pollution (air, water, household waste and land)
- Housing (living space, quality, provision for special groups and homelessness)
- Urban design (green space, pedestrianization and sports facilities)
- Transport (public transport – extent and range and cycle routes)

Economic environment:

- Employment (overall and for disabled people and levels of poverty)

Social environment:

- Education

- Literacy
- Social structures (family structures, abortion rates and children in child care)
- Social disruption (crime and use of emergency services)

Public services:

- Budget for health and social action

(Tsouros & Farrington, 2003).

There are many further advantages to the use of health indicators. They can help to forge local links and can strengthen inter-sectoral links within the city. Furthermore, they can give the city a goal and an action plan with which to tackle urban health problems. Indicators can ensure that the city is going in the right direction in relation to urban health. However, difficulties may arise with the comparison of indicators across different countries, as the indicators may be interpreted by different cities. Also, there may be some reliability problems because of a multiplicity of systems for data collection in many countries (Tsouros & Farrington, 2003).

On a whole, however, the information collected by health indicators is informative and insightful. Indicators can act as an important instrument for cities to measure and ultimately improve health in our cities.

Problems of an 'Unhealthy City'

As explained above, to fully appreciate the concept of a healthy city, it is valuable to investigate what constitutes an 'unhealthy city'. There are numerous problems associated with unhealthy or unsuccessful cities that are shared across a number of cities across the world. Poverty and unemployment can breed hopelessness, unfulfilled expectations, and boredom, and can thus increase the chasm between the middle classes and the employed working classes and those known as the 'socially excluded'. Violence, crime and vandalism can result in the collapse of the established order, thus hindering the possibilities to develop creative solutions to the cities problem. As Landry (2002) explains: "Multiple deprivations create 'sink estates', where nearly everybody and everything is pulled down." Other problems within large urban areas involve the spread of fear, insecurity and xenophobia within original communities when cities see the arrival of large populations from other parts of the world. The rapid change in the composition of communities can also leave the incomers feeling isolated, lonely and excluded from their new community.

Furthermore, urban areas have relatively high levels of tuberculosis, cancer, adult obesity, poor mental health, tobacco smoking, drug abuse, alcohol consumption, sexual transmitted diseases (including AIDS), crime, homicide, violence, vandalism, and accidental injury and death (Tsouros & Farrington, 2003). The extent of urban health problems seen in the above list demonstrates the need to improve urban health and the need to establish 'Healthy Cities' for the urban populations of the 21st century.

Future Thinking the Healthy City

As discussed in the newsletter article prepared by The Futures Academy entitled “Imagineering Cities: A Plea for More “Futures Thinking” in Urban Planning and Development”, there is an urgent need to transform our current approaches to city planning in order to promote quality of life in our cities and enhance the health of all citizens. It is becoming increasingly evident that city structures and systems are changing, and there is little doubt that the city of tomorrow will be fundamentally different from the city of today. In response to this change, something new is required. The original paper prepared for the Belfast Conference outlined how a local city community might respond to these changes by adopting a “prospective through scenarios approach” to learn how to help prepare for future uncertainty and ultimately understand what is going on in their environment, to appreciate the complex forces shaping their locality, to think imaginatively through what this means for them, and then demonstrate a readiness to act upon this new knowledge. In this way, policies or plans based on this type of approach can help bring desired and likely future circumstances in closer alignment.

A “simulation” study was carried out to demonstrate how the process might be carried out and what might result. The following three future scenarios were developed.

“Cupidity”

This scenario is characterised by an overindulgent city. It is the year 2020 and the city’s appetite has grown to engulf all in its path, physically and socio-economically. Traditional city lifestyles, identities and ideals have been abandoned in favour of a fast-paced, debaucherous way of life.

Economic prosperity has determined the primary functions of the city in this centralised city state. Globalisation has taken rule in the city, which consequently embodies the “anytown” prototype. Social issues are not a priority for the narcissistic middle-class society that reign, as they can afford not to pay attention to such matters. Social services are costly but affordable to this wealthy young business class. An ever-widening gap between the rich and poor is emerging however, and social exclusion is a matter of urgent concern within the city that is not being addressed. The city is being pillaged by its citizens, who are, as a result, treading on thin ice.

The city generally represents an unhealthy environment in which to live and work. Business and financial institutions have set seed in the city centre and skyscrapers overshadow the skyline. Urban decay has rooted and spread to the inner-city suburbs. Suburbia is the new found way of life for those who can afford it. A “healthy life” can now be purchased from the privatised healthcare sector but for how long will the current ethic of “work hard, play hard” prevail? The city is choking as its carrying capacity has long been surpassed. Will the wealthy be able to sustain their indulgent lifestyles at the expense of the health of the urban environment?

“Sudden Times”

This scenario is representative of a fragile city in the year 2020. Economically, there has been an unexpected downturn in the global markets, which has had immediate consequences for cities and city life.

Priorities have shifted from those concerned with luxuries to those concerned with basic necessities. Job security is a number one priority on the political agenda within the city, whereas issues such as healthcare, education and the environment are left on the backburner.

It is a dangerous and uncertain time for the city as sustainability issues are recoiled and government revenue is pumped solely into the economy. An air of apprehension sweeps through the city and a sense of nausea prevails. The city embodies an almost unconscious entity awaiting a breath of new life. Health seems a far cry from the city as scepticism emerges.

Time will soon tell the story of the city. Nothing is certain within this urban environment, as the future of the healthy city remains to be told.

“Cocoon”

It is the year 2020 and a metamorphosis has occurred in the city. Governing structures have devolved enabling local democracy to rule the roost. The citizens of the city play the most prominent role in shaping the future of their living environments through active participation in political and social affairs.

Cities in this scenario are influenced primarily by local agendas and consequently, represent healthy but somewhat vulnerable urban economic environments. Social issues dominate the political agenda and a civic society prevails. Childcare, healthcare, care for the elderly and education are prioritised as issues demanding attention, which have subsequently been met. Furthermore, urban environmental services such as public transport, waste management and social housing have all been adequately addressed, owing in particular to the revenue created as a result of the implementation of the “polluter pays principle” in all local policy measures. Quality of life within the city is high, as the stressful, fast-paced ways of the early 21st century have been replaced with a slow-paced lifestyle.

The city, however, is not economically buoyant. Times are uncertain, as multi-national interests have abandoned the city in search of more opportunistic city environments. The citizens of the city, therefore, must ensure the self-sufficiency of the city is sustained for this healthy, slow-paced city to survive.

Based on the scenarios developed, a series of policy options were formulated. These include measures such as:

- Promoting an awareness of the need for sustainability through radical initiatives in education at all levels.
- Securing and sustaining employment opportunities.

- Reducing poverty and social exclusion.
- Improving housing access, condition and affordability.
- Fostering a healthier population.
- Reducing crime and the fear of crime.
- Providing good access to local services.
- Ensuring adequate provision of social, civic and recreational facilities.
- Encouraging effective leadership and governance.
- Introducing innovative fiscal measures to promote sustainable development.
- Placing greater emphasis on the implementation and enforcement of policy.
- Establishing a set of parameters or criteria by which planning policies and development decisions are made against such fundamental principles as irreversibility, precaution, subsidiarity and empowerment.

Conclusion

In this article, it is argued that the 21st century is the first urban century. Cities are moving centre-stage and it is certain that they will become the dominant human habitat of the future. Urban environments today represent “complex adaptive systems”, faced with testing challenges which must be addressed with confidence in an attempt to promote quality of life and enhance the health of all citizens. City structures and systems are changing, and there is little doubt that the city of tomorrow will be fundamentally different from the city of today.

In conclusion, it can be stated that one of the main problems with conventional planning is that it tends to reinforce the present. What is needed to promote a viable, sustainable and healthy city is the adoption of a vision, the adoption of a longer perspective than those commonly afforded by traditional planning approaches. This can only happen through the adoption of the “prospective through scenario” process. As expressed by Ellyard:

“The future is not a probable place we are being taken to, but a preferred place we are creating. The tracks to it are not found and followed, but made by laying and constructing a trail.”

References

- Duhl, L. & Hancock, T. (2003): *Healthy Cities, Healthy Children* [On-line].
<http://www.unicef.org/pon97/indust1.htm>
- Girardet, H. (1999) *Creating Sustainable Cities – Schumacher Briefing No.2*, Green Books, Devon.
- Kelly, K. (1997) *New Rules for the New Economy: Twelve Dependable Principles for Thriving in a Turbulent World*, Wired, September.
- Landry, C. (2002) *The Creative City: A Footprint for Urban Innovators*, 4th Edition, Earthscan Publications Ltd., UK & USA.

REC, The Regional Environmental Centre for Central and Eastern Europe, [On-line]. <http://www.rec.org/REC/programs/sustainablecities/what.html>, [26/02/03].

Tsouros, A. D. & Farrington, J. L. (eds.) (2003) *WHO Healthy Cities in Europe: a compilation of papers on progress and achievements*, WHO Regional office for Europe, Denmark.

<http://www.dublinhealthycities.ie/pages/background.htm>