

Journal of Comparative Urban Law and Policy

Volume 5

Issue 1 *A Festschrift in Honor of Arthur C. Nelson on the Occasion of his Retirement - Agenda for Building a Changing World Responsibly: Commentaries and Reflections by Leaders in Urban Planning, Policy, and Design*

Article 6

The Boldness of Healthy Cities: A Tricky Challenge

Ann Forsyth

Harvard University, aforsyth@gsd.harvard.edu

Follow this and additional works at: <https://readingroom.law.gsu.edu/jculp>



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

Recommended Citation

Forsyth, Ann () "The Boldness of Healthy Cities: A Tricky Challenge," *Journal of Comparative Urban Law and Policy*. Vol. 5 : Iss. 1 , Article 6, 22-25.

Available at: <https://readingroom.law.gsu.edu/jculp/vol5/iss1/6>

This Article is brought to you for free and open access by Reading Room. It has been accepted for inclusion in *Journal of Comparative Urban Law and Policy* by an authorized editor of Reading Room. For more information, please contact gfwolke@gsu.edu.

THE BOLDNESS OF HEALTHY CITIES: A TRICKY CHALLENGE

Ann Forsyth*

ABSTRACT

How can planning use health more fully to build more visibility, better alliances, and more substantial public support while focusing on important and meaningful change? Unfortunately, healthy cities and communities' approaches are often on the margins of the planning field, not the center. While most people support making places that can promote health, this can be complicated at times of crisis or constraint when, for example, some may perceive economic health to be in tension with human health. At its best, however, the idea of making healthier places can meld together individual and collective goals. To make health more central, however, will require creating a long-running infrastructure for collaboration among professions and occupations, the public and civic sectors, businesses, and governments. It would need to capture the imagination.

A TRICKY CHALLENGE

Planning is inherently bold in looking beyond the individual and immediate to the collective future. This is also its challenge as such a vision is hard to get right and even more difficult to get implemented. If planning were easy, cities and regions would be quite a lot more equitable, efficient, environmentally friendly, and delightful.

One way to achieve a more promising collective future is to enlist allies, and in recent decades many planners have explored alliances around the theme of health. From the obesity crisis to the coronavirus pandemic, planners have seen a role for the profession in disease prevention and in building and rebuilding healthier places. For urban planners, focusing on human health has the potential to bring together substantial constituencies to improve cities and regions. The idea of creating healthy cities or developing health-in-all-policies approaches has potential to be more popular in some communities than planning that aims for social equity, sustainability, and resiliency. It can do this while focusing on important concerns including the multiple dimensions of health equity or connections between environments and mental well-being. It can provide a more meaningful focus than some of the other ideas for improving cities and regions, such as the smart city, while incorporating some similar strategies.

* Ruth and Frank Stanton Professor of Urban Planning, Harvard University.

The challenge is how planning could place health in the center of the field. Doing so will require fashioning new collaborative structures among planning and allied professions and occupations, as well as the public, private and nonprofit sectors. It also depends on the need to capture the imagination.

THE BASIC HEALTHY CITY

The fields of planning and public health have long intersected, though the strength of that interaction has varied over time. In the 1980s, what I call the basic healthy cities idea crystalized in public health though reaching beyond it (Forsyth 2020). While the specific details of the approach have evolved over time, there are now several decades of experience using comprehensive and collaborative approaches to incorporate health in existing places (De Leeuw 2017; WHO 1997).

In the classic formulation by Hancock and Duhl (1986), healthy cities are focused on numerous parameters including high quality physical environments, sustainable ecosystems, strong communities, significant public participation, well-met basic needs, substantial access to experiences and resources, diverse economies, cultural and historical connectedness, supportive city forms, optimal levels of health care and public health, and overall high health status. Promoted as a program by the World Health Organization, and developed more locally in numerous countries, the idea of healthy cities and communities has had some traction. Later, the age-friendly community movement built on this base.

For its part, urban planning took a little longer to reconnect with health (Sloane 2006). But nowadays the relationship between planning and health is seen as an important one, if only as a way of explaining why planning matters. The most visible connection has been that between the built environment and health. However, planners working in the area have, over time, emphasized procedural issues. For example, a recent American Planning Association (APA) health policy guide focuses on those topics. These include cross sectoral collaborations, health in all policies, evidence-based practices, public engagement, and dedicated funding, along with physical and programmatic community design (APA 2017; Forsyth et al. 2017).

These dimensions obviously link to the core capacities of planning. In the 1990s the U.S. Association of Collegiate Schools of Planning commissioned a report to identify the core components of the field (Myers 1997). The committee proposed six key dimensions: improving human settlements, understanding interconnections and linkages, looking to the future and change over time, identifying diverse needs and distributing benefits, promoting open participation, and linking knowledge and collective action. Both lists—from APA on healthy communities and ACSPP on planning—emphasize participation, evidence, collaboration, and place, though the planning definition has an eye to the future.

WHAT WOULD IT TAKE TO DO MORE?

The basic healthy city and its variants seem so sensible—collaborating for an equitable and healthy future. They are flexible enough to address the challenges of future health crises as well as current ones (Ross et al. 2015). However, healthy communities programs in specific places have tended to come and go over time. While they have appeared in every continent, only a few, mostly in Europe where the WHO is a major force on this topic, have remained active over decades (Tsouros 2015; Belfast Healthy Cities 2013; De Leeuw 2017).

It may be that having healthy places programs fade away is to be expected in that programs that achieve their aims do not need to go on forever. Those working in public health may move on to focus on other activities from vaccination to worker safety. Planners may be interested in resilience, sustainability, or equity, not specifically framed in terms of health. Place-based initiatives like healthy cities and communities, or age-friendly communities, may be replaced by health in all policies approaches and the like. However, I fear that in many places such initiatives have disappeared not because they succeeded but because they failed, as so many cross-sector collaborations do (Bryson et al. 2006).

To go further requires champions, but ones that understand evidence, listen well, and can promote a shared vision. They need to be part of institutions that can have staying power—not ad hoc working groups but organizations with far more potential longevity. Recentering planning around health would begin to provide such a framework for practice and education. I can only hope it will.

REFERENCES

- American Planning Association. 2017. Healthy Communities Policy Guide. <https://planning-org-uploaded-media.s3.amazonaws.com/document/Healthy-Communities-Policy-Guide.pdf>
- Belfast Healthy Cities. c. 2013. *Belfast: A WHO Healthy City through 25 years*. https://www.belfasthealthycities.com/sites/default/files/publications/BHC_25years.pdf
- Bryson J., B. Crosby, M. Middleton Stone. 2006. The design and implementation of cross-sector collaborations: propositions from the literature. *Public Administration Review* 66: 44-55.
- De Leeuw, E. 2017. Healthy Cities are back! (They were never gone), *Health Promotion International* 32, 4: 606–609.
- Forsyth, A. 2020. What is a Healthy Place? Models for Cities and Neighborhoods. *Journal of Urban Design* 25, 2: 186-202.
- Forsyth, A., E. Salomon, and L. Smead. 2017. *Creating Healthy Neighborhoods: Evidence-based Planning and Design Strategies*. Chicago: APA Planners Press/New York: Routledge.
- Hancock, T., and L. Duhl. 1986. *Healthy Cities: Promoting Health in the Urban Context*. Copenhagen: WHO Europe.

- Myers, D. 1997. Anchor Points for Planning's Identification. *Journal of Planning Education and Research* 16(3) 223-224.
- Ross, A.G.P., S. Crowe, M. Tyndall. 2015. Planning for the next global pandemic. *International Journal of Infectious Diseases* 38: 89-94.
- Sloan, D.C. 2006. From congestion to sprawl: Planning and health in historical context. *Journal of the American Planning Association* 72, 1: 10-18.
- Tsouros, A.D. 2015. Twenty-seven years of the WHO European Healthy Cities movement: a sustainable movement for change and innovation at the local level. *Health Promotion International* 30: s1, i3-i7.
- World Health Organization. 1997. *Twenty Steps for Developing a Healthy Cities Project*. Third Edition. Copenhagen: WHO Regional Office for Europe.