A Short History and Some Acknowledgments

In the late 1950s, as Chief of Planning at the National Institute of Mental Health, I brought together a diverse group of experts from different fields, from academia and the community, from research and action. We gathered to discuss the interrelationship of "man and the environment."

We discussed many topics, but systems, ecology, community, and relationship were among the foremost concerns. Our discussions were "way out," and we even called ourselves "space cadets," long before those terms were in common usage. We knew that the complex interrelationships of a variety of factors affected mental and physical health; the more one looked at the critical issues of prevention, treatment, and rehabilitation, the more it was clear that the old professional boundaries were overlapping.

In 1963, the "space cadets" presented their concerns at a national meeting. The papers were published in *Urban Condition*,[1] a groundbreaking book soon used in departments of city planning and, less so, in schools of public health. Our basic premise was that cities must be looked at as interrelated complex ecological organisms in which housing, transport, city planning, economic development, and many other facets interacted with health and medical issues.

In the 19th century, much work was done that linked cities and health. Public health and urban planning were then one profession. In the United States, people like Jacob Reis knew that there must be clean housing to have healthy people. Lincoln Steffens, in *The Shame of the Cities*,[2] pointed to similar connections among politics, business, poverty, crime, and illness.

Trevor Hancock has pointed out that sewers were created in the city of London because business owners wanted the city clean. More recently, Thomas McKeown demonstrated in epidemiological studies that illness and health are related more to social and other factors than to medical care.[3]

At the same time, paradoxically, concern for the environment led to broadening the list of determinants of good and ill health. Where in the past environmental health had meant clean water, air, and sanitation, the new environmentalists asked that we be concerned with the natural environment and its preservation and sustainability. But this emphasis ignored the urban environment, poverty, and related social issues. Healthy Communities brings the two trends together.

The forerunner of Healthy Communities was Healthy Cities. Its creation can be traced to a meeting convened by Trevor Hancock in Canada in 1983, called "Beyond Health Care," where a diverse group of people from various professions, mostly outside medicine, created an atmosphere for acceptance of a new paradigm. At that meeting, I looked at the actions of the past and suggested a need for Healthy Cities. The immediate response was from the World Health Organization (WHO), which started a program in Europe under the leadership of Ilona Kickbusch, now at Yale, who gave it direction, momentum, and success.

Soon after, Joe Hafey, now of the Public Health Institute, and Beverly Flynn at the University of Indiana saw the possibilities for the United States. Quickly, in California and Indiana, the first Healthy Cities programs emerged. Joan Twiss in California led a truly remarkable statewide Healthy Cities program dealing with issues of government, parks, community organization, and more. As with the European experience, the idea began to spread. Communities began starting programs spontaneously, calling first upon the early experts, and then on one another. More state networks were created.

Michael McGinnis, of the US Public Health Service (PHS), with the staunch help of Ashley Files, called together a national Advisory Group, which decided that PHS should support a broad Healthy Cities endeavor. The National Civic League seemed an appropriate locus for our work, primarily because we wanted to go beyond the broadened definition of public health and include cities' governance and structure. With Chris Gates's leadership, Healthy Communities ideas began to reach mayors and city managers. Their initial activities, led by Tyler Norris, which included work on a national agenda and the All America Cities award, spread the word to cities of all sizes.

In 1993, the First International Healthy Cities Conference took place in San Francisco, supported by Joe Hafey and the then Western Consortium for Public Health. The conference brought together 1,500 people and programs from all over the world to share their experiences. Its interdisciplinary nature allowed two foci: a broader con-

cern with the public's health and a deeper understanding of the nature and operations of cities, communities, and neighborhoods.

A unique feature of the conference was a Commons in the middle of the hotel, created by San Francisco and Oakland activists under the leadership of Karl Linn, a creator of neighborhood parks. The Commons was a place to gather, talk, eat, listen to music, and share experiences. I mention this only because of the need for a Commons, or gathering place, for diverse people and interests in every city. Out of this meeting came the International Healthy Cities Foundation and its website (**www.healthy cities.org**), which assisted in connecting and linking programs in the US and elsewhere.

It was also from this conference that Mary Pittman, soon to join the Health Research and Educational Trust of the American Hospital Association, saw the possibility of helping hospitals rethink their role in the community. She began pushing the Healthy Cities agenda. With help from the US Centers for Disease Control and Prevention, the Kellogg Foundation, and the energy of an expanding group of people, what emerged was the Coalition for Healthier Cities and Communities (CHCC). Partners at the national, state, and local level are participating in CHCC's Healthy Communities Agenda Campaign, using a dialogue guide to create action in communities across the country. The CHCC website (**www.healthycommunities.org**) is an important resource for emerging and ongoing programs.

This is the short history, and these are only a few of the many people who are responsible for this movement. Contributors to this special-focus issue of *Public Health Reports* are a diverse collection of people. They are looking at Healthy Cities and Communities in many different ways. Each may have his or her own special interest, but something holds them together—a concern with the context of health and the need to involve many non-health people and the community as a whole in creating community health.

Because Healthy Communities is not yet a discipline or even a field, there are different definitions or lists of requirements for a healthy community. Among them are the six characteristics of a healthy city that I outlined in my book *The Social Entrepreneurship of Change*[4]:

1. Healthy cities/communities have a sense of history to which their citizens relate and upon which their commonly held values are grounded.
2. Healthy cities are multidimensional and have a complex and interactive economy.
3. Healthy cities strive for decentralization of power and citizen participation in making decisions about policy.
4. Healthy cities are represented by leadership that focuses on the whole of a city and can visualize both the parts and the whole simultaneously.
5. Healthy cities can adapt to change, cope with breakdown, repair themselves, and learn from both their own experience and that of other cities.
6. Healthy cities support and maintain their infrastructures.

All definitions, however, underscore the value of active community participation in planning, running, and evaluating programs. Clearly, the many volunteers (a majority of whom are women) who are social entrepreneurs in a community are what make the programs work. We need collaboration from government and all other sectors, but it is the power of people commanding the events that affect their lives that makes the difference in these programs.

This collaboration and critical role for communities is also clear on the international scene as Healthy Cities and Communities help each other across national boundaries, continents, and hemispheres. David Satterthwaite's journal *Urbanization and Environment* recently published a 300-page issue on Healthy Cities efforts around the world (Vol. 11, No. 1, 1999).

The Pan American Health Organization (PAHO), starting with Helena Restrepo and Maria Teresa Cerqueira, has helped create *Saludos Municipales* throughout Latin America. They were helped by people from Europe (especially Carlos Alvarez in Spain and John Ashton in England), Canada, and the United States. Réal Lacombe from Quebec has worked in French Africa, and Western Europeans have worked in Eastern Europe.

Many more programs, not using the terms Healthy Cities or Communities, have similar principles and approaches, whatever they call them. Safe cities, sustainable communities, livable communities, urban ecology, community economic development, faith and healing—the approaches are often the same

This issue's goal is to accelerate the dialogue. We are grateful to *PHR* for this opportunity.

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References

1. Duhl L, editor. Urban condition. New York: Basic Books; 1963.
2. Steffens L. The shame of the cities. Reprint ed. Mattituck (NY): Amereon Ltd.; 1957.
3. McKeown T. The role of medicine: dream, mirage or nemesis. Oxford (UK): Blackwell; 1979.
4. Duhl L. The social entrepreneurship of change. Putnam Valley (NY): Cogent Publishing; 2000. ■