

# MAKING THE WORLD A BETTER PLACE

## THE HEALTHY CITIES PROGRAMME



Dr Trevor Hancock

### It all began in Lundu...

"The first time I was here was 30 years ago. I worked as a volunteer at a secondary school in Lundu from 1966 to 1967. I was seventeen. In many ways the origins for me of thinking about healthy communities started in Lundu.

I went back to Medical School in England at St Bartholomew's Hospital, a very specialist-focussed hospital, where they didn't teach you about family medicine or community medicine or public health or hardly any of that. I came out of that programme wanting to be a family doctor. From there I moved on to Canada and public health after 4 years of family medicine.

One of the things that I was really conscious of [as a result of my stay] in Sarawak was that it is perfectly possible to be happy and healthy without having modern medicine (of course there wasn't a whole lot of modern medicine available then). I always understood that modern medicine was not the major determinant of good health and I really began to learn that way back [when I was] in Lundu. The more I practised the more that became clear."

### Laying out the agenda for a Healthy City

"I left clinical medicine and went into public health in 1979. I did my Masters in the University of Toronto and started to work for the City of Toronto Health Department in 1980. I was the health planner for the city's health department and my job was to develop a strategic plan and a mission statement. And the mission statement that we came up with in 1981 was that we wanted to

help make Toronto the healthiest city in North America.

In 1984, I organised a conference to mark the 100th Anniversary of the Board of Health of the City of Toronto. Part of that conference was a one day workshop called "Healthy Toronto 2000", in which we began to layout the agenda for a healthy city.

Len Duhl was invited as a keynote speaker because I knew his work in health and the city. A woman named Ilona Kickbush who was then the Health Promotion Officer for WHO Europe came over for the conference and attended the workshop. And that's where she got the idea of taking the healthy city idea back to the WHO and turning it into a European project. That's why Len and I and Ilona are seen as the three people who founded this whole idea." (Note: Leonard Duhl is a Professor of Public Health at UC Berkeley and Ilona Kickbush is the WHO Director of Health Education, Promotion and Communication at Geneva).

### The WHO Healthy Cities Programme

"Preliminary work on the European project began in 1985. In January 1986 we had our first planning meeting. I started working as an advisor to WHO, and Len and I worked on the initial background paper for the [European] project. We had the first international meeting in Lisbon, Portugal in March or April of 1986 and 27 cities showed up. And the rest is history, as they say. Since then, over 2,000 Healthy City projects have begun in cities, towns and villages all over the world.

The WHO project began as an invitation only project, and they now have a group of 35 cities that they work with directly. But they've also encouraged countries to set up their own national networks. And these vary from place to place, even within countries.

One of the things that has changed and has actually very important implications for

Since 1994, Kuching, Sarawak has been a participant of the global Healthy Cities Programme, an experience which has proved invaluable to our town-planning and development as our so-called Cat City has grown economically and physically. Dr Trevor Hancock, one of the founders of the WHO Healthy Cities Programme, visited Sarawak recently and at an interview with Rakan Sarawak, spoke about the hows and whys of the Healthy Cities Programme, revealing how Sarawak is linked to the programme's conception...

Sarawak is that initially and in Europe the project was called Healthy Cities, but as it's travelled around the world its name has changed. In Canada we call it Healthy Communities and the reason is that a lot of smaller towns in Canada are not cities and if you call the programme Healthy Cities then

[these smaller towns] feel that they don't have anything to do with it. The other reason is that when we deal with cities, we really have to deal with neighbourhoods or communities, as well as having a big, city-like project.

In the Western Pacific situation, they have a programme called the Healthy

Islands programme. In Latin America, there is something called Healthy Municipalities. In Sarawak, you could have Healthy Kampung or Healthy Villages. So it changes depending on the location.

But what's common to all of them is a broad definition of health. [The programme] is not just all about medicine or about healthcare. In fact, that's comparatively unimportant. It has a broad intersectoral approach that involves all sorts of different departments and sectors—the private sector, voluntary sector, community sector, the government sector. It is very dependent on local government commitment—the mayors and the councils and the local government community groups. And it is very dependent on local community involvement and participation. Those are some of the key characteristics. The way we have to deal with health is all the way across all sorts of different aspects of life. Every part of life affects health.

A lot of what we do is really quite visionary in the sense that we literally try to engage people in the community to describe what their ideal future would be like, and then we come back to them and say if that's what we want, what do we have to do to get it?

The trick is to get the right balance. You can't simply turn everything back to the people and say: this is your problem. It's how the

*Every part of life affects health.*





government and the community work together to solve the problem, not the government solving the problem for the community or government dumping it on them."

## Healthy Cities Around the World

"There's a very interesting example in Horsens, a town of 70,000 in Denmark. They developed a logo for the Healthy City Programme, and anything that was going on in town was associated with the Programme. So if a consumer group organised a walk around the lake, it became a Healthy City walk around the lake. At first I thought it was a cheap publicity trick, but it was actually much more clever than that. People began to see that everything they did was connected to making the city more healthy. People began to realise that "when I keep myself healthy it's for the healthy city as well as for me. When I clean up a river I'm making my city more healthy. When I respect other cultures I'm making my community better". So you begin to see the ordinary things that can actually change things.

The second thing they did was they opened up a Healthy City shop. Instead of having an office in a government building on the tenth floor in the back of somewhere, they're on a main street in a store front, and that's where they work out of and it's very friendly and very open. They invite people to use the space, and groups started to use it as a meeting place and it has become a centre of community."

## What is a Healthy City?

"The most fundamental prerequisites for health are basic human needs—food, shelter, education, an adequate income, a clean

environment. On top of that, [health is] safety, peace, overall quality of life, it's a level of both social and economic development, it's the level of education, it's whether or not your workplace is healthy, it's what sort of work you do and how much you're involved in managing your own work, it's your own sense of self worth and self esteem.

In Singapore they have a very competitive education system, which is very good for the self esteem of the winners but very bad for the self esteem of the losers. What does that do to their students' health? How do you devise an education system which doesn't destroy self esteem? How do you devise a system that both produces high quality students and doesn't stress them out? All of these become factors when you think about what makes a community healthy. It's people helping people, it's social support and network. Medical care plays a certain part in it, too, of course, particularly primary care and public health.

When you get down to city level, [health has to do with] things like urban planning, housing, transportation. It goes back to this notion of healthy public policy, healthy housing policy, healthy public transportation policy, and healthy urban design.

There's a saying that goes: "If you want to achieve great things, you have to have unlimited patience". That very much applies to this programme. The Healthy City and Healthy Community is not about the health status, it's really about the health consciousness of the community. A healthy community is one that in all sorts of different ways tries to become more healthy. I don't care what its health status is today. What's important is: is it trying in every way it can to be more healthy in its planning, its transportation, its community organisation?

What is the role of the business sector? How is waste removal being addressed? Is healthy city planning on the agenda of local politicians? It's the process of becoming more healthy that's important, not the health status."

## Kuching Evaluated

"What you're doing here is really very good. You've got the networking across

different sectors. You've got the municipal involvement and you've got a clear understanding of the big picture. What you're doing is very exciting and has a lot of potential.

I think that probably the area that most needs strengthening at this point is how you involve the community. [In my meetings with your mayors] we talked, for example, about the Clean Kampung contest and the neighborhood watch. How do you involve the community people in figuring out what direction will help to build a healthy community? I always look at it as a nutcracker—you have to have top down but you also have to have bottom up."

## On rebuilding and sustaining the community

"The community spirit in Sarawak can be felt even in small ways. Yesterday I took the sampan across the Sarawak River to the kampung and walked around. A lot of the villagers called out in greeting, partly because I am European, but if I walked around Singapore, that doesn't happen—people don't react to your presence. And that's part of that sense of openness and friendliness that is an essential part of what a community is.

Community doesn't work if I don't see you, if I shut you out, if I isolate myself and therefore isolate you. Community works because people are open and friendly and interact with each other, and that is very much the kampung spirit. How do you keep the kampung spirit? That's very important not just to the kampung but also to the city."

## Lessons from abroad

"What's happening in Canada and the United States is that a lot of the cities are very sprawled out. The problem with that is you have to have a car, because if the density is too low, you can't support public transport because there's not enough people. If you've got to have car, then it's expensive, it uses a lot of energy, causes air pollution and continues to fragment life.

For all of those reasons, that's not a path that you'd want a city to go down. So how do you forge communities that put less reliance on the car? Part of the problem is when we

put the school and the library and the recreation centre and the health centre in different places—spread out—rather than have them all in one multipurpose centre. Not only

would it (the multipurpose centre) be a more focussed development for education (the library would not just be a school library, it would be a city library for the school and the community), it's also more efficient and can serve as a community centre or social centre. Then you can also have public transport. Inevitably when you're talking about a healthy city, you're looking at how planning affects

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the social and physical and economic health.

I think that North America provides a wonderful learning opportunity for Malaysia. But the opportunity is not to look at how we did it right, but how we did it wrong."

## Good Development vs Bad Development

"We measure progress by economy when the real measure of development should be human development. For instance, if you really want to contribute to the GDP, burn this building (Sarawak Health Department) down. You would generate a huge amount of economic activity, you would have to pay the fire department to fight the fire, the demolition crew to come in and demolish it, the construction crew to rebuild it, and there's all the insurance business generated from it. By the end of the day you've probably added 20-30 million dollars to the GNP.

So you have to distinguish between good economic development and bad development. I would argue that good economic development is economic development that improves the environment and promotes human development. Bad economic development is economic development that damages and destroys the environment and damages community and damages human development.

In a sense, the ultimate issue for Healthy Communities is just that—how do you create a community with an economy that's environmentally sustainable, socially sustainable and commercially developed? What sort of economy would that look like?

*We measure progress by economy when the real measure of development should be human development.*

How would it be different?"

## Some dangers that developing and industrialising nations should consider:

"i) Environmental pollution. The temptation is to be a little lax on pollution enforcement to attract investors. In the long term it's going to cause problems. In this matter there are limitations to what a city can do alone. You have to have some international standardization. Singapore can only limit the environmental pollution effectively without losing business if Johor Bahru has the same standards.

ii) At the moment I see some very large buildings plunked down pretty much in the middle of nowhere, with no supporting developments. I would hope that there'd be a lot of residential development very close to these buildings, so that people can live and work and shop there, rather than drive five miles to do all that. I hope that the plan is not to build just a building but rather to build a community."

## Designing to Encourage Community

"Some aspects of physical design that actually encourage community [should be kept in mind in town planning]:

Firstly, have a neighbourhood local centre where people meet. It doesn't have to be a big building, but can be just an open market or activity centre or hall where people will congregate—some social setting where people would have the opportunity to meet, not in an artificial way but in a very natural way.

Secondly, you don't want highrises.

Highrises don't create a sense of community, just the opposite: they isolate people, they're very alienating.

Thirdly, one of things that researchers found in the United States is that if the road between houses is more than 30 feet wide from house to house, you don't get a lot of communication across. Even simple things like designing houses so that the neighbors' doors open facing each other can be important. You'll never meet your neighbour if your doors this way and theirs open that way.

All these factors are important in how you design a community to encourage neighbourliness."

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## In conclusion...

"Health doesn't mean medical health, it means community development and therefore the quality of life. Health is everyone's business, and every department contributes to the health of the community."



*Our children: planning our healthy community for them*

**Note:** Dr Trevor Hancock is an Associate Professor in the Faculty of Environmental Studies at York University, Toronto where he teaches graduate courses in health promotion, healthy cities and healthy public policy. Born in England in 1948, Dr Hancock received his medical training at St Bartholomews Hospital in England and a post-graduate degree in Community Health and Epidemiology at the University of Toronto.

## Kuching a Role Model for

# THAILAND'S HEALTHY CITY PROGRAMME

Thailand is embarking on the Healthy City Programme and the World Health Organisation has recommended Kuching to be Thailand's role model in achieving a healthy city status.

A 13 member entourage from Thailand led by the Mayor of Nakhon Si Thammarat, Mr Somnuk Ketchart, visited Kuching on 15 April 1997 in conjunction with the Healthy City Programme. The entourage comprised of members from various professional backgrounds such as engineers, local government officials, architects and corporate sector representatives.

A briefing session was conducted at the MBKS headquarters and a number of agencies presented talks on various aspects of Kuching's City development, including MBKS, the Police Department, Department of Drainage and Irrigation, the Health Department and the State Planning Unit. Dr Trevor Hancock, one of the founder members of the Healthy City Programme from Canada also spoke at the briefing.

The delegation was taken on a tour of the city, which included a visit to the Cat Museum and the Waterfront.



L to R: 1. Hj. Hossen bin Hj. Usop, Deputy Mayor, MBKS 2. Dr. Trevor Hancock, co-founder, Healthy City Programme 3. Mr. Somnuk Ketchart, Mayor of Nakhon Si Thammarat, Thailand