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Healthy Cities and the Transition movement: converging towards ecological well-being?

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Abstract: This commentary identifies similarities, differences and opportunities for synergy and mutual learning between the Healthy Cities and the Transition movements. We outline what we consider to be the 'pressing issues' facing humanity and the planet in the early 21st century; consider the extent to which health promotion has engaged with and addressed these issues; compare Healthy Cities and the Transition movement; and conclude by suggesting possibilities for moving forward.

Keywords: healthy cities, transition, sustainability, ecological, urban environments

Background

There is strong scientific evidence and growing consensus among health professionals that human-induced changes to the environment represent an unprecedented set of global population health challenges for the 21st century (1,2). Exploring the convergence of public health and sustainability, Poland and colleagues (3) highlight three key threats – ecological degradation, climate change and resource depletion – that are closely connected with social injustice.

The need for focusing on settings for health and sustainability has been examined in relation to a range of settings, including cities and other geographical areas (4). Urban living can have positive impacts on human well-being; safeguard the natural environment; facilitate low-carbon living; and protect the ecosystems on which humans depend. However, poorly planned urbanization is associated with multiple human health and environmental problems; specifically, it can damage landscapes and negatively change the relationship between humans and ecosystem services which provide water, food and energy (5).

Whilst there has been increasing recognition of the role of health promotion in addressing sustainability

challenges (6), the extent to which it has moved to prioritize and operationalize joined-up action to address both health and the environment is questionable. Specifically, it has been argued that health promotion's overriding focus on the social determinants of health in the pursuit of social justice and equity has resulted in a relative neglect of ecological issues (7); and that many 'settings' programmes have failed to maximize opportunities to connect agendas – resulting in 'multiple silo' programmes operating in parallel (8).

Discussion

In order to explore these observations, we have chosen to contrast the long-established Healthy Cities movement (drawing particularly on the European experience) with the more recent but rapidly expanding Transition (Towns) movement – identifying similarities, differences and opportunities for synergy and mutual learning.

Healthy Cities was the first 'settings' programme to take shape, when the World Health Organization (WHO) established a small-scale European project in 1986, aimed at translating the rhetoric of 'Health for All by the Year 2000' and the Ottawa Charter for Health Promotion into tangible action. The approach

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quickly fired the imagination of professionals, politicians and citizens worldwide, and Healthy Cities became a major global movement for the new public health (9).

Inspired by a student permaculture project in Ireland that created an 'Energy Descent Action Plan', the Transition movement originated with the label 'Transition Towns' in Totnes in the south of England in 2006. It is widely viewed as an influential and viral movement for societal change, championing community resilience and sustainability in response to the 21st century challenges of climate change, peak oil, environmental degradation and economic instability (10). The movement has grown rapidly, spreading from the UK to become a global phenomenon (11). With a popular slogan "if it's not fun, it's not sustainable", the movement holds that the transition to a low-carbon future is something to be celebrated as an opportunity to intentionally redesign society around re-localized production, community cohesion, sustainability and well-being. The combination of hard-headed realism about emerging challenges, optimism for the future and faith in collective local action seems to be drawing members who do not self-identify as 'environmentalists' (12).

Similarities

With each having been heralded as a progressive social change movement, Healthy Cities and the Transition movement have both prioritized community participation, seeking to engage 'regular' people as something more than simple consumers, be it of health services or fossil fuels.

Healthy Cities and the Transition movement both originated in high-income countries and have subsequently expanded across the world. They are both based on a holistic and systems-based understanding of socio-environmental problems and their responses (10,13), and they each employ theories and techniques from diverse fields including behavioural psychology, community development, organizational management and ecology to address complex and interdependent challenges (5,14).

Both also focus on a geographically defined setting. Whilst Healthy Cities has a clear urban focus, the approach has been adopted more generally and framed in terms of Healthy Communities in Canada and Healthy Municipalities in Latin America (15). The Transition movement has tended to flourish in

smaller towns and villages, but there is some evidence to suggest that urban settings may be fertile ground for Transition movement work (16). Indeed, the movement has chosen to drop the initial 'Town' moniker in order to embrace a breadth of initiatives including Transition Cities, Neighbourhoods and Universities.

In relation to the core Ottawa Charter actions, both movements are concerned with creating supportive environments, strengthening community action and developing personal skills, albeit labelling the work differently. Whilst their explicit goals are different, both movements seek to build social capital and resilience as well as promote personal and community well-being (17,18), and both are explicitly committed to equity and diversity (though their capacity to follow through varies from one initiative to another).

Differences

Alongside these similarities Healthy Cities and the Transition movement are characterized by some fundamental differences.

They view the world through different lenses and use contrasting languages to articulate priority challenges, and perhaps this more than anything has kept them surprisingly separated from each other, at least in Europe, even when operating in the same community. Healthy Cities uses 'health' as its primary lens, and its strategic goals are to improve health for all, reduce health inequities and improve leadership and participatory governance for health (19). The Transition movement uses 'community resilience' and 'sustainability' as its primary lenses, underscoring ecological threats as its primary concern – and mobilizing community-based responses to global and societal challenges (18). Healthy Cities has only recently highlighted the concept of 'resilience' (19) and whilst it has engaged with the concept of sustainability (17), its practice has tended to prioritize social determinants of health, with ecological determinants receiving only scant or implicit attention (20). Likewise, whilst the Transition movement engages with the language of well-being, it tends to limit its focus by emphasizing alternative health care and connections between mental health, 'inner transition' and the psychology of change.

They also have divergent forms of governance and organization. Healthy Cities, in Europe at least,

is largely top-down, centralized and controlled through the WHO, which has in place a formal designation process for cities and an accreditation process for national networks that are required to administer WHO-determined membership criteria (19). In comparison, the Transition movement can be characterized as emergent, organic and self-organizing (18). It has evolved internationally as a virtual network of local initiatives, and whilst country and regional networks have been established in many jurisdictions, the Transition movement model promotes autonomy and local re-invention of the approach. That said, there is a degree of centralized control, with an international office providing 'quality assurance' by vetting applications from local initiatives for 'official' Transition movement status (10).

The Healthy Cities and Transition movements offer different perspectives on development and change. Whilst championing innovation and experimentation (13), Healthy Cities places belief in and largely works within existing systems to achieve its goals (21), with many local initiatives housed within municipal planning departments. Conversely, the Transition movement rejects 'business as usual' by developing pre-figurative place-based forms of living with shadow economic, social and technological infrastructures (10,22). Although highlighting the importance of investment for health as key to successful human and economic development (23), Healthy Cities – and the model of sustainable development to which it implicitly subscribes – does not call into question the 'sacred cows' of increased mobility, affluence and growth as desirable goals. In contrast, the Transition movement explicitly challenges current paradigms associated with economics and sustainable development.

Finally, their solution orientation varies. Underpinning Healthy Cities is a belief that local government, with its elected democratic base and wide-ranging duties, powers and responsibilities, is best placed to promote urban well-being, address inequities and tackle locally defined problems (8,20). Whilst committed to community empowerment and participatory governance (15), the overall emphasis is 'top-down', with local authorities leading partnerships aimed at improving community health; addressing social determinants by strengthening municipal-level decision-making; and integrating health equity within all policies (21). In contrast, the

Transition movement has been slow to embrace municipal government, preferring to build a grass-roots movement at arm's length from local politics – and encourage initiatives to be conceived and propelled by communities themselves and to function autonomously from local government (18). Although engagement with different levels of government has increased (10,14), it continues to challenge dominant notions of democracy by focusing on direct and participatory forms – in the belief that effective change requires 'bottom-up' and 'outside-in' approaches (10).

Conclusion

As two settings-based movements oriented to well-being and sustainability and that locate their focus within geographically defined contexts, what could Healthy Cities and the Transition movement offer each other? What are the possible synergies and opportunities for shared learning? We see and offer several possibilities, in the hope of catalysing further discussion and debate:

1. Healthy Cities could help the Transition movement broaden its understanding of health beyond 'inner transition' and alternative healthcare, and broaden understanding (and evidence base) of how climate change, resource depletion and environmental degradation are themselves key determinants of human well-being.
2. By sharing their concerns and (proposed and actual) solutions, Healthy Cities and the Transition movement could deepen their understanding of and engagement with the co-benefits approach – harnessing their joint agendas and programmes to progress strategies and actions that are 'win-win' for public health, carbon reduction and ecological well-being.
3. Drawing on their experience of working at different geographical scales, a dialogue between the two movements could enable shared learning about how best to combine strengths from different levels of focus and where appropriate 'scale-up' and 'scale-down'. Healthy Cities could also draw on its experience of working with and across healthy settings to support the Transition movement as it engages with and embeds its work within organizations such as universities and schools.

4. By forging closer working relationships, the two movements could potentially draw on their differing strengths and find ways to combine political influence with innovative and meaningful community action – thereby more effectively integrating top-down and bottom-up approaches. Specifically, the Transition movement could showcase grass-roots citizen activism with initiatives led from and anchored firmly in communities, and Healthy Cities could share its lengthy experience of effective interagency collaboration and mainstreaming within municipal government structures.

That said, we acknowledge that each movement ‘plays different cards’ in the search for human well-being and ecological sustainability, mobilizes different audiences and sectors and, perhaps most crucially, varies in level of faith in and commitment to existing structures of governance and economy. From a larger societal point of view, we see merit in both, recognizing the need for reform-oriented work within the system as well as social innovation at the margins, driven by a deeper critique and a desire to build alternatives to (as opposed to work to ‘improve’) the status quo. Given the magnitude of the challenges facing humanity, we need ‘all hands on deck’, and we celebrate the existence of both movements.

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