A Selective Bibliography on Healthy Communities

Bibliographica No. 2

by Barbara Lane
1989

The Institute of Urban Studies
A SELECTIVE BIBLIOGRAPHY ON HEALTHY COMMUNITIES
Bibliographica No. 2
Published 1989 by the Institute of Urban Studies, University of Winnipeg
© THE INSTITUTE OF URBAN STUDIES

Note: The cover page and this information page are new replacements, 2015.

The Institute of Urban Studies is an independent research arm of the University of Winnipeg. Since 1969, the IUS has been both an academic and an applied research centre, committed to examining urban development issues in a broad, non-partisan manner. The Institute examines inner city, environmental, Aboriginal and community development issues. In addition to its ongoing involvement in research, IUS brings in visiting scholars, hosts workshops, seminars and conferences, and acts in partnership with other organizations in the community to effect positive change.
A SELECTIVE BIBLIOGRAPHY ON HEALTHY COMMUNITIES

Bibliographica 2

Barbara Lane

Institute of Urban Studies
1989
This publication was partially funded by the Canada Mortgage and Housing Corporation, but the views expressed are the personal views of the author(s) and the Corporation accepts no responsibility for them.
INTRODUCTION

This bibliography is designed to cover urban-based health promotion, and in particular the WHO Healthy Cities Project (1987-1992) and its Canadian counterpart, the Healthy Communities Project. The work was part of a sabbatical project carried out under leave granted by the University of Saskatchewan, Saskatoon, Sask., during the 1988-89 academic year, under the auspices of the Institute of Urban Studies, University of Winnipeg, Manitoba.

The list is a working bibliography compiled while preparing the report The Canadian Healthy Communities Project: A Conceptual Model for Winnipeg. No attempt was made to include all the publications in urban-based health promotion; rather, items were listed on the basis of their potential utility for participants in the Canadian Healthy Communities Project or for students in the area, and for the availability of the works. Very technical readings, for example on the biochemistry of pollution, have been omitted. In some instances, annotations made for the preparation of the report have been retained as an aid to the reader. The inclusion of annotations should not be construed to mean those items are more important than others. The references are grouped under the following headings: Health Promotion, The Healthy Cities/Healthy Communities Project; Data Gathering; Public Participation; Public Policy; Equity in Health; Strategies for Health; and Planning the Physical Environment.

The abbreviations of titles of periodicals found in the bibliography are those used in Medline.
Health Promotion


The short article describes initiatives in health promotion in Mersey Region Health Authority in the U.K.: organizational initiatives, beginning with the establishment of a multidisciplinary health promotion team; community diagnosis, based on comparisons of health status of people in the ten districts of the region; agenda setting, with 12 priorities established at a regional health promotion conference; public information "consciousness raising" initiatives; and models of good practice, such as a drug information and training centre, urban horticulture, health promotion and the elderly, etc.


The book traces the revival of interest in public health and the growing recognition that most influences on health lie outside the health sector. The authors discuss how "Health For All" may be achieved and the role of the Healthy Cities movement, using the Liverpool project as an example.

Baranowski, T. "Toward a Definition of Health and Disease, Wellness and Illness." Health Values 5, 6 (December, 1981).

The author suggests that health/disease and wellness/illness be conceived as a "capacity to function" continuum, in which the former is restricted to "biological capacity/incapacity" and the latter concerns the "total capacity/incapacity" to fulfil goals and carry out socially defined roles. He discusses implications for defining health promotion and for measurement.


The article maintains that the widespread acclamation of the Lalonde Report reflects the prevalence elsewhere in the world of an unwillingness to tackle the full range of obstacles to health.


Contending that HFA/2000 reflects and contributes to a renaissance of public health, the paper maintains the potential is constrained in the U.K. by a lack of political commitment on the part of Central Government. However, its endorsement of HFA/2000 justified the inclusion of environmental issues in health promotion and allowed the Local Governments in the U.K. to work through their Environmental Health Departments and focus on health promotion.


Concerned about the domination of health promotion by disease prevention, the author suggests the new challenge is to broaden the perspective of health promotion, weaving concerns
"... about specific health behaviours into a holistic fabric reflecting alternative notions of enjoyable living." He asks, "Will environmental supports for healthy living become more common, as is envisioned by the Healthy Cities movement?", and suggests that health policy must move in a new direction for positive change to occur.


Acknowledging the insufficient attention paid by Canada's cure-oriented health care system to life expectancy, level of health and prevalence of disability among disadvantaged groups, to preventable diseases and chronic conditions and the importance of physical and social environments in causing disease, the document calls for the involvement of all sectors in improving the health status of Canadians. It suggests that policies are needed to reduce inequalities and protect the physical environment. Also, based on a vision of health as a resource which gives people the ability to manage and even change their surroundings, the paper contends that public participation is essential if environments are to fit individual and community definitions of what health means to them.


Health Promotion. Ottawa, Canada: Health and Welfare Canada.

The 26,4 issue discusses WHO and Canada's role in it, and contains an overview of Canadian developments in "healthy public policy," the theme of the Adelaide Conference on Health Promotion, April, 1988.


Issue 3,1 is devoted to health promotion indicators.

Institute for Health Promotion. Positive Health: An Update on Health Promotion in Action. Numbers 1-4; Cardiff, Wales: University of Wales College of Medicine, 1987.


The new model of health included lifestyle, the health care delivery system and environment along with human biology. It thereby provided the impetus for a new perspective on prevention and health promotion in Canada and laid the groundwork for Achieving Health For All: A Framework for Health Promotion.


Reporting findings of a North American tour of health promotion agencies and projects, the publication explores implications for "the new public health" in the U.K., in such areas as health service planning, primary care, the elderly, community development and the media.


The paper describes the knowledge development process of Health and Welfare Canada since 1986, presents conclusions drawn from the various literature reviews, workshops, reports, etc., and indicates what steps Health and Welfare will be taking to continue the process.


The booklet provided the conceptual basis for the Ottawa Charter for Health Promotion.
Selecte Bibliography

WHO. *Targets for Health For All, Targets in Support of the European Regional Strategy for Health For All.* Copenhagen: WHO Regional Office for Europe, 1986.

The 201 page book provides a framework, initiating action toward Health For All/2000, listing WHO Euro's 38 agreed-on targets, related problems and solutions in the European region. A list of possible indicators and a proposed plan of action are annexed.


**Healthy Cities/Healthy Communities**


In this 30 page paper distributed by the University of Liverpool, Department of Community Medicine, the author traces the beginnings of the new public health from Lalonde's "New Perspective..." paper in 1974. He discusses the 38 targets for Health For All Euro, the *Ottawa Charter for Health Promotion,* and the various problems of defining a healthy city and outlines steps towards creating one. Ashton claims that the overwhelming interest in the Healthy City Project suggests an incipient movement of public awareness and support necessary for establishing healthy public policy.


Challenge Change. Newsletter of the Canadian Healthy Communities Project. Ottawa: Coordinating Office, Canadian Healthy Communities Project.

Clare, D., Love, E., Mann, V. and G. Prouten.
Selective Bibliography


Hancock, T. "Getting Started Ideas For Your Healthy Cities Project." Xerox, 1986.


Hancock describes the process and results of "strategic vision workshops" in Toronto in 1986-1987. The script for the guided imagery exercise is included.


Healthy Cities newsletter published from Normanton Grange, Liverpool.


The report contains a blueprint for the Department of Public Health and the City of Toronto to the end of the century.


The paper outlines the origins and evolution of the Healthy Cities Project in Canada.
Selective Bibliography


The author reviews the goals of the new public health and analyzes implications for community planning theory and practice.


**Lane, B.** "Health and Wellness in the City." Paper presented to the Canadian Urban and Housing Studies Conference, February 22, 1988.

The paper traces the evolution of the concepts of health and wellness and draws implications for urban planners.


The paper describes three U.K. Healthy City Projects, chosen for their various involvements with the project, and describes learnings potentially important for the Canadian Healthy Communities Project.


The paper presents a "Healthy Winnipeg Project" process model developed in collaboration with B. Mathur at the Institute of Urban Studies, University of Winnipeg.


The paper reviews the history of planning perspectives and explores how the goals and tasks of the Healthy City Project fit with the goals and methods of the planning process.


**Plan Canada.** The July, 1989 issue is devoted to a discussion and critique of the Canadian Healthy Communities Project.


**Sheffield City Council.** *Good Health For All: The Sheffield Plan, 1987.*

The Central Policy Unit of Sheffield's City Council produced this 26 page booklet in response to the National Government's invitation to debate green papers on primary health care and neighbourhood nursing (1986). It calls for 20 year national and local health plans, salaried primary health care teams and elected local accountability on all health and social services through community care committees and new unitary local authorities.


**WHO.** *A Guide to Assessing Healthy Cities.*

Addresses assessing the components of a Healthy City project, the context, the analysis, the report.


Addresses background and project development, roles and tasks of the main actors, framework of action (1988-1992), supportive systems work plan, strategic and functional overview and resource needs.


Addresses the concept of a healthy city, the historical context, the parameters of a healthy city, assessing the health of a city and how to get a healthy city.

Data Gathering


In the 29 page report, the information needs for health promotion are examined in relation to the 12 priorities for the Mersey region. Items (indicators) were grouped according to whether they are available now, whether analysis is required to obtain them, or whether development work is necessary to obtain them. Targets were chosen according to WHO criteria that indicators and targets should as far as possible stimulate change, be readily available and relate to health promotion principles. Appendix 1 lists the 38 WHO targets for Health For All in Europe, with comments. Appendix 2 lists proposed summary indicators and targets for the 12 Mersey Region health promotion priorities.


Having reviewed recent area based studies in the U.K. and the critical comments they have inspired, the author suggests that while area based studies have identified a clear relationship between deprivation and ill-health, they may not have suggested how or why the inequalities are persisting. An assumption of local studies is that the identified problems can be resolved at the local level; however, this may shift the emphasis of analysis away from structural factors such as class, the most important factor. Local studies' main contribution is the refinement of the broad patterns of inequalities shown in national studies and the strengthening of the relationship between deprivation and ill-health.


**Dimensions of Health in Edmonton.** Edmonton Board of Health, 1989.

The document presents a conceptual framework which includes public policy, human biology, the environment, culture and the ecosystem; reviews selected aspects of the Edmonton population (birth rate, death rate, migration, population structure, etc.) and discusses links of physical and social environments, social networks and lifestyle to health and disease.


The report uses factor analysis to develop area profiles for health.


In this background paper for the Healthy Cities Symposium, Lisbon, Portugal (April 7 - 11, 1986), the author uses "the dynamic balance between the individual and environment" definition of health.
and suggests indicators related to three dimensions: health promotion (public participation, lifestyles), status of health of the city (measures of violence, loneliness, health care) and structural elements (housing, transportation, communication).


Public Participation


Arnstein's ladder extends from non-participation through tokenism to citizen power. True citizen participation, he claims, is the redistribution of power that enables have-not citizens to be included in activities such as goal-setting, decision-making, etc. The work does not outline how such redistribution is to be orchestrated.


The article states that policy options selected by professional elites are legitimated by arrangements for citizen participation, but that citizens participating on boards, committees and health councils are rarely active. In the first place, the agenda is set out by a chairperson in consultation with the professional staff; secondly, "... due to time constraints and lack of background knowledge, lay participants usually have little background knowledge on which to discuss technical matters, so they usually accept staff recommendations." The article claims that decision-making is controlled by physicians and dissension by lay participants is controlled by labelling such a person as a "troublemaker or "ego-tripper and by ignoring that person."


The four-page article describes the outcome from a one-day September, 1987, workshop of residents and workers from Vancouver's Downtown Eastside, an idea which arose from a May 1987, B.C. Public Health Association workshop on Strengthening Community Health. Participants used a small group format and listed concerns, emphasizing the importance of community involvement in their own "health destiny." A major issue identified was the isolation of some people, and a "block visitor" strategy was devised. Other questions dealt with were how to lobby, the role of the Federal Government in following up on Achieving Health For All, and what will
happen to information generated at the workshop. As a result of the workshop, the "Downtown Eastside" internal network was strengthened, and so were its links to external agencies, such as the City Health Department.


After reviewing 96 cases, the author concludes there is real commitment in Canada to the concept of public participation, but there exists a lingering apprehension among some as to its utility, divergence of opinion about what the concept involves and a failure to develop consensus about what is expected in practice.

Canadian Social Trends. Ottawa: Statistics Canada.

The quarterly presents topical information on current social issues, problems and policies.


An update of earlier workbooks, the manual offers an overview of public participation and a range of contributed articles, often case studies on operational techniques, management considerations and social impact assessment.


The article describes the experience of three citizen participation groups in Eastern Ontario responding to threats to the natural environment.


The guidebook for involving citizens in environmental issues discusses the rational and theoretical bases for citizen involvement and outlines a model for involvement. Includes case studies.


The investigative and protest actions of a family and community against an urban spray program in Winnipeg are documented.

Siler-Wells, G. "Public Participation in Community Health." Health Promotion (Summer 1988).


Proceedings of a Conference of the North American Association for Environmental Education, the publication contains papers dealing with research and practice in citizen action, values and beliefs about environmental behaviour, citizen
Selective Bibliography

education regarding responsibility in environmental action.


A short practical guide for individuals or groups concerned about waste management issues.


Public Policy


The summary and recommendations of a working group set up by the Health Education Bureau in Ireland are presented. They deal with health policy aspects of health promotion, call for a comprehensive food policy and the development of a multisectoral health-conscious approach. They call for a broadening of the Health Education Board to include broader environmental issues.


Hancock, T. "Beyond Health Care: Creating a Healthy Future." The Futurist 16,4 (1982).

Hancock contends that "healthy public policy" implies the need for another level of policy, which encompasses all sectors in terms of their influence on health.


Introducing the review, the authors state that coordinating and implementing healthy public policy are social processes which involve developing and channelling human motivations, the creation of social institutions, modifying the relationship between the individual and societal institutions, mobilizing collectivities to action, and other social processes. The review attempts to link social
science literature and that of the healthy public policy, with the goal of facilitating the implementation of the recommendations made in *Achieving Health For All: A Framework for Health Promotion*.


The book discusses how local and national social and economic policies in the U.K. have historically influenced the health of people in cities.


The author argues that in the process of developing health promoting policy, the strength of powerful groups must be balanced by ensuring the participatory capacity of weak groups, those whose voices are not often heard.


**Sheffield City Council.** *A Smoking Policy for Sheffield*, 1987.

The 22 page Xerox sets out a blueprint for action for each city council department to explore. A timetable for action is provided with the aim that each department will formulate and implement its own smoking policy.


The article discusses the rational deductive approach to policy making, which, as it involves a sequence of steps toward the objective, typically places emphasis on the rationality of the process, the logical sequence of steps and the objective evaluation of alternatives. He argues that the approach avoids value questions and judgements about priorities, that it is naïve and has failed to live up to expectations.

**Equity in Health**


The Black Report argued that class differences in health in the U.K. are primarily due to differences in "material conditions," such as poverty or inadequate education. The author
suggests these are intervening variables that do not relate directly to health or class--he suggests that occupational hazards (dust, noise, accidents, monotony, stress) and housing quality are both related directly to health and class. The factors should be studied in combination and weight given to the effect of time. A case study is provided as illustration.


Forerunner to a series of regional and city studies in the U.K., the report demonstrated on a national level the relationship between social/material deprivation and health in the U.K.


The four-page review article on the health status of Natives on reserves and in cities in Canada builds a case for working more closely with Native organizations to improve the health of Canada's urban Natives.


Thunhurst, C. *Poverty and Health in the City of Sheffield.* Sheffield: Sheffield City Council, Environmental Health Department, 1985.

Mortality and morbidity comparisons between Sheffield and the U.K. in general and among areas of the city provide a basis for 34 specific findings and recommendations for City Council. Appendices include *WHO Discussion Document on the Concept and Principles of Health Promotion; The Unequal Society: A Challenge to Health Promotion* (Department of Public Health, City of Toronto), *Health Authority Plans for Health Promotion* (Sheffield, Cambridge, Greenwich); *Local Area Studies of Health* (Bristol, Croxteth, Glasgow, Mersey Region).


The authors contend that while few would dispute the existence of inequalities, the studies have not, on the whole, led to remedial action. A sense of purpose is coming from WHO's targets for Health For All by 2000, and particularly from the Healthy Cities Program. He says that, even without a Healthy Cities project, Local Authorities have been meeting bimonthly over the last 15 months to exchange ideas and experiences. Local and national social and economic policies will be key elements in addressing health inequalities. He calls for a strong National program and the will to implement the necessary housing and other policies to effect change.


Private publication to circulate widely the findings of the Black Report.

Townsend, P., Phillimore, P, and A. Beattie. *Inequalities in Health in the Northern Health Region.* London: Northern Regional Health Authority and the University of Bristol, 1986.

The researchers constructed indices of health and of deprivation and studied the relations between them, providing the methodological basis for small area studies in the U.K.

The following are selected works on the topic of strategies for health.


**Sharifi, H.A.** *Action Strategies for Health Promotion Literature Review No. 1.* Liverpool: University of Liverpool, Department of Community Medicine, 1988.

An eight-page partially annotated bibliography on urban health in Europe.


On the basis of five principles of the Sheffield targets (equity, empowerment, participation, collaboration, primary care), divisional and departmental objectives and short and long term objectives are laid out.


The 24 page booklet contains reports and information from the one-day Progressive Strategies for Health Conference (Sept. 17, 1983), which brought together people from politics, trade unions and health to review health policies and work out strategies to defend the National Health Service against cuts and work towards expending and improving it.


**Wray, J.D.** "Child Health Interventions in Urban Slums: Are We Neglecting the Importance of Nutrition?" *Health Policy Plann.* 1,4 (1986).

The author notes that nutrition indicators for urban populations have improved, but suggests that disparities are hidden because of aggregation and that studies in slums, rather than cities as a whole, give a much less encouraging picture. The author calls for promotion of breast feeding, education, growth monitoring and food supplementation targeted at the vulnerable population of children to be born in the coming decades.


**WHO.** *Five Year Planning Framework. Healthy Cities Papers No. 2; Copenhagen: FADL, 1988.*


**WHO Europe.** *Regional Strategy for Attaining Health For All by the Year 2000.* Copenhagen: WHO Europe, 1980.


The authors describe the results of surveys of nutritional status of children of families surveyed...
in the two years, in which some families had participated in a commodity supplementary food program. The experimental group had improved nutritional levels over the controls (though up to 18 percent still had low or deficient levels of B1, B2, haemoglobin and serum iron and transferrin saturation). The authors conclude the food assistance program is making the difference.

Planning the Physical Environment


Hardoy, J.E. and D. Scatherwaite. "Housing and Health: Do Architects and Planners have a Role?" Cities (August 1987).


In this classic of city planning, Howard has outlined his theory of the town planned for industry and healthy living in communities large enough for a complete social life and surrounded by green space. Prompted by the health threatening conditions of Britain's industrial areas at the turn of the century, the publication laid the basis for the "new town" and "city beautiful" movements.


The work, produced in conjunction with a Channel 4 television production by the same name, presents glimpses of the variety of aspects of urban life in an industrial culture. The concepts are arranged alphabetically (Activities, Affection, Anonymity, etc.) and enriched by illustrations.
