CREATIVE PARTNERSHIPS IN ACTION: HEALTHY CITIES CANBERRA AS A CASE STUDY

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SUMMARY

In this paper I will outline a number of aspects of health, health promotion and the Healthy Cities approach, first globally, then nationally, and in turn focusing on Healthy Cities Canberra as a case study.

I will outline the kind of place Canberra is - as national capital, artificial city, regional centre and as habitat. I will explain how it came to be one of the three Australian pilot cities for the Healthy Cities concept. I will discuss some of the health issues in our young planned city and question whether a high quality physical urban form necessarily leads to healthy social outcomes.

I will describe how Healthy Cities Canberra functioned as a government-supported community organisation through the advent of self-government in the Capital Territory, followed by the removal of core funding in the face of shrinking government budgets and a new era of community resourcefulness.

I will focus on the last three years and explain how Healthy Cities Canberra has functioned as a network of volunteers undertaking a range of projects developing community arts, Landcare and environmental repair as entry points to promote healthy behaviours.

I have chosen this direction purposefully because it is a fairly unusual approach to 'health', and I believe that we need to consider a wide range of approaches, entry points and experiences, while also understanding what principles these have in common.

I will be particularly be encouraging the application of the Ottawa Charter as a guiding framework for linking personal health with community health and environmental health, illustrating this with reference to a primary school-based community environment program, which has been in development since 1991. This program brings together elements of health education, environment education and peace education while also linking together school education and adult/community education.

It achieves this by promoting extensive community participation in Landcare and collaborative arts and design projects. It helps participants to develop global perspectives through international links such as that now being developed with a school in Hiroshima. In this way it encourages participants to 'think globally, act locally and respond personally'. It advances the concept of health as a vital part of quality of life for everyone.

Finally I will draw on a range of experiences to outline some of the barriers which have confronted the Healthy Cities movement and which need to be addressed by any such movement or project.

BACKGROUND

Health: Mind-Body-Spirit-Environment

The World Health Organisation portrays 'health' as a basic human right which encompasses physical, mental, social and spiritual well-being, and not merely the absence of disease or infirmity. This implies goals which need to be seen in social policy terms rather than medical terms such as sickness care, doctors and hospitals.

The First International Conference on Health Promotion, held in 1986, produced what is now commonly known as the **Ottawa Charter** for Health Promotion. The Ottawa Charter refers to 'health' as a resource for everyday life, not the objective of living, and as a positive concept which emphasises social and personal resources in addition to physical capacities. Good health is seen as a major resource for social, economic, and personal development and as an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it.

This dynamic interaction between humans and environment is vital to understanding that health is created, and is gained and lost, in the real world through almost every action we take and almost every choice we make: in work, at leisure, and with family and friends. This is the basis of an **ecological view of health**.

That ecological view was confirmed as a global issue in 1977 when the Thirtieth World Health Assembly agreed that their main social target was **'Health for all by the year 2000'**. The 'Health for All' strategy has five principal goals:

- equity of access to the prerequisites for health
- participation of communities in defining and influencing their health status
- collective responsibility for social action at both the community level and the central public policy level
- improving the physical and social environment
- increasing collective and individual options for making healthy choices.

Healthy Public Policy: making the healthy choices easy choices

An ecological view of health has major implications for policy making because it can no longer simply indulge in blaming victims. Similarly, it can no longer rely on health messages about lifestyle to create 'better health', because it is clear that the areas of personal health over which the individual has direct control are relatively very small when compared to the influence of culture, economy and environment.

To address this, a more recent trend in targeting public health effort has been the identification of **'entry points'** in issues, settings (geographic, organisational and cultural) and population groups. The **'settings approach'** starts from wherever health is being created: in schools, workplaces, households, recreation places, decision-making structures in government and the private sector, retail outlets, public media, and so on.

This approach also shifts from the historic emphasis on treatment of individual people, or on attention to individual target groups or risk factors, to a new emphasis on an integrated approach to the total community, based on strengthening community resources and health potential in the settings of everyday life.

The 'new public health' framework

A coherent framework is offered by the five principles of the Ottawa Charter:

- **Building healthy public policy** - putting health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health; coordinated action that leads to health, income and social policies that foster greater equity, safer and healthier goods and services, and cleaner, more enjoyable environments; identifying and removing obstacles to adoption of healthy public policies in non-health sectors
- **Creating supportive environments** - taking care of each other, our communities and our natural environment; generating living and working conditions that are safe, stimulating and enjoyable; assessing the health impact of a rapidly changing environment, particularly in areas of technology, work, energy production and urbanisation, and action to ensure their positive benefit to public health; protection of the natural and built environments and the conservation of natural resources
- **Strengthening community action** - concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health; empowerment of communities, community ownership and control of their own endeavours and destinies; enhancing self-help and social support; developing flexible systems for strengthening participation
- **Developing personal skills** - supporting personal and social development through providing information and education for health, enhancing lifestyle skills, increasing options for people to exercise more control over their own health and their environments and to make choices conducive to health; enabling people to learn throughout life, to prepare themselves for all of its stages, and to cope with chronic illness and injuries
- **Reorienting health services** - working together towards a health care system which contributes to health beyond clinical and curative services; supporting the needs of individuals and communities for a healthier life and open channels between the health sector and broader social, political, economic and physical environmental components; refocusing on the total needs of the individual as a whole person.

Seven lessons

Based on experience in implementing healthy public policy within local government in Toronto, Trevor Hancock noted seven lessons to be learned:

- the development of healthy public policy is a long slow process, one that requires a long-term and goal-directed commitment
- great flexibility is required, along with the ability and willingness to 'take advantage of good fortune when it smiles'
- intersectoral cooperation requires good and close working relationships, which can be aided by a low-key collaborative approach
- credibility with departments, politicians and the community is critical to success
- a relative lack of partisan party-based politics and strong ideological commitments is an advantage
- the relatively highly valued but neutral nature of health makes it easier to secure widespread support for healthy public policy initiatives
- development of healthy public policy is much easier at local level than at state or national level because of the possibility of much closer working relationships between politicians, staff and the community.

The Healthy Cities approach

The idea of Healthy Cities first emerged at a conference in Toronto in 1984 and was further developed by involvement of twenty-one European cities in a Healthy Cities Symposium in Lisbon in 1986. The WHO Healthy Cities project subsequently grew to become a major initiative to support the new public health principles set out in the Ottawa Charter. The approach now encompasses networks in over 100 cities in Australia, Europe, Canada and the USA, and interest is rising in cities in Asia, as our Forum today demonstrates.

The Healthy Cities approach is essentially a cooperative approach to improving urban environments for health by encouraging greater **community involvement** and greater **cooperation between different sectors** of the community, industry, and government. The aim is to create cities that offer living and working conditions that are safe, stimulating and enjoyable for everyone.

The approach helps to draw together policies and strategies which often remain separated and thus offer only limited improvement in quality of life. Included in this are policies for social justice, public housing, occupational health and safety, public transport, community development, primary (or preventive) health care, resource conservation, and sustainable development.

The Healthy Cities approach embodies the concept of a 'continuous flowering' in the health of the community, based on collective responsibility for change, in a variety of settings, organisations, and community interests. This kind of approach fosters real understanding about health, and its effects in improving health outcomes are longer-lasting. It is not, however, the prevalent approach because it appears more complex and slower to show effect and is therefore more 'risky' in economic and political terms.

THE AUSTRALIAN SCENE

Introducing Canberra

Canberra is Australia's national capital city and by far its largest inland population centre, now home to over 300,000 people. Established in 1913, it was intended from the start to be a city which embodied all the best principles of modern town planning and architecture. It was built on paddocks where sheep grazed, relatively free of the constraints imposed by previous decisions and history. Canberra was an opportunity to show what was possible when a city starts with a 'clean slate'.

Progress in building the city was slowed by two world wars and the Great Depression and little was achieved for forty years. In the late 1950's a significant commitment was made by the Federal Government to accelerate the development of the capital city, and a period of very rapid building followed for the next thirty years.

From this period has emerged the Canberra which is recognised across the world - a city of monuments, vast public buildings, embassies of many nations, museums, galleries and exhibitions of artistic and technological achievement, wide open spaces, wildlife in the suburbs, tourist destinations, international standard sporting facilities, and excellent public recreational facilities. Canberra has been developed as a city which builds pride in the nation.

The town planning movement which influenced Canberra's designers emerged from reform movements of the late 19th century which aimed to improve social conditions. It has tended to offer mainly solutions to improve physical conditions, to provide better and cheaper housing, parks, playgrounds and open spaces and to eradicate slums.
This approach brought with it assumptions that desired reforms of a strong community and social integration could be produced by physical arrangements. However, this kind of

'physical determinism' has failed to address the real causes of social problems - the existence of poverty and the nature of the economic system.

Reflecting this heritage, Canberra's 'clean and green' public face hides significant environmental, social and health issues:

In the environment, despite decades of careful planning and technological intervention, the Canberra region faces problems with air pollution from wood burning fires and vehicle emissions and with water pollution from soil erosion, building development and urban runoff, and there is also concern at poor indoor air quality in buildings.

While more than 50% of the Australian Capital Territory lies in conservation reserves, much of this land is affected by the spread of weeds and the predation of feral animals. And as the largest inland city in the driest continent on Earth, Canberra faces serious issues in ensuring water supply and conservation.

It seems that every positive aspect of Canberra has brought with it a negative for the population. Absence of heavy manufacturing industry has helped to minimise air and water pollution but has tended to increase youth unemployment, with one in three young people unable to find work and one in six homeless. In turn their boredom and frustration in this affluent city is manifested in petty crime, vandalism and graffiti, or more tragically in excessive drinking and an alarming rate of deaths from drug-related overdoses.

Other sectors of the population are disadvantaged by the city's design. The spacious and open feeling of the city is wonderful but it inevitably leads to social isolation. A car is the only convenient way to move between work, home and recreation. To not have a car means very limited options and social contact. This contrasts with traditional cities elsewhere which make it easy for people to congregate together, to work, live, and seek entertainment in the same area.

The development of strong social networks has also been hampered in Canberra by the relatively large degree of 'importation' of government workers to the city over half a century. Many workers have had to leave behind their extended families to move to the city. This removes for many people their social support, and Canberra as a result experiences a relatively high degree of social disintegration of marriages and families.

Self-government came to the ACT in 1989, breaking the 'feudal landlord' system which had seen major decisions taken by senior public servants or absentee Federal Ministers with little or no accountability to the local community. But with this came a level of local responsibility and accountability not previously experienced, landing on a community which had no real experience in democratic processes of decision-making.

The ACT is now funded on the same basis as all other States and Territories, with relatively less opportunity to generate its own revenue. In turn, virtually all government-provided services have declined. Unemployment and social disintegration have been further heightened in recent years by significant reductions in government spending and in the size of the public service.

Healthy Cities comes to Canberra

A number of Australians were present at the birth of the Ottawa Charter. The document provided them with internationally endorsed principles for reconstructing approaches to health promotion. They were eager to put these into effect in Australia and by May 1987 they had agreement to establish three pilot Healthy Cities projects in cooperation with the Commonwealth Government and the Australian Community Health Association. The Commonwealth funded a three-year project in three pilot cities - Canberra, Noarlunga in South Australia and Illawarra in New South Wales. These cities offered very different environments to test how the approach might work in Australia. Each of these also sought additional funding from local sources for particular projects.

At the same time at a national level, the National Better Health Program commenced a national network and secretariat, funded through the Australian Community Health Association, Australian Local Government Association and the Commission for the Future.

When Canberra was first suggested as a pilot project for the Healthy Cities approach, the then Commonwealth Minister for Health and other key decision-makers were absolutely opposed to its inclusion because it was 'atypical', 'too political', 'a one-company town', 'too privileged' and so on. But its choice as a pilot city was staunchly defended because it was a city with some severe problems, particularly problems of social isolation.

From pilot project to local ownership

The Healthy Cities Canberra pilot project operated from May 1987 (just six months after the Ottawa Charter was released). In November 1989 a major evaluation was undertaken and a three-year strategic plan developed. In this period the project had addressed a wide range of issues including environmental quality, healthy schools, youth alcohol issues, community meeting places, nutrition and community participation. Some thirty-eight government agencies and sixty-eight non-government organisations had collaborated in fifteen key projects based on new public health principles.

With the cessation of Commonwealth funding in May 1990, Healthy Cities Canberra continued to be funded in the interim by the ACT Department of Health, and subsequently by the new ACT Health Promotion Fund. This enabled continuation of a limited range of projects, with effort concentrated in:

- supporting community links and networks
- projects dealing with household ecology, community gardens, occupational health and safety, social isolation, successful ageing, access for people with disabilities, social and environmental education activities in school communities
- preparation of submissions on planning and development; and
- participation in such events as World No Tobacco Day and World Environment Day.

A new phase was entered in November 1991 with an event to celebrate ownership of Healthy Cities Canberra by the people of the ACT, including the first of a series of community forums to discuss the ACT's social and environmental health issues.

In addition to the forum series, project and development activity at that time focused on:

- partnership with advocacy groups in staging Access Awareness Week to promote accessibility in the city
- a comprehensive school-based environment/health program aimed at developing models of good practice involving the whole school community, and linked to the emerging Network for Healthy School Communities
- a series of workshops in neighbourhood venues to develop practical skills for women, concentrating initially on socially isolated groups
- a series of workshops on the theme 'Every household matters', aimed at sharing information on household ecology and encouraging healthier choices at that level, starting with children and socially disadvantaged groups
- a 'Healthy campus-Healthy city' project with the University of Canberra
- developing links with collaborative community arts and recycling projects
- links with the Successful Ageing ACT project and a related conference on social isolation
- providing input to processes for urban and regional planning and strategies for Ecologically Sustainable Development
- work with students from the Australian National University and University of Canberra.

The strategic activities of Healthy Cities Canberra have emphasised:

- community empowerment
- sustainable futures
- ecological approaches to health
- building links between concepts or ideas which may not otherwise be understood
- bringing together people and groups who may otherwise not have communicated.

In short, it has emphasised approaches to health which go well beyond the obvious or traditional. Within the many possibilities for action, it has aimed to do best and most what other community or government efforts do worst or least. In this way it has tried to avoid duplication of effort and add a distinctive empowering style which has supported, complemented and added value to a wide range of related efforts by others.

It is also worth noting that the activities of Healthy Cities Canberra were guided by a management committee with effective intersectoral representation, including government (health advancement, environment, land and planning); higher education; private sector; community health; social justice. This was complemented by the forum series which gained feedback from all sectors of the community on directions, priorities and planning.

It has been a particular challenge to have healthy policies reflected in, and made integral to, government policies in the ACT. This is largely because the ACT has only had self-government since 1989, and all aspects of government policy and activity have been experiencing dramatic change since that time. And this period of intense change is far from over.

From organisation to movement

Since 1992 Healthy Cities Canberra has had government funding only for specific project outputs, not for 'core funding' such as employment of staff, office costs and so on. It is now a network of community volunteers who pursue community development projects appropriate to the Healthy Cities concept. These projects are initiated and developed by volunteers and are then submitted for grants and similar funding under the Healthy Cities Canberra banner.

Healthy Cities Canberra has no formal membership and no longer has a formal management structure, although the former management committee tend to remain in contact to advance planning of projects and assist networking. It is now more a movement than a structure.

The School Community Environment Program

One of the best concrete examples of the successful fruits of the past three years is the program based on a primary school community at Aranda. This is a School Community Environment Program, approaching 'health' through the entry point of 'environment'.

Having commenced late in 1991, it focuses on changing knowledge, skills, attitudes and behaviours which can contribute to creating a better future - healthy, vital and sustainable. It promotes **ecological approaches** to environmental, health and social issues, and acceptance of shared environmental and social responsibility. It fosters **community action** as an antidote to the effects of isolation, powerlessness, apathy and fear.

It empowers people to participate actively in identifying issues of concern to them, finding and developing solutions, taking both responsibility and control, and shaping their environment and their futures.

The program's diverse activities include:

- **participative processes** through the collaborative Sunflowers steering group, the students' Parkcare Juniors/Junior Landcare group, Students' Council, and Green Guides who host visits to the school
- **community landcare** through revegetation of the school grounds
- **wildlife habitat development** through planting of new vegetation structures, building nestboxes and feeding tables
- **shade development** to encourage Sunsmart behaviour through extra planting and building of seats in the shade as a self-help project
- **organic gardening** with herbs, vegetables, wheat and other crops, compost and worm farms
- **plant propagation** with a hothouse and shadehouse
- **global themes** through development of a Community Peace Garden and Unity Grove
- **community arts/design** for redeveloping courtyards and the school forecourt area
- **neighbourhood heritage** through research of documents, photographs and oral history/community literature
- **waste minimisation** through recycling and working towards waste-free classrooms and lunches
- **celebration** of special days/community days, community and cultural diversity.

Many lessons have been learned along the way in the program. Some of the most useful include:

- the power of **networking** to build partnerships and intersectoral coalitions of support, diversifying inputs, sharing loads and creating synergy
- the value of designing with a **community development model** to ensure maximum effectiveness and equity in promoting participation, with something for everybody
- the need for **integration** of effort to add value, not load, to an already overcrowded curriculum/program and already overcommitted people
- the joy of **documenting and sharing experience** to spread the word and attract external interest, resources, support and validation
- the importance of **resourcefulness** in gaining funding and also in-kind support to drive dollars further and avoid resentment in competition for scarce resources.

Landcare

A very successful aspect of the program and a useful entry point for health promotion has been the spread of landcare from a government-run project to become a significant social movement of people actively caring for their environment through activities such as erosion control, revegetation, and water quality monitoring.

The government role in landcare has now shifted to become an **enabling** role rather than a **controlling** role, and this has had very widespread impacts on community development, empowerment and participation. Healthy Cities Canberra has been active in the promotion and continued development of good practice in community landcare, linked with the School Community Environment Program.

Widespread volunteer activity and autonomous self starting community groups are a feature of the community landcare movement, which is having an increasing impact on proposals and planning for improvements to environmental health. Healthy Cities Canberra has pioneered the application of community development principles and the principles of the new public health to community landcare practice. This has resulted in improved community processes and arguably better outcomes for volunteer environmental action.

Grassroots involvement has been successful in activating the community at large and creating improved living environments. All such efforts in community landcare have been carried out in close cooperation and consultation with government agencies and other key organisations. Healthy Cities Canberra have pioneered highly successful new **partnership** approaches between the government, community, education/research and business sectors. This **collaborative approach** has characterised the overall School Community Environment Program and the associated elements of community landcare, community arts/design processes, and peace education initiatives.

Landcare has also tended to reinforce a regional perspective. An example is the formal recognition of the ACT as the largest population centre in the Upper Murrumbidgee River catchment, and in turn the Murray-Darling Basin which covers a huge area and contains most of Australia's agricultural production. Environmental health (particularly water quality) is featured in discussions of this regional context.

International connections

Due to the limitations imposed by a network of volunteers, the efforts of Healthy Cities Canberra in international cooperation have been limited. However, linking with other programs does assist us to share in visits by international speakers and workers, such as the speaking visit by Canada's Ellis Katzoff organised in conjunction with Healthy Cities Illawarra.

Some international connections have also been brokered directly by Healthy Cities Canberra in association with the School Community Environment Program. For example, the program marked the 50th anniversary of the bombing of Hiroshima and Nagasaki by establishing a Community Peace Garden which will contain international plantings and community artworks dealing with themes of global peace and environment. This will be linked with the world wide system of Sri Chinmoy Peace Blossoms.

Following the story of Sadako Sasaki, students made a thousand paper cranes which were taken to the Children's Peace Monument in Hiroshima and an exchange of student work has been established with Hakushima Elementary School in Hiroshima. This project is being undertaken with the support of the United Nations Association of Australia. To mark the fiftieth United Nations Day, International Children's Day and also the fortieth anniversary of the death of Sadako, students held a special assembly and hung garlands of paper cranes in the cherry blossom trees. They then wrote to students in Hakushima about their school life, helping to build mutual understanding and respect for cultural diversity.

This is just one example of the kind of global and international links which can be developed in support of a community development/ community health project.

BARRIERS TO EFFECTIVENESS

Short-sightedness

One of the greatest challenges in implementing healthy public policy is to overcome the short-sighted view that preventive health policy is an expenditure rather than an investment. This view tends to treat people as income-generating commodities with a shelf-life of fifty or so productive years. After that the balance sheet changes from profit to loss, and government leaders begrudgingly hand over just enough to keep the welfare net patched. There might appear to be little profit in monetary terms in investing in the health and happiness of people, but there is much to be gained in the long term as there is less drain on, and less need for, expensive support services.

Intersectoral structures

Lack of cooperation between governments, departments, and sectors, or confining cooperation to formal committees, imposes barriers to the attainment of better health which may be every bit as high and as dense as the structural, economic and cultural factors which prevent some people from improving their health status.

Professional resistance

A major conceptual barrier to adoption of healthy public policy arises from resistance to people from the non-health sector seeking to affect health policy and health outcomes beyond traditional clinical and curative approaches.

This professional resistance reinforces a political resistance to adopting new public health principles. The medical approach to prevention tends to be more attractive to policy makers than do the alternatives because it is politically safe. Since the medical approach focuses largely on the individual patient it tends to be less threatening to existing power relations than proposals for broad ranging healthy public policies.

Resources
In common with other community-based organisations, the effectiveness of Healthy Cities Canberra has not been aided by the ACT's history of government and administrative changes, and consequent shifts in funding prospects. It has been, and remains, a 'shoestring operation' which survives from funding period to funding period.

For now the future of Healthy Cities Canberra seems to lie in a mixture of source funding which includes government support and private sector sponsorship for particular projects. Pursuit of sponsorship however is a major distraction from the significant work at hand, and, as with all community organisations, a major drain on resources.

Inertia
The ability of the Healthy Cities approach to penetrate the awareness of decision-makers in government agencies or the business sector seems to have been limited by the breadth of its coverage, and the lack of clear boundaries to, or definitions of, the approach.

The very elements which make the Healthy Cities approach ideal as a social and ecological complement to the physical aspects of urban planning can also be its downfall. By integrating personal, social and physical ecology, by crossing barriers between professions and disciplines, the seamless Healthy Cities approach has been ahead of its time. As is characteristic of such reform movements, it has in places met with indifference, jealous self-interest, fear, and hostility.

Acceptance of the Healthy Cities approach may be resisted quite strenuously on the basis of its potential to shift the balances of power between groups in society. The approach embodies a view of power different to the established assumption that society comprises discrete groups which may or may not have **power over** other groups. Instead, it models a view based on systems theory that society comprises patterns of relationships. In turn, power is expressed as **power with** and this is not a game with an 'I-win-you-lose' result.

We all need to understand this issue if the movement is to fulfil its potential and not replicate existing organisational, professional and other power battles. The focus must be on process and giving away power, not on creating organisational structures and rehabilitating or reinforcing professional cliques.

This value position must cause confusion among those who expect the Healthy Cities movement to play the same games as others to gain some degree of supremacy in influencing policy. Because of this it is easy for policy-makers to misinterpret its non-combatant style as ineffectual simply because it is different.

Time lag
There is a widespread lack of understanding of the lead time required for social reform, especially reform based on community development which by necessity (if not by definition) is large-scale, long-term and slow to show its very gradual results. Fran Baum has rightly said that ‘changes of the kind the Healthy Cities approach seeks to institute come in ripples and not in waves.’

While this relatively slow progress is used as a criticism of the Healthy Cities approach, and community development work generally, it is not in itself a weakness. Rather, it uses its longer time perspectives and a historical view of the rate of change to identify areas within which political ideas can be moulded.

Tangible outcomes

Another conceptual difficulty or criticism levelled at the Healthy Cities approach (and the new public health generally) is that it cannot point to concrete evidence or hard data to justify a shift in health strategy away from traditional approaches.

Part of this arises from the very short funding **time-frames** within which results are expected to be shown. This is a dilemma for funding bodies and politicians who prefer to support safe, small-scale, short-term, quick, conspicuous projects based on messages about lifestyle. It may be equally difficult to produce hard data on health outcomes of such projects, but this is rarely required because of their short duration and because of tangible materials produced for mass consumption, which may be accepted as surrogates for real, lasting improvements in health outcomes.

It is much more difficult for approaches such as Healthy Cities to offer funding bodies tangible outcomes within short time-frames. Even if they did produce posters, stickers, T-shirts or leaflets, their intention is actually to produce lasting improvements in health outcomes through community development. In these efforts conspicuous publicity and a high profile will often be the least desired approach.

A second factor is the difficulty of producing so-called '**hard data**' such as reductions in morbidity or mortality, while being expected to do so by funding bodies and critics of preventive approaches to health. However, there is an increasing awareness that data do not have to be 'hard' to be relevant to the new public health, just as health status indicators are not all measurable within the 'medical paradigm'.

This brings into question the whole practice of funding community development work in short (at times discontinuous) time-frames. This practice virtually ensures that no concrete result is ever likely to be demonstrated. In turn it helps to ensure that the whole approach can continue to be discredited by those with vested interests in perpetuating traditional approaches to prevention or, conversely, by those with vested interests in the failure of preventive health policy.

AN IDEA WHOSE TIME HAS COME

Despite all its difficulties in resourcing and conceptual acceptance, the Healthy Cities approach has clearly managed to touch chords in the hearts and minds of many in the community who can envision a new emphasis in the promotion of health in the community and the environment, and new directions in urban development; people who can think holistically, and who are willing to take personal responsibility - and act - for an improved quality of life for all.

These are potent agents for social change, who are working with concepts whose time has come. They are building these concepts into the settings where health is created: households, schools and colleges, workplaces, community organisations, business interests and government departments.

The Healthy Cities approach can provide the kind of 'neutral gameboard' required to bring together those with different perspectives but common interests in the future of a city, to allow constructive conflict to breed creative solutions to the fundamental problems faced by all cities as they evolve.