

Urban Health and Healthy Cities Today

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Abstract and Keywords

The authors of this article purport that for current understanding of Healthy Cities it is useful to appreciate other global networks of local governments and communities. In a context where the local level is increasingly acknowledged as decisive in designing and implementing policies capable of tackling global threats such as climate change and their health-related aspects, understanding how thousands of cities across the world have decided to respond to those challenges appears essential. Starting with the concept of “healthy cities” in the 1980s, the trend toward promoting better living conditions in urban settings has rapidly grown to encompass today countless “theme cities” networks. Each network tends to focus on more or less specific issues related to well-being and quality of life. These various networks are thus not limited to more or less competing labels (Healthy Cities, Smart Cities, or Inclusive Cities, for instance), but entail significant differences in their approaches to the promotion of health in the urban context. The aim of this article is to systematically typify these “theme cities.” A typology of “theme cities” networks has several objectives. First, it describes the health aspects that are considered by the networks. Are they adopting a systemic perspective on all health determinants, such as Healthy Cities, or are they focusing on “hardware” determinants like Smart Cities? Second, it highlights the key characteristics of the networks. For instance, are they pushing for technological solutions to health problems, like Smart Cities, or are they aiming at strengthening communities in order to mitigate their detrimental effects, like Creative Cities? Third, the typology has the potential to be used as an analytical tool, for example, in the comparison of the results obtained by different types of networks in urban health issues. Finally, the typology offers a tool to enhance both transparency and participation in the policymaking process taking place when selecting and engaging in a network. Indeed, by clarifying the terms of the debate, decisions can be made more explicit and achieve a greater level of congruence with the overall objectives of the city. Indeed, Healthy Cities today need to make alliances with other theme networks, and this typology gives the keys to find which networks are the “natural best allies,” avoiding mutually harmful antagonisms. In that sense, the typology developed should be of interest to any actor involved in health promotion at the city level, whether in an existing “theme cities” policy process or as willing to participate in such a program, and to scholars inter-

ested in better understanding the main drivers of “theme cities” networks, a rapidly growing field of study.

Keywords: urban health, health promotion, public health, theme cities networks, healthy cities

Introduction

Starting as an attempt to go beyond biomedical approaches to health in the 1980s, the Healthy Cities movement progressively incorporated broader sustainability issues into its agenda, in the wake of major international agreements, such as the Agenda 21 adopted in 1992. Since then, and acknowledging the complexity of the nexus between health, well-being and sustainability, several new theme cities networks have tried to devise their own policy recommendations to deal with urban health challenges.

Healthy Cities: The Pioneers

Healthy Cities was the first truly global network of local governments and communities pursuing a broader ambition that went beyond mere “twinning” arrangements, for good geopolitical reason (Zelinsky, 1991). The number of Healthy Cities and national dedicated networks has drastically increased over the years since their modern “invention” in 1984 and the first official network launch in 1986. Intersectoral and interdisciplinary collaboration as well as community participation were major objectives of the WHO/Europe, whose aim was to focus on well-being instead of biomedical approaches to health. Even though it seems very challenging to come up with a typology of Healthy City Initiatives, given their extraordinary diversity (de Leeuw & Simos, 2017), they have achieved some significant results, notably a growing synergy between urban planners and public health professionals, an increased capacity of local governments and communities to address upstream (social) determinants of health, a more sophisticated way of debating health and health equity matters in local political deliberations, and a wider use of health impact assessments. These successes in some cases have been offset by decreased or redirected government funding, a phenomenon called “lifestyle drift” (leading to behaviorist rather than systems intervention) and from the concurrency of other health-related initiatives (de Leeuw & Simos, 2017, p. 342).

The Health-Sustainability Nexus

The growing importance of sustainable development issues on the international agenda also triggered the development of local programs to deal with more or less specific challenges with direct or indirect bearing on human and ecosystem health. For instance, the Rio Summit of 1992 and its Agenda 21 insisted on the interrelation of environmental and urban health concerns, whereas the Millennium Development Goals adopted in 2000 were all “explicitly or indirectly related to health promotion and prevention” (Lawrence & Fudge 2009, p. 13). Since 2015, the Sustainable Development Goals (SDGs) defined in the framework of the United Nations Agenda 2030 have reinforced the crucial role played by

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cities in promoting healthier living conditions. Healthy Cities is explicitly linked to SDG 11, aiming to “make cities and human settlements inclusive, safe, resilient and sustainable” (UN, 2015, p. 24). Other SDGs represent traditional health determinants, such as poverty (SDG 1), food (SDG 2), and water quality (SDG 6). What is more, key public health concerns are also taken into account, for instance, inequality (SDG 10), planetary health (SDGs 13–15), or governance (SDG 16) (UN, 2015, p. 28). WHO itself insists that virtually all SDGs can be linked to health problems, programs, and impacts—a lofty vision but also one that may not enable full and focused WHO engagement with the pursuit of the SDGs at all levels. Indeed, there seems to be superior alignment between the features of a Healthy City and SDGs (see Figure 1). In 2016, the World Federation of Public Health Associations has taken significant steps to better acknowledge the impact of globalization on public health. It developed a Global Charter for the Public’s Health (GCPH) in order to facilitate the collaboration of public health stakeholders regarding transboundary issues such as international trade of unhealthy commodities.



Figure 1. The 11 qualities of a Healthy City and the Sustainable Development Goals.

The Emergence of Theme Cities

Given the complexity of this health–sustainability nexus, various agents and organizations have devised a highly diverse range of “theme cities” projects and networks, reflecting very different interests in terms of issues at stake and means of dealing with them. Indeed, the pioneering work of the WHO/Europe, directly related to developing and implementing health promotion across the life course and in a range of settings was followed by numerous other urban initiatives with bearings on better liveability and well-being. The term “theme cities” was coined by Davies (2015) and will be used in the methods section as a starting point to explore and identify credible and sizeable global networks of local governments and communities. Although Davies acknowledges the fact that each theme cities network (TCN), by essence, focuses on a specific set of issues, he also emphasizes the overall dedication of TCNs to “improve the quality of urban life, ecology and economy” (2015, p. 588). It is also important to distinguish theme cities, which intend to improve livability for *all* city dwellers, from gated communities and the like, which,

through spatial delimitation and socio-legal mechanisms, aim to make their urban settings more appealing to a *specific* segment of the population (Atkinson & Blandy, 2006).

This article demonstrates the vast heterogeneity of TCNs by briefly examining a few of these. The Smart Cities movement started in the early 2010s and has limited conceptual coherence globally. In some countries (like India), there are strict organizational parameters and networks, whereas in other geopolitical entities, any city that focuses on network technologies to deliver more efficient city services could be a “Smart City.” Alternatively, the Cittàslow network—founded in Italy in 1999—emphasizes “local distinctiveness” and encourages enrolled cities to comply with the guidelines of the Slow Food movement, to promote conviviality, and to protect the local environment (Pink, 2008, p. 97); Cittàslow cities sign up to a detailed aspirational program of slowness.

In order to describe the state of glocal health in the early 21st century and how it addresses the interconnected web of political, social, and environmental determinants of health and sustainability, the authors of this article developed an assessment of core tenets and potential for sustainable promotion of (urban) health of some of the most prominent of these TCNs. The resulting typology highlights how the health–sustainability nexus has prompted cities across the world to come up with creative and varied modes of governance, not only shaping their policy response to urban health issues but also how they frame them. For instance, whereas air pollution could primarily be conceived as a data management problem leading to inefficient transportation systems in Smart Cities, it would be regarded as the consequence of an urban system heavily relying on fossil fuels and motorized vehicles in Transition Towns.

Thus, in recent decades it can be seen that an abundance of various networks of cities focused on a particular theme. More often than not, the specific theme (city) has links with one or more health determinants. How is the Healthy Cities network positioned in this new world?

Conceptual Framework

The conceptual framework that was developed in this article to assess the various dimensions of TCNs is grounded in a humanistic and equity-based vision of health as a human right. Such a vision is consistent with the global state-of-the-art views of what would make the planet thrive and survive sustainably. In this vision, health is not an individual outcome attribute, but a personal and collective capability that requires deliberate efforts to reduce inequity (the unfair and avoidable difference in health, social status, experience, etc.) at all levels between the (inter)personal and larger (eco)systems.

Thus, conducting a comparative analysis of TCNs requires defining the criteria according to which they will be assessed. Indeed, if all networks aim at improving urban quality of life, their rationale to do so varies greatly. To accommodate the great variety of institutional structures responsible for TCNs, a flexible framework is necessary. Inspired by the extensive literature existing on policy analysis (see Parsons, 1995, for a good overview),

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the approach retained to assess how a TCN might promote urban health is divided into four components, largely reflecting the consecutive phases of the policy cycle:

1. Premises of TCNs
2. Their objectives
3. The institutional process they follow
4. Their outcomes and monitoring

Premises

Looking at the genesis of a TCN generates a range useful information. First, considering their place and date of origin allows tracing back potential influences some networks might have had onto others. Second, taking into account the type of actor starting a network, it is possible to distinguish between public and private or national and international initiatives. Third, the existence of a foundation document (and how it is treated, e.g., as a statement of beliefs hewn in granite or as a dynamic and evolving evidence-based piece of work) gives an indication of how formally rigid, or responsive to global change, a network can be.

Objectives

The objectives pursued by TCNs are numerous. First, the issues considered cover a wide spectrum ranging from natural environment factors to cultural and tourism aspects. What is more, some networks focus on specific issues, whereas others tend to be more comprehensive and planetary. Second, an essential feature of these networks lies in the way they deal with equity issues, namely, how they integrate vulnerable groups of population: young, elderly, disabled, and so on, and how they address the intrinsic political nature of the equity discourse. Third, the role conferred to technology plays a major role to distinguish between networks largely critical or even technophobic and those envisioning technology as a necessary tool to mitigate detrimental environmental factors or to adapt to changing conditions of life in urban settings.

Processes

Networks adopt very heterogeneous forms of functioning and governance to achieve their objectives. Their governance system might follow a top-down approach where a set of principles/objectives is meant to be implemented uniformly—as a joint directive—among member cities, or networks can be more flexible and yield degrees of autonomy (a more emancipatory, bottom-up approach). Membership can be based on an official registration (including formal—financial and other resourcing—commitments) or be more informal. In terms of policy development, it is crucial to determine whether the network offers an institutional setting where measures are actually conceived (and implemented) or if it simply acts as a cosmetic instrument, labeling some external measures according to its needs. Transparency is also crucial to describe networks: Is information regarding their activities (freely) available? De Leeuw, Keizer, and Hoeijmakers (2013) provide some in-

sights in networking properties and how relaxed or strict governance enables different processes and outcomes.

Outcomes and Monitoring

When it comes to assessing the outcomes of TCN, the essential criterion is whether data exist to provide evidence in favor of measures implemented. If data are available, how much accountable are they when it comes to their environmental and health impacts? Also, the mere existence of data (e.g., in the Smart Cities context where Big Data is the sine qua non of the concept) may not say anything about efficacy or intelligence of the Theme City and its network.

Methods

The authors of this article specifically aimed to include city networks that do not limit their own conceptualization to the public sector; for example, in the 1986 WHO version of Healthy Cities networks the authors are aware of a number of initiatives run and successfully maintained by local NGOs (non-governmental organizations), for example, Health Cities Illawarra and Healthy Cities Noarlunga (de Leeuw, Stevenson, Jolley, McCarthy, & Martin, 2017). The Alliance for Healthy Cities (AFHC) in fact emerged to become a globe spanning NGO.

Based on Davies (2015), TCNs with a significant number of citations in the peer-reviewed scientific literature were reviewed and assessed. Taken into account were foundation documents, for instance, “The healthy city: Its function and its future” (Duhl, 1986); literature reviews and theoretical reflections, for example, “What makes a community age-friendly: A review of international literature” (Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009); and empirical studies, such as “Community gardens: Lessons learned from California healthy cities and communities” (Twiss et al., 2003). The number of global-local networks is ever increasing. Elsewhere (de Leeuw & Simos, 2017) at least 25 different ones, were identified, and others have emerged since. For the current analysis, 12 TCNs (see Table 1) were identified for this assessment. A number of networks were excluded for different reasons. For instance, peak bodies and advocacy networks such as ICLEI—Local Governments for Sustainability, or the UN Global Compact—Cities Programme, were excluded. This study also did not look at global peak bodies that in one form or another stimulate local networking (e.g., UNICEF and UN-HABITAT). Furthermore, it did not include potent and important advocacy organizations such as Slum-dwellers International (see Satterthwaite, 2001), as they are—critically—driven by people rather than institutions. Finally, the authors of this study were forced to include only TCNs with a degree of recorded history in order to generate a body of knowledge on which to base their analysis; unfortunately, this excluded exciting new initiatives such as Zero-Emissions Cities and C40 Cities.

Table 1. Selection of TCNs

Theme cities network	Document	Number of citations ¹
Healthy Cities	Duhl (1986)	149
Healthy Cities Bloomberg	Twiss et al. (2003)	446
Smart Cities	Hollands (2008)	2,080
Cittàslow	Pink (2008)	169
Resilient Cities	Godschalk (2003)	1,163
Transition Towns	Connors and McDonald (2010)	134
Happy Cities	Montgomery (2013)	375
Creative Cities	Landry (2012)	5,430
Inclusive Cities	Gerometta, Häussermann, and Longo (2005)	356
Sustainable Cities	Haughton and Hunter (2004)	1,201
Child-Friendly Cities	Riggio (2002)	162
Age-Friendly Cities	WHO (2007)	1,124

Results

Since 1986, new TCNs appear on a regular basis (see Table 2). The vast majority of them are being developed at the global level; some are originating in Europe. It is interesting to observe the (quasi-)absence of other geopolitical designations (i.e., continents) in promoting TCNs. This may be a result of a Global North and Anglo-Saxon bias in the reported literature, and further inquiry may be useful. Another prominent feature of these TCNs lies in the fact that many of them were started or catalyzed by UN agencies. Formal

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establishment collaborations between different types of actors (for instance, between an international organization and an (QUA)NGO) are inexistent, Sustainable Cities being an exception.

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Table 2. Premises of TCNs

Network	Date & place of origin (if relevant)	Location of cities	Leading actor	Founding document/framework
Healthy Cities	1986/Europe	Europe	International organization (WHO/Europe)	Duhl (1963, 1986)
Healthy Cities Bloomberg	2001/New York	World	International organization (PAHO/WHO)	PAHO/WHO (2014)
Smart Cities	2013	World	Smart Cities Council and/or IEEE Smart Cities	Smart Cities Council (2015) and/or IEEE (2014)
Cittàslow	1999/Italy	Mainly Europe	Association (Cittàslow)	Slow Food (1989)
Resilient Cities	2013/New York	World	Foundation (Rockefeller Foundation)	ARUP (2014)
Transition Towns	2006	World	Transition Network	Transition Network (2016)

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Happy Cities	2013/Vancouver	North America	Company (Happy City)	Montgomery (2013)
Creative Cities	2004	World	International organization (UNESCO)	Yencken (1988)
Inclusive Cities	2000s	World	International organization (World Bank)	World Bank (2013)
Sustainable Cities	1994	Europe	Multiple (City of Aalborg, Basque Country, ICLEI Europe, etc.)	Aalborg Charter (1994)
Child-Friendly Cities	1996	World	International organization (UN-Habitat & UNICEF)	UN (1996)
Age-Friendly Cities	2006	World	International organization (WHO)	WHO (2007)

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Regarding the types of health determinants taken into account by the various TCNs (see Table 3), one can first notice that social environment factors are almost everywhere systematically considered, with as exceptions Healthy Cities Bloomberg and Smart Cities. Second, certain TCNs adopt a broad perspective on issues to be dealt with, for instance, the Healthy Cities covering all health determinants, whereas some others tend to focus on determinants that are more specific, a good example being the Healthy Cities Bloomberg, focusing on lifestyles and risk behaviors.

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Table 3. Issues Taken Into Account by TCNs

TCN	Natural environments	Physical environments	Social environments	Economic environments	Cultural environments	Lifestyles	Basic needs
Healthy Cities	X	X	X	X	X	X	X
Healthy Cities Bloomberg						X	X
Smart Cities		X					
Cittàslow	X	X	X	X	X	X	
Resilient Cities	X		X	X			X
Transition Towns	X		X	X			
Happy Cities		X	X			X	

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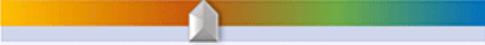
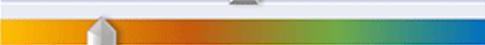
Creative Cities			X		X		
Inclusive Cities			X				
Sustainable Cities	X	X	X	X			
Child-Friendly Cities	X	X	X				X
Age-Friendly Cities		X	X				

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Equity is a core theme in the Healthy Cities concept, and currently in its implementation; for example, it was a major criterion in recent phase's evaluation of the European network (de Leeuw et al., 2015). This critical health issue is not a concern explicitly addressed across all TCNs (see Table 4). In some cases, this may be related to their relatively narrow focus, for instance, in the case of Healthy Cities Bloomberg (lifestyles) and Smart Cities (physical—or rather technology-driven environment). This observation is more surprising regarding TCNs with a broader perspective on urban quality of life, such as Happy Cities. And yet, it is an essential element to know the possible synergies with Healthy Cities activities. Indeed, equity and specifically health equity, is a major challenge for the 21st century, in the nexus with the struggle against climate change.

The role of technology (see Table 4) can be divided between TCNs for which it is central (“technophile”) and those conferring no significant importance to it and favoring socio-ecological mechanisms to respond to urban health issues and TCNs, which, without necessarily adopting a strong critical stance toward technology, rely on low-tech approaches.

Table 4. Equity and Vision of Technology in TCNs

Network	Equity	Role of technology
Healthy Cities	Yes	
Healthy Cities Bloomberg	No	
Smart Cities	No	
Cittàslow	Yes	
Resilient Cities	Yes	
Transition Towns	Yes	
Happy Cities	No	
Creative Cities	No	
Inclusive Cities	Yes	
Sustainable Cities	Yes	
Child-Friendly Cities	Yes	
Age-Friendly Cities	Yes	

Almost all TCN processes are driven by municipal authorities according to a top-down approach (see Table 5). They are usually advised or supported by the institution that initiated the TCN: WHO/Europe for Healthy Cities in Europe (but not in other WHO regions, although European WHO Healthy Cities representatives are very welcome guests at global

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events), the Rockefeller Foundation for Resilient Cities, UNESCO for Creative Cities, and so on. Only two TCNs have adopted a bottom-up approach (Transition Towns and Inclusive Cities). All TCNs share similar features in terms of (a) membership—the majority of them are based on a formal system; (b) policy development, even though some TCNs rather aim at proposing projects; (c) and transparency, as they all provide some kind of information on their functioning.

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Table 5. Processes of TCNs

Network	Governance	Membership	Policy development	Transparency
Healthy Cities	Participatory governance mostly driven by municipal authorities, supported by WHO/Europe	Yes Formal	Yes	Yes
Healthy Cities Bloomberg	Municipal authorities sponsored by Bloomberg Philanthropies	Yes Formal	Yes	Yes (limited information available on the relation between these Healthy Cities and WHO/HQ)
Smart Cities	Municipal authorities sponsored/advised by Smart Cities Council (private entity)	Yes Informal (no international norm)	Yes (projects)	Yes (Smart Cities Council)
Cittàslow	Municipal authorities following the Cittàslow manifesto	Yes Formal	Yes	Theoretically yes (but no information available)

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Resilient Cities	Municipal authorities sponsored by the Rockefeller Foundation	Yes Formal	Yes (projects)	Yes
Transition Towns	Grassroot movements (bottom-up)	Yes Informal	Yes	Yes (Transition Network)
Happy Cities	Municipal authorities advised by Happy City consultancy	Yes Informal	Yes	Yes
Creative Cities	Municipal authorities supported by UNESCO	Yes Formal	Yes	Yes
Inclusive Cities	Community-driven (bottom-up)	No	Yes	Yes (limited information available)
Sustainable Cities	Municipal authorities following the Basque Declaration	Yes Formal	Yes	Yes
Child-Friendly Cities	Municipal authorities supported by UNICEF	Yes Informal	Yes (projects)	Yes

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Age-Friendly Cities	Municipal authorities supported by WHO	Yes Formal	Yes	Yes
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In Table 6, a much larger heterogeneity among TCNs can be observed when it comes to their outcomes. First, the type and depth of data available greatly varies. Some TCNs only provide a few case studies (e.g., Cittàslow); other TCNs publish regular reports in addition to their case studies (e.g., Resilient Cities); and some TCNs offer a comprehensive database of their projects (e.g., Age-Friendly Cities). Second, most TCNs do not account for environmental issues, and if they do, this is largely superficial. Third, health accountability is more common but depends again largely on the TCN considered. For instance, if Healthy Cities offer some detailed insight on health issues, including the provision of health impact assessments in some cases, Sustainable Cities only gives rough estimates of the effect of its measures on health determinants.

Table 6. Outcomes and Monitoring of TCNs

Network	Data	Environ- mental ac- countabili- ty	Health ac- countability
Healthy Cities	Yes WHO/Europe re- gional assess- ments Very heteroge- neous at the lo- cal level	No	Yes à emphasis on HIA since Phase IV (2003-2008)
Healthy Cities Bloomberg	Yes WHO reports Vital Strategies reports	No	Yes à limited to international & national data
Smart Cities	Yes Several case studies (projects at the city level) provided by ex- ternal partners	No	No
Cittàslow	Yes Several case studies (projects at the city level)	Yes (super- ficial, de- pends on the project)	Yes (superficial, depends on the project)
Resilient Cities	Yes Several case studies (projects at the city level) Global reports	Yes (de- pends on the project)	Yes (depends on the project)
Transition Towns	No (?) Description of initiatives (Tran- sition Network)	No	No

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Happy Cities	Yes Several case studies (projects at the city level) Global reports	No	Yes
Creative Cities	Yes Several case studies (creative cities reports)	No	No
Inclusive Cities	Yes A few case studies Global reports	No	Yes
Sustainable Cities	Yes Database of projects	Yes (but superficial)	Yes (but superficial)
Child-Friendly Cities	Yes Database of projects	No	Yes (but depends on the project)
Age-Friendly Cities	Yes Database (assessing cities according to 4 phases: commitment, assessment, action plan, evaluation)	No	Yes (but depends on the project)

Discussion

The analysis here highlights several important differences between TCNs, both in qualitative and quantitative terms. It is proposed here to map those 12 TCNs along two axes (see Figure 2). One ranges from technology-driven to society-driven views of urban change and discourse. The second axis ranges between a more traditional top-down and expert-driven model of governance, and a more modern network governance model that recognizes many levels of engagement and entanglement. Generally speaking, typologies pursue three different objectives or roles: descriptive, classificatory, and explanatory (Elman,

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2005). Because the typology here is mostly inductive, its descriptive role (identifying the key variables used to assess TCNs: type of driver of change and type of governance) and classificatory role (sorting the TCNs according to the variables selected) are easily made explicit. Regarding its explanatory role, it mostly lies in the theoretical assumption that the combination of a certain type of governance and of a driver of change is likely to produce more similar outcomes among cities belonging to the same cluster of TCNs. It should be pointed out that the usefulness of a typology depends, on the one hand, on the relevance of its core descriptive variables, and, on the other hand, on their sheer number, as the more variables, the lower the degree of theoretical generalization that can be reached. For instance, working with dichotomous variables, any new variable added increases the number of categories by a factor of two (the total number of categories is, in this case, $2n$, where n is the number of dichotomous variables). That is why only the most prominent and discriminating variables presented in the results section have been integrated in the typology. At the same time, to avoid any risk of reification—that is, to provide an explanation of the results obtained by a city or a TCN solely based on the cluster (or type) it belongs to—it is necessary to always consider its specific context and the broader theoretical framework underpinning the elaboration of the typology.

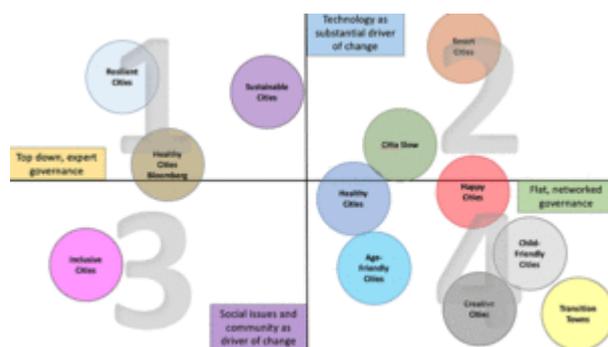


Figure 2. Typology of TCNs.

It is clear that there are four emerging archetypes of TCNs. It is realistic to suggest that a qualitative assessment of each of these versus any other yields an important insight. Based on the authors' long involvement in the WHO Healthy Cities movement (both as scholars and at the operational level), they are often asked by local government representatives: "We want to join a global network of cities—do you think WHO Healthy Cities would be a good choice?" Or "Why join Healthy Cities and not the Smart Cities or the Inclusive Cities network?" Based on their loyalties and experience, they would of course argue for a Healthy City. And if local leaders and decision-makers would like to join other global networks of cities, it is useful to know that to improve the important issue of health equity, Sustainable, Resilient, Transition, Inclusive, Child-Friendly, and Age-Friendly Cities are more compatible networks for this purpose.

Eventually, analysis of these 12 TCNs shows that each of them is "fit for purpose" and that the best advice would be to consider what the foundations and (political) beliefs of the local administration are, as well as what strategic goals its Council and community

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wishes to pursue. This typology would enable local governments and their communities to select and discuss the opportunities a TCN may offer them.

For instance, the authors of this article have seen documentation in which New York City has identified equity challenges as critical for its resilience (NYC is a Resilient City, and the TCN allows each city to prioritize a critical issue as the greatest challenge to resilience and thriving local environments). As a consequence, this particular choice enables a broader health (and not lifestyle or biomedical) view of the nature of local communities (Fainstein, 2018). But other Resilient Cities have identified other priorities and models of action more fit to their own purpose.

From a scholarly perspective, the challenges (and opportunities) would be different, perhaps. The authors of this article have identified a vast landscape within these TCNs when it comes to problems, data quality, and preferred world view (and hence, commensurate epistemology for identifying problems and outcomes). For instance, Smart Cities do emphasize a strong belief in the potential of connected technology to enhance local government efficiencies. But technology for the sake of technology, without the identification of a purpose beyond the rhetorical “efficiency,” would not be helpful for researchers who have committed themselves to, for instance, improving health equity among disadvantaged neighborhoods. Conversely, the relentless pursuit of Healthy Cities, without a clear instrumental and operational gaze on the mechanisms and (governance) tools that would enable the attainment of better outcomes, would make the work of local administrators and associated research efforts pointless.

Diversity is good and makes for greater innovation opportunity for better health, glocally. The argument here is that if people wish to invest in better, more sustainable, fairer, and more healthful people and glocal economies, joining any TCN would be a good idea—but not without identifying local foundations, ultimate vision, and the governance processes to get there, as well as making a commitment to sound and relevant research to support the effort. The networking effort itself (Capello, 2000; de Leeuw, Browne, & Gleeson, 2018) is probably a critical starting point to improving health for all. Putting resources and efforts together, instead of dispersing those efforts through antagonistic initiatives, is a win-win play. This is the reason why, more than ever, networking the networks is needed.

Further Reading

Campbell, T. (2012). *Beyond smart cities: How cities network, learn and innovate*. Abingdon, UK: Earthscan.

Friel, S., Hancock, T., Kjellstrom, T., McGranahan, G., Monge, P., & Roy, J. (2011). Urban health inequities and the added pressure of climate change: An action-oriented research agenda. *Journal of Urban Health*, 88(5), 886–895.

Galea, S., & Vlahov, D. (2005). Urban health: Evidence, challenges, and directions. *Annual Review of Public Health*, 26, 341–365.

Minkler, M. (2005). Community-based research partnerships: Challenges and opportunities. *Journal of Urban Health*, 82(Suppl. 2), ii3-ii12.

References

Aalborg Charter. (1994). **Charter of European Cities and Towns Towards Sustainability, European Conference on Sustainable Cities & Towns.**

ARUP. (2014). *City resilience framework*. London, UK: The Rockefeller Foundation & ARUP.

Atkinson, R., & Blandy, S. (2006). *Gated communities*. Routledge, UK: Abingdon.

Capello, R. (2000). The city network paradigm: Measuring urban network externalities. *Urban Studies*, 37(11), 1925-1945.

Charter of European Cities & Towns Towards Sustainability. (1994, May 27). Aalborg, Denmark.

Connors, P., & McDonald, P. (2010). Transitioning communities: Community, participation and the transition town movement. *Community Development Journal*, 46(4), 558-572.

Davies, W. K. (Ed.). (2015). *Theme cities: Solutions for urban problems* (Vol. 112). New York, NY: Springer.

de Leeuw, E., Keizer, M., & Hoeijmakers, M. (2013). Health policy networks: Connecting the disconnected; health promotion and the policy process. In C. Clavier & E. de Leeuw, (Eds.), *Health promotion and the policy process* (pp. 154-173). Oxford, UK: Oxford University Press.

de Leeuw, E., Green, G., Tsouros, A., Dyakova, M., Farrington, J., Faskunger, J., . . . Devlin, J. (2015). Healthy Cities phase V evaluation: Further synthesizing realism. *Health Promotion International*, 30(S1), i118-i125.

de Leeuw, E., & Simos, J. (2017). *Healthy Cities: The theory, policy, and practice of value-based urban planning*. New York, NY: Springer Science.

de Leeuw, E., Stevenson, A., Jolley, G., McCarthy, S., & Martin, E. (2017). Healthy cities, urbanisation, and healthy islands: Oceania. In E. de Leeuw & J. Simos (Eds.), *Healthy cities: The theory, policy, and practice of value-based urban planning* (pp. 315-337). New York, NY: Springer.

de Leeuw, E., Browne, J., & Gleeson, D. (2018). Overlaying structure and frames in policy networks to enable effective boundary spanning. *Evidence & Policy: A Journal of Research, Debate and Practice*, 14(3), 537-547.

Duhl, L. J. (1963). *The urban condition. People and policy in the metropolis*. New York, NY: Basic Books.

Urban Health and Healthy Cities Today

Duhl, L. J. (1986). The healthy city: Its function and its future. *Health Promotion*, 1(1), 55–60.

Elman, C. (2005). Explanatory typologies in qualitative studies of international politics. *International Organization*, 59(2), 293–326.

European conference on sustainable cities and towns, Denmark. (1994, May 24–27). **City of Aalborg in cooperation with DG XI of the European Commission, the Council of European Municipalities and Regions (CEMR) and other European urban development and environmental organizations.**

Fainstein, S. S. (2018). Resilience and justice: Planning for New York City. *Urban Geography*, 39(8), 1268–1275.

Gerometta, J., Häussermann, H., & Longo, G. (2005). Social innovation and civil society in urban governance: Strategies for an inclusive city. *Urban Studies*, 42(11), 2007–2021.

Godschalk, D. R. (2003). Urban hazard mitigation: Creating resilient cities. *Natural Hazards Review*, 4(3), 136–143.

Haughton, G., & Hunter, C. (2004). *Sustainable cities*. London, UK: Routledge.

Hollands, R. G. (2008). Will the real smart city please stand up? Intelligent, progressive or entrepreneurial? *City*, 12(3), 303–320.

Landry, C. (2012). *The creative city: A toolkit for urban innovators*. London, UK: Earthscan.

Lawrence, R., & Fudge, C. (2009). Healthy Cities in a global and regional context. *Health Promotion International*, 24(S1), 11–18.

Lui, C. W., Everingham, J. A., Warburton, J., Cuthill, M., & Bartlett, H. (2009). What makes a community age-friendly: A review of international literature. *Australasian Journal on Ageing*, 28(3), 116–121.

Montgomery, C. (2013). *Happy city: Transforming our lives through urban design*. New York, NY: FSG.

Pan American Health Organization/World Health Organization (PAHO/WHO). (2014). *Plan of action for the prevention and control of noncommunicable diseases in the Americas 2013–2019*. Washington, DC: PAHO.

Parsons, W. (1995). *Public policy: An introduction to the theory and practice of political analysis*. Cheltenham, UK: Edward Elgar.

Pink, S. (2008). Sense and sustainability: The case of the Slow City movement. *Local Environment*, 13(2), 95–106.

Urban Health and Healthy Cities Today

Riggio, E. (2002). Child friendly cities: Good governance in the best interests of the child. *Environment and Urbanization*, 14(2), 45-58.

Satterthwaite, D. (2001). From professionally driven to people-driven poverty reduction: Reflections on the role of Slum/Shack Dwellers International. *Environment & Urbanization*, 13(2), 135-138.

Slow Food. (1989). **Slow Food manifesto: International movement for the defense of and the right to pleasure.**

Transition Network. (2016). *The essential guide to doing transition: Getting transition started in your street, community, town or organisation*. Totnes, UK: Transition Network.

United Nations (UN). (1996). *Report of the United Nations Conference on Human Settlements*. Istanbul, Turkey: UN.

United Nations (UN). (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*. New York: UN.

Twiss, J., Dickinson, J., Duma, S., Kleinman, T., Paulsen, H., & Rilveria, L. (2003). Community gardens: Lessons learned from California healthy cities and communities. *American Journal of Public Health*, 93(9), 1435-1438.

World Health Organization (WHO). (2007). *Global age-friendly cities: A guide*. Geneva, Switzerland: WHO.

World Bank. (2013). *Inclusion matters: The foundation for shared prosperity*. Washington, DC: World Bank.

Yencken, D. (1988). The creative city. *Meanjin*, 47(4), 597-608.

Zelinsky, W. (1991). The twinning of the world: Sister cities in geographic and historical perspective. *Annals of the Association of American Geographers*, 81(1), 1-31.

Notes:

(1.) According to Google Scholar, October 31, 2019.

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