

Healthy towns – healthy residents

Hungarian healthy towns in 21 Century

Ildikó Laki

Abstract

In my short summary I intend to provide a survey of the topic of healthy towns with healthy residents. The term healthy town already appeared in the 1930s, naturally with different content and values in comparison to today's notions. The transformation of settlements, their becoming interactive spaces, necessarily triggered socio-spatial processes resulting in healthier urban environments, rejuvenated both spatially and as communities.

In the first part of the study those international models (WHO) are elaborated on which serve as the basis of healthy towns, focusing on goals and means. In the second part the examples of Hungarian healthy towns, the concepts and projects of retirement and liveable communities are listed. The current Hungarian initiatives in this area are rather modest; nevertheless, the already realized projects may generate further ones in the future.

Keywords: *health, Hungarian healthy, healthy towns, Hungary*

Introduction

“To define the term ‘town’ is a complex endeavour with every involved scientific discipline and even practical field emphasizing its unique set of criteria. A town is defined as a type of settlement, which due to some particular function (*cultural, industrial, commercial, etc.*) enjoys a special legally circumscribed status. Towns within the settlement networks usually possess larger populations and central functions in public administration. Besides their own residents, they provide various services for those living in their agglomeration” (Térport, 2012).

We can consider a town as a settlement and distinguish it from a statistical angle, based on the population figures as an incorporated settlement with

special legal privileges, and also as a functional entity, which perceives the town as a location for the availability of a number of services.

“Such definition, therefore considers those settlements as towns which specialize on higher, non-ordinary functions within the regional division of activities (the definition originally is attributed to Tibor Mendöl). In a different reading, towns possess an elevated level of significance by fulfilling various roles, i.e. providing medium and premier services, not only for their residents but for those living in their agglomerations.” (Térport, 2012)

In the contemporary social and spatial approaches we can find different definitions, as the Danish architect Jan Gehl did. “According to him cities are meeting points where people can exchange ideas, can do business or simply relax and enjoy themselves. The public spaces in cities, such as the streets, squares and parks, are the venues and catalysts for activities” (Gehl, 2014, p. IX).

Irrespective of which definition we use to characterize a town, the available data shows that the proportion of urban dwellers on the planet is steadily growing. The rate of urbanization varies from country to country. (Hagget, 2006, p. 241) Nevertheless, in every country surveyed it is visible that the towns and especially the larger cities are the most desirable places of residence. On the one hand, the available opportunities towns offer are richer in content, and on the other hand, from the aspect of attaining a more individualistic living space, towns can assure a more abundant and diverse environment for urban dwellers. Simultaneously, the processes of suburbanization also appear which clearly equate to a partial separation from the large cities, though not a complete partition from it.

Recently additional spatial characteristics have gained credence. “The traditional urban agglomeration, which includes a central large city and the surrounding intrinsically connected smaller towns and villages, is being increasingly replaced by the metropolitan region” (Hagget, 2006, p. 241).

A number of questions may emerge at this point concerning the extent of liveability of settlements, what opportunities they can offer to their residents, and what the expectations of these residents are: an unlimited utilization

of opportunities, liveability, or even in some cases sustainability, the main purpose of the town in one's life, and whether it serves as a permanent or only temporary residence.

By answering these questions, some of the pertinent professional experts now maintain that towns can remain sustainable in the long run if we transform them into liveable spaces. Being liveable is complex, social, spatial, and political process, which denotes the degree to which any particular settlement can be considered a pleasant and enjoyable place to live in. The notion of health also enters the equation whereby we may assume that a settlement becomes liveable if healthy socio-spatial processes characterize it, with environmental, community and labour market conditions that grant the possibility of a healthy lifestyle for the people living there.

“The principles behind the creation of the living city support the planning and aiming at social sustainability. The living city attempts to prevent the withdrawal of its residents into closed communities and supports the creation of an urban space that is accessible and appealing for all social classes” (Gehl, 2014, p. 109).

Liveable towns, healthy towns

The concept of the healthy cities project can be traced back to a one-day workshop in Canada titled ‘Healthy Toronto 2000’ in order to create a healthy community. The WHO’s regional office for Europe identified 38 separate health targets within the European continent. The same office in 1984 published its ‘Targets for health for all’ that propelled the academic discussion of individual health related issues continent-wide. In 1986 in Ottawa they held the First International Conference on Health Promotion which identified three main health promotion strategies to build healthy public policies, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services.”(Füzesi – Tristyán, 2004, p. 15–17).

The WHO launched the European Healthy Cities Network in 1987 with the main goal to involve in health promotion actors such as municipal governments and community action groups that normally operate outside the healthcare sector. The primary goal of the Healthy

Cities movement is to keep at the forefront of the agenda of decision-makers the issue of health, provide support for the formulation of comprehensive local strategic programmes for health and sustainability based on the targets of the 'Health for All' and the 'Health 21' European policy frameworks." (Füzesi – Tristyán, 2004, p. 15–17).

A prime characteristic of these principles is that health promotion should not merely be the responsibility of the healthcare sector but all actors present in any given city should be involved. Additionally it is also of elevated importance that the very residents living in their city should become health conscious, thus raising their quality of life and equality in opportunities. Inequalities among the various segments of society have become especially a question of concern in the past few years. The ageing of society, the appearance and immigration of new ethnic groups pose crucial dilemmas to municipal governments and other involved actors. An additional problem is the appearance of social loafing.

The sizable changes that were registered in the social fabric of the developed world also challenged the makers of public health policies. Manual and physical work that had been representative of the previous periods was replaced by sedentary lifestyles, while transportation is being carried out increasingly by automobiles. The resulting problems are often compounded by the improper eating habits, the consumption of excessive amounts of high-fat food (Gehl, 2014, p. 111). This triggers all involved parties in the healthcare system to make cities fertile grounds in the institution of novel approaches in the raising of the general level of health among city dwellers. An important strategy is to offset the physical inactivity of the residents to support the development of pedestrian areas and bicycle paths. By doing so, besides the obvious health benefits to those living a more active lifestyle, the environmental burden on the cities also lessens in the form of better air quality and an increase in the size of the green areas.

In the European health promotion strategy the raising of general health receives an important role in the development concepts of cities (either as directly part of them or as separate documents) since it is the goal of every settlement maintain its population levels and for this end to make the local living areas liveable, sustainable, and more attractive.

Healthy cities in Hungary

Since 1986 Hungary has been involved in the WHO Healthy Cities Project. From Hungary the city of Pécs was among the founding members of the European network, and soon after that the Hungarian Speaking Association of Healthy Cities was established as well in 1992. After just four years of work the association had already boasted ten member cities. Membership today entails high levels of intersectoral cooperation and community initiatives with only modest financial commitments required”(www.hahc.hu, 2008).

All the participants of the association believe that they are part of an initiative that positively contributes to the long-term liveability and sustainability of their cities. Thus the title ‘healthy city’ promotes activities that aim for existing or new cooperative projects and programmes by utilizing the natural and already existing infrastructural potential of cities to trigger sustainable and long-term urban development.

Thus, Hungary has been involved in the Healthy Cities Project since 1986 with the city of Pécs becoming the first participating member. In the ensuing 30 years beyond the initial ten participants other towns have also joined the association. All the new members have also fully accepted the principles and objectives followed by the association. Currently, in 2016, the Hungarian Speaking Association of Healthy Cities has 21 participating members.

HUNGARIAN SPEAKING ASSOCIATION OF HEALTHY CITIES	
Baja	Sopron
Békéscsaba	Székesfehérvár
Erdőszentgyörgy	Szentendre
Győr	Szigetszentmiklós
Gyula	Szolnok
Hódmezővásárhely	Szombathely
Kaposvár	Tatabánya
Mosonmagyaróvár	Zalaegerszeg
Nagykanizsa	Zalakaros
Nyírbátor	Zalaszentgrót
Pécs	

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Source: <http://www.hahc.hu/tagvarosaink.php>

At the local community level the main strategy of the healthy cities is to initiate special projects that can have a direct impact on relevant legal regulation. The commitment of the political decision-makers to the ideal conditions laid down in healthy cities is a lynchpin in the strategy elaborated above. The healthy cities project emphasises that the actual process through which these conditions are attained are more important from the angle of a healthy city than any other objective health indicator (Füzesi – Tristyán, 2004, p. 16–18).

All towns function not only as places of residence but as centres for community activities. Some of these activities are formal in nature, or can be connected to some organization or body such as a school, workplace, the army, a prison, etc.; the other group of activities is based on attachment to non-formal associations, e.g. spontaneously formed groups or clubs. Examples of the latter category are a local community initiative (our street, our block etc.), or the participants at a special event or even partygoers at a club. (Füzesi – Tristyán, 2004, p. 16–18).

Community activities for a number of reasons have an impact on the health conditions prevalent in the towns/cities. They serve as platforms to generate the peculiar norms and values accepted by the local community. The resulting norms provide for the community or group the framework for deciphering and digesting outside influences and information flow. (Füzesi – Tristyán, 2004, p. 16–18).

It is legitimate to ask in what ways do healthy cities community activities connect to the current study. Health, healthy lifestyles, and the main development paths of towns and cities should be treated strictly as a singular whole. However, the experts in diverse disciplines or areas of activity have their own often dissimilar priorities. In order to achieve the state of healthy cities, architects focus on the utilization of available space, environmentalists fight for good air quality, the retail sector wants to fulfil all consumer demands to the maximum extent, and representatives of educational and training institutions want the best possible schooling for all their charges. The demands of the residents of any town transcend these goals since the general sense of wellbeing, prosperity, as well as the initiatives and activities of the local community play equally important roles in laying the foundations for healthy cities.

For this reason further analyses and evaluation are needed to develop a satisfactory definition to what constitutes a healthy city, while also remembering those expectations and needs that manifest from the perspective of the society and especially the residents of towns and cities.

The process of urbanization also generates a specifically new form of living specifically centred on the town or city. With the development of urban settlements the demands and expectations of their residents have expanded, who in return also shaped and moulded the very places they call home (see Alfred Schütz's work 'The Stranger' – an outstanding work in phenomenological sociology). With the overcrowding and complete population of urban areas, the growth of industrial and agricultural land use, and the increasing scope of available services, today's so-called intelligent cities become less and less liveable. All available space has been built up, local communities lost their character, and the whole society increasingly became the mere consumer of the artificial functions offered by urban life. The principles for the creation of healthy cities emerged in reaction to this scenario, including the relevant policy proposals as well as economic considerations and the heightened role of civil society.

The Hungarian healthy cities are such settlements that can in the long-run transform their natural, environmental, and communal values in order to attain sustainability and a more liveable condition for the benefit of their residents.

Five main points represent the membership criteria for the WHO Healthy Cities Project, which also play an important role from their inception in the national association and in the regional healthy cities networks. In becoming a healthy city it is indispensable to follow a multisectoral approach and ascertain equal opportunities – fighting against poverty and social inequalities. Additionally, involving the local community in decision-making affecting their lives and having municipal governments dedicated to the realization of healthy cities and sustainable development are also of prime relevance; the latter feature in the classification of the National Council for Sustainable Development meaning that men should pursue happy and satisfying lives while also contributing to the public good. Naturally all these goals are realized in a way that the generation attaining its desired level of welfare does not compromise and exhaust the available resources, but rather preserves and even expands them for its posterity. To achieve the material, intellectual

and psychological wellbeing of any given generation there is a need for the availability of human, social, economic, and natural resources.

From the aspect of urban planning, social and economic criteria and environmental indicators are **of equal importance**. Responding to the challenges of climate change and urban heat islands, which are to be remedied by increasing green areas in cities and by the most efficient ways for infrastructure development, are all the responsibilities of municipal governments similar to water treatment, waste disposal, and recycling, all to be properly integrated in non-obtrusive manner to the cityscape (<http://epiteszforum.hu/fenntarthato-es-elheto-varos-rangsorok>, 2012).

A description of Hungarian Healthy Cities through the available data

The health of the residents of all settlements, including towns and cities, is greatly influenced by the living areas, work conditions, the surrounding physical and socio-economic environment, as well as the quality and availability of the healthcare system. (Füzesi – Tristyán, 2004, p. 25).

The current members of the Hungarian Association of Healthy Cities all joined the organization on virtue of their distinct and specific merits. On the one hand, they all expressed strong commitment to abide by the five previously mentioned criteria, while on the other hand they started novel initiatives which can further contribute to their cities' positive public perception and image. One of the genuine indicators of a town's growth curve and appeal is the shift in population figures. If there is a net population gain it shows the strong retaining power of any given city and its positive appeal among people. If the population is shrinking that may denote two root causes, the strong attractiveness of the suburban settlements surrounding the city or that some major transformation has taken place in the life of the city. In the latter case it is of prime relevance what triggered the population loss, disrupting the healthy unity of the urban community. In the table below the demographic changes of healthy cities in the past 25 years can be seen in Hungary. Of the 20 Hungarian cities and one city outside Hungary proper we can register population growth in six; of these, four are situated in the westernmost regions of the country while two are in the metropolitan area of Budapest. Exceptional growth was measured in the cases of Sopron and Szentendre,

as well as Szigetszentmiklós, clearly considered to be a healthy and liveable town by the local residents. The local residents follow in the descriptions of their respective settlements the previously elaborated complex indicators, i.e. beyond development projects and the natural environment; there are high levels of community action as well as the workings of urban functions. A full range of services and institutional structures assists the residents in their attainment and maintenance of healthy living.

Changes in population figures between 1990 and 2015

Settlement	Population 1990	Population 2015
Baja	38 686	35 718
Békéscsaba	67 609	60 334
Erdőszentgyörgy (Romania)		(2011) 5166
Győr	129 338	129 372
Gyula	34 331	30 658
Hódmezővásárhely	51 180	44 795
Kaposvár	71 788	63 742
Mosonmagyaróvár	30 079	32 752
Nagykanizsa	54 052	48 241
Nyírbátor	13 849	12 259
Pécs	170 039	145 985
Sopron	55 083	61 780
Székesfehérvár	108 958	98 673
Szentendre	19 351	25 542
Szigetszentmiklós	19 372	35 656
Szolnok	78 328	72 786
Szombathely	85 617	77 866
Tatabánya	74 277	66 791
Zalaegerszeg	62 212	58 959
Zalakaros	1041	1936
Zalaszentgrót	8 258	6552

Compiled by: Laki Ildikó, 2016 (www.ksh.hu, 2015)

Additional questions may be posed by those towns/cities which face a substantial drop in their populations due to emigration or other causes. They concern what may be lacking from the lives of healthy cities, which could be responsible for the falling populations or whether it is only a natural phenomenon whereby there is a population shift among settlements with residents opting to move to the suburbs and metropolitan areas.

What comprises healthy towns and cities

In lieu of a summary

Aspects to consider are the quality of life, local communities, well-functioning urban functions, spatial dimensions, healthcare policy principles, and good practices.

The **principle of quality of life** concerns the general wellbeing in any given settlement. It primarily views the specific quality of life of residents as stemming from the type and functions of the settlement they live in. In a general sense the quality of life refers to an individual's or an entire group's, community's wellbeing from important physical and psychological aspects, while also considering the objective and subjective qualities of the term (http://fogalomtar.eski.hu/index.php/%C3%89letmin%C5%91s%C3%A9g_%28Quality_of_life%29, 2010).

The **local community** includes all the residents and those claiming residency in any given settlement. A healthy city can be built only if her residents deem their locality valuable enough to invest in and make liveable.

Healthy cities possess well-functioning **urban functions**; these are smoothly operating systems that encompass a number of sectors and diverse areas, which without being interconnected would be more vulnerable. In healthy cities NGOs and economic actors have elevated roles – similarly to public bodies/organizations, local community action groups, and churches. In healthy cities trust, values, morality, social norms, and solidarity are to be found.

The significance of spatial dimensions is of equal value to the previous factors. Towns/cities are independent entities with unique characteristics, thus giving the adjective 'healthy' and the term 'healthy life' different interpretations depending on the particular individual they concern.

Finally, **healthy cities have concepts about their futures**; these notions are also coupled with health policy principles. They have well–founded notions about how they can retain their residents, the types of investment schemes they can initiate to raise the quality of life, the specific principles whereby they can energize their urban functions, and their good practices that can even serve as examples to imitate for other towns/cities.

After all, what is a healthy town/city where people have a sense of wellbeing and are not sick either in a psychological or in a physical sense? The environment, the air, and the soil are clean. The local community protects itself and its environment, constantly developing and investing its social and economic capital.

Photo1.: The city center of Baja



Photo 2.: The City center of Pécs



Photo 3.: The city center of Tatabánya



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