Green Health will continue to evolve over the next decades. As health and sustainability converge, we need to turn our attention to what’s changing. Below are IFTF’s forecasts for the future of Green Health as seen through the following lenses.

CAUSALITY: Explanations for illness and well-being will include the environment. More people will view health, and risks to well-being, in the context of the environment—whether that is the natural environment and climate change or the built environment and lifestyles. The current focus on the health impacts of climate change and disease burden is heightening public awareness of science and health research around multi-causal and ecological explanations of disease. Expanding awareness of the connections of health to the environment will reveal more complex and ecological conceptions of causality.

INTERVENTIONS: Therapeutic and preventative health interventions aren’t focused only on our bodies, but also on the environments in which we live. Interventions will reflect ecological causality and be expressed in policies and practices, scaling from the local to global. Health interventions that focus on just changing individual behavior without making changes in the environment and practices, scaling from the local to global. Health interventions that focus on just changing individual behavior without making changes in the environment will seem inadequate. For example, together, behavior modification and making changes in food webs will be important for preventing the anticipated global changes in food webs will be important for preventing the anticipated global disease burden of diabesity in the next decade and beyond.

BODIES: We are becoming aware of the effects of places and the ways we move through them on levels of physical, emotional, and spiritual selves, and in connection to planetary and collective well-being. This expanded sense of self will shape our identities and our affinities with others, as well as our responses to both individual and collective risks. Research and interventions around asthma and cardiovascular disease, for example, already reflect this connection between our bodies and the environment and locate risk in the places we live and the pollution we breathe. The ramifications of these expanded understandings will drive us to protect ourselves and become civically engaged.

RISK: Different forms of risk continue to emerge, while old risks take on new significance. From financial risks of disease burden to the safety, sustainability, and resilience of food supplies, a need to understand the interrelationship between forms of risk and risk management emerges. Biocitizens embody aggregated risks and have the potential to drive change by highlighting gaps and demanding responses from the institutions people expect to protect them. Expect more forms of biocitizenship to emerge demanding rights to the things that produce good health, including clean air, safe neighborhoods, clean transit, community gardens, and nutritious food.

HEALTH: Personal health will be tied to environmental well-being, as people expand their individual sustainability values to multiple domains, protecting the body, home, community, and planet. This will change the role of place in people’s health ecologies, expanding the scope of what kinds of places matter. We will see more differentiation in practices and strategies in everyday life and organizational practice as people incorporate sustainability into their lives. People will develop novel practices for navigating and avoiding risk in places, as well as of new tools to assess risk in places that would otherwise remain invisible.

PLACE AND SPACE: Place matters on multiple dimensions, giving rise to more experimentation and new ways of understanding the interactions between space and health. Where we live, work, and play will generate a context for the risks that people experience, and the possibilities of what good health can mean. Expect Green Health to get mapped at different scales—in the home, community, or common causes—of place and to its various political, social, and ecological dimensions.

How To Read This Map

We have highlighted seven key stories, which we call ROOTS, from which Green Health emerges today. These stories are spread out across the map in a framework of Experienced Reality, Historical Catalysts, and Institutional Change. Some of these stories are not considered mainstream today, but they had deep and layered impacts in the past and are re-emerging in the present.

All of the stories are supported by SIGNALS—events, turning points, or data points that illustrate their historical context.

The last two decades of this timeline contain a set of DRIVERS that are shaping the forecasts of Green Health: Policies, Climate Change, Disease Burden, Resource Constraints, and Rethinking Value & Values.

To highlight the most interesting stories in both the genealogy of Green Health and our forecasts of its future, we have looked at the past through six LENSES, which reveal patterns that we call CONVERGENCES.

CAUSALITY: the systems of explanation surrounding of illness, infirmity, health, and well-being

INTERVENTIONS: the practices and polices at different scales for affecting changes in health

ECO-ETIOLOGY—the ways in which health and illness are explained in terms of actual and metaphorical ecologies

BODIES: the interconnected physical, emotional, and spiritual self

RISK: perceived or experienced dangers or susceptibilities

BIOCITIZENS—collectives of peers empowered to perceive and protect from risk of and to the body

HEALTH: “[a] state of complete mental, physical and social well-being and not merely the absence of disease or infirmity” [Source: World Health Organization]

PLACE AND SPACE: the contexts and settings where we live and work and play

Health Commons—aliances of stakeholders and resources contributing to health, organized around place, community, or common cause

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Health and the environment have been at the forefront of social consciousness in recent years, and Institute for the Future (IFTF) research has shown that individuals are linking their personal health to the environment, ecology, and sustainability. We call this movement “Green Health” and we believe it will define the next chapter of the global health economy.

In order to look ahead, we need to understand that the roots of Green Health—everything from the London cholera outbreaks of 1854, to Rachel Carson’s book Silent Spring in 1962, to the rise of the hybrid vehicle in the early 2000s—are important to the past, present, and future story of Green Health. The Genealogy of Green Health Map focuses our attention on the cultural and historical roots of Green Health. This map tells a story that unfolds over 200 years, where the convergence between “green”—naturalism and environmentalism—and “health” is the focus. It tracks the changing paradigms for protecting and nurturing health, through the lenses of causality, intervention, risk, place, and bodies over time. Moving from 1800 to 2020 we pull out, from the complexity of history, seven key stories, supported by key examples of their historical context, from which Green Health emerges today.

The convergence between health and sustainability plays out in many different ways. Scientifically, Green Health embodies the epidemiological interaction connecting human health and the environment. Culturally, it represents the understanding of nature as a powerful connecting force between people, their health, and the world in which they live. Socially, Green Health illustrates a nexus of morally laden decisions about living in the world as a person, worker, consumer, and citizen. Our forecast of the future of Green Health depicts the myriad of connections that have been made, and that will continue to change our views of health and the environment.

The emerging story of Green Health renews old stories and practices, and gives them new meaning in the present. The Genealogy of Green Health Map highlights this evolution and provides a guide for exploring the possibilities of the future. Use this map to guide your own explorations of Green Health and think through how to respond to the new market needs, new value propositions, and new innovation spaces that will open up as this important story continues to unfold over the next decade.
### Historical Catalysts

- **1828**: Samuel Hahnemann writes *Chronic Disease*, defining the principles of homeopathy.
- **1840**: Samuel Thomson sells 100,000 “patents” for herbal remedies.
- **1854**: John Snow identifies Broad Street Pump as the source of the London cholera outbreaks.
- **1884**: WHO coins phrase “Healthy Cities” leading to international movement.
- **1910**: Flexner Report creates model of biomedical education and professionalization.
- **1958**: Great Leap Forward famine in China.
- **1970**: First Earth Day held.
- **1984**: Bhopal disaster in India reframes chemical safety and corporate responsibility.
- **2007**: An Inconvenient Truth wins Academy Award.

### Natural Places

- **1882**: John Muir founds the Sierra Club.
- **1907**: Scouting movement begins in England.
- **1910**: American Medical Association is established.

### Germ-Based Interventions

- **1800**: Samuel Thomson sells 100,000 “patents” for herbal remedies.
- **1828**: Samuel Hahnemann writes *Chronic Disease*, defining the principles of homeopathy.
- **1840**: Samuel Thomson sells 100,000 “patents” for herbal remedies.
- **1854**: John Snow identifies Broad Street Pump as the source of the London cholera outbreaks.

### Health and Well-Being

- **1800**: Toyota Prius, the family car.
- **1980**: First YMCA for African Americans founded in Washington, D.C.

### Causality

- **As above so below**: Many causes.
- **Humoral Causality**: Discovery of pathogens.
- **Intervention**: Heroic medicine.
- **Medical pluralism**: Emerging biomedicine and public health.

### Green Health

- **Place and Space**: Eco-politics, Earth spirituality.
- **Health**: Alternative medicines, rising.
- **Risk**: Burden of empowerment.
- **Interventions**: Mindful action.

### Resource Constraints

- **1970**: First Earth Day held.
- **1971**: Frances Moore Lappé writes the best-seller *Diet for a Small Planet*.
- **1972**: “Blue Marble” picture taken.

### Policies

- **1985**: WHO publishes *Climate Change and Human Health*.
- **1998**: Dow Jones Sustainability Index created.

### Shifting Responsibilities

- **2008**: United Farm Worker pesticide protest and grape boycott.
- **2010**: Popes John Paul II and Benedict XVI link environment and well-being.

### Who's Who

- **1930**: Los Angeles smog episodes.
- **1952**: London “killer fog” episode.
- **1978**: Love Canal disaster and community action precipitate the “Superfund” Act.

### Epidemiology

- **1954**: Flexner Report creates model of biomedical education and professionalization.
- **1962**: Rachel Carson publishes *Silent Spring*.
- **1978**: Love Canal disaster and community action precipitate the “Superfund” Act.