



Health Equity in All Policies

Abstracts

These abstracts were originally presented at the WHO European Healthy Cities Annual Business and Technical Conferences 2010-2014.

They are organised alphabetically by city and presentation year.

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Abstracts on other WHO European Healthy Cities Themes may be accessed [here](#).

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CITY / NATIONAL NETWORK AREZZO

ABSTRACT NUMBER: 047

TITLE: RECEPTION OF IMMIGRANTS FOLLOWING FAMILY REUNIFICATION

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities

Tags: Health Equity, Partnership Working, Determinants of Health

Abstract

Immigrants are 12% of the population in Arezzo. All the institutions have started to face new challenges. The service of cultural mediation is very frequently used, with trained personnel who often work in different bodies (police, prefecture, municipality, centre for employment, local health agency). Despite this, difficulty in accessing and efficiently using services, especially in the health field, is experienced. A round table, organized by the prefecture with the participation of institutions, bodies, nongovernmental organizations and representatives of the immigrant communities, was activated in an atmosphere of great cooperation and aims to highlight and solve problems.

Family reunification represents a critical aspect, when the worker is joined by the family and has to face paths so far unknown. Family reunification is an important moment of reception that should lead newcomers into the correct paths.

The social worker of the immigration office meets the immigrant applying for family reunification to analyse the needs of the spouse and children, indicates the paths and delivers guidance material on educational, social and health services. Second-generation students are trained as tutors to integrate the newcomers; courses on language and legal aspects, health and food issues are organized to avoid dropping out of school, increase the number of women who turn to the services and the participation in the social life of the host country.

The first year of testing was limited to the acceptance of children and the second year was enlarged to the spouses' reception. This testing year found really good feedback among foreigners and helped the work of the services, which have identified integrated ways and facilitated paths; a climate of good cooperation was created and greater understanding of the problems of immigrants was reached. Knowledge of the problems and the search for their solution through the comparison between institutions and representatives of foreign communities succeeded in preventing loss of time and misuse of services. After two years of this testing, the new ways for reunification may be supported without using further funding.

CITY / NATIONAL NETWORK: AREZZO

ABSTRACT NUMBER: 076

TITLE: INEQUALITY IN ACCESS TO HEALTH SERVICES: ASSESSING CRITICAL POINTS IN THE USE OF SOCIAL AND HEALTH SERVICES AND POSSIBLE SOLUTIONS

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities

Tags: Health Equity, Partnership Working, Determinants of Health

Abstract

The regional health plan particularly focuses on inequality in health and invites local health agencies to identify any inequality and work to reduce it. The province of Arezzo is divided into five social and health districts, and each district draws up a health profile every three years pointing out some inequality regarding health or access to services.

At the end of 2008, immigrants comprised 9.6% of the population in the province, with higher rates in some areas. Romanian, Albanian and Moroccan followed by Bangladesh and Indian communities are the most prevalent in Arezzo, 25% of births are to immigrants and the abortion rate is 33% among immigrants and 13% among Italians. Women with a lower education level are often associated with higher rates of weight gain and obesity (33% versus 16% in the first half of 2009). Among Italian women, abortion is more prevalent among women with a lower education level (19.0% versus 10.8% among women with a medium to high education level). Repeated abortion practices involve 20% of immigrants versus 6% of Italians. Rates of accidents in the workplace are higher among immigrants.

The method involved health professionals from specific services (advice centre, screening area, occupational medicine, gynaecology and obstetrics) and cultural mediators.

There was a focus group of service users. The phases included:

- analysing some phenomena at high risk of inequity: birth, abortion practices, gestational diabetes, safety in workplaces for immigrants and cancer screening for Italians and immigrants;
- analysing services and paths to revise them;
- analysing possible organizational or anthropological causes;
- identifying possible counteractions and improvement actions;
- implementing practicable specific actions; and
- evaluating the results after one year.

Based on the analysis, different care paths result in different zones. At the beginning there is resistance to any kind of change by professionals: a successful relevant factor is their involvement in proposing changes.

Changing care paths to improve care for immigrants always leads to better and simpler services for all service users.

CITY / NATIONAL NETWORK: BELFAST
ABSTRACT NUMBER: 046
TITLE: HEALTH EQUITY IN ALL POLICIES: GROWING COMMUNITIES
STRATEGY
CONFERENCE: 2012 ST PETERSBURG

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities
Tags: Health Equity, Partnership Working, Determinants of Health

Abstract

The Marmot review supports the premise that action on the social determinants of health can address health inequalities and inequities. Belfast Healthy Cities has developed health equity in all policies framework that allows organizations to systematically look at strategic policies and assess them against the determinants of health with a view to identifying gaps and integrating health equity issues. It is within this context that Belfast Healthy Cities is currently working in partnership with Belfast City Council and the Public Health Agency to develop a Growing Communities Strategy for Belfast that incorporates health equity issues.

The Growing Communities Strategy will promote and support growing in its widest sense in a range of settings including community gardens, allotments, schools and at home. Growing Communities Strategy and application of health equity in all policies developed between September 2011 and March 2012, with a draft strategy now complete. An Operational Group consisting of the main partners highlighted above met monthly to lead the work in developing the strategy and applying the health equity in all policies framework. In addition to this group, a wider consultative Stakeholder Group comprising about 40 representatives from the statutory, voluntary and community sectors, including local gardeners, was convened to gain input into the strategy.

To support this process, Belfast Healthy Cities developed workshops to assist in gaining stakeholder views of health equity effects and priorities for the strategy. In addition, Belfast Healthy Cities carried out a literature review of the important determinants of health affected by growing and health effects. The evidence gathered was integrated into the draft strategy. Belfast Healthy Cities also developed a draft action plan based on discussion with the Stakeholder Group and contributed to the development of a set of indicators to help monitor progress on the Strategy. Success has been measured by the inclusion of health equity issues throughout the draft strategy including actions, and a commitment from Belfast City Council and its partners to address these.

The learning points in relation to this work have been:

- the importance of being flexible in the approach taken to apply health equity in all policies;
- the importance of building strong relationships with partners in the application of the process; and
- the benefits of engaging wider stakeholders in developing strategy.

A draft strategy is now completed and will be submitted for sign-off through the Belfast City Council corporate and political channels before being released for consultation in June. Belfast Healthy Cities is continuing to apply the health equity in all policies process to other pilot policy areas in the city.

CITY / NATIONAL NETWORK: BELFAST
ABSTRACT NUMBER: 014
TITLE: TACKLING INEQUALITIES AND PROMOTING WELLBEING – A GUIDE FOR POLITICIANS IN NORTHERN IRELAND
CONFERENCE: 2011 Liege

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities
Tags: Health Equity, Partnership Working, Determinants of Health

Abstract

Context

Local government can and does make a major contribution to health and wellbeing. Elected representatives play a key role in shaping people's lives, and can make a very significant contribution to creating the living conditions that allow people from all backgrounds to reach their full potential. Elections for local councillors will take place in May 2011 and it is anticipated that there will be an influx of new councillors.

Description

With the elections in mind, Belfast Healthy Cities have developed a publication called Tackling Inequalities and Promoting Wellbeing – A Guide for Politicians. This has been produced by a regional intersectoral group including Councillors. The publication aims to demonstrate how local government makes a significant contribution to health and wellbeing, and outlines directions for action that can assist

Councillors to take a lead role in creating healthy, sustainable communities. For example, poverty and low income is the main risk factor for ill health and inequalities. Economic development and regeneration are important tools in tackling poverty. Councils are well placed to incorporate an emphasis on training and employability as well as social regeneration, which provides an effective basis for lasting change.

Parks and open space offer stress relief, opportunities for play and exercise and places for socialising. This contributes in particular to tackling and preventing obesity, strengthening mental wellbeing and building socially cohesive, resilient communities. Green spaces can also generate new job and business opportunities, while they also protect people and property by reducing flood risk and absorbing pollutants.

Conclusions

This publication has been supported by Northern Ireland Local Government Association (NILGA) and the councillor led NILGA regional health committee. It is hoped that this publication will build knowledge and understanding of the determinants of health and health inequalities thereby supporting the development of healthy decision making locally and regionally. A summary of this publication has also been included within NILGA's councillor handbook which is given to all new councillors throughout Northern Ireland.

CITY / NATIONAL NETWORK: BELFAST

ABSTRACT NO.015

TITLE: HEALTH EQUITY IN ALL POLICIES: TRAVEL PLAN FRAMEWORK

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Tools - Tools for Health Professionals

Tags: Active Travel, Travel Plans

Context

The Marmot review supports the premise that health inequalities/ inequities can be addresses through action on the social determinants of health. Belfast Healthy Cities (BHC) has developed a Health Equity in all Policies framework that allows organisations to systematically look at strategic policies and assess them against the determinants of health with a view to identifying gaps and integrating health equity issues. It is within this context that BHC is currently supporting travel managers and Health Improvement staff within Health and Social Care Trusts throughout Northern Ireland develop a travel plan framework that incorporates health equity issues.

Description

An assessment was carried out on an existing travel plan to help identify the 'important' determinants of health affected by travel plans. A review of evidence of the health impacts of travel plans supported the identification of these 'important' determinants. A set of indicators to help organisations monitor progress on these determinants have been agreed as well as a checklist which incorporates key questions that can be used in the development of action plans linked with the travel plan.

Conclusion

This work will be completed October 2011. It is anticipated that the travel plan framework will include: evidence base on the impacts of travel plans; outline of the determinants affected by travel plans; indicators; checklist; and case studies/ suggestions for action. This framework will be useful initially for health sector organisations developing new travel plans locally.

CITY / NATIONAL NETWORK: BELFAST

ABSTRACT NUMBER: 081

TITLE: HEALTH AND EQUITY IN HEALTH IN ALL LOCAL POLICIES IN BELFAST

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers

Tags: Health Equity

Abstract

In 2009, Belfast Healthy Cities developed a strategic framework for Phase V of the WHO European Healthy Cities Network called Equity from the Start: Health and Health Equity in All Local Policies. A key aspect of the Belfast framework has been incorporated to represent the importance placed on closing the gap in inequality in the health of children in Belfast.

The following six building blocks within the Belfast framework have been developed to achieve the overarching goal of health and equity in health in all local policies in Belfast:

- leadership, stewardship and collaboration
- evidence base and effective interventions
- data, health risks, social distribution and monitoring
- capacity-building
- strategic and evidence-based intersectoral plans
- engagement: political and civic society.

They will be systematically applied to deliver action on the objectives set for each of the selected priority issues within the three core WHO themes.

In February 2010, we invited Danny Broderick, who led the integration of health in all policies in South Australia, to speak at a two-day event so that we could learn from his experiences and begin exploring with our key partners the next steps in driving forward health and equity in health in all local policies in the city.

Belfast will use the health lens approach adopted by Danny Broderick. This has four key stages: engage, gather evidence, produce and navigate.

In summer 2010, we will establish a strategic steering group for health and equity in health in all local policies and an operational group to implement the framework. We will also develop a mandate for health and equity in health in all local policies that chief executives will be required to sign. This will clearly outline the priority policy areas to which health and equity in health in all local policies will be applied within their organization; identify the personnel and resources available to take this forward; and provide an agreement to implement the evidence-based policy recommendations.

Belfast will also establish a formal partnership with South Australia to share and learn from each other's experiences in applying health and equity in health in all local policies.

CITY / NATIONAL NETWORK: BURSA
ABSTRACT NUMBER: 073
TITLE: SOCIAL SERVICES PROJECTS
CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities
Tags: Sustainable and healthy environment, Training, Migrants

Abstract

Social services projects of the Metropolitan Municipality of Bursa aim to improve the quality of life in Bursa. To reduce inequality and to ensure that citizens live in a healthy environment, various services are offered related to social aid, vocational training and health for many groups including people with disabilities, children, families and adults and older people.

Bursa is the most rapidly growing city in Turkey and receives the highest internal migration. Due to the rapid increase of population and migration, illegal housing could not be prevented at the outskirts of Bursa. These neighbourhoods, which are inhabited mostly by migrants, lack urban services, green spaces and parks. Citizens in these areas are experiencing social and economic integration problems.

To provide better social services, the Metropolitan Municipality of Bursa interviewed institutions that provide services to disadvantaged people. Interviews were conducted with 72 managers in various organizations including government and nongovernmental institutions, civil society and municipalities. The goal was to understand the reasons behind coordination problems and to define services that were offered by multiple bodies, problematic areas and the service capacity in each institution. In addition to interviews, social and economic data for each administrative region were collected and analysed to understand the distribution of inequality in Bursa.

The study also defined the most disadvantaged neighbourhoods. The geographical information systems department assisted the study by producing social maps. After the analysis of disadvantaged neighbourhoods, interviews were conducted with household members to define the problems in detail. All the data collected led to a strategic action plan, which aims to support disadvantaged groups. A participatory approach was used for preparing the strategic action plan. Five work groups (health and social services, employment and wealth creation, education and culture, urban services and environment, intersectoral cooperation and coordination) have participated in the work.

In the scope of the work, government and nongovernmental institutions, municipalities and universities came together and prepared a strategic action plan to mitigate the social and economic integration problems of disadvantaged people. As a result of this strategic action plan, priority projects have been defined.

One priority project is related to constructing community centres in disadvantaged neighbourhoods. Another priority project is related to increasing awareness of healthy lifestyles in disadvantaged neighbourhoods. Using a participatory approach for strategic planning increases ownership and the chances of success. Fighting inequality requires solid statistics and spatial data. Social services and assistance need to be based on solid data.

CITY / NATIONAL NETWORK: CARDIFF
ABSTRACT NUMBER: 102
TITLE: INFLUENCING THE DEVELOPMENT OF AN INTEGRATED
PARTNERSHIP STRATEGY FOR CARDIFF
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Partnership Working
Tags: Health Plans

Abstract

In recent years, three strategic partnerships under the auspices of the overall community strategy (Proud Capital) have been responsible for needs assessment and advancing the health and well-being agenda. Each partnership planned services and projects based on separate needs assessment with some joint working between each but resulting in a lack of focus on inequity and duplication of effort and use of resources.

Following an extensive partnership review, it was agreed that an integrated partnership strategy would be developed bringing together the components of the community strategy; health, social care and well-being strategy; children and young people's plan and the community safety strategic assessment. Agreement was reached by all partnership boards and the Council's Executive to enable a collective vision and high-level priorities for the city to be determined. Results-based accountability was the method adopted, requiring the establishment of

- an integrated needs assessment
- bellwether indicators
- population outcomes
- population and performance accountability measures.

The Welsh Assembly Government set time frames for the separate strategic documents, and the integrated partnership strategy was expected to be developed within the agreed time scales. Initial discussions and staff training commenced in 2009, and draft documents were available for consultation in January 2011.

Seven population outcomes have been agreed.

- People in Cardiff are healthy.
- People in Cardiff have a clean, attractive and sustainable environment.
- People in Cardiff are safe and feel safe.
- Cardiff has a thriving and prosperous economy.
- People in Cardiff achieve their full potential.
- Cardiff is a great place to live, work and play.
- Cardiff is a fair, just and inclusive society.

These population outcomes now drive the partnership working and the reporting to the integrated partnership strategy. Each outcome has a set of bellwether indicators that will illustrate progress in addressing inequity over time. Plans are focused on needs, action and achievements, with each action within a plan able to have a line of sight up through to the integrated partnership strategy. This framework has enabled embedding equity in high-level strategic policies and a real route for organizations to engage in addressing inequity. The presentation will conclude with an update on progress, key challenges and successes.

CITY / NATIONAL NETWORK: CHEREPOVETS

ABSTRACT NUMBER: 046

TITLE: FORMATION OF HEALTHY CITY POLICY AT THE LOCAL LEVEL IN CHEREPOVETS

CONFERENCE: 2013 IZMIR

Category: Health Equity in All Policies - Interventions - Health Promotion

Tags: Policy Making, health indicators

Abstract

In 2001 Cherepovets joined the healthy cities movement to work out and introduce in practice a new health policy to create a favourable living environment in the city and to make our citizens feel responsible for their own life and health.

The Healthy City Project became the first multisectoral project involving almost all city agencies, many business representatives and public organizations. It was pilot-tested at the local level because it was included in the city development strategy "Cherepovets Is a City of Leaders" (2002–2012). Consequently, 2012 was a year for a new strategy to take off.

Learning from the 10-year experience of carrying out the strategy was important for creating a new one that would have SMART (specific, measurable, attainable, realistic and time-bound) targets, tools, specific actions and projects based on assessment of available resources.

What are the results? Cherepovets is still a leader in its basic economic sectors – ferrous metallurgy and the chemical industry. An increase in number of small- and medium-size business enterprises influencing positively the city budget and well-being of population is evident. Life expectancy is increasing, alongside with priority of health as a value getting higher. Nevertheless, Cherepovets is still considered a classical industrial city: the health and well-being indices are improving not as fast as desired.

The city development strategy up to 2022 is based on principles of social progress and equal opportunities for everyone. The main strategic aim is health, well-being and the economic development of the city. Achieving this requires work simultaneously in three directions: development of human potential, the territory and economy. Accordingly, working groups were organized, including local authorities, public representatives, businessmen and experts united by a common task of setting top-priority objectives on city development and agreeing on relevant target indices up to 2022. Such an approach has made it possible to allow for a wide range of health and well-being determinants available for positive guidance by the local authorities and the citizens themselves.

The new development strategy of Cherepovets covers almost all factors determining the physical, mental and social health and well-being of the citizens. This is a good approach for creating a healthy and economically developed city in which both social infrastructure and economy develop successfully and where there are conditions for self-realization and comfortable living.

CITY / NATIONAL NETWORK: CHEREPOVETS
ABSTRACT NUMBER: 038
TITLE: CHEREPOVETS STRATEGIC CITY PLAN
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - City Plan
Tags: Healthy Planning, Cross Sectoral Approaches

Abstract

During the last 15 years, Cherepovets and the Russian Federation as a whole has seen a sharp decline in public health – rising death rates and falling birth rates against the background of a social and economic crisis. The measures sought to improve this situation in Cherepovets led the Municipal Duma in 2002 to create a healthy city department where intersectoral working groups were given basic targets. In 2006, Cherepovets joined the WHO European Healthy Cities Network.

In 2006, the strategic plan of the Healthy City Project was declared as the Strategic City Plan 2006–2020. The basic aims of the plan are to create a healthy lifestyle for citizens; to work on creating a healthy environment through healthy city planning and to strengthen the influence of innovative approaches on the social development of the local community to achieve physical, mental and social well-being.

The process in creating the Strategic City Plan involved several elements, including meetings with the elected politicians and coordinators in the city responsible for implementing health policy; development briefings on project criteria; preparing team members; and training and implementing new technologies and methods in promoting the Healthy City Project web site and its interaction with the Russian Association of Healthy Cities, Districts and Settlements and WHO web sites.

At the local level, there is support from the city administration and the public, business, science and industry sectors. At the national level, there is political and legislative support, and at the European level, the exchange of best practices and adaptation of WHO policies at the local level.

CITY / NATIONAL NETWORK: CHEREPOVETS

ABSTRACT NUMBER: 071

TITLE: OVERCOMING ECONOMIC CRISIS IN CHEREPOVETS, A CITY WITH A MONOCULTURE ECONOMY

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Strategies/Legislation - City Plan

Tags: Economy, Lifestyle, Health and Wellbeing Indicators, Mental Health and Wellbeing

Abstract

Cherepovets is the city with a monoculture economy. Most residents work in several large enterprises that shape the city's economic landscape as a whole. In this connection, the consequences of financial and economic crisis in Cherepovets are expressed more severely. In 2009, the volume of industrial production in the large enterprises of the city decreased by more than one third and the profit of the profitable enterprises by more than two thirds from the 2008 level. Compared with 2008, the unemployment rate tripled in 2009.

This unstable economic situation required mobilizing the efforts and resources of the appropriate services and departments for supporting population groups exposed to the greatest risk: the working population that has lost jobs; their families; incomplete, unsuccessful, large families; children; youth; pensioners; lonely people; people with disabilities; people with chronic diseases; and people with large debts.

Using the healthy city approaches and principles, a plan of measures for minimizing the negative effects of world financial and economic crisis in Cherepovets was created. The priority is to preserve the quality of life and public health. The overall objective of anti-recessionary action is to preserve social stability in the city.

Action was implemented for three objectives within preserving the quality of life and health of the population: strengthening preventive measures on preserving health in the crisis period; supporting and preserving mental health; and maintaining a positive psychosocial climate in society. During the crisis, the Healthy City Project showed positive results and contributed strongly to minimizing the effects of financial and economic crisis in Cherepovets. The population of the city grew: in 2009, Cherepovets had 255 more births than in 2008 (2008: 3545 people; 2009: 3800 people). Life expectancy has grown by 1 year: from 65.3 years to 66.3 years. For example, the share of school-aged boys (grades 6–11) using alcohol (including beer) decreased from 30% to 26%. The share of school-aged boys smoking (grades 6–11) decreased from 29% to 16%. The proportion of citizens engaged in physical training and sports increased from 15% to 17%.

It is necessary to promote the best world and Russian practices (according to the standards of the Healthy Cities project), and these have proved their effectiveness in the Russian Federation. Now it is necessary to coordinate the efforts of Russian cities for further promoting and developing the Healthy Cities project in the Russian Federation. The basic purpose of the Russian Healthy Cities Network is to combine the efforts and resources for coordinating actions and representations of the general interests in the state and other parts, the organizations in the Russian Federation and abroad for creating the conditions for improving health and quality of life of the population in Russian cities, areas and settlements.

CITY / NATIONAL NETWORK: CZECH NATIONAL NETWORK

ABSTRACT NO.002

TITLE: STRATEGIC MANAGEMENT FOR HEALTH AND SUSTAINABLE DEVELOPMENT – DATABASE OF STRATEGIES FOR THE LOCAL, REGIONAL AND NATIONAL LEVELS

CONFERENCE: 2013 IZMIR

Category: Health Equity in All Policies - Tools - Tools for Health Professionals

Tags: Sustainable and healthy environment

Abstract

At the Czech national level, there are plenty of documents, aims, activities, implementers, indicators etc. – but they are not properly interconnected or evaluated. This causes problems dealing with promoting the concrete topics on regional and local level and cooperation on national and international level. As a municipal association promoting health and sustainability, Healthy Cities of the Czech Republic builds on the fact that, without an effective strategic management and using appropriate tools, it is hard to achieve the proposed goals.

For more than seven years, Healthy Cities of the Czech Republic has been developing an innovative information technology tool – a strategic database that enables not only to gather and present easily different strategies and strategy documents but also to link them to each other, to compare their goals, to link them with budgets and indicators and evaluate the activities.

The database was firstly used at the local level by municipalities in the last two years by preparing an overarching module creating a vertical pyramidal structure (international, regional and local linkage) and also horizontal structure (ministries and other organizations between themselves). This module is being used for the new European Union programming and evaluation of strategic management at the national level.

For this year, this was used for the Health 2020 strategy – linking it with thematic national and local strategies and activities. The various ministries and other national organizations are directly involved in the activity.

The database now serves not only as an innovative online library but also facilitates the work and preparation of the strategic documents at all levels.

The database has its online web portal open to everybody but also a special user editing environment.

The impact is wide. This module is being used for the new European Union programming and evaluation of strategic management at the Czech national level. The various ministries and other national organizations are directly involved in the activity and create a very much needed intersectoral cooperation. The interconnections between local activities and national and international aims are more comprehensive and visible. As far as we know, no similar database system is being used in any European Union country. Sustainability and implementing relevant activities and processes is, in our opinion, impossible without effective strategic planning and mainly management. For this, the individual actors need appropriate tools – one of which can be this type of database.

CITY / NATIONAL NETWORK: DENIZLI
ABSTRACT NUMBER: 056
TITLE: GOVERNANCE WITH THE CITY
CONFERENCE: 2013 IZMIR

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers
Tags: Policy Making, Environment, city planning

Abstract

When some international urban approaches are considered, the understanding of planning and administration appears to focus on people and vision.

The Municipality of Denizli established an advisory board by gathering influential actors to develop new solutions for the residential, social and economic problems of the city. The board comprises about 80 people representing the governorship and related directorates, trade chambers, professional associations, a university, chambers of engineers and architects, previous mayors, nongovernmental organizations working on the environment and city planning and protection under the secretariat of the Municipality of Denizli.

The board determined the common vision of the city and developed new strategies to realize the vision. It defined 16 targets, 44 fields of action and pioneering and visionary projects to achieve the strategies of re-establishing the urban economy, new approaches to culture and tourism, reconstitution of transformation and development and encouraging urban and regional integration.

All the studies and outcomes are compiled in a report and published as a report on Denizli seeking the future: a roadmap for 2023. This report became a guideline for all stakeholders for their projects and activities about Denizli.

The report is the basis of the Strategic Plan of the Municipality of Denizli. In addition, all the organizations that are the main actors of city development are implementing the decisions stated in the report.

Since 2009, the some of the projects developed and implemented in the city are:

- Municipal House and Denizli Government House environmental design contests;
- transformation and renewal of Altıntop & Bayramyeri;
- Denizli New Terminal Project;
- 3 x 3 participant design and planning workshop;
- Tabakhane (old leather industry) transformation project;
- International Culture and Congress Centre; and
- urban transport plan.

Thanks to the advisory board, the common values of Denizli are managed in one vision, strategic targets were accepted by all relevant parties and strategic communication management is well established. Further, participation of the public in decision-making and redesigning living areas is ensured.

CITY / NATIONAL NETWORK: DENIZLI
ABSTRACT NUMBER: 053
TITLE: INFORMATION HOUSES AND COURSE CENTRES
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Interventions - Social and Community Education
Tags: Children

Abstract

Children, whose families are located in low socio-cultural areas with low incomes, fall behind in society due to the inability to improve themselves. This phenomenon causes social exclusion for these children. Giving preferential to disadvantaged areas, study centers were developed in order to bring the city to a level where individuals learn and teach at every stage of their life.

The study centers established in disadvantaged areas of our city are developed for the children who are between the ages of 7 to 14, economically restricted, lacking the advantage of private educational institutions and without the opportunity to study at home.

In 2005-2006, our project started with only one center catering 145 students, there are now 8 centers with a total capacity of 1700 students. Due to excess demands for the centers, new projects are continuing all around the city.

The centers cater for the needs of the students during the educational year, also during the summer months; the centers are opened to citizens to join in free courses (computers, reading and writing, dancing).

At the study centers students can study, complete their homework under the supervision of experienced teachers and also they can participate in various social activities such as chess, dance, drama and reading; thereby contributing to the raising of intellectual, cultural individuals of the future, development and socialization of our children and youngsters are achieved. It is been observed that self-confidence of the students in the centers are improved and they are able to form their social-cultural and psychological lives in a more effective manner.

The centers ensure a healthy and uniform education environment so that the children and youngsters are kept away from harmful surroundings during time out of school. Families feel secure while their children are at our centers.

This service can be reached by families with low income therefore it has created an equality of opportunity within the community. The aims of these centers are to eliminate the inequalities and to contribute forming a healthy community by raising healthy generations in every aspect.

CITY / NATIONAL NETWORK: ESKIŞEHİR

ABSTRACT NUMBER: 100

**TITLE: TAKING A STAND FOR EQUALITY: THE FIRST CIVILIAN CITY
PROTOCOL ON GENDER EQUALITY IN TURKEY**

Conference: 2011 Liege

Category: Health Equity in All Policies - Strategies/Legislation - Gender Equality

Tags: Women, Awareness Raising and Campaigning, Volunteering

Abstract

While the Municipality of Eskişehir Tepebaşı was carrying out our programmes for empowering women, four women died from homicide consecutively in the city during the summer of 2010, two because of institutional apathy. In addition, the recent statistics announced by the Ministry of Justice were alarming; homicide increased by 1400% between 2002 and 2009. The Healthy City Movement Office of the Municipality decided to issue a press release and call for cooperation regarding domestic violence in the city.

During the first cooperation meeting in August 2010, four working groups were formed: public awareness-raising and campaign development group; a development group for a common local network; a development group for a ten-module training programme (on gender equality and human rights); and a development group for a city protocol on gender equality. Since the task of the fourth group was considered the most crucial of all, the whole group agreed on first working to develop the city protocol on gender equality. After four months of collaborative work, the Eskişehir Healthy City Movement Gender Equality City Protocol was finalized.

After numerous lobbying and meetings, on 25 November, International Day for the Elimination of Violence against Women, the Governor and the mayors of the three municipalities in the city signed the protocol. By the first week of January 2011, the Protocol had also been signed by the presidents of the two university in the city, the Chairman of the Bar; the powerful business associations such as the Chamber of Commerce and the Chamber of Industry; and by effective associations of minority groups.

Meanwhile, the other three working groups began to study. On 8 March 2011, International Women's Day, the Protocol was submitted for the signature of all trade unions; all women's nongovernmental organizations and other related civilian platforms and public bodies. The distinct feature of the Protocol was that it was the first city protocol on gender equality not only in the city but also in Turkey.

By April 2010, the movement consisted of 80 volunteers from numerous agencies, such as the governorship, the women's studies and research centres of the universities, the bar, city councils, trade associations, trade unions and women's platforms. In March 2011, the movement was nominated as one of the most distinctive women's nongovernmental organizations in Turkey to be represented in a seminar (on defending women's rights) by the European Commission in Brussels.

Despite the crucial steps taken by the movement within the coordination of the Healthy City Movement Office of the Municipality of Tepebaşı in a short period of eight months, the project has been still in its initial phases, aiming at reaching its initial goals by 2012.

Finally, the local administrations are autonomous enough to make a different priority list from that of the national level regarding social welfare and equality policy. This project has benefited from this autonomy advantage and aimed for gender equity in our local area. Thus, as a micro-local experience it can be used as a tool for influencing macro discussions and practices.

CITY / NATIONAL NETWORK: ESKIŞEHİR

ABSTRACT NUMBER: 086

TITLE: LOCAL ADMINISTRATIONS AND WOMEN'S EMPOWERMENT: A CASE STUDY BY THE MUNICIPALITY OF TEPEBAŞI

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Interventions - Social & Community Education
Tags: Labour Market, Women, Domestic Violence, Gender

Abstract

High rates of domestic violence, low education levels and low participation rates in the workforce – as the result of patriarchal practices of either individuals or government and social structures – are problems still being faced in Turkey, as in many other countries. Recent studies show that an estimated one in three women has been beaten, coerced into sex or abused in her lifetime by a family member; less than one fifth of women participate in the workforce, and most women cannot attend school after five years of primary education in Turkey. Thus, these dramatic rates strongly suggest that this issue should be managed within the agenda of local administrations.

Under the healthy cities movement, our project primarily intends to empower women, raising their consciousness and encouraging them to take action in their lives as active agents. It also aims at contributing to gender equality in our local area as a fundamental core of democracy. Within the framework of the project Women Are Talking to Each Other, which began in November 2009, a pilot study lasting one month was conducted in one community centre in our municipality. The women living in that area decided what kind of training they need, how often they need it and which day and time are appropriate for them.

Thus, every week an information meeting was held on the issues the women requested, such as genital cancer, mental disorders that are prevalent among women, the dynamics of gender and honour and women's human rights. A professional related to the topic carried out each training session through collaboration with the universities, the bar, the trade associations and the nongovernmental organizations in the city. At the end of the first month, at the request of other women from different areas, a similar programme began in three more community centres.

Within a period of six months, more than 1000 women attended the programme. At the beginning of the sixth month, a protocol was signed with an experienced nongovernmental organization and, as a pilot study, Women Empowerment and Leadership, a programme with 16 training sessions began to be carried out in two community centres. The expected basic output of the programme is women uniting for a project they value to benefit their environment and forming a civic organization. Women will thereby be empowered in their local community not only during the project process.

The basic outstanding feature of the project is that it is the first time that a municipality in Turkey has carried out this training programme. Thus, as an example of a local administration's political determination in an important topic, gender equality, it can prove the feasibility of similar projects and form a unique example for other municipalities.

CITY / NATIONAL NETWORK: FRENCH NATIONAL NETWORK

ABSTRACT NUMBER: 075

TITLE: THE HEALTH OF TRAVELLING PEOPLE

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Tools - Tools for Health Professionals

Tags: Determinants of Health, Vulnerable Groups

Abstract

Travelling people or travellers, sometimes known as gypsies, have a rich culture and strong social cohesion. Despite this, travelling people are one of the groups in France with the poorest life expectancy.

The French Healthy Cities Network wished to increase local and national awareness about the determinants of health of this vulnerable group of people.

The French Healthy Cities Network set up a working group that met regularly from June 2008 to the end of 2009. During this time, the group members exchanged information on local action, interviewed experts, performed a literature review and sent a questionnaire to all the cities in the French Healthy Cities Network. In addition to increasing the group members' knowledge, the group wrote a book that explains the historical and cultural background of travellers in France, the current legislation and obligation of services that local councils must provide and a summary of the health status of travelling people. The book also contains many case studies of action to provide social care, access to permanent housing (when requested), access to schooling and health services and disease prevention projects. It also contains guidelines for future projects.

The colourful book (90 pages) was published in January 2010. Although it was expensive to produce (a challenge), the French Healthy Cities Network felt it was important to produce an attractive text to encourage key actors to learn more about the determinants of health of this population. The French Healthy Cities Network sent 800 copies of the book free of charge to national and local health authorities, regional and local councils, voluntary organizations and healthy city members.

The French Healthy Cities Network has been asked to present its findings at several conferences. The Ministry of Health enthusiastically received the book. The French

Healthy Cities Network hopes to make a small contribution to reducing inequality in health in France by raising awareness of the determinants of health of travellers.

CITY / NATIONAL NETWORK: GLASGOW

ABSTRACT NUMBER: 022

TITLE: EVALUATING PHASE I OF THE GLASGOW EQUALLY WELL TEST SITE

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities

Tags: Health Inequalities, Evaluation

Abstract

Equally well is a report of the Scottish Government's Taskforce on Health Inequalities, and its implementation plan called for creating test sites to explore innovative ways of working. The Glasgow test site is trialling an approach to reducing inequalities in health by incorporating health into planning policy and practice. It is recognized that the intended long-term outcomes are outside the scope of the test site time scale (up to March 2011 initially). A logic model has been developed that demonstrates how the work undertaken will move along a pathway to eventually contribute to the long-term outcomes. This evaluation has been designed to assess whether progress has been made in respect of the short-term outcomes and the processes involved.

A mixed-methods approach was taken, using both quantitative and qualitative information gathered through internal and external resource. Part of the research involved identifying the indicators that form a baseline for measuring long-term outcomes. Despite considerable challenges to working successfully in partnership due to traditions of working in silos, the institutional challenges of working across bureaucracies with different structures and reporting mechanisms and increasing economic uncertainty, the test site has delivered output that is moving in the right direction along the logic pathway. Some outputs are tools with the potential to influence practice, and others may help to change working cultures. Important lessons have been learned from the phase I evaluation and will be incorporated to improve the overall performance of the test site.

Lessons from this evaluation can help to inform others who are attempting to develop partnerships between health and planning. Influencing inequity in health by changing the delivery of planning practice requires a long-term approach. The delivery of output that can deliver changes to working practice can be considered as a stage on the journey towards reaching this ultimate goal.

CITY / NATIONAL NETWORK: GLASGOW
ABSTRACT NUMBER: 087
TITLE: EVALUATION OF GLASGOW GRAND (GETTING REAL ABOUT ALCOHOL 'N' DRUGS)
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Interventions - Health and Social Care

Abstract

Context:

'GRANDweek' is a citywide multi-component initiative that brings together a broad range of statutory, voluntary and community partners to:

- Raise awareness and increase knowledge of alcohol and drugs issues and services;
- Get communities involved in tackling alcohol and drugs; and
- Build partnerships and networks between communities, services and organisations.

Rationale:

Glasgow City has high levels of problematic alcohol and drug use, often (but not exclusively) aligned with communities experiencing significant levels of health, social and economic disadvantage and inequalities. GRANDweek seeks to recognise, co-ordinate and strengthen community-based responses to alcohol and drug issues.

Description:

GRANDweek takes place in September each year: the scheduled event for this year (10th - 17th September) will be the fifth annual event. Since 2007, GRANDweek has involved different stages of operation, including headline 'showcase' events and very local projects and activities. GRANDweek events in 2007 and 08 were independently evaluated by social research company; subsequent GRANDweek events have been extensively monitored, with self-evaluation undertaken by partners.

Achievements:

GRANDweek has increased in size and ambition each year and growth is a direct result of increased community engagement and participation. The GRANDweek 'model' has local ownership as a core element of planning and delivery. Approximately 75% of the annual budget for GRANDweek is allocated directly to funding local events and activities (the balance is used to cover costs of launch event and citywide communications materials). In 2010 over 60 separate events took place during GRANDweek with almost 150 partners (i.e. alcohol and drug forums, user groups, organisations, addiction agencies, etc.) participating. 'Successes' linked to each GRANDweek are shared across Glasgow's alcohol and drug partner 'networks' – with arts and creativity being used to celebrate partner and individual contributions (for example, radio programmes, artworks, DVDs, calendars, drama and musical performance, etc.).

Conclusion:

Important lessons were learned from the initial GRANDweek evaluations and were incorporated to improve event planning and development for subsequent years. Better and more effective community engagement and involvement has been identified as a priority.

CITY / NATIONAL NETWORK: GYOR
ABSTRACT NUMBER: 080
TITLE: CITY HEALTH DEVELOPMENT PLANNING IN GYOR
CONFERENCE: 2013 IZMIR

Category: Health Equity in All Policies - Strategies/Legislation - City Plan
Tags: City Health Plan, Gender

Abstract

The health status of the citizens was monitored. The data show that, in our city, the life expectancy among men is 5 years less than the European average and 3.5 years less among women. The premature mortality is 1.6 times higher among men and 1.4 times higher among women than the EU averages. That is why the Healthy City Project initiated city health development planning to promote health in all policies in our city.

In October 2012 we started the planning process, establishing a work group with experts from several institutes. The work group collected data from existing databases, analysed the strategies of the Municipality, organized forums in nine districts, analysed the implementation of school health promotion plans with a survey, interviewed chairs of the committees of the City Council, did a survey among 2600 people in the city, and set aims according to the situation analysis.

We had got new partners with new ideas and initiatives. We could influence the municipal decision making process.

Success factors included cooperation and good connections with several departments, institutes, nongovernmental organizations and the business sector.

The challenges include finding data about people's health at the district level and how to find relationships between socioeconomic status and health.

Although we had some data, it was very useful to collect problems and suggestions from a wide circle of local communities and people living in our city and to consult politicians because they know their surroundings better. This process made politicians more supportive and people more active

CITY / NATIONAL NETWORK: ISRAELI NATIONAL NETWORK
ABSTRACT NUMBER: 069
TITLE: INEQUALITY IN HEALTH WITHIN AND BETWEEN CITIES IN ISRAEL
CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Profiles/Surveys - City/Regional Profile
Tags: Health and Wellbeing Indicators, Determinants of Health

Abstract

The Israel Healthy Cities Network encourages its member cities to prepare a city health profile by which they can identify inequality and decide on priorities for action. In each city, a population survey is conducted through a sample of adults aged 22 years and older. This is the only source of data for analysing and presenting inequality.

Trained and supervised interviewers conduct face-to-face interviews by using a standard questionnaire. The Israel Central Bureau of Statistics draws the sample and is responsible for calculating weights. A professional team performs the analysis. Examples of inequality in health indicators of three cities will be presented. The survey was conducted in Ashdod, a city of 205 500 residents, during 2006–2007, in Petah-Tikva (211 534 residents) during 2007–2008 and in Nes-Ziona (38 000 residents) in 2008. The cities differ in their socioeconomic and demographic characteristics as well as in their level of inequality and its determinants, though age differences are common to all. In each city, the city council defines geographical areas, and a local task group defines the socioeconomic determinants of health.

In all three cities, the self-assessment of health as being good or very good decreased with age, although the differences between areas within the cities are more prominent in older age groups. In Petah-Tikva and Ashdod, in which immigrants arriving in Israel since 1990 comprise 27% and 47% of the population respectively, inequality in self-assessment of health exists between three population groups: Israel-born residents, those who immigrated to Israel before 1990 and those who immigrated since 1990. In Nes-Ziona, only 5% of the population is immigrants arriving in Israel since 1990. Several other health indicators will be presented.

In each city, the results were discussed with the local steering committees, and decisions were made on action towards reducing inequality. A population survey, as part of the city health profile, is an effective tool for identifying and quantifying inequality.

CITY / NATIONAL NETWORK: ITALIAN NATIONAL NETWORK

ABSTRACT NUMBER: 015

TITLE: FORMATIVE TRAINING PROJECT ON HEALTH FOR POLITICIANS

CONFERENCE: 2012 ST PETERSBURG

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers

Tags: Determinants of Health, Healthy Planning, Healthy Ageing, Climate Change, Social Inclusion

Abstract

Administrators in cities need good and specific knowledge on health issues to reach the goals set by the WHO European Healthy Cities Network for Phase V. It is important to understand politicians' and administrators' needs for education in health to propose the most useful and effective kind of formative training.

A questionnaire to test the needs of every city in the Italian Healthy Cities Network was created. Ten themes on which the formation should be based on were identified: developing plans and the health profile of the population or population groups; inequalities and inequity in health; determinants of health and primary prevention; city planning for health; policies for energy efficiency and to combat climate change; healthy ageing; health impact assessment; lifelong learning programmes; policies and good practices about disease prevention and promotion of healthy lifestyles; and social inclusion policies. For each theme an evaluation scale of interest was proposed, a brief explanation of the matter and a "course objective" were given.

The questionnaires were distributed in March 2011 during the national meeting and then sent to all cities by e-mail.

Almost 70% of the cities responded. The results show many differences: between large and small cities; between cities that have been members of many years and “new” cities; and among cities from the north, centre and south of the country. The final purpose of the survey was to perform three or four days of training in different parts of Italy. The workshops organized were: Arezzo, 30 November 2011 on health impact assessment; Piacenza, 1 March 2012 on healthy food habits; Udine, October 2012 on policies for energy efficiency and combating climate change; and Naples, December 2012 on inequalities and inequity in health.

The survey is a great occasion to inform cities in the Italian Healthy Cities Network about the Phase V themes and purposes; the development of the questionnaires has brought all the cities of the Italian Healthy Cities Network to a real comparison among their own experiences and needs; an educational project measured on the real exigencies of the cities in the different zones of the country may be successful.

CITY / NATIONAL NETWORK: IZHEVSK

ABSTRACT NUMBER: 020

TITLE: ENSURING OF AVAILABILITY OF PRIMARY HEALTH CARE FOR RESIDENTS OF NEW IZHEVSK CITY DISTRICTS

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Interventions - Health and Social Care

Tags: Primary Healthcare, Cross Sectoral Approaches, Community Participation

Abstract

Residents living in the Industrial district of Izhevsk addressed a request to the State Council of the Udmurt Republic because of limited availability of primary health care and the associated needs in a modern polyclinic. The active public position of citizens forced the Government of the Udmurt Republic and the City Administration for building new and reconstructing old health facilities that will improve the availability of modern primary health care for 90 000 people.

The district Industrial, with a population of 65 000, is the newest in Izhevsk. In the near future, the population will increase by 25 000 because of construction of new housing. Primary health care for the districts' population is provided by the polyclinic, which was built in 1974 and does not satisfy modern requirements. Moreover, the polyclinic is situated outside the zone of pedestrian availability and is difficult to access by public transportation.

Analysis of the situation confirms that the real volume of visits to the polyclinic exceeds standards by nearly 1.8 times, and the deficit of the polyclinic's area (45%) does not allow health care to be organized according to modern standards. Further, the population attached to the polyclinic is expected to increase by 40%. All that became background for developing a project that included building a branch of the polyclinic for adults, purchasing a building for the needs of the children's polyclinic and planning a new polyclinic.

Modern requirements for institutions for primary health care for adults and children, close proximity to residential housing, availability of public transport and increasing the district population were considered in developing the project. All stakeholders took part in problem-solving: residents, deputies, officials and representatives of business.

CITY / NATIONAL NETWORK: IZMIR

ABSTRACT NUMBER: 013

TITLE: SIBLING FAMILY PROJECT

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Interventions - Support and Integration

Tags: Community Participation, Women, Families, Social Inclusion

Abstract

The Metropolitan Municipality of İzmir Sibling Family Project was implemented in 2007 and continued in four districts chosen to be pilot areas in 2008. The project has been run in several central districts of İzmir since 2009.

The purpose of this project is to enable social solidarity in the entire Metropolitan Municipality of İzmir by forming sibling family relations among families with varying socioeconomic differences and inequities in terms of their participation levels in city life. The project aims to help families to exchange their individual potential and reduce any discrimination.

The project's first target group is immigrant families, who are mostly excluded from city life. The second target group represents urban families with urban consciousness and accessible for solidarity. Neighbourhood administrative officials and elementary schools are promoting the participation of immigrant families. A team of a psychologist and a sociologist visits the immigrant families at their homes, fills out a form about their sociodemographic characteristics and monitors their domestic relations. The urban group in the project participates through presentations and projects performed at nongovernmental organizations and social institutions.

Families are introduced to each other through a visit paid to an immigrant family's house by an urban family in the company of a psychologist and a sociologist. After the first meeting, families determine the meeting pattern and frequency on their own. A total of 600 families have become sibling families.

Further, some social and cultural activities such as concerts, meetings, seminars and panels are being organized to bring families together at social environments. Women and Distinctness and Human Rights of Women are educational seminars specifically designed for women. Seminars focus on the family concept, protecting child against neglect and abuse, emphasizing awareness of children's rights and civic education, especially for children.

In 2011, the project will continue to operate for families of İzmir city with an understanding appealing to social, cultural and psychological issues and with contacts to the women and children of such families, providing support for encouraging them to express themselves and present their potential.

CITY / NATIONAL NETWORK: LIÈGE

ABSTRACT NUMBER: 051

TITLE: ROSALIE: THE OBSERVATION NETWORK SOCIAL REALITIES AND HEALTH PROMOTION ON THE DISTRICT OF LIÈGE. A LOCAL DYNAMIC TO ADDRESS SOCIAL HEALTH INEQUALITIES

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Partnership Working

Tags: Networks, Professionals, Partnership Working, Vulnerable Groups

Abstract- (NB Full Case Study is in French)

ROSALIE: an observation network for social reality and health promotion in the administrative district of Liège – a local dynamic to address social inequity in health

In June 2009, the Centre liégeois de promotion de la santé (CLPS) and its partners established an observation network of social reality and health promotion in the administrative district of Liege. This project originated in dynamic intersectoral work developed over almost 10 years.

The objectives were:

- *to develop a common frame of reference (useful for professionals and policy-makers) on the precarious health of populations and the elements on which to reduce inequity;*
- *to create a link between professionals and between networks (based on shared values); and*
- *to create a link between professionals and policy makers.*

ROSALIE (Réseau d'Observation des réalités Sociales de promotion de la Santé sur l'Arrondissement de Liège) is a project co-constructed by its members, meeting on an intersectoral basis. Intervening in social inequity in health requires thinking, organization and action from various sectors and an interface between professionals and politics. ROSALIE is a place for reflection and discussion where the practitioners who work with vulnerable populations, representatives of networks, second-line professionals and institutional leaders congregate to identify:

- vulnerable populations and indicators of vulnerability;
- the needs expressed and the data available;
- actors and practices;
- the strengths and difficulties in practice;
- ethical issues;
- Liège specificities; and
- the type of relationship to develop with policy-makers.

From a frame of reference co-constructed, the next stage of the project will:

- disseminate the framework and strategies for action that emerge, particularly among policy-makers and institutions;
- develop collective action;
- extend the network; and
- evaluate ROSALIE.

Developing intersectoral work raises issues concerning:

- the functioning of organizations;
- the demands of time;
- the institutional frameworks;
- the philosophical frameworks; and management communication.

CITY / NATIONAL NETWORK: LIVERPOOL
ABSTRACT NUMBER: 056
TITLE: COMMISSIONING INNOVATION IN HEALTH IMPROVEMENT AT LIVERPOOL
PRIMARY CARE TRUST
CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Interventions - Health Improvement
Tags: Determinants of Health, Lifestyle, Partnership Working, Housing

Abstract

Liverpool has high levels of poor health and poverty and is working to improve its health outcome measures through large-scale prevention programmes. Along with reducing the impact of smoking, alcohol consumption and poor diet, Liverpool is also dealing with the effects of wider determinants of health, including poor housing and low income.

Liverpool Primary Care Trust is commissioning innovative health improvement programmes and is currently funding three major interventions focusing on illicit alcohol and tobacco, poor housing in the private rental sector and the content of takeaway meals. All these programmes are pioneering and are delivered by partners who use local intelligence and relationships to bring about change.

The Alcohol and Tobacco Unit is tackling inequality in health by enforcing alcohol and tobacco legislation in relation to underage sales, illicit products and smoke-free legislation. It comprises a specialist team of trading standards enforcement officers and police officers to remove illicit goods from the streets and prevent underage sales. In one nine-month period, it seized 1795 litres of counterfeit and smuggled alcohol and illicit tobacco with a street value of over £1 million.

The Healthy Homes project also targets the people in the most vulnerable circumstances and those whose physical, social and emotional well-being are affected by poor-quality housing. Advocates from the project visit homes in the most deprived areas of the City to assess housing and health needs in a single assessment process. In the first 10 months, advocates visited 4049 homes, bringing major improvements to housing conditions and referral to other agencies for health interventions.

Finally, Eatright Liverpool is working with local providers of takeaway food to make these meals healthier, by reducing the saturated fat and salt content and identifying healthier options. This is in its early stages but is another example of Liverpool's approach to innovative commissioning. The Primary Care Trust will be monitoring the outcome of all these activities on the health of the population and hopes to demonstrate that innovation in commissioning can bring about large-scale improvements in the health of its population.

CITY / NATIONAL NETWORK: LIVERPOOL

ABSTRACT NUMBER: 069

TITLE: POLITICAL LEADERSHIP FOR HEALTH AND WELL-BEING IN LIVERPOOL

CONFERENCE: 2013 IZMIR

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers

Tags: Health in all policies, Health and Wellbeing, leadership

Abstract

Recent changes in the National Health Service in England have placed responsibility for health and well-being with local government and hence given political leadership for health to local politicians. The Health and Social Care Act 2012 requires each local authority in England to implement a new local health governance structure called health and well-being boards. These boards have oversight of the local health and care system and a remit to encourage integration. The Mayor of Liverpool leads the Liverpool Health and Wellbeing Board, which indicates the priority health is given within the city.

Liverpool has a long and strong history of public health innovation. Recent changes in national and European public health policy with statutory responsibility at the local level for improving the health and well-being of the city population is a unique health and well-being opportunity.

Liverpool is in the position of having to make cuts in public services in a city with already poor health. In its early days, there is confidence that the increased political accountability is changing the how decisions are made for improving health. Non-health-care issues that affect health such as unemployment have already been debated and acted on. The implications for public health leadership within a local health, care and well-being system will be explored.

The impact of political leadership on improving both the determinants of health and the local health care system will be explored. The monitoring and measurement of success will be considered, both for improving population health and well-being and for local governance and leadership.

The opportunity for local politicians to improve health in cities in England has great potential. Applying political leadership provides the opportunity to reduce inequities and improve health because of the ability to influence the wider determinants of health, and to hold the local health care system to account. The presentation provides an opportunity to put this experience into a European context.

CITY / NATIONAL NETWORK: LODZ

ABSTRACT NUMBER: 006

TITLE: HEALTH IN LOCAL POLICIES AND STRATEGIES OF LODZ

CONFERENCE:2013 IZMIR

Category: Health Equity in All Policies - Strategies/Legislation - City Plan

Tags: Environment, Infrastructure, Culture, Policy Making

Abstract

In 2012, the Lodz City Council adopted the Integrated Development Strategy for Lodz 2020+, based on three pillars corresponding with priority areas of operation: economy and infrastructure, society and culture and space and environment. The strategy is being implemented through sectoral policies developed in 2012 by Lodz City Office departments. The policies incorporate action for improving the quality of life and consequently the health of the city residents.

The policies refer to the following aspects of city life:

- housing: managing the social and municipal housing stock and protective programmes for the poorest tenants;
- municipal services based on the principles of sustainable development and taking into account the needs of the citizens and the requirements of the environment;
- spatial development including protecting nonurbanized areas, developing sustainable city transport, regenerating roads and creating attractive public spaces;
- development of culture: strengthening the supralocal position of the city's culture and increasing the participation of the local community in cultural life;
- education: adapting the educational structure to social and economic requirements, support to students with special needs and due care to physical and mental health of children and youth);
- sport: popularizing sport among the citizens of Lodz and developing sports and recreation infrastructure;
- social inclusion: creating equal opportunities for all citizens and counteracting social exclusion of the most disadvantaged people; and
- health: including effective disease prevention programmes and better access to health care and social services.

The policies include the diagnosis of the current situation in the relevant sector, SWOT (strengths, weaknesses, opportunities and threats) analysis, and set out strategic and operational objectives. For each of the operational objectives, a set of indicators was developed to enable the policy implementation to be evaluated. The funding sources for implementing the policies were also established.

The policies were published on the Lodz City Office web site and underwent public consultations. They were presented at the sessions of the Public Benefit Council (NGO representatives) and City Council committees.

All sectoral policies are adopted by City Council resolutions. By February 2013, the City Council had adopted: the City Housing Policy 2020+, Municipal Services Environmental Policy 2020+ and Spatial Development Strategy 2020+. Another policy in force is the Social Policy of Lodz for 2011–2015, adopted in 2011.

CITY / NATIONAL NETWORK: MILAN
ABSTRACT NUMBER: 080
TITLE: REDUCING SOCIOECONOMIC INEQUALITY: THE NEIGHBOURHOOD PSYCHOLOGIST
CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Interventions - Health and Social Care
Tags: Mental Health and Wellbeing, Neighbourhoods, Pharmacies

Abstract

Community psychology deals with the relationships of the individual to communities and the wider society. According to these principles, free mental health support serves to prevent mental health problems, promoting appropriateness in the context of care, removing financial barriers to psychological counselling. The initiative has been carried out to secure substantial equity in access to psychological support by providing single-session therapy free of charge.

The service started in February 2009 and provides the opportunity to book free psychological counselling at 23 pharmacies in Milan. The results of this pilot study, jointly developed by the Health Department of Milan, two pharmacists' associations and the Catholic University of Sacred Heart, will determine the extent of the initiative to other pharmacies. Sociodemographic data, reasons for accessing services and the outcomes of intervention are collected during visits, to provide a database for properly addressing future interventions in addition to psychological support.

Between February 2009 and January 2010, the total number of users was 706 and the number of visits was 1544, with an average of 2.5 visits per user. Eighty per cent of users were women and 20% were men. The average age of users was 52 years old. The main reasons for accessing services were "home proximity" and "free access". According to treatment outcomes, 56% of cases are still under treatment; 17% have been referred to other services; 18% are solved; and 8% dropped out. The encouraging results demonstrate the effectiveness of bringing psychological support nearer to the citizens, especially those who cannot afford psychological support, reducing socioeconomic inequality.

CITY / NATIONAL NETWORK: NEWCASTLE UPON TYNE
ABSTRACT NUMBER: 018
TITLE: WORKING WITH COMMUNITIES IN NEWCASTLE TO REDUCE INEQUALITY IN HEALTH
CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Interventions - Community Participation

Community engagement is an essential part of the process of good local governance, and empowerment remains at the heart of effective health promotion. Engagement processes need to be meaningful and an integral part of long-term strategies and therefore need to be developed coherently and at different levels. Reducing inequality in health requires multifaceted solutions that take account of the social, cultural, economic, political and physical environments that shape people's lives.

Established third-sector organizations in Newcastle use three different yet complementary approaches to engage with communities in tackling inequality in health. Each approach engages people in different ways, faces different challenges and leads to different kinds of achievement.

Newcastle Healthy City hosts the Citizens' Assembly, a new process to engage communities in the work of the Newcastle Partnership, the Local Strategic Partnership. The Citizens' Assembly acts as a platform for discussion between the citizens of Newcastle and the Newcastle Partnership on city-wide issues. It aims to influence decision-makers and bring about positive change by encouraging people to become active citizens and by championing the issues they raise.

HealthWORKS' approach seeks to balance community and personal health interventions by engaging people in their own communities, in nonclinical settings, and supporting them to develop the motivation, skills and strategies to make sustainable changes in their own lifestyles (and those of their family members) that will enable them to be healthier and live longer in good health. They work closely with local statutory and voluntary agencies and, wherever possible, engage local people as volunteers or paid staff so that there is a strong link with local communities.

Community Action on Health facilitates a Health Action Network in which voluntary and community groups meet every two months to consider a particular health topic and feedback their comments to service providers. The Network is supported by outreach activities, in which staff members determine the views of groups who may not be able to attend local meetings. From this work, Community Action on Health has built up a comprehensive database of community groups' views about health and related issues.

CITY / NATIONAL NETWORK: NEWCASTLE UPON TYNE

ABSTRACT NUMBER:019

TITLE: UDECIDE – CHILDREN SPENDING PUBLIC MONEY

CONFERENCE:2010 SANDNES

Category: Health Equity in All Policies - Tools - Community Participation

Tags: Children, Economy, Resourcing, Decision Making

Abstract

Udecide is participatory budgeting in Newcastle. Newcastle Partnership is committed to involving children in decision-making in the city, and children's Udecide events support this. Young people want to be more involved in decision-making that makes a real difference, and Udecide delivers this. This also ensures that money is used to provide what children actually want. There have been eight rounds of Udecide, each somewhat different as we try different models. We identify participants and the staff who know them well to become involved – targeting to ensure inclusiveness.

Participants have included minority ethnic groups, young people with learning disabilities, those whose behaviour challenges services, looked-after children and those from deprived areas of the city. We have even worked with children younger than five years old to include them.

We prepare children to take part so they can engage effectively: for instance, by helping them to develop ideas for projects they would like to see funded – or think about how to make the right choices. Children take decisions collectively at events using electronic voting equipment, and the results are seen immediately. Young people help organize the events to be fun and inclusive.

Udecide rounds have ranged from allocating £30 000 among ideas young people create themselves to helping decide how to spend £2 million in government funding. Examples of projects chosen by children include local play areas, a street football project, first-aid courses and research to support a mini-motorbike project. Children enjoy and engage with the process – they feel valued and respected. Strong inclusiveness of those children who are usually not involved in decision-making shows decision-makers that children can contribute to complex and high-value budgetary decisions.

Critical success factors include working in partnership, asking the right questions in plain language, making the process fun and accessible, trusting young people to take responsibility and good recording of the process. Challenges are identifying funding streams where Udecide can be used and ensuring that we continually reach out to new groups. The project has received recognition through a number of awards. Udecide is flexible, inclusive, empowering for children and makes a real difference to their lives.

CITY / NATIONAL NETWORK: OSTFOLD COUNTY

ABSTRACT NUMBER:007

**TITLE: HEPROGRESS - REDUCING HEALTH RELATED SOCIAL AND GENDER INEQUALITIES AND BARRIERS TO SOCIAL AND ECONOMIC PARTICIPATION.
CONFERENCE:2012 ST PETERSBURG**

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers

Tags: Determinants of Health, Healthy Planning, Labour Market, Active Ageing, Schools, Youth, Healthy Ageing

Abstract

This presentation outlines the main components and initial results of HEPROGRESS, which is being carried out in cooperation between municipal and regional authorities in Norway and Latvia. The project addresses inequalities in health and social determinants of health. The project aims at supporting planning and policy-making by documenting the health divide at the local and regional levels and to document and increase awareness of such issues among politicians and other decision-makers. National public health programmes in both countries give high priority to reducing inequalities through local policies and interventions.

Despite huge differences in the overall economic situation and living conditions in Norway and Latvia, there are striking similarities in social inequalities in health, both the determinants of and the social consequences of poor health.

The combination of similarities and contrasts can be conducive for developing sustainable and effective local and regional approaches. The project focuses on three target areas: labour market marginalization, healthy and active ageing and school dropout.

The project lasts 24 months and has several components. One component is assessing baseline and changes in awareness of health inequalities among politicians and other decision-makers. Another component conducts a health profile survey among 50,000 citizens in municipalities on health-related social inequality, health-related participation and social exclusion, healthy ageing and determinants of health inequalities. It is following up the results of a previous survey: HEPRO. Other components compile inventories of existing policies relating to health inequalities and support and inspire local and regional action.

The health profile is collecting data currently. The results will be reported to the municipalities before summer. An initial assessment of awareness among politicians was carried out and showed great differences among politicians regarding their notions of inequality in health and often notions very different from the mainstream concepts and inequalities observed in preliminary data from the survey and previous data.

The initial observations indicate that politicians and other decision-makers at the local and regional levels are becoming increasingly aware of the challenges from excessive health divides. There is a need for creating a clearer understanding and a consensus about the meaning of the inequality terms.

The project is led by the Østfold County Council and involves partners from Latvia, Norway and Finland: Østfold University College, Norway; University of Latvia; Volda University College, Norway; Municipality of Moss and Municipality of Hobøl, Norway; Vidzeme Planning Region and Municipality of Amata, Latvia; and the Baltic Region Healthy Cities Association, Finland.

Web site: <http://heprocom.net>

The project is supported by the European Union, Programme for Employment and Social Solidarity – PROGRESS (2007–2013) and managed by the Directorate-General for Employment, Social Affairs and Equal Opportunities of the European Commission.

CITY / NATIONAL NETWORK: PÉCS
ABSTRACT NUMBER: 049
TITLE: HEALTH IMPACT ASSESSMENT IN THE DAILY PRACTICE OF PÉCS
MUNICIPAL COUNCIL
CONFERENCE: 2012 ST PETERSBURG

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers
Tags: Health Equity

Abstract

The City of Pécs has been a member of the WHO European Healthy Cities Network since the beginning as a project city. The local government established the Healthy City Foundation of Pécs in 1992, which has coordinated the Healthy Cities project in Pécs since then. The overarching goal of Phase V of the WHO European Healthy Cities Network is health and health equity in all local policies.

This project is aiming to fulfil this strategic goal and also fit in the process of health development planning started in 2002. As part of the health development planning process, the Healthy City Foundation of Pécs planned to initiate a “health filter” and test every proposal of the City Council. In 2006–2007, a training series was held for city administration employees about the method, but after the city administration was reorganized several times the process was stopped. We have been working on to continue this process and find a new way to put health high on the agenda of decision-makers on a regular basis.

In December 2011, Pécs City Council adopted a resolution stipulating that all strategic documents of the city (every mid- and long-term concept, programme, strategy, etc.) discussed by the City Council first has to be sent to the Healthy City Foundation of Pécs for assessment based on healthy cities principles and on the method of health impact assessment.

The aim of the resolution is to draw decision-makers’ attention to how to consider health issues or how to emphasize them in long-term strategies framing City Council decisions.

The presentation will demonstrate the method and the principles of the analysis and the process of preparing the city resolution.

Two strategic documents have been examined so far: the Integrated City Development Strategy and the City Environmental Programme. Based on the feedback from the City Council (how many suggestions could be built in, how useful decision-makers considered the suggestions), the method can be altered if needed.

CITY / NATIONAL NETWORK: RIJEKA
ABSTRACT NUMBER: 046
TITLE: UNIVERSITY OF THE THIRD AGE
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Interventions - Social & Community Education
Tags: Older People, Mental Health and Wellbeing

Abstract

In Phase IV of the WHO European Healthy Cities Network, the City of Rijeka developed the Healthy Ageing Strategy in Rijeka 2009–2013 in collaboration with older people, politicians and various experts. Before the Strategy was designed, research was conducted in cooperation with academe. One such research project found that older people have a higher prevalence of mental health problems (such as anxiety, depression and loneliness). The research on the educational needs of older people showed that 44% of this population expressed the wish to participate in educational programmes to gain new knowledge and to have the opportunity for leisure and fun.

The University of Rijeka decided to launch the University of the Third Age project. It is a programme designed to empower older people and to promote mental health. In other words, it aims to provide older people with the opportunity to gain new knowledge and combine facts and experience through informal education. It is the first educational programme in Croatia developed at the University.

Each educational programme is attended by 20–30 participants 55 years and older. Educational activities are organized in spring and autumn cycles of 20 lessons. The participants meet twice a week in the afternoons in the facilities of the University.

The project cost is partly covered by the participants and partly by the City of Rijeka. Various educational programmes have been organized within the programme: healthy ageing, horticulture, personal finance, psychology, sculpture, social ethics and bioethics and creative reading and writing. As many as 19 experts took part in these programmes (such as university professors, health workers, psychologists, agronomy engineers and economists).

So far, 195 older citizens have participated and have expressed satisfaction with the programmes and interest in attending further similar programmes.

In the years to come, it is planned to develop this project further and design educational programmes that will meet not only the needs and interests of the participants but also those of the local community.

CITY / NATIONAL NETWORK: ROTTERDAM
ABSTRACT NUMBER: 052
TITLE: WORKING TOGETHER ON GOOD HEALTH IN ROTTERDAM
CONFERENCE: 2012 ST PETERSBURG

Category: Health Equity in All Policies - Interventions - Health and Social Care
Tags: Public Health, City Health Plan

Abstract

The health of Rotterdam lags behind other parts of the Netherlands. For the affected citizens this means that life expectancy is shorter and the people themselves perceive a poorer quality of health.

We attribute this discrepancy to the levels of education, work and income. These differences are visible in the affected neighbourhoods.

Public health is not only an end in itself, but also a means to achieve a socially and economically strong city. Positive socio-economic development to which everyone contributes and from which everyone can share leads to public health gains.

Sectors other than health (environment, sustainability, work, education, in fact much of the city council agenda) can make a significant contribution to health gain. All services within the municipality directly or indirectly play a role. Therefore this program: Working Together on Good Health

The city wants more self-reliant people and fewer dependent people. We want to avoid the situation where problems become so unmanageable that people lose their self-sufficiency and become dependent on public care and support.

Within de city of Rotterdam there are big differences between districts:

- Disparities worst-best district:
 - 7 years earlier death
 - 15 years less of a healthy life
 - Average experienced health: 3.6 à 8,6 (scale: 1 – 10)

The target of the programme is to improve the experienced health in 2/6 deprived neighbourhoods with 10% (period 2011-2014)

Starting points are:

- ROTTERDAMMER'S PERSPECTIVE CENTRAL
 - Focus subjective health (instead of mortality, etc.)
 - Whole person in context (instead of fragmented)
 - Starting point = health (instead of sickness)
 - Empowerment (instead of taking over)
- POSITIONING HEALTH
 - Health is a means and an end (instrument and a goal)
 - Create awareness/ prioritizing
 - Decentralize where possible/ centralize where necessary
 - Effort aimed at sustained health

The programm works in 6 target districts both ways: bottom up and top down.

Bottom up: The local "health broker" Top down: Focus on the determinants of health

(Dahlgren and Whitehead) For both ways the reference is the perception and context of the residents. The method and ideas of social marketing helps us in this.

CITY / NATIONAL NETWORK: SANT ANDREU DE LA BARCA

ABSTRACT NUMBER: 058

TITLE: PROGRAMME OF PARTICIPATION AND SOCIAL INCLUSION THROUGH ACCESS TO NEW TECHNOLOGIES AND SOCIAL AND EDUCATIONAL PROMOTION IN NEIGHBOURHOODS

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Interventions - Social & Community Education

Tags: Technology, Social Inclusion

Abstract

Information technologies have developed so fast that some segments of society have failed to incorporate this tool, so they are excluded from many opportunities in different areas of life: work, education, relationships and information. The difficulties of accessing new technologies are producing new forms of inequity and exclusion that mostly affect women, older people and people with less education.

Currently, the social and educational needs of children include information technologies as a tool, and their ignorance in digitally poor local environments has created a strong demand for homework support and accompanying for these children.

In this context, the programme, according to these priorities, includes activities that enhance social cohesion through education and digital literacy.

The objectives are:

- to reduce the digital gap caused by socioeconomic status;
- to strive for social cohesion by groups formed around the common interest in information technology;
- to link to young people in activities to promote healthy habits related to information technologies; and
- to provide the most vulnerable families support for their children's education from a preventive and social perspective.

The programme includes creating and revitalizing a network of computer classrooms, open in neighbourhoods, and aimed at specific population groups: older people, women, unemployed people and immigrants. There are spaces with computer equipment, telematics and multimedia, led by a specialist.

Further, the programme includes social and educational action for prevention and promotion, in the framework of a resource center (local building); areas of study led by a specialist; and spaces of consultation, where children and adolescents can express their doubts.

Activities within the family environment include preventing risk behaviour in their children: spaces for parents. The participants in 2010 included: 70 older people, 255 women and 120 children and adolescents.

The use of information technologies in public spaces is a tool that not only reduces the digital gap but also helps to create a sense of social inclusion through the knowledge of neighbours and their participation in the social network.

**CITY / NATIONAL NETWORK: SCANDINAVIAN NATIONAL NETWORK
ABSTRACT NUMBER:023
TITLE: SCANDINAVIAN WAYS TO IMPLEMENT HEALTH IN ALL POLITICS
CONFERENCE: 2012 ST PETERSBURG**

**Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers
Tags: Public Health, Local Government, Cross Sectoral Approaches**

Abstract

The Scandinavian healthy cities networks are developing tools and practice and extracting experience to support public health at a local level among policy makers and professionals. The three countries have approached the topic from different angles – political, economic and organizational – and plan on learning from each other's projects by converting the two others to their own context.

Norway developed an educational programme for local and regional politicians within public health, the first of its kind in Norway. The goals are (1) to increase public health competence and knowledge among local and regional politicians; (2) to create arenas for interaction between practitioners and politicians; (3) to create arenas for cooperation between politicians and practitioners; and (4) to evaluate and implement the programme in a national context in 2012–2013. A project that has involved a project group consisted of the national government, NGOs, educational institutions, technicians, specialist and politicians. The content of the programme: 3 main topics with 10 subtopics presented in 5 movies, a campaign web site, multimedia show, trained instructors and a brochure.

Sweden conducted a preliminary study aiming at building socioeconomic models with small urban areas as an entry point. The model can be built on two or three determinants of health, illustrating the cost of the gap between different parts of the cities according to different prerequisites of the determinants in the population.

In Denmark, a project aims to inspire national network members to create the best organizational solution for their city so that public health is supported by various – if not all – sectors. The first step is to create a subnetwork for members. The second step is a publication with five different examples on how to organize health in all policies.

The third step is three regional meetings for politicians and professionals with local examples, the Danish Health and Medicines Authority and the board of the network. The fourth step is a project where members can apply to participate with working locally on health in all policies, sharing within the network the progress and results. As all the three projects are taking place in 2012, we will tell the lessons learned so far and talk about how they influence the processes to come. We will also talk about how we each are inspired by and will benefit from the two other projects in our own networks.

The session will demonstrate how experiences are shared across borders, as it will give three examples on how health in all policies can be approached at a local government level.

CITY / NATIONAL NETWORK: SEIXAL

ABSTRACT NUMBER:082

TITLE: THE DETERMINANTS OF HEALTH AND HOW THEY AFFECT HEALTH IN SEIXAL

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Profiles/Surveys - City/Regional Profile

Tags: Determinants of Health, Evaluation, City Health Plan

Abstract

The determinants of health include individual, social, economic and environmental factors. This emphasizes the need to create a tool based on a holistic concept of health that supports the evaluation of people's health. An observation instrument needs to be created that can provide information and descriptive statistics on the determinants of health. The municipal health survey offers answers to some of the problems presented by the holistic concept of health. The information provided by this tool will contribute to developing and implementing a shared information system that gathers data on the population health status and evaluates how the determinants of health affect people's health.

Supported by the Healthy Seixal Project (a project that promotes health in urban areas, sustained on the Healthy Cities movement), the municipal health survey brought together a multidisciplinary team committed to build a tool that aims to support the monitoring and evaluation of local people's health. The municipal health survey is divided into four key dimensions (socioeconomic conditions, health status, lifestyles and environment) and will be applied to a sample of 1678 people. The survey comprises some questions regarding the main determinants of health, whereas others were collected from surveys designed and already validated in Portugal and from international surveys to help data comparison.

The municipal health survey can be considered an important source of information that helps to assess how the determinants of health and local policies affect people's health. The results will deepen and improve the current health system and will contribute to a qualitative leap in the new concepts of health impact assessment. The implementation of the municipal health survey will also enable health-related needs and its determinants to be identified. This diagnosis is the starting-point for the development of action and projects that aim to empower and enable individuals to manage their own health in a more responsible way and to improve health policies at the local level.

CITY / NATIONAL NETWORK: STAVROPOL
ABSTRACT NUMBER: 001
TITLE: HOW TO REDUCE HEALTH INEQUITIES AT A MUNICIPAL LEVEL?
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities
Tags: Vulnerable Groups, Cross Sectoral Approaches, Older People

Abstract

There is significant inequity in health between various groups in cities in the Russian Federation due to differences in income, education level and social status of these groups. Although a great amount of work is carried out in the Russian Federation to provide social security for vulnerable groups, there is no systematic approach to this so far. We interpret equity in health as the absence of obstacles for realizing a person's health potential if they can be avoided.

An activity aimed at reducing inequity in health must be integrated and intersectoral because health is the result of the effects of various factors on the person.

Our goal was to reduce inequity in health among Stavropol residents. According to this purpose, the following tasks were set:

- to analyse the results of the municipal programmes and projects implemented that were aimed at health promotion as well as their role in promoting the health of vulnerable groups and the involvement of various sectors in realizing programmes at the municipal level;
- to perform a sociological survey of the level of living of vulnerable groups in the City of Stavropol and to prepare based on the data received and publish a health profile of vulnerable groups in the City of Stavropol;
- to prepare an organizational and functional model providing intersectoral cooperation within the framework of events aimed at protecting health at the municipal level as well as indicators for assessing inequity in health;
- to determine priority problems of medical, social and socioeconomic determinants of health in the City of Stavropol based on the data which collected in accordance with the indicators of city life activity and the results of the sociological survey of the quality of life;
- to prepare a municipal plan for reducing inequity in health in the City of Stavropol; and
- to implement programmes and projects aimed at health protection of different groups such as older people, people with disabilities, low-income groups and other vulnerable groups.

A working plan was developed. According to this, the preparatory work for concrete measures implementation to reduce inequity in health should be done within two years.

- An official responsible for issues related to inequity in health was appointed in the city administration;
- A working group was made to study the problem of inequity in health among the Stavropol residents;
- A survey of vulnerable groups was conducted to study their quality of life and their needs. It was done in collaboration with the Stavropol city administration units and Stavropol State University.

- The Stavropol city administration bureaus and departments reviewed the situation of vulnerable groups and the activities aimed at reducing inequity in health.
- A report on the status of inequity in health among Stavropol residents was prepared in 2010 and presented at the Healthy Cities Coordinating Committee meeting in Stavropol.
- Guidelines on inequity in health were included in the municipal grant contest.
- An international conference on urban design and inequity in health problems was arranged in Stavropol as well as seminars on the topic.
- A grant was received from “Black Sea Trust” international organization. It was offered to our partners from Kadikoy (Istanbul) to work together on inequity in health issues.

The Older People’s Council, a volunteer group of older people, was established in the city as well as free legal advice for vulnerable groups.

The activities carried out based on the examination of international experience to tackle issues related to inequity in health enable the following:

- to raise awareness of the problem of inequity in health and bring focus attention on it;
- to include inequity in health issues in the agenda of the key sectors; and
- to implement specific health projects related to older people, people with disabilities, people with low income and other socially vulnerable groups.

In 2011, we are planning to prepare a health profile of vulnerable groups and a plan of action for reducing inequity in health.

CITY / NATIONAL NETWORK: STAVROPOL

ABSTRACT NUMBER: 002

TITLE: A SCHOOL HEALTH CENTRE: REDUCING INEQUALITY IN HEALTH AMONG CHILDREN

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Health Inequalities

Tags: Schools, Youth, Children

Abstract

Social inequality is of particular concern especially in case when there is inequity in children’s health. In a report on the issue of inequity in health, data were collected about the health of adolescents aged 11–15 years in 41 countries in the WHO European Region and North America.

The report provides convincing evidence that many young people have serious problems related to overweight and obesity, low self-esteem, dissatisfaction with life and use of narcotic drugs and psychotropic substances. Children and adolescents in the Russian Federation and in Stavropol in particular have similar problems. The worse the social status of the family in which the child lives, the stronger is the inequality gradient in the socioeconomic determinants of health. According to the recommendations of the WHO Regional Office for Europe, intervention in children’s

lives is most effective when it is done in early life. This makes interventions aimed at reducing inequity in children's health a priority.

Our goal was to create an organizational and functional structure that would not be only part of the supportive environment but also would contribute to reducing inequity in health among children living in the suburbs of the City of Stavropol.

In 2009, a territorial health centre was established based on school no. 20 of the City of Stavropol. Its uniqueness is in the organization of interaction between physicians, teachers and psychologists. An activity that is optimally organized makes it possible to combine classes at the centre with the educational process at the educational institutions. The children with health and social problems are brought by special bus to the centre from the nearest six schools.

The system of measures dealing with the individual characteristics of children is aimed at preventing and reducing morbidity, preserving and promoting the health of children and adolescents and forming their needs for a healthy lifestyle. The centre provides medical, social, psychological and pedagogical support as well as a comprehensive diagnosis of all children and adolescents 7–18 years old, dealing with personality, social and mental problems. A system of individual social and pedagogical support is created and implemented.

The groups of children who need prevention and rehabilitation are formed according to the results of medical, psychological and pedagogical diagnoses. The groups of children for remedial work are formed as well: children with increased anxiety, aggression, hyperactivity, and musculoskeletal and sensory disorders. Psychological and pedagogical correction, prevention and rehabilitation of children are carried out daily.

The course of rehabilitation takes 12 days. A diagnosis is made once more when the course of treatment is completed to sum up the results. The resulting record is stored in the individual health card with recommendations for parents and a school doctor. Ten consulting rooms function at the centre: for physical therapy, massage, physical development, fitness, correcting speech impediments, special education, a sensory room and correcting vision disorders. The health centre runs in three shifts.

A total of 1651 students have been examined and undergone a course of recovery at the centre since its opening. The results of its work are: improving the physical and health culture of children and adolescents, forming a stable interest in and need to engage in exercise and sports for a healthy and active lifestyle; and acquiring skills for safety.

Analysis of the centre's activities results showed that this positive experience should be shared. The Stavropol city administration is planning to establish a similar centre in each district of the city.

CITY / NATIONAL NETWORK: STAVROPOL
ABSTRACT NUMBER:078
TITLE: INEQUITY IN HEALTH WITHIN THE CITY OF STAVROPOL
CONFERENCE:2010 SANDNES

Category: Health Equity in All Policies - Profiles/Surveys - City/Regional Profile
Tags: City Health Plan, Framework, Determinants of Health, Lifestyle, Environment

Issues related to inequity in health are relatively new to our community. About 80 000 of Stavropol's 356 000 residents belong to vulnerable population groups. Differences in the incomes, educational level and social status of population groups cause existing considerable distinctions in health status between groups.

Our goal is to study the dependence of health of the inhabitants of Stavropol on the level of their formation, income, social status and marital status and to define the requirements of representatives of vulnerable groups in our city. Based on the data received, we want to prepare recommendations for local authorities on the creation of an action plan of measures to reduce inequity in health among the residents of Stavropol. Creating an effective action plan requires getting solid facts, which has been done in our city. We used an individual questionnaire for our survey, and 529 people participated. The respondents' answers are given below. The questionnaire had several blocks: self-rated health, respondents' lifestyles, respondents' social activities, trust of authorities and social services, satisfaction with a district and conditions of living and respondents' sociodemographic characteristics.

The survey confirmed the fact that Stavropol residents' poverty is high. The economic downturn has aggravated the problem. According to European standards, people are considered poor if they spend more than 25–30% of their income on food. Our survey revealed that 39% of the respondents spend more than half their income on food. This coincides with the percentage of people (33%) who lack money for bare necessities.

Self-rated health varies with marital status, income and district of residence. Widowers, low-income groups and residents of "depressed" districts (Demino and others) have poorer self-rated health than other groups. Unemployed people, widowers and South-Western district residents proved to have a high level of stress due to lack of stability, insufficient social and psychological support and overpopulation in the South-Western district (a high noise level, traffic jams and so on). Unemployed people and migrants pay no attention to physical activity.

A low education level is an independent risk factor for alcohol and tobacco abuse. This group has the highest level of alcohol use. Demino residents eat less fruit and vegetables due to the remoteness of markets. Stavropol residents emphasized noise and air pollution among harmful health effects. Smoking in the respondents' presence took third place.

People who have no steady job, people in guardianship and migrants rely on help less than other groups. The data we have gathered will be used for creating a city action plan against inequity in health in Stavropol.

CITY / NATIONAL NETWORK: STOKE ON TRENT

ABSTRACT NUMBER: 042

TITLE: MY HEALTH MATTERS – A COMMUNITY-LED INTERVENTION TO REDUCE INEQUALITY IN HEALTH RELATED TO PHYSICAL ACTIVITY AND HEALTHY EATING IN STOKE-ON-TRENT

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Interventions - Community Participation

Tags: Community Led, Cross Sectoral Approaches, Physical Activity, Mapping, Determinants of Health

Abstract

Research has demonstrated a strong link between the built environment, health outcomes and inequality in health. Elements in the built environment can adversely affect levels of physical activity and healthy eating.

Recent research related to obesity signals a simple, evolutionary shift away from individually oriented theories to broader, more environmentally based approaches for understanding and altering the wider environmental determinants of health behaviour.

The My Health Matters project has been designed specifically to help build partnership with statutory health care providers and the local voluntary and community sectors to help meet the challenge of increasing physical activity levels and healthy eating in three targeted deprived areas within Stoke-on-Trent.

The project aims to develop and to evaluate a community-led intervention. The first phase of the project involved mapping the built environment using geographical information systems and integrating this with information obtained from a community postal survey. Aspects of the environment that can positively or negatively influence health behaviour were investigated, such as proximity of physical activity spaces and access to fresh fruit and vegetables. The second phase used community participatory research to build effective partnerships, to engage community residents and to strengthen community involvement and participation.

The project is piloting a bottom-up approach monitored by high-level partnerships within the City. Achievements include relationship and capacity-building between the statutory and voluntary sectors to deliver work relating to the social determinants of health. The project has provided a local evidence base used to support the development of a supplementary planning document on take-away hot food for the City. Lessons from the project are directed at the level of commissioning for community development outcomes and the need for a systematic approach in collecting data relating to the needs and outcomes of a population.

The results from the first two phases identified recommendations for action and policy change. The next phase will identify, set priorities for and design intervention(s) related to specific disparities in health (and their relevant determinants and mediators) based on partnership consensus.

CITY / NATIONAL NETWORK: SUNDERLAND

ABSTRACT NUMBER: 070

TITLE: INEQUALITY AND INEQUITY IN HEALTH IN SUNDERLAND

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Strategies/Legislation - Partnership Working

Tags: Local Government, Determinants of Health, Policy Making, Health Equity

Abstract

Each year Sunderland's Health and Wellbeing Scrutiny Committee chooses a review topic in which to investigate and make recommendations. Given the city's membership of the WHO European Healthy Cities Network, the Committee decided to investigate the scope of inequality and inequity in health within the city. This led to several recommendations for the City Council and partners around the overarching theme of health and equity in health in all local policies.

Sunderland has many reports developed around inequality in health, including the Director of Public Health's annual report, but officers prepare all these reports. As the councillors are the main decision-makers and have access to a variety of funds for the local area, this review was an opportunity for the councillors on the Health and Wellbeing Scrutiny Committee to have a hands-on approach in reviewing the policies and services in the city that work towards reducing inequality in health so that they can influence this in the future.

The review took many forms. First, the statistics of each of the five areas within the city were scoped to compare each of the areas to assess whether the services in the city were mapped equitably. Second, the councillors visited several services across the five areas of the city to see first-hand the effects of the social determinants of health. Third, a member of Michael Marmot's research team discussed with the Committee their role in implementing *Fair society, healthier lives: the Marmot review. Strategic review of health inequalities in England post-2010*. Finally, the Committee interviewed several officers from across the city to get an idea of their perspective of the problem.

The results of the review will be published shortly. The recommendations that have arisen from the report will be reported back monthly to the Committee to demonstrate improvements. The draft recommendations include training for all councillors to improve how they assess their decisions at the local level to improve commissioning and a Sunderland toolkit to be developed for assessing effects on health and equity.

Completing the review enabled councillors not only to experience first-hand some of the determinants of health but to hold an in-depth review across the city and make recommendations that will enable working to implement health and equity in health in all of Sunderland's policies.

CITY / NATIONAL NETWORK: SUNDERLAND

ABSTRACT NUMBER: 083

TITLE: THE SUNDERLAND WAY OF WORKING (SWOW) – HEALTH INEQUITY

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Partnership Working

Abstract

Context:

When we look at the Health of Sunderland's population we can see that not only are there dramatic differences between the health of the best-off and worst-off within Sunderland, but the relationship between social circumstances and health is also a graded one. We also know that the current financial pressures which the public sector is operating in are set to continue. With this in mind, Sunderland City Council set up an efficiency programme the Sunderland Way of Working (SWOW).

Rationale:

SWOW's rationale was that measuring current policies and interventions against expectations/vision will result in both cashable and non-cashable savings being achieved; through the smarter delivery of services (improved effectiveness) and through the delivery of the right services (efficiencies will be achieved). Health Inequalities was chosen as a Service Assessment area as part of the Sunderland Way of Working. To enable the service review to remain manageable within the given timescales the scope of the review assessed a proportion of the existing services that are mainstream funded that contribute to tackling Health Inequalities.

Description:

The services that took part in the assessment are categorised under the six policy objectives within the Marmot review e.g.

A - Give Every Child the best start in Life

- Breastfeeding Services

B - Enable all Children, young people and Adults to maximise their capabilities and have control over their lives

- Family Information Services

C - Create Fair Employment and good work for all

- Job linkage

D - Ensure healthy standard of living for all

- Welfare Rights

E - Create and develop health and sustainable places and communities

- Home Improvement Agency

F – Strengthen the Role and impact of ill health prevention

- Chlamydia Screening

The assessment consisted of:

- Services completing a self-assessment tool
- Business Process mapping
- Service development sessions

Achievements:

Some of the benefits included;

- Important services were protected, by examining full range of interventions.
- Raise level of accountability in delivery on the social determinants of health
- Previously it has been difficult to define the budget for the social determinants of health
- This assessment enabled a baseline of information to be gathered and enable the service assessment methodology to be tested.
- Cashable savings of £450,000 were found across the council

Conclusion:

The assessment worked well and has now been integrated as part of the SWOW service assessment methodology: All services which now go through a services assessment in SWOW will measure the services effectiveness in tackling inequalities.

CITY / NATIONAL NETWORK: SWANSEA

ABSTRACT NUMBER: 80

TITLE: ACCELERATING PROGRESS TO REDUCE HEALTH INEQUALITIES

CONFERENCE: 2012 ST PETERSBURG

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers

Tags: Determinants of Health, Framework, City Health Plan

Abstract

Although life expectancy in Bridgend, Neath Port Talbot and Swansea is increasing, the improvement is not experienced equally by all communities across the Abertawe Bro-Morgannwg University Health Board area.

The slope index of inequality (SII) is an estimate of the gap in years of life expectancy, healthy life expectancy and disability-free life expectancy between the least and most deprived communities, in a defined geographical area while taking the entire deprivation distribution of the area into account.

The inequality gap in years (2005–2009)

Inequality gap (SII in years), 2005–2009	Life expectancy		Healthy life expectancy		Disability-free life expectancy	
	Males	Females	Males	Females	Males	Females
Bridgend	7.8	8.0	19.4	20.8	17.2	14.1
Neath Port Talbot	10.4	6.7	20.1	14.3	15.3	10.0
Swansea	12.2	7.4	22.9	14.8	17.7	13.7

Source: Public Health Wales Observatory in 2011.

The inequality gap in the death rate from causes such as respiratory and circulatory disease has changed little over the last 10 years.

As part of the WHO European Healthy Cities health equity subnetwork, the Health Board and the City and County of Swansea have jointly signed up with the Marmot Review Team.

The Team has identified a framework for action with six key areas to accelerate action:

- collecting local robust data on addressing the social determinants of health;
- effective structures and process to accelerate collaborative working;
- systematic and strategic action on the social determinants of health;
- consistent and systematic structures to implement a health equity approach across the social determinants of health;
- extend the capacity and capability to address the social determinants of health; and
- explicit political structures and leadership to implement a health inequalities action plan that will start to reduce the gap.

Evaluation: comparison against a baseline set of indicators.

The achievements include:

- senior political and executive leadership ownership across all parties and partnerships to support the framework for action, with a workshop to decide priority areas; and
- partners have agreed to support the involvement of the Marmot Review Team financially.

We are at an early stage and developing a baseline of existing programmes to identify those we could support across Swansea rather than in deprived areas.

CITY / NATIONAL NETWORK: SWANSEA

ABSTRACT NUMBER: 081

TITLE: ADAPTATION OF A LOCAL FRAMEWORK TO PRODUCE A BASIC INTEGRATED ASSESSMENT FRAMEWORK

CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Profiles/Surveys - City/Regional Profile

Tags: Social Inclusion, Health Impact Assessment, Framework

Abstract

Health impact assessment is used on a voluntary basis and encouraged at the national policy level but is not widely used in reality.

After becoming a member of the WHO European Healthy Cities Network and adopting the emphasis on health impact assessment, the Healthy City group in Swansea looked at various options but, after some deliberation, it was apparent that including the equality requirements would make the basic screen too long. Cardiff's approach was to adapt a national policy gateway to their local community plan that incorporated social inclusion.

We used the Cardiff approach to reflect our community strategy and circulated it to members after the Healthy City councillor had approved it. However, we found out that a member of a subgroup had already worked on a similar approach for a couple of years but had not gained momentum. The relevance to our work was not clear, since it was not thought sufficient to reflect health impact assessment. We attended

the subgroup of the Healthy City group and reached agreement for the framework to be adapted to become a basic integrated assessment.

A fast turnaround in two weeks was put in place for finalizing the assessment. The assessment will be presented at the Healthy City sponsoring group to be accepted as a pilot on a few key policies before amendments and full adoption at the Healthy City Steering Group.

The achievements include:

- acceleration of a process that had appeared to be stalling by raising its profile under Healthy Cities; and
- a consensus agreement that health impact assessment can be included into a basic tool so that all policies will consider sustainability, equality and social inclusion as the starting-point.

The challenge is to ensure that high-level adoption is actually translated into operational adoption.

Success factors include:

- the willingness of the subgroup to adapt their framework to include specific action on social inclusion;
- the profile of Healthy City being the enabler to advance a process that was struggling to gain momentum; and
- tacit approval from the Healthy City councillor before circulating the first draft.

**CITY / NATIONAL NETWORK: SWEDISH NATIONAL NETWORK
ABSTRACT NUMBER: 042
TITLE: HEALTH SURVEYS IN SKÅNE REGION
CONFERENCE: 2012 ST PETERSBURG**

**Category: Health Equity in All Policies - Profiles/Surveys - City/Regional Profile
Tags: Lifestyle, Social Capital, Determinants of Health, Health Equity**

Abstract

Region Skåne has conducted a population survey Health in Skåne every four years since year 2000. For the first time this year, a similar survey is being carried out among all schoolchildren ages 12, 16 and 18 years. In addition to this, a similar questionnaire will also target parents with children ages 8 months and 4 years. This means that Region Skåne will be able to map health in relation to the social determinants of health from birth to death of its entire population (1.2 million). The reason for this initiative is the need to find robust data over time to analyse the health situation, what determines health, the trends over time and how health is linked to inequity.

The surveys targeting adults were carried out in 2000, 2004 and 2008, and the fourth questionnaire is now 2012 on its way. About 50 000–55 000 inhabitants 18–80 years old in 33 municipalities are asked to answer about 100 questions regarding their lifestyles, living habits, social capital, living conditions and their self-rated health. The response rate has so far been 55–65%. The first survey and the upcoming one have

been developed jointly with representatives from the National Institute for Public Health in Denmark to conduct similar studies in two border regions with high interaction.

These regular surveys and databases are the foundation of the regional and municipal public health work. Through these data, the regional authorities and every municipality can easily make their own health profile, make political priorities, identify inequity and use the results as background knowledge in planning and in various types of impact assessment. The databases are now a unique source of knowledge among health and public health researchers. Over the years, the surveys have been developed in close collaboration with various stakeholders, which has resulted in an awareness-raising process of what determines health and health equity.

CITY / NATIONAL NETWORK: TURKU
ABSTRACT NUMBER:030
TITLE: 55+ LICENCE TO LOCOMOTION
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Interventions - Social & Community Education
Tags: Physical Activity, Training, Social Inclusion, Older People, Mental Health & Wellbeing

Scientific evidence shows that unemployment is a serious health risk causing physical and mental disorders. In addition, it decreases participation in all kinds of activities, and if unemployment continues the vicious circle gets worse over time. Turku Sport Services Centre initiated the 55+ Licence to Locomotion service. The other partners, Employment Services Unit and National Employment Office in Turku, are crucial to marketing the service. The physical activity services are organized in cooperation with the Sport Services Centre, Paavo Nurmi Centre for Sport Medicine and local sport associations.

55+ Licence to Locomotion aims at strengthening the well-being, self-esteem and social capital of people who have been unemployed from 1 to 5 years and are 55 years of age and older. In the project, the participants try out various means of physical activity with professional instruction. A key element is to encourage both participants and instructors to open dialogue to find and support the best choices for each individual. The expected outcomes are to find the motivation and possibilities for self-management and meaningful ways for promoting continual physical activity for health.

A weekly curriculum for participants has been developed offering instructed lessons three times per week: one to improve cardiovascular capacity, the other one for mobility exercises and the third one for gym exercise. The programme lasts for 12 weeks and is followed up after 6 months. Together with physical activity lessons, various experts offer training about the benefits of physical activity. Pre- and post-tests of cardiovascular capacity and muscle strength are carried out to evaluate the effectiveness of the service. The results show improvement in all measured fields. Physical activity levels also increase among the participants. Feedback from participants describes strengthening self-esteem and social capital: peer group,

positive atmosphere and the possibility to discuss the actions and support from instructors are listed as advantages.

The participants are very satisfied with 55+ Licence to Locomotion. The motivation for physical activity increases tremendously, and the spirit to continue active lifestyle is high. Finding and motivating long-term unemployed people requires time and energy, and wide cooperation is needed to reach the right people. The activities need to be organized in cooperation with the target group and with respect to their needs and wishes. Attention needs to be on the motivational, mental and social aspects of physical activity. However, the physical health of unemployed people may improve even during a short period of time, which is an important aspect to motivation as well.

CITY / NATIONAL NETWORK: UDINE

ABSTRACT NUMBER:013

**TITLE: DECIPHER: ENCOURAGING INVESTMENT ON HEALTH PROMOTION
CONFERENCE: 2010 SANDNES**

Category: Health Equity in All Policies - Tools - Politicians/Policy and Decision Makers

Tags: Cross Sectoral Approaches, Public Health, Training, Determinants of Health

Abstract

Too often in European cities, professionals and politicians operate in departmental silos. In contrast, cities should adopt a dynamic approach that allows them to create a platform for health, to share knowledge, skills and resources and to link health benefits to investment by many sectors.

The main aim of the DECIPHER project (Developing an Evidence-Based Approach to City Level Public Health Planning & Investment in Europe) supported by the European Union, in which the City of Udine is participating, is to produce a tool and training package for European municipalities that helps decision-makers optimize the mix of citywide programmes and investments to maximize public health effects. The vocational education and training package depends on a cost–benefit model, initially focusing on coronary heart disease. Other specific goals were to lay the foundation for an integrated and multisectoral approach to health promotion and to improve actions and projects for preventing coronary heart disease and better allocating resources.

To achieve these objectives, a participatory design method was adopted to plan interventions for preventing coronary heart disease from a new perspective, by changing from a silo model – in which each domain is isolated and independent from the others – to a dynamic model – in which information circulates through the domains and investment in one domain influences all the other domains. To develop the DECIPHER model, partner cities selected six domains in which municipal decision-makers influence the determinants of health, specifically coronary heart disease: environment, education, health, housing, economy and security.

The project was implemented through a research phase devoted to analysing the literature, drawing up the research scheme and identifying the stakeholders to be involved. Eighty stakeholders were contacted to participate first in the training course

and then in the focus and working group activities. Those actually involved were 66, including 13 politicians, 37 administrators and professionals and 16 representatives of the voluntary and private sector.

The training course was aimed at educating public health professionals in health services, government, the private sector, nongovernmental agencies and other professions related to public health (such as police officers and teachers) in the determinants of health and preventing cardiovascular diseases. It has been evaluated by means of the Kirkpatrick evaluation model to determine the opinion of participants about the usefulness of the training and their possibility to change in the future.

CITY / NATIONAL NETWORK: VIENNA
ABSTRACT NUMBER: 085
TITLE: FEELING GOOD IN THE 15TH DISTRICT
CONFERENCE: 2011 LIEGE

Category: Health Equity in All Policies - Strategies/Legislation - Partnership Working
Tags: Cross Sectoral Approaches, Obesity, Preventative Healthchecks

Abstract

“I feel good” – feeling good in the 15th district in cooperation with politicians, health care professionals, social welfare experts, and local health care institutions
Vienna’s 15th district comprises several small neighbourhoods with poor health care and socioeconomic conditions. People who live in this district have the lowest life expectancy and the lowest income in all of Vienna. Current data show the high poverty risk and the high level of poverty in the district.

The focus must therefore turn to disease prevention, easily accessible services and promoting health care. The idea for a model project was thus put forward and aims at creating a dense network between the most important policy-makers, health care professionals and social welfare experts in the district and at focusing on close collaboration between health care institutions and other organizations in the district.

The aims were:

- promoting health care and improving the living conditions of the most disadvantaged people;
- improving access to existing health care and social welfare services in the district;
- increasing the transparency of services and the number of people who use them;
- enhancing and expanding existing measures and initiatives in the 15th district; and
- becoming a model region for health in all policies in Vienna.

The measures included:

- establishing a health care conference with the most important opinion leaders from the health care and social welfare sectors in the district and district politicians headed by the district chairperson;
- enhancing horizontal networks and networking and bringing the main players together;
- pursuing joint aims and activities and mobilizing and activating people,
- increasing the transparency of existing models, initiatives and services and showing the potential of and improving access to existing services;

- collecting data and drawing up health indicators;
- drawing up a health care map of the district; and
- evaluating activities and measures.

The results include:

- the health care conference becoming an established event;
- consultation days at pharmacies in several languages;
- an information brochure on health care and social welfare;
- health check-ups and psychological counselling as a one-stop shop at the health care centre for preventive health checks; and
- developing an obesity programme.

CITY / NATIONAL NETWORK: VIENNA

ABSTRACT NUMBER: 045

TITLE: TO YOUR HEART'S CONTENT: INTERCULTURAL HEALTH PROMOTION FOR WOMEN WHO ARE OBESE

CONFERENCE: 2010 SANDNES

Category: Health Equity in All Policies - Interventions - Health Promotion

Tags: Women, Migrants, Obesity

Abstract

Obesity is an increasing health problem in Austria since it leads to several chronic diseases, such as cardiovascular diseases and diabetes. Women with low socioeconomic status, including women who are immigrants or unemployed, are at high risk of becoming overweight or obese, but common strategies of health promotion rarely reach disadvantaged women. The Women's Health Centre FEM Süd carried out the project To Your Heart's Content in cooperation with the Vienna Women's Health Programme from January 2008 until December 2009. The City of Vienna and the Austrian Health Promotion Foundation funded the project.

A multidisciplinary and intercultural health promotion programme was developed to reach socially disadvantaged women. It took place in the Women's Health Centre, located in Kaiser Franz Josef Hospital in a socially disadvantaged residential area of Vienna.

The target group was girls and women who are obese and of non-Austrian origin. In a participative process, a nine-month multilingual (German, Turkish, Bosnian and Serbo-Croatian) programme was established with a multitude of measures:

- weekly group meetings with information lectures and exercise;
- psychological and social counselling; and
- group activities such as cooking workshops and dancing lectures.

According to existing quality criteria for obesity treatment, a multidisciplinary approach (medicine, nutritional science, sports science and psychology) was chosen to assist in changing the lifestyles of the participants. The location of activities was close to the women's residences, and child care facilitated low threshold access for women.

More than 7000 contacts were recorded; 194 women and girls attended the courses. The participants succeeded in losing weight (on average 5 kg), adopting healthier eating patterns and integrating exercise into their daily lives. Further, the women and

girls frequently reported increased self-confidence and well-being. One crucial factor, however, is the sustainability of these positive effects after the end of the programme. The project turned out to meet the expectations and needs of obese women and girls.

