

HEALTH IS A POLITICAL CHOICE

Election Briefing 2016: for a healthier Northern Ireland


Purpose of this document


Northern Ireland is divided by health inequalities and is destined to remain so unless there is a change of policy and lifestyle. In this Election Briefing, based on almost 30 years as a member of the World Health Organization (WHO) European Healthy Cities Network, we set our our priorities and invite all NI Assembly candidates to commit to policies which will change the health of our region for the better.

Elected representatives have a significant role throughout Northern Ireland in the leadership they provide on key issues, including health, and in taking forward policy initiatives in the Northern Ireland Assembly. It is vital that political leaders set out long term plans to address underlying health inequalities throughout the region and across our cities and towns.

The WHO Healthy Cities Election Briefing is designed to assist this process and we remain keen to work with all elected representatives in advancing what we identify as the key issues affecting health, wellbeing and health inequalities. These are set out overleaf.

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Increasing Healthy Life Expectancy

Life expectancy is a key illustration of health inequality in Northern Ireland. While East, West and North Belfast, along with Derry and Strabane are the areas with lowest average life expectancy, people living in areas of deprivation throughout Northern Ireland can expect lower life expectancy and fewer years of illness free life.

People's physical and social living conditions, such as employment opportunities, income, access to training and education, design and quality of the built environment, and social structures, are key factors in determining health outcomes as well as healthy life expectancy. These are shaped by the work of all government Departments. There should be no differences in healthy life expectancy between people born in any part of Northern Ireland.

Life expectancy*

Average Life Expectancy Northern Ireland	Gap between those living in most deprived and least deprived areas
Male 78.0 years	7.5 years lower
Female 82.3 years	4.3 years lower

Years of healthy life*

Gap between those living in most deprived areas and least deprived areas	
Female	Male
14.2 years	11.8 years

Source: Department of Health, Social Services and Public Safety (DHSSPS), 2015

*People born 2011-2013

What can our MLAs do?

- Set a target that there will be no differences in healthy life expectancy between children born in any part of Northern Ireland. This target should be fully reached by 2050. This can be achieved by ensuring high quality support and care, especially for those children living in areas of deprivation.

Reducing Health Inequalities

Health inequalities are the outcome of inequalities in the determinants of health, that is, the key factors that shape people's health and wellbeing.

The health of our population is therefore not only the responsibility of the Department of Health, Social Services and Public Safety (DHSSPS) or local Health and Social Care Trusts. All Government Departments' policies and initiatives affect health and health inequalities, and shape the living conditions that impact on the health of our population. We want to see a 'Health Equity in All Policies' approach to the development of all Government policy, as advocated by the WHO Europe public health policy, Health 2020. This should be adopted and implemented by all WHO Europe member states, as it has been in Finland.



The development of a walking friendly city, for example, will lift the health prospects of people of all ages, but lies outside the control of the DHSSPS. A 'health proofing' approach should be applied to all emerging policies. This means that all policies are assessed for their impact on health and health inequalities.

We are working towards a region which is based on health equity; enabling everyone to attain their full potential. Tackling inequalities is a core principle of Belfast Healthy Cities and we have developed a 'Health Equity Tool' which can be applied in the development of all Government policies to assess how they impact on existing inequalities and the potential emergence of new inequalities.

What can our MLAs do?

- Adopt 'a whole of government, whole of society' approach across all Departments within Programme for Government to tackling inequalities in health.

- Commit to embedding a 'Health Equity in All Policies' approach across Departments, including resourcing capacity building programmes for officials to ensure policies and actions they develop enable effective action on inequalities.
- Commit to the implementation of the 'Health Equity Tool' in policy development across all parties and Departments.

Improving Health Literacy

Health literacy is linked to literacy levels. People with low health literacy, who for a range of reasons are unable to fully comprehend medical language and guidelines, make more mistakes with medication or treatment. This results in fewer people attending screening services, higher numbers attending Accident and Emergency, increased hospitalisation and re-hospitalisation, increased morbidity and premature death. In Northern Ireland 18% of adults perform at the lowest levels of literacy.

Increased health literacy helps people to make more informed and confident decisions about their health, promote better self-management, contribute to less risk taking behaviour and in turn lead to savings in public expenditure.

We are working to increase health literacy across Northern Ireland and strengthen the capacity of health care and other professionals to effectively improve communication of health messages and people's understanding of health information.

What can our MLAs do?

- Use plain language when developing policies within and across Departments to ensure they are easily understood by all.
- Adopt a policy that builds on the skills and knowledge of health and other professionals working in Health and Wellbeing hubs within communities; GP practices and Community Pharmacies to increase health literacy.
- Provide resources to support communities and vulnerable groups to improve understanding of health information and health systems by providing a range of capacity building training and targeted interventions, such as Teach Back, Chunk and Check and infographics.



Strengthening Resilient Communities and Healthy Places

Place comprises the environment in which we live, work, shop, learn and play. It sets the context for our daily lives, and has a significant impact on our health and wellbeing. The way in which communities are planned affects our ability to access jobs, education and services; to walk, cycle and lead active lifestyles, and to enjoy green space which has a positive impact on mental wellbeing and recreation.

Well designed environments encourage active lifestyles and strong community cohesion, which play a key role in promoting good mental health, increasing productivity and reducing demand for health and other public services.

Child friendly space is particularly important to support children's healthy development and engage them as active members of their communities.



Healthy Cities are working to develop and test innovative, flexible ways to create child and age friendly space. We have developed a number of practical models in recent years, which help to demonstrate the impact and importance of putting people at the heart of decisions about land use / spatial planning.

What can our MLAs do?

Support experimentation in land use and regeneration to develop strong, healthy neighbourhoods through:

- KidsSpace – provide traffic free, safe child friendly space in our cities and towns that supports resilient social networks, promotes children's healthy development and encourages regeneration.
- Develop legislation on meanwhile use of land to encourage regeneration and limit dereliction.
- Development of a 'Place Standard' that sets out minimum standards for healthy neighbourhoods, drawing on the Scottish Place Standard developed in collaboration with stakeholders.

Encourage physical activity by developing walkable environments and strengthening public transport routes by:

- Addressing barriers to walking identified by older people in walkability audits of local communities.
- Increasing public transport routes that older people can use to help them remain as mobile as long as possible.

Championing Health at all ages

We believe that healthy activity and culture begins at a young age. Physical Education (PE) in schools can improve pupil concentration, enhance fitness levels and lay the foundation for a long term interest in sporting and physical activities. Pursued in the longer term and into adulthood, this can help reduce adult obesity, diabetes and some forms of cancer.

What can our MLAs do?

- Introduce a statutory entitlement for every school pupil to receive at least two hours of high quality PE every week.



About Belfast Healthy Cities

We are a leading member of the World Health Organisation (WHO) network, putting Northern Ireland at the heart of WHO Europe, representing our city and sharing new policy initiatives and exchanging ideas across the region.


We now have almost 30 years of experience in challenging health inequality, improving health and wellbeing for all our citizens and working in partnership with Government at all levels. For the last 10 years, Belfast has been at the heart of the European WHO network, serving as the Secretariat to a network of 100 cities and 20 National Networks.

The mission of Belfast Healthy Cities is to promote health and wellbeing, provide inspiration and facilitate innovative collaborative action and good policies through:

- Leadership and learning from the WHO European Healthy Cities Network
- Supporting research, sharing evidence and building capacity
- Introducing and piloting innovative concepts and approaches
- Maximising partners impact on health and inequalities.

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