



# Building Healthy Communities

## Newsletter

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# Introduction



The City of Turin is pleased to be the lead partner of the Building Healthy Communities thematic network. In my role as Deputy Mayor I'm responsible for Turin's integration policies as well as urban regeneration and quality of life. These topics are more than ever an important reality in big urban areas such as Turin. Being conscious that the current economic and financial crisis is obliging us to find effective and quick solutions to its social impact, I think that cities have to strengthen their links with citizens and apply integrated approaches in local development policies and actions.

We have to overcome the sectoral approach of services and interventions only focused on specific targets or policies and, particularly in "difficult" neighbourhoods, the need for taking into consideration health and quality of life is becoming more and more important. We need to move from "best practices to best policies". Services and interventions must be designed for all citizens taking into account that the majority of our cities is now characterised by plural identities, stable migration and growing pockets of exclusion and marginalisation which is not only affecting migrants but also the weakest part of the population, in particular women and the elderly.

I know that all the BHC transnational partners are

very committed to the implementation of this project which represents for my city an interesting tool and a good occasion for exploring in depth the topic of quality of life and citizens' health as well as to exchange practices and know how with other European cities. I will be keenly following your work, which, after the first phase of development is now getting in depth into themes that are crucial for the development of effective urban policies and for trying to consider, since the very beginning of an urban regeneration programme design, health in all policies, as recommended by the WHO and the European Commission.

With this in mind I am particularly glad that my city is leading the BHC network and that we have the Regional Managing Authorities for Piedmont on board. I really do hope that this pilot experience will not only reinforce links among cities and regions but also give concrete outputs for the development of our local actions and policies.

Ilda Curti

Turin Deputy Mayor on Urban Regeneration and Integration Policies

## What is BHC ?

The *Building Healthy Communities* network brings together ten partner cities and their Managing Authorities from seven EU member states who will be working together over the next 30 months in order to capitalise knowledge and practices on urban factors influencing health and to create opportunities for cities to shape and implement healthy policies for their citizens. The network is supported by the URBACT II Programme that fosters the exchange of experience among European cities and the capitalisation-dissemination of knowledge on issues related to sustainable urban development.

The network will concentrate its efforts on the following three subthemes that were identified by the Baseline Study carried out at the onset of the project:

- Indicators and Criteria for a Healthy Sustainable Urban Development
- Healthy Sustainable Lifestyle
- Use of Structural Funds in developing “Health Gains”

### Planned activities

The approach will be bottom up and participatory and each partner city will establish a Local Support Group involving local stakeholders since the very beginning of the project for the elaboration of the Local Action Plans.

The main outcome of the BHC project will be the development of 10 Local Action Plans, concrete project proposals eligible for possible

funding from ERDF, ESF or other EU or National sources.

The network will also organise 3 transnational workshops bringing together key players from the Local Support Groups of the partner cities (elected representatives, practitioners, institutions, community-based organisations), and will ensure close involvement and co-operation in the learning exchange between different stakeholders in order to create genuine conditions for participation and definition of common development scenarios. The first workshop is taking place in Lodz, Poland (8-9 June 2009) on the subject of “Indicators and Criteria for a Healthy Sustainable Urban Development”.

Information services will be provided to project participants as well as to interested parties through the dedicated BHC project space on the URBACT website which will include case studies, thematic workshop reports, links to relevant websites and publications from other sources, the project newsletter etc.

**Partner cities:** Torino (IT), Amaroussion (GR), Bacau, Baia Mare (RO), Barnsley, Belfast (UK), Lecce (I), Lidingo (SE), Lodz (PL) and Madrid (ES).

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# Fast Track Network

## Fast Track, Regions for Economic Change and the URBACT Building Healthy Communities network

*Interview with John Walsh, Deputy Head of Unit, DG REGIO/D2 - Thematic Development, Innovation, European Commission*

*“The Building Healthy Communities network has been given the Fast Track Label by the European Commission. Can you please explain what the Fast Track Label is?”*

We use the Fast Track Label to identify, within the URBACT and INTERREG IVC programmes, networks that are dedicated to capitalising on good practices through the intelligent and coordinated transfer of good ideas or policy approaches. This label is a specific tool used in the framework of the [“Regions for Economic Change”](#) initiative. The initiative was launched in 2006 by the Commission to promote the identification and spread of good policy practices within Cohesion policy, the main objective being to build on and accelerate the transfer of results from pan-European cooperation in key priority themes.

In the URBACT context Fast Track Networks are developed by cities and their relevant programme Managing Authorities, working together, exchanging on an identified theme with a view to creating and implementing action plans at local level to deliver good projects.

The Commission plays a specific supporting

role. It seeks to dynamise regional and urban networks by working closely with them and to have innovative ideas tested and rapidly disseminated into the Convergence, Regional Competitiveness and Employment, and European Territorial Cooperation programmes.



*“What is the difference between Fast Track Label networks and other URBACT networks?”*

The main difference with other URBACT networks is that the European Commission will actively accompany the networks and participate in their work. Both DG Regional Policy and DG Sanco have closely followed the work of the Building Healthy Communities network and participated in the two Steering Group meetings which took place last year in Brussels during the preparatory phase. I have also attended the kick off meeting for the implementation phase on 18-19 February this year and the Commission team is in regular contact with the Torino Management Team to provide input, guidance and assistance whenever possible.

*“How many networks have received the Fast Track Label and what are the considerations in granting the Fast Track Label?”*

So far, 13 Fast Track Networks have been

labeled, 6 for INTERREG IVC and 7 for URBACT II. One IVC pilot network – CLOE – has already completed its work in 2008 while two URBACT pilot fast track networks – MILE and URBAMECO – recently had their closing conferences. The Fast track label is granted to thematic networks which develop a strong participation on the part of Managing Authorities of operational programmes, and which address one of the seven priority areas for the URBACT programme under the “Regions for Economic Change” initiative:

- Managing migration and facilitating social integration
- Integrating marginalised youth
- Making healthy communities
- Integrated policies on urban transport
- Developing sustainable and energy-efficient housing stock
- Achieving sustainable urban development
- Re-using brownfield and waste disposal sites

*“In relation to the two Pilot Fast Track networks under the URBACT I Programme*

*- what are the lessons to be drawn?”*

A brochure on the two pilot fast track networks by the URBACT secretariat has described the initial experience of the two URBACT pilot projects and highlights some of the early lessons drawn. I should also highlight a workshop in the 2009 RFEC conference, organised by the URBACT programme, which discussed the issues raised by “Fast tracking” in the URBACT and urban context.

In relation to the key participants, the experience has shown that all the partners, cities and Managing Authorities, understand in theory the value that pan-European networking can have in a local context under certain conditions.

At the beginning however, Managing Authorities’ representatives were more reluctant to be directly involved. The Managing Authorities have a “judge and jury” position, particularly those who organise calls for proposals. They are sometimes uncomfortable because they can only finance projects which comply with the rules under their selection procedures. It is particularly true for the Operational Programme in the competitiveness area where funds are limited. On the other hand, the Managing Authorities from “Convergence” regions appreciate being able to contribute in the preparation, in the Fast Track Networks, of good projects with a high added-value.

What was also evident is that many cities, the traditional participants in URBACT networks, had not identified the Operational Programme and its Managing Authority relevant for their city. Following the mainstreaming of the urban dimension within Cohesion Policy there was often a lack of visibility of the regional operational programmes in the cities.

In relation to the working process, an important lesson is that the elaboration of the obligatory local action plans was fully appreciated. This requirement focussed the effort of the network participants especially as they understood that a good quality action plan leads to a stronger likelihood of financing from the operational programmes.

Also, partners from the pilot phase emphasised the importance of a permanent expert assistance. Their expertise has been decisive to establish a base line study with each partner city, to put into place the Local Support Groups and to set up the work programme. The two pilot projects have allowed us to test

in reality the possibility for linking the URBACT networks with the mainstream Operational Programmes. Their work culminated with the closure conferences of URBAMECO in Lyon on 14-15 May and for the MILE network in Brussels on 25-26 May 2009. Those events provided an opportunity to look at how the exchanges worked, to assess the networking process and the early outcomes achieved. They also looked at the future of the partner cities Local Action Plans for their chosen topics.

*“What is your message to the Building Healthy Communities network (partners)?”*

For BHC being designated as a fast track project is a two edged sword of responsibility and privilege for both the Commission and the network members - including the managing authorities. The work of the BHC network will no doubt get greater scrutiny as a result of its status. At the same we also have a great opportunity together to define measures to support health communities and reduce socio economic disparities that can appeal to support from the EU co-financed operational programmes of your region or Member States. The prize is that if we are successful other will be inspired to build on our success and replicate our results.

## Managing Authorities

### **Piedmont Region – a vital partner in the BHC network**

*Letter from Eleonora Artesio, Deputy Mayor on Health, Piedmont Region*



“When the City of Turin, presented me with the idea of the URBACT II project on “Building Healthy Communities”, I thought that it could represent a concrete opportunity for working together, a way to talk not only on policies and visions, but above

all on issues, needs and solutions concerning health and quality of life for our citizens.

Health promotion and community support, aimed at achieving a state of complete physical, mental and social well being, is the main goal that any health policy should seek for. The Piedmont region is investing in new policies for health, aiming to highlight the real problems of

the community, developing actual prevention interventions at all levels, creating a new “culture of health”, in order to affect citizens’ lifestyles.

For this reason we are working to restore neglected priorities, reorienting services and, in this sense, the proposal of Building Healthy Communities is an interesting opportunity for a bottom up analysis and follow up.

A key aspect of our work is the identification of the main health problems in the population, checking their level of severity and degree of spread. And to achieve this goal it is essential to act on those determinants of health (those indicators which are a core theme of the Building Healthy Communities network) - such as education, environment, food, which may affect for almost 80% the psychophysical well

being of individuals and which need the active commitment of all policies.

Starting from the principle that health is a precious asset of individuals and society as a whole, an asset that a Public Administration has the duty to defend, not only ensuring a reliable system of health care, but also increasing peoples' opportunities to remain healthy, it is thus necessary to ensure access to information, making them available and useful.

I therefore believe that we must work in terms of global culture, reinforcing both information and communication, for developing citizens' awareness and empowerment towards the adoption of healthy behaviours and lifestyles.

Starting by affirming that all policy choices affect health, the impact on it has to be one of qualifying parameters in all decisions, both individual and collective ones. It becomes fundamental for the establishment of a common reference model, which has the concept of "health" as a core topic, to get an accurate picture of interventions

really necessary to address these priorities.

The choice to empower the different institutional levels, aims to encourage local authorities to take into account the impact that all policies have on residents' health and to concretely contribute in improving general life conditions. It is expected that in local authorities' planning the practice to implement measures to protect and promote health becomes a standard procedure, starting from quality assessment of services and their effectiveness in responding to the need for collective health.

For these reasons I feel fully involved in the approach and content of the project and wish you all, cities and regions that are starting this common path, a warm encouragement for your job, assuring you that our role will be an active and proactive one. I really do hope that the Local Action Plan which is supposed to be designed in the next 2 years, can find a concrete application -a pilot experience able to feed further common steps. "

## BHC Partner Profile

The BHC network consists of a partnership of 10 cities from seven EU member states who will be working together over the next 30 months in order to capitalise knowledge and practices on urban factors influencing health and to create opportunities for cities to shape and implement healthy policies for their citizens. In each of our newsletters we will be taking a closer look at one of the partners. In this issue it is our Polish partner Łódz, who will also be hosting the first network workshop.

The city of Łódz is located in the Łódzkie region in central Poland with a population of over 750 000. It is the third largest city in Poland and, until the 1990s had been a thriving industrial city. With the decline of industrial production, however, the social economic landscape of the city has dramatically changed over the past 20 years and it is only in recent years that the city has started to recover and is developing again.





Environmental education class in the Lagiewniki Forest, northern Łódź

not merely the domain of health care, but the common issue of many actors in the city, helped Łódź to start and develop action to prevent the most common diseases and promote health among different groups of inhabitants. It also stimulated the development of an overall strategy of the city integrating health into other aspects of city life, entitled “Directions of actions for health of Łódź citizens”.

However, there is a lack of mechanism of translating medical research data into city policies on a regular basis. Therefore the city is interested in using Health Impact Assessment on the local level in order to be able to integrate health into all local policies.

The city of Łódź is also a partner in the Building Healthy Communities network which was established last year. The main reasons for joining this network were to exchange experience with other cities in the European Union who are facing similar challenges. Łódź is in particular interested in gaining more experience on Health Impact Assessment and promoting active lifestyles and healthy aging through activity-friendly urban design.

In order to create better opportunities for the residents of Łódź and in particular for the elderly population to lead active life and thus improve their health and life quality the Public Health Department in cooperation with the Department of Urban Planning decided to bring back to life the idea of the so-called Green Circle of Tradition and Culture around the centre of the city. This is a good example of an attempt to incorporate health aspects into city planning strategies. Both departments are part of the

The city has a relatively poorer economic and health status compared to the other large cities in Poland, but figures are improving. The main health challenge faced by the city of Łódź is the aging of its population “it is estimated that in 2030 the proportion of men over 65 and women over 60 will reach 27,8% in the Łódź region.”

Within this context the city of Łódź is a member of the European WHO Healthy Cities Network and supporting the aging population is one of the priorities of Łódź Healthy City project. Its main related objective is to promote more active lifestyles, in co-operation with public and private actors (NGOs especially).

Łódź has participated in the Healthy Cities movement since 1992 and first joined the Network formally in 1993 – in its second phase. The European WHO Healthy Cities Network had 79 members in Phase IV. In April Łódź applied for Phase V (2009-2013) and has been designated a member of the European Network for this next period. The Healthy Cities approach in which health is treated as



Łódź City Office and together with the Local Support Group consisting of representatives of other city departments, NGOs and public health organizations will work on a plan of creating a circle of green areas combined with places of historical and cultural interest around the highly urbanized city centre.

Participation in BHC network has stimulated cooperation between two important city departments: one responsible for public health in the city (including provision of health services by city health care units, prevention programmes and health promotion) and the other for urban planning and regeneration of the older parts of the city. It also strengthened contacts with the Department of Environment Protection and Road and Transport Board. In the future it may result in more integrated local policies and consequently, improvement in the living conditions for city residents.

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### EU launches new calls for tenders

The Executive Agency for Health and Consumers (EAHC) is launching a series of calls for tenders. Following these calls, the contracts will be awarded for the provision of different services in the area of skin allergies, indoor air quality, electromagnetic fields, training of health professionals, public health capacity building, exchange of organs between EU countries, implications of ageing on health-care needs.

The aim of tender is to purchase the provision of services, the execution of works, the supply of assets or to conclude building contracts. In general, the Work Plan for 2009 foresees a significant number of calls for tenders for the provision of services, in particular preparation of studies, surveys and analyses concerning various areas of public health.

Participation in public procurement procedures is open on equal terms to all natural and legal persons (economic operators) from the EU member states as well as EEA and SAA countries.

The next round for calls for tenders will be launched in **summer 2009**. You can register for alerts on the upcoming calls by sending an e-mail to [EAHC-HP-TENDER@ec.europa.eu](mailto:EAHC-HP-TENDER@ec.europa.eu).

More information? Please [click here>>](#)

### EU Youth Health Initiative

The European Commission has launched a Youth Health Initiative which encourages young

people to become active partners in promoting their health. The initiative will gather all youth-related initiative in health and related policy areas across the European Commission under one banner. The main aims will be to:

- Prioritise the health of children and young people in Europe
- To highlight important health related youth issues that the EC is working on, including healthy life styles, education, workplace, media and healthy environments.

The initiative emphasises dialogue and involvement of young people in tackling the health issues that affect them and invites young people to be active partners in the EU's work on health. Go to initiative's [portal>>](#)

## Publications

### ***Threats to health - Climate Change***

On 1 April 2009 the European Commission adopted the White Paper “[Adaptation to the Climate Change: towards a European Framework for Action](#)”. DG Health and Consumers has drafted an accompanying document having the purpose to outline the main issues relating to human, animal and plant health in relation to climate change. This paper is based on the general framework set out in particular in the White Paper. [Download paper>>](#)

### ***Financing health care in the European Union Challenges and policy responses***

The WHO has published this book which looks at Health care systems across the European Union and the common challenge they face: the high cost of health care. Governments strive to ensure that cost pressures do not undermine values such as universal coverage and equitable financing and access. Focusing on the three health care financing functions – collection, pooling and purchasing – as well as on coverage, this book analyses the organization of health care financing in the Member States of the European Union, discusses the principal financing reform trends of recent years, and assesses their capacity to help ensure fiscal sustainability. The book includes a useful annex detailing the health care financing systems of each of the 27 Member States of the European Union. It will inform the deliberations of policy- and decision-makers, both within and beyond the European Union, faced with reconciling rising costs with equitable and sustainable health care. Read the book [online>>>](#), to order [click here](#).

### ***European Child Safety Alliance launches a 24-country report***

The European Child Safety Alliance recently released the ‘Child Safety Report Cards’ for 24 countries and the Europe Summary Report Card which score countries on their level of adoption, implementation and enforcement of over 100 proven effective child injury prevention strategies – good practices known to save children’s lives.

Despite injury reductions and safety improvements achieved by many Member States over the last 20 to 30 years, injury remains a leading cause of death for children and adolescents in every Member State in Europe. Each year about 10,000 children die needlessly in the European Union due to unintentional injuries. Yet it has been estimated by researchers that if all strategies known to be effective were uniformly implemented approximately 90% of these injuries could be prevented. The good practice policies relate to road traffic accidents, drowning, falls, poisoning, burns, choking and supports, such as leadership, data infrastructure and professional capacity, necessary to combat child injury. [Read more.](#)

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