



Building Healthy Communities

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Content

BHC partners meet in Belfast for Health Impact Assessment workshop

Health and Quality of Life: ideas and opportunities for a debate in cities

Promotion of Mental Health and Well-being of Children and Young People

City Profile: Lidingö

Health investments in Structural Funds EUREGIO III project

EU news

Project partners:

Torino (Italy), Amaroussion (Greece), Bacău (Romania), Baia Mare (Romania), Barnsley (United Kingdom), Belfast (United Kingdom), Lecce (Italy), Lidingö, (Sweden), Łódź (Poland), Madrid, (Spain) and respective Managing Authorities



BHC partners meet in Belfast for Health Impact Assessment workshop

A two day Health Impact Assessment workshop was hosted by Belfast on 28-30 September 2009. The purpose of the workshop was to give partner cities an understanding of the concept and process of HIA and to see how it has been applied in Belfast. The workshop was organised by Belfast's local support group which is chaired by Joan Devlin from Belfast Healthy Cities project managed by Adele Keys, Belfast City Council.

The training was provided by Erica Ison, an HIA specialist who has a wide range of experience in doing HIA's in Belfast. The training included HIA theory and also had a practical focus including HIA case-studies of the Regeneration Strategy of the Lower Shankill and site visits to the Shankill and East Belfast. In Belfast, health impact assessment is strongly endorsed in the interdepartmental public health strategy, Investing for Health. Belfast Healthy Cities have led several HIA's in Northern Ireland and have produced some general introduction information to introduce HIA.



From left to right: Councillor Frank McCoubrey (Belfast High Sheriff, Dana Caleap (Bacau, RO), Robert Nilsson (Lidingö, SE), Luisa Avedano (Torino, IT) and Joan Devlin (Director of Belfast Healthy Cities)

What is Health Impact Assessment (HIA)?

WHO define HIA as “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population”. HIA is undertaken with the purpose of giving decision-makers information about the effects

on health and well-being of a specific proposal, and supporting that information with suggestions about how to change and modify the proposal in order to achieve or optimise health gain.

HIA has two purposes:

- to predict the likely health effects of a proposal on a specific population group or groups and;
- to inform policy-makers to improve evidence-based recommendations in the decision-making process

It can also recommend changes that can reduce inequality in health and can lead to better policy-making through its values and principles. HIA provides increased opportunities for inter-sectoral cooperation and action for health.

Stages of Health Impact Assessment

Screening: Identifies if a proposal should be subject to HIA and identifies potential effects on the determinants of health, health outcome and population groups.

Scoping: This will include establishing a steering group, setting boundaries, methods of appraisal, designing and planning the HIA, time scale, the steering group's role, membership and reporting arrangements.

Appraisal: Gathers evidence for the HIA and appraises the information to make a judgment about the health impacts of the proposal.

Reporting and dissemination: Reporting includes collecting and presenting the results from the analysis and input from stakeholders.

Supporting decision-makers: This task explores the main influences on decision-making.

Monitoring and evaluation: Monitoring and evaluation follow the results of the HIA and evaluate the process and the effectiveness of the HIA.

There are two main types of HIA appraisal that are normally carried out: Desk top HIA and Rapid HIA:

- Rapid appraisal does not collect new data but only compiles information or data already available

- Desk top HIA appraisals involve literature reviews and access to the internet to identify relevant evidence base.

Further details on HIA can be found at:

www.belfasthealthycities.com
www.publichealth.ie/eventsandresources/hiatools
www.euro.who.int/healthy-cities/UHT/20050201_10
www.hiagateway.org.uk/

For information concerning the workshop please contact:

Adele Keys at:
KeysA@BelfastCity.gov.uk

Health and Quality of Life: ideas and opportunities for a debate in cities

Luisa Avedano and Marco Santangelo – BHC Lead Partner and Lead Expert

The WHO has published in 2008 a report, “Closing the gap in a generation: health equity through action on the social determinants of health” (Commission on Social Determinants of Health), in which three recommendations are stressed: the first regards the improvement of daily living conditions, i.e. relates to the circumstances in which people are born, grow, live, work and age; the second refers to the possibility to tackle the inequitable distribution of power, money, and resources, i.e. relates to the structural drivers of the conditions of daily life – globally, nationally, regionally and locally; the third recommendation regards the capacity to measure and understand the problem and assess the impact of action, so to expand the knowledge base, develop a workforce that is trained in the social determinants of health and raise public awareness about the social determinants of health.

These recommendations have been considered in designing the Building Healthy Communities project structure since the beginning because they are directly linked to a main issue in European cities and to three keywords. The main issue regards the theme of quality of life in cities, that is the quality of living conditions, of the urban environment, of the equality of access to services and opportunities etc. The three keywords are: lifestyles, cooperation, and knowledge.

Lifestyles

The way in which citizens live their lives is in great part influenced by the possibility to catch different opportunities, to maintain or improve certain levels of daily existence, to choose among possibilities. On the contrary, the lack of these basic citizenship conditions produce and reproduce disadvantaged people and areas and strengthen the stigmatisation of certain situations, making it almost impossible to overcome a difficult moment in everyone’s life, to access to some opportunities no matter the place in which we live, to improve living conditions so to contribute to the general wellbeing.

Cities are by definition the first level of policy-making for citizens’ wellbeing and their capacity to design equal development strategies is directly linked to their capacity to include health and quality of life in all their policies and to design them as inclusive policies. The Leipzig Charter (2007) states that “all dimensions of sustainable development should be taken into account at the same time and with the same weight.

These include economic prosperity, social balance and a healthy environment. At the same time attention should be paid to cultural and health aspects” (p. 1). Everything seems to fit into this statement and its fairness is evident, also its relevance to lifestyle is clear, since economic, social, environmental, cultural and health goals determine life conditions and lifestyle choices completely.

Cooperation

Cities alone cannot tackle the problems that equal opportunities bear, especially in times when the economic and financial global crisis has narrowed the margins for action at all levels. Yet cities can become the place where innovative ways of facing problems can be experimented and hopefully translated in good practices to be shared. This process cannot be done by cities alone or, in the best cases, by network of cities, but a cooperation is needed upwards, with the regions, the national and the EU level, and downwards, with public and private actors that operate in the city.

The cooperation process among different actors is already a reality in European cities and BHC is not an exception: agreements with private economic actors or the managing authorities of the Structural Funds define the strength and universality of welfare policies since at least the Nineties.

Since the White Paper “European Governance” (2001) the European Commission has stressed the role of new forms of cooperation among different actors in the Union scenario, and cities have played a big part in redesigning the institutional framework. Still some practices have not been fully analysed, as in the case of cooperation to improve health and quality of life conditions in cities, so making it necessary to advance in this field.

Knowledge

This keyword is clearly related to the third WHO recommendation and is linked to a wider debate that is present at the European level. Much of the efforts have been directed to improve the knowledge-based capacity of cities in relation to health and quality of life conditions (see, for instance, the impressive work done on the Health Impact Assessment by the Healthy Cities network of the WHO-Regional Office Europe: http://www.euro.who.int/healthy-cities/phase/20040719_1).

In the BHC project the knowledge process has been considered as a process that could be easily adapted to each different context in order to monitor specific situations or to select markers able to address certain policies in a way or another. The result of this ongoing process will be a toolkit that will neither substitute nor reproduce any existing instrument but will try to provide a first step toolkit to influence local policies and actions so to take into account health and quality of life for all citizens.

More – greener - ideas

The three keywords that have been described above represent possible ways of facing the problem of health and quality of life conditions in cities, but many more concepts and ideas can contribute to enrich the debate and to suggest possible solutions. To this extent, BHC cities are aware of the role of sustainability both as a driving concept for the definition of healthy policies and as a goal to be achieved. Sustainability, a holistic word in itself bringing together social, economic, cultural, environmental, political aspects, is a core concept of every development strategy especially when standing for the possibility for all to take part to the life of the city and to make any effort to keep this possible in the future.

Other ideas are enriching the debate and should be taken into account. There is, for instance, a whole set on new experiences that refers to the “green side of life”: whether it is about green energy, green economy or green revolution in general it is undeniable that the attention to a sustainable development is not only a matter of ethics and/or economics but also of opportunities: see, for instance, the experiences in one of the most deprived areas in New York, where the idea of a green approach to disadvantaged areas brought to “Sustainable South Bronx” (<http://www.ssbx.org>); another interesting idea comes from Sweden, where food labels now give eco-report, to know the carbon footprint of the food production and to influence customers habits (<http://www.slv.se/en-gb/>); a different example is given by the Green Gym initiative in the UK (<http://www2.btcv.org.uk/display/greengym>), that combines a healthier lifestyle with shared outdoor activities. These are very different examples whose main role is to show that actions and policies that influence health and quality of life can start from small and local initiatives and be effective, as long as people’s spaces, places and lifestyles are considered.

Fostering the debate

BHC partner cities are themselves places where interesting experiences are taking place, and such stories will hopefully constitute part of the next issues contents. But BHC is part of a wider family of projects, the URBACT II network, which also represents an incredible source of information and experiences. To this extent, ideas and approaches of other networks will feed our newsletter since the next number, to contribute to positive exchanges on health and quality of life conditions in cities, to possible cooperation between different projects and to the enrichment of the available knowledge

Promotion of Mental Health and Well-being of Children and Young People



John Svensson from the Building Healthy Communities partner city of Lidingö in Sweden represented BHC at the EU-conference “Promotion of Mental Health and Well-being of Children and Young People – Making it Happened” in Stockholm. The conference was based on the concept that including children and young people in the community environment and letting them be in charge of their own activities will have a positive impact on their mental health.

John took part in the session “The role of the Community Environment” focusing on how factors in the community environment can effect as well as improve mental health, and how municipal efforts can be more effectively used. The session was led by professor Håkan Stattin from Örebro university who presented the importance of structured leisure activities to improve young citizen’s mental health.

Lidingö strongly agrees with professor Stattin’s findings and believes that the declining mental health of older adolescences in Lidingö is closely connected to an increasing lack of physical activity as well as a decreasing involvement in associations and sport clubs. John Svensson took the opportunity to present Lidingö’s strategy to find new ways of engaging older teenagers in leisure activities

and including them into the community such as for example:

Providing young people with financial resources allowing them to be “in charge” to create activities that include other teenager’s such as music festivals, sport tournaments, skate park etc.

Mainstreaming youth into city policy, ie when making policies and long term goals involve youth as a key group.

Support their physical activities. Reorganize the funding system for sport clubs in order to promote non-elite youth activities and create sport grounds open for spontaneous physical activities.

If you would like to read more about the theme of the conference please http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/framework_young.pdf



City Profile: Lidingö

The island of Lidingö is situated where the archipelago of Stockholm, a unique maritime landscape of more than 30.000 islands, begins. Lidingö has 42.710 inhabitants and its population is increasing thanks to an increase in birth rates and positive net migration (16.7% of the population has foreign background). At the same time the city has a high proportion of elderly inhabitants (65 years of age or older).

The municipality attaches a great importance to health issues, open-air recreation and access to green spaces. The city is famous, among other things, for Lidingöloppet, the world largest cross-country race and the world-renowned museum of the sculptor Carl Milles. Lidingö is also an island of cinema and design as well as a place for meetings since the island is dotted with conference facilities.

A Health Strategy was developed and implemented in the local community as well as in the local authority in 2005. The strategy has three dimensions; physical health, mental health and social health and focus on a more active and healthy population in general.

One relevant issue in terms of health is the big gap within Lidingö concerning educational, income levels and health. Lidingö is not a homogeneous city, even though the mean income and health status might be high. A community report on the citizens' health status in 2005 presented facts and statistics on the citizens' education, income level, living, crime and the physical environment as well as more medical indicators of health (e.g. weight, alcohol consumption, heart attacks etc). It showed that a relevant part of the population had in the last 12 months refrained from seeking medical help or had not bought needed medicines due to economic reasons.

A large number of health-related activities are ongoing and has woken a need of finding methods that will give better understanding of health factors, but also give more integrated projects and better evaluation methods. The City of Lidingö has yet no experience of performing Health Impact Assessment and is learning from other actors in the region and among the partners in the Building Health Communities network. Using HIA will be a way to better implement and secure health factors in the decision-making and the city are aiming to find a method they can use.

The work in the Local Support Group has stimulated cooperation among several municipal departments and has strengthened the contact with Karolinska Institutet School of Public Health. The focus is to integrate the citizens in the work with the health strategy – we want them to help us put theory into practice. The aim is to improve their local environment and with that, improve their well-being. Another focus is to support the elderly.



Lidingö Local Support Group out on a walk

Health investments in Structural Funds EUREGIO III project

The ambition is to include the residents in shaping a healthy island for all.

BHC Coordinator

Jeccika Erikson

E-mail: jeccika.eriksson@lidingo.se

LSG Coordinator

Paula Jagric

E-mail: paula.jagric@lidingo.se



Within the European Union in recent years there has been growing recognition of the importance of sustainable regional development and the contribution of health to achieving it. This means health development leading to growth in social and human capital and the multiplier effect this can have in contributing massively to economic growth. This is reflected in the EU's Cohesion Policy and in the 2007-2013 round, Structural Funds explicitly included health sector investment, with an early emphasis on health infrastructure.

In the newer Member States and Convergence regions across Europe, governments, politicians and policy makers see SF as an important funding source for supporting the modernisation of health services. However, effective health investment needs to be well planned.

EUREGIO III (EIII) supports the innovative approach of using Structural Funds for health. The general objective of the project is to extend the results of EUREGIO to identify & share best actions for the effective use of structural funds for health & help reduce health inequalities among EU regions. It is a key resource to help Member States, regional & local authorities and actors to develop, apply & implement Structural Funds (SF) projects for health gain.

EIII builds access to the practical know-how knowledge that regions have identified as a priority development for the 2007-2013 period. To guarantee the impact of EIII in the longer term, it will inform the shaping of a cooperation mechanism to support regions in maximising health gains from mainstream SF programmes. So, EIII fulfils the priority action 3.3.2 of the Work Plan 2008 that aims at reducing health inequalities in the EU. Also, EIII addresses basic principles of "Together for Health" (e.g. Principle 2 "Health is the Greatest Wealth"). By using SF for health, the EU principle of "Health in all Policies" reaches a new dimension that will systematically be pursued by EIII, covering all EU regions with a specific focus on new Member States.

Overall, the intent is to make information available to regions, local authorities & other actors who potentially apply for & implement Structural Funds. Strategies & mechanisms are developed, piloted and evaluated to help improve the effectiveness of structural funds investment in reducing health inequalities & meeting Lisbon Agenda objectives.

One of the core components of EUREGIO III project is to develop and run a series of 5 workshops for people to learn how to apply for and use Structural Funds for health projects etc.

Overall Aim of the workshops

- To develop knowledge and skills to design, implement and evaluate Structural Funds investments for health and strengthen capacity to implement principles of best practice in participating countries.

Objectives

- To develop knowledge and competency in designing projects for measurable and sustainable health improvement relevant for SF support, including; integrated capital and service planning and investment.

- To explore new perspectives on health needs assessment and the impact of a changing economic outlook.

- To broaden awareness of the wider opportunities for Structural Funds application, including the principles of health and the economy (“health is wealth” and “health in all policies”) with particular regard to health related investments achieving higher priority in national and regional SF Operation Programmes.

- To develop project management skills for implementation of Structural Funds projects that bring into play new principles of project management for best value, sustainable lifecycle benefit, and effective SF process implementation and management.

- To develop knowledge and skills in the evaluation of Structural Funds projects including tactical and strategic outcome assessment.

Dates and location of the meetings

- Kaunas (March 2010)
- Krakow (April 2010)
- Bratislava (June 2010)
- Prague (Oct 2010)
- Cluj-Napoca (March 2011)

Contact persons:

Sue Woolf, Research coordinator, Liverpool University
suewoolf@liv.ac.uk

Debbie Stanistreet, Senior Lecturer, Liverpool University
debbie@liverpool.ac.uk

Nigel Bruce, Reader, Head of division, Liverpool University
ngb@liverpool.ac.uk

For more information about the EUROREGIO III project please visit the project website at: <http://www.euregio3.eu/pages/home/>

EU news

Annual European Public Health Conference - EPHA holds three workshops

EPHA is organising workshops on advocacy for public health in Poland, health inequalities and translating research into policy at the forthcoming 2nd joint European Public Health Conference in Lodz, Poland. The 2nd joint European Public Health Conference will take place in Lodz, Poland on 25 – 28 November 2009. EPHA is organising three workshops during the conference. These workshops are on the following themes:

- Advocacy for public health in Poland
- Health inequalities
- Translating research into policy

If you would like more information on the conference including the preliminary programme and details on how to register, please visit the http://www.eupha.org/site/upcoming_conference.php

Regional Studies Association Winter Conference 2009

Global Recession: Regional Impacts on Housing, Jobs, Health and Wellbeing

As the global economy has entered a period of prolonged recession and uncertainty, it is timely to ask questions about the implications for people's lives and livelihoods. The Regional Studies Association Winter Conference 2009 on Health, Housing, Jobs and Wellbeing presents an opportunity to discuss and debate these issues, to establish the research requirements and to address the concerns of practitioners and policymakers.

Date: 27th November 2009

Venue: The Resource Centre, London, UK

For more information: <http://www.regional-studies-assoc.ac.uk/events/future.asp>

Night noise guidelines for Europa – WHO publication

Environmental noise is a threat to public health, having negative effects on human health and well-being. This book reviews the health effects of exposure to night-time noise, examines dose–effect relations, and presents interim and ultimate guideline values for exposure.

Outstanding scientists reviewed the scientific evidence in the WHO European Region and used it to draw up the guideline values. The guidelines were peer-reviewed and discussed to reach a consensus among the experts and stakeholders. This book offers guidance to policy-makers in reducing the effects of night-time noise, thus helping to improve the health of the people in the Region. http://www.euro.who.int/InformationSources/Publications/Catalogue/20090904_12

The effectiveness of health impact assessment. Scope and limitations of supporting decision-making in Europe – WHO publication

Health impact assessment (HIA) is a support tool for intersectoral decision- and policy-making. It is used to assess the potential health consequences of pending decisions and it feeds this information

back into the decision-making process.

This book provides a detailed map of the use of HIA in the WHO European Region across a large range of sectors, including transport, environment, urban planning and agriculture, and at national, regional and local levels. It also reviews the implementation and institutionalization of HIA with specific focus on governance, financing, resource generation and delivery.

HIA's effectiveness is explored and analysed in 17 case studies using a common analytical approach. This research also identifies the factors that contribute to the effectiveness of HIA.

Overall the book demonstrates that HIA can be effective, while also revealing the uneven development and incomplete institutionalization of HIA across Europe.

The book is based on a European research project funded under the European Union Public Health Work Programme. The research was led by the European Observatory on Health Systems and Policies and included research teams from 19 countries. <http://www.euro.who.int/document/E90794.pdf>

EU gets prepared for H1N1 flu virus

In response to the new virus, known as the pandemic (H1N1) 2009 virus, the EU has set up a special web portal providing information on latest statistics, general information and advice as well as documentations illustrating what the EU is doing in face of the challenge. See web portal: http://ec.europa.eu/health/ph_threats/com/Influenza/h1n1_en.htm

BHC contact details

Project Manager

Luisa Avedano

Tel: +39 0114432546

Fax: +39 0114432525

luisa.avedano@comune.torino.it

Lead Expert

Marco Santangelo

Tel: +39.3201776568 (mobile)

Fax: +39 0114432525

marco.santangelo@gmail.com

Finances

Mariantonietta Ritrovato

Tel: +39 0114432595

Fax: +39 0114432525

mariantonietta.ritrovato@comune.torino.it

Communications

Isabella Haaf

Tel: + 34 606 849 937

Fax: + 32 2 524 44 31

i.haaf@qec-eran.org