



building healthy communities

Building Healthy Communities

Loredana Di Nunzio – Michele Marra – Maria Carmela Ricciardi

TORINO work in progress



CITTA' DI TORINO



European Union
European Regional Development Fund

Connecting cities
Building successes



Torino

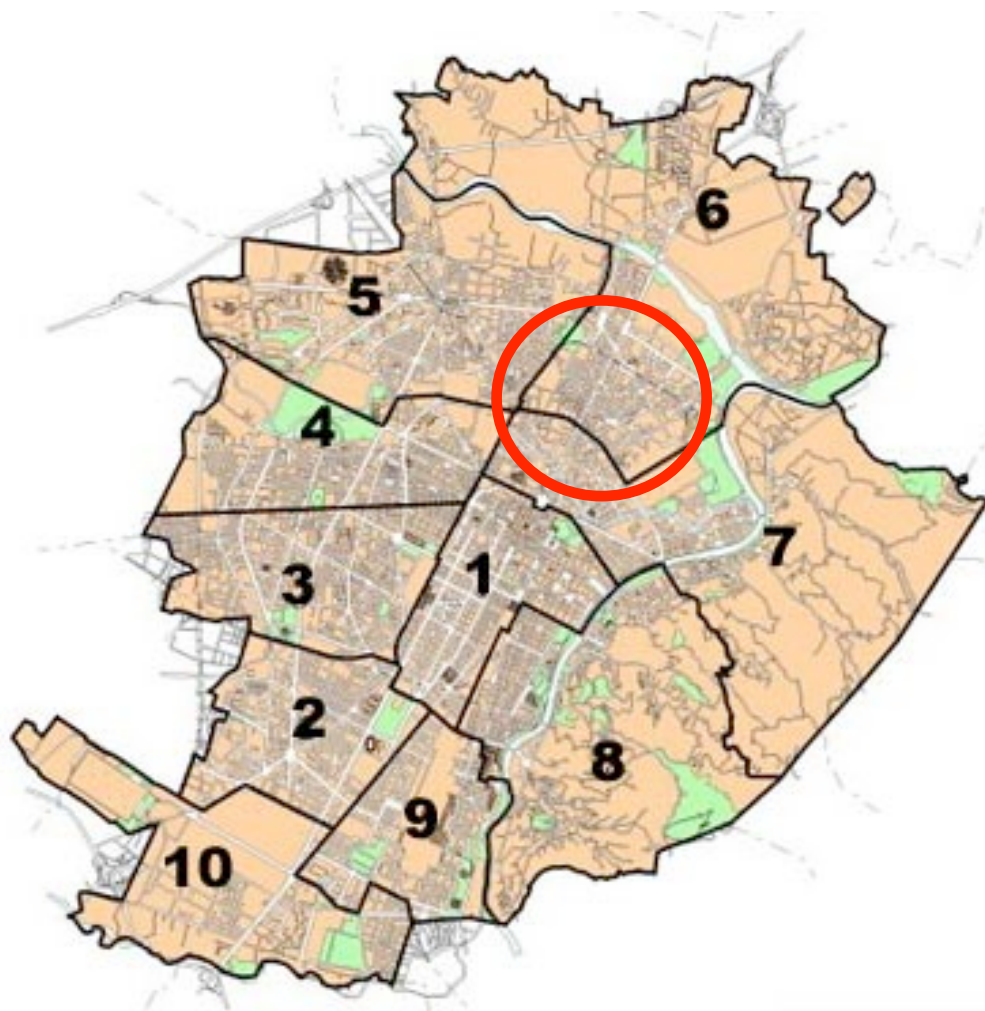
Turin is a city in transition: experiencing transformations in its economic, social, and spatial structure

- **910.941** inhabitants (June 2008)
- capital city of the **Piedmont Region** and Italy's fourth biggest city
- has been the **industrial capital of Italy**, now transforming its economy towards a **more high-tech and knowledge based one**
- **fragility in the population structure:** progressive **ageing of the population**
- increasing **social vulnerability:** welfare crises, difficulties in finding and maintaining job place, growth of living expenditure ...etc.
- **growth of migration flows (12,1%** of migrant population)
- **dismissed industrial areas that needs to be reconnected with the surroundings**
- boroughs (mainly public housing areas) characterised by decay and social exclusion

Instruments, strategies, policies and development programs for the city

- PRGC (**General Municipal Master Plan**, since 1994): “Central Backbone” (structured into 4 “*Backbones*” areas); new coverage of the railway lines , conversion of dismissed industrial areas transformed in residential, commercial and services
- active participation in **European networks** such as *Eurocities* and *Quartiers en Crise*
- Projects and programs of **development and urban regeneration**: local development actions; Pru (Urban Renewal Programme); Cdq (Neighbourhood Contracts, first and second phase); Urban Pilot Project (UPP); the CI Urban II “Mirafiori Nord”
- Torino Internazionale – **Strategic Plan** for the City (2000)
- Second Strategic Plan for the metropolitan area (work in progress)
- **Subway** line 1; and Subway line 2 (still in draft)
- 2006 **Winter Olympics**
- participation in the **Healthy Cities Project** (since 2004) promoted at the international level by the World Health Organisation
- **Observatories** and policies targeted to vulnerable populations: immigrants, children, disabled; adults in need, elderly
- **City Social Plan** and “**Health and Well-being Profile** ” (work in progress)

Target area: "Barriera di Milano" borough



The districts in the Municipality

- «a place at the margins [...] not so much from the city, but rather from the economic, cultural, social and, even, territorial development processes»
- located in District 6 (Northern – Eastern borough) historically divided into **four boroughs**: **Montebianco**, Monterosa, Maddalene and Cimitero Generale
- labour and working class neighbourhood, **different migration flows**: in the first decades of 1900, **farmers** leaving the countryside; between 1955 e 1965, **Southern Italy workers** attracted by the car industry development; in the last decades, **migrants** coming from all over the world

Target area: "Barriera di Milano" borough

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Target area: "Barriera di Milano" borough

Composition of the population:

- **50.338 inhabitants** (2008) nearly 50% of District 6 population and 5,5% of Torino one
- **Local ageing index is lower than the city's average** (160 vs 212)
- **higher number of family with kids** compared with city's average (11% vs 9,5%)
- **Number of migrants almost double than** compared with the city average (23% vs 12%),
- **Monterosa** (30%) e **Montebianco** (27%) are **2** of the **5** city's areas with the higher concentration of migrants
- Concerning the **countries of origin**: Romanians are the majority (33,7%), followed by Moroccans (24,5%) and Chinese (6,8%)
- **1872 foreigner students in the schools of District 6**: the wide number compared to all the other districts of the city

Foreign population:

- Most represented age group: 30-49 (47%)
- Broad presence of young people 0-14 (20%) 15-29 (12%)
- Under-represented the over 50 - over 65 (nearly absent)

Unemployment

- Highest number of unemployed (16.3%) compared with the city (8.14%)

Target area: "Barriera di Milano" borough

Social exclusion

- 12% of expenditure on social support of the city is spent in District 6
- Highest number of family supported by social services of the city
- the groups needing support by social services are unemployed, elderly people and disabled
- Low education level (only 20% attended college and 4% university)

Green and Playground areas

Public green: District 6 has the lower number of green areas in the city.

Playground areas:

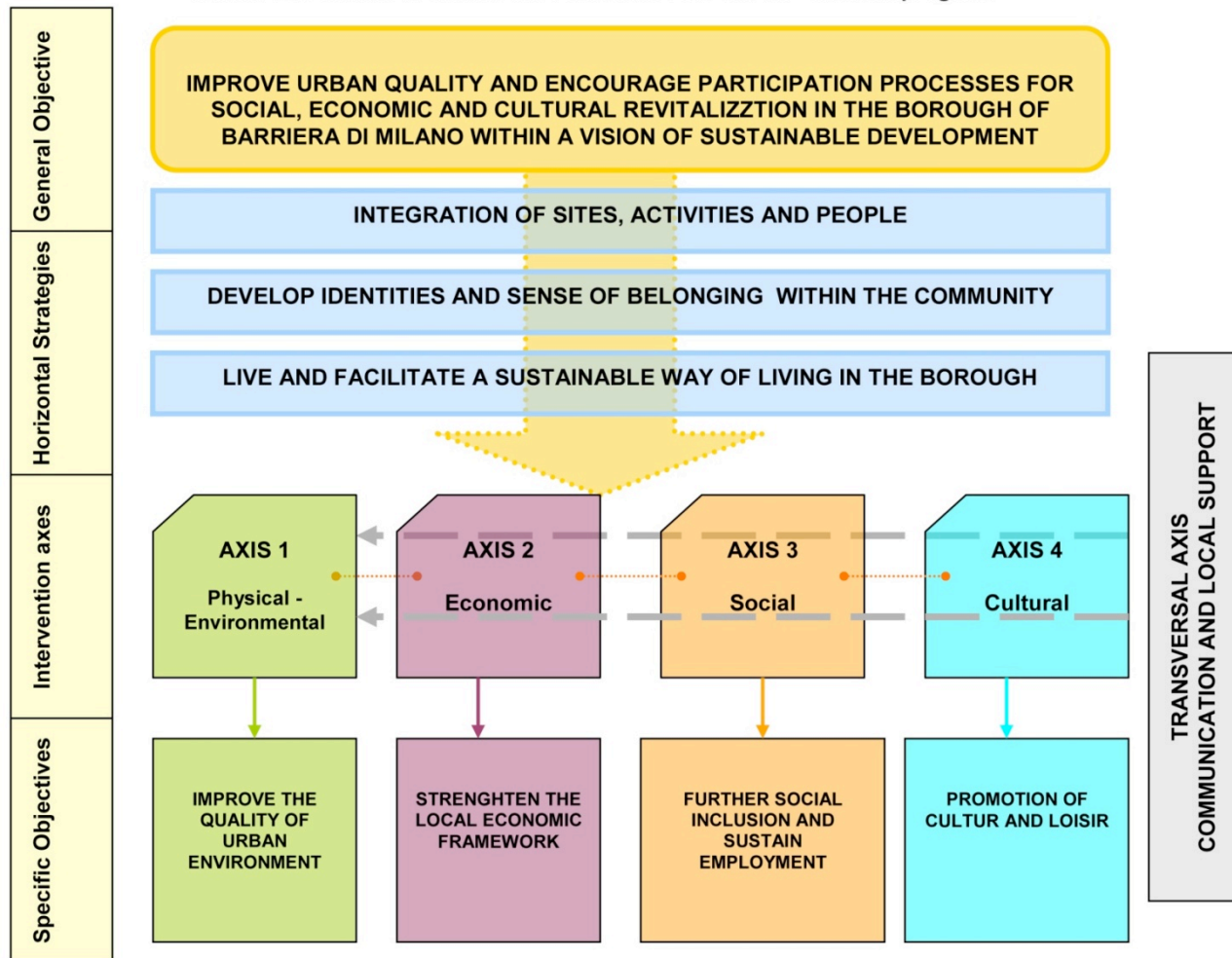
- Barriera di Milano - 1 playground each 1102 kids and 1 equipment for 367
- The city - 1 playground each 436 kids and 1 equipment for 89;

Private estate property

- High population density: 18.191 inhab/sqKm (almost 3 times than the city one)
- Low maintenance level
- High fragmentation of properties: very little sized apartment (in Barriera di Milano the 34% of flats are less than 50 sqm, compared with the 17% within the city)
- 63% of estate are privately owned;
- Low impact of social housing in the borough

URBAN 3 Program

STRATEGIC FRAMEWORK IN THE URBAN 3 PROGRAM – Work in progress



URBAN 3 Interventions

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BHC LAP - Main themes and actions

■ Impact indicators

- Health impact indicators
- Assessment and evaluation: use of a set of health impact indicators

■ Energy sustainability

- "Energy" for the borough: energetically sustainable refurbishment of "Bagni pubblici di via Agliè"
- Consultancy for private properties refurbishment within the borough

■ Promotion of a healthy lifestyle

- Promoting traditional medicine and integrated models for a healthy lifestyle to sustain integration of migrant population
- Promoting a healthy and sustainable lifestyle among young people and valorising existing sport facilities in the borough
- Promoting a healthy and sustainable lifestyle among the elderly

LAP – Funding and timing

LAP Actions	LAP priorities	Projects related to the LAP priorities	Funding Programme	Funding Procedure	Timing
1. Health impact indicators	Elaboration of a set of Health (and quality of life of citizens) impact indicators	<i>Urban 3 Barriera di Milano</i>	Regional Operational Programme	May 2010	May 2010
2. Assessment and evaluation: use of a set of health impact indicators	Testing a set of Health (and quality of life of citizens) impact indicators	<i>Urban 3 Barriera di Milano</i>	Regional Operational Programme	May 2010	2013
3. "Energy" for the borough: energetically sustainable refurbishment of "Bagni pubblici di via Agliè"	Establish a reference point in the borough that could become a place of promotion, awareness, experimentation and commitment on issues related with the themes of eco-compatibility and energy sustainability	<i>Urban 3 Barriera di Milano</i>	Regional Operational Programme	May 2010	2013
4. "Bagni pubblici di via Agliè": information point for the promotion, prevention, communication of citizen's health and quality of life	Raising awareness about health issues and support the communication and promotion of related policies	<i>Urban 3 Barriera di Milano</i> In partnership with ASL TO2 North and connected with action 5	Regional Operational Programme	May 2010	2013

LAP – Funding and timing

LAP Actions	LAP priorities	Projects related to the LAP priorities	Funding Programme	Funding Procedure	Timing
5. Promoting traditional medicine (e.g. acupuncture, Chinese medicine, etc) and integrated models for a healthy lifestyle to sustain integration of migrant population	Support the communication and promotion of integrated models of traditional medicine and different culture's healthy lifestyle	<i>Urban 3 Barriera di Milano</i>	Regional Operational Programme	May 2010	2013
6. Promoting a healthy and sustainable lifestyle among young people and valorising existing sport facilities	Raising awareness about health issues and support the communication and promotion of a healthy lifestyle	<i>Project SPO.SA (ASL TO2)</i> <i>Urban 3 Barriera di Milano</i>	Regional Operational Programme	May 2010	2013
7. Promoting a healthy and sustainable lifestyle among the elderly	Raising awareness about health issues and support the communication and promotion of a healthy lifestyle	<i>Urban 3 Barriera di Milano</i> Integration with: • Spina 4 Park project – sport facilities for elderly; • "Borough Walking groups and memory training project" (in partnership with ASL TO2 and the Districts)	Regional Operational Programme	May 2010	2013

BHC LAP SWOT

STRENGTHS:

1. Managing Authority high level of involvement:
 - Department for productive activities- **Funding**
 - Department of Health – **Fieldwork and participation to ULSG activities**
2. Composition of ULSG – wide range of specialised participants as Regional Authority, different departments of Municipality, Local Stakeholder etc.
3. Knowledge of the target area – Recently commissioned analysis and field research integrated with other existing studies (university, polytechnic, etc.)

WEAKNESSES:

1. Difficulties on the use and availability of comparable data to experiment Health Impact Indicators
2. Some actions have currently an inadequate level of definition

OPPORTUNITIES:

1. The integration of BHC LAP in a wider project such as “Urban 3”
2. Experimenting the use of Health Impact Indicators in a regeneration program

THREATS:

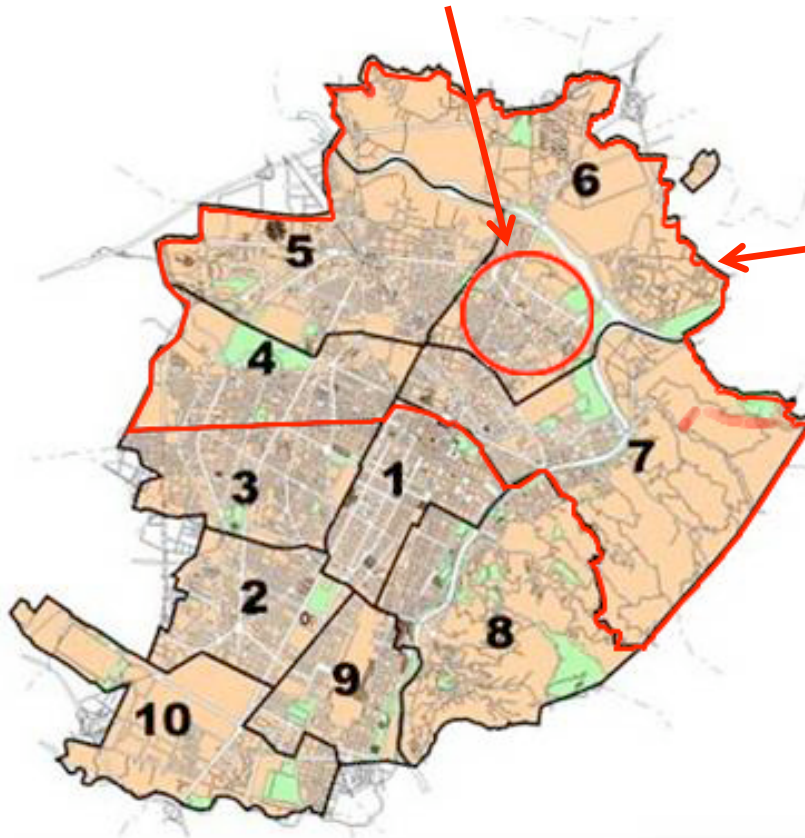
1. The delays in the “Urban 3” funding procedure

Building Health Communities

Piemonte Region – Managing authority

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Barriera di Milano



ASLTO2
Health Local
Administration
Northern Turin



FULFILL
HEALTH
PROMOTION
PROJECTS

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SPO-SA



European Union
European Regional Development Fund

Spo.sa project – Healthy Sport

AIM

- › promoting physical activity among young teenagers as a protective factor from unhealthy lifestyles.
- › empowerment of the youth community

CONTENTS

Physical activity (if all circumstances are equal)

- › provides greater health outcomes benefits;
- › reduce probability of diseases in adults
- › is positively correlated in young people with healthy lifestyles and physical, mental and social wellbeing

TARGET

teenagers of 1st year of Secondary schools (14-15 years) in 4th, 5th, 6th and 7th administrative district of Turin (the northern area of the city).

Schools in BHC area



Spo.sa project – Healthy Sport (2)

PARTICIPATION

	ASLTO2	BHC – Lap area
Schools	18 out of 21 (85,7%)	7 out of 7 (100%)
Classes	105 out of 130 (80,7%)	43 out of 43 (100%)
Students	2.473 out of 3.092 (80,0%)	1.015 out of 1.015 (100%)

ORGANIZATION

Phase 1 – Questionnaire (November 2009-January 2010)

Phase 2 – 3 formative meetings (January-March 2010)

Phase 3 – Physical activity testing in schools (March-June)

Phase 4 – Physical activity in clubs (2010)

Phase 5 – Health Impact Assessment of the project (2011)

Phase * – Healthy food in schools (2011)

THE HBSC QUESTIONNAIRE

- › Health Behaviour in School-aged Children (HBSC) is a cross-national research study initiated in 1982 and promoted by WHO.
- › Nowadays 41 countries in the world take part to the project. (Europe+USA+Canada+Russia+Turkey+Greenland)

› BHC countries

England	since 1983
Spain	since 1985
Sweden	since 1985
Northern Ireland	since 1989
Poland	since 1989
Greece	since 1997
Italy	since 2001
Romania	since 2005



The HBSC questionnaire (46 items, multiple choice)

- › **Health related behaviours**
diet, daily oral hygiene, physical activity and sedentariness, risk behaviours, sexual relations, violence and injuries
- › **Individual and social resources**
body image, health-enhancing capacities, composition of family unit, relations with family and friends, relations with teachers, schoolmates and school in general, management of free time
- › **Health consequences**
health condition and presence of symptoms, BMI, quality of life, presence of chronic illness and use of medication, stress
- › **Socio-cultural factors**
socio-economic condition of family of origin, living environment

HBSC's data utility

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- 1. Population health profile**
-
- 3. Policy addressing**
-
- 5. Increasing knowledge on how lifestyles and health behaviors interact**
-
- 7. Health impact assessment**

Lifestyles in young people living in Barriera di Milano

- High rates of tobacco, alcohol and drug addiction
- Early onset and early initiation into substance
- Low level of physical activity
- Low level of fruit and vegetables consumption
- High level of breakfastskipping
- High level of early sexual initiation
- Shortage of social networks

Health inequalities in young people

Distribution of health is not equal in a community and evidence from around the world points to an increase in the gaps in health status and health care by socioeconomic status, geographical location, gender, race, ethnicity and age group.



Health inequalities are often socially constructed and unfair

Lifestyles and health behaviors in young people are not determined only by individual and aware choices but they often depend on social and economic determinants (as their parents socioeconomic status and education, their social network, ecc...).



Adolescence is a key period for the emergence of health inequalities that persist in adulthood



Children and adolescents are therefore among the most important population groups to target for health promotion and protection.

Risk behaviour

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TERRITORIAL INEQUALITIES

	Barriera di Milano	AslTo2
	Tot	
First smoking at 13 or younger	31,6%	29,1%%
Smoking at least once a week	24,4%	20,2%
Drinking any alcohol at least once a week	37,3%	35%
Getting drunk at age 13 or younger	10,3%	9,6%
Having been really drunk twice or more in their life	17,1%	15,1%
Having smoked cannabis at least once	16,8%	18,5%
Having had sexual intercourse	29,9%	25,5%
Contraceptive pill use in last sexual intercourse	13,2%	13,6%
Condom use in last sexual intercourse	62,8%	63,5%
Fighting 3 times or more in last 12 months	16,7%	15,9%
Being bullied at least twice in last 2months	12,2%	9,28%

Health Behaviours

	The family affluence scale (FAS)		
	Low	Medium	High
The family affluence scale			
Daily breakfast consumption in schooldays	43,6%	48,1%	57,1%
Daily fruit consumption (at least)	28,9	31%	30%
Daily soft drink consumption (at least)	41,5%	32,3%	27,5%
Engaged in weight reduction behaviour	22,6%	14,7%	11,9%
3 days moderate to vigorous physical activity	42,2%	51,3%	54%

The HBSC Family Affluence Scale (FAS) measure is based on a set of questions on the material conditions of the households in which young people live has been selected to classify young people's socioeconomic status.

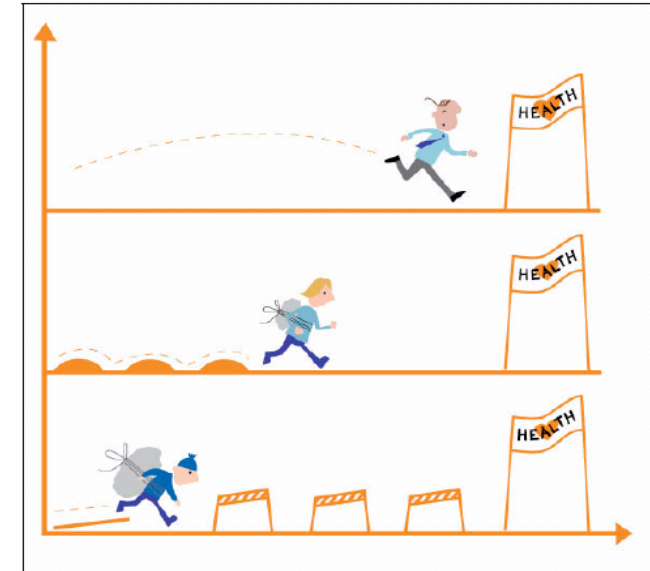
Social context

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GENDER INEQUALITIES

	Barriera di Milano	
	M	F
Think it's easy or very easy to talk to their mother	73,0%	74,0%
Think it's easy or very easy to talk to their father	58,1%	41%
Three or more friends	75,6%	60,6%
Daily use of electronic media to communicate	52,2%	69,3%
School performance perceived as good or very good	46,9%	37,8%
Schoolwork pressure (a lot and some)	38,1%	37,4%
Having classmate support (strenght)	65,4%	69,4%

What have we to do?



- 1. Reorganize public health interventions trying to minimize the effect of social inequities**
- 2. Adopt multidimensional strategies: they are more effective**
- 3. Put in practice the “health in all policies” paradigm**

...WAITING FOR THE BEGINNING OF URBAN3...

Contact details:

Loredana Di Nunzio

loredana.dinunzio@comune.torino.it

Maria Carmela Ricciardi

mariacarmela.ricciardi@comune.torino.it

www.comune.torino.it

Michele Marra

marra.michele@yahoo.it

Health Promotion Department

ASLTO2 - Torino

Grazie Thanks
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Ευχαριστώ multumesc
Takk dziękuję dakujem hvala
Obrigado dziękować
tänan kiitos köszönöm aciu
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