Healthy Cities 21st Century

Sandnes Healthy City

WORLD HEALTH ORGANIZATION
EUROPE

# Book of Abstracts

## WHO EUROPEAN HEALTHY CITIES NETWORKS

**Annual Business and Technical Conference:**

"The Hidden Cities: Addressing Equity in Health and Inclusiveness in Cities"

**17–19th of June 2010 • Sandnes • Norway**

EDITED

# Book of Abstracts

WHO European Healthy Cities Networks
Annual Business and Technical Conference
*The Hidden Cities: Addressing Equity in Health and Inclusiveness in Cities*
Sandnes, Norway, 17-19 June 2010

# Table of Contents

## Case Study Abstracts in Parallel Sessions
Oral Presentations

## Thursday 17 June 2010



## Friday 18 June 2010

## Saturday 19 June 2010

**PARALLEL SESSION PSA1**
**Equity: Diversity in Action to Address Health Equity**

*Chair:* Ms Birgitta Sodertun
*Discussant:* Dr Mike Grady
*Rapporteur:* Ms Fiona Donovan

## Abstract No: 042

Gemma Hurst, Research Associate, Staffordshire University, United Kingdom; Rachel Davey, University of Canberra, Australia; Graham Smith, Staffordshire University, United Kingdom; Judy Kurth, Healthy City Project Coordinator, Stoke-on-Trent, United Kingdom
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**My health matters – a community-led intervention to reduce inequality in health related to physical activity and healthy eating in Stoke-on-Trent**

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.

## Abstract No: 072

Russell Jones, Public Health Programme Manager and Healthy City Coordinator, Glasgow Centre for Population Health; Etive Currie, Glasgow City Council; Valerie McNeice, Glasgow Centre for Population Health; Tim Mitchell, Glasgow City Council; Duncan Booker, Glasgow City Council; Ruth Kendall, NHS Greater Glasgow and Clyde, United Kingdom
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**Equally Well test site**

*Equally well: report of the Ministerial Task Force on Health Inequalities* is the title of the report of the Scottish Government's Task Force on Health Inequalities. The Equally Well Implementation Plan called for bids to create pilot sites to test the principles laid out in the report.

Based on Glasgow's history of healthy urban planning work, the Glasgow City Council, National Health Service Greater Glasgow and Clyde and the Glasgow Centre for Population Health submitted a bid. Glasgow was awarded test site status to explore how integrating health and urban planning could help to address inequality in health, particularly around addressing mental health issues and the obesogenic environment in deprived areas.

The vision of the test site is "We believe that planning can be more about people". The core team has developed a business plan with several projects that are led by the private sector, public sector or local community. A series of workshops targeting professionals from health and urban planning are ongoing to build capacity. Logic modelling of the business plan and a monitoring and evaluation framework have been developed. The first phase of work ends in April 2011, when an internal and external evaluation report will be submitted to the Scottish Government. The Scottish Government's Task Force on Health Inequalities will advise on a way forward for the Equally Well programme thereafter.

It is too early to tell what the impact at the strategic and operational levels will be. The internal and external evaluation will explore both the process of partnership working and identify indicators for quality of place and health outcomes. The main challenges to success are the time frames to deliver the work and the institutional challenges of working across bureaucracies with different ways of working in times of increasing uncertainty.

The Glasgow test site has the potential to make inroads in developing new ways of strategic and operational working for urban planning and health. It also has the potential to pioneer healthy urban planning as a way of addressing inequality in health.

## Abstract No: 080

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**Reducing socioeconomic inequality: the neighbourhood psychologist**

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.

## Abstract No: 048

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**A healthy vision for all – maintaining an enlarged Horsens as a visionary healthy city**

In 2007, Denmark carried out comprehensive local government reform, with 271 municipalities merging into 98. The Municipality of Horsens merged with two other municipalities, and a new organization with a new government, new organizational maps and new borders was implemented from 1 January 2007. The new Municipality of Horsens has been working on how to create a new vision of health and sustainability in a new unit. The starting-point of this process was open meetings with stakeholders from the three relevant sectors – public, civil society and business. A group of public officials organized and planned these meetings, and a theatre group facilitated the first two. The process is ongoing: the first phase in autumn 2009, the second phase in spring 2010 and the final phase in summer 2010. The result should be a uniting vision of health for everyone in the Municipality of Horsens – making Horsens a healthy place to live, work, visit and enjoy. The process has shown us that people still engage in health in the Municipality of Horsens – and that empowerment and user-driven innovation, in which the Municipality and the society together develop and innovate, is strong in Horsens. So far in the process, more than 200 representatives for citizens, workers and nongovernmental organizations have been active in creating the new vision for health in Horsens Healthy City.

**PARALLEL SESSION PSA2**
**Caring and Supportive Environments: Promoting Health Settings at a National Level**

*Chair:* Ms Coralia Loureiro
*Discussant:* Professor Geoff Green
*Rapporteur:* Ms Sue Toner

## Abstract No: 039

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**Active during daytime**

Many people are physically inactive because of low self-esteem, low income or physical weakness. The result of this is that many people do not engage in ordinary physical activity in their community. The Norwegian Olympic and Paralympic Committee and Confederation of Sports – Regional Confederation Østfold, which is part of Østfold County Council, has launched a public health programme in a regional partnership consisting of 17 of the 18 municipalities, the County Governor, nongovernmental organizations, the regional hospital and Østfold University College.

It is important for the Norwegian Olympic and Paralympic Committee and Confederation of Sports – Regional Confederation Østfold to work together with various councils and partners to develop the idea of getting people to engage in physical activity.

Our activities are carried out in six cities in Østfold County. People 18–67 years old can participate in various activities subsidized by the government.

We want to learn from WHO and want to show the public how important this work is for communities. Today 1400 people are active in our county, but more people can be activated if the councils have more active policies on physical activity.

## Abstract No: 050

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**Healthy cities in the Czech Republic towards health and sustainable development: connection and synergy between national and local activities**

The aim is to present the systematic approach of Healthy Cities of the Czech Republic, the Czech national network of healthy cities, towns and regions as a framework and some of the follow-up activities and projects. We focus mainly on:

- health as a topic of the year 2010 (set by the Government Council for Sustainable Development): the process and outcomes of setting up this topic, links to the implementation of the national Sustainable Development Strategy and national partners;
- national support for the activities of Healthy Cities of the Czech Republic;
- a systematic approach to healthy city development at the local level in the Czech Republic;
- urban health plans and their links to municipal budgets and to strategic plan and other development strategies, including indicators;
- healthy city projects and Local Agenda 21 – common methods, linking the outcomes, benchmarking tools, mass-media work and communication with the public.

We will also present specific activities: successful practices and innovative solutions.

- The About Old Age Amusingly project is a health literacy project with equity factors: an educationally entertaining project focused on the subject of healthy ageing, with well-known Czech moderators and entertainers together with local specialists in a given field discussing with older people on active ageing issues as well as on social and health care at the local level. The performance primarily aims at seniors and family members who are dealing with or will be dealing with active care for a senior.
- The Healthy City Project is cooperating with a health-promoting company in the joint development of the project safe routes to school (case study from the City of Mlada Boleslav).
- There is cooperation on healthy city projects and Local Agenda 21 with healthy city partners in Switzerland, including exchange of good practices (health impact assessment, active living, urban environment etc.)

Setting up a proper system at the local and national levels and regularly evaluating progress are required for considerable and sustainable effects on local or national policies. This presentation aims to show a case study from Healthy Cities of the Czech Republic and may inspire other networks with similar conditions and focus. We also believe that this approach has already had positive outcomes. Many of the Czech healthy cities have been rewarded for their effort at the national level, such as a prize for quality management in public administration and many others, and also internationally (International Awards for Liveable Communities, Safe Communities etc.). Systematic approaches help them to achieve better concrete results.

## Abstract No: 054

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**Supporting cities – grant competitions in the Polish Healthy Cities Association**

The Polish Healthy Cities Association was established in 1993 as a nongovernmental organization. It is located in Lódz and has 44 member cities of various sizes with more than 7.5 million total inhabitants (about 20% of Poland's population). In 2000, WHO confirmed that the Association fulfils the requirements for national Healthy Cities networks. The main activity forms are annual national healthy cities conferences, training courses for local coordinators and member cities' representatives, grant competitions for member cities, toolkits and educational materials for cities, cooperation with organizations working in health, environment and social issues and a newsletter and web site.

The budget consists of membership fees from cities and sponsor donations and is used for country-level activities and supporting action in member cities. About 20% of the Association's budget is used for the grant competition organized since 1994.

Every year the General Assembly selects priority themes for projects that can apply for grants. These include: preventing cardiovascular diseases and cancer, environmental protection, preventing addiction, road safety, activities for older people and people with disabilities, healthy diet and physical activity and healthy transport. The Association sets the rules and criteria for assessing grant applications. A rating system takes into account innovativeness, practical results useful for the local community and cost–effectiveness. Due to limited resources, the Association supports only small non-investment projects. The 2010 grant themes are preventing diseases of the upper respiratory system, health-friendly urban spaces and education on preventing cervical cancer (sponsored).

From 1994 to 2009, 793 projects applied for support and 115 were supported. The winners are announced during the annual conferences, and the list is published in the Association's newsletter and on the web site. The reports from all supported projects are presented at the conference in the following year. The most interesting projects are presented in the newsletter. In 2009 and 2010, the Association received funds from external sources for grants on preventing cervical cancer.

Grant competitions provide direction for local activities, stimulate local initiatives, encourage local partners to work under the Healthy Cities label and make them more visible. They stress the supporting role of the Association and build stronger links between the cities and the Association. Winning a grant is also important for the local coordinators, showing their involvement and activity.

## Abstract No: 066

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**Developing healthy public policy in Stoke-on-Trent**

Stoke-on-Trent NHS, North Staffordshire Regeneration Partnership and the local authority are working together to build in and plan for sustainable health benefits in all local policy, which will support and enhance a range of lifestyles and primary prevention work in the City.

Healthy public policy is vital in reducing the social gradient in health. It offers a sustainable approach to reducing levels of chronic disease and is a cost–effective and large-scale intervention.

This innovative project is working at four levels:

- healthy local public policy: integrating the consideration of public health into all local policy and decision-making structures;
- healthy regeneration and health impact assessment: embedding health impact assessment into the master planning process of the major regeneration projects happening in the City;
- healthy urban planning: embedding WHO healthy urban planning principles into the statutory planning process within the City; and
- healthy community development: empowering and enabling local residents to directly tackle local neighbourhood environmental barriers to improving health through health-focused community development.

The achievements include:

- three health impact assessments completed;
- development of a policy watch;
- an integrated impact assessment tool to support the consideration of health and social determinants at the outset of policy-making within the City Council;
- potential development of a healthy city supplementary planning document;
- a healthy city checklist for the development management planning team;
- a guide to health-proofing master plans for planners;
- including health indicators in sustainability appraisal;
- training and awareness-raising for healthy urban planners; and
- My Health Matters: a participatory research project operating in three deprived communities in the city.

The impact includes improved understanding and communication between planners and public health teams, inclusion of urban planning priorities in sustainable community strategy (green spaces and greater involvement of local people in addressing environmental effects on health).

These are the early stages of a strategic approach to healthy public policy. We are optimistic that this approach will result in healthy public policy, which will translate into better and healthier decision-making and service planning and delivery.

**PARALLEL SESSION PSA3**
**Healthy Living: Promoting Active Travel**

*Chair:* Dr Alistair Lipp
*Discussant:* Dr Jill Farrington
*Rapporteur:* Ms Kerstin Mansson

## Abstract No: 014

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**Pedibus: a programme promoting sustainable school mobility**

In Europe overall, car transport has increased by almost 150% since 1970; travel by public transport has increased far less, and travel by bicycle and on foot has diminished. Growing dependence on cars is both a cause and result of suburbanization. From a public health viewpoint, these include increased air pollution, noise, traffic congestion and road injury risk, increased greenhouse-gas emissions and reduced access to pleasant green spaces. Walking and cycling can replace many car trips, and traffic-calming measures, infrastructure such as cycle lanes, tracks and paths and policy changes at the local level can increase pedestrian and bicycle travel. More people will walk and cycle if the traffic speed is reduced and convenient and safe infrastructure is built.

The City of Udine has committed itself to planning and designing for active living, including creating a comprehensive plan for cycling and walking in existing and future development, implementing traffic-control measures such as severe restrictions on speed, adequately timed lights, clearly marked crossings, traffic-calming devices (such as speed bumps) and crossing guards at crucial intersections and providing clear signs about road traffic patterns to help cyclists, pedestrians and drivers avoid injuries and learn to respect each other's routes.

In accordance with this perspective, a service called Pedibus has been developed in a city district by offering children the possibility to walk to school in the morning accompanied by volunteers recruited among parents, teachers, grandparents, retired people living in the neighbourhood and students. The service is provided during the whole school year and has involved about 100 children and 40 accompanying people in 2009/2010.

This kind of activity, besides contributing to reducing traffic congestion near schools and to regular physical exercise, fosters social cohesion, neighbourhood revitalization and an increased sense of community identity. The project has thus demonstrated that providing equitable and safe opportunities for active living may also encourage the expansion of social networks. This is especially important for members of minority ethnic, racial and religious groups and for older residents.

## Abstract No: 017

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**Road safety and older people**

Although the total number of road crashes in Modena has decreased in recent years, data reveal that, in 2008, 5 people were injured more or less seriously every day on average. In urban areas, pedestrians, cyclists and motorcyclists are disproportionately involved in the crashes.

As Istat (the Italian National Institute of Statistics) data reveal, in Italy every day there are 598 road crashes with 849 injured people. It therefore becomes more and more important to develop correct and effective information to reach specific population groups with action aimed at children, citizens of other countries and older people, for example.

Based on this, an agreement was signed on 25 May 2009 among the Municipality of Modena, groups representing older people (CGIL, CISL, UIL and CUPLA), the Elderly Municipal Coordinator Committee, Italian Federation of Friends of the Bike (FIAB) and the Italian Association of Road Victim's Relatives. The purpose is to make more systematic and widespread the interventions to promote the culture of road safety to stimulate respectful behaviour towards all road users, such as cyclists and pedestrians. Further, it is important – especially concerning vulnerable road users such as older people – to structure specific education and information that promotes behaviour that is self-protective and simultaneously respects the highway code. Examples include using the cycle lanes where they exist, maintaining bicycles, setting up all the expected safety equipment and not driving if drugs that may induce drowsiness have been taken. Traffic police officers have managed the education and information meetings, targeting especially older people, and pointed out the correct behaviour to respect the law and to safeguard health on the road; a pharmacist was also present to explain the risks of driving under the influence of drugs.

The agreement has led to meetings on older people's community centres and to common kitchen gardens. More than 100 citizens have been involved, most of whom were older people. Further, a city bicycle ride dedicated to road safety has been realized along city cycle lanes.

In addition to the infrastructural and road control interventions, the educational and sensitizing initiatives are becoming more important to combat road crashes every day.

## Abstract No: 059

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**Mapping sustainable communities**

The purpose of the mapping is to understand the levels of accessibility spatially across the city, reaching services either on foot or by using public transport. It will provide evidence to support key council and city-wide plans and initiatives that seek not only to improve access for all but also help to combat social exclusion, support sustainable development and a healthier city.

Most Sunderland residents do not have day-to-day access to a private car and must therefore rely on reaching services by other means. This includes people who are unable to drive, those unable to afford to own and run a car and those within car-owning households who have no regular access to car use. Services must be accessible to these people.

In terms of access, four separate sets of results have been created:

- access on foot to 10 recognized everyday facilities (local stores, formal park, play areas, post offices, dentists, doctors, chemist, ATM, primary school and library) mapped as the Walkability Index;
- access by public transport from all areas of Sunderland to either the city centre or to one of five other town centres within Sunderland (whichever is nearest);
- combining walking and public transport access data, with these results being known as sustainable neighbourhoods; and
- combining the sustainable neighbourhoods data with indices of multiple deprivation, and together they can help to define the areas of most concern: those with high deprivation and low access.

Improvements have been carried out in the last four years. These include:

- fee-free ATMs (automatic teller machines) and crucially in areas of high deprivation;
- the Play Pathfinder scheme enabling both improvement in the quality of children's play facilities and their distribution across the city;
- local supermarkets opened up; and
- reorganizing services can be beneficial, and coordinating services together may be able to attract further facilities.

There are further opportunities to improve walking access to facilities in the city. The data mapped will enable the distribution of existing services across the city to be improved and, in some cases, provision to be increased overall. For example, it may be possible to influence a more even distribution of doctors' surgeries across the city, and in areas of access deprivation, the city could upgrade some open spaces into more formal parkland.

**PARALLEL SESSION PSA4**
**Healthy Urban Environment and Design: Sustainable Mobility and Safer Neighbourhoods**

*Chair:* Mr Sverre Hetland
*Discussant:* Mr Marcus Grant
*Rapporteur:* Mr Colin Cox

## Abstract No: 011

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**Healthy urban design: safety and security on the road**

Starting again from the objectives highlighted for Phase V of the WHO European Healthy Cities Network, the City of Udine has strongly committed itself to creating an age-friendly urban environment by redesigning the urban settings to make infrastructure, buildings, roads and green spaces more accessible, to increase a sense of safety and security in neighbourhoods and to support easy mobility for everyone, specifically young and older people.

For this reason, a special section called the safety plan has been included in the Urban Transport Plan of the Municipality, which focuses on protecting vulnerable people on the road and on reducing road crashes involving this population.

One intervention is an initiative on safety measures in school areas in three municipalities of the region aiming to improve safety and security on the road, specifically near schools.

Three municipalities were chosen within the regional network of healthy cities to carry out this project at the local level according to size and past commitment to healthy urban planning and sustainable mobility. The project aimed at developing a model of analysis and applicability that can be replicated in future in all other municipalities. It comprised detailed analysis of problems detected near schools, such as risk and impediment factors, structural deficiencies, dangerous crossings and the barrier effect. These problems were analysed technically by professional staff and socially, considering the everyday experiences on the road and the needs perceived by both children going to school and parents or relatives accompanying them (through questionnaires). Based on this process of evaluation, the architects proposed structural interventions and safety measures (roads, crossings, cycle tracks, parking places, etc.) to allow children to get to school more safely.

The interventions are being monitored to evaluate their effectiveness by means of questionnaires on the improved safety and security of the areas near the schools.

## Abstract No: 016

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**Measures to reduce air pollution problems in Ljubljana**

In 2004, the City of Ljubljana prepared an environmental and health risk assessment due to groundwater and air pollution in Ljubljana. This stated that groundwater pollution poses no significant risk for the population but indicated that air pollution caused by traffic may cause serious health problems.

These results were used as the basis for preparing an environmental protection programme identifying four strategic goals as the most urgent to be reached and the measures within realized. Both are related to urban air pollution. The first strategic goal is establishing a system of sustainable mobility, and the second is ensuring energy efficiency and increasing the use of renewable resources.

The presentation focuses on the measures that are planned and/or already realized within the first strategic goal. The area presented has environmental, health and social problems.

Ljubljana is a crossroads of European, state and regional roadways and is therefore highly exposed to vehicular air pollution. In the past, the main problem concerning air pollution from coal-fired thermal power plants was successfully solved. Nowadays we face the problem of air pollution due to the heavy car traffic passing through the city. Will we be able to solve this problem as well and how?

We already face the effects of air pollution on health and we are obliged to act. Unfortunately, due to the specific geographical conditions, this will not be easy.

Some of the measures have already greatly affected social issues.

## Abstract No: 061

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**Glasgow's proposal for mandatory 20-mph zones**

In August 2009, Glasgow City Council's Executive Committee endorsed the recommendations of the Glasgow Health Commission. One recommendation advocates the introduction of mandatory 20-mph zones in residential areas, especially those near schools.

Clear evidence indicates that mandatory 20-mph zones will save young lives, reduce the severity of injuries and prevent road crashes in more deprived neighbourhoods. The measure will also benefit older residents and those with disabilities. It will help to clearly give priority to people rather than cars. The Commission decided on mandatory zones rather than limits because of evidence of their effectiveness in reducing casualties, since they are virtually self-enforcing. Previous policy allows for the creation of 20-mph limits and zones upon request, as long as there was no substantial objection.

Given the scale of this project, this will need to be undertaken on a phased basis. It is proposed to start with two traffic-calmed areas in each community planning partnership area in the fiscal year 2010/2011, giving a total of 20 mandatory zones. These 20 mandatory zones could incorporate an estimated 13 500 households. The estimated cost is £100 000. The initial process will be to select 20 areas with a road casualty record that requires addressing. Once these are identified, there will be informal consultation with local members and the community planning partnerships, and then the formal process for the mandatory 20-mph zone orders will commence. Subject to the availability of future funding, the provision of mandatory 20-mph zones is anticipated to become an annual rolling programme until all residential areas of Glasgow are covered, about half the city area.

The recommendation has been endorsed, and in late April 2010 a paper was to be presented to the Executive Committee for approval on the implementation of this proposal.

This proposal has the potential to provide mandatory 20-mph zones throughout residential areas of Glasgow, thereby saving lives and improving the quality of life.

**PARALLEL SESSION PSA8**
**Profiles – Tools for Equity (Teach In)**

*Facilitator*: Dr Premila Webster

## Abstract No: 074

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**The HEPRO survey of social inequality in health and well-being – a basis for developing preventive policies and interventions**

The main aim of the project was to develop and support healthy urban planning in cities and municipalities that are members of national Healthy Cities networks in six countries in the Baltic region: Denmark, Estonia, Latvia, Lithuania, Norway and Poland. In the local community, many sectors and administrative branches are responsible for policies and planning that can potentially counteract the unequal distribution of health and well-being. Transparency of the multitude of factors causing this inequality in health is essential for effective policy-making and planning. The project involved 32 partners. Østfold County Council, a member of the WHO European Healthy Cities Network, was the project lead partner. The project was partly financed by the European Union through the Baltic Sea region Interreg IIIB programme. The national Healthy Cities networks in the Baltic Sea region initiated the project, and the WHO Centre for Urban Health gave professional support and advice to the project.

Representatives from all the partners were involved in developing the survey and using and implementing the results. Together with input from these practitioners, the development of the questionnaire was driven by a theoretical and conceptual rationale and model consisting of 10 major elements influencing health and well-being and its social distribution – the HEPRO survey model. Data from 33 000 people in 27 cities and municipalities were collected in October and November 2006. The first results were disseminated to partners in December 2006. During 2007, all the partners were producing local reports and results to be disseminated for local planning and policy-making.

It is a general finding that various aspects of health (perceived health, diagnosed ill health and consequences of ill health) are socially unequally distributed in all the countries. But the countries differ significantly regarding age-related changes in health and well-being. In the eastern Baltic countries (Estonia, Latvia, Lithuania and Poland), the age-related gradient in long-standing disability is much steeper than in Denmark and Norway. Regarding the determinants of health, almost the same social gradients are found in the countries; for example, aspects of social capital (trust) show a social gradient, with the groups with less education reporting lower social capital and trust and with the countries differing significantly. The traditional individual risk factors such as smoking display the same social gradient. The health-related risks of social exclusion or labour market marginalization differ significantly: poor health is a much more important risk factor for social exclusion in the eastern Baltic countries than in Denmark and Norway. Nevertheless, the socioeconomically related risk of health-related exclusion is the same in all countries.

The participating municipalities and countries were strikingly similar regarding social differences in health and well-being and their determinants and consequences. The social class differences indicate the potential for change and improvement in health and well-being. The differences between the cities and communities within each country provide important input in policy-making and target-setting, as the differences indicate the potential for change in the short term, since the contextual situation will be more or less the same. The intercountry differences indicate the potential for change in a longer perspective and indicate potential solutions to health differentials

at a macro or structural level. The results emphasize the value of using international and intercountry comparisons in monitoring and analysis of the social distribution and causes of health problems.

## PARALLEL SESSION PSB1
## Profiles: Tools to Promote Equity Action

*Chair:* Ms Signe Nijkamp
*Discussant:* Dr Premila Webster
*Rapporteur:* Ms Ankica Perhat

## Abstract No: 069

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**Inequality in health within and between cities**

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.

## Abstract No: 078

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**Inequity in health within the city**

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.

## Abstract No: 082

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**The determinants of health and how they affect health**

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.

**PARALLEL SESSION PSB2**
**Caring and Supportive Environments: Empowering Local People through Training and Education**

*Chair:* Dr Tom Scanlon
*Discussant:* Professor Geoff Green
*Rapporteur:* Ms Karolina Ilola

## Abstract: 020

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**Teaching and learning: focus on health issues**

In 2007, the Healthy City Office of Viana do Castelo created a space called training in health to facilitate access to information and training on topics related to health promotion and disease prevention so that people can develop competence to improve their health. Among the various initiatives to promote health literacy, including smoking-cessation programmes and training in self-breast examination, we highlight a campaign launched in 2008 on International Women's Day on preventing cervical cancer.

The reasons for this campaign were:

- the emergence of a vaccine against human papillomavirus;
- the general population had no information about this vaccine; the vaccine was (and still is) very expensive and government does not subsidize the cost (€480); and
- it is not part of the National Vaccination Plan.

For all these reasons, people are not getting vaccinated in Portugal, and we know that mortality is high.

This initiative ran from March 2008 to August 2009, targeted the municipal workers and was organized in two stages. The first comprised a briefing given by a virologist and a gynaecologist from the Portuguese Papillomavirus Society. The second phase consisted of vaccinating workers younger than 26 years old free of charge and vaccinating workers' daughters at a reduced cost with an easy payment plan and with the support of an occupational medicine service. The strategy was to promote participation with the distribution of a leaflet with the salary statement, the most effective way to reach everyone.

With this initiative, 51 women 17–26 years old were vaccinated, resulting in gains in health. Due to the campaign and for providing information and advice, more people are interested in being vaccinated.

Without this campaign, these people might not have been vaccinated for the reasons previously discussed. We intend to promote another campaign starting in 2010.

## Abstract: 021

Valérie Levy-Jurin, Coordonnatrice Politique, Communauté urbaine du Grand Nancy; Sylvie Robert, Healthy City Project Coordinator, Communauté urbaine du Grand Nancy, France
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**A network of people united to improve support for people experiencing cardiac arrest**

In France, the survival rate following cardiac arrest is 3–4%. To increase the chance of survival, the use of automatic external defibrillators has been made available to the public by law (4 May 2007). Notably, the chances of survival are also very low in Grand Nancy. In such an emergency, 70% of bystanders are inactive. Indeed, first-aid training has been insufficiently developed within the population, especially in France. It is therefore necessary to develop training to improve the rate of survival from cardiac arrest, of which 80% happen in the home.

The programme in Grand Nancy to combat cardiac arrest has two objectives:

- to equip public places and volunteers at home with automatic external defibrillators; and
- to train volunteers at home and employees in the community in first aid using automatic external defibrillators in the homes of volunteers with the aim of dealing with cardiac arrest happening at home.

The group of volunteers, civil servants or citizens called the local volunteer rescue team are trained as requested by the emergency services to help casualties within the first five minutes of an emergency, which greatly increases the likelihood of survival, and to wait for the arrival of emergency aid. Founded in 2006, the programme is based on:

- adopting a charter for heart partnerships;
- buying automatic external defibrillators to be set up in public places (such as public parks, museums and gyms) and others to have in volunteers' homes;
- recruiting citizens at public meetings and training them to recognize the symptoms of cardiac arrest, how to use defibrillators and how to perform cardiac massage;
- training people in local communities;
- retraining the volunteers in regular sessions;
- creating networks in the districts and organizing monthly times for being on call;
- raising awareness of the public of the symptoms of cardiac arrest and promoting first-aid training; and
- promoting the use of first aid through leaflets and brochures.

Seven of 19 cities have a network of volunteers. These local volunteer rescue teams are unpaid workers helping at their nearest call centres to get emergency aid for victims of cardiac arrest in their local area; 320 people in the Nancy area are involved already.

Nancy coordinates this programme, and the local residents hope that these networks will contribute to improving the survival rate of cardiac arrest. These networks have also helped to improve social bonding.

## Abstract No: 031

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**Getting closer to our communities**

People are being divorced from the decision-making processes affecting their communities. Participation in elections has been as low as 23% in some areas, and there is a need to re-engage with people so that they are able to have a say in decisions and make public organizations respond to local needs. Surveys suggest that, although people are happy with the services provided at a local level, they do not see the work of the City Council so positively.

Sunderland City Council has recognized the problem and has developed a whole new way of working by the Council to address the issue. The Community Leadership Programme involves both councillors and officers in training and development programmes to ensure that there is a consistent “one-council” approach to the public. It has structured a series of five area committees to involve councillors, partners, officers, residents and the community and voluntary sector so that they can act at the local level and is reviewing how it provides services in a locally responsive way.

During the past 18 months, we have consulted with other local authorities in their approaches, undertaken workshops with councillors, partners and stakeholders and undertaken a wide range of local consultation events in more than 60 venues. We have developed a series of local area plans with local strategic priorities (health, safety, learning, prosperity, attractive and inclusive) aligned to their areas but set within the bigger picture of the wider Sunderland Strategy so that the area committees clearly understand their roles.

Crime has declined, local services are more responsive, with attention to a cleaner, greener environment, reducing fly-tipping and improving cycleways. Youth provision has been highlighted, increased and supported locally. Mainstream resources have been increased to reduce incidences of antisocial behaviour. The voluntary and community sectors are being supported in providing services to older people and vulnerable people.

Addressing issues at a more local level has allowed the strategic objectives of the City to be communicated to people and has also allowed for the locality to influence how mainstream services are provided.

**PARALLEL SESSION PSB3**
**Healthy Living: Tackling Childhood Obesity**

*Chair:* Ms Eryl Powell
*Discussant:* Dr Alistair Lipp
*Rapporteur:* Ms Chris Jenkins

## Abstract No: 010

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**Healthy diet: action for healthy lifestyles**

Healthy eating and physical activity habits are key to a child's well-being. Eating too much and exercising too little may lead to overweight and related health problems that may follow children into their adult years. For this reason it is important to help children – and their families – learn healthy eating and physical activity habits that last a lifetime. Further, research continues to indicate that helping children make healthful changes in their dietary and lifestyle habits requires coordinated efforts by families, communities and schools.

The school is an ideal setting for reaching children and adolescents, as well as their families, since comprehensive food and nutrition policies can be used to reinforce the educational message about a healthful diet.

This is why the City of Udine, besides working to improve the food services system in schools, has been promoting for seven years a project entitled A Contract for a Healthy Snack, which has directly involved children, families and teachers from primary schools in improving their dietary habits. In 2009/2010, almost 1700 children have participated. The main objective was for the school and other institutions to support parents in teaching their children healthy eating habits, such as consuming a suitable snack during the mid-morning school break.

The innovative part of the project has been organizing "good food labs" and "teaching farms", where children could directly experience organic cultivation, agricultural transformation, breeding and agricultural products. The most important themes are: apples and fruit in general, milk and cheese, corn, honey, cereals used in the past and nowadays, vegetables in season and others. These activities allow children to know and appreciate natural products by touching, smelling and tasting them and being stimulated to adopt better lifestyles and dietary habits.

An important aspect of this project has been the multisectoral and integrated approach, involving strong collaboration between local authorities, health care services, schools and families and between the public and private sector. Children's enthusiasm proved the project to be effective, considering that it has been spread to almost all the city schools.

## Abstract No: 040

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**Shape Up Hungary**

Shape Up Hungary is a national project to tackle childhood overweight and obesity.

All over Europe, increasing childhood overweight and obesity constitute a serious health risk that should be addressed innovatively, using children's creativity and willingness for action.

The project period is two years, and the participants are 14 educational institutes (primary and secondary schools) from 11 member cities of the Hungarian Association of Healthy Cities. The project is based on improving children's competence concerning their health and health-related behavioural issues. The project is based on broad local cooperation of schools, parents, local governments and local businesses.

Based on school surveys organized by the children and training and meetings with local school coordinators and the local coordinators of the Hungarian Association of Healthy Cities, every school has prepared a two-year plan for implementation work.

The improvement of children's competence concerning their health and health-related behavioural issues has great potential in improving school health promotion activities.

## Abstract No: 044

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**In Shape at School**

Despite the efforts of WHO and national governments to promote awareness concerning obesity and to develop prevention measures, the prevalence of obesity and overweight is increasing in many countries. OKkio alla SALUTE – Promotion of Healthy Lifestyles and Growth among Primary School Children, a research project of the Istituto Superiore di Sanità, found that one third of children are overweight and parents do not perceive it: poor dietary habits, sedentary life, and mental strain that is appeased through food, often eaten while watching television.

It is well known that, the earlier prevention is put into practice, the more effective it is and the fewer obese adults.

The purpose of the multi-action community project In Shape at School is to combat childhood obesity by promoting healthy lifestyles and unstructured physical activity. This project, in Modena in its second phase, is promoted by the Municipality of Modena and other public and private partners. It is performed during the entire school year and involves all 2300 Modena primary school students, 28% of whom are of non-Italian origin. Some of the actions carried out are:

- physical activity during and after school;
- weekly fruit distribution to all the students;
- experiences of orienteering in open spaces;
- cartographical laboratories;
- creating safe paths from school to home to promote alternative and healthy mobility;
- organizing feasts at the end of the year;
- trips with parents to understand and know better the local urban and rural environments;
- a survey about children's lifestyles; and
- an information campaign and courses for parents about healthy and safe eating.

All the activities are free of charge for the family to promote equality among participants.

The project activities have had a role in sensitizing people around healthy lifestyles and appropriate dietary habits. For example, after the actions in the schools, many families have started to get used to giving fruit snacks to their children both at home and at school.

Thanks to the great participation of students and the high level of interest shown by parents and schools, the Municipality wants the project to become permanent.

**PARALLEL SESSION PSC2**
**Equity: Interventions to Address Health Equity within Vulnerable Groups**

*Chair:* Dr Mike Grady
*Discussant:* Dr Piroska Ostlin
*Rapporteur:* Ms Fiona Donovan

## Abstract No: 076

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**Inequality in access to health services: assessing critical points in the use of social and health services and possible solutions**

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.

## Abstract No: 086

Miray Korkmaz, Sociologist; Elif Nardemir, Sociologist and Ezgi Cestepe, Sociologist and Healthy City Project Coordinator, City of Eskisehir, Turkey

**Local administrations and women's empowerment: a case study by the Municipality of Tepebasi**

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.

## Abstract No: 056

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**Commissioning innovation in health improvement at Liverpool Primary Care Trust**

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.

## Abstract No: 071

Tatyana Shestakova, Healthy City Coordinator, Office of the Mayor; Denis Zavtsev, Deputy Mayor, City of Cherepovets, Russian Federation
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**A comprehensive approach and successful practices in overcoming economic crisis in a city with a monoculture economy**

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.

## PARALLEL SESSION PSC3
## Healthy Living: Supporting Vulnerable Groups to Become Active

*Chair:* Ms Selma Sogoric
*Discussant:* Dr Anna Ritsatakis
*Rapporteur:* Ms Agnieszka Mackiewcz

## Abstract No: 003

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**FYSAKT: physical activity, diet and workout buddies**

FYSAKT in Sandnes is a multidisciplinary coordination project involving several municipal departments. The venture also cooperates with mental health nongovernmental organizations, nearby municipalities and hospitals. FYSAKT aims to increase physical activity and improve nutritional habits among the target group: people with drug addiction and/or mental health problems. The main contribution is the establishment of the workout buddy programme.

The goals of the project are:

- to help the target group in improving their physical condition;
- to help increase physical activity in their daily lives;
- to help them choose a healthier diet;
- to empower them when changing their lifestyle and motivate towards independence;
- to increase qualifications within the professional group; and
- to strengthen the regional intermunicipal cooperation through a joint qualification programme.

The workout buddy programme connects a qualified buddy to a user aiming to carry out physical activity 3 hours per week together. The buddies are recruited among volunteers. They qualify through a 40-hour course to become supporters, trainers and motivators for people with drug and/or mental health problems and get continual guidance from health professionals.
The Municipality has price-reduced contracts with private health clubs and access free of charge to local swimming pools. However, we strongly emphasize using the fantastic outdoor environment.
Along with the 40-hour qualification programme for the coming workout buddies, there is also a focus on intermunicipal one-day seminars for professionals to increase awareness and competence within physical activity and diet for people with drug addiction and/or mental health problems.
A course on diet is conducted twice a year. Good Food for Better Health is a national dietary programme targeting people who want and need to make lifestyle changes by changing their dietary habits.

An evaluation report was written in 2009 assessing the workout buddy programme. The main issues were:

- motivation among the users of the programme;
- how the buddy perceives his or her role towards the user; and
- establishing any noticeable change regarding energy level, independence and physical condition among the participants.

The two most important feedback from the participants were:

- increased physical activity and energy level in more than half of the cases; and

- increased empowerment: by receiving help to establish good workout routines, several users become more independent, got better coping strategies and experienced a sense of achievement.

FYSAKT has been successful in reaching its goals. Professionals are better qualified, and the multidisciplinary teamwork is enhanced regarding the target group. In addition, we have learned that the users of this programme achieve better health and increased energy, but the most important factor is their experience of achievement and coping.

## Abstract No: 068

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**Getting young people active**

Since the urban riots in some cities in France in 2005, efforts have been strengthened to get young people to become more involved in their local communities. Further, young people are leading increasingly sedentary lives, which can lead to overweight and/or issues of body image.

The healthy city of Dunkerque wished to develop a programme with its partners to encourage young people to become more active and to reduce social exclusion.

Each year, the programme starts with a week of cultural, sports and environmental activities in the at-risk housing estates in November. Many partner organizations come together to make these weeks a success and focus on the wider determinants of health. At the end of the week, young people can ask for a grant to cover the annual membership fee and equipment associated with a sports club (football, fencing, basketball or judo). The grant covers 100% of the costs the first year, 50% the second year and 30% the third year. The gradual reduction increases the possibility that the family will take over the costs. It also encourages young people to become more active for a period of at least three years. The Dunkerque Centre for Health Promotion developed the programme with many partner organizations and received financial support from the national government.

A total of 180 young people from at-risk housing estates have benefited from this programme, which is ongoing. Since 2007, the programme has been enlarged. It has linked with Medway, United Kingdom in the aim of promoting exchange between the young people of the two areas. The European project supports young people in improving their competence in first aid, language and organizing cultural and sports events for the community. Positive elements include the following.

- Synergy: partners rarely work together on a common goal.
- Interim evaluation is carried out regularly with front-line operators.
- The City of Dunkerque has received a national award for an education programme for sport.
- Some of young people are integrated into the European Union–funded programme ACCESS with the Medway council in the United Kingdom today.

Negative elements include uncertainty of annual funding and difficulties of communities and associations in working intersectorally.

Creating programmes that engage young people from vulnerable housing estates is not always easy. This programme continues to expand and to support young people to gain confidence and become more active.

## Abstract No: 022

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**The city where the third age swims upstream: healthy ageing strategy in Rijeka, 2009–2013**

During Phase IV of the WHO European Healthy Cities Network, the City of Rijeka was intensively concerned with healthy ageing due to the current demographic situation and perspective as well as the ever-growing and increasingly challenging needs of older people.

A model based on 22 indicators designed by members of the WHO European Healthy Cities Subnetwork on Healthy Ageing has been used to produce a publication entitled *50+ in Rijeka – healthy ageing profile*. In addition, in collaboration with the academic community (Department of Psychology of the University of Rijeka), research was conducted related to indicators for which there were no data or incomplete data (health-related behaviour and subjective perception of physical health, mental health and well-being). These data represent a basis of the healthy ageing strategy in Rijeka.

The final phase of producing the strategy began with defining the vision, the mission and determining the main strategic goals. This was followed by five workshops, the first of which had pensioners participating. Experts from various professions were engaged in successive workshops and, after presenting relevant data and opinions from the pensioners, they defined 17 strategic initiatives and 92 activities. All are located in the annual action plans.

The strategy is a joint product of more than 50 people: local political representatives, members of the Rijeka Healthy City Project team, pensioners and numerous experts of different profiles. The steering group will monitor the execution of annual action plans, and an independent evaluation team will evaluate the strategy's effectiveness. It has been published in 400 copies and distributed to all members of WHO European Healthy Cities Network, Croatian cities with which we collaborate and all relevant institutions and individuals in the City of Rijeka.

We assume that realizing the strategy will enable older citizens to have long, healthy and active lives for the benefit of themselves and the entire local community.

**PARALLEL SESSION PSC4**
**Caring and Supportive Environments: Healthy Settings**

*Chair:* Ms Julia Taylor
*Discussant:* Professor Geoff Green
*Rapporteur:* Ms Helen Wilding

## Abstract No: 004

Kaija Kokkonen, Jaana Myller, Jonna Forsman, City of Kuopio; Hanna-Mari Kokkonen, Anniina Aunola, Johanna Tähtinen, Regional Dance Centre of Eastern Finland, Kuopio; Johanna Frigård, VB Photographic Centre, Kuopio, Finland
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**Movement to Image project offers artistic experiences for older people**

Movement to Image, a community arts project, was launched in September 2009 in Kuopio, Finland. The project targets older people living at home and peer instructors. The project is run by the Centre for Cultural Affairs and the Social and Health Services for Older People of the City of Kuopio, the Eastern Regional Dance Centre and VB-Photographic Centre. Professionals in photography, dance and music carry the project out in practice using community art sessions. A psychology teacher and photographer support photography workshops, and a dance artist and musician tutor the dance and music workshops. The Kuopio Culture Channel (www.k.kuopio.fi) is responsible for recording and documenting the project.

The objective of the project has been to activate older people living at home, to improve their well-being and to increase the knowledge of peer instructors on how to use creative methods to support voluntary work. The project pilots a new service provision model. Third-sector actors are responsible for implementation in addition to the municipal organization. Other aims are to promote the employment of freelance artists and to strengthen the structures that can promote multidisciplinary work.

About 50 peer instructors and older people living at home have attended the Movement to Image workshops. The workshops promote participatory action by using community art methods. A professional artist interacts with the participants when using community art. Further, the issues raised by the group and everyday life are implemented with art. Movement to Image workshops were carried out until spring 2010, and the objective is to incorporate them permanently into services for older people.

This work is art-driven and implements the principle of making art more accessible to older people. Art can also serve as a tool for gaining radically new insights into a productive, functional process and sustaining an educational process. This process is documented by videos, photographs and working diaries. The results have also been presented in a photo exhibition and a dance presentation.

During the project, the most relevant is the process itself and not the output generated during the workshop. The aim has been to test the content of workshop activities and to create new employment opportunities for freelance artists. The multiprofessional dialogue with the health sector and arts professionals has been studied during this process. New areas of competence have been considered.

Workshops have stepped up and contributed to the sense of community among participants.

The current feedback from the workshop activities has been very positive and provides an opportunity to further develop the workshops to meet the needs of the target group.

## Abstract No: 023

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**Developing favourable conditions for providing specialized services for older people in Novosibirsk**

Implementing healthy ageing is of one of the core themes of Phase V of the WHO European Healthy Cities Network. In recent years, local governments of Novosibirsk have worked to improve the quality of life of older people, developing a comfortable and safe living environment for them. One of the tasks is providing health care and social help for them. For this purpose, a unique gerontological centre has been opened in Novosibirsk based on the urban clinical hospital.

Experts of the gerontological centre say that their primary goal is to improve the quality of life of older people and to provide health care for them. Many pensioners and veterans live in Novosibirsk today and need care and kind attention.

The only dedicated gerontological centre beyond the Urals opened in March 2010. It is equipped with modern medical devices for treating older citizens of Novosibirsk. The main direction of work of therapeutic service in the renewed hospital is preventive maintenance of the exacerbation of severe chronic diseases, active health care for older and disabled people.

Reducing the burden on doctors by cutting down the number of patients per doctor allowed extra time for more in-depth dialogue between doctors and patients. It has improved the quality of treatment and has given the chance to eliminate insufficient personal contact. The first patients of the Centre say that they could only dream of such treatment. Wards are comfortable, light and cosy, the food is good and the staff members are careful and attentive. Older persons even joke that it would not be desirable to leave such a hospital.

Advocates are assured that the gerontological centre will be very popular among patients. Thus, by opening this centre they already speak about the future of the project.

## Abstract No: 060

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**Managing waste produced by electric and electronic equipment**

Electronic waste, massive and increasing annually, contains hazardous materials, causing environmental and health problems. The project was developed to reduce the volume of electronic waste by repairing and reusing electric and electronic equipment, recycling the remaining parts, disposing of toxic waste safely and increasing public awareness on electronic waste. The waste from computer equipment was targeted, but general issues related to electronic waste were handled for sustainable development and environmental protection.

The main partners of the project were the Municipalities of Kadiköy and Torsby (Sweden), and the main implementing partners were: the Union of Chambers and Commodity Exchanges of Turkey, Turkish Employers' Association of Metal Industries, Junior Chamber International – Istanbul University, Maltepe University and Bogaziçi University, EXITCOM and DOGA Recycling Companies, Company Environmental Protection and Greening Institution for Turkey and the Voluntary Association for the City of Kadiköy. Target groups were: private firms, electric and electronic equipment producers and consumers, sanitation staff of other municipalities and nongovernmental organizations.

The overall objectives are to increase public awareness on issues related to electronic waste, to reduce the volume of waste produced by electric and electronic equipment and to prolong the life cycles of electric and electronic equipment. The following activities have been carried out.

- A fully equipped workshop and a separate electronic waste collection and handling system were established.
- A city-wide public awareness campaign was launched via news bulletins, radio and television, publications, brochures, billboards, newsletters and the project web site.
- Seven training seminars and a final conference were held for target groups.
- A total of 361 computers were repaired from waste computer equipment and were donated to primary schools in poorer regions of the country.
- A total of 6772 units of electronic waste were collected, and 42 tonnes of electronic waste were sent to recycling companies.
- Public awareness was raised on the problems and possible solutions.
- There has been very little awareness and sensitization available on the issue of electronic waste.
- There is no legislation on electronic waste in Turkey, which is a problem for the management of electronic waste.
- Collecting electronic waste from households is not easy because they think that the equipment is valuable although it cannot be repaired or reused.
- All electronic waste is collected at the source, which costs too much for the Municipality.
- A protocol was signed with the neighbouring Municipality of Maltepe on managing electronic waste.
- The Municipality of Kadiköy ensured institutional sustainability.
- A database has been created for information pertaining to electronic waste that will help for monitoring and reporting purposes.

## PARALLEL SESSION PSC5
## Healthy Living: Promoting Healthy Habits and Reducing Alcohol and Drug Abuse Among Young People

*Chair:* Dr Bernadette Cullen
*Discussant:* Dr Jill Farrington
*Rapporteur:* Ms Nicola Morrow

## Abstract No: 057

Iwona Iwanicka, Healthy City Coordinator; Magdalena Affeltowicz, Lódz City Office Department of Public Health, Poland
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**Are health-promoting schools healthy?**

The Lódz Network of Health Promoting Schools and Kindergartens was established in 1996. It comprises more than 150 kindergartens and primary and secondary schools. The Municipal Office of Lódz supervises and coordinates activities of the Lódz Network of Health Promoting Schools and Kindergartens:

- regular business meetings and conferences;
- thematic training courses for coordinators: stress, aggressive students' behaviour, attention deficit disorder, communication with parents, first aid, allergy, proper diet and physical activity;
- health education in schools and kindergartens, including oral hygiene, healthy eating, first aid, stress and addictions; and
- local events in schools and kindergartens.

The Network is financially supported by the city budget – all activities are free of charge for participants.

We want to offer support fitted to the needs of students. Surveys on the health behaviour of students were conducted three times: in 1998 in primary schools (students 10–15 years old), in 2003 and 2009 in primary schools (12-year-olds) and secondary schools (16-year-olds). Students were asked about their health behaviour (dietary habits, substance abuse and physical activity) and interpersonal relations in their schools by means of a questionnaire.

Anonymous questionnaires with an information letter were sent to principals. Students were asked to complete the questionnaires during a lesson. The answers were analysed, and the Department of Public Health wrote a final report.

The most interesting findings (comparing results from surveys):

- changes in dietary habits – more vegetables, less fruit;
- inadequate oral hygiene – 40% do not clean their teeth regularly;
- more physical activity but also more time in front of the television and computer;
- fewer smokers in primary schools but more in secondary schools, especially girls;
- beer is the most popular alcoholic drink, and fewer primary school students drink;
- fewer students have any experience with drugs; and
- relations between students and teachers are better: less fear, more trust and support.

Activities promoting health could be implemented without the Lódz Network of Health Promoting Schools and Kindergartens, but participation stimulates action at the school and kindergarten level, helps in networking and provides examples of good practice and gives the school or kindergarten a positive "label".

## Abstract No: 041

Montserrat Tobella, Councillor for Public Health and Social Services, Sant Andreu de la Barca City Council; Isabel Sánchez, Healthy City Project Coordinator, Sant Andreu de la Barca; and Enric Llorca, Mayor, Sant Andreu de la Barca, Catalonia, Spain
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**The CD *SAB 18*: listen and live!**

The first health plan for Sant Andreu de la Barca for 2005–2008 reflected the fact that unhealthy habits and lifestyles are a risk factor among local youth. This justifies the increase in the number and coverage of health promotion activities for young people, in pursuance of innovative actions that involve them directly.

Plenty of information is available to young people on the issues related to the health risks associated with certain practices (such as sex and substance abuse) and their prevention. Much of this information is not understandable or easy to relate to for young people. For this reason, it is essential to resort to methods that make them aware of the importance of incorporating healthy habits into their daily lives.

Eighteen music bands in Sant Andreu de la Barca participated in creating of a music CD including songs on topics of relevance to young people's health habits: smoking, alcohol, road crashes, physical exercise, healthy eating and sexually transmitted infections. Each group wrote a song on one topic, which was recorded on a CD that was distributed among people 16–26 years old and presented at a concert attended by more than 500 people. A web site and blogs related to this activity were also created. The time frame for all activities was November 2008 to May 2009.

Healthy habits have been promoted among young people in innovative ways: the City Council has come closer to the young people who have actively participated in these activities as health agents, and participation was high in the activities created around the CD (forums and concerts).

This was an innovative but complex method of organizing action, whose success resides in spreading among young people their own messages, seizing the communicative power that music has within this population group.

## Abstract No: 047

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**Smoking habits among young people – from knowledge to intervention**

Tobacco consumption among young people represents a reality that should be acknowledged and understood to better intervene in this area. What are the motivations that lead young people to smoking? What was their age when they first experimented with smoking? Which representations are associated with smoking? And peer groups? What is the perception of how using tobacco affects health? These are some of the questions we tried to explore through a survey of a sample of 3649 public school ninth graders in 16 cities in the Portuguese Healthy Cities Network.

Fifty-two per cent of the respondents had already experimented with smoking, and 72% had done so when they were 12–15 years of age. The ones who usually smoke do so in public spaces, parties and social meetings, or at school. Fifty-five per cent of their parents do not smoke, but among those who do, it is more often the father than the mother. Almost 90% of the respondents inquired believe that smoking is bad for health. Of those who smoke, 57% believe it is easy to stop smoking and consider that it would be easy to stop if they wanted. About 78% of the teenagers mentioned that their families have alerted them to the consequences of smoking; however, this topic appears to still be taboo to about 22%.

Statistically significant differences were identified between sex, the number of friends of each sex, attractiveness and perception of how smoking affects weight. Statistically significant differences were also found in smoking experimentation and smoking habits of parents and friends.

These results will be a basis for the development of an intermunicipal plan for youth smoking prevention and cessation, which will involve the 16 cities that participated in the study. The goal is to promote action by local agents and to use existing resources to develop an intermunicipal strategy that will take into account five different work areas: information; health education; smoking cessation; investigation; and monitoring and evaluation.

## PARALLEL SESSION PSC6
## Healthy Urban Environment and Design: Creating Healthy Urban Places

*Chair:* Mr Gulab Singh
*Discussant:* Mr Marcus Grant
*Rapporteur:* Ms Heini Parkkunen

**Abstract No: 002**

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**Playing throughout life**

Playgrounds and sports-related facilities are a significant part of the service network and urban structure of Kuopio. They are the result of long-term land-use planning and urban design development. The technical services and park offices, schools and child care, town planning office and recreational and environmental centres are all involved in this intersectoral administration. Outside experts are also used when needed.

Kuopio has wanted to offer residents of all ages a wide variety of play and physical activity environments and opportunities. The City Council approved a leisure services development plan for Kuopio to guide and coordinate sports and recreation services with general city development. Specific emphasis has been given to a neighbourhood sports programme 2006–2012 to develop physical activity among children and adolescents. In addition, a movement throughout life programme to promote physical activity has been designed.

Kuopio has a young age structure with many children. One to four playgrounds are refurbished in Kuopio each year, one or two neighbourhood sports facilities are constructed per year and school and kindergarten yards are maintained. The coverage of the playground network has been examined by neighbourhood and a long-term plan has been developed that established an accessibility guideline of maximum 0.5 km to the nearest playground. By setting priorities, the development of playground sites and variability of equipment can be enhanced with maintenance cost savings.

Enhancing the surroundings has been emphasized in refurbishing playgrounds. Special attention is paid to accessibility, illuminating parks and routes, physical access to surrounding pathways and trails and winter maintenance. Young and older adults have been taken into account near the city centre by designing their own senior activity area.

Parks and neighbourhood sports facilities are made familiar to the residents, for example, by organizing grand openings and other events, such as the annual Healthy Kuopio Day and a children's winter activity event. In addition, many projects and policies can benefit from the local sports facilities (such as movement throughout life and sports path programmes).

The main objectives for recreational activities in Kuopio and today's demands for centralization and service needs have been met through persistent, long-term planning. A service network based on equality by age and region has been created. In addition to various age groups, attention is given to other specific groups. New neighbourhood sports facilities are actively built in Kuopio with scheduled restoration and refitting of existing ones, and new residential zones are equipped with new playgrounds.

Intersectoral work and urban planning in Kuopio have been successful in increasing and promoting equal opportunities for play and recreation for people in all residential areas and of all ages and functional ability.

## Abstract No: 065

Rocío Estévez, doctoral candidate, Ayuntamiento de Villanueva de la Cañada; Lucía Martínez Galdeano, Villanueva de la Cañada City Council; Gloria Cervantes, Thao Foundation; José Manuel Ávila Torres, Councillor for Urban Planning and Health, Villanueva de la Cañada City Council; Carmen Cuadrado Vives, Complutense University of Madrid; Beatriz Beltran de Miguel, Complutense University of Madrid, Spain
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**Influence of urban planning and socioeconomic variables on childhood obesity: Programa Thao-Salud Infantil**

In February 2010, Villanueva de la Cañada became part of Phase V of the WHO European Healthy Cities Network. This town has also been participating since 2007 in the Thao-Salud Infantil programme for preventing childhood obesity, which is a member of the EPODE European Network, currently including 37 cities and towns in Spain. The programme is implemented at the local level with a long-term and coordinated action plan. Its objective is to prevent childhood obesity by contributing to changing behaviour related to physical activity and diet.

Villanueva de la Cañada, a town with higher economic and education levels compared to the rest of the analysed towns and an urban planning design that fulfils the qualities of a healthy city according to the WHO definition, has the lowest childhood obesity rate. The objective of this study was to explore the association of some of these healthy city qualities and economic and household education levels with the childhood obesity prevalence in 14 Thao-Salud Infantil towns.

The obesity prevalence was calculated using the body mass index of 17 088 schoolchildren according to the International Obesity Taskforce cut-off points. The economic data were collected from La Caixa Economic Yearbook and the household education level from Spain's National Statistics Institute, and each town administration reported the data to calculate the healthy city qualities. The association between variables was assessed using Spearman correlation coefficients.

The prevalence of childhood obesity is associated with the education ($r$ = –0.54, $P$ = 0.05) and economic ($r$ = –0.53, $P$ = 0.06) levels in each town and associated (but not statistically significantly) with several urban planning qualities such as green spaces with public access ($r$ = –0.59, $P$ = 0.13) and the number of kilometres of pedestrian streets ($r$ = –0.35, $P$ = 0.29).

As the Villanueva de la Cañada data suggested, in the towns analysed, higher education and economic levels and a healthy urban planning design are associated with lower childhood obesity rates.

**PARALLEL SESSION PSE1**
**Equity: City Strategies for Delivering Health Equity**

*Chair:* Ms Tina Gould
*Discussant:* Ms Inger Nilsson
*Rapporteur:* Ms Kerstin Mansson

## Abstract No: 073

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**Social services projects**

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 in 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.

## Abstract No: 081

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**Health and equity in health in all local policies in Belfast**

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.

## Abstract No: 070

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**Inequality and inequity in health in Sunderland**

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.

**PARALLEL SESSION PSE2**
**Caring and Supportive Environments: Developing and Promoting Action for the Inclusion of Young People**

*Chair:* Dr Milka Donchin
*Discussant:* Professor Geoff Green
*Rapporteur:* Ms Sule Onur

## Abstract No: 001

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**Bicycle training for young immigrants**

The project plan is based on the action plan of the Municipality of Sandnes for following up the partnership agreement on public health with Rogaland County. The understanding of partnership is "committed cooperation towards a common goal among the public, private and voluntary sectors". From 2010, this will be incorporated into one of the Municipality's healthy environment programmes.

The partnership comprises Sandnes Bicycle Club, Dale Refugee Reception Centre, Spinn Bicycle Shop, Gand Upper Secondary School and the following sections of the Municipality: Culture (in charge of the project), Sandnes Language School for Refugees and Immigrants, Volunteer Centre and the Adviser (coordinator) from the Healthy City section.

The target group is people 16–20 years old with minority background such as refugees, asylum-seekers and immigrants. They are taking Norwegian language courses at the Sandnes Language School for Refugees and Immigrants to qualify for further studies. Most of them are lonely minors living at the Dale Refugee Reception Centre, and some come from neighbouring municipalities. About 50 people are participating in this project.

This project aims to promote inclusion, integration and diversity. The more specific objectives are:

- to create knowledge of, interest in and mastering of healthy and positive activities by promoting collaboration between minority and Norwegian youths;
- to stimulate rapid learning of the Norwegian language through meaningful social activities that could pave the way for dialogue and collaboration; and
- to establish natural meeting places between Norwegian and minority youths in which common games, sports and physical activities could be a tool for promoting mutual cultural understanding and respect.

The project group comprises the Cultural Section, Sandnes Bicycle Club, Sandnes Language School for Refugees and Immigrants, Dale Refugee Reception Centre, Volunteer Centre and Sandnes Healthy City. It meets every five weeks at the Sandnes Language School for Refugees and Immigrants to monitor the progress and take action to rectify setbacks.

Sandnes Bicycle Club is in charge of the practical side of the bicycle training and guides the teachers in developing the activities.

The Sandnes Language School for Refugees and Immigrants cooperates with the Sandnes Bicycle Club on activities during school hours. The Dale Refugee Reception Centre, Volunteer Centre and Cultural Section cooperate with the Sandnes Bicycle Club on evening activities.

The Project is a great success, as both the students and the teachers are cooperating well to achieve the goals. The girls have especially become more active physically and take initiatives to participate actively. In addition, the social reality of

these young people has become more obvious as both the minority and Norwegian youths get to know each other better. The number of young people living at the Dale Refugee Reception Centre who have started cycling to school is increasing.

Most of the youths participating in this project live here for a limited period, and just a few are likely to remain in Sandnes. We offer them these physical activities to give them positive experiences. The impact of this project has to be assessed in a wider perspective. Our most important purpose therefore, is to give young people as good a start as possible, so that they will have a good life while still being asylum-seekers.

## Abstract No: 026

Nina Zagrebina, Healthy City Project Coordinator, Health Care Department of the Izhevsk City Administration, Russian Federation; Tatiana Glukhova, Deputy Head, Municipal Medical Prevention Centre, Izhevsk, Russian Federation; Agnieszka Ilola, Project Coordinator, Baltic Regional Healthy Cities Association, Turku, Finland
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**Strategic planning on preventing HIV/AIDS in Izhevsk**

Preventing HIV infection among young people is one of the highest priorities for the public health system in the City of Izhevsk. The project We Choose a Life – Youth Against HIV/AIDS has become an important event for focusing public attention in Izhevsk on youth health, preventing HIV infection, healthy lifestyle choices and safe sexual behaviour. Development of the local strategic action plan for HIV prevention was the culmination of the project. During the process of creating the plan, several stages were accomplished: monitoring the health of young people, studying methods of promoting safer sexual behaviour, training in strategic planning and analysing leadership involvement. This work resulted in a strategic plan on HIV/AIDS for adolescents and young adults in Izhevsk. The strategic plan aims to promote health, healthy lifestyles and safe sexual behaviour and to raise youth responsibility on these issues.

The support of the city leaders was enlisted, the monitoring results on youth health were extensively discussed with professionals, volunteers and representatives of youth organizations and existing municipal and regional programmes on HIV/AIDS education were analysed during the elaboration of the plan. The document will be submitted for approval by the Izhevsk City Council as part of long-term municipal programme Health of the City – Health of Its Citizens" for 2011–2013. On the other hand, the Action Plan for 2010 reflects short-term goals. It defines clearly the allocation of human and financial resources, the responsibilities of people involved in its execution, the organizational structure and communication and monitoring activities. It will be approved by the city administration, which is a determining factor for success.

The Action Plan has to comply with regulatory requirements, which includes municipal legislation regarding the programme and target planning. This was one of the obstacles that had to be overcome during the process of elaborating the document.

## Abstract No: 083

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**Improving health and education among children in high-risk groups in Helsingborg**

Helsingborg is the ninth largest city in Sweden, with a population of about 125 000. Sixteen per cent of the city's children finish compulsory school at 16 years old without adequate grades. To turn these negative statistics around, Helsingborg is leading an ambitious development process that aims to improve health and education for children at risk. Some of these children are in foster care; others live in permanently low-income families or are new immigrants. These groups achieve lower educational results than others and, as a result, face worse future prospects.

The work concerning foster children in Helsingborg started in 2005 and has been scientifically evaluated. The aim of working in multiprofessional teams with the children is to better understand and improve the education process so that it is better adapted to the children's needs. Through continual, systematic follow-up, all involved parties are able to learn which methods and approaches work and which do not. Problems are moved from the child to the environment and surrounding organization.

The positive results from the work with foster children have made the city apply the new model to other risk groups – children in families living on public transfer payments and immigrant children. Seven schools in Helsingborg and the neighbouring city of Landskrona are directly involved in this venture. The process occurs on three different levels: individual, group and system-wide. The primary focus is on reading and writing, mathematics and health.

Within health, the Swedish National Institute of Public Health provides support to the city. At the seven participating schools, children, teachers and parents take part in surveys including measuring children's physical health (height, weight, blood pressure and dental health), health habits and mental well-being.

Stress levels are measured using saliva samples. Parallel to the health survey, each child's educational results (reading, writing and mathematics) are measured. The intention is to study the correlation between positive trends in children's health and educational outcomes.

The school physician, school nurse, student health staff, principal and teachers analyse the results from the survey. Together they produce a plan for each individual school. A team of researchers from several academic institutions is following the work closely. They contribute knowledge and assist with the analysis. The survey results determine which areas of improvement on which each school chooses to focus and which methods are most suitable to meet the children's needs.

The work is performed under the assumption that a single administration cannot manage these matters successfully. Society as a whole is responsible for ensuring that children develop positively. PArT, Preventive Work Together, is collaboration that aims to promote the development of disease prevention for children and adolescents in Helsingborg. It consists of several municipal departments in the City of Helsingborg, Region Skåne (Department of Maternal, Child and Youth Health, Helsingborg Hospital) and the City of Landskrona. By focusing community efforts on smaller groups, we are able to develop best practices and procedures. It is also possible to distribute them to more children.

**PARALLEL SESSION PSE3**
**Healthy Living: City Partnerships Addressing Equity through Healthy Lifestyle Approaches**

*Chair:* Dr Karen Amlaev
*Discussant:* Dr Jill Farrington
*Rapporteur:* Ms Ivana Draholova

## Abstract No: 036

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**Smoke-free city**

Smoking is the single greatest cause of preventable ill health and premature death in Newcastle upon Tyne. In 2006, about 33% of people in Newcastle were smokers. In 2006, the Newcastle Smoke Free Project Office was set up to prepare the city and its businesses for the introduction of the smoke-free legislation in the United Kingdom on 1 July 2007. The office was established as a partnership between Newcastle City Council and the local NHS Stop Smoking Service. Activities included:

- contacting more than 8500 businesses with information about the legislation and the work of the Smoke Free Project Office;
- 1200 visits to businesses, such as bars and clubs;
- business advice seminars about the legislation; and
- the Stop Smoking Service was taken out to the community, piloting new service delivery models, such as in private membership clubs, construction sites, libraries and community centres.

The Office closed in April 2008, and its work was mainstreamed within Newcastle City Council Regulatory Services. As a result, Newcastle upon Tyne has one of the highest smoke-free compliance rates in the North East region, currently 99%. The smoking prevalence has now reduced to about 21%. Further, the Stop Smoking Service has mainstreamed new ways of delivering stop-smoking sessions. The Newcastle City Council is legally responsible for enforcing the smoke-free legislation and works with businesses to ensure compliance through proactive and reactive enforcement visits.

Key issues to consider when introducing smoke-free legislation are:

- putting infrastructure in place;
- building strong public and political support;
- ensuring that support is available to people who want to stop smoking;
- conducting extensive and strong public relations and mass-media campaigns with consistent key messages;
- engaging decision-makers at the national, regional and local levels;
- undertaking lobbying with key opinion-makers as well as the public;
- investing in tobacco control – the larger the investment, the greater the outcome;
- smoke-free legislation is not the end of the story but an important step in the long road to addressing the damage done by tobacco.

## Abstract No: 043

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**Cooperative sport development**

Noncommunicable diseases cause 60% of all deaths worldwide. The main causes are malnutrition and physical inactivity. Sport and physical activity are important for a healthy life and well-being. The targeted municipal promotion of sport and physical activity contributes considerably to the health of the population. Dresden has conducted its first integrated sport development planning from 2002 to 2003. The necessary phases of working were scientific stock-taking, analysis of the demand and integrated planning of measures. All measures have been evaluated scientifically. This evaluation derived future goal settings for the cooperative sport development planning involving all actors in Dresden since 2008.

Four target areas were identified for cooperative sport development planning in Dresden: improving the foundations of the sport development planning, improving sports facilities and management, improving the use of urban areas for physical activity and improving intersectoral cooperation in supporting needed projects for sport and physical activity. The principles of work are the consideration of different target groups, viewing the city in urban subareas, the involvement of politics from the beginning, a scientific monitoring and evaluation and the strengthening of public relations for sport and physical activity in Dresden.

The starting-point of the process was a resolution for the cooperative sport development planning in the City Council from 21 February 2008. The first public hearing for presenting the evaluation (sport development planning 2003) and for discussing the process of next planning phases was held on 23 June 2008. The intersectoral and cooperative planning group with actors from politics, sports, urban planning, health promotion, children and youth, economics and tourism prepared the central measure planning from September 2008 to January 2009 with scientific monitoring by the Institute for Sport Science and Sport at the University of Erlangen-Nürnberg. The second public hearing was held on 12 January 2009 to show the measure planning in four core themes: the foundations of sport development planning, sports facilities and management, urban areas for physical activity and intersectoral cooperation for supporting sports and physical activity projects. This measure planning was presented to the City Council, and the implementation of the measures began to be led by a steering committee. The updating of the stock-taking, the Dresden sport behaviour study (with 5000 completed questionnaires) and the scientific development of urban subareas for sport and physical activity were prepared from July 2009 to January 2010. These are the basics for the cooperative sport development planning, with all measures in urban subareas.

This planning aims to support projects, sports facilities and areas for physical activities. The first workshop of the working groups was held on 12 April 2010. The next planning discussions are planned for June 2010. The final report with the measure planning for the urban subareas is expected in September 2010. The City Council will be informed in this connection, and the implementation of the measures will begin in cooperation with all actors. The Institute for Sport Science and Sport of the University of Erlangen-Nürnberg is conducting the scientific monitoring and evaluation of the whole process. The Healthy City Project has been an active partner from the beginning.

The cooperative sport development planning in Dresden as an intersectoral, comprehensive and scientific monitoring process developed measures for promoting sport and physical activity in the whole population and in various urban subareas. The implementation of measures will contribute to well-being and health. A dynamic method and instrument for the sustainable development of sport and physical activity in a city was created. It can be used in different policy sectors, such as sport, urban planning and health.

The cooperative sport development planning has developed from planning only sports facilities and projects to planning sport and physical activity in the context of urban planning. Intersectoral work and networking are basic principles of the work. Health is recognized as an important issue through the planning of sport and physical activity in Dresden.

## Abstract No: 049

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**Healthy Kuopio programme**

The Healthy Kuopio programme, established in 2002, aims to ensure that Kuopio is recognized as a centre of excellence for well-being throughout Europe by 2012. Healthy Kuopio focuses on health-promoting practices and equity. The programme concentrates on health promotion and boosts the equal possibilities of increasing well-being.

Kuopio is the main city in eastern Finland and responsible for wider health promotion in the area. Diabetes, dementia and depression are the main health problems among the people in the eastern Finland. The Healthy Kuopio programme disseminates good practices in the shared theme for equality in health.

The well-being working group of the City of Kuopio is the Healthy Kuopio steering group. The chair is the city mayor. Issues that concern the programme are on the agenda every time. In addition to the meetings, the steering group is involved in all the welfare-related issues that need to be discussed. The Healthy Kuopio working group was established in 2008 to strengthen the multi-organizational work and to execute the Healthy Cities values and themes. Cooperation between the sectors in health promotion has increased and strengthened. Every core theme has a coordinator. The coordinator of the Finnish Healthy Cities Network is a member of the working group.

Several good practices have been established during the Healthy Kuopio programme:

- Healthy Kuopio Day; more than 6000 citizens participate in the active living happenings every year;
- a smoke-free Kuopio programme started in 2009;
- Harrastehaku, an active living Internet portal;
- a healthy Kuopio card activates people in the city sports facilities; and
- age-friendly Kuopio, a programme from 2009 to 2030 based on the WHO Age-Friendly Cities model.

The City of Kuopio received the Healthy City award in Finland in 2009.

Healthy Kuopio adds to well-being and social marketing. Preventive well-being services strengthen the city’s competitive ability and people’s healthier lives. The Healthy Kuopio brand is well known in Finland and has a positive image. The City of Kuopio will change the whole well-being service structure into a preventive system in early 2011.

**PARALLEL SESSION PSE4**
**Healthy Urban Environment and Design: Tools to Promote Healthy Urban Plans**

*Chair:* Ms Elisabeth Bengtsson
*Discussant:* Mr Marcus Grant
*Rapporteur:* Ms Annie Alexander

## Abstract No: 012

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**Healthy urban planning: citizens planning their city**

One of the main core themes in Phase V of the WHO European Healthy Cities Network is healthy urban environment and design, which means integrating health considerations into city urban planning processes, programmes and projects and to establish the necessary capacity and political and institutional commitment to achieve this goal, by encouraging the empowerment of citizens and their participation in the decision-making processes regarding their cities.

Based on these principles and the objectives of the Age-Friendly Cities Project, in which the City of Udine has participated, the City decided to involve the whole community in drawing up the Urban Development Plan, a tool that governs the planning and building process in the city and comprises recommendations and indications on how several areas of the city could be used or protected.
Policies related to the Urban Development Plan should:

- pursue specific objectives for urban regeneration and environmental improvement measures, including safeguarding and renovating urban areas, improving the quality of housing, giving high priority to environmental systems, land-use planning and regenerating suburban areas to promote social cohesion;
- promote quality management in the urban mobility system, including reorganizing local public transport and planning policies to improve the commercial and productive system;
- improve the provision of educational, cultural and recreational opportunities through consistent planning policies, including structural interventions for better spaces and buildings, giving high priority to museums and cultural places in the city and planning policies for school facilities; and
- disseminate policies for an integrated approach with neighbouring municipalities, including acknowledging uninterrupted natural environments, giving high priority to agricultural areas and relevant input and output and their potential use as recreational places.

The community has been involved through open public conferences in all the city districts held by Local Agenda 21 and representatives from the City Council.

This participatory and bottom-up approach has made citizens feel like real members of the community who are capable of influencing the decisions of the local government, although they were sometimes too focused on specific and narrow matters.

## Abstract No: 058

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Regeneration can help improve health and equity in health. This project describes a systematic and evidence-based model for developing indicators that monitor how regeneration shapes health and equity in health. In Belfast, the five local area partnerships have developed strategic regeneration frameworks for each city sector. This provided an opportunity to develop health indicators relevant to regeneration by a partnership led by Belfast Healthy Cities and Belfast City Council.

The project is part of the Building Healthier Communities project, which has 10 participant cities from across Europe and is funded by the European Union through the Urbact II programme.

A health impact assessment workshop was conducted on the East Belfast Strategic Regeneration Framework with local stakeholders, which resulted in a list setting priorities among health determinants and effects. Based on this, a set of validated indicators for monitoring effects on health and equity in health was identified and refined, initially with East Belfast Partnership. The final outcome will be a flexible, conceptual model that identifies overarching headline indicators: four core pillars covering economic, social, environmental and access issues and baseline indicators. This will allow users to tailor the model to different projects within the overall framework. A focus on equity is guaranteed by twinning each mainstream headline indicator with an indicator highlighting impact on inequality, such as gross value added with income distribution.

All five area partnerships have been engaged in developing the final indicator set, in what represents a novel approach to collaboration that has generated ownership and a shared enthusiasm for using and piloting it. The final set will be presented to the Belfast Regeneration Office in 2010 to inform the Office's strategy for tackling inequality in health through regeneration. The set incorporates a number of indicators new to Northern Ireland and has highlighted data needs, in particular related to detailed analysis of existing statistics, such as breakdown by age and socioeconomic status. The next steps will involve seeking commitment to collate the data and generate new knowledge on inequality.

## Abstract No: 063

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**Urban transformation and housing project**

The development of industry increasing employment and standards of living has made people migrate to Denizli. For this reason, unplanned buildings, the cost of land and rents increased incredibly. Increasing population made city centres more crowded than before, creating problems. This project aimed to improve the quality of life. Before this project, 73% of respondents said they did not have good quality of life. We need lots of solutions to many complex problems such as housing, education, health and crime. But the city plans and housing problems are not good enough because of people's low income and housing areas that are socially and economically underdeveloped. Migration to the city centre made life very expensive. Now people cannot afford to pay rent and other household bills. Houses in Denizli are more expensive than those in larger cities. So this project aims to control the prices and rental costs of land and houses.

To build a new city that is more civilized, more confident, more liveable and happier, the project aims to include physical, social and environmental improvement studies. Slum transformation projects were carried out in five different zones of the city. Modern settlement areas were formed in four residential zones to prevent slum construction. The project also has a special aim to transform houses that are not earthquake-resistant and preventing construction of new houses that are not earthquake-resistant. Within the scope of the project 7896 modern buildings have been completed; 1287 slums were transformed; the construction of 940 houses was planned; 185 824 m² of slum areas was cleaned up; a housing transformation area was implemented in an area of 206 469 m²; an area of 544 944 m² was transformed into a social housing project; a 191 877-m² recreation area was planned; 196 322 m² of land was forested; 19 933 m² was planned for an educational facility; and a project for a 10 905-m² education area was started.

In all these areas the quality of life has changed visibly. The Project stopped the construction of slum areas, as people were no longer able to build houses wherever they wanted. We all obeyed the rules and principles of the assignments and planned a new city prepared for earthquakes. With this project, in the past five years, the TUIK (Turkish Statistical Institute) Denizli Rent Index has been 33% lower than the Turkey General Rent Index.

**Parallel Session PSF1**
**Equity: Empowering Children and Young People through Engagement**

*Chair:* Ms Nalan Fidan
*Discussant:* Dr Piroska Ostlin
*Rapporteur:* Mr Igor Krampac

## Abstract No: 019

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**Udecide – children spending public money**

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.

## Abstract No: 079

Päivi Ekhdal, Head, Sport Services Department, City of Turku; Janne Kainulainen, City of Turku; Heini Parkkunen, Executive Director, Baltic Region Health Cities Association, Turku, Finland
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**Engaging youth in physical activity – poweraction.net**

In Turku, about 65% of children 7–14 years old belong to a sport or physical activity club. However, regular surveys show huge drop-out after that; from the age of 15 years, only about 25% are members in these groups. There are several reasons for this.

- Adolescents have a strong need to be more independent and try new things.
- Being with friends becomes more important than belonging to a specific club.
- The division in sports between very active (competitive) and non-active people who want to engage in physical activity for fun is visible.
- The role of parents is strong in the early school years, but as independence increases the need for parents to give a lift to hobbies decreases.
- Young people value different things than adults in physical activity; an important source of motivation for young is to be together with friends as the benefit for health is not as important as for adults.

Poweraction.net is a service and a product developed in 2003 by the City of Turku in cooperation with the local sport and physical activity clubs. It aims to address the challenges described above to maintain and/or increase physical activity among young people who do not belong to clubs but still want to perform physical activity for fun – something, sometimes or regularly. Equity is a main principle in organizing the Power Action activities. First, the service is addressed to everyone 13–19 years old (from grade 7 to the end of upper secondary school). In Turku, one age cohort is about 1500 people, which brings the target group of Power Action to more than 10 000 individuals. Second, most of the possibilities or shifts are available in the more deprived areas of the city. Third, all activities are free of charge for participants. Finally, the organizers provided or make available the equipment – there is no need to buy anything to attend. In practice, Power Action offers a possibility to try and participate in a variety of physical activities without previous skills in a non-competitive way in a weekly curriculum from Monday to Sunday. In spring 2010, 28 shifts and 14 different possibilities were available without preregistration for any shifts or classes. Examples of the most popular activities in the curriculum are floorball, futsal and martial arts (such as tae kwon do) activities. Not very typical activities, such as lacrosse, parapara and wing tsun are popular for trying out – and sometimes also attended long term. The City of Turku Sport Services Unit coordinates Power Action. The City compiles the programme and cooperates and develops the services with the clubs.

Sport clubs provide most of the services, and an instructor is present and advising in every shift or class. The City pays clubs €15 per hour to run the shifts or classes.

Everyone 13–19 years old receives a passport to Power Action from their physical education teachers at school. The passport includes the programme for the respective year. The passport can also be obtained from various youth and sport information points in the city. The most important channel of information has been the independent www.poweraction.net web site, which means that they do not need to know how to navigate the web site of the city organization – knowing Power Action is enough. The main way of marketing is, however, the face-to-face information and

decisions made between friends. From the organizers' viewpoint, this sometimes creates difficulty in predicting what will become popular. In 2008 and 2009, there were 600–700 shifts and 6000 visits. There is still space for more participants. The sport clubs have been and are very willing to cooperate; they see this as a possibility to recruit young people to their activities. Among the new developments is Power 20+ for people 20–28 years old and widening the activities during the summer holidays in 2010.

## Abstract No: 045

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**To Your Heart's Content: intercultural health promotion for women who are obese**

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. The courses likewise contributed to enhancing social contacts and turned out to be a measure of empowerment.

**Parallel Session PSF2**
**Equity: Addressing Health Inequalities – Engagement, Tools and Partnerships**

*Chair:* Mr Ron Gould
*Discussant:* Dr Mike Grady
*Rapporteur:* Ms Zoe Heritage

## Abstract No: 013

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**DECiPHEr: encouraging investment on health promotion**

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.

## Abstract No: 018

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**Working with communities in Newcastle to reduce inequality in health**

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 feed back 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.

## Abstract No: 075

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**The health of travelling people**

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.

**PARALLEL SESSION PSF3**
**Caring and Supportive Environments: Empowering Vulnerable Groups**

*Chair* :Dr Iwona Iwanicka
*Discussant:* Professor Geoff Green
*Rapporteur:* Ms Marijana Prevendar

## Abstract No: 025

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**Telehealth in Sunderland**

The project is intended to provide evidence of the effectiveness and acceptance of telehealth and determine a business case for a telehealth service in Sunderland, operated jointly by Sunderland Teaching Primary Care Trust and Sunderland City Council. At a high level, the service will provide an alternative service offering for people with long-term conditions.

Telehealth builds on the success of the city's Telecare provision, which forms part of Sunderland's vision for care across the city and plays a central role in our disease-preventive health care model. The local authority has extended the service to 23 000 people across the city. This preventive approach is working to support individual choice and independence and to help people to remain safe and secure in their homes.

Equipment is provided to support the users in their home and tailored to meet their needs. Telehealth is designed to complement health care by monitoring vital signs and transmitting the data to a response centre or clinician's computer, where they are monitored against parameters set by the user's clinician. In Sunderland, the available equipment for patients includes blood pressure monitors, weight scales, blood oximeters and thermometers, which can be used in conjunction with the patients' responses to a medical questionnaire. Telehealth does not provide critical care but manages a pre-existing condition and prevents deterioration through improved self-management. At a high level, operating Telehealth involves the following roles.

Health and well-being and the patient experience have improved. The key outcome is improved quality of life, and others include:

- increased patient safety
- increased patient satisfaction
- increased patient knowledge about their condition
- reduced anxiety
- improved convenience
- increased independence.

Health and well-being and medical outcomes have improved. The key outcome is reduced exacerbations. Although Telehealth is not able to improve patients' conditions, it can contribute to their holistic well-being. This can be measured via individual patient patterns, compared with the evidence base for the frequency of exacerbations of their conditions.

Efficiency and value for money have improved. The key outcome is reduced use of resources, and other outcomes include:

- reduction in admission rates
- reduced length of stay
- improved monitoring of conditions
- improved joint working.

Telehealth aims to directly improve the health and well-being of those directly and possibly indirectly in receipt of the service. Telehealth is not only unobtrusive but also

delivers 24-hour support for service users, to ensure timely and preventive care when needed. Sunderland's Telehealth service is backed up by a monitoring centre, and a team of technical assistants and the social and health care teams are available 24 hours a day to provide a rapid response across the city.

## Abstract No: 029

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**Help to self-help – locally based empowerment in Horsens**

Since 2005, Horsens Healthy City has focused massively on developing self-help groups to help the citizens of Horsens in order for them to help each other and themselves – when life is tough. The self-help groups in the Municipality have historically been unsystematically and randomly run by different organizations. At the same time, the Municipality wants to strengthen and develop the self-help groups in the area, focusing on cooperation, caring and supporting environments and empowerment. In 2005, a part-time coordinator was engaged to educate volunteers as group facilitators, and the project was based on professional consultations for every citizen who wanted to join a self-help group. Based on this consultation, the citizens are introduced to various groups (or, alternatively, no groups if the coordinator considers that professional treatment is needed instead of self-help groups).

The self-help coordinator works in close contact with the hospitals in Horsens, the general practitioners throughout the Municipality and the municipal social workers. Voluntary staff members, often highly skilled old-age pensioners, secure the process of the groups. In the past five years, 50 new groups have developed that work with various themes, such as abuse, violence, young people with attention deficit disorder, loneliness, widowers, 50+, stress, relatives of drug or alcohol abusers and bereaved by suicide. The self-help groups enable citizens to cope and restore in a community-based setting.

Empowerment is a well-known result of this work, and about 630 individuals have participated in the project during this period.

## Abstract No: 032

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**Access to the labour market for people with physical disabilities**

Several organizations from the Netherlands and Turkey (Denizli) implemented the Disabled at Work Project in Denizli between May 2007 and April 2010. The Ministry of Foreign Affairs of the Netherlands financed the project. The budget was about €700 000. The owner of the project was Workability Europe, and the Municipality of Denizli was the local coordinator of the project. The project specifically helped the beneficiaries (they will get jobs) but in addition, the project supported changing the attitudes of decisions-makers and politicians, who are becoming more and more aware of the fact that people with disabilities are equal members of society.

The project is a best practice of a multiple organizational cooperation. Local organizations including the Municipality, National Education, Health Directorate, Employment Agency, Social Service Directorate, Chamber of Commerce, Disabled Association and the University signed a cooperation protocol and established an organizational structure to provide qualified employment conditions to people with disabilities. The Ruward method was chosen for determining the working capacity of people with disabilities. Two test sets were purchased, and test centres were opened. The chosen method was evaluated and adapted to the local conditions. A support point was opened in the Municipality for the people with disabilities to provide information about their rights and guide them to the relevant organizations for working or for social insurance. A database for people with disabilities has been prepared. All the local partners can access the database. With this database, all the information on people with disabilities in Denizli is collected using one system. A new job consultancy system has been established in Denizli. The job consultant methods observed in the Netherlands were taken as a model. With this consulting system, experts for career development can guide people with disabilities. Vocational education classes were organized.

Vocational education teachers were trained as job coaches. Job coaches are responsible for the progress of the training and evaluation of trainees. Job coaches report to job consultants and secure the success of the training. Trained and qualified people with disabilities are matched with the employer according to their abilities. These people with disabilities are employed in best fit companies. Further, experts monitor the people with disabilities in their workplaces. All the local partners implement this system under the guidance of partners from the Netherlands. The national Administration for Disabled People follows the system developed, and the Turkish Employment Agency has taken it as a model and decided to disseminate it. The system was put into writing, and guidelines about cooperation for employment of people with disabilities for local administrations have been prepared. All the local partners in Denizli signed an agreement for continuing the cooperation. The cooperation will continue under the City Employment Commission, which is directed by the Governor.

**Abstracts in City Order** **Page**

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