Dear Colleagues,

It is a great honor for « Liège Province Santé » to welcome you to the third “Annual Business and Technical Conference” of the WHO European Healthy Cities Network.

In 1991, “Liège Province Santé” joined the “Healthy Cities” project launched by WHO in 1988 in the European Region. Since 2002, the Belgian French-speaking network has set up around “Liège Province Santé”, and was officially accredited in March 2011 as member of the Network of European National Healthy Cities Networks in Phase V.

Hosting such an event, with so many prestigious experts, represents for “Liège Province Santé” and its whole team a great recognition of the quality of their work.

Rich in exchanges, this meeting will also be an opportunity to let you discover the resources and assets of our beautiful Province.

I wish you an excellent stay, full of discoveries and social relationships.

Georges PIRE

Provincial Deputy in charge of Health
President of the “Réseau Belge Francophone des Villes-santé”
President of “Liège Province Santé”
Foreword

This is the third Annual Business and Technical Conference of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks in Phase V. The WHO European Network has now over 90 member cities and in addition, 30 national healthy cities networks in Europe have more than 1400 cities and towns as members.

*Governance for health at the local level: People, citizens and assets for health* is the central topic of the Conference. The Liège Conference, also provides technical guidance on how to operationalize the work on health and health equity in all policies and on core themes of Phase V.

The abstracts in this booklet reflect the multi-faceted nature of healthy cities and urban health initiatives across the WHO European Region.

The response to the call of abstracts was highly impressive and it prompted papers of quality and substance across European countries and beyond, providing evidence on the wealth of action inspired by and on the impact of Healthy Cities.

I would like to take this opportunity to thank the members of the Scientific Steering Committee for their time and the thoroughness with which they assessed the submitted abstracts.

Agis D. Tsouros, MD, PhD
Head, Policy and Cross-cutting programmes and Regional Director's special projects

Head WHO Centre for Urban Health,
WHO Regional Office for Europe
WHO European Healthy Cities Networks
Annual Business and Technical Conference
‘Governance for health at the local level: People, citizens and assets for health’
Initial consultation with local governments on the new health policy for the WHO
European Region – Health2020
Liège, Belgium, 15-18 June 2011
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PARALLEL SESSION PSB2
Governance: Developing Networks and Engaging Citizens to Improve Health Equity

Chair: Dr Karen Amlaev
Discussant: Ms Joan Devlin
Rapporteur: Ms Annie Alexander
"I feel good" – feeling good in the 15th district in cooperation with politicians, health care professionals, social welfare experts, and local health care institutions

Vienna’s 15th district comprises several small neighbourhoods with poor health care and socioeconomic conditions. People who live in this district have the lowest life expectancy and the lowest income in all of Vienna. Current data show the high poverty risk and the high level of poverty in the district. The focus must therefore turn to disease prevention, easily accessible services and promoting health care.

The idea for a model project was thus put forward and aims at creating a dense network between the most important policy-makers, health care professionals and social welfare experts in the district and at focusing on close collaboration between health care institutions and other organizations in the district.

The aims were:

- promoting health care and improving the living conditions of the most disadvantaged people;
- improving access to existing health care and social welfare services in the district;
- increasing the transparency of services and the number of people who use them;
- enhancing and expanding existing measures and initiatives in the 15th district; and
- becoming a model region for health in all policies in Vienna.

The measures included:

- establishing a health care conference with the most important opinion leaders from the health care and social welfare sectors in the district and district politicians headed by the district chairperson;
- enhancing horizontal networks and networking and bringing the main players together;
- pursuing joint aims and activities and mobilizing and activating people,
- increasing the transparency of existing models, initiatives and services and showing the potential of and improving access to existing services;
- collecting data and drawing up health indicators;
- drawing up a health care map of the district; and
- evaluating activities and measures.

The results include:

- the health care conference becoming an established event;
- consultation days at pharmacies in several languages;
- an information brochure on health care and social welfare;
- health check-ups and psychological counselling as a one-stop shop at the health care centre for preventive health checks; and
- developing an obesity programme.
Evaluation of the Glasgow GRAND (Getting Real about Alcohol ‘N’ Drugs) week

GRAND Week is a citywide multi-component initiative that brings together a broad range of statutory, voluntary and community partners to:

- raise awareness and increase knowledge of alcohol and drugs issues and services;
- get communities involved in tackling alcohol and drugs; and
- build partnerships and networks between communities, services and organizations.

Glasgow City has high levels of problematic alcohol and drug use, often (but not exclusively) aligned with communities experiencing significant levels of health, social and economic disadvantage and inequity. GRAND Week seeks to recognize, coordinate and strengthen community-based responses to alcohol and drug issues.

GRAND Week takes place in September each year: the scheduled event for this year (10–17 September 2011) will be the fifth annual event. Since 2007, GRAND Week has involved different stages of operation, including headline showcase events and very local projects and activities. GRAND Week events in 2007 and 2008 were independently evaluated by a social research company; subsequent GRAND Week events have been extensively monitored, with self-evaluation undertaken by partners. GRAND Week has increased in size and ambition each year, and the growth is a direct result of increased community engagement and participation. The GRAND Week model has local ownership as a core element of planning and delivery. About 75% of the annual budget for GRAND Week is allocated directly to funding local events and activities (the balance is used to cover the costs of the launch event and citywide communication materials). In 2010, more than 60 separate events took place during GRAND Week, with almost 150 partners (alcohol and drug forums, user groups, organizations, addiction agencies, etc.) participating. Successes linked to each GRAND Week are shared across Glasgow’s alcohol and drug partner networks – with arts and creativity being used to celebrate partner and individual contributions (for example, radio programmes, artworks, DVDs, calendars and drama and musical performances).

Important lessons were learned from the initial GRAND Week evaluations and were incorporated to improve event planning and development for subsequent years. Better and more effective community engagement and involvement has been identified as a priority.
Ensuring the availability of primary health care for residents of new Izhevsk city districts

Residents living in the Industrialny district of Izhevsk addressed a request to the State Council of the Udmurt Republic because of limited availability of primary health care and the associated needs in a modern polyclinic. The active public position of citizens forced the Government of the Udmurt Republic and the City Administration for building new and reconstructing old health facilities that will improve the availability of modern primary health care for 90 000 people.

The district Industrialny, with a population of 65 000, is the newest in Izhevsk. In the near future, the population will increase by 25 000 because of construction of new housing. Primary health care for the districts’ population is provided by the polyclinic, which was built in 1974 and does not satisfy modern requirements. Moreover, the polyclinic is situated outside the zone of pedestrian availability and is difficult to access by public transportation.

Analysis of the situation confirms that the real volume of visits to the polyclinic exceeds standards by nearly 1.8 times, and the deficit of the polyclinic's area (45%) does not allow health care to be organized according to modern standards. Further, the population attached to the polyclinic is expected to increase by 40%. All that became background for developing a project that included building a branch of the polyclinic for adults, purchasing a building for the needs of the children's polyclinic and planning a new polyclinic.

Modern requirements for institutions for primary health care for adults and children, close proximity to residential housing, availability of public transport and increasing the district population were considered in developing the project. All stakeholders took part in problem-solving: residents, deputies, officials and representatives of business.

The factors leading to success are the initiative of the population, concerted politicians' positions on public health at the state, regional and local levels, the social responsibility of authorities and business. Coherence of the actions of stakeholders produces the concrete results. The availability of primary health care will meet the needs of the population. Prospective action will contribute to a favourable mental climate and the consolidation of society.
Biomarkers and personalized medicine: a proposal for interaction between academe, industry and regulatory bodies

New rules are much needed to optimize the use of biomarkers in health-related issues. Chronic diseases with a prognosis that is difficult to predict are well suited for such use. Rheumatoid arthritis is a complex disease with a high degree of clinical heterogeneity as assessed by genetics, environmental risk factors, autoantibody patterns, cytokine expression, clinical course and response to therapy. As such, it is one of the most appropriate conditions for developing personalized medicine. The high degree of heterogeneity has been recognized but remains to be explained. Such heterogeneity is also reflected in the large number of treatment targets and options. A growing number of biologics and small molecules are already in use, and the pipeline of new drugs is promising. Making the best use of treatment options requires identifying and validating both targeted and non-targeted biomarkers. To this aim, new rules are needed for interaction between academe and industry under regulatory control. Setting up multicentre biosample collections with clear definition of access, organizing early, possibly non-committing discussions with regulatory authorities and defining a clear route of validation, qualification and registration of the biomarker–drug combination are some of the most critical steps in which effective collaboration between drug industry, academe and regulators is needed. The final step is then a proposal to transfer these ideas into new European Union and European Medicines Agency regulation.
PARALLEL SESSION PSB3
Healthy Urban Environment: Equity at the Heart of Active Travel

Chair: Dr Russell Jones
Discussant: Ms Sarah Burgess
Rapporteur: Dr Russell Jones
Abstract No. 015
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Health equity in all policies: travel plan framework

The Marmot Review *Fair society, healthy live* supports the premise that inequity in health can be addressed through action on the social determinants of health. Belfast Healthy Cities has developed a health equity in all policies framework that allows organizations to systematically examine strategic policies and assess them against the determinants of health with a view to identifying gaps and integrating issues related to equity in health. It is within this context that Belfast Healthy Cities is currently supporting travel managers and health improvement staff within health and social care trusts throughout Northern Ireland in developing a travel plan framework that incorporates health issues related to equity in health.

An assessment was carried out on an existing travel plan to help identify the important determinants of health affected by travel plans. A review of evidence on the health effects of travel plans supported the identification of these important determinants. A set of indicators to help organizations monitor progress on these determinants has been agreed as well as a checklist that incorporates key questions that can be used in developing action plans linked with the travel plan.

This work will be completed in October 2011. The travel plan framework is anticipated to include: evidence base on the effects of travel plans; an outline of the determinants affected by travel plans; indicators; a checklist; and case studies and suggestions for action. This framework will be useful initially for health sector organizations developing new travel plans locally.

Abstract No. 061
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Getting out and about easily: developing a movement and access plan for Newcastle

Getting out and about is important for various areas of well-being. Being able to get out and about to meet others and use leisure and cultural facilities is an important part of social well-being and being included in society. Active travel offsets the problems caused by sedentary lifestyles and promotes both physical and emotional well-being. Good transport infrastructure also supports the local economy and is good for the environment; reducing car use improves air quality and mitigates climate change.

In 2010, Newcastle City Council decided to develop a Movement and Access Plan for the city. This offered our first opportunity for transport planners, people representing vulnerable people and health policy staff to work together to ensure that health and health equity are at the heart of planning for transport and the physical environment.

We agreed that the best way of moving forward was to hold an event that would bring people from different backgrounds together to share ideas and learn from each other. An event team worked for five months to prepare for the event. This included
gathering existing research data about travel in the city and inviting and supporting a wide range of community groups to prepare posters about their experiences of travel.

The day itself was attended by around 90 people, including members of the Youth Parliament, the Elders Council and members of various groups of people with disabilities. People worked in facilitated discussion groups, each focusing on different means of getting out and about. People reviewed the research data and poster prepared by community groups and then talked about the ideas they had to improve getting out and about.

The Movement and Access Plan has not yet been written, but the learning from the event is already changing practice among those involved in transport and urban planning. For example, new way-finder signposts will be tested for their accessibility, and community groups are involved in developing local bids for sustainable travel development grants.

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**Abstract No. 104**

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**Organic Transportation**

This project is aimed to solve the problems of urban road traffic. The initial idea is to promote the use of bicycles. First, bike paths are being prepared within the framework of the plan to increase the use of bicycles in the city centre. Moreover, public support for an environmentally sound transport project will be increased. This project’s procedure is to get ready for the use of bicycles in the roads and intersections in the city. There are some operations to be done when doing so. These are identification of the bicycle transport and the establishment of bicycle parks. When this is done, this it what is said, the Municipality will provide free bicycles for his citizens. The population growth in Yalova was calculated to be 40% within the next 20 years, with the population in 2030 an estimated as 130 000. Plans were made according to these estimates. The geographical and social structure of Yalova would be considered as well as the numerous advantages in achieving the goal of the bicycle transport system.

In conclusion, this project is intended to find a solution to road traffic problems by putting into practice the bicycle transport system regarded as environmentally sound transport. As a result, Yalova will serve as a model for other cities for the purpose of leading to extensive use of environmentally sound transport.

In our project, we are planning partnerships with the Governership of Yalova at the local level and in collaboration with the Ministry of Health at the national level.
PARALLEL SESSION PSB5
Healthy Living: Initiating, Promoting and Mainstreaming Physical Activity

Chair: Cllr Nick Tregoning
Discussant: Ms Heini Parkkunen
Rapporteur: Ms Anna Ristovska
Choose Sport

The guiding line of the Choose Sport Project is physical activity: exercise as seen through the dimension of sport and disease prevention geared at health. The project motivates, educates and helps children aged 6–12 years in finding the optimum manner of continual exercise – sport they enjoy and in which they will have fun, creating positive habits of physical exercise from young childhood to old age. Sport’s spectrum of influence includes education and health, preventing negative social behaviour. The numbers of obese children and children with diabetes in Croatia are increasing, and there are aggressiveness and violence in schools, violent behaviour by fans on sports fields, alcohol and drug abuse etc.

In 2010 and 2011, supported by the City of Zagreb – Zagreb Healthy City Project and Croatia’s Office for Combating Drug Abuse, the Project has been implemented in primary schools aiming at motivating and including children in sports clubs and associations.

The corresponding one-hour programme in sports gyms includes:
- a lecture on sports culture and the Olympic movement (education and motivation);
- presenting individual sports – kid athletes (identification);
- appearances by famous athletes (identification);
- all children are given a series of books on kid athletes; and
- evaluation after 4–6 days.

The results include 98% of children considering the experience interesting and fun, 97% inspecting all or certain books and 49% viewing the books together with parents.

Further, 98% picked a favourite sport, 45% opted for training in one of the sports, 34% are already training and 21% are undecided.

The Project motivates children and invites them to participate in sports, leaves an encyclopaedia of sports – “Kid Athletes” – that they can study and choose from, creating a link between children, parents, primary schools and sports clubs. The books describe Olympic sports, acquaint children with the Olympic principles and the Olympic Games, motivate them to choose physical exercise, supported by the International Olympic Committee and the Croatian Olympic Committee. The International Olympic Committee co-financed the project, confirming that “Kid Athletes” meet the highest standards of expertise in sports literature.

In 2011, “Kid Athletes” received the status of a teaching tool in grades 1–4 in primary schools in Croatia.
A partnership for active living in Brighton and Hove

In Brighton and Hove, 43% of adults do not get any 30-minute sessions of moderate activity in a typical week. The estimated cost to health of treating five diseases related to inactivity exceeds £3 million per year in Brighton and Hove (2009). Brighton and Hove’s geography is ideally suited for active living: bordered in the south by the sea and the north by the South Downs. Within the city, there are 98 parks and green spaces, three public swimming pools and many gyms and leisure facilities.

What was missing was a coordinated approach toward optimizing the use of and access to these amenities by all members of the population, especially the least active people.

A multisectoral group has been formed to take a strategic lead and overview for sports and physical activity in the city. The group is comprised of leaders from sports development, schools, universities, business sector, community and voluntary sector and health. Representatives from the group also sit on the city’s strategic groups for transport and healthy urban planning.

The group is leading on a joint strategic needs assessment of sport and physical activity for the city that will reflect the new joint-commissioning world in which public health moves back into the local authority and is driven by health outcomes and the local economy.

The main challenge has been accommodating different agendas around a common goal: increasing physical activity. High levels of inactivity are a major challenge that can only be tackled by all relevant sectors pulling together and working in partnership. Forming a multisectoral strategy group to take the lead in the city is our way forward in Brighton and Hove.
Abstract No. 079
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Physical activities to promote health for all – practical arrangements and neighbourhood campaigns

The city development plan has healthy lifestyle and physical activities as one main strategy to promote health for all in Sandnes. A sun development plan for sports and outdoor activities defines concrete goals, strategies and a wide range of initiatives to promote active lifestyles and physical activity. The head of the Department of Parks and Sports is responsible for implementing the plan and programmes.

The objective is to promote health for all in Sandnes as an obligation for Sandnes as part of the WHO European Healthy Cities Network. The city has several various activities and offers to stimulate and encourage citizens to be more physical active and to choose a healthy lifestyle. We present two different examples.

Sandnes has a central park – Sandvedparken – close to the city centre where many citizens get their daily exercise in the form of jogging, walking or on their way to or from work or school. In one part of this park we have set up training equipment to invite the citizens to get physical exercise on their way through the park. The training equipment has been a very valuable supplement to the ordinary walking and jogging. Combining different experiences also promotes more social development and well-being.

In various neighbourhoods the city prepares specific maps with suggestions and information about a variety of walking tracks and possibilities for different experiences close to where people live. The city is planning to prepare this kind of map for trips in different neighbourhoods. Neighbourhoods with less good access to good outdoor areas will have priority.

In addition to these two examples, there will also be a short presentation of a couple of other initiatives, among these open halls for youth. Active living and healthy lifestyles have priority in the city development plan. Concrete activities and initiatives are defined in an action plan. One department has the responsibility to put activities in to action. Other departments within the city participating and cooperating with the Department of Parks and Sports are Schools, Health and Social Care, Youth and the Healthy City Office.

The strategy for active living and physical activity in Sandnes is being well implemented in Sandnes.
PARALLEL SESSION PSB6
Healthy Living: Tackling Alcohol and Drug Abuse with Young People

Chair: Mr Antonio de Blasio
Discussant: Dr Mike Grady
Rapporteur: Ms Nicola Morrow
Abstract No. 090

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An alcohol prevention campaign in sports clubs: LucidaMente

More and more people in high-income countries are engaging in excessive, abusive drinking; this trend concerns especially adolescents, who experience the consequences of drinking too much at too early an age. This is often associated with binge drinking, which is defined as heavily consuming alcoholic beverages over a short period of time. Teens who begin drinking before age 15 years are five times more likely to develop alcohol dependence than those who begin drinking at age 21 years. Binge drinking during adolescence is associated with road crashes and other types of accident. As a result, underage and binge drinking are major public health problems in several countries worldwide.

The project called LucidaMente (Clear Mind) originated from the need to promote awareness of dangerous drinking habits, provide educational outreach and stimulate reflection on alcohol use among youngsters. A specific setting, sports clubs, has been chosen to make adolescents reflect on how alcohol consumption can result in a significant risk, whether physical damage or accidents, social or relationship problems, legal problems or mental health problems. The aim was to speak of alcohol prevention also in terms of good consequences for health and results in sports and play on team spirit. Moreover, in this informal environment it could be easier to involve parents in the prevention campaign and reflect on their children’s habits towards drinking.

The method adopted to inform and educate young people has consisted in a peer-led approach, starting from the assumption that peer education can be a useful and effective tool in addressing safety and health issues among adolescents, as demonstrated by many studies. Peer educators for the campaign were carefully recruited and trained in the use of a standard peer education protocol. Peer educators had to be 16–19 years old.

Using a specific questionnaire, we evaluated the effects of the peer education protocol as applied by peer educators. Peer education significantly increased knowledge on the risks of alcohol abuse and promoted personal reflection on alcohol intake. After peer education, adolescents had a more realistic view of their alcohol intake, more frequently perceived the alcohol intake of their friends as binge drinking and reported a higher intention to drink less alcohol in the future.
Neighbourhood partnership – tackling substance misuse

Adult alcohol and drug-related hospital admission rates in Swansea are statistically significantly higher than the averages for Wales. Of 22 local authorities in Wales, Swansea was ranked fourth worst for alcohol and second worst for drugs. Survey data have also revealed that nearly 50% of secondary school children had drunk alcohol at least once, with one quarter being seriously drunk at least once. National data show that one third of drug-related deaths in Wales occur in combination with alcohol.

The Police Chief Superintendent saw the potential for reducing drug- and alcohol-related crime by adopting the Healthy Cities concept of community-led integrated preventive approaches.

A detailed substance misuse needs assessment was undertaken over four months involving the police, social services, children and young people partnership, drug agencies and local health services. The substance misuse needs assessment formed the basis of a local service board project with strategic political and senior executive ownership. A comprehensive approach was taken based on need and evidence for effective interventions. Geographical areas for intervention that fell within the 10% most deprived areas in Wales were identified.

Recommendations were made to reduce:

- the burden of the night-time economy due to acute alcohol-related problems;
- the burden of the daytime economy due to chronic drug and alcohol use; and
- the risk factors associated with substance misuse, with a focus on school truancy as a marker.

The achievements include:

- a Healthy Nightlife Board with local councillor engagement established;
- information requirements and data sharing agreed among partners;
- a traffic light system for managing city centre alcohol-related assaults is being developed; and
- an integrated community approach is being embedded that links primary and community networks and aims to reduce the risk factors for children and young people residing in communities with high levels of substance misuse.

Factors that led to success include high-level senior political and executive ownership, a senior police officer as a driving force for prevention, clearer governance arrangements on information and accountability at a strategic level.

Substantial progress has been made through an integrated approach to working and engaging with geographically at-risk communities in five months.
Networking against drug consumption

From 1994, we conducted a survey every five years about legal and illegal drug consumption among children 13–18 years old. The prevalence is continually growing in our city.

In 2001, we established a Drug Reconciliation Forum and set out a drug strategy. Since the last survey (2009), the City Council has supported the implementation of strategy from the municipal budget. We are working according to annual work plans. It is intersectoral work with networks.

We have activities in several settings: families, schools, workplaces, leisure settings, children protection institutions, prisons and mass media. We initiate programmes, organize conferences, forums, events, courses, extraordinary exhibitions and alternative leisure activities with our partners. We analyse school health programmes (document analysis and surveys about implementation) and support them. We initiate forums in several districts to inform young people, parents and teachers and to provide possibilities to implement best practices and support initiatives of institutes, nongovernmental organizations and agencies. We make applications for preventive and harm-reducing activities with the collaboration of institutes and organizations of the Drug Reconciliation Forum and other partners. We have prepared booklets and leaflets to help manage the drug problem in the city.

We initiate cooperation among parents, teachers, cultural institutes, health and social workers and sport associations. We have initiated a performance in the theatre, a boarding school project, a prevention programme in prison and a harm reduction programme in pubs and discotheques as well. The Drug Reconciliation Forum has a network of school drug coordinators, child protection delegacy and nurses. The other network includes junior peer educators and helpers. After peer education, we regularly provide courses, camps, conferences and other retraining possibilities and workshops to exchange experiences. Peer educators developed an Internet forum and are partners in planning, organizing and conducting programmes. Success factor include intersectoral cooperation, political and financial support and media support.

Challenges include lack of local drug rehabilitation institutions, systematic evaluation of prevention programmes and reaching parents and workplaces. Achievements include political support and financing, intersectoral work, good cooperation, networking, regular monitoring of the situation of drug consumption, systematic strategic planning and implementation. We have good results. Regular situation analysis, strategic planning and mass-media support can help to involve politicians, and political support approves further broadening cooperation.
PARALLEL SESSION PSB7
Equity: Vulnerable Groups – Addressing the Needs of Immigrant Families and Asylum Seekers

Chair: Mr Mark Dooris
Discussant: Prof Geoff Green
Rapporteur: Mr Mark Dooris
Abstract No. 013

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Sibling family project

The Metropolitan Municipality of Izmir Sibling Family Project was implemented in 2007 and continued in four districts chosen to be pilot areas in 2008. The project has been run in several central districts of Izmir since 2009.

The purpose of this project is to enable social solidarity in the entire Metropolitan Municipality of Izmir by forming sibling family relations among families with varying socioeconomic differences and inequities in terms of their participation levels in city life. The project aims to help families to exchange their individual potential and reduce any discrimination.

The project’s first target group is immigrant families, who are mostly excluded from city life. The second target group represents urban families with urban consciousness and accessible for solidarity. Neighbourhood administrative officials and elementary schools are promoting the participation of immigrant families. A team of a psychologist and a sociologist visits the immigrant families at their homes, fills out a form about their sociodemographic characteristics and monitors their domestic relations. The urban group in the project participates through presentations and projects performed at nongovernmental organizations and social institutions.

Families are introduced to each other through a visit paid to an immigrant family’s house by an urban family in the company of a psychologist and a sociologist. After the first meeting, families determine the meeting pattern and frequency on their own. A total of 600 families have become sibling families.

Further, some social and cultural activities such as concerts, meetings, seminars and panels are being organized to bring families together at social environments. Women and Distinctness and Human Rights of Women are educational seminars specifically designed for women. Seminars focus on the family concept, protecting child against neglect and abuse, emphasizing awareness of children’s rights and civic education, especially for children.

In 2011, the project will continue to operate for families of Izmir city with an understanding appealing to social, cultural and psychological issues and with contacts to the women and children of such families, providing support for encouraging them to express themselves and present their potential.
Taking a stand for equality: the first city protocol on gender equality in Turkey

While the Municipality of Eskişehir Tepebaşı was carrying out our programmes for empowering women, four women died from homicide consecutively in the city during the summer of 2010, two because of institutional apathy. In addition, the recent statistics announced by the Ministry of Justice were alarming; homicide increased by 1400% between 2002 and 2009. The Healthy City Movement Office of the Municipality decided to issue a press release and call for cooperation regarding domestic violence in the city. During the first cooperation meeting in August 2010, four working groups were formed: public awareness-raising and campaign development group; a development group for a common local network; a development group for a ten-module training programme (on gender equality and human rights); and a development group for a city protocol on gender equality. Since the task of the fourth group was considered the most crucial of all, the whole group agreed on first working to develop the city protocol on gender equality. After four months of collaborative work, the Eskişehir Healthy City Movement Gender Equality City Protocol was finalized. After numerous lobbying and meetings, on 25 November, International Day for the Elimination of Violence against Women, the Governor and the mayors of the three municipalities in the city signed the protocol. By the first week of January 2011, the Protocol had also been signed by the presidents of the two university in the city, the Chairman of the Bar; the powerful business associations such as the Chamber of Commerce and the Chamber of Industry; and by effective associations of minority groups. Meanwhile, the other three working groups began to study. On 8 March 2011, International Women’s Day, the Protocol was submitted for the signature of all trade unions; all women’s nongovernmental organizations and other related civilian platforms and public bodies. The distinct feature of the Protocol was that it was the first city protocol on gender equality not only in the city but also in Turkey. By April 2010, the movement consisted of 80 volunteers from numerous agencies, such as the governorship, the women’s studies and research centres of the universities, the bar, city councils, trade associations, trade unions and women’s platforms. In March 2011, the movement was nominated as one of the most distinctive women’s nongovernmental organizations in Turkey to be represented in a seminar (on defending women’s rights) by the European Commission in Brussels. Despite the crucial steps taken by the movement within the coordination of the Healthy City Movement Office of the Municipality of Tepebasi in a short period of eight months, the project has been still in its initial phases, aiming at reaching its initial goals by 2012. Finally, the local administrations are autonomous enough to make a different priority list from that of the national level regarding social welfare and equality policy. This project has benefited from this autonomy advantage and aimed for gender equity in our local area. Thus, as a micro-local experience it can be used as a tool for influencing macro discussions and practices.
Reception of immigrants following family reunification

Immigrants are 12% of the population in Arezzo. All the institutions have started to face new challenges. The service of cultural mediation is very frequently used, with trained personnel who often work in different bodies (police, prefecture, municipality, centre for employment, local health agency). Despite this, difficulty in accessing and efficiently using services, especially in the health field, is experienced. A round table, organized by the prefecture with the participation of institutions, bodies, nongovernmental organizations and representatives of the immigrant communities, was activated in an atmosphere of great cooperation and aims to highlight and solve problems.

Family reunification represents a critical aspect, when the worker is joined by the family and has to face paths so far unknown. Family reunification is an important moment of reception that should lead newcomers into the correct paths. The social worker of the immigration office meets the immigrant applying for family reunification to analyse the needs of the spouse and children, indicates the paths and delivers guidance material on educational, social and health services. Second-generation students are trained as tutors to integrate the newcomers; courses on language and legal aspects, health and food issues are organized to avoid dropping out of school, increase the number of women who turn to the services and the participation in the social life of the host country.

The first year of testing was limited to the acceptance of children and the second year was enlarged to the spouses’ reception. This testing year found really good feedback among foreigners and helped the work of the services, which have identified integrated ways and facilitated paths; a climate of good cooperation was created and greater understanding of the problems of immigrants was reached. Knowledge of the problems and the search for their solution through the comparison between institutions and representatives of foreign communities succeeded in preventing loss of time and misuse of services. After two years of this testing, the new ways for reunification may be supported without using further funding.
PARALLEL SESSION PSD2
Healthy Urban Environment: Integrating Health and Well Being into Urban Renewal Programmes

Chair: Mr Leo Kosonen
Discussant: Ms Sarah Burgess
Rapporteur: Mrs Jonna Monaghan
Kadikale Urban Renewal Project

The Kadikale Urban Renewal Project is a crucial intervention with regard to measures for disasters, which is supposed to promote sustainable urban and healthy life.

To create healthy living circumstances in the slum areas, the Metropolitan Municipality has determined 15 areas as central city urban renewal and rehabilitation programme areas on the basis of a 1:25 000 scale Izmir Urban Area Master Plan. In this sense, geologically vulnerable areas are given priority as they already seem to bode a threat of loss of life and property.

The first of these areas is Kadikale Landslide Site, which accommodates almost 20 000 residents. This area, referred as a high-exposure zone for natural disasters based on the decision of the Ministerial Cabinet, is being expropriated by providing alternative settlements by the Metropolitan Municipality. In this process, a protocol has been signed on the Kadikale Urban Renewal Project between Turkish Republic Mass Housing Administration, the Metropolitan Municipality of Izmir and the Municipality of Konak. The project will continue between 2006 and 2017 and aims at securing the residents in the landslide area, refining the slums, providing modern housing to citizens and building recreation areas to alter regions in which construction is prohibited.

Providing repayment for 15 years to the residents of the area, 1094 houses are assigned to the right holders in Uzundere. In the project area, 1968 buildings have been classified to be refined and demolished. A recreation area project of nearly 42 hectares is being carried out in the region.

As a project that achieved its aim in terms of having been put into effect before a disaster, the Kadikale Urban Renewal Project has been a project that values human life but not economic profit. The rehabilitated urban area will gain a new identity for those who live under the threat of disaster, and these people will be provided with the social requirements that will enable them to live in healthy circumstances. Meanwhile, Izmir will have an extra recreational area of 42 hectares. Beyond that, the historical value of Kadikale will be revealed and it will thus become a tourist attraction.
Abstract No. 018
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Reconstructing the Izhevsk pond embankment as a recreational area for the residents of Izhevsk

To realize core theme 3, healthy urban environment and design, during phase V Izhevsk chose the important issues of healthy urban design and creativity and liveability.

According to the general plan, more and more attention is being paid to developing and realizing projects on municipal improvements taking into account the interests of people’s health and the availability of green recreational spaces. One such project is reconstructing the Izhevsk pond embankment.

The Government of the Udmurt Republic and the Izhevsk City Administration initiated the investment project on Izhevsk pond embankment reconstruction. The Government of the Udmurt Republic, the Izhevsk City Administration and business community participated in the investment project.

Among the main aims of the investment project was forming a modern administrative, cultural and business centre in the capital along with the Central City Square reconstruction.

The project tasks were the following: forming a unique architectural ensemble of the pond embankment; detecting territory reserves and supplying new objects of engineering and transport infrastructure. In the process of improving the embankment, which is very popular among citizens, old engineering service lines (electricity network, heat supply network and sewerage system) were renewed. A new storm water sewerage system, a drainage sewage system with treatment facilities and a water supply system were built. LED traffic lights with countdowns were installed. Stairs near the Monument of Peoples’ Friendship were reconstructed and steps, pavement and railings were renewed. A rotunda situated on the high bank on the territory of the summer garden with the beautiful view on the pond and on the part of the city across the river was restored. Benches were placed on grounds for pedestrian traffic and recreation. Car parks and pavements were constructed on the embankment. A 5-km bicycle lane that in perspective would connect the remote part of the city with the park zone was built.

The reconstructed Izhevsk pond embankment opened in September 2010 during the celebrations of the 250th anniversary of the founding of the City of Izhevsk.
Health impact assessment of an urban regeneration project in Vitoria-Gasteiz, Spain

A health impact assessment study was carried out to evaluate an urban project involving building a tunnel to reroute the current railway through the city centre, reusing the released land and constructing a new transport hub.

The evaluation of this project was considered to be paramount owing to its major strategic importance to Vitoria-Gasteiz. The objective of the health impact assessment is to assess the potential positive and negative effects of the road works on citizens’ health and to take the corresponding corrective and enhancing measures.

This was prospective health impact assessment. After setting up an intersectoral health impact assessment steering group made up of representatives from different council departments, the members selected the project and determined its scope, subsequently screening which vulnerable groups, determinants of health and areas of the city were to be included. A systematic study, both for the construction phase and the final phase, was taken forward to quantify how the project affected the determinants of health and its consequent effects. The effects were ranked in order of importance and corrective measures according to their priority.

The result of the health impact assessment is a report containing a description of the study of the project, the determinants of health and methods used as well as an environmental impact assessment operational public health plan with priority recommendations. The recommendations for the construction phase refer to informing citizens about road works, reducing noise and air pollution and measures to guarantee safety and design a special mobility plan. The recommendations for the final phase, when works have been completed, refer to traffic, new roads, new housing types in released land, equipment in new urban spaces and developing a strategic economic plan that considers the new urban layout of the city.

This health impact assessment has lead to an intersectoral evaluation of the repercussions of the project on the determinants of health and its consequent effects. As a result, new proposals for improving the project will be put into place to benefit our citizens.
Healthy urban planning in Stoke-on-Trent – practical consideration of health-related issues when planning for the future

The Stoke-on-Trent Council’s planning policies already emphasize the importance of new development contributing positively to healthy lifestyles through the adoption of a joint core spatial strategy. This forms part of the local development framework. In addition, the Leader of the Council, Chief Executive Officer of the National Health Service in Stoke-on-Trent and the Director of Public Health have signed a planning concordat and memorandum of understanding, which is a commitment to the principle and practice of healthy urban planning. This seeks to develop and embed several processes and tools into everyday practice to support healthy urban planning in city. In order to deliver on these commitments, the planning department has produced a healthy urban planning supplementary planning document.

The health of the people of Stoke-on-Trent is generally worse than the average for England. This reflects the level of deprivation in Stoke-on-Trent, with more than half the population living in the most deprived areas of England. Stoke-on-Trent received healthy city status in 2008; as such, it recognizes that economic, regeneration and urban development efforts need to integrate health considerations. We wanted to embed this into planning practice through the statutory planning functions of the local planning authorities, which strongly influence the quality and design of the built environment.

The healthy urban planning supplementary planning document sets out guidance on how developments should contribute positively to healthy lifestyles, including a healthy urban planning checklist for preparing planning polices, development proposals and master plans and when health impact assessment will be required. The Stoke-on-Trent City Council Cabinet has approved a draft healthy urban planning supplementary planning document. Public consultation on the draft healthy urban planning supplementary planning document ran from 21 March to 2 May 2011.

The comments made on the healthy urban planning supplementary planning document will be shared with delegates at the Conference in addition to an outline of the next steps towards adopting the healthy urban planning supplementary planning document so that it can be formally used in the developing, assessing and approving planning permits in Stoke-on-Trent.
PARALLEL SESSION PSD3
Governance: National Healthy Cities Networks; Vehicles for Health Governance

Chair: Mr John Lucy
Discussant: Ms Zoe Heritage
Rapporteur: Ms Kerstin Mansson
Learning and sharing experience

The Polish Healthy Cities Association was established in 1993. It has 43 member cities. The Association works according to its constitution and implements the Healthy Cities way of working for health at the local level. One aim of the Association is supporting member cities in organizing disease prevention activities and promoting health. The Association shares its knowledge and experience with other cities in Poland.

The ways of working include:

1. Training courses for member cities:
   a. development of personal skills: such as working with mass media, negotiations, social marketing, presentations and fundraising;
   b. disseminating knowledge on various issues, such as smoking, breast cancer, cervical cancer, diabetes and respiratory diseases;

2. Conferences and seminars for a wide audience:
   a. an annual Healthy Cities conference – every year since 1992! – hosted by different member cities;
   b. thematic conferences and seminars – on various topics connected with health, such as the requirement for health technology assessment for disease prevention programmes, diabetes and cardiovascular diseases;

3. Educational materials:
   a. three thematic brochures – how to prepare and implement programmes on prevention and early detection of cervical cancer, diabetes and respiratory system diseases among older people;
   b. toolkits after training sessions, such as social marketing;
   c. translating WHO materials – such as Social determinants of health: the solid facts, Promoting physical activity and active living in urban environments: the solid facts, City planning for health and sustainable development and City health profiles: how to report on health in your city; and
   d. newsletter – information about activities in member cities, reports from national and international events and announcements issued four times a year since 2002.

The Polish Healthy Cities Association organized 19 national healthy city conferences, 32 training courses on different issues, issued 3 brochures and translated 7 WHO brochures (6 available in a printed version). Most of the products are free of charge – they are financed from membership fees and external support from private businesses. In 2010, the Polish Healthy Cities Association won a grant from the MSD Women’s Health Foundation (96 applicants and 6 winners) for a project on preventing breast cancer and cervical cancer.

The Polish Healthy Cities Association has almost 20 years of experience in organizing and implementing local activities for health. Sharing this knowledge helps other local communities in working for health and creates a positive image of the Healthy Cities movement.
Healthy Cities of the Czech Republic – platform for sharing good practices

The aim is to present the approach of the Czech Network of Healthy Cities and Regions, both its systematic approach at the national and local level as a framework to all realized activities and some successful concrete examples of good practice and their sharing. We focus on two main issues and important target groups – older people and young people and their involvement and participation in the development of healthy city projects.

In the first part we show the context and the systematic approach to activities, networking and members’ qualitative development. We focus mainly on:

- a systematic approach to developing a healthy cities project at the local level: urban health plans and their linkage to municipal budgets and to a strategic plan and other development strategies, including indicators; and
- healthy city projects and Local Agenda 21 – common methods, linking outcomes, benchmarking tools, media work, communication to the public, etc.

In the second part, we focus on concrete case studies – choosing the issue of encouraging and engaging two important target groups: older people and young people. We focus mainly on:

- healthy ageing – sharing of best practices, including cooperation at the national level, expert partners and local communities, and will talk about good practice database, events, thematic publications etc.; and
- youth engagement and participation in planning processes, presentation of a system and concrete events on this topic – youth forums focusing on the main problems and issues to be solved in healthy city projects, including communication with local representatives and interconnection with all the other ongoing engagement processes.

We believe that setting up a proper system at the local and national levels and regularly evaluating its progress are required to achieve any considerable and sustainable effects to any policies. Further, concrete activities, events and local projects are required to develop healthy city projects.

This presentation therefore aims to show concrete case studies from the Czech Republic and its systematic framework that helps them to better results.
Abstract No. 056
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Intersectoral collaboration in the member cities of the Russian Association of Healthy Cities, Districts and Settlements

A foundation meeting in the State Duma of the Federal Assembly of the Russian Federation in October 2010 led to the creation of the Russian Association of Healthy Cities, Districts and Settlements. The Association has been in development since 2007.

This is a new stage in the healthy cities project development in the Russian Federation and aims to strengthen the influence of its innovative approaches on the social development of local communities and on conditions for health and a healthy lifestyle.

The Association integrates the efforts of the cities in the Russian Federation that actively work intersectorally to improve the physical, mental and social well-being of the inhabitants of cities, towns, districts and settlements to achieve a better quality of life for everyone and with a particular focus on vulnerable groups. The development process in the establishment of the Association included the formation of a strategic working plan, creating an application form for participation and creating performance criteria.

The main activities of the Association include regular meetings; facilitating seminars for the mayors and coordinators in cities; training events in the cities interested in joining; training events for experts and future coordinators of the Association; realizing the marketing plan; organizing the web site of the Association; and interacting with the WHO European Healthy Cities Network.

The achievements of the Association include developing partner and political collaboration of the member cities of the Association and gaining political commitment to implement and promote healthy cities and the Association. Cooperation with the WHO European Healthy Cities Network is important for the successful progress of the Association in the Russian Federation and subsequent integration into Europe.
PARALLEL SESSION PSD5
Equity: Strengthening Well Being and Social Capital of over 55s

Chair: Mr Pascal Bisscheroux
Discussant: Dr Mike Grady
Rapporteur: Ms Sharon Miller
Abstract No. 030

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55+ Licence to Locomotion

Scientific evidence shows that unemployment is a serious health risk causing physical and mental disorders. In addition, it decreases participation in all kinds of activities, and if unemployment continues the vicious circle gets worse over time. Turku Sport Services Centre initiated the 55+ Licence to Locomotion service. The other partners, Employment Services Unit and National Employment Office in Turku, are crucial to marketing the service. The physical activity services are organized in cooperation with the Sport Services Centre, Paavo Nurmi Centre for Sport Medicine and local sport associations.

55+ Licence to Locomotion aims at strengthening the well-being, self-esteem and social capital of people who have been unemployed from 1 to 5 years and are 55 years of age and older. In the project, the participants try out various means of physical activity with professional instruction. A key element is to encourage both participants and instructors to open dialogue to find and support the best choices for each individual. The expected outcomes are to find the motivation and possibilities for self-management and meaningful ways for promoting continual physical activity for health.

A weekly curriculum for participants has been developed offering instructed lessons three times per week: one to improve cardiovascular capacity, the other one for mobility exercises and the third one for gym exercise. The programme lasts for 12 weeks and is followed up after 6 months. Together with physical activity lessons, various experts offer training about the benefits of physical activity.

Pre- and post-tests of cardiovascular capacity and muscle strength are carried out to evaluate the effectiveness of the service. The results show improvement in all measured fields. Physical activity levels also increase among the participants. Feedback from participants describes strengthening self-esteem and social capital: peer group, positive atmosphere and the possibility to discuss the actions and support from instructors are listed as advantages. The participants are very satisfied with 55+ Licence to Locomotion. The motivation for physical activity increases tremendously, and the spirit to continue active lifestyle is high.

Finding and motivating long-term unemployed people requires time and energy, and wide cooperation is needed to reach the right people. The activities need to be organized in cooperation with the target group and with respect to their needs and wishes. Attention needs to be on the motivational, mental and social aspects of physical activity. However, the physical health of unemployed people may improve even during a short period of time, which is an important aspect to motivation as well.
University of the Third Age
In Phase IV of the WHO European Healthy Cities Network, the City of Rijeka developed the Healthy Ageing Strategy in Rijeka 2009–2013 in collaboration with older people, politicians and various experts. Before the Strategy was designed, research was conducted in cooperation with academe. One such research project found that older people have a higher prevalence of mental health problems (such as anxiety, depression and loneliness). The research on the educational needs of older people showed that 44% of this population expressed the wish to participate in educational programmes to gain new knowledge and to have the opportunity for leisure and fun.

The University of Rijeka decided to launch the University of the Third Age project. It is a programme designed to empower older people and to promote mental health. In other words, it aims to provide older people with the opportunity to gain new knowledge and combine facts and experience through informal education. It is the first educational programme in Croatia developed at the University. Each educational programme is attended by 20–30 participants 55 years and older. Educational activities are organized in spring and autumn cycles of 20 lessons. The participants meet twice a week in the afternoons in the facilities of the University. The project cost is partly covered by the participants and partly by the City of Rijeka. Various educational programmes have been organized within the programme: healthy ageing, horticulture, personal finance, psychology, sculpture, social ethics and bioethics and creative reading and writing. As many as 19 experts took part in these programmes (such as university professors, health workers, psychologists, agronomy engineers and economists). So far, 195 older citizens have participated and have expressed satisfaction with the programmes and interest in attending further similar programmes.

In the years to come, it is planned to develop this project further and design educational programmes that will meet not only the needs and interests of the participants but also those of the local community.
Creating caring and supportive environments in Carlisle

A Get Into Reading Project is being established across Carlisle through the Healthy City Steering Group.

Get Into Reading is a social inclusion project that aims to improve well-being, build community and extend reading pleasure through shared reading of high-quality literature. At the core of Get Into Reading are weekly, very informal reading groups in which trained facilitators read aloud, with members joining in as they wish. This means no need to read at home, making the activity accessible to anyone, whatever his or her educational background.

This project is a continuation or bridging of a pilot, ten-week programme run in partnership by Carlisle City Council and Croftlands Trust (an organization supporting people with mental illness).

Participating in a Get Into Reading project has many social and emotional benefits.

- It enables participants to gel as a wider group, moving away from the usual fragmented groups, learning more about each other’s lives and making new friends.
- It encourages deep thinking, beyond surface events, enabling participants to reach their own conclusions by sharing thoughts and ideas. (This is important for people in this client group, who often feel that they have no control over their lives and look to others to make decisions for them.)
- Reading aloud is naturally relaxing, which is important for people experiencing anxiety and agitation.
- People develop confidence and self-esteem through increased input into reading and discussions. The process is non-judgemental, there is no right answer and all comments are given consideration.
- Reading shifts the focus from the self to considering other viewpoints, developing empathic skills. The themes and thoughts from the story continue to influence participants beyond the session.
- Improved concentration: many people with mental health problems have difficulty focusing and are unable to read alone; however, reading aloud hugely improves the ability to concentrate, and not only are they able to follow the whole story to the end but are engaged in and involved with it.

The project has a formal evaluation with participants and support staff to assess the personal development, health and happiness of the client group. Because these people are likely to have had long and complicated bouts of mental illness, evidence is less likely to be based on recovery and much more likely to be based on quality of life or reliance on services. Much of the evidence is anecdotal, but this more sustained version of the programme offers us the chance to record incidents of acute illness and return to inpatient services, both with a direct cost implication for the health authority. This evidence of value will be used to formulate an approach to health care commissioners to support the activity.

The project will be delivered by Jane Hanlon, who is a trained Get Into Reading facilitator, affiliated to the Reader Organisation in Liverpool. She has extensive experience in devising, delivering and evaluating arts projects in the community, has delivered Get Into Reading sessions with a range of organizations in Cumbria and facilitated the pilot project at Spencer Street in 2010.

The Healthy Communities Group of the Carlisle Partnership will also be seeking to re-establish their income-maximization project aimed at ensuring that older people
receive tailored and targeted benefits advice and support to maximize their income. This will seek to re-establish a project run with considerable success between 2007 and 2009 but with improved links to programmes around energy efficiency and fuel poverty activity.
PARALLEL SESSION PSD6
Healthy Living: Tools and Activities to Promote Physical Activity with Children and Young People

Chair: Ms Johanna Reiman
Discussant: Mr Paul Pilkington
Rapporteur: Ms Johanna Reiman
Abstract No. 086
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Doorstep sport – changing lives, changing communities
Young people living in areas of high deprivation are half as likely to participate in sport as those from better-off families. Nevertheless, according to the Sport England Active People Survey, there is no shortage of demand. Participation in sport is profoundly skewed by socioeconomic status. Inactivity in the United Kingdom costs the economy £8.3 billion per year and increases the risk of developing six major diseases (according to Be active, be healthy).

Physical activity declines with age; adolescents 16–19 years old drop out of activity at an alarming rate, but drop-off is not inevitable (according to Be active, be healthy). StreetGames exists because mainstream physical activity services fail to engage with our target group. We aim to apply an evidence-based approach to addressing the inequity in physical activity and health that exists in disadvantaged communities.

Meeting the demand includes:
• doorstep sport: weekly physical activity sessions delivered by local volunteers, in the right place, in the right style and at the right cost;
• behaviour change: growing participation and then sustaining healthier, active lifestyles;
• local ownership: recruiting and empowering local volunteers to take action in their own community.

Changing the landscape includes:
• addressing multiple determinants of health: using sport for community cohesion, improving physical and mental health and delivering training and employment opportunities;
• mainstreaming: working with commissioners and policy-makers to change how sport and public health services are delivered to those most in need; and
• developing the workforce: training the physical activity workforce in delivering doorstep sport.

The achievements include pioneering ways to get and keep children active and healthy: in recognition of our achievements, we received the Sir James Wilson medal at the Chief Medical Officer’s Public Health Annual Awards in 2010.

Reach: we are currently 120 projects nationwide; 137 810 participants have made 1.4 million attendances to date at 60 441 sessions run by 4446 coaches and 3711 volunteers, with 87% of participants living in areas of high deprivation.

StreetGames has had proven effects in using sport to reduce crime, improve health, reduce inequity and increase training and employment. Recognition of the need for social action to help transform struggling communities has never been higher. We would like to share what we know.
Using accelerometers to validate a questionnaire to predict energy expenditure among children

Both the physical activity of an individual and the energy expenditure this entails are difficult to quantify. Accelerometers are considered a valid tool to objectively quantify physical activity levels in various populations. However, these devices have two main drawbacks, the high cost and the time required, since obtaining precise information about the daily activity of a person requires at least five days.

These limitations make the use of questionnaires of special interest to evaluate large samples with less money and time. The aim of this study is to validate a questionnaire that enables the quantification of caloric expenditure by physical activity using two different methods: the calculation of a factor of physical activity and a metabolic equivalent (MET).

The sample was a subsample of 24 schoolchildren (11 boys and 13 girls 11–12 years old) of the Thao Programme from Villanueva de la Cañada (Madrid, Spain). Kids wore accelerometers (GT3X Actigraph) for a complete week. The questionnaires were administered on the first day. Anthropometric data from Thao enabled the individual basal metabolic rate to be calculated. The accelerometers provided the energy expenditure attributable to physical activity. The questionnaire allowed the calculation of a physical activity factor and a daily average MET. Through them we calculated the respective daily energy expenditure. Subsequently, the correlation between energy expenditure obtained by three methods was evaluated using Pearson correlation coefficients.

Although the energy expenditure of the sample obtained by accelerometry and that obtained from the questionnaire differed \( P = 0.0001 \), they were correlated \( P = 0.0001 \), Acel physical activity factor \( r = 0.84 \) and Acel-MET, \( r = 0.80 \). After the regression analysis, we obtained \( P = 0.0001 \), with an adjusted \( R^2 \) of 0.69 (physical activity factor) and 0.62 (MET), obtaining the following regression equations:

\[
\text{Kcal}_{\text{accelerometry}} = 0.685 \times \text{Kcal}_{\text{physical activity factor}} \\
\text{Kcal}_{\text{accelerometry}} = 586.6 + 0.497 \times \text{Kcal}_{\text{MET}}
\]

Questionnaires have been proven to be a valid tool for calculating energy expenditure by a simple and economical way in large samples. The physical activity factor method has shown greater validity for estimating energy expenditure in this sample.
Sport beyond the crisis
At the beginning of 2010, in a general context of economic crisis, many families, due to fewer economic resources, had to make cuts in their daily lifestyle. Knowing that in this period of crisis maintaining the centrality of sport in our lives is not simple, for both economic and organizational reasons, as public administrators we want people to see and experience sport not only as entertainment but as growth, education, health and as a positive value.

The purpose was to support sports participation among young people in families experiencing difficulty due to the crisis. Municipality contributed €50 000. The recipients were the parents of children 6–17 years old residing in Modena who attend sporting courses in the 2010/2011 season that require the payment of fees. Value incentive: the contribution payable is 50% of the cost and up to a maximum contribution of €200 per person or €500 per family (even if the family has more than two children).

Requirements for access to the contribution: the contribution may be required for children of families residing in Modena, whose income valued in an equivalent economic situation indicator is less than or equal to €15 000. All the information about the project is advertised through leaflets distributed by sports clubs and schools, flyers, posters and radio spots in the city. Of 201 applicants, 197 families with 256 children (67% Italian citizenship and 33% other citizenship) received the contributions and 4 did not have the requirements. The sports for which the contribution was required most were soccer, swimming, volleyball and martial arts.

To improve the project, the Municipality of Modena has made modifications. It is collaborating with the three professional sport clubs that have given the project €5000. In this way, high-level sport really encounters and helps the needs of sports fans, fully understanding how important the basic sport system is to health. There will also be more promotion of the project in schools, sport societies and radio.
PARALLEL SESSION PSD7
Caring and Supportive Environments: Vulnerable Groups – Developing Inclusive and Accessible Activities

Chair: Mrs Yulia Abrosimova
Discussant: Mrs Julia Taylor
Rapporteur: Mrs Yulia Abrosimova
Social adaptation of people with disabilities

There is a problem of social adaptation of people with disabilities in Novosibirsk. Social programmes and projects have been realized in the city that enable the quality of life of people with disabilities to be improved. More than 110,000 people with disabilities live in the city. City authorities consider that people with disabilities should participate in city life. Our main goal is to make Novosibirsk accessible and comfortable for all residents. Since 2010, hospitals in home were organized under polyclinics of the city, which enable the availability of health care for this category of citizens to be improved. Since 2010, two inhabited rehabilitation apartments were opened in which experts train people with disabilities in skills of self-service, self-care and physical independence due to life conditions. Since 2006, a social taxi service has operated for providing transport services to people with disabilities and older people. Since 2009, a social project on orientation and mobility that trains visually impaired citizens has developed that allows the people with disabilities to independently use all types of transport, to cross all types of roads and crossroads and to organize vital space in their homes that is ergonomic and comfortable. The official portal Hidden Novosibirsk is operating, which allows people with restricted mobility and people with disabilities, including visually impaired people, to receive the necessary information about city events. The city budget allocates money for treatment, improvement and rehabilitation of people with disabilities in the selected sanatoriums; there is social help for pensioners, adults and children with disabilities. City streets have traffic lights with acoustic signals, and ramps for wheelchairs have been installed in more than 500 urban social objects. The rehabilitation apartments have been visited by 314 people, and 25 experts have been trained. In an average month, the social taxi service makes more than 550 trips. In the project on orientation and mobility, 3 people were trained in 2009, 17 in 2010 and 8 so far in 2011. Today Novosibirsk, according to expert evaluations, is one of the most convenient cities in the Russian Federation for this category of the population.
Dental care for people with disabilities
Every person with disabilities should be under a social security plan made available by the state starting from birth. Routine controls and treatments should be provided free of charge by the respective departments, and, thus, the inequality between healthy people and people with disabilities in terms of health care should be eliminated.

The people needing dental treatment are found by screening the schools for children with disabilities about dental health or by the personal application of the parents. According to the requirements of dental care and the physical and mental status of the children with disabilities, dental treatment is given either in clinical conditions or by the help of general anaesthesia in an operating room. A team comprising 10 dentists, 4 paediatric dentists, 1 oral surgeon, 1 anaesthetist and 1 anaesthesia technician are carries out the treatments in our clinic. All treatment is free of charge.

The Municipality of Kadikoy pays all the expenses of the clinic. Since June 2009, 96 children with disabilities have been treated in clinical conditions, and 253 children with disabilities have been treated in an operating room under general anaesthesia. Children with disabilities are followed up periodically after treatment. Services in the dental clinics of the Municipality of Kadikoy will continue in the future. In a metropolis like Istanbul, the number of dental clinics providing dental care for children with disabilities is very limited, and all clinics have high user fees. The Municipality of Kadikoy provides support so that the children with disabilities can be treated very quickly and free of charge. It was observed that families owned and protected the treatments they received, cared about oral hygiene more and visited the clinic regularly.

People with disabilities have great difficulty in benefiting from oral and dental care. Very few centres give dental care to people with disabilities. The conditions of the available centres should be improved and supported and new dental centres should be created.
PARALLEL SESSION PSF2
Healthy Urban Environment: Creating Welcoming Streets

Chair: Ms Dunja Piskur Kosmac
Discussant: WHO Collaborating Centre
Rapporteur: Ms Jennie Cawood
Active, safe and sustainable mobility: Barcelona, 1990–2010

Reducing the use of cars, promoting walking and biking and improving road safety in a city reduce the burden of disease, disability and mortality. These measures improve the health of the population by providing walkable communities, by reducing the air pollution and greenhouse-gas emissions and by improving the liveability of streets, enhancing the communication between people and thereby improving mental health and community cohesion.

Along with several initiatives arising from various government and participatory groups in Barcelona, safety interventions with scientific evidence of their effectiveness were reviewed. Effective interventions found were: (a) the graduated licensing system (31% fewer road traffic injuries); (b) electronic stability control system (2–41% reduction); (c) area-wide traffic calming (0–20% reduction) and (d) speed cameras (7–30% reduction). Road safety education was found to be ineffective. Most of the effective interventions have therefore steadily been applied in Barcelona.

Barcelona has undertaken considerable action in the past 20 years to reduce the use of cars in the city, to promote active mobility (walking and biking) and to improve road safety. These include such actions as: fully regulating parking throughout the majority of the city (green zone), identifying and addressing locations with a high rate of accidents, implementing zones with a speed limit of 30 km/h, creating safe routes for schoolchildren, implementing the Bicing bicycle sharing programme and building separate bike lanes. The effects on the number of people injured were assessed using multivariate analysis based on the evaluable road safety measures. Since 1993, various agreements on mobility have been developed in the city. In 2007, the Third City Mobility Plan (2008–2012) included the former safety plans. Along all this period, a solid information system on road traffic injuries has been developed and fed back into policies. The graduated licensing system in Barcelona has reduced the number of men (18–50 years old) involved in road traffic injuries by 6–9%; the area-wide traffic calming has reduced the number of injured people by 28% compared with adjacent areas; the speed cameras have reduced the number of injured people by 26%; the number of kilometres of cycle lanes increased from 122 km in 2003 to 147 km in 2009; a great increase in the use of moped and motorcycles, following a change in national laws, has been followed by an sharp increase in injuries among their operators.

Some successful interventions have been implemented in Barcelona, although more efforts are needed. Building the conditions for a safer and active city is a great investment in health.
The Kuopio city centre – a pedestrian-friendly district with 13 000 residents

Kuopio is a city of 97 000 residents. The main strategy of healthy urban development is to promote the renovation and growth of the urban fabric of the walking and transit city zones. The strategy is based on the Finger Model of the Master Plan, which has been in use since 1993.

The city centre and the walking city zone can be a good place for healthy living for the residents who want or need to travel by means of walking, cycling and public transport. The centre of Kuopio has good potential for renewal and new housing, which can turn the whole centre into a pleasant pedestrian-friendly city.

The renovation process has been implementing the goals of a healthy city. It has included several projects of walking city-oriented housing for 3000 residents, new green spaces and renovation of the street network, road traffic systems and parking requirements. Extensions and renewals of the pedestrian-friendly centre are under construction and will be completed in 2013.

The centre has become a pedestrian-friendly city. Instead of declining area of 9000 inhabitants it is now a popular growing district with 13 000 residents. Old narrow streets have been turned into a network of pedestrian alleys with a total length of 10 km. Other streets have been freed from the excessive through traffic, and one-way streets have been returned to a two-way traffic system. The new pedestrian-friendly centre has a good level of services and good accessibility by all modes of transport, even by car, because of underground parking facilities for 3000 cars.

The pedestrian-friendly city centre of Kuopio is a result of a long process. It has gained increasing popularity and demand as an area of sustainable and healthy urban life. Positive attitudes form a good basis for new innovations and renovations.
Designing streets for different users – New Road in Brighton and Hove

Not that long ago, getting to the theatres and museums in Brighton and Hove, required negotiating an unwelcoming street with narrow pavements and full of car traffic.

Brighton and Hove’s transport and urban planners and public health want to improve the city centre to make it accessible, attractive and safer for the public. Transport and urban planners along with public health worked together to improve New Road using the concept of shared space. The designs were informed by a detailed understanding of how people used the site, where they walk and choose to spend time and consideration of the historically sensitive surroundings of Brighton’s Royal Pavilion and its gardens. Consultation with existing users (including road users) achieved a broadly accepted vision for new urban life on New Road and resulted in a good understanding of the scheme and its potential benefits.

The shared space approach enabled the transformation of a traditional car-dominated street into one where pedestrians can walk freely, sharing the space with cars and cyclists. New Road incorporates the interests of different user groups and encourages sitting, standing and walking activities. Cars are allowed at all times, but the character of the street signals pedestrian priority.

People in the street have been positive about the project. The success of the design was noticed almost immediately, with the street becoming a new social hub, providing a venue for community events and increasing trade for existing pubs and restaurants. Attractive seating encourages people to sit and chat, impromptu musical performances provide entertainment and the road is now regarded as a venue for relaxing and enjoying oneself.

The required political support that seems to have held back similar schemes that break from the norm was present in Brighton & Hove.

The improved New Road, one of Brighton’s most important streets, is one of the few shared-surface multimodal non-residential streets to be adopted. A traditional car-dominated area has been made more accessible, attractive and safe for the public.
PARALLEL SESSION PSF3
Equity: Structures to Address the Needs of Disadvantaged Children

Chair: Ms Camilla Meyer
Discussant: Dr Anna Ritsatakis
Rapporteur: Ms Judy Kurth
A school health centre: creating a supportive environment favourable for reducing inequity in health among children

Social inequality is of particular concern especially in case when there is inequity in children’s health. In a report on the issue of inequity in health, data were collected about the health of adolescents aged 11–15 years in 41 countries in the WHO European Region and North America. The report provides convincing evidence that many young people have serious problems related to overweight and obesity, low self-esteem, dissatisfaction with life and use of narcotic drugs and psychotropic substances. Children and adolescents in the Russian Federation and in Stavropol in particular have similar problems. The worse the social status of the family in which the child lives, the stronger is the inequality gradient in the socioeconomic determinants of health. According to the recommendations of the WHO Regional Office for Europe, intervention in children’s lives is most effective when it is done in early life. This makes interventions aimed at reducing inequity in children’s health a priority.

Our goal was to create an organizational and functional structure that would not be only part of the supportive environment but also would contribute to reducing inequity in health among children living in the suburbs of the City of Stavropol.

In 2009, a territorial health centre was established based on school no. 20 of the City of Stavropol. Its uniqueness is in the organization of interaction between physicians, teachers and psychologists. An activity that is optimally organized makes it possible to combine classes at the centre with the educational process at the educational institutions. The children with health and social problems are brought by special bus to the centre from the nearest six schools.

The system of measures dealing with the individual characteristics of children is aimed at preventing and reducing morbidity, preserving and promoting the health of children and adolescents and forming their needs for a healthy lifestyle. The centre provides medical, social, psychological and pedagogical support as well as a comprehensive diagnosis of all children and adolescents 7–18 years old, dealing with personality, social and mental problems. A system of individual social and pedagogical support is created and implemented.

The groups of children who need prevention and rehabilitation are formed according to the results of medical, psychological and pedagogical diagnoses. The groups of children for remedial work are formed as well: children with increased anxiety, aggression, hyperactivity, and musculoskeletal and sensory disorders. Psychological and pedagogical correction, prevention and rehabilitation of children are carried out daily. The course of rehabilitation takes 12 days. A diagnosis is made once more when the course of treatment is completed to sum up the results. The resulting record is stored in the individual health card with recommendations for parents and a school doctor.

Ten consulting rooms function at the centre: for physical therapy, massage, physical development, fitness, correcting speech impediments, special education, a sensory room and correcting vision disorders. The health centre runs in three shifts. A total of 1651 students have been examined and undergone a course of recovery at the centre since its opening. The results of its work are: improving the physical and health culture of children and adolescents, forming a stable interest in and need to engage in exercise and sports for a healthy and active lifestyle; and acquiring skills for safety.
Analysis of the centre’s activities results showed that this positive experience should be shared. The Stavropol city administration is planning to establish a similar centre in each district of the city.

Abstract No. 053
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Information Housed and Course Centres
Children whose families are located in socioculturally deprived areas with low incomes fall behind in society due to the inability to improve themselves. This phenomenon causes social exclusion for these children.
Giving preference to disadvantaged areas, study centres were developed to bring the city to a level at which individuals learn and teach at every stage of their life.

The study centres established in disadvantaged areas have been developed for children 7–14 years old, economically disadvantaged, lacking the advantage of private educational institutions and without the opportunity to study at home.
In 2005–2006, our project started with only one centre catering to 145 students; there are now eight centres with a total capacity of 1700 students. Due to excess demand for the centres, new projects are continuing to be developed all around the city.
The centres cater for the needs of the students during the educational year, also during the summer months, the centres are opened to citizens to join in free courses (computers, reading and writing and dancing).

At the study centres, students can study, complete their homework under the supervision of experienced teachers and participate in various social activities such as chess, dance, drama and reading; thereby contributing to raising intellectual, culturally developed individuals of the future, achieving the development and socialization of children and adolescents. It has been observed that the self-confidence of the students in the centres is improved and they are able to form their social, cultural and mental lives more effectively.

The centres ensure a healthy and uniform educational environment so that the children and adolescents are kept away from harmful surroundings during time out of school. Families feel secure while their children are at our centres.
Families with low income can access this service, and it has therefore created equality of opportunity within the community. The aims of these centres are to eliminate inequity and to contribute forming a healthy community by raising healthy generations in every aspect.
Abstract No. 058
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Programme of participation and social inclusion through access to new technologies and social and educational promotion in neighbourhoods

Information technologies have developed so fast that some segments of society have failed to incorporate this tool, so they are excluded from many opportunities in different areas of life: work, education, relationships and information. The difficulties of accessing new technologies are producing new forms of inequity and exclusion that mostly affect women, older people and people with less education. Currently, the social and educational needs of children include information technologies as a tool, and their ignorance in digitally poor local environments has created a strong demand for homework support and accompanying for these children.
In this context, the programme, according to these priorities, includes activities that enhance social cohesion through education and digital literacy.

The objectives are:
• to reduce the digital gap caused by socioeconomic status;
• to strive for social cohesion by groups formed around the common interest in information technology;
• to link to young people in activities to promote healthy habits related to information technologies; and
• to provide the most vulnerable families support for their children’s education from a preventive and social perspective.

The programme includes creating and revitalizing a network of computer classrooms, open in neighbourhoods, and aimed at specific population groups: older people, women, unemployed people and immigrants. There are spaces with computer equipment, telematics and multimedia, led by a specialist.
Further, the programme includes social and educational action for prevention and promotion, in the framework of a resource center (local building); areas of study led by a specialist; and spaces of consultation, where children and adolescents can express their doubts.
Activities within the family environment include preventing risk behaviour in their children: spaces for parents.
The participants in 2010 included: 70 older people, 255 women and 120 children and adolescents.
The use of information technologies in public spaces is a tool that not only reduces the digital gap but also helps to create a sense of social inclusion through the knowledge of neighbours and their participation in the social network.
PARALLEL SESSION PSF5
Healthy Living: Tools to Assess and Promote Healthy Living

Chair: Mr Lars Thunberg
Discussant: Dr Mike Grady
Rapporteur: Mr Lars Thunberg/Ms Elisabeth Bengtsson
Abstract No. 057

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SAMI Department for Analysis of Indoor Places

Falling fully in the scope of its objectives of solidarity and helping the local community, the Department for the Analysis of the Indoor Environment (SAMI) has been carrying out, since it was created in 1999, home visits to ill people and those exposed to indoor polluting agents to advise them in a useful way and improve on both their living conditions and health. With a wealth of experience from more than 1000 analysed homes, SAMI wants resolutely to turn its action scheme to prevention in the framework of the new provincial Department of Sustainable Development. The mission of providing information has been reinforced by going and meeting all citizens on the occasions of fairs and exhibitions where educational material is displayed (such as banners, brochures and stickers). To best reach vulnerable people, information sessions are organized in the most problematic areas. Specific action aimed at raising awareness about the problem of indoor pollution and the possible intervention of social workers in homes (nurses, staff members of the public social assistance centres and social housing associations, etc.) is also proposed to the towns.

Through this approach, the Province of Liège wishes to stimulate everyone’s participation in the common interest (empowerment), including less privileged citizens (equity).
Abstract No. 076
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Tackling inequality: using NHS Health Checks in the Workplace to engage with businesses to address the health and well-being of their workforce

Brighton & Hove City Council and NHS Brighton and Hove are working together to help employers in small and medium-sized businesses to promote staff health and well-being and reduce sickness absence.

NHS Health Checks in the Workplace encourage men older than 40 years to take more interest in their health and well-being. A qualified nurse visits the workplace to undertake health checks on employees, which include a full cardiovascular check and lifestyle and behaviour change advice. Individuals are referred on to other services as appropriate.

Research shows that men die prematurely from problems linked to obesity. In general, men only visit their doctor when health problems become serious and harder to treat.

Manual workers are even less likely to visit their doctor but are at higher risk of obesity and chronic disorders. Local research found that hypertension and diabetes are underdiagnosed in the city.

Brighton Sheet Metal, a leading fabrication company in the United Kingdom, employs around 100 routine and manual workers. It is keen to improve the health of its workers.

NHS Health Checks started in July 2010. Issues identified included undiagnosed hypertension, obesity, high cholesterol, undiagnosed diabetes, excessive drinking and smoking. Participants wanted to improve their physical fitness and quit smoking.

Workers found the health check useful, and it catalysed change. Brighton Sheet Metal brought in additional services, including:

- stop smoking
- shape up at work.

Workers lost 37 kg in total and overall fitness improved. Absenteeism reduced from 4.1% (2008) to 1.9% (2010), saving £20 000. Brighton Sheet Metal plans to provide these initiatives again. The workplace is an appropriate setting for such initiatives.

The workplace is an effective setting for engaging and motivating workers to adopt healthier lifestyles. Businesses that actively promote staff health and well-being benefit by reduced sickness absence, improved morale, productivity and profitability.
Servizi di prossimità: health and social services close to citizens

The activity of voluntary associations and their contribution to the community’s life represent irreplaceable social capital in modern societies.

This is also demonstrated by the experience of Udine, which has a strong tradition of volunteering. Since volunteerism is a valuable asset that needs to be strategically factored into development policies and programmes, the Municipality has created, in collaboration with the local health agency, a service for supporting vulnerable people and helping to maintain them at home by working in synergy with voluntary associations. This service, Servizi di Prossimità (health and social services close to citizens), aims at giving support to older and frail people and to their caregivers. It started from the awareness that the home nursing care offered by standard services should be complemented by external help and that equal access to services should be encouraged.

Beside having the possibility to rely on the permanent presence of some reference person, older people can also benefit from support services that are developed and delivered in a targeted way and are tailored to meet their specific needs. The most important services offered are:

- monitoring the older people’s life conditions and constant interaction with other services in the city;
- providing information and reassurance;
- providing services for everyday living;
- providing transport and accompanying people to public health places;
- creating social relationships to avoid social exclusion;
- reducing older people’s isolation and solitude; and
- involving families, neighbours and friends.

The cooperation and contribution of voluntary associations are a fundamental resource for the success of this programme thanks to the great contribution they make in providing formal care to the community and to each individual living within it. Volunteerism is also an important tool for addressing the problem of exclusion. It provides a vehicle for empowering excluded population groups to gain access to opportunities. Local voluntary involvement is always a valuable and indispensable contribution to improving social conditions, promoting economic development and empowering people to take charge. It reinforces a sense of collective responsibility and brings about a tangible difference to the lives of many people.
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*Chair:* Ms Birgitta Sodertun  
*Discussant:* Ms Joan Devlin  
*Rapporteur:* Mrs Ruth Fleming
Sunderland Way of Working – inequity in health

The health of Sunderland’s population includes not only dramatic differences between the health of the best-off and worst-off within Sunderland but the relationship between social circumstances and health being a graded one. We also know that the current fiscal pressure in which the public sector is operating is set to continue. With this in mind, Sunderland City Council set up an efficiency programme: the Sunderland Way of Working.

The rationale for the Sunderland Way of Working was that measuring current policies and interventions against expectations and a vision will result in both monetary and non-monetary savings: through the smarter delivery of services (improved effectiveness) and through the delivery of the right services (improved efficiency). Inequity in health was chosen as a service assessment area as part of the Sunderland Way of Working. To enable the service review to remain manageable within the given time scales, the scope of the review assessed a proportion of the existing services that are mainstream funded that contribute to tackling inequity in health.

The services that took part in the assessment are categorised under the six policy objectives within the Marmot Review (Fair society, healthy lives).

A. Give every child the best start in life
   - Breastfeeding services
B. Enable all children, young people and adults to maximize their capabilities and have control over their lives
   - Family information services
C. Create fair employment and good work for all
   - Job linkage
D. Ensure a healthy standard of living for all
   - Welfare rights
E. Create and develop health and sustainable places and communities
   - Home improvement agency
F. Strengthen the role and impact of ill health prevention
   - Chlamydia screening

The assessment consisted of:
   - services completing a self-assessment tool
   - business process mapping
   - service development sessions.

Some of the benefits included:
   - important services being protected by examining the full range of interventions;
   - raising the level of accountability in delivery on the social determinants of health;
   - previously it had been difficult to define the budget for the social determinants of health;
• this assessment enabling a baseline of information to be gathered and enabling the service assessment methods to be tested; and
• monetary savings of £450 000 being found across the Council.
The assessment worked well and has now been integrated as part of the service assessment methods of the Sunderland Way of Working. All services that are now assessed in the Sunderland Way of Working will have their effectiveness in tackling inequity measured.

Abstract No. 070
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Transforming residents' complaints in proposals

The living conditions of individuals are considered globally and influence the quality of life for everyone. Based on residents' concrete observations, the matter is to search for solutions and actors who implement the solutions and to turn them into sustainable and political proposals.

Starting from 2500 observations made by residents, proposals have been developed to integrate into the Regional Sustainable Development Plan, which determines the development plan of the Brussels region for the next 40 years.

During the process, residents enjoy training support, which encourages a change of behaviour.

The analysed observations give consistency to environmental issues, which are considered important and a priority in the daily lives of people in Brussels. The lack of information and therefore the lack of attention to the complexity of the environment influences the type of evidence noticed. However, as the months and clarifications to the people go by, the level of observation is more developed and more complex.

The socioeconomic level of the neighbourhoods reporting their experiences influences the order of priorities of the nature of the observations. In neighbourhoods in which residents have been informed and trained on the elements of quality of life, the observations and proposals are much more complex and constructive.

Moreover, based on their experience with public services and by the accumulation of frustration, the residents have a habit of making negative observations and complaints. The observations are transformed into demands for immediate effectiveness (control, rules).

The lack of knowledge of existing solutions or the development of alternative solutions leads them to ask for regulations. The separation of the level of material and behaviour leads to better understanding of complexity of the observations of the situation (dirt and insecurity) and allows more appropriate indicators to be developed.
"Is anybody out there?" – communicating in a healthy city

The Brighton & Hove Healthy City Programme has an objective to get more public interest and involvement in what makes the City a healthy place to live. At the same time, we want to help others, especially our strategic partners, to fully understand what the Programme does and how the governing Partnership works. There is also a desire to make it easier for the Partnership members themselves to work collectively towards a single purpose. An effective communication strategy can help us to achieve all three of these objectives.

Without a communication strategy, we would not be able to work intersectorally; it would be difficult to get political commitment; we would lack visibility, credibility and profile. Crucially, it would be difficult to make the connection between what the Programme was doing and what people perceive as having the greatest effects on their health. A communication strategy recognizes that everyone has a role in creating a healthy city.

Communication takes place via public events and healthy breakfast meetings, web sites, Twitter and local mass media. There are opportunities to enter competitions, get involved in volunteering and hear about and debate what is happening. Communication takes place year round.

The Healthy City Partnership has membership from all sectors (public, private and voluntary), including politicians.
We have produced and disseminated a short film about our work in the City.
The City is leading the way in certain public health issues, such as increasing breastfeeding, reducing alcohol harm and promoting community-based health trainers.
The determinants of health are complex, and communication is a challenge.
We have a recognized brand for the healthy city work.

Brighton & Hove has taken some big steps in communication; we still have a way to go, but we would be very happy to share our experiences with others.
PARALLEL SESSION PSF7
Caring and Supportive Environments: Supporting Independent Living for Older People

Chair: Mr John McMullan
Discussant: Prof Geoff Green
Rapporteur: Mr John McMullan
Abstract No. 049

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Daily activity centres for older people

A few years ago, the City of Ljubljana deviated from what had been the standard in most European Union countries at that time. For decades, residential care has been a supporting system for vulnerable older people. Although a low percentage of the people older than 65 years need care, a high percentage of them are concentrated in residential care and less then 1.5% enjoyed home care offered by formal care suppliers.

The absence of gradual support to promote independent living among older people and the general demographic paradigm forced changes. In principle, the philosophy changed: not care as such but supporting measures for prolonged independent and self-determined life became a central issue. The new paradigm expects an older person to remain active for as long as possible in the social environment to which she or he is accustomed and to cope on her or his own with the problems that come with ageing, to make independent decisions, to remain interested in public affairs and to help others when possible.

In 2005, the Ljubljana Union of Older People’s Associations with financial support from the Municipality of Ljubljana took the initiative to organize daily activity centres for older people. Including people in social networks influences physical and mental health and these again induce the older person to take another step in the inclusion process. The primary scope of this action was to offer older people the opportunity to knit a new social network for themselves and to save through active ageing their mental and physical condition outside residential care as long as possible.

In the last decade, the Municipality of Ljubljana (population of about 300 000) gained besides a home care institution, offering professional care at older people’s homes, seven daily activity centres, mostly already overcrowded and exceeding generational boundaries so that they became very much intergenerational. Others will come in autumn 2011. They represent low-threshold establishments, and each will have some 30 different activities weekly such as morning exercises, languages, painting and pottery.

Other townships in Slovenia are following the experience of Ljubljana. The Municipality of Ljubljana is a partner in the WHO Age-Friendly Cities Project.
Győr: Elderly-Friendly City

In the City of Győr the percentage of older people is growing. Győr has taken part in the healthy ageing subnetwork. In 2005, we started to develop a health profile of adults older than 50 years. The health profile set out a concept to develop the quality life of older people. In 2007, the Older People’s Council was established.

To collect missing qualitative data to the health profile of older people, we conducted a survey on a representative sample of inhabitants older than 50 years. The data show that 56% of respondents have mild, moderate or severe depression. In daily activity, 43% of the respondents feel limitations, but 23% would be willing to take on voluntary work.

Urban planning and housing: in the WELHOPS project funded by the European Union, the main goal was that services support older people in living in their own homes as long as possible. One main result was guidelines, which were very helpful in planning new homes or renovating older people's homes. The local government created a foundation, which provides opportunities for older people to apply for money to renovate their flats according to this manual.

Other initiatives include shaping community spaces, a park for senior citizens, a playground for older people and banks in several districts.

Social services: the social provider system functions well in our city. There are primary health and daily care, meals, home care service and help at home with a signal system. Space in institutions that provide permanent or temporary residence for older people has been expanded in recent years.

Health services and programmes: these include primary health care, screening programmes, “health markets” in 12 districts in the city and a “chat-network” for mental health.

Active living: this includes 200 season tickets to the swimming pool for nongovernmental organizations of older people, regular sport programmes for older people in six districts of the city, Senior Games, a leaflet for nongovernmental organizations to promote gymnastics and a survey and physical activity in older people’s homes.

Education and culture: initiatives include a university for senior citizens, an open generation teach-in, Grandma-Net, theatre and concert tickets free of charge for older people and intergenerational programmes.

Success factors include situation analysis, concept, political support, media partners, strong nongovernmental organizations, cooperation and collaboration.

Challenges include stereotypes about older people, low pensions and reaching isolated people.

Municipal activities can persuade other institutions, nongovernmental organizations, agencies and companies to be active for older people. In 2010, the Ministry honoured these activities with a title: Elderly-Friendly City.
Abstract No. 082

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Care and supportive environments

Sunderland, like many cities, needs to meet the challenges that are ahead:
• demographic changes, including an expected increase in the ageing population;
• rising expectations of individuals and their caregivers in relation to demand for services; and
• policy drivers focused on developing and delivering personally tailored, high-quality services

The city aims to complete this through delivering against five aims:
• choice and control
• independent living
• equal access for all
• improving health and well-being
• better commissioning.

Living in a place of choice has huge effects on a person’s quality of life, with a decent and affordable home being central to this. Increasingly, people who would almost certainly have been in institutional care in the past can now retain a large degree of independence if they are in well-designed and supported accommodation. There is a spectrum of options to enable people to have their own front doors, including adaptations, equipment, core and cluster schemes, sheltered housing, extra-care housing, use of technology and overnight services. We aim for every person to have the support to live independently in their own home or community, if that is what they want.

This has involved the development of innovative schemes to support people in their own homes, such as telecare and telehealth, and working with partners, including housing partners, to plan holistically for housing and support through an integrated approach.

It has also involved managing the residential care market to reduce the number of residential care homes delivering poor standards of care and rewarding quality homes by ensuring that they are offering the right service in the right place at the right time.

Achievements include:
• improved health and well-being and patient experience
• improved health and well-being and medical outcomes
• improved efficiency and value for money
• improved joint working.

Sunderland has achieved much in relation to housing options and surrounding support that enables more people to continue living at home. There are a range of innovative services that support people at home including prevention (home care) teams, a community dementia team, overnight services and a direct social and healthcare workforce who are all supported by the increased use of extra-care facilities and telecare.
Intermediate care services within Sunderland have improved outcomes for individuals, supporting many older people back on their feet following injury or illness, enabling people to return to their own homes and communities.

The development of the Home Improvement Agency has enabled a coordinated approach to many services that all have the aim of supporting people to remain safely at home, providing practical support and assistance.
PARALLEL SESSION PSF8
Healthy Living: Health Promotion for Children and Young People

Chair: Ms Marianne Dock
Discussant: Ms Helen Wilding
Rapporteur: Ms Karolina Mackiewicz
Hungarian healthy cities tackling childhood obesity

The Hungarian Association of Healthy Cities launched the Shape Up Hungary! health promotion programme in schools in 2008. Twelve educational institutions (primary schools, secondary schools and complex institutions) from the member cities are taking part in the programme.

The programme’s duration is two school terms. After a preparation period in late 2008 and early 2009, the work started in the schools in the 2009/2010 school term and continued in 2010/2011. Throughout the school terms, health promotion programmes were organized in the schools, and at the end of the school terms Shape Up Week was organized. Two surveys have been conducted to establish and to evaluate the work.

The first survey was performed to determine children’s opinions about health issues and to get information about their lifestyles. It was performed between November 2009 and January 2010. The second survey (conducted between December 2010 and February 2011) focused on:

- sources where children can get information relating to healthy lifestyles;
- health promotion programmes in general and in the school;
- children’s willingness to take part in planning, organizing and participating in such programmes; and
- awareness of Shape Up Hungary! in the schools.

In the second survey, control schools were also involved to see whether project schools differ from other schools. Methods of the surveys: self-administered questionnaire.

Responses to the first survey: 4893 (one class from every year or the whole school). Responses to the second survey: 2674 (one class from every year). The main outcomes of the surveys will be presented.

Although two years is not enough to change lifestyles substantially, the surveys show positive effects of the programme. Based on this two-year project period, we will develop the possibilities to continue Shape Up Hungary!
A smoke-free future: smoke prevention policies at school

Tobacco is the largest cause of avoidable death in the European Union, accounting for more than half a million deaths each year. To curb this epidemic, Italy joined other countries in Europe by introducing in January 2005 a comprehensive smoking ban on tobacco use in public places that includes strong sanctions for smokers, businesses and workplace owners and managers. Although researchers in Rome found an 11% reduction of acute coronary events since the smoking ban took effect, these legislative measures should be complemented with a comprehensive tobacco control policy to provide anti-tobacco education and school-based tobacco prevention. Following these premises, Udine has also implemented school health programmes to prevent smoking in primary and secondary schools. They consist in anti-tobacco education lessons aimed at integrating knowledge about the short- and long-term negative physical and social influences and consequences of tobacco use, peer attitudes and norms and refusal skills.

In primary schools, a book has been distributed that is a collection of writings on smoking and tobacco written and illustrated by some inmates of the district penitentiary, and educational and amusing games have been organized to encourage children to reflect on smoking harm. In secondary schools, health professionals have held conferences and debates, and a leaflet has been distributed to provide information on the dangers of smoking. Almost 900 children and adolescents were involved in the school year 2009/2010.

Since this intervention in classes has led in past years to a strong engagement both of teachers and scholars, for the new school year a booklet will be produced collecting the most beautiful drawings, limericks, poems and compositions written by children. This booklet will be distributed to all primary schools of the city as a tool for prevention and health literacy in schools.

Apart from the enthusiasm the students and their teachers have towards the project, the results have been evaluated through questionnaires, which have demonstrated an increase in children’s knowledge about smoking harm.
Healthy living in Carlisle

Between the Healthy City Steering Group and the Healthy Communities Group of the Carlisle Local Strategic Partnership, several new projects have been taken forward to address the commitments we made under the healthy living theme.

In recent months, the Healthy City Steering Group in Carlisle has funded an application for an allotment project. “Grow your own healthy city” will see the renovation of existing allotments and the reclamation and redevelopment of other disused allotment sites over the next year.

The project will aim to provide further allotment facilities, meeting a community need in the city and providing a range of health benefits. Alongside the health and well-being benefits that the social and physical activity involved in gardening is known to provide, allotments provide an ideal opportunity for building social capital in communities and help residents to improve diet and generate an interest in nutrition. The project will also aim to work with schools in the area using the allotments as a facility for education and a general tool to improve health literacy among young people, and local schools have already committed to taking on sites.

All bids approved by the Healthy City Steering Group must include an element of capacity-building; the allotments project in Carlisle will look to establish new allotment associations to ensure the long-term sustainability of the project and reinforce the social capital the project aims to build.

The Healthy City Steering Group has also provided financial support for the Fab and Fifty project in Carlisle. Given the demographic profile of the district (where the population ageing exceeds even the national and regional trends), the health and well being of older residents has become a priority. The Fab and Fifty project has been delivered by strategic partners, Carlisle Leisure Ltd and has been aimed at increasing the take-up of physical activity and health-related social activity among people older than 50 years. Since it was launched, 131 additional residents have signed up for the programme (the oldest attendee is a woman 88 years old) and 19 volunteers have been engaged to help deliver activities, which include: drawing workshops, ballroom dancing, cookery sessions, driving-range sessions, tai chi, badminton and spinning among others.

In the coming months, our Health Improvement Action Plan will see us establish a workplace award scheme for healthy employers in Carlisle, extend the exercise-on-referral scheme, increase promotion of Change4Life, produce a well-being and wellness guide for use by partners across our Local Strategic Partnership in an intervention-style approach and continuing to work with the partners across the district to promote informed policy development and decision-making aimed at tackling issues around alcohol, smoking, healthy eating and domestic abuse.
PARALLEL SESSION PSF9
Governance: Indicators for Health

Chair: Ms Jane Muller
Discussant: Dr Premila Webster
Rapporteur: Ms Jane Muller
Creating health and well-being indicators for Glasgow

Glasgow’s City Strategy Action Plan (2007) included a commitment to “research into well-being and quality of life in Glasgow against a range of indicators”. In 2009, Growing a Healthier Glasgow – the report of Glasgow’s Health Commission – made 20 recommendations for what needed to change for the city to have a healthier future. These reports provided the main impetus for developing indicators to describe health and well-being in Glasgow. The Glasgow Centre for Population Health has described health in the city via community health profiles, the Miniature Glasgow film and through comparisons to other postindustrial regions of Europe and to other cities.

Our aims have been:
- to create an accessible resource to inform a wide audience about the wellbeing of Glasgow’s population across a range of domains (such as health, poverty, education and environment);
- to allow progress to be monitored; and
- to encourage civic engagement and debate regarding the cross-cutting issues the city faces.

During 2010, the Glasgow Centre for Population Health led a process to initially create a consensus behind having a set of health and well-being indicators for Glasgow and to then undertake the creation of a set of indicators. This work was carried out via a series of multi-agency seminars and by a project group involving key city partners. This work, entitled the Glasgow indicators project, culminated in the presentation of these indicators on a new web site, Understanding Glasgow (www.understandingglasgow.com), launched in February 2011.

This work has been described as an initiative for democratizing information and has been complemented as being a one-stop shop for information about Glasgow. The successes to date have been achieved through the sustained support of a wide range of partners across the city. The indicators have been used at a number of events and are contributing to thinking about a more sustainable and resilient Glasgow.

Glasgow has a new information resource. The challenge now is to develop this resource, adding children’s indicators and further European comparisons, and to use the indicators as a focus for debate and engagement about the future of the city in the 21st century.
Good for regeneration, good for health: developing indicators to support healthy regeneration

Significant physical regeneration has taken place in Belfast in recent years, and the work is continuing. The rationale of the outgoing government for this has been that investing in infrastructure is required to expand the economy, which in turn will bring about benefits that trickle down and serve to tackle deprivation and improve people’s health and well-being.

Regeneration can indeed contribute to improved health and well-being, while healthy people and communities support effective regeneration. Often, however, monitoring the effects on people’s health and well-being is difficult, as it has not been given priority and relevant data are therefore not collected.

This project used a health impact analysis approach to establish an indicator set that highlights the health effects of regeneration and supports the collection of appropriate data in a way that also emphasizes the synergy between successful regeneration and improving health.

The indicator set was based on a health impact analysis of the strategic regeneration frameworks for the five area partnerships in Belfast, which are tasked with leading regeneration in each of the main quarters of the city. The key partners in the project, which is funded by the European Union through the URBACT II fund, are Belfast Healthy Cities, Belfast City Council, Belfast Health and Social Care Trust, Northern Ireland Housing Executive and Public Health Agency along with the area partnerships, working closely with an external consultant who was responsible for the concrete indicator development work.

The indicators are arranged within a framework consisting of four main domains – economic, social, environmental and access – underpinned by a community and neighbourhood domain. Within each domain, two headline indicators have been identified that should be used to assess all proposals. The novel approach is that a mainstream indicator has been twinned with an indicator to highlight effects on deprived groups, which helps identify potential differential effects.

A series of checklists has been developed to support piloting of the indicator set, along with guidance on how to use the set to support both health and broad regeneration. Pilots include major current regeneration projects in Belfast, among them the last large-scale social housing redevelopment in the city. Next steps include completing these, seeking agreement to collect required data and promoting the use of the set. A data mapping exercise is underway to begin the process of negotiating agreement to collect data currently not available.

The indicator set was scheduled to be formally launched in late May 2011. Interest in the project has been significant both locally as well as across Europe, and it is regarded as highlighting potential for building on health impact assessment methods to develop ways of integrating health into policy-making.
PARALLEL SESSION PSF11
Teach In: Can Environmental Changes Increase Physical Activity?

Chair: Ms Heini Parkkunen
Facilitators: Dr Geraint Ellis and Dr Mark Tully

(Repeated PSG8)
Assessing the effects of environmental changes on health-related behaviour: lessons from the PARC study

The effects of the local environment on physical activity can be assessed using walkability indices. Traditional indices have limited value to intervention studies, since they tend to be based on road networks, cannot measure adjustments to pedestrian networks and tend to be relative measurements of walkability across space rather than measuring absolute changes over time. It is also rare to have measures of walkability that can be related to more comprehensive evaluation frameworks that include local demographic issues and measures of actual physical activity, all of which contribute to sustaining health outcomes.

The Connswater Community Greenway is a £32 million regeneration project in Belfast. It aims to provide safe and accessible space for recreation and active travel and improve the quality of life for the 40 000 people living nearby. The PARC study is a five year evaluation of the effects of the Connswater Community Greenway on physical activity and health. Using a geographical information system, a walkability model (real walkable index) has been created to assess how physical regeneration affects the walkability of the local environment. The RE-AIM (reach, effectiveness, adoption, implementation and maintenance) framework has been chosen to guide the evaluation of these changes on health. This allows the concurrent evaluation of dimensions considered relevant to real-world implementation, such as the capacity to reach socially disadvantaged populations and the changes in health-related outcomes, such as physical activity.

Cross-sectional associations between physical activity and walkability from our baseline data will highlight the issues faced in evaluating changes in the built environment. RE-AIM will be used to comprehensively evaluate the public health effects and real walkable networks to assess changes in the built environment. The strengths and limitations of these approaches will be discussed.

Comprehensive assessment requires interdisciplinary approaches to assess how environment change affects complex health-related behaviour.
PARALLEL SESSION PSG1
Governance: Engaging Citizens and Children to Promote Healthy Environments

Chair: Dr Nina Williams
Discussant: Ms Caroline Bird
Rapporteur: Dr Nina Williams
San Fernando de Henares municipal health plan: gender-focused evaluation and stakeholder participation

The evaluation of the framework of the strategy of the WHO European Healthy Cities Network is ex post facto, summative and invaluably helpful for designing a new health plan.

All the aforementioned aspects related to the processes, coordination, completeness and participation as a whole stemming from the objectives of Phases III and IV throughout the 2002–2007 period.

Evaluation is intrinsic to Planning. Every health plan must include its design. The evaluation of the second municipal health plan is presented.

This evaluation was participation-focused, involving the stakeholders throughout all phases.


A total of 1066 people were contacted (51% women, 49% men). For the information needed, semistructured surveys were conducted, meetings having been held with the Healthy San Fernando Project Technical and Participation Commission, phone consultations and a population survey (1003 people surveyed). Secondary sources were reviewed.

An agreement was reached as to the value criteria, the “quality of the participation” and the “coverage” being most outstanding as being explicative of the differences between women and men. Based on all the above, we created an evaluation matrix structured based on the strategy lines of the WHO Healthy Cities European Network in Phases III and IV.

Recommendations linked to the priorities set by the WHO and all stakeholders as a whole were obtained. The most outstanding are:

- Prepare gender impact reports.
- Break down all municipal data as a whole by sex.
- Incorporate younger population groups, private enterprise, environmentalists and cultural, leisure and sports associations into the Participation Commission.
- Increase the coverage of young people of both sexes and the population aged 30–55 years.
- Consider health-determining factors related to: educational level, employment prospects, working conditions, burdens related to family responsibilities, housework, economic level and sex.
- Include in all municipal information and campaigns as a whole the further fostering of equality as regards age, sex, social class, country of origin, sexual preference and disability.

This evaluation affords the possibility of making a critical review. The results have been used for preparing the third municipal health plan.
Shaping healthier neighbourhoods for children

Children’s needs and voices are not always heard in the design of the built environment, although young people have valuable experiences that can help to develop an environment that supports all users. A quality environment that supports active travel, physical play and offers opportunities to socialize also underpins children’s healthy development and helps build healthy habits for life. Meanwhile, the surrounding world, including the built environment, is an important element of the school curriculum.

This project engages just under 100 children 9–11 years old in two neighbourhoods in western Belfast working through three local primary schools and an after-school club and linking to a local childhood obesity prevention project. Photography is used as a key method to allow children to critically analyse their environment and was chosen as a way of engaging children of all abilities. The core element involves taking children on a walk in the environment surrounding their schools and supporting them in taking photos of elements they like and elements they do not like or see as barriers for children. The photos are also used as material for art projects, including collages and electronic presentations, which are used to give children a concrete way of showing what they think constitute good and bad environments and what should change to make the local environment more child friendly. Marcus Grant of the University of the West of England in Bristol developed an initial workshop to introduce the issues and also delivered the first session to two of the groups.

The project is intended to underpin and initiate work: (1) to identify ways for children to have a voice and get engaged in decision-making around the built neighbourhood and (2) to develop guidance on shaping healthy urban environments for children. It is intended that the children will have an opportunity to publicly present their artwork to initiate this. Photos and findings will be collated into a report that will be published, with a view to highlighting children’s views and linking these to published literature to identify recommendations for a more child-friendly environment.

Feedback from participating children and teachers has been very positive, and both policy-makers and voluntary sector organizations have expressed interest in the project and its aims and principles. Local community sector partners in the neighbourhood have expressed an interest in repeating the project as part of the childhood obesity prevention project to which this work linked.

The next steps involve seeking ways in which children can be more effectively heard in planning and decision-making around the built environment and ways of demonstrating the benefits of a child-friendly environment. As a potential second phase involving the existing participant groups, the project will also explore opportunities to engage children in shaping relevant regeneration projects in their area.
Abstract No. 080
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Young people participating in city development

In city development planning, the city has to cooperate and prepare for real participation from citizens. In Sandnes, children and adolescents are an identified focus group for city development and deliveries of public services. The city development plan has specific goals and strategies for growing up healthy.

The city has been working to revise the city development plan during 2010. As a part of this work, we have strongly emphasized securing good and real participation from young people.

To create efficient arenas where young people could discuss and work out ideas and proposals for city development, we arranged a workshop in the science centre in Sandnes. Students from secondary schools and the Youth Council were invited to discuss and prepare proposals for Sandnes in the future. Lego blocks were used to build models to illustrate the visions. A group of employees in the city administration together with the mayor participated as a secretariat.

The results from the workshop, the models and a written report comprised an exhibition for students in primary and secondary schools and for politicians and professional planners.

During the Children’s City Council in November 2010, the Youth Council put forward a concrete proposal for the city development plan. This proposal has since been integrated in a separate chapter in the city development plan and is thus a part of the main policy document for Sandnes.

The project has been a successful method to lay the ground for real participation from young people in city development planning. The Sandnes Municipal Council has adopted the proposals and recognized them as an important basis for their further work to promote health for all and sustainable development in Sandnes.

The project is a milestone in better and more real participation with specific target groups and with the citizens in general and will be an example to build on for the future.
PARALLEL SESSION PSG2
Healthy Urban Environment: Integrating Health into Urban Planning

Chair: Mrs Maria Dolores Gerez
Discussant: Ms Sarah Burgess
Rapporteur: Mr John Corkey
Abstract No. 026
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Urbanism, health and public policies

Almost half the world’s population lives in cities, WHO considers the struggle against physical inactivity to be one of the major problems of the 21st century and experts consider urbanism to be a determinant of health. The professionals of urban development (architects, urban planners and designers, landscape architects, etc.) are therefore constantly being solicited by doctors and researchers to promote cities that encourage physical activity.

But what exactly can urbanists do? A lot and yet not much. A lot, because planners and designers define the elements of urban frameworks that can promote or hinder all activities that require human effort, such as walking or bicycle riding. But also not much, because on the one hand, realizing this potential depends on individual behaviour, and on the other hand, the impact of planning work is also largely determined by public policies that do not necessarily consider health.

So urbanists can intervene within this narrow framework, between the policies of territorial development and individual responsibility.

Based on more than 20 years of professional practice, my presentation illustrates the ties existing between urbanism and health at different levels: from the regional planning scale to the detailing of building entrances, highlighting what is driven by political action, what can be affected by the action of urban planners and designers and what derives from personal choices.

In conclusion, I will present various ways in which health can be better integrated into public policies and in the planning process, including removing barriers between professional practices, reforming institutions and integrating public processes. My contribution is thus not based on specific research but on my professional practice in a private consulting firm working for public and private clients in Switzerland and abroad.

Abstract No. 022
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Evaluating phase I of the Glasgow Equally Well test site

Equally well is a report of the Scottish Government’s Taskforce on Health Inequalities, and its implementation plan called for creating test sites to explore innovative ways of working. The Glasgow test site is trialling an approach to reducing inequalities in health by incorporating health into planning policy and practice.

It is recognized that the intended long-term outcomes are outside the scope of the test site time scale (up to March 2011 initially). A logic model has been developed that demonstrates how the work undertaken will move along a pathway to eventually contribute to the long-term outcomes. This evaluation has been designed to assess
whether progress has been made in respect of the short-term outcomes and the processes involved.

A mixed-methods approach was taken, using both quantitative and qualitative information gathered through internal and external resource. Part of the research involved identifying the indicators that form a baseline for measuring long-term outcomes.

Despite considerable challenges to working successfully in partnership due to traditions of working in silos, the institutional challenges of working across bureaucracies with different structures and reporting mechanisms and increasing economic uncertainty, the test site has delivered output that is moving in the right direction along the logic pathway. Some outputs are tools with the potential to influence practice, and others may help to change working cultures.

Important lessons have been learned from the phase I evaluation and will be incorporated to improve the overall performance of the test site. Lessons from this evaluation can help to inform others who are attempting to develop partnerships between health and planning. Influencing inequity in health by changing the delivery of planning practice requires a long-term approach. The delivery of output that can deliver changes to working practice can be considered as a stage on the journey towards reaching this ultimate goal. Shared ownership, having common goals and working collectively will deliver improved outcomes and output.

Abstract No. 077
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One Brighton and Hove – a new way of living
Brighton and Hove has limited space for new housing developments. High-density building schemes are becoming increasingly necessary. How can such schemes enhance the health and well-being of residents and the wider community? Brighton and Hove’s planning team wanted to be explicit about the health benefits of new developments in the city. They are keen to ensure that new high-density housing developments are sustainable, health-promoting, have access to green space and are pleasant places to live.

One Brighton is a high-density housing scheme in the middle of the city that has been built according to the principles of one planet living. The building scheme is a good place to live. It is ideally located for access to city amenities, being right in the heart of the city and near the mainline railway station. It is sustainable – with on-site heating, photovoltaic cells generating energy for heat and light and comprehensive recycling. Cycling and walking are encouraged, with cars being actively discouraged. Residents have access to green space, which is linked up through the building via balconies – used for growing vegetables and flowers – and on the side of the building, reducing the impact of living in a densely developed urban area.

High-density building schemes are necessary to address the housing requirements of many urban areas. New developments can be built that meet this challenge and are also health enhancing.
PARALLEL SESSION PSG3
Healthy Living: Structures and Actions for Healthy Living

Chair: Mrs Ruth Fleming
Discussant: Mr Hans Ivar Somme
Rapporteur: Ms Anna Ristovska
Harmonizing walking, running and fitness in the city centre

Citizens of Aydin liked and preferred to use walking and running roads established during the healthy city project from 2004 to 2011 in the city centre. As additional activity, the Municipality of Aydin created fitness areas parallel to these roads. They were planted in the middle of the neighbourhoods as open common use. The main reason for taking this initiative is to provide healthy environments and healthy life options for our citizens.

Demand for and pleasure from these areas continue and increase. The Municipality is responsible for caring for and cleaning facilities. Adnan Menderes University is a partner of the project. Every morning a sports teacher leads citizens in fitness facilities.

Citizens living in Aydin of all ages are using them. Not only walking and running roads but also parallel fitness machines are a part of daily life. You can see citizens, in the early morning and after sundown, using the equipment in good spirits. After this initiative, in Aydin, many fitness centres were opened. They offer a wide variety of strength and cardio equipment for all levels of fitness. In addition, they have a wide variety of group exercise classes. They have professional trainers, who are there to assist in improving the overall level of fitness. They wanted to latch onto the increasing trend.

In 12 parks, citizens can use fitness equipment. Especially older people prefer open spaces and harmonizing walking, running and fitness in the city centre. Municipal initiatives for healthy lifestyles and supportive environments set a good example for all sectors and the public and also health professionals. In the University, we have urban health lessons and use these examples as case studies. However, we have not monitored the effects of these initiatives yet. According to the city models and the results of good practices, we would establish a monitoring system.
Live actively, do exercise and be rewarded with health

Sedentary lifestyles and the prevalence of obesity are increasing in our country, our city and globally. Physical activity is restricted because of convenience brought by technological innovation and forgotten in the intensity of daily routine things. This project is intended to reduce obesity-related health problems, improve the quality of life of individuals living in our city and create a culture of sport in society. The project aims to increase awareness of a balanced diet, promote regular physical activity, prevent health problems caused by an inactive life and reduce the prevalence of obesity.

Paying great attention to providing sport facilities to people of all ages, the Municipality of Denizli constructs tennis courts, running and cycling tracks and various playgrounds in the large parks. The amount of green space in the city has doubled every year.

Healthy eating and active living to create awareness, inform and raise awareness of the public requires multisectoral institutional work. The Municipality therefore brought together all the institutions of our city to do work on this issue.

On 7 April 2010, the city’s busiest streets were closed to traffic for a wellness march. At the end of the march, in which about 8000 people from all over the city participated, they carried out physical activities with local managers. The sports minister and family affairs minister supported our project by participating in the wellness march.

Activities carried out under the project include:
- table top exercise training is provided as applied to white-collar workers;
- free public health education, healthy eating and active living issues is continuing;
- advertisements, posters and brochures on the topic were distributed;
- the number of free sports courses for children and adolescents increased in different branches;
- in disadvantaged areas of our city, organized sports activities for adults with sports professionals are provided; and
- sports fields are used actively by citizens.

The project increased the interest of local administrators in this subject, and working groups of the project were expanded throughout the province. An obesity prevention plan was prepared for 2010–2015.
Abstract No. 019
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Action aimed at promoting healthy living in the city of Izhevsk

Citizens of Izhevsk (representatives of local authorities, the general public and scientific and business circles) considers forming ideas for health and healthy living, development of specific health projects and building recreational areas for residents to be priorities for strengthening peoples’ health (a resolution of the City Health Forum, 1998) and considers “health and lifetime to be components of the quality of life, factors for economic stability and inalienable conditions of sustainable development” (strategy for sustainable development of the City of Izhevsk).

To realize core theme 2, healthy living, during Phase V, Izhevsk chooses the following important issues: preventing noncommunicable diseases, active living, healthy food and diet, healthy settings, tobacco-free cities and alcohol and drugs. One main tool for achieving the goals of core theme 2 is the programme “Health of the city – health of Izhevsk citizens”. The action includes:

• educational and enlightening events for various population groups;
• healthy schools for people with noncommunicable diseases; and
• training specialists working with the population.

A thoroughly thought-out algorithm ensures the participation of all stakeholders. The Medical Prevention Centre acts as the coordinator. City leaders, organization departments of the City Administration and lower municipal institutions of social care, of education and preschool education, for work with young people, mass media and universities, as well as volunteers, parents, journalists, editors and employers are involved in the process of realizing the programme. One third of the citizens are involved in the activities. Health monitoring, public opinion surveys, spreading of experience, and encouragement of participants are being put into effect. The work is systematic.

The results of activities within the framework of the healthy city project become more and more obvious; healthy living becomes more habitual for residents. Positive dynamics of demographic indices in Izhevsk confirm the effectiveness of health strengthening policy and target approaches. Mortality has decrease, fertility has increased and life expectancy has increased in Izhevsk during the past three years. Indices of infant mortality, working age mortality, abortions and adolescent pregnancy have decreased significantly. These indices are better in Izhevsk than in the Udmurt Republic and the Russian Federation on average.
PARALLEL SESSION PSG5
Equity: Strategies and Networks to Reduce Inequalities

Chair: Dr Selma Sogoric
Discussant: Dr Piroska Ostlin
Rapporteur: Dr Selma Sogoric
How to reduce inequity in health at the municipal level

There is significant inequity in health between various groups in cities in the Russian Federation due to differences in income, education level and social status of these groups. Although a great amount of work is carried out in the Russian Federation to provide social security for vulnerable groups, there is no systematic approach to this so far. We interpret equity in health as the absence of obstacles for realizing a person’s health potential if they can be avoided.

An activity aimed at reducing inequity in health must be integrated and intersectoral because health is the result of the effects of various factors on the person.

Our goal was to reduce inequity in health among Stavropol residents. According to this purpose, the following tasks were set:

- to analyse the results of the municipal programmes and projects implemented that were aimed at health promotion as well as their role in promoting the health of vulnerable groups and the involvement of various sectors in realizing programmes at the municipal level;
- to perform a sociological survey of the level of living of vulnerable groups in the City of Stavropol and to prepare based on the data received and publish a health profile of vulnerable groups in the City of Stavropol;
- to prepare an organizational and functional model providing intersectoral cooperation within the framework of events aimed at protecting health at the municipal level as well as indicators for assessing inequity in health;
- to determine priority problems of medical, social and socioeconomic determinants of health in the City of Stavropol based on the data which collected in accordance with the indicators of city life activity and the results of the sociological survey of the quality of life;
- to prepare a municipal plan for reducing inequity in health in the City of Stavropol; and
- to implement programmes and projects aimed at health protection of different groups such as older people, people with disabilities, low-income groups and other vulnerable groups.

A working plan was developed. According to this, the preparatory work for concrete measures implementation to reduce inequity in health should be done within two years.

- An official responsible for issues related to inequity in health was appointed in the city administration;
- A working group was made to study the problem of inequity in health among the Stavropol residents;
- A survey of vulnerable groups was conducted to study their quality of life and their needs. It was done in collaboration with the Stavropol city administration units and Stavropol State University.
- The Stavropol city administration bureaus and departments reviewed the situation of vulnerable groups and the activities aimed at reducing inequity in health.
- A report on the status of inequity in health among Stavropol residents was prepared in 2010 and presented at the Healthy Cities Coordinating Committee meeting in Stavropol.
• Guidelines on inequity in health were included in the municipal grant contest.
• An international conference on urban design and inequity in health problems was arranged in Stavropol as well as seminars on the topic.
• A grant was received from “Black Sea Trust” international organization. It was offered to our partners from Kadikoy (Istanbul) to work together on inequity in health issues.

The Older People’s Council, a volunteer group of older people, was established in the city as well as free legal advice for vulnerable groups.

The activities carried out based on the examination of international experience to tackle issues related to inequity in health enable the following:
• to raise awareness of the problem of inequity in health and bring focus attention on it;
• to include inequity in health issues in the agenda of the key sectors; and
• to implement specific health projects related to older people, people with disabilities, people with low income and other socially vulnerable groups.

In 2011, we are planning to prepare a health profile of vulnerable groups and a plan of action for reducing inequity in health.
Influencing the development of an integrated partnership strategy for Cardiff

In recent years, three strategic partnerships under the auspices of the overall community strategy (Proud Capital) have been responsible for needs assessment and advancing the health and well-being agenda. Each partnership planned services and projects based on separate needs assessment with some joint working between each but resulting in a lack of focus on inequity and duplication of effort and use of resources.

Following an extensive partnership review, it was agreed that an integrated partnership strategy would be developed bringing together the components of the community strategy; health, social care and well-being strategy; children and young people’s plan and the community safety strategic assessment. Agreement was reached by all partnership boards and the Council’s Executive to enable a collective vision and high-level priorities for the city to be determined. Results-based accountability was the method adopted, requiring the establishment of

- an integrated needs assessment
- bellwether indicators
- population outcomes
- population and performance accountability measures.

The Welsh Assembly Government set time frames for the separate strategic documents, and the integrated partnership strategy was expected to be developed within the agreed time scales. Initial discussions and staff training commenced in 2009, and draft documents were available for consultation in January 2011.

Seven population outcomes have been agreed.

- People in Cardiff are healthy.
- People in Cardiff have a clean, attractive and sustainable environment.
- People in Cardiff are safe and feel safe.
- Cardiff has a thriving and prosperous economy.
- People in Cardiff achieve their full potential.
- Cardiff is a great place to live, work and play.
- Cardiff is a fair, just and inclusive society.

These population outcomes now drive the partnership working and the reporting to the integrated partnership strategy. Each outcome has a set of bellwether indicators that will illustrate progress in addressing inequity over time. Plans are focused on needs, action and achievements, with each action within a plan able to have a line of sight up through to the integrated partnership strategy. This framework has enabled embedding equity in high-level strategic policies and a real route for organizations to engage in addressing inequity.

The presentation will conclude with an update on progress, key challenges and successes.
ROSALIE: an observation network for social reality and health promotion in the administrative district of Liège – a local dynamic to address social inequity in health

In June 2009, the Centre liégeois de promotion de la santé (CLPS) and its partners established an observation network of social reality and health promotion in the administrative district of Liege. This project originated in dynamic intersectoral work developed over almost 10 years.

The objectives were:
- to develop a common frame of reference (useful for professionals and policy-makers) on the precarious health of populations and the elements on which to reduce inequity;
- to create a link between professionals and between networks (based on shared values); and
- to create a link between professionals and policy makers.

ROSALIE (Rëseau d’Observation des réalités Sociales de promotion de la Santé sur l’Arrondissement de Liège) is a project co-constructed by its members, meeting on an intersectoral basis. Intervening in social inequity in health requires thinking, organization and action from various sectors and an interface between professionals and politics. ROSALIE is a place for reflection and discussion where the practitioners who work with vulnerable populations, representatives of networks, second-line professionals and institutional leaders congregate to identify:
- vulnerable populations and indicators of vulnerability;
- the needs expressed and the data available;
- actors and practices;
- the strengths and difficulties in practice;
- ethical issues;
- Liège specificities; and
- the type of relationship to develop with policy-makers.

From a frame of reference co-constructed, the next stage of the project will:
- disseminate the framework and strategies for action that emerge, particularly among policy-makers and institutions;
- develop collective action;
- extend the network; and
- evaluate ROSALIE.

Developing intersectoral work raises issues concerning:
- the functioning of organizations;
- the demands of time;
- the institutional frameworks;
- the philosophical frameworks; and
- management communication.

This leads to the need to share a common vision and shared values.
PARALLEL SESSION PSG6
Healthy Living: Guidelines and Assessments

Chair: Cllr Jacquelyne Geddes
Discussant: Dr Agis Tsouros
Rapporteur: Mr Keith Gerrard
Abstract No. 006
Mickaël Hiligsmann, Olivier Bruyère and Jean-Yves Reginster, University of Liège; and Georges Pire, Province of Liège, Liège, Belgium
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Economic evaluation of an osteoporosis screening strategy conducted in the Province of Liège with the cooperation of Liège Province Santé

The Province of Liège in Belgium has conducted an osteoporosis screening strategy for women aged 50–69 years. This study aims to investigate the economic characteristics of the screening strategy and to assess its cost-effectiveness. With limited health care resources, it is becoming important to assess whether health care intervention represents a good value for money. By comparing alternative options in terms of their costs and effects, health economic evaluations such as cost-effectiveness analysis are increasingly used to inform decision-makers about how to allocate scarce resources.

Analysis of the accuracy of a pre-screening strategy and the study follow-up was performed. A validated Markov microsimulation model was then used to estimate the cost-effectiveness (expressed in cost per quality-adjusted life-year gained) of the screening strategy compared with no screening. Various scenarios were also tested to assess the potential effects of changing the screening strategy. Our analysis suggest that the osteoporosis screening strategy is efficient if the health sector and the people being screened fulfil the recommendations of the Province of Liège health authorities and if persistence is optimized. Bone mineral density should therefore be measured in all individuals with positive ultrasound screening; individuals having a positive bone mineral density diagnosis should be treated and adherence to therapy should be increased. Further, to improve the efficiency of the screening strategy, we suggest targeting for screening women with one or more clinical risk factors and women aged 65 years and older.

The osteoporosis screening strategy conducted in the Province of Liège represents an efficient allocation of resources. Recommendations have been suggested to further improve the cost-effectiveness of the screening strategy. This analysis confirms the usefulness of health economic evaluation in helping decision-makers to efficiently allocate scarce resources.
Guidelines for selecting plant species for urban greening in Milan according to their allergenicity – a project for the health of urban dwellers

Urban lifestyles are associated with a greater risk of allergic sensitization to pollen. For example, among 6683 children living in urban areas, pollen sensitization and allergic rhinitis were correlated with the concentrations of benzene and particulate matter with an aerodynamic diameter of less than 10 µm (PM$_{10}$). Statistically significant effects have also been found for PM$_{2.5}$ absorption among 2860 children living in a busy urban street context for asthmatic bronchitis, hayfever and allergic sensitization to pollen. This is promoted by the concentration of several allergenic plants in cities compared with the countryside, high pollution levels and a relevant greenhouse effect.

To prevent an additional increase in allergenic plants, the Health Department of Milan has promoted the preparation of guidelines indicating the allergenicity of the main plants to be used in the city.

Experts from the University of Milan and International Foundation for Medical and Allergenicity Sciences assessed the allergenicity of 85 plants, the quality of the evidence and the strength of the recommendation through a systematic review of the scientific literature. The time frame was six months and the research grant was €57 600.

Fifty-three plants were identified as non-allergenic and 32 as allergenic (6 strongly, 21 moderately and 5 mildly). The guidelines for each species indicate whether they are appropriate or not for urban greening according to allergenicity. Urban dwellers can donate a non-allergenic plant to Milan through a web site (http://www.milanoallergyfree.it) to contribute to the creation of allergy-free gardens. LAND S.r.l. has already designed and created the first non-allergenic area of Milan. The guidelines are an important work of scientific consultation and a precious practical guide for urban dwellers and field experts for implementing green, balancing concepts of health with aesthetic and botanical ones.
Solid waste management and collecting recycling materials are an important problem in our city as it is all over the world.

This project has been prepared to increase public awareness of separating the recyclable waste thrown in the trash, despite the cultural differences between the people living in Denizli and Almelo, and to evaluate their approach to the issue, especially to create environmental awareness among students.

This project is financed by the Matra/KAP programme of the Embassy of the Netherlands. The project budget is €15 000.

This project has made the children conscious of waste, with similar services by Municipality of Denizli and the Municipality of Almelo simultaneously by using the same educational materials. One advantage of this way of working is that the behaviour of students is easier to influence than the behaviour of older people, and students have therefore been chosen. Schoolchildren become involved in the separation of waste and systems for preventing debris from being left on the streets. A total of 200 students from the Netherlands and 2200 students from Turkey participated in this project.

The project was implemented simultaneously during the 2006/2007 academic year in both cities. A curriculum was developed and improved to provide recycling. The curriculum implemented in the Netherlands was used in Turkey, adapted to local needs. During the project in Almelo and Denizli, an exhibition and a waste art contest were realized.

Families who reside within the project implementation district actively attended to separating waste at the source. Students have changed behaviour concerning the waste through the commitment of students who have become involved in the separation of waste and systems for preventing and reducing debris in the streets. Children have become examples of good behaviour for their parents in their home situation.

The amount of recycling waste collected in the implementation area increased during the project. The project results have been broadened all around the city, and recycling works are continuing successfully: 3789 tonnes of packaging waste were collected in 2010.
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*Chair*: Mr Tony Wright  
*Discussant*: Dr Anna Ritsatakis  
*Rapporteur*: Mr Tony Wright
Dementia-Friendly Cities

People with dementia often have difficulty in finding high-quality information in their own city. Nevertheless, this type of disease requires familiar references; these people need to be able to rely on someone who comes from a similar background and who can provide them with specific, reliable information on the disease.

La Ligue Alzheimer is aware of these specific problems. The association’s motto is “A.I.D.E. près de chez vous” (help at your side) because La Ligue Alzheimer believes that most solutions can be found within the surrounding background. Several cities have expressed their need to be supported and accompanied in their willingness to develop local activities without considerable expenses. With the Dementia-Friendly Cities concept, La Ligue Alzheimer has been able to meet these cities’ interests and financial limits.

The Dementia-Friendly Cities are a network of cities that hold and develop activities related to Alzheimer’s disease (training sessions include the circle of care; Alzheimer cafés; home assistance to caregivers) in consultation with La Ligue Alzheimer. These activities must be free of charge.

The initiative’s objective is to encourage the integration of people with dementia within their community. Each activity must contribute to improving the quality of life of people with dementia and their caregivers, a goal that has been set up based on the WHO Age-friendly Cities network.

A Charter drafted by La Ligue Alzheimer and its partners in March 2011 states this objective. The Charter specifies the sharing of tasks between each signatory. La Ligue Alzheimer will train a proxidem: a municipal agent already working in the field of health and quality of life, disability and/or older people. The training session will be free of charge.

With this initiative, La Ligue Alzheimer – representing people with dementia and their caregivers – proves that it is part of the solution and is able to find equal partnerships for people with dementia in their familiar surrounding background.
Alzheimer cafés: living-together laboratories (despite the disease)

People with dementia and their caregivers tend to be isolated; their social life tends to be less developed than it used to be before they got diagnosed with the disease.

To deal with this issue, La Ligue Alzheimer has developed the concept of Alzheimer cafés in the French-speaking Community of Belgium. Each participating city is a partner that has offered (or expressed the desire to offer) a form of help to its inhabitants affected by the disease.

An Alzheimer café provides an opportunity to talk about the disease and share experiences in informal and friendly surroundings outside such places as hospitals or nursing homes. Moreover, an Alzheimer café can be a place where caregivers can determine the remaining abilities of a disoriented person. This, in turn, can spur the person with dementia and his or her caregiver on going out more often and on regaining self-esteem and confidence in society’s interest for them.

Methods used within the framework of the activity are: the use of validation; reminiscence and milieu therapy.

La Ligue Alzheimer offers a series of other services to its city partners.

La Ligue Alzheimer opened its first Alzheimer café in 2003. Since then, the initiative has been expanding. At the end 2011, there should be about 30 Alzheimer cafés. More and more cities are contacting La Ligue Alzheimer, asking for its support to open an Alzheimer café in their area; this illustrates how relevant the initiative is. It seems to constitute an easy way to give concrete answers and information.

La Ligue Alzheimer has sometimes been criticized for calling this activity an Alzheimer café, explicitly using the name of the disease. The association understands this critic; but instead of changing the activity’s name, La Ligue offers simultaneous efforts to change how the disease is perceived. The association cannot be satisfied with a one-shot experience. The Alzheimer cafés must be part of a network of activities.

This initiative illustrates willingness to find solutions: where there is a will there is a way.
Modernizing mental health services for asylum seekers

The Department of Health programme for delivering race equality in mental health focuses improvement work on:

- access to appropriate services;
- improved service user experience; and
- improved outcomes for ethnic minority groups.

Liverpool is one of the dispersal centres for asylum seekers in the United Kingdom. The local asylum seeker and associated groups within the population (such as destitute failed asylum seekers) are increasing in numbers, and their needs, including mental health needs, can be very complex and hard to respond to effectively.

A modernization group was convened to bring together dispersed knowledge and expertise in practice about mental health need and service gaps to address some of these complex and challenging problems.

The modernization group meets quarterly, reporting to both mental health commissioners and providers. A subgroup has been set up specifically to develop a mental health care pathway for asylum seekers and associated groups. The modernization group has also organized a conference to inform mental health practitioners of the particular needs of these communities. The group has used case studies to inform practice and systemize effective approaches and has supported the production of a video for information and promotion purposes.

The achievements include:

- the mental health care pathway being completed; and
- a health and social care guide on asylum seeker issues being prepared for practitioners.

Work in progress includes:

- knowledge and skills support being developed for general practices and inner city primary and secondary mental health community teams;
- training development and delivery to key workers such as housing and accommodation support workers; and
- exploring the possibility of using hand-held health records to ensure that important health information goes with people when they move even where they are not fully engaged with the health and care system.
A health worker for homeless people in the city centre hospital

Accident and emergency services of the main city centre hospital in Liverpool are increasingly challenged by inappropriate presentation of homeless single people for health care.

The primary care trust supported a bid for area-based funding for health, care and well-being to employ a full-time in-reach homeless worker to take referrals from hospital practitioners, in the accident and emergency department, the medical assessment unit and inpatient wards.

The post focused on the following strands of activity:

- increasing the number of homeless patients discharged into settled accommodation;
- directing and supporting homeless patients towards harm reduction or detoxification and rehabilitation services for drug and alcohol use; and
- raising the level of awareness among all hospital staff members of the needs of homeless people and services available to them and how the specialist post would have the facility to support and signpost to appropriate services.

As a result of the development of the post, the shape of some alcohol and drug harm reduction services has been tailored to reflect the particular needs of street homeless people, becoming more effective and used by more people. The number of delayed transfers of care (a key performance indicator for acute hospitals) that are attributed to homelessness as the primary cause has been dramatically reduced.

The number of homeless people presenting inappropriately at hospitals has reduced, the take-up of elective primary care services in the city has increased and is more appropriate and the number of people accessing settled accommodation and remaining in it has increased because they have been introduced to it in appropriate ways and the accommodation selected better reflects each individual’s needs and aspirations.

As a result of the levels of activity and the success of the post for service users and the services involved, the drug and alcohol team commissioning on behalf of the primary care trust and the local authority have had funding approved to take forward the post for a second full year.
PARALLEL SESSION PSH2
Healthy Urban Environment: Regenerating Urban Green Spaces

Chair: Ms Elisabeth Bengtsson
Discussant: Ms Caroline Bird
Rapporteur: Mrs Sule Onur
Active places in Pärnu

Pärnu is a famous sea resort located in south-western Estonia. Pärnu is a city with warm seawater, a sandy coast, picturesque landscapes, unique parks and a multitude of entertainment opportunities. The history books mention the City of Pärnu for the first time in 1251.

In the context of the WHO European Healthy Cities Network, Pärnu is a small city with 43 000 people. But the city has many green spaces and recreational areas where citizens can spend their free time and be active in fresh air.

Pärnu renovated two large parks and recreation areas to make these areas active for people. The areas are Rannapark (the Beach Park, 9.6 ha) and Vallikääär (22.3 ha). These were already very famous places in Pärnu 50 years ago, but emerged from the Soviet era in poor condition. The Pärnu City Government decided to renovate the parks 10 years ago but did not yet have the money.

These two projects got money from European Union funds. The members of the project teams were the city architect, planners, designers, representatives of people with disabilities, building experts etc. – many different experts.

Rannapark is situated near the beach and Vallikääär in the centre of the city. Those areas are part of the old town, and the Pärnu City Government had to get agreement from many organizations and also people living in those areas. The project period for Rannapark was 2008–2010 and Vallikääär 2007–2011 (March). These projects were among the most important things in the city plan for years.

Lessons learned include:

• cooperation with different organizations: how to make interest groups together work and EU funds;
• how to get money for such large projects: €1.3 million for Rannapark and €4.8 million for Vallikääär; and
• how to make these areas of the city more attractive as the public area for everyone: cycling, Nordic walking, concert places etc.

Pärnu is a city with many parks and green spaces, and this helps us to promote healthy living and to be more active.
Iwona Iwanicka, Healthy City Project Coordinator; and Magdelena Affeltowicz, Department of Public Health, City Office, Łódz, Poland zdrowie@uml.lodz.pl

Green Ring of Tradition and Culture

The Green Ring of Tradition and Culture is the theme of the local action plan developed within the URBACT II Building Healthy Communities Thematic Network, consisting of 10 cities from 7 European Union countries.

To create better opportunities for the city residents to lead active lives and improve their health and quality of life, two city departments, the Public Health Department and the Department of Urban Planning, decided to bring back to life the idea of the Green Ring of Tradition and Culture, a belt of green spaces around the urbanized city centre with objects of historical and cultural interest. In an attempt to incorporate health aspects into urban planning, both departments in cooperation with the local support group have worked out a plan of reviving and promoting the Ring.

Problems identified in Łódz: poor condition of urban green spaces, including the Green Ring, low levels of physical activity of the residents and poor identification of the residents with the city.

The local action plan addresses these problems by proposing work on several levels: promotion and education, regenerating the infrastructure of the Ring and creating a strategic basis for its development.

Action implemented includes:

• education on the Ring: guided tours in the Ring for groups of residents and lessons on the Green Ring in health-promoting schools;

• physical activity for the residents in the area of the Ring: Nordic walking and walking tours and picnic in the green areas of the Ring, an open health-promoting event; and

• production of promotion materials: eco-bags, a 2010 calendar showing the most interesting parts of the Ring, T-shirts and a tourist guide.

The action proposed in the local action plan will improve the quality of public spaces in the city and create new opportunities for residents to spend spare time in an active and interesting way. This will contribute to their better health and strengthen their satisfaction with city environment. Regeneration and development of the Green Ring will bring about gains in health and the sense of well-being of residents.
PARALLEL SESSION PSH3
Equity: Tools and Guidance for Health Equity

Chair: Mr Gulab Singh
Discussant: Dr Premila Webster
Rapporteur: Mr Gulab Singh
Adapting a local framework to produce a basic integrated assessment framework

Health impact assessment is used on a voluntary basis and encouraged at the national policy level but is not widely used in reality. After becoming a member of the WHO European Healthy Cities Network and adopting the emphasis on health impact assessment, the Healthy City group in Swansea looked at various options but, after some deliberation, it was apparent that including the equality requirements would make the basic screen too long. Cardiff’s approach was to adapt a national policy gateway to their local community plan that incorporated social inclusion.

We used the Cardiff approach to reflect our community strategy and circulated it to members after the Healthy City councillor had approved it. However, we found out that a member of a subgroup had already worked on a similar approach for a couple of years but had not gained momentum. The relevance to our work was not clear, since it was not thought sufficient to reflect health impact assessment. We attended the subgroup of the Healthy City group and reached agreement for the framework to be adapted to become a basic integrated assessment.

A fast turnaround in two weeks was put in place for finalizing the assessment. The assessment will be presented at the Healthy City sponsoring group to be accepted as a pilot on a few key policies before amendments and full adoption at the Healthy City Steering Group.

The achievements include:
- acceleration of a process that had appeared to be stalling by raising its profile under Healthy Cities; and
- a consensus agreement that health impact assessment can be included into a basic tool so that all policies will consider sustainability, equality and social inclusion as the starting-point.

The challenge is to ensure that high-level adoption is actually translated into operational adoption.

Success factors include:
- the willingness of the subgroup to adapt their framework to include specific action on social inclusion;
- the profile of Healthy City being the enabler to advance a process that was struggling to gain momentum; and
- tacit approval from the Healthy City councillor before circulating the first draft.
Abstract No. 014

Ruth Fleming
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Tackling inequalities and promoting wellbeing – a guide for politicians

Context
Local government can and does make a major contribution to health and well-being. Elected representatives play a key role in shaping people’s lives and can make a very significant contribution to creating the living conditions that allow people from all backgrounds to reach their full potential. Elections for local councillors took place in May 2011, and an influx of new councillors was anticipated.

Description
With the elections in mind, Belfast Healthy Cities developed Tackling inequalities and promoting wellbeing – a guide for politicians. This has been produced by a regional intersectoral group including councillors. The publication aims to demonstrate how local government significantly contributes to health and well-being and outlines directions for action that can assist councillors in taking a lead role in creating healthy, sustainable communities.

For example, poverty and low income is the main risk factor for ill health and inequalities. Economic development and regeneration are important tools in tackling poverty. Councils are well placed to incorporate an emphasis on training and employability as well as social regeneration, which provides an effective basis for lasting change.

Parks and open space offer stress relief, opportunities for play and exercise and places for socializing. This contributes in particular to tackling and preventing obesity, strengthening mental well-being and building socially cohesive, resilient communities. Green spaces can also generate new job and business opportunities, while they also protect people and property by reducing flood risk and absorbing pollutants.

The Northern Ireland Local Government Association and its councillor-led regional health committee have supported this publication. It is hoped that this publication will build knowledge and understanding of the determinants of health and inequity in health, thereby supporting the development of healthy decision-making locally and regionally.

A summary of this publication has also been included within the councillor handbook of the Northern Ireland Local Government Association, which is given to all new councillors throughout Northern Ireland.
Cherepovets Strategic City Plan

During the last 15 years, Cherepovets and the Russian Federation as a whole has seen a sharp decline in public health – rising death rates and falling birth rates against the background of a social and economic crisis. The measures sought to improve this situation in Cherepovets led the Municipal Duma in 2002 to create a healthy city department where intersectoral working groups were given basic targets. In 2006, Cherepovets joined the WHO European Healthy Cities Network. In 2006, the strategic plan of the Healthy City Project was declared as the Strategic City Plan 2006–2020. The basic aims of the plan are to create a healthy lifestyle for citizens; to work on creating a healthy environment through healthy city planning and to strengthen the influence of innovative approaches on the social development of the local community to achieve physical, mental and social well-being.

The process in creating the Strategic City Plan involved several elements, including meetings with the elected politicians and coordinators in the city responsible for implementing health policy; development briefings on project criteria; preparing team members; and training and implementing new technologies and methods in promoting the Healthy City Project web site and its interaction with the Russian Association of Healthy Cities, Districts and Settlements and WHO web sites.

At the local level, there is support from the city administration and the public, business, science and industry sectors. At the national level, there is political and legislative support, and at the European level, the exchange of best practices and adaptation of WHO policies at the local level.
PARALLEL SESSION PSH5
Healthy Urban Environment: Building Capacity for Change

Chair: Mr Bruce Whyte
Discussant: Ms Sarah Burgess
Rapporteur: Mr Bruce Whyte
Healthy urban planning – through infrastructure and identity

People with different knowledge and backgrounds have difficulty in participating on equal terms in urban transition. Tenants and professionals do not share the same agenda or even the same language. From both the national and local levels there is an interest in increasing participation and communication.

Sweden has a great need for restoring houses built in residential areas during the 1960s and 1970s. These places are often isolated islands caused by the planning ideals of the period. Many tenants have a low educational level. With financial support from the national level, a publication for dialogues, mainly for transitions in these existing neighbourhoods, was produced in Helsingborg with the title healthy urban planning. A subtitle “through infrastructure and identity” was added to underline the need for purposeful changes (such as the infrastructure) to achieve desired social improvements (such as increased safety and a positive identity).

The publication is richly illustrated to initiate discussion. All the illustrations focus on the physical environment, but they also provide clear links to measures that may facilitate meetings, monitoring, social control and an increased trust between people. Various professionals discussed and reviewed the illustrations and texts to gain an understanding of the various views and inputs. Representatives of the North Skåne Tenants Association have attended an evening discussing the various dialogue illustrations.

A deeper understanding through the input of others was established among the broad working group during the production of the publication. Now planners and the public utility housing company (Helsingborgshem) use it as input in their work. Through the Skåne County Administrative Board, the publication has reached other nearby municipalities.

The publication was meant to be a base for dialogue between experts and tenants in existing neighbourhoods. Letting tenants in at an early stage in planning has not yet been realized. The main positive responses so far have come from the employees in the municipality outside the urban planning office, as they claim to more broadly understand their role in urban planning.
Raising the ecological awareness of children for the future of the city – Sukurusu: a practical and visual experience for primary school students

A sustainable and healthy environment can be developed when citizens collectively take an active role. The Sukurusu Project aims to influence the culture of the city regarding environmental awareness by changing citizens’ habits practically. The initial efforts were to educate children about healthy transport, climate change and pollution.

In addition to many activities that come through the developing polices of the Municipality of Tepebaşı, an encouraging effect was necessary to complementarily improve ecological awareness in Tepebaşı. Children are appropriate to start the action because of how they affect their parents.

The project contains three steps and takes about two hours for children 8–10 years old.

1. Educational games in the cargo trailer, which is donated with a model and a puzzle
   - Model: changing the natural land model piece by piece through a city helps children to understand ecological balance, urbanization, pollution and climate change.
   - Puzzle: A city illustration on the inside walls of the cargo trailer is a pictorial puzzle with 32 mistakes to be corrected by children.

2. Paper recycling workshop
   Children make their own recycled handmade papers in the Sukurusu Implementation Centre, a waste paper recycling workshop of the Municipality of Tepebaşı that has been launched in the municipal building.

3. Taking action and committing
   On the papers they make, children write at least one correction from the puzzle to start doing it. Their sentences on new habits become promises to keep when the papers are sent to TUNZA, the programme of the United Nations for children and youth.

By means of observation and the commitments, the success of the project is about 80%.

A recycling company, three education associations and 63 primary schools cooperate with the Municipality of Tepebaşı on the project, which involves 150 children each week.

Feedback from teachers, parents and the mass media shows that the aim is being impressively implemented: 15 reports and 2 local and 2 national TV programmes were broadcast in the first 6 weeks.

The Sukurusu Project, complementing education with practice, brings applicable and sustainable changes in the behaviour of children on the environment and accordingly the approach of the citizens.
Abstract No. 016

Ruth Fleming
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Climate change and health: impacts, inequalities and action – a guide for health professionals

In November 2009, Belfast Healthy Cities established a regional intersectoral Climate Change and Health Group as part of work on the Phase V themes of the WHO European Healthy Cities Network. The aims of this group included building capacity within public health in relation to the effects of climate change on equity in health relevant to Northern Ireland.

One product of this group has been developing Climate change and health: impacts, inequalities and action – a guide for health professionals.

This publication highlights how climate change affects health and especially on inequalities in health. Building on the broad determinants of health, it offers a helpful overview of the many ways climate change in Northern Ireland will influence health, equity in health and well-being. It also outlines promising areas of action that can protect and strengthen health in a changing climate. The examples can inform and support health professionals working to protect and improve health and strengthen understanding in other sectors of how their work on climate change also contributes to health and well-being.

A key message of the publication is that there is significant synergy between supporting health, protecting the environment and strengthening the economy. New jobs can be created in the green economy at all skill levels, which can improve job and life prospects for many vulnerable and disadvantaged people and as support business innovation and strengthen Northern Ireland overall. Strong active travel infrastructure is a prerequisite for active lifestyles and can significantly contribute to tackling obesity while also reducing congestion and car dependence, with savings for employers and reduced carbon and other pollutant emissions as a result.

This publication has been widely circulated to public health professionals and has served as a good mechanism for building capacity within the health sector.
PARALLEL SESSION PSH6
Healthy Living: Promoting Healthier Lifestyles

Chair: Mr Igor Krampac
Discussant: Dr Piroska Ostlin
Rapporteur: Ms Ivana Draholova
Leganés: working towards a healthier life

By 2015, all population groups must have adopted healthier lifestyles (according to the WHO Health for All policy for the 21st century). Accordingly, and pursuing the core goals of Phase V (healthy urban planning, lifestyles and environments), this objective has been included in Leganés’ Second Municipal Health Plan (2011–2015).

Although the others have not been neglected, this communication deals particularly with healthy lifestyles. The idea is to empower citizens through their perception and the positive factors of the community, to monitor and improve their health and quality of life.

Achieving this requires working from different municipal areas as well as health departments. It means working with the community as a whole and not only with schoolchildren, and it means paying particular attention to underprivileged or vulnerable groups by adopting social determinants of health and equity approaches.

The Second Municipal Health Plan aims to meet this objective from a new perspective: health promotion focused on facilitating and encouraging healthy lifestyles and strengthening facilitating and protection factors such as better environments and social networks. In this way, the Second Municipal Health Plan contributes to other municipal plans and actions such as the Intercultural Citizenship and Cohabitation Plan, Local Education Plan, Local Agenda 21, Equal Opportunities, and Sexuality Advice.

In all cases, methods promote citizen participation and globalization is planned according to the region’s needs, is dynamic and is supported by coordination among the various social partners.

We have made progress in diet and in promoting physical exercise by encouraging walking, cycling, less driving, healthier forms of entertainment, accident prevention, sexual education and addiction prevention and by working with all education workers: students, teachers, families and citizens’ associations that represent both special needs groups and the general public.
Walking groups (promoting physical activity and active living)

As highlighted by the WHO publication *Promoting physical activity and active living in urban environments: the solid facts*, physical activity is an essential component of any strategy that aims to seriously address the problems of sedentary living and obesity among children and adults. Active living contributes to individual physical and mental health but also to social cohesion and community well-being. Opportunities for being physically active are not limited to sports and organized recreation. They exist everywhere – where people live and work, in neighbourhoods and in educational and health establishments. Enabling and encouraging increased physical activity among this population group may also be one of the most effective ways of preventing and lowering the high costs associated with health and social services. Literature supports walking as a beneficial form of physical activity for seniors. Walking is the easiest, most achievable and certainly the most popular way to accumulate the required amount of physical activity. It is a natural part of daily routine; it is a sign of independence and does not require costly outlays to begin.

Starting from these premises, the City of Udine has increased efforts to involve people of all ages, but especially older people, in appropriate physical activity and to promote social inclusion and socialization opportunities by tackling ageism (a belief that physical activity and sports are only for the young) and isolation (such as lack of support from others, including health professionals and recreation specialists).

The activity consists in a total of at least 30 minutes of moderate intensity activity, such as walking on most days of the week to gain health benefits. Seven walking groups (one for each district) have been activated to guarantee people equal opportunities to have easy access to this activity, and the groups are becoming more and more numerous.

The initiative has demonstrated that even modest increases in physical activity can make a big difference in the well-being of older people and that the ability to make convenient walking trips throughout the city and the perception of having safe and aesthetically pleasing surroundings for walking and ready access to green spaces are strongly associated with increased physical activity levels among older people.
Culture and physical activity promoting well-being in Turku

The Central Park of Culture and Exercise project promotes health and well-being by combining culture and exercise. The project is part of the European Capital of Culture 2011 programme, and the aim of the project is to promote the physical, mental and social well-being of the residents of Turku. In addition, the focus of the project is on accessibility and providing equal opportunities for culture and physical activity to everyone.

The project includes wide municipal cooperation. The departments taking part in the project are the City of Turku’s Sports Services, Cultural Services, Youth Services, Health Care and Social Services, City Planning and Property Services.

New municipal services are developed within the project by offering new and innovative combinations and experiences of sports and culture. Both culture and exercise have robust scientific evidence on their positive effects on people’s well-being. Combining these two determinants of health can reach new audiences and users and encourage them to use both sports and cultural services.

The other aim of the project is to develop the heart of the city, the River Aurajoki area, to become Turku’s own Central Park – a place where one can exercise and enjoy culture, city, friends and nature. This is being done by developing the River Aurajoki environment into a livelier, more functional and more comfortable oasis of culture and exercise.

The Central Park of Culture and Exercise consists of five different segments: routes for exercise and culture, functional works of art, Dream Park, the River Aura and events.

Routes for exercise and culture built in the area surrounding the River Aura present Turku through different themes. You can get to know the city through the wonders of Turku, its romance, statues, architecture, stories, music and history.

Facilities for canoeing and rowing will be improved on the River Aura, and functional works of art promoting exercise will be installed along the river banks. A Dream Park especially targeted at intergenerational interaction between children, young people and older people will be built within the traditional Sports Park area. During the year, a Capital of Culture trail and area for artistic exercise will open in the park.

Every month in 2011, the Central Park of Culture and Exercise will present events that combine culture and exercise, creating new ideas and sources of inspiration.

The project offers new leisure activities for the residents of Turku and aims to support people in finding individual ways of enjoying culture and exercise. The outcomes of the project will remain in the city after the European Capital of Culture year to encourage people to participate in cultural and physical activities for their health in long term.

The new services created in the project will be mostly free of charge, and accessibility is being taken into account already from the planning phase to promote...
equity and equal opportunities. The project also empowers and trains equally all people in finding new ways to promote their own well-being.

**Abstract No. 032**

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**Culture does good! Inspiration from Culture Pie**

Engaging in cultural activities promotes health and well-being. Studies have shown that people who actively take part in cultural activities and take an interest in cultural hobbies live longer than those who do not. In addition, cultural activities positively affect people's quality of life and health. The more cultural activities one has, the better the effects on health are. In the Turku 2011 European Capital of Culture programme, well-being is one of the main priorities. The Turku 2011 Well-being Programme sums up how the Capital of Culture projects affects individuals and communities and how the year is integrated into the daily life of residents and visitors.

Culture Pie was developed during 2010 as a communication and marketing tool presenting the welfare effects of culture in an easy and accessible way. Literature review concerning culture and well-being was also prepared in autumn 2010. The aim of Culture Pie is to inspire and encourage all the citizens of Turku to take an interest in culture and provide ideas on where and how they can participate. Culture Pie reminds how one can become involved and get those positive effects on health and well-being that culture has – not forgetting humour. Go to a theme walk or concert. Join the choir, motor club or book club. Watch and listen. Fix, crochet or play. Relax, be impressed or learn. Challenge yourself and take your friends with you to learn and experiment on something new. Culture fills you with joy, makes you laugh and surprises you. It reduces stress, improves the quality of life, promotes well-being and brings joy to daily life. Culture, well-being and health are for everyone.

The project aims to promote well-being and health by encouraging people to take part in culture and exercise. A special target group of the project is people in a socioeconomically weaker position. They will be involved in further developing the Culture Pie. Feedback on the effects of the model will be collected, and the project will find out what kind of tools or methods motivate people to participate in cultural activities. A web-based version of the Culture Pie will be created during 2012. This gives modern and multidimensional opportunities to illustrate how culture affects well-being and health. A web-based version will add the physical activity part of the Pie. STAKES – the National Institute for Health and Welfare in Finland is partly funding the project, and the development contributes to the national Art and Culture for Well-being action programme.

The social effects of culture and art have been called the invisible social policy. Through art and culture, people can increase their social capital and resources and find new ways to improve their well-being. Studies have shown that social interaction and communality increases both individual and community well-being. Consumption of culture, cultural activities and participating in the arts positively affects the quality of life, life expectancy and health.
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