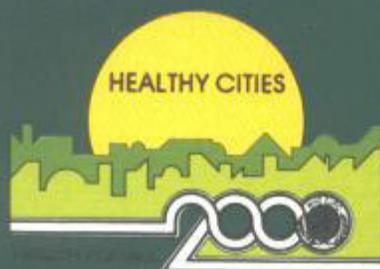
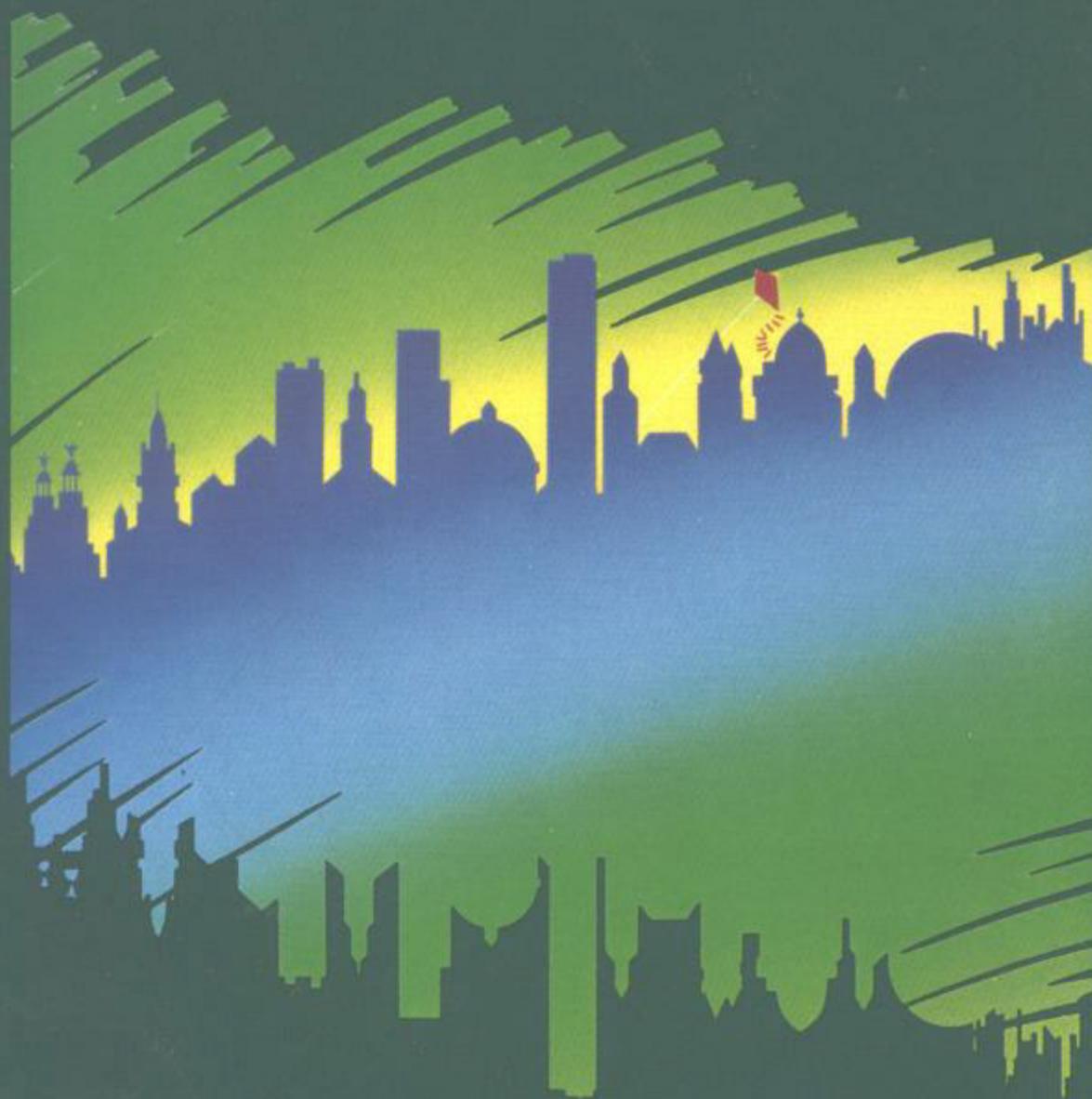


Twenty steps for developing a Healthy Cities project



WORLD HEALTH ORGANIZATION
Regional Office for Europe
1992

Twenty steps for developing a Healthy Cities project

3rd Edition, 1997



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HOUSING
URBAN HEALTH
HEALTH PROMOTION
CONSUMER PARTICIPATION
ORGANLZATION AND ADMINISTRATION
EUROPE

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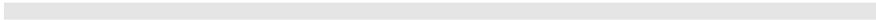
Editorial preface

One of the major achievements of the Healthy Cities project over the past five years is the accumulation of practical knowledge on how to create credible and effective structures and managerial processes for new public health at city level. To make the vision of a healthy city a reality takes courage, political commitment and openness to innovation and experimentation. Building working alliances for public health, negotiating new resources for health promotion and setting up the organizational requirements for the project can be a time consuming and frustrating process. Understanding and translating the project's strategies and methods of work into plans and action that are compatible with different cultures and organizational traditions is one of the most challenging tasks for the leadership of every city project.

This publication is intended to provide guidance and a reference framework for cities that are in the process of introducing a Healthy Cities project or, indeed, reviewing and expanding an existing one. The booklet's main thrust describes the three phases of development: the starting up process, project organization and areas for action and strategic work. It is based upon the insights and experience gained from the first implementation phase of the World Health Organization (WHO) Healthy Cities project.

I would like to express the WHO Project Office's gratitude and appreciation to Ron Draper for his great listening and synthetic skills that have resulted in such a well written and, I am convinced, highly needed publication. I would also like to thank colleagues from project cities for their time and valuable advice throughout the drafting stages. I would like to acknowledge the help and contributions of Colin Hastings and Wendy Briner of New Organisation. A special word of thanks goes to Anne Marie Goodall for her patience and excellent administration of the very tight preparation process. Many thanks are also due to Gill Paludan-Müller for providing continuous and effective secretarial support to Ron Draper and to Knud Thoby for his assistance in making production of these booklets possible.

Agis D. Tsouros, M.D.,
Ph.D. Healthy Cities Project
Coordinator



Preface 3rd edition

We would like to dedicate this edition of ‘Twenty steps for developing a Healthy Cities project’ to the memory of Ron Draper, who has been a great inspiration and support to the Healthy Cities Project.

I should also like to express our gratitude to the city of Milan for providing funds to re-print this edition

Agis D. Tsouros
and the staff of the Healthy Cities Project



Chapter 1

The Healthy Cities movement

The World Health Organization, Regional Office for Europe (WHO/Europe) introduced the Healthy Cities project to provide a vehicle for testing the application of health for all (HFA) principles at the local level. In 1986 eleven cities were selected to demonstrate that new approaches to public health grounded in HFA would work in practice. The global Healthy Cities movement has grown from this beginning.

Thirty-five cities located throughout Europe are now part of the WHO/Europe Healthy Cities network. They are linked to each other and to the WHO project office in a shared effort to build political support and improve policy and practice through information sharing. Parallel to this, national Healthy Cities networks operate in 18 countries with approximately 375 cities and towns as members.

The influence of the European Healthy Cities project extends beyond the boundaries of the Region. During the 1991 World Health Assembly technical discussions focused on Healthy Cities as a means of addressing urban health problems in both industrialized and developing countries. Regional networks have grown up in Australia, Canada and the United States and individual cities are working with the project model in other countries. They have taken the strategies used in the European project and adapted them to their unique circumstances.

Health for all

WHO has been a pioneer in health policy reform throughout its 44-year history. From the beginning it recognized health as more than the absence of disease, emphasizing the interaction between its physical,

mental and social dimensions. In 1977 the World Health Assembly challenged the international community and Member States to achieve health for all. This challenge started a re-examination of the foundations of health policy in the European Region. It culminated in 1984 with Member States adopting a regional HFA strategy with 38 targets.

Six principles are the foundation of HFA. Inequalities in health between and within countries should be reduced because HFA implies equity. Health promotion and disease prevention should be emphasized to help people reach their full physical, mental and social capacity. Different sectors of society should cooperate to ensure that people have access to the prerequisites for health and are protected from environmental risks. Community participation is essential for achieving HFA. The health care system must focus on primary health care that provides accessible services where people live and work. International cooperation should be used to address health problems that transcend national boundaries.

Healthy Cities projects throughout Europe are engaged in translating these principles into practice through local action.

Health promotion

The emphasis on health promotion within HFA created the need for clearer definition of its strategies. The Ottawa Charter for Health Promotion, adopted in 1986, provided the strategic framework that was needed. It broadens the definition of health promotion, defining it as the “process of enabling people to take control over, and to improve, their health”. Enabling, mediating and advocating are the terms used to describe what health promotion does. Five elements make up the strategic framework provided by the Charter, promoting healthy public policy, creating supportive environments, strengthening community participation, improving personal skills and reorienting health services.

Healthy public policy plays an essential role in HFA and the Ottawa Charter as a basis for improving health. The Adelaide Declaration, adopted in 1988, elaborated the concept of healthy public policy that is a central outcome of Healthy Cities projects.

The WHO Healthy Cities project

The principles of HFA and the strategic guidance of the Ottawa Charter provide the framework for the WHO Healthy Cities project. For the past

six years the project has worked to devise ways to apply these principles and strategies through local action in urban settings.

Local action needs political support and this means getting commitments from city council to reorient policies towards equity, health promotion and disease prevention – in other words, new approaches to public health. Local structures are needed to provide visible and credible leadership. New administrative processes that strengthen communication and cooperation between departments of city government are essential for intersectoral action. Community groups and neighbourhood associations have to be more actively involved in making the city a healthier place in which to live. Active support from health care providers is essential throughout the process.

The European WHO project has been the focal point of the growing Healthy Cities movement for the past six years. Three purposes have guided the project – strengthening support for HFA among local politicians, fostering development of new models of healthy public policy and spreading the appreciation of these models throughout the Region. Priorities of the project reflect these purposes.

The project is rooted in a concept of what a city is and a vision of what a healthy city can become. A city is viewed as a complex organism that is living, breathing, growing and constantly changing. A healthy city is one that improves its environments and expands its resources so that people can support each other in achieving their highest potential. This general principle is expressed more specifically in a description of the 11 qualities that a healthy city should strive to achieve. These appear in Fig. 1.

The healthy city concept means process, not just outcome. A healthy city is not necessarily one that has achieved a particular health status. It is conscious of health as an urban issue and is striving to improve it. Any city can be a healthy city if it is committed to health and has a structure and process to work for its improvement.

Political commitment is the first step in working towards a healthy city. Cities that have entered the WHO network over the past six years have been requested to make such commitments. They have been asked to formulate intersectoral health promotion plans with a strong environmental component and to secure the resources for implementing them. These should include an intersectoral political committee,

mechanisms for public participation and a project office with full-time staff. Central to the initial commitment to WHO has been agreement to report back regularly on progress and share information and experience.

Fig. 1. The qualities of a Healthy City

A city should strive to provide:

1. A clean, safe physical environment of high quality (including housing quality);

2. An ecosystem that is stable now and sustainable in the long term;

3. A strong, mutually supportive and non-exploitive community;

4. A high degree of participation and control by the public over the decisions affecting their lives, health and wellbeing;

5. The meeting of basic needs (for food, water, shelter, income, safety and work) for all the city's people;

6. Access to a wide variety of experiences and resources, with the chance for a wide variety of contact, interactions and communication;

7. A diverse, vital and innovative city economy;

8. The encouragement of connectedness with the past, with the cultural and biological heritage of citydwellers and with other groups and individuals;

9. A form that is compatible with and enhances the preceding characteristics;

10. An optimum level of appropriate public health and sick care services accessible to all; and

11. High health status (high levels of positive health and low levels of disease).

The WHO project has worked with a five-year operational plan formulated at the beginning of the project and widely publicized. It laid out a schedule of events including semi-annual business meetings of the network. Five annual symposia occupied a prominent position in the plan and have attracted increasing attention. They have dealt successfully with key health promotion issues: inequities in health, community action, supportive environments and reorientation of health services. The 1992 Copenhagen symposium marks the end of this series and addresses the ultimate concern of the project – healthy policies for Healthy Cities.

Intensive efforts have been made in the last three years to assess progress with Healthy Cities and consolidate the knowledge gained from local experience. The 25 cities in the WHO network at the end of 1989 were interviewed to discuss their achievements in raising visibility for health, maintaining political commitment, securing institutional change and promoting innovative action. Each city was given a consultation. report. This exercise was part of an information exchange strategy.

More recently multi-city action plans have been established to bring groups of cities together to address key issues such as equity, AIDS, tobacco use and traffic control. Under the plans groups of cities compare experience as a basis for agreeing on better methods to follow in the future. Each action plan is linked to the relevant programme unit in WHO/Europe.

National networks

Dissemination of Healthy Cities strategies has been greatly accelerated by the growth of national and subnational networks now existing in 18 countries. The growth of national networks was anticipated in 1986 when cities entering the WHO network were committed to developing and working with such networks. It was assumed that their role would be to build communications among cities at the national level.

Both national networks and the number of cities participating in the movement have grown much more rapidly than expected. The first annual network meeting took place in Helsinki in 1988. The scope and intensity of network activities varies. The activities currently include translating the background and strategy documents of the project into other languages, producing newsletters and project information packages and organizing business meetings, technical workshops and training courses.

The future

The 1992 Copenhagen Conference is an important occasion for the Healthy Cities movement. It provides an opportunity to celebrate the achievements of the first phase of a continuing exploration for new approaches to public health to meet the needs of this decade and beyond. Critical lessons learned in building political support, creating infrastructure and introducing innovation in policy and practice will emerge from the Conference.

WHO/Europe has renewed its commitment to Healthy Cities by deciding to continue the project for another five years. During the period from 1993 to 1997 a network of WHO cities will continue to spearhead the process of innovation and policy change. National networks will grow stronger and the number of participating cities will become larger. WHO will work with its national and local partners to create a network of Healthy Cities reaching across the Region. It will be their challenge to protect and-improve public health in a period of unprecedented political, economic and social transition.



Chapter 2

What are Healthy Cities projects?

Healthy Cities projects play a unique role in city government. They promote innovation and change in local health policy, advocating new approaches to public health. They explore effective ways to translate the principles and targets of the European HFA strategy into practice in urban settings. They provide public health leadership through mechanisms that recognize and mediate the interests of different groups in the community.

Healthy Cities projects have six characteristics in common.

Commitment to health

They are based upon a commitment to health. They affirm the holistic nature of health, recognizing the interaction between its physical, mental, social and spiritual dimensions. Promotion of health and prevention of disease are their priorities. They assume that health can be created through the cooperative efforts of individuals and groups in the city.

Political decision-making

They require political decision-making for public health. Housing, environment, education, social service and other programmes of city government have a major effect on the state of health in cities. Healthy Cities projects strengthen the contribution of such programmes to health by influencing the political decisions of city council.

Intersectoral action

They generate intersectoral action. The term “intersectoral action” describes the process through which organizations working outside the

health sector change their activities so that they contribute more to health. Urban planning which supports physical fitness by providing ample green space for recreation in the city is an example of intersectoral action. Healthy Cities projects create organizational mechanisms through which city departments and other bodies come together to negotiate their contribution to such action.

Community participation

They emphasize community participation. People participate in health through their lifestyle choices, their use of health services, their views on health issues and their work in community groups. Healthy Cities projects promote more active roles for people in all of these areas. They provide means by which people have a direct influence on project decisions and, through the project, on the activities of city departments and other organizations.

Innovation

They work through processes of innovation. Promoting health and preventing disease through intersectoral action requires a constant search for new ideas and methods. The success of Healthy Cities projects depends upon their ability to create opportunities for innovation within a climate that supports change. Projects do this by spreading knowledge of innovative methods, creating incentives for innovation and recognizing the achievements of those who experiment with new policies and programmes.

Healthy public policy

Their outcome is healthy public policy. The success of Healthy Cities projects is reflected in the degree to which policies that create settings for health are in effect throughout the city administration. Projects achieve their goals when homes, schools, workplaces and other parts of the urban environment become healthier settings in which to live. Political decisions, intersectoral action, community participation and innovation promoted through Healthy Cities projects work together to achieve healthy public policy.

Chapter 3

Three phases of project development

The next three chapters describe essential steps for project development. They divide the development process into three phases - getting started, getting organized and taking action. In reality, the three phases overlap. They appear separately in these chapters in order to isolate the different kinds of work needed at each step. The three phases of project development are illustrated in Fig. 2.

Getting started is the informal phase of project development. It comprises seven steps. It begins when one or two people decide that their city would benefit from new approaches to public health that can be fostered through a Healthy Cities project. It ends with city council approval of a project proposal. It involves understanding and acceptance of project ideas, converting them into practical proposals that address the realities of city life and gaining political approval.

Getting organized begins after city council approves a project proposal and continues until the project has the capacity to be an effective public health advocate. This phase also has seven steps. During this building phase, organizational structures and administrative mechanisms are introduced to provide the foundation for leadership, intersectoral action and community participation. The people, money and information needed for the project are found at this time.

Taking action begins when the project has sufficient leadership and organizational capacity to be an effective public health advocate and continues as long as the project lasts. It involves action in six areas, each

Fig. 2. Three phases of project development

Taking action

- increase health awareness
- advocate strategic planning
- mobilize intersectoral action
- encourage community participation ·
- promote innovation
- secure healthy public policy

Getting organized

- Appoint committee
- analyse environment ·
- define project work
- set-up office ·
- plan strategy
- build capacity
- establish accountability

Getting started

- build support group ·
- understand ideas ·
- know the city ·
- find finances
- decide organization ·
- prepare proposal ·
- get approval

leading to its own set of results. It covers those activities that build support for new approaches to public health and makes organizations throughout the city active partners in health development. One important result is healthy public policy followed throughout the city administration and by other partners in the project.

Projects do not evolve in a continuous, systematic way. They are experimental and grow by trial and error. Sometimes they develop rapidly and at other times they grow slowly because conditions are complex and contradictory. Each Healthy Cities project must find its way through the maze of changing circumstances in which it works. This requires exercise of careful judgement based upon an understanding of methods that have succeeded for others. The steps for project development offer ways to find the probable source of problems and apply solutions that have worked for others.



Chapter 4

Getting started

Seven steps for getting started

- build a local support group;
- understand Healthy Cities ideas;
- get to know your city;
- find financial support;
- decide organizational location;
- prepare a project proposal;
- obtain project approval.

Healthy cities projects begin when two or three people share their interest in finding new ways to promote public health. They may be city councillors, senior executives in city departments, health care providers or community activists. They believe that their city can become a healthier place to live, and have heard enough about the Healthy Cities movement to be convinced that it offers answers to their concerns.

When they decide to work together for a healthier city the process of project development starts.

1. Building a support group

Finding a group of interested people to help with project development is the first step in getting started. Building a support group should begin as soon as the decision to start a project is made. Sharing ownership of the Healthy Cities idea by asking people to help with project development is an important initial step in gaining support.

Project supporters come from many walks of life. Local politicians concerned about health are obvious candidates. Senior executives in city departments responsible for the environment, urban planning, housing, education and social services often play prominent roles. So do health care professionals, especially those concerned with primary care and health promotion. Supporters often come from community groups interested in health issues and the general welfare of the city. Academics with backgrounds in social policy, public health, urban development and ecology are valuable supporters.

It is important to explore widely for a support group. Members of the group should have several qualities. They should have strong interest in social issues, public health and innovation. They should have close links to the political system and represent as many sectors of city life as possible. Group members should be able to devote significant time and effort to the project in its early stages and enjoy working in an informal and flexible manner. The job of the group will be to gather and analyse information, make contacts, convince potential supporters and ultimately prepare a project proposal.

Most projects fall within city government because of their political nature and their concern about the influence of city programmes on health. In such cases city politicians and executives play leading roles in getting started. However, leadership can come from other sectors if there is sufficient commitment from individuals and groups outside city government.

2. Understanding Healthy Cities ideas

Healthy Cities means new ideas. Many people, some of whom are not interested in change, will have to be convinced that better approaches to public health can be found. **It is important for the support group to**

spend time getting a clear grasp of the principles, strategies and practices that are part of the Healthy Cities movement.

The principles and strategies of Healthy Cities come from the European HFA strategy, the WHO documents concerned with health promotion and documents on the WHO Healthy Cities Project. Food, shelter, clothing, work and income are prerequisites for health. Equity is an essential foundation for public health because inequalities in economic and social status mean differences in health. Communities have a right and obligation to participate in decisions about their health. Effective public health depends all sectors cooperating to make the city a healthier setting for living.

Healthy Cities projects throughout Europe have gained experience that will help your group understand how to apply these principles and strategies in practice. Thirty-five city projects that are members of the WHO network are continuously in touch with the WHO project office and each other as part of their international network responsibilities. They have agreed to support each other and help cities who want to start new projects. There are now national networks in 18 countries with a total membership of approximately 375 cities and towns in Europe. Many of the network offices offer information to cities starting new projects.

Your support group should explore all of these resources in developing its understanding of Healthy Cities. WHO documents and other valuable sources are listed in Annex 1. Annex 2 and 3 give the addresses of national network offices and city project offices in the WHO Healthy Cities network. The WHO project office, national networks and universities frequently convene conferences and workshops on Healthy Cities themes and particular issues with which projects are concerned, for example environment. Such meetings are good opportunities for your group to hear new ideas and join in informal discussions.

3. Getting to know your city

The principles and strategies of Healthy Cities projects are expressed in general terms suitable for use in different settings. It is important to recognize that their practical application needs adaptation depending upon circumstances in different cities. It is essential to have a good understanding of your city and how it works in order to develop a project suited to local needs.

Your research and analysis can be organized around ten important questions about your city.

- 1. What are important health problems in the city?** What are the leading causes of disease and death? How do lifestyles affect health? Are there population groups with particularly severe health problems? Are there environmental problems such as air or water pollution that have a significant impact on health?
- 2. How do economic and social conditions affect health?** Is there widespread and prolonged unemployment? Are there minority groups who suffer particular disadvantage? What is the level of interest in health among the general population. Are there natural communities with an active social life on which to build health promoting activities?
- 3. Whose support is essential for project success?** In every community there are people who are in a good position to gain support for innovative ideas. They may be politicians, business or labour people, leading professionals or community activists. Who are such people in your city and how can their support be obtained?
- 4. How do city politics work?** To what extent does the city have jurisdiction in areas that affect health? Which members of city council are particularly interested in health? What are the most important current political issues in the city? To what extent will political parties take different positions on health issues?
- 5. How does the city administration function?** What are the responsibilities and priorities of different city departments and agencies? Which city officials are particularly sympathetic to health? What new problems does the city administration want to address? How do departments work together in dealing with new proposals?
- 6. What are the concerns of the health care system?** Which health problems are most important for health care providers? Is the system facing particular challenges or difficulties at present? Is there a perceived need for health care reform? What is the attitude towards involving other bodies in health policy?
- 7. What part do citizen groups play in city life?** Is there a tradition of voluntary action, self-help and citizen participation in the city? Who are the key leaders of community groups? Which groups are most interested in health and environmental questions? Does the city cooperate with and support citizen groups?
- 8. Where can information for project development be found?** What kind of information on demography, health status, lifestyles and environment is available within the city administration? Will available data permit mapping of health status, equity, environmental

and other key issues for different districts in the city? What can be obtained from other sources such as the health system? What research studies have been made? Who are the researchers that will help the project?

- 9. How will national or regional programmes affect the project?** Are there policies concerned with health promotion, environment, equity or the needs of particular groups? Are programmes expanding or being cut back? Does central government favour local initiatives? What is state of current relationships between the city and other governments?
- 10. Will business, industry and labour support the project?** Who are the major employers in the city? Are they anxious to improve the city living environment? How does their business fit with health concerns? Who are the prominent leaders in the business and labour communities? Do they have a history of working cooperatively with city government?

Members of the support group will possess much of the knowledge and will know of additional information sources. It may be useful to set up a subgroup to gather information. Faculty and students from academic institutions in your city can be asked to help. Documentation will become extensive and should be well organized from the beginning.

4. Finding project funds

Financing is ultimately the responsibility of the project steering committee and city council. **In the first phase the support group should prepare preliminary estimates of project costs and locate potential sources of initial financing.** The project proposal will be more convincing for city council if this is done. Project administration costs relatively little compared to most health budgets but, as innovative ventures, projects sometimes find initial fund-raising difficult.

In the start-up phase immediate financial needs should be separated from long-term ones. “Seed money” is the first challenge to meet. Most of this will be salary costs for the project office and administrative items for the office and the steering committee. Once the project is established funds for other items, such as neighbourhood initiatives, will be easier to obtain.

Project funds come from many sources. All projects get some money from city budgets. Budgets set aside for health promotion or urban

development are good sources to explore. Funds set aside for special measures to combat unemployment have financed some projects. Business groups interested in city development are another potential source. Organizations unable to offer money are often willing to lend personnel or provide technical services.

Canvass a wide variety potential funding sources. The support group should identify and meet with potential funders throughout the city. Funders should be involved in planning as much as possible. Consider establishing a subcommittee on financing.

5. Deciding organizational location

Deciding the location of the project within the organizational hierarchy of the city is an important choice. It influences the organizational structure and the administrative mechanisms of the project. It determines relationships with politicians, organizations who work as partners in the project and community groups. It is indicative of “project ownership”.

Several organizational models have emerged in European Healthy Cities projects. They reflect different political systems, social dynamics and project sponsorship. There are four patterns that occur most frequently.

- Projects are set up as autonomous, non-profit organizations with their own charter and an independent board of directors. Such projects tend to be politically neutral and work closely with community groups giving them a strong flavour of citizen participation.
- Projects are located within city government and are associated with its central administration. They may be part of the office of the mayor, city manager or city clerk. They tend to have strong links to city council that make them effective in promoting intersectoral action among departments within the city administration.
- Projects are located within city government as part of the health department. Such projects are well located to promote health care reform but they are often viewed as particularly favouring the interests of the health care system. This makes it more difficult for them to negotiate with organizations out side the health care sector.
- Projects have sponsorship and representation from two levels of government. Such projects exist where jurisdiction over matters that affect health is divided between city and county or regional governments. For example, one government may be responsible for

health and the other for environment. Coordination of activity between governments is an important priority for such projects. Your project should adopt the organizational model most suited to local circumstances. Your analysis of how local politics and city administration work will provide the basis for this choice.

6. Preparing a project proposal

Preparation of a formal project proposal should begin when the support group has a good understanding of how Healthy Cities strategies apply in your city, and has reached agreement on how to proceed. City council is the main audience for the project proposal. It should, however, also be written with the interests of potential project partners and financial supporters in mind.

Good project proposals are brief, clear and precise. They reflect priorities of city council and are practical while being forward looking and innovative. Drafting a project proposal is the first step in strategic planning and the proposal will be the basis for plans worked out during ~ the organizational phase.

Project proposals should describe:

- the principles on which the project is based (HFA); the aims of the project;
- the unique role it will perform;
- the major strategies it will use;
- its organizational structure;
- its key supporters;
- its estimated cost and potential sources of funds.

Remember that when city council discusses your proposal it will want to know:

- how the project will help with critical problems in the city;
- what is new about it;
- how it will fit within the present city administration;
- what visible results it will show;
- how different groups in the community will react.

7. Getting city council approval

City council approval marks the end of the start-up phase. It achieves the first goal of the project, which is to become formally recognized as part of the system for making local public health policy. **An important part of getting started is building city council support to ensure approval of the project proposal.**

Project proposals generate city council discussion which leads to a formal decision to establish a project and provide personnel and funds. Proposals are usually sponsored in council by the mayor, the health councillor or someone with responsibility in an area that has important implications for health such as environment, urban planning or social services.

Several steps towards building wide support in city council should be taken in the course of getting started. Politicians and senior executives should be consulted and kept informed throughout the preparatory phase. If projects are located within city government, city councillors will have been the leaders in this process. Political concerns and priorities will have been taken into account keeping in mind differences between political parties. Health is everyone's business and support for the project should extend across party lines. While parties may differ on particular means of action, the principles and strategies of the project should not be matters of partisan debate. This will avoid the project being weakened if city government changes.

People outside city council who have political influence should have been asked to express their support of the project to their city councillor. A strategy for presenting the proposal and answering questions about it in council should be worked out in advance. Examples of success from other cities should be available for discussion. Sources of potential opposition should be identified and approached to see if their concerns can be met.

Chapter 5

Getting organized

Seven steps for getting organized

- appoint a project steering committee;
- analyse the project environment;
- define project work;
- set up a project office;
- plan long-term strategy;
- build project capacity;
- establish accountability mechanisms.

City council approval marks the formal beginning of the project. Now project organization can begin. This means setting up the organization and administrative mechanisms through which the project will work. This includes a steering committee to lead and coordinate and a project office to provide support and follow-up action. An essential part of getting organized is securing the personnel, money and information that the project will need.

1. Appointing the steering committee

All successful projects have a steering committee. The steering committee should be appointed as soon as possible after project approval. It is the core of the project. It will do the planning and decision-making needed to get organized. Effective committees have

well-defined responsibilities, representative membership, efficient working structures and clear, but flexible, procedures.

Responsibilities

The steering committee provides the leadership and legitimacy that makes the project an effective advocate for public health. It is the project's link to the city's political system. The steering committee is the vehicle through which partners in the project come together to negotiate agreement on ways to improve health in the city. Because of this some cities refer to them as "coordinating" or "intersectoral" committees.

The steering committee performs several functions in fulfilling its leadership, decision-making and coordinating responsibilities. Keep these in mind in selecting committee members.

It is responsible for:

- formulating the philosophy and strategy of the project;
- persuading city council to accept project proposals;
- considering the views of the organizations represented on the committee;
- advocating participation in the project to groups in the city;
- obtaining financial and other resources for the project;
- encouraging community groups to express their views and to become involved in health issues;
- making decisions on the operation of subcommittees and the project office.

Membership

Steering committees vary in size and composition. Most have between 15 and 25 members. Committee membership should provide for effective political links with city council and representation of potential partners – the project stake holders. Members are selected for their interest in health, their knowledge of the city and their ability to mobilize support.

Potential candidates for committee membership are:

- the mayor and the city health councillor;
- city councillors responsible for social services, education, environment, traffic, housing or urban planning;
- senior managers in the health care system;

-
- senior executives from city departments;
 - representatives of community groups;
 - researchers with interests in public health and social policy; representatives from business, industry, labour and professional bodies;
 - prominent citizens recognized for their interest in public health.

If the project is part of city government members will be appointed by city council on the basis of recommendations from the initial project support group. If the project is located outside city government members are selected through nomination and election processes.

Organization

The steering committee is the focal point of project work. It is ultimately responsible for leadership coordination and decision-making. Many projects establish subcommittees or working groups to carry out preparatory work needed for the full steering committee to work effectively.

Subcommittees perform two functions. they review management and routine administrative matters, preparing recommendations for full committee decision. These may include personnel, finance, planning and purchasing decisions.

Subcommittees are also appointed to explore and report on particular problems of interest to the project. Examples would be traffic, environmental pollution, housing in poor areas or drug abuse. Their tasks are gathering information on the problem, identifying those who can help with its solution and preparing recommendations for the steering committee.

Subcommittees are established for indefinite periods or for a limited amount of time. Members may come from the steering committee or from other places. In some cities the practice is to have city councillors on the steering committee while their senior executives make up the executive subcommittee. Subcommittees appointed to deal with particular issues include members who are knowledgeable about those issues or represent interested organizations.

Procedures

Steering committees need simple and clear procedures to work well. Committee members have many other responsibilities, and therefore it is important to make effective use of their time. This is accomplished through terms of reference that let them know what is expected from them and how they will work. Because the project is innovative, its procedures should be applied flexibly.

Exact procedures adopted will depend upon local customs and practices. Check your procedures to ensure that they cover:

- terms of reference for the steering committee and its subcommittees;
- expectations of members including frequency and times of meeting;
- responsibilities of the committee secretariat;
- type and format of documentation provided to the committee; procedures for presenting advice and recommendations to city council;
- procedures for receiving proposals from project partners and other groups in the community.

2. Analysing the project environment

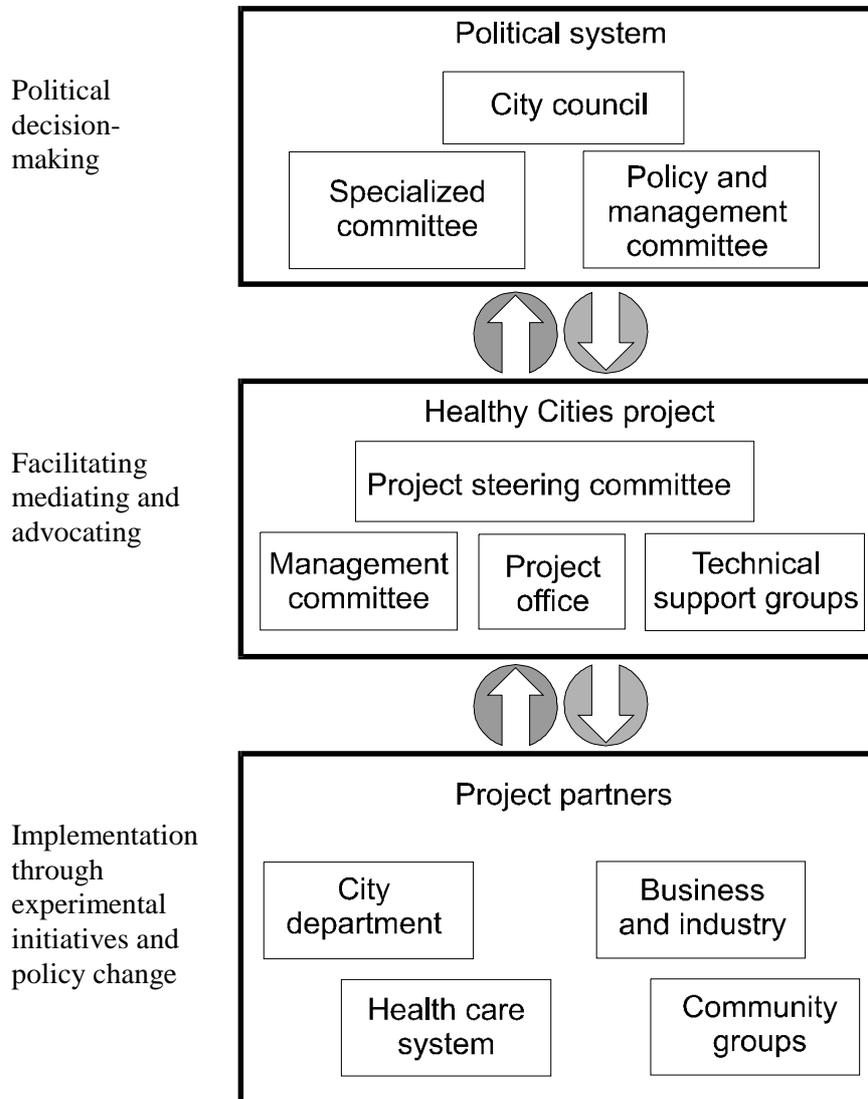
Analysis of the project's working environment begins when the project is getting started. **The steering committee should review this analysis to satisfy itself that it provides an adequate basis for preparing the project strategy. If the information is incomplete or out of date additional analysis should be done.**

Fig. 3 illustrates a framework for analysing the project working environment. In it the project is visualized within a network of organizations, each of which has its own responsibilities, functions and operating systems. **The purpose of analysing the working environment is to ensure that the project will work with organizations in its network in ways that recognize their mandates and systems.**

The system for making political decisions in the city is the most important factor in the project's environment. Its focal point is the city council. Council decisions determine whether or not the city has healthy public policy. Many city councils have subcommittees of two kinds. Some deal with particular sectors such as health, housing, transportation, urban planning or education. Others are responsible for overall planning

and management. The project must understand how this system works to be an effective advocate of healthy public policy.

Fig. 3. Framework for analysing project working environment



Both the formal and informal processes for political decision-making need to be understood.

The network of organizations and groups whose activities determine whether or not the city is a healthy setting in which to live are the other important elements in the project environment. Members of this network are the potential project partners whose opinions and actions will determine whether the project succeeds in practice. They are key actors who determine the quality of intersectoral action and community participation. In Fig. 1 they are divided into four groups – departments within the city government, various parts of the health care system, business and labour, and community groups. Effective action requires some understanding of how each of these parts of the network functions in practice. It is important to understand their interests, responsibilities, activities, operational styles and aspirations. Achieving this understanding is a complex task that continues throughout the project's life.

Within this analytical framework the Healthy Cities project is a mediator between the system for making political decisions and the network of organizations whose activities determine whether the city is a healthy setting in which to live. The leadership and coordinating activities of the steering committee, the technical work of subcommittees and the follow-up action of the project office are the tools for mediation. The essence of the process is for the project to provide a vehicle for two-way communication between the political system and project partners.

Analysis of the project environment is a responsibility of the steering committee with support from the project office. Such analysis should be used in defining project work, organizing the project office, making plans and evaluating progress. The initial analysis used for these purposes will improve as the project gains experience in working with city council and various sectors of the community. When understanding of the environment improves, plans and definitions of work should be reviewed and changed.

3. Defining project work

Project success depends upon good working relationships with the individuals, organizations and groups who become its partners. Good relationships will develop more easily if other people have a precise understanding of the unique role and activities of the project. **The**

steering committee should prepare and adopt a clear statement of the role and functions the project will perform.

Healthy Cities projects promote new approaches to public health. Their unique role is described in the Ottawa Charter for Health Promotion in terms of **enabling, mediating and advocating**. This means that they empower individuals and groups to take action for health by securing the means that make action possible. They provide connecting links that become the vehicle or medium through which different groups agree to cooperate in making the city a healthier place in which to live. They recommend and defend new and different ways of formulating and implementing healthy public policy.

Projects perform several functions to carry out their enabling, mediating and advocacy roles. These are, in effect, the ways in which projects work. They are the means of action used in the six „results areas" described in Chapter 6. Typical examples of project functions are:

- gathering knowledge about public health problems in the city and about opportunities to improve health;
- raising awareness and understanding of health issues people in the city and potential project partners;
- building political support for new approaches to public health;
- providing mechanisms through which intersectoral action for health can be planned and promoted creating opportunities for city people and community groups to have a stronger voice and a more active role in public health;
- promoting strategic planning to secure comprehensive long term action for health;
- promoting innovation and policy change leading to healthy public policy throughout the city;
- participating actively in the activities of national Healthy Cities networks or the WHO network.

The definition of the project's work should demonstrate clearly that its roles and functions are different from those of the organizations with which it works. The project does not have operational responsibilities that compete with those of its partners. It is a leader, coordinator, advocate and catalyst for change, but its results are ultimately achieved through the commitment and work of its partners. Failure to recognize this creates unproductive competition and weakens performance.

4. Setting up the project office

All successful projects have a separate office with personnel and finances. The project office supports the work of the steering committee and is the operational arm of the project. Project offices are not large organizations but they provide the initiative, continuity and follow-up essential for translating decisions into practical action. Effective project offices have well defined responsibilities, a sufficient number of personnel, an accessible location and simple and clear administrative procedures.

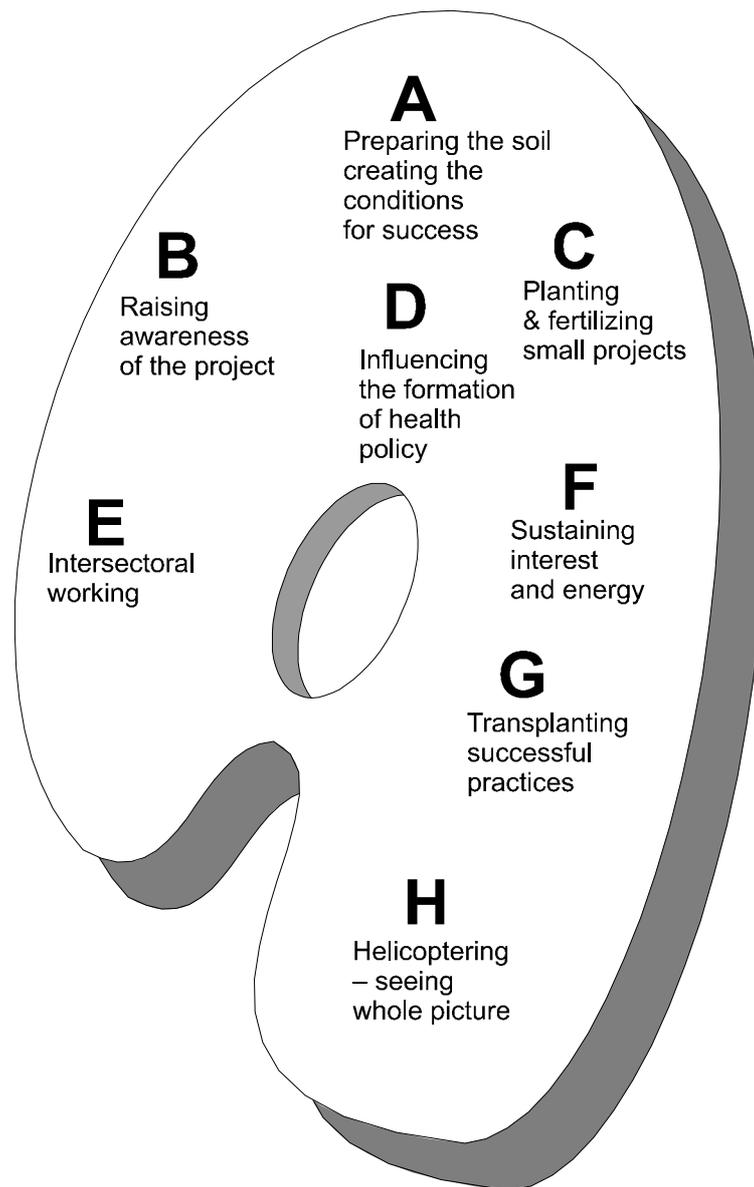
Responsibilities

The enabling, mediating and advocacy roles of Healthy Cities projects generate unique responsibilities for the project office. The office facilitates the work of the project through communication, information, advice and support. It performs these responsibilities on behalf of the steering committee working in cooperation with subcommittees, working groups and project partners. The office is the link between different parts of the project network. It extends the influence of the project by developing a wide range of contacts throughout the city. A composite picture of the work of European city project offices includes the following functions:

- developing sources of information on local health issues and on opportunities for new approaches to public health;
- providing professional and administrative support to the steering committee and its subcommittees;
- publicizing the principles, strategies and work of the project;
- negotiating with Potential project partners to lay the groundwork for intersectoral action;
- facilitating and supporting participation by community groups that want to be more active in health promotion;
- promoting innovation in local public health;
- persuading the city to improve strategic health planning and assess the health impact of its Policies and programmes;
- providing information as required for WHO or national networks of which they are members.

Good project office performance means working effectively with others. The ultimate test of project office achievement is the extent to which it can persuade others to take practical action in areas that the steering committee and city council have decided are priorities.

Fig. 4. The leadership colours



Activities the project office needs to mix and match continuously to establish leadership. Developed by Colin Hastings and Wendy Briner of The New Organization.

Personnel

Most projects employ from three to eight people. Successful projects in cities with a population of 250 000 or more need at least five people in the project office. This number is essential to cover the different aspects of project work and maintain contact with the community.

A full-time coordinator is a great asset in making the project run well. It is essential to have at least one full-time professional staff member.

The project coordinator provides continuity and visibility and builds essential support within the city government and throughout the community. Successful coordinators have many different training and work experiences. They should have strong interests in public health, environment, urban development and strategic thinking. They need thorough understanding of their city and its political system. They provide leadership for the office and support for the steering committee. Their most important skills are communicating, negotiating and planning. They must be sensitive to the views of the community and be able to work comfortably and flexibly in an environment of innovation and experiment.

The project office also requires full-time administrative support. If the project seriously intends to gain support from its partners it must be possible for them to visit the office and reach it at all times during business hours. The project must be a model of accessibility and good administration.

Other personnel needed depend upon the areas in which the project wishes to achieve results. Some have research staff to do the analysis needed for the project to become a community information and planning resource. Others have a professional person to do publicity work. Many projects have community development workers to assist selfhelp groups and neighbourhood associations in becoming more active in health.

Location

Most projects are located in offices belonging to the city government. An office that is suitably located, furnished and equipped contributes significantly to project success.

Visibility and access are the key issues in choosing a location. Projects work better if they can be readily recognized and if they are available to those who work with the project. Ideally this means having offices in two locations. One should be located near the central administration, preferably in city hall, providing access to key decision-makers. The other should be in a place that is visible to the community.

The need for community visibility has led several cities to set up “healthy cities shops”, located at street level near the centre of the city. They have “store front” windows making them highly visible to the public. They offer attractive information on the work of the project and on lifestyles, environment and health care. They are comfortably furnished, encouraging people to drop in. Some have small libraries of health literature. They also have meeting rooms available for groups working with the project or on their own concerns. The offices are kept open at times that are convenient to the public. Remember that elderly people and people with disabilities will be working with the project and the office should be safe and convenient for them.

Administration

The project office will work best if it has simple and clear administrative procedures suited to its functions. Because project offices are small some have ignored this need, causing subsequent confusion and inefficiency.

Specific procedures used depend upon local practices, especially those within city government. In adopting procedures it is important to realize that the office will be working with many other organizations. This means that its working guidelines must be easily understood, be as simple as possible and support accountability for what is being done.

Several points should be covered as a minimum in procedures or guidelines:

- responsibilities of the project office and its relationship to the steering committee and to subcommittees and working groups;
- procedures for presenting proposals from project partners;
- procedures for presenting documentation to the steering committee and city council;
- terms of reference and conditions of employment for project personnel;
- rules for spending and accounting for project funds;
- arrangements for periodic staff meetings;

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- guidelines for maintaining a project information system;
 - guidelines for periodic reports to city council and project partners.

5. Planning project strategy

Promoting long-term planning is one of the means by which projects persuade city politicians and executives to adopt healthy public policy. Strategic planning encourages city officials to take a wide view of what can be accomplished through cooperation between sectors and better relationships with the community. Its long-term perspective encourages them to think about changes in policies and programmes needing several years to be accomplished.

Projects can promote strategic planning within city government by setting an example in their own work. The project should prepare a clear strategy of its own and discuss it in the steering committee, with city council and with project partners. Strategic plans are usually prepared by the project coordinator working closely with the chairman and several members of the steering committee. A planning sub-committee can be appointed for this purpose.

The analysis of how the city works and of the project's working environment provides the basis for strategic planning. Strategic plans have several elements. They describe the philosophy of the project and the problems it will address. It states the most important results the project intends to achieve over the next three to five years and, in broad terms, the ways to reach these results. It describes the changes to be accomplished working through the network of project partners.

When the strategic plan is ready, take steps to ensure that it reaches those for whom it is intended. The plan should go to city politicians, departmental executives, health service managers and other organizations who will want to work with the project. The plan should be given wide publicity through interviews with the media. If possible, a popular version should be prepared for publication in the press.

Projects adopt different kinds of planning documents depending Upon the progress they have made in thinking about the future. Some publish position statements that concentrate on the philosophy of the project and the health problems it considers to be priorities. Others include statements about anticipated long-term results and major action areas.

Some projects have completed action plans which describe in more detail what they intend to do over the next one to two years.

Remember that the resources of the project are limited when doing strategic planning. Achieving the qualities of a healthy city requires bold aspirations for the future. It takes some time, however, to mobilize the resources and support needed to meet these goals. The essential task in strategic planning is to strike a balance between high aspirations and a realistic appraisal of the rate of change that can be anticipated.

6. Building project capacity

People, money and information are needed to make projects work. Projects fail because, in one way or another, they do not build the capacity needed to become effective advocates for innovation and new policies. **Capacity building is a continuing responsibility of the steering committee working with the coordinator. They must ensure that the project has skilled personnel, adequate funds and access to information that will allow it to perform effectively in each of the six „results areas" that need attention.**

Three steps are involved in effective capacity building.

The first step is to estimate required resources. Earlier work on analysing the environment and defining the project role and functions will help at this point. These sources should be used to prepare specific estimates of personnel, financial and information needs. The definition of project role and functions will show the kinds of work for which personnel are needed. The description of functions also provides the basis for estimating expenditures for research, publicity, travel and administration. Combined with the description of conditions in the city it offers the basis for identifying information requirements.

The second step is to prepare a budget strategy. The project will likely have been approved with resources to meet its basic operational costs for a short period. Money will have been provided for personnel, supplies, equipment, some technical services and travel. The primary task at this stage is to obtain funds to cover these requirements for three to five years. The next task is to develop a more comprehensive budget that will allow the project to be more proactive. **At this stage the activity or results areas described in Chapter 6 provide the basis for budgetary planning. If it intends to perform effectively the project will have to**

plan for resources in each of these areas. The third step is to prepare a plan for raising funds over three to five years by approaching several sources. Information on such sources gathered in the starting phase will be useful at this time. Commitments for long-term support obtained from city council will be valuable in negotiating with other funders. Being able to describe expected results in each of the six areas where the project should be working will provide a convincing basis for financial requests. Some project partners such as city departments will be willing to reallocate their budgets so that they contribute more to achieving Healthy Cities objectives. The project coordinator or a steering committee member should be given clear responsibility for fund raising.

In estimating personnel needs remember that Healthy Cities project work is labour-intensive. If the project office has few personnel it is important to build a network of supporters who will work on its behalf. This is consistent with Healthy Cities philosophy. Such work is done through subgroups attached to the office or the steering committee. Academics, students and volunteers with community groups are frequently willing to help with project work. Project partners who are unable to contribute money often will lend personnel for substantial periods of time. Contributions from volunteers and from other organizations should be included in project estimates.

Information plays a unique role in project work. Information analysis helps the project to bring a new perspective on health issues in the city. It provides the focal point that persuades project partners to re-examine their policies and programmes in order to test their contribution to health. It is a practical means of supporting project partners, especially community groups.

Professionals who are knowledgeable on information sources and analysis should be recruited to help the project develop its information capacity. A wealth of information sources is available in every city. Some offer quantitative information and others are qualitative. The key to success is to discover where the information is and creative new ways for its analysis and presentation. An information system for the project should be systematically developed from the beginning.

7. Establishing accountability mechanisms

The term “accountability” describes the process by which organizations are held responsible for the results of their decisions and actions. It

applies particularly to the decisions of politicians, senior executives and managers. It applies to both government and the private sector. City politicians, for example, are accountable to the public for the policies decided by city council. Senior executives in city departments are accountable for the ways these policies are applied. The term “accountability” originally applied to financial matters and is often used in this limited sense. More recently its use has been extended to cover the wider impact of policies and programmes on people and the environment and this makes it significant for Healthy Cities projects.

Accountability is a critical issue in public health. Political commitment to intersectoral action assumes that policies and programmes in several areas of government activity are either beneficial or harmful to health. At the local level this applies, in the first instance, to the activities of city departments. The principle of accountability means that city councils and several parts of the city administration are responsible for the impact of their policies and programmes on health. For example, municipal housing programmes and safety codes are judged in terms of their contribution to family health. In order for this principle to have practical meaning there must be mechanisms to evaluate impact, and to report the results to decision-makers and ultimately to the public.

Accountability, although critical, is currently one of the weakest areas in public health. Political systems have been reluctant to accept the concept of “multisectoral health accountability”. In other words they have not been anxious to have their decisions about housing, urban planning and transportation judged in terms of their implications for health. Methodology to measure health impacts and mechanisms for reporting them have developed slowly. **Accountability is a critical area for Healthy Cities project leadership that should be specifically addressed by the steering committee. The project should have a clear strategy for promoting accountability and build the capacity to be an effective advocate in this area.**

Four means can be used by projects to promote public health accountability.

- They can introduce reporting systems to give a clear account of their own decisions, activities and results on a regular basis. The six “results areas” recommended for projects in Chapter 6 are a clear and comprehensive basis for reporting. Reports should go to city council, project partners, financial supporters and ultimately the public. The

project action plan provides a blueprint against which to report progress.

- They can, with approval of city council, prepare an annual city health status report. The leadership status of the project would support the credibility of such a report. The report would cover key indicators in areas such as demography, equity, health status, lifestyles and environmental quality. It would analyse trends in these areas and assess them in relation to city policies and programmes.
- They can promote and support health impact assessments. These would cover areas for which the city government is responsible, analysing the impact of current policies and activities on health and recommending beneficial changes. If the project can provide financial and professional support for such studies it will be more likely to get agreement on them. They can advocate adoption of comprehensive accountability policies by city council. Such policies, when adopted, would become the responsibility of city council. They would provide for regular health impact assessments throughout the administration, preparation of annual health status reports and provision of opportunities for public discussion.

Chapter 6

Taking action



Fig. 5. Six results areas for Healthy Cities project

Good organization leads to projects with growing capacity to be effective advocates for public health. As their capacity grows projects move into their action phase where they continue for as long as they last. In this phase they function as enablers, mediators and advocates. An important outcome of their work is healthy public policy applied throughout city government and among project partners.

The six areas for health action during this phase make up a comprehensive package that is essential for effective project performance. If some parts of the package are missing performance is weakened.

Each area for health action leads to results that can be described and evaluated. The “action areas” are also “results areas”. For example, projects work to increase awareness and understanding of health issues by distributing information, providing publicity, doing health audits and cooperating with the media. If successful, these activities result in greater awareness of health for all principles and understanding of their application in practice among the public and decision-makers. Managing project work by focusing on „results areas" strengthens planning, evaluation and accountability.

The six “results areas” recommended for projects are described below. The importance of each is explained and some action guidelines are given. The organizational structure of the project, its administrative systems, its workstyle and its activities all contribute to the desired results. Short examples are given showing how projects work towards these results through their structures, systems, style and activities. The examples are not exhaustive but they do illustrate the variety of methods that are available.

It is important to emphasize the partnership nature of project work in the action phase. None of the desired results can be achieved by the project working alone. The scale of action and influence needed will only be reached through the committed effort of many project partners.

1. Increasing health awareness

Health is a holistic concept with physical, mental and social dimensions. Access to the prerequisites to health and economic and social equity are essential for the achievement of better health status. Effective public

health depends upon cooperation among organizations and groups from every sector of city life. Citizen participation is a right and responsibility.

These principles of health for all have gained increasing acceptance among the public and decision-makers over the past decade. However, the consequences of their consistent application in practice are not yet sufficiently understood or accepted. **Successful projects must work for greater awareness of the principles of health for all and understanding of the meaning of their application in practice. Efforts to increase awareness and understanding of these issues must be comprehensive, visible, consistent and continuous.**

A comprehensive action strategy for increasing awareness in reality includes several strategies. Different approaches are needed for each group the project seeks to influence - the public, city councillors, departmental executives, health care providers or community groups. European projects have experimented with many methods for increasing awareness.

Accessibility. The location and workstyle of the project affects visibility and awareness. If project offices are readily accessible, information materials are easily available and personnel are courteous and helpful, the basis for continuing communication is established. Some projects have business meetings that are open to the public as a way of being accessible.

Information access. Projects raise awareness by producing information on health issues that is interesting, provocative and useful. The secret of success lies in content and format that is attractive, innovative and previously not available. This requires assembling data from several different sources, carrying out a different kind of analysis and finding new ways of reaching people.

Campaigns. Projects raise awareness by associating themselves with highly visible publicity campaigns. Usually they deal with lifestyle issues such as fitness or nutrition. It is best for the campaign to be undertaken by another organization with project co-sponsorship and support.

Health audits. Health audits involve systematic review of programmes in city departments to identify their present and

potential contribution to health. The results of the review are presented in booklet form or in a display for location in public areas. They sensitize city workers as well as the public to the implications of their programmes for health.

Neighbourhood action. Local initiatives supported by the project contribute to visibility if they are selected to produce immediate, clear and practical results. Examples are neighbourhood clean ups, local garden projects and changes in local services such as refuse collection.

Sponsorship. Projects raise awareness by sponsoring contests or events through which organizations in the community are recognized for their contributions to health. Examples are Healthy Cities designations or awards through which public buildings are identified as being accessible for people with disabilities or restaurants are acknowledged for having smoke-free areas and menus that recognize nutritional needs.

Media relations. Newspapers, radio and television provide valuable access to the community. Good working relationships with the media require openness, accessibility and a supply of newsworthy stories. Some projects employ professionals who are skilled at media relations.

2. Advocating strategic planning

Gaining maximum benefit from healthy public policy requires comprehensive long-term thinking. A comprehensive view of opportunities for policy change is needed to recognize the value of contributions that can come from several departments of city government. Longterm thinking is essential for generating willingness to undertake policy changes that will require several years to Produce results. **It is essential for projects to promote strategic health planning that will encourage city government to take an ambitious proactive approach to healthy public policy.**

Strategic plans set goals for achievement over three to five years and identify in general terms the ways to achieve those goals. If they are appropriately prepared they provide direction for long-term action, while allowing flexibility in responding to changing circumstances and seizing opportunities as they arise. Projects can use several methods to promote strategic health planning.

Environmental assessment. Assessing the project work environment is one step in the organizational phase. The assessment identifies significant contributors to health problems and opportunities for intersectoral action. If the assessment is formalized and distributed within the city administration, its identification of opportunities provides the first element for a strategic planning process.

Project plans. Projects can lead by example. If they have well formulated strategic plans as well as shorter term action plans these can be used to demonstrate the benefits and methods of effective planning.

Health impact studies. Projects can promote health impact studies of city policies and programmes by supporting them with money and expertise. Such studies examine the consequences for health of activities in different sectors such as housing, transportation and environmental controls. They identify opportunities for policy change through intersectoral action.

Influencing urban plans. Many European cities engage in urban planning. Frequently this is required by central government. Such plans usually focus on the physical aspects of the city environment including housing, green space, roads and transportation and zoning. Some cities have identified health as a central issue in urban planning and incorporated Healthy Cities principles into the plan. This approach establishes links between ecology and public health. City health plans. Preparing a city health plan is the most effective way to promote strategic thinking about health. Preparation of such plans is a condition of participation in the WHO Healthy Cities network. Such plans use the health for all targets as a framework. Their scope should be multisectoral and citizen participation should be used in their formulation.

3. Mobilizing intersectoral action

Intersectoral action is essential in new approaches to public health. Through such action city departments and other organizations thought of as working outside the health sector change their policies and programmes to strengthen their contribution to health. An example is a city works department which adopts policies to make all public areas smoke-free, to improve the nutritional quality of food in city cafeterias

and to make public buildings more accessible and safe for people with disabilities.

An essential responsibility of Healthy Cities projects is to create organizational structures and administrative systems that mobilize intersectoral action. Mobilizing such action should be one of their work priorities. Several methods are available to accomplish this.

Steering committee membership. Mediating working relationships between sectors is an important function of the project steering committee. Intersectoral action is supported when the mediating role is clearly defined as a responsibility of the committee and the members are appointed to represent departments and other organizations that can contribute significantly to health.

Comparing experience. Project offices can support intersectoral action by creating opportunities for senior executives and professionals from different sectors to compare experience with such action. Seminars for such purposes are sponsored by WHO, national Healthy Cities networks and other groups. They provide opportunities to learn of new policies and practices, to assess their implications and to overcome concerns about the problems they may cause.

Health impact assessments. Senior executives in sectors other than health may be unaware of the impact of their decisions on health. Alternatively, they may think that to change policies in the interests of health is too costly or impractical. Health impact assessments supported by the project can clarify the health effects of current policies and identify opportunities for acceptable and feasible change.

Planning. Strategic planning for health requires intersectoral action. If the project succeeds in influencing the city's urban plan or having it adopt a health plan, it will lay the groundwork for continuing intersectoral action. Executives from different sectors will work together in preparing the plan and go through an annual cycle of review and negotiation concerning its implementation.

Incentives. Financial incentives for policy change are an effective way to promote intersectoral action. Such incentives can be

provided by setting aside a portion of the city budget to finance changes in policy and programmes that will strengthen their contribution to health. Alliteratively, a step can be built into the annual budgetary cycle allowing the steering committee to advise on use of departmental budgets in the light of health priorities.

Community participation. The tools that are used to encourage community participation also help intersectoral action. For example, studies of local needs and citizen satisfaction with public services offer insights into the need for change. Projects should ensure that the results of citizen participation are linked to the decision-making processes involved in intersectoral action.

Accountability mechanisms. Accountability mechanisms create strong political and managerial incentives for intersectoral action. Publishing an annual health indicators' status report provides an opportunity to identify areas needing priority attention. Public discussion of health impact assessments focuses on the urgency of action in particular sectors.

4. Encouraging community participation

People participate in health through their lifestyle choices and their use of health care. In broader terms they also participate by expressing opinions that influence political and managerial decisions, working through voluntary organizations, self-help groups or neighbourhood associations.

Working with such groups as volunteers, they make a direct contribution to improving health and living conditions.

Healthy Cities projects are committed to strengthening community participation in all of its forms. The organizational structure, administrative systems, workstyle and priorities of the project should encourage and support community participation. Several means can be used for this.

Accessibility. Easy access to the project supports community participation. If the project office is centrally located, comfortable and open at convenient hours it will attract community groups. If possible it should have rooms and equipment for their use. Project personnel should, as a priority, spend time welcoming and

assisting representatives from community groups. Proposals from community groups should be given every possible opportunity to succeed.

Steering committee memberships. Enabling community participation and encouraging communication between groups are important functions of project steering committees. Community participation will be supported if these functions are clearly described as responsibilities of the committee, and representatives from community groups are included in its membership. People participate in committees as representatives of particular groups or in their private capacity. In some cities members are appointed from coordinating bodies that represent many organizations in the nongovernmental sector.

Information. Many projects strengthen participation by providing information to community groups. They do this by offering material from their own resources or by putting groups in touch with the appropriate sources. Such information may help groups improve their understanding of health problems and learn about new approaches in their areas of interest.

Practical support. There are several ways for projects to offer practical support to community groups. If the project cannot offer financial support it can become a source of information on such sources in the city. It can provide access to expert advice on practical matters such as writing project proposals, searching for funds, preparing publicity and setting up simple administrative systems. It can establish communication networks that bring groups in touch with one another.

Community needs' assessment. Helping communities to assess their needs and preferences provides the groundwork for participation. Frequently their view of what is needed differs from those of professionals and people working within city departments. An effective approach is to provide financial and technical support while allowing community groups to design and carry out the necessary survey of needs in their area.

Community development initiatives. Some cities have found it useful to adopt a direct community development approach in neighbourhoods with a high concentration of serious health and

social problems. Under this approach a “subproject” is established in one district of a city. It has a community advisory board, and operates initially with funds and personnel coming from the Healthy Cities project. Success with such initiatives depends upon transferring a greater degree of control to the community as quickly as possible.

5. Promoting innovation

Local public health policies that have equity, access to the prerequisites for health and citizen participation as their corner-stones call for new programmes and practices. Strategies for promoting health through multisectoral action need development and refinement. **The success of Healthy Cities projects in laying the groundwork for healthy public policy depends upon their ability to generate innovation in several areas.**

Achieving success through innovation depends upon creating a climate that supports change. This begins with recognizing that innovation is needed and is possible and that its inevitable risks are acceptable. This, in turn, involves spreading knowledge of innovative programmes and practices, and wherever possible creating financial and other incentives for experimentation. Ultimately the results of experimentation should be visibly acknowledged and rewarded and successful examples should be extended to other areas of practice. Several approaches can be used to foster innovation.

Open style. The attitude and workstyle of the steering committee and the project office are essential factors in creating a climate to support change. If they are accessible and receptive to new ideas this in itself will generate innovative thinking. The process can begin by openly requesting the community and project partners to propose new initiatives. Suggestions that are received should be promptly acknowledged, carefully considered and used wherever possible.

Comparing experience. The national Healthy Cities networks and the WHO network provide many opportunities for formal and informal exchange of experiences. Case studies of experience with innovative policies and practices are presented at conferences and seminars. The WHO project office has established several multi-city action plans through which a number of cities work together in

devising methods for addressing lifestyle and environmental problems.

Short-term initiatives. Projects in most cities support short-term initiatives to test new programmes and methods. Such initiatives are undertaken by community groups and other project partners. They have experimental or demonstration outcomes as their goal and they run for a time limited period. They cost relatively little, can be initiated without major organizational change and they provide a starting point for more extensive reorientation of policies and programmes. Evaluation of the results of such initiatives and the processes through which they develop is important to make them convincing examples of good practice for use in other situations.

Community participation. The activities of small nongovernmental Organizations that are close to the community are an important source of new approaches to public health. Because they are close to the community and operate with less structure they are able to be more flexible in adapting to new demands and situations. Their sensitivity to community needs and their flexibility provide insights for application in a wider context.

Incentives. Financial support and other forms of reward and recognition are valuable tools for promoting change. If the project has access to funds that can be used to start experimental or demonstration initiatives, this will encourage innovation in organizations that currently have limited budgetary flexibility.

Evaluation. Development of evaluative methodology is an important aspect of innovation. Basic health impact studies are essential in establishing the case for policy and programme change. When short-term initiatives are taken it is important to have methods available through which to describe the process of their formulation and implementation, their influence on the organizations within which they operate and their impact on the factors that affect health.

6. Securing healthy public policy

Local healthy public policy is perhaps the most important outcome of successful Healthy Cities projects. Such policy uses the leadership and

resources of city government to create healthier settings for daily life at home, in schools, workplaces and health care centres, and throughout the urban environment. Such policy is carried out by departments of city government and other organizations that are partners in the Healthy Cities project.

It is essential for activities of the project in all of its other five “results areas” to come together in a coordinated way to make the project an effective advocate of healthy public policy. Health awareness, intersectoral action, community participation, strategic planning and innovation are all contributors to the planning and implementation of healthy public policy.

Political support is the foundation for healthy public policy. The project uses its links to city council as a vehicle for communication and advocacy. It becomes a credible advocate to the extent that it shows sensitivity to the community, skill in practical innovation and the ability to illicit support from project partners.

Health awareness. Project activities to increase awareness and understanding of health issues are an essential step in building strong and continuing political support. They generate public demand for healthy public policy and create willingness within city departments and other organizations to work on such policies. Strategic planning. Effective advocacy of strategic planning generates the comprehensive long-term perspective on health issues among city politicians and senior executives. This encourages them to explore opportunities to introduce healthy public policy in several areas and to accept the reality that some policies will take months or years to produce results.

Intersectoral action. The mechanisms that facilitate intersectoral action provide the framework for dialogue and planning among those departments and other organizations whose resources are needed to create healthier settings for living. Intersectoral action mechanisms are the vehicle for healthy public policy. Community participation. Community participation mechanisms link healthy public policy to residents of the city. They provide information on what people need and prefer and their reaction to the current activities of city government. They offer city residents opportunities to shape the formulation of policy and participate in its application.

Innovation. Innovation provides the knowledge and experience from which new healthy public policies can be shaped. Knowledge of the impact of present policies, insights into the successes of other people and results from time limited initiatives increase the possibility and reduce the risk of policy change.

Annex 1

Key background material (1978–1994)

Books and articles

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Annex 2

Cities belonging to the project

Phase 1 (1987–1992)	Phase 2 (1993–1997)
Austria Vienna	Austria Vienna
Belgium Liège Mechelen	Belgium Liège Mechelen
Croatia Zagreb	Czech Republic Sumperk
Denmark Copenhagen Horsens	Denmark Copenhagen Horsens
Finland Turku	Finland Turku
France Montpellier Nancy Rennes	France Nancy Rennes
Germany Bremen Munich Düsseldorf Frankfurt Dresden	Germany Frankfurt Dresden
Greece Patras	Hungary Győr Pécs
Hungary Pécs	Ireland Dublin
Ireland Dublin	Israel Jerusalem

Phase 1 (1987–1992)	Phase 2 (1993–1997)
Israel Jerusalem	Italy Bologne Padua
Italy Milan Padua	Lithuania Kaunas
Lithuania Kaunas	Netherlands Eindhoven Rotterdam
Netherlands Eindhoven Rotterdam	Norway Sandnes
Norway Sandnes	Poland Bialystok Lodz Poznan Torun
Spain Barcelona Seville	Portugal Amadora
Sweden Gothenburg Stockholm	Slovakia Kosice
Russia St Petersburg	Slovenia Maribor
United Kingdom Belfast Camden Glasgow Liverpool	Sweden Gothenburg
	Switzerland Geneva
	United Kingdom Camden Glasgow Liverpool

Annex 3

National Healthy Cities Networks

Austria	Italy
Belgium (French-speaking)	Lithuania
Belgium (Flemish-speaking)	Norway
Croatia	Netherlands
Czech Republic	Poland
Denmark	Portugal
Finland	Slovenia
France	Spain
Germany	Sweden
Greece	Ukraine
Hungary	United Kingdom
Israel	

