



Governance, Leadership and Accountability

Abstracts

These abstracts were originally presented at the WHO European Healthy Cities Annual Business and Technical Conferences 2010-2014.

They are organised alphabetically by city and presentation year.

For further information, please contact
Suzanne Miller 028 9033 8811
suzanne@belfasthealthycities.com

Abstracts on other WHO European Healthy Cities Themes may be accessed [here](#).

For further information please contact Suzanne Miller 028 9033 8811
suzanne@belfasthealthycities.com

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CITY / NATIONAL NETWORK: BELFAST

ABSTRACT NUMBER: 130

TITLE: Good for Regeneration, Good for Health, Good for Belfast

CONFERENCE: ATHENS 2014

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: INDICATORS

Context: Regeneration is typically assumed to be good for health and wellbeing, However, current evidence indicates there is limited monitoring of the effect of initiatives on health and wellbeing or on inequalities. Identifying relevant indicators for monitoring regeneration and health can provide a helpful tool for promoting equitable prosperity, and also for maximising the return on investment.

Rationale: In Belfast, capacity on Health Impact Assessment has been built since Phase III. Policy makers found HIA to be helpful, and expressed particular interest in approaches building on HIA. Following interest from East Belfast Partnership to undertake a HIA on a Strategic Regeneration Framework developed for the area, a lack of relevant indicators in the proposal for monitoring how regeneration affects health was identified.

Description: A HIA workshop was undertaken in summer 2009 with local stakeholders on the East Belfast Strategic Regeneration Framework. This formed the basis of an analysis that identified an initial long list of potentially relevant indicators. The project was then introduced to the four other Area Partnerships in Belfast, which are local level partnerships tasked with coordinating regeneration in their area of the city, including producing Strategic Regeneration Frameworks. It was agreed to develop the project as a citywide initiative, and the initial analysis was expanded to incorporate all five Strategic Regeneration Frameworks. A draft indicator set was developed from the long list identified.

The indicator set identifies five core domains – social, environmental, and access – plus a baseline ‘community and neighbourhood’ . For each domain, two headline indicators are identified, with a standard indicator paired with an indicator focused on monitoring inequalities.

A checklist tool was developed to enable piloting of the indicator set, as data for some indicators is not currently available. The tool was piloted with local initiatives in north, south and east Belfast, and the pilots shaped the final indicator set and also the final checklist tool.

Achievements: The indicator set was launched in December 2011. It was identified as an innovative approach to using HIA and developing an indicator set; in particular identifying access as a separate domain and using the headline sets of ‘twinned’

indicators was found to be innovative. The checklist tool was found to be useful in its own right, as a helpful tool for discussing issues around regeneration, health and tackling inequalities. The approach has informed debate in the city and also helped to engage new stakeholders. However, it is recognised that shaping data collection systems is a long term process.

Conclusion: The project developed an innovative way of building on HIA. It offers a tool for engaging local stakeholders in discussion on indicators, regeneration and health, and can help inform policy and decision making. This is, however, a new area of work and further piloting is required

CITY / NATIONAL NETWORK: BELFAST

ABSTRACT NUMBER: 131

TITLE: HEALTH EQUITY IN ALL POLICIES: A BELFAST APPROACH

CONFERENCE: ATHENS 2014

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: STRATEGY

The European review of social determinants of health and the health divide supports the premise that action on the social determinants of health can address health inequalities and inequities. A Belfast framework for health equity in all policies was developed in 2010. This framework allows organizations to systematically examine strategic policies and assess them against the determinants of health with a view to identifying gaps and integrating health equity issues.

Belfast Healthy Cities has piloted the framework with partners across sectors and developed a case studies paper outlining nine applications of the health equity in all policies approach to various policies and pieces of work.

This abstract focuses on the application of the framework on the growing communities strategy, which was the most successful application to date. Belfast Healthy Cities worked in partnership with Belfast City Council and the Public Health Agency to develop a growing communities strategy for Belfast that incorporated health equity issues. The growing communities strategy promotes and supports growing in its widest sense in a range of settings, including community gardens, allotments, schools and at home.

The growing communities strategy developed between September 2011 and March 2012. An operational group consisting of the main partners met monthly to lead the work in developing the strategy and applying the framework. In addition, a wider consultative group stakeholder group comprising about 40 representatives from the statutory, voluntary and community sectors, including local gardeners, was convened to gain input to the strategy.

To support this process, Belfast Healthy Cities developed workshops to assist in gaining stakeholder views of health equity and priorities for the strategy. In addition, Belfast Healthy Cities carried out a literature review of the important determinants of health affected by growing and the health effects. The evidence gathered was integrated into the draft strategy.

Belfast Healthy Cities also developed an action plan based on discussion with the stakeholder group and contributed to developing a set of indicators to help monitor progress on the strategy.

Success was measured by the inclusion of health equity issues throughout the strategy, including actions and a commitment from Belfast City Council and its partners to address these.

CITY / NATIONAL NETWORK: BELFAST

ABSTRACT NUMBER: 163

TITLE: BUILDING CAPACITY TO INTEGRATE HEALTH EQUITY IN ALL POLICIES

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: RESOURCING AND COMMUNICATION

Several regional strategies and organizational corporate plans in Northern Ireland aim to strengthen health equity. However, a key identified need is accessing examples of good practice. Capacity-building to support professionals in developing innovative and successful action to deliver change is also in constant demand across agencies.

A key role for Belfast Healthy Cities is sharing learning and expertise through the WHO European Healthy Cities Network, alongside introducing and testing new concepts and ways of working. The capacity-building programme was designed to meet identified needs of partners, while also providing a platform for sharing fresh thinking and developing connections between Belfast and other WHO healthy cities. In Phase V, the aim of the capacity-building programme was to support sectors to embed health and health equity as a core element of corporate strategy and operational delivery. Through annual seminar series aimed at senior policy- and decision-makers and elected representatives, the programme shared learning from WHO European healthy cities and leading international experts on both new and local priority themes, including healthy ageing, regeneration and health, leadership and governance for health, active travel and sustainable food. A series of leadership master classes was also organized in 2011–2012 and 2012–2013 to assist middle managers in recognizing their leadership role and building their capacity to lead action for change.

The capacity-building programme provided a learning environment for individual professionals, elected representatives and organizations to increase their understanding of the social determinants and distribution of health and well-being; inequalities in health; effects on the population, particularly in early years, and what is meant by health and health equity in all local policies.

The capacity-building programmes were very well received and found to help develop a shared understanding of the key topics and issues featured. Feedback from participants also highlighted that the programme provides an opportunity for networking between sectors, which was found to be a valuable contribution for effective collaboration across agencies.

The capacity-building programme of Belfast Healthy Cities has become established as a platform for learning and sharing innovative thinking. There is also evidence that it is informing thinking and action on health and health equity, and the programme will continue to form a key pillar of Belfast Healthy Cities' work. However, ongoing evaluation and review will take place to ensure the programme meets an evolving agenda while also supporting organizations in maximizing learning.

This was a successful and concrete example of how the framework for health equity in all policies can be used by working in partnership and by applying a health lens on a new strategy to ensure that health inequalities and inequities are considered and addressed.

CITY / NATIONAL NETWORK: BELFAST

ABSTRACT NUMBER: 44

TITLE: MEASURING SUCCESS: BELFAST HEALTHY CITIES MID-TERM REVIEW

CONFERENCE: 2012 ST PETERSBURG

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: EVALUATION

Abstract

Context: Belfast has been a member of the World Health Organisation (WHO) European Healthy Cities Network since 1988. In June 2011 Belfast Healthy Cities Board of Directors (BOD) gave their support to the completion of a mid-way review of the implementation of the city of Belfast's WHO Phase V Healthy City requirements as outlined in the Phase V strategic framework and annual operational action plans.

Rationale: The objectives set for the mid way review included:

- review the strategic objectives set within Belfast Healthy Cities (BHC) Phase V (2009 2013) Strategic Framework to assess progress, achievements, appropriateness, and change required

- review progress on actions within the annual action plans, 2009 – mid 2011 and identify key deliverables achieved; additional programmes and actions delivered and
- identify success factors in work programmes, barriers to progress and areas for future development

Description: Methods used to collect information for the mid way review included: questionnaires and interviews with key stakeholders/partners; review of BHC activities/outputs; review of documentation including action plans etc.

Achievements: Examples of key outputs delivered by BHC included:

- The engagement of 2253 participants in a wide range of activities such as seminars, lectures, consultation meetings, working group related events, conferences and advisory group meetings.
- The delivery of 8 keynote lectures by international speakers including Sir Michael Marmot (University College London) and Danny Broderick (Public Health Directorate, South Australia) linking global health with local health issues.
- The establishment and development of three intersectoral working groups on core Phase V health and wellbeing themes: the *Healthy Urban Environment*, *Climate Change and Health* and *Health & Health Equity in All Local Policies*.
- Workshops on Health Impact Analysis, Climate Change and Health and consultations on mental health, older people and homelessness.
- Production and circulation of over 7000 copies of reports and information resources during 2009 – 11 including conference and workshop reports as well as guidance manuals such as *Healthy Places – Strong Foundations* and *A Guide for Political Representatives Tackling Inequalities and Promoting Wellbeing*.

Key outcomes delivered through intersectoral partnerships, working groups and training workshops included policy development, capacity building and network development as well as collaborative stakeholder engagement throughout the health and social care sectors in Northern Ireland. BHC's education and learning development has improved knowledge, skills and understanding on a wide range of health issues to diverse participant groups within public sector agencies. BHC demonstrated its effectiveness in the core roles of influencing public health policy and practice and bringing new approaches and thinking regarding health inequalities to a wide stakeholder audience.

Conclusion: The findings of the mid-term review indicate that BHC has been extremely successful in delivering on stated Phase V outputs and outcomes during 2009-11. Critical Success Factors included: the independence of BHC as an organisation from specific stakeholder groups; the innovative approach of BHC in addressing health inequalities; and, BHC's access to a European network of learning which offered international models of good practice. The range and expertise of staff skills and the high level of commitment of the staff team to the work of BHC was also considered by respondents to be a critical component in the success of the organisation.

CITY / NATIONAL NETWORK: BRIGHTON AND HOVE
ABSTRACT NUMBER: 075
TITLE: IS ANYBODY OUT THERE? – COMMUNICATING IN A
HEALTHY CITY
CONFERENCE: 2011 LIEGE
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: INDICATORS

Abstract

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.

CITY / NATIONAL NETWORK: CARLISLE
ABSTRACT NUMBER: 194
TITLE: COMMUNITY NEIGHBOURS: PRACTICE-BASED CASE STUDY
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: STRATEGY

Due to demographic change, more older people are finding themselves socially isolated, often spending days without seeing anyone. This has been proven to both reduce life expectancy and significantly affect the health and well-being of individuals. Mrs Carlisle, a National Health Service initiative, develops services that support older people to remain independent at home for as long as possible. Community Neighbours was commissioned by Mrs Carlisle and is hosted by Carlisle City Council.

Older people in social isolation become disconnected with their local communities and the activities that keep them engaged and well. A volunteer can reconnect them with their neighbourhoods and help them participate in the activities and interests they love. This is not only good for them but also a positive experience for the volunteer.

The project is run by a coordinator who checks the volunteers against police records to ensure that they are safe to work with our clients. They are then matched to an older person in their neighbourhood and both agree between themselves how the partnership will work. The project is hosted by the Council and sits within the local Home Improvement Agency, thus connecting the older person with other services. A Community Assets Working Group, which is part of the Healthy City structure, made up of both statutory and third-sector organizations, shares and promotes activities within communities. The project is ongoing.

Since it started a year ago, it has attracted 52 volunteers and set up 39 partnerships. Participants report improving their health and well-being and preventing incidents such as the exploitation of old people and falls in the home. The critical success factor of the project is that the volunteer lives locally to the older person and reconnects both with what is going on in their community.

As it grows, Community Neighbours will also be used as a vehicle to train volunteers in specialist skills: for example, on conditions such as dementia as well as practical help and advice, promoting digital inclusion.

CITY / NATIONAL NETWORK: CARLISLE
ABSTRACT NUMBER: 195
TITLE: HOSPITAL AT HOME
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: STRATEGY

Carlisle has an increasingly ageing population. Figures estimate that 19% of Carlisle's residents are older than 65 years compared with 16% nationally. These figures are expected to rise.

More people have the opportunity to be cared for in their own homes, rather than having to stay in hospital, putting less pressure on the hospital system.

Following the success of a pilot project in Carlisle, older patients and their families living in Carlisle have been able to choose where they receive their care as part of the Mrs Carlisle's Hospital at Home pilot project. The project has evolved out of great partnerships between secondary, primary care and community providers working alongside Healthy City and Community Asset Based working. Now a new out of hospital care service is being developed to provide the same care to patients 18 years and older, seven days a week, 24 hours a day. A range of conditions are treated, including pneumonia, urinary tract infections and chronic obstructive pulmonary disease. It also provides care for people following a fall and palliative care for people who are approaching the end of their lives.

The pilot scheme has treated more than 182 people in the Carlisle district in their own homes, receiving the same high level of health care from a special team of nurses, other health care professionals and adult social care as they would in a hospital setting.

One person's feedback: "When I got ill again, I told everyone I wasn't going into hospital. I didn't want to go into hospital. When they said I could have Hospital at Home I was delighted. It has been wonderful being able to stay at home where I have all my things around me, my family and friends. I feel so much better."

The pilot has been popular, with many patients and caregivers choosing home care rather than a stay in hospital, with the recovery time for patients quicker than expected. Now, the National Health Service Cumbria Clinical Commissions Group is working with providers of care to launch Out of Hospital Care services so that individuals can stay in their community.

CITY / NATIONAL NETWORK: CROATIAN HEALTHY CITIES NETWORK

ABSTRACT NUMBER: 060

TITLE: IMPACT OF THE 12-YEAR CAPACITY-BUILDING PROGRAMME HEALTH – PLAN FOR IT IN CROATIA

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

The Healthy Counties Programme started in spring 2002, with the Ministry of Health, the Ministry of Labour and Social Welfare, the counties and the Andrija Štampar School of Public Health as partners. Its goal was to provide assistance to county governments in the process of decentralizing the health and social welfare system. Since 2004, the project continued through programme partnership within the work of the Croatian Healthy Cities Network.

During the process of education in the 1st phase of the programme (2002–2009) each county (20) and the City of Zagreb produced a health profile and health plan with priority health needs and identified action to address them. But the mere existence of city or county health documents did not solve the problem of implementation, so the second round of the Healthy Counties training modules (2008–2012) was designed to improve the implementation skills of counties and the City of Zagreb: leading the process of change, networking, managing interorganizational relations, communication and motivation and monitoring and evaluating results.

Health – Plan for It is a unique training programme that strengthens the management and public health capacity of counties. It assists them in assessing population health needs in a participatory manner, in setting priorities, in planning for health and, ultimately, in ensuring the provision of responsive, high-quality services. Priorities selected and described in city or county health plans are the basis for resource allocation (80% of healthy city or county health project funding has to be directed towards solving priority issues).

In the past 12 years, this programme has been supported by several ministries and by county governments. Health – Plan for It is a model of good practice for cooperation between the academic community and local and national government. It relies on a multidisciplinary and intersectoral approach, continual consultation with the community and the use of qualitative analysis. The training programme has received numerous program awards from the United States Centers for Disease Control and Prevention, including a distinction award on 16 January 2013 as a programme "... that has improved management and leadership to strengthen country health capacity and improve health outcomes ...".

CITY / NATIONAL NETWORK: HEALTHY CITIES OF THE CZECH REPUBLIC

ABSTRACT NUMBER: 025

TITLE: STRATEGIC MANAGEMENT FOR HEALTH AND SUSTAINABLE DEVELOPMENT – DATABASE OF STRATEGIES FOR THE LOCAL, REGIONAL AND NATIONAL LEVELS

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: STRATEGY

The Czech Republic has plenty of documents, aims, activities, implementers, indicators etc. at the national level – but they are not properly interconnected nor evaluated. This causes problems in dealing with and promoting the concrete topics on regional and local level and cooperation on national and international level. Healthy Cities of the Czech Republic, as a municipal association promoting health and sustainability, is based on the fact that achieving the proposed goals is difficult without an effective strategic management and using appropriate tools.

Healthy Cities of the Czech Republic has been developing an innovative information technology tool for more than seven years: a strategic database that enables not only gathering and presenting easily strategies and strategic documents but also to link them to each other, to compare their goals, to link them with budgets and indicators and evaluate the activities. The database was firstly used at the local level by a municipality. In the past 3 years, an overarching module was prepared creating a vertical pyramidal structure (linking international, national, regional and local) and horizontal structure (ministries and other organizations between themselves).

For the past 2 years, it has been used for Health 2020 – linking it with thematic national and local strategies and activities. The ministries and other national organizations are directly involved in the activity.

The database now serves not only as an innovative online library but also facilitates the work and preparation of the strategic documents at all levels. The database has its online web portal open to everybody but also a special user editing environment. The impact is great. This module is being used for the new European Union programming and for evaluating the strategic management at the national level. Ministries and other national organizations are directly involved in the activity and create greatly needed cross-sectoral cooperation. The interconnections between local activities and national and international aims are more comprehensive and visible.

As far as we know, no similar database system is being used in the European Union countries.

Sustainability and implementing relevant activities and processes is, in our opinion, impossible without effective strategic planning and mainly management. requires

that the individual actors have appropriate tools, and one of these can be this type of database.

CITY / NATIONAL NETWORK: FRENCH HEALTHY CITIES NETWORK

ABSTRACT NUMBER: 103

TITLE: SUPPORTING HEALTHY CITIES IN FRANCE TO PROMOTE ACTIVE MOBILITY

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: STRATEGY

The current epidemic of chronic diseases throughout Europe is in part due to the population's increasing sedentary lifestyle. Local authorities have a key role in creating healthy living environments that support an active way of life. The French Healthy Cities Network (Réseau français des Villes-Santé de l'OMS) wished to gather evidence of innovative practice of how city councils can support active mobility in the context of supporting health in all local policies.

The objectives were: to summarize the scientific evidence about how active mobility affects health; to identify innovative examples of intersectoral actions put in place by local authorities in France to promote a health in all policies approach; and to make recommendations on how local authorities can further support active mobility every day and by all citizens.

Using an electronic survey sent to the 82 members of the French Healthy Cities Network, and via actions identified by the steering committee consisting of members of the eastern France regional network of healthy cities, the study summarized the methods by which a city council can support active mobility.

Whether using a classic project planning approach or by putting health in all local policies, the study identified realistic methods to ensure that cities support active mobility. Ranging from organizing children to walk to school to adapting public transport, from supporting better access to bikes to more safe green spaces, municipalities are key for promoting health and well-being. The findings highlight the need to work with other city council services and also the significant number of existing local transport plans in which it is important to integrate active mobility.

A 100-page publication has been published in English, French and Russian. We suggest that this presentation could be followed by that of the walking signs proposed in the City of Grenoble – which is a specific example of this approach.

CITY / NATIONAL NETWORK: GLASGOW

ABSTRACT NUMBER: 021

TITLE: CREATING HEALTH AND WELL-BEING INDICATORS FOR GLASGOW

CONFERENCE: 2011 LIEGE

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: INDICATORS

Abstract

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. The city 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.

CITY / NATIONAL NETWORK: HELLENIC HEALTHY CITIES NETWORK

ABSTRACT NUMBER: 155

TITLE: EMPOWERING FOR STRATEGIC INTERVENTION IN HEALTH CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: STRATEGY

Participation in the Hellenic Healthy Cities Network contributing to community health promotion action in Moschato-Tavros

The Municipality's membership in the Hellenic Healthy Cities Network raised awareness and facilitated the local stakeholders to organize health promotion activities.

The community where people live and grow is the best place to raise awareness of health-related issues, especially now that the economic crisis deprives much of the population of the ability to ensure good health.

By assigning roles such as political representative, coordinator and steering committee inside the Municipality, the Hellenic Healthy Cities Network offered motivation for cooperative activities between politicians and city employees. Thus, from the beginning of the membership in 2011 until today and according to the annual reports, health promotion activities have increased significantly.

With the cooperation of various city stakeholders, several health activities took place at the Municipality. These included preventive gynaecological control free of charge, mammograms free of charge for women with no access to the national health system or without income, action for preventing colon cancer and melanoma, cholesterol and diabetes control and preventing smoking, cardiovascular and musculoskeletal disorders.

In addition, there were environmental activities and action for promoting mental health, accepting diversity and preventing bullying, violence and addictions. To realize these projects, the Municipality worked alongside schools, sports clubs, associations and not-for-profit organizations as well as hospitals, scientific institutes and universities.

National healthy cities networks are able, through their city representatives and interdepartmental cooperation, to raise citizens' awareness and induce them to give priority to the care of their mental and physical health. Especially in periods of crisis, they can ensure the community resilience, better health and well-being for the people of the city.

CITY / NATIONAL NETWORK: ITALIAN HEALTHY CITIES NETWORK
ABSTRACT NUMBER: 019
TITLE: MOLFETTA MANIFESTO FOR A RESILIENT CITY
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

The Italian Healthy Cities Network met in Molfetta (Puglia, southern Italy) on 11–12 April 2014 on the resilience of communities to promote health: being open to new lifestyles. The participants and the experts, noticing the high level of contributions on the theme, started to write down a manifesto for a resilient city that was completed and read to everyone at the end of the meeting.

The concept of resilience is currently central for those who work on health promotion, but many cities in the Italian Healthy Cities Network do not know a lot about it, so it could be important to have a document that gives some indications.

A resilient city is today a city that knows how to develop responses that reinforce the identity and sense of community by transforming a crisis into an opportunity for renewal. The 10 points of the Manifesto try to collect all the important aspects connected to resilience in the government of the city.

A resilient city is a city: 1) that tries to make citizens aware of the risks and helps them to withstand adversity; 2) in which urban planning is based on sustainable policies; 3) that invests in the typical products of local agriculture; 4) that provides quality of life for everyone; 5) that is attractive, creative and innovative because it invests in culture as “food for the mind”; 6) in which protection is based on preventing risks and not only on responding to emergencies; 7) that knows how to engage all citizens in the public choices on health; 8) that integrates professionalism, local policies and institutional levels sharing best practices; 9) that creates its knowledge based on a systematic alliance with local experts, universities and research institutions; and 10) in which the dissemination of information on environment and health is directly accessible to all.

The Manifesto was approved by the Steering Committee and Scientific Committee of the Italian Healthy Cities Network and published on the website www.retecittasane.it. The next step should be to approve it in each city of the Network through a city council resolution.

It would be a great to share the Molfetta Manifesto with WHO, other cities and national networks, for example, in a public agreement during the Athens Conference in October.

CITY / NATIONAL NETWORK: IZHEVSK
ABSTRACT NUMBER: 089
TITLE: IZHEVSK'S EXPERIENCE IN PHASE V OF THE WHO
EUROPEAN HEALTHY CITIES NETWORK
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: EVALUATION

Many positive changes have happened in city life during the period of participation in Phase V of the WHO European Healthy Cities Network. Much attention was paid to the different aspects of citizens' lives. Progress has been made in intersectoral collaboration. Many municipal programmes and projects were implemented according to the priority themes of Phase V. On the agenda is active work in developed areas, borrowing and implementing good practices from other healthy cities, raising the healthy cities standards and regular evaluation of the effectiveness and efficiency of current activities.

The Head of the City and City Administration always pay much attention to the practical implementation of the Healthy City project. At present, more than 40 programmes and projects for all categories of citizens have been implemented due to their direct involvement. The problems of urban safety have been solved actively.

Workplaces for people with disabilities were prepared in recent years. New kindergartens were built. Social facilities became more available for people with limited mobility. The social taxi functioned more actively. A new stadium, skating-ring, swimming pool and sports facilities were built. More than 700 000 of new living space were put into operation. The special public transport for people with disabilities was bought. New routes for public transport were organized. Many bus stops, pedestrian crossings and subways were renovated. New recreational areas, pedestrian zones and bike paths were built. The operations for streets and outdoors lighting were improved. The complex automatic informational system "safe city" was were created and imbedded.

Unemployment in Izhevsk has increased considerably in recent years. The quality of citizens' life has improved, especially among children and older people. Politicians and officials became active participants in equity and urban planning activities. Intersectoral collaboration in questions of urban health was established. Izhevsk city participation in Phase V resulted in significant positive changes in various aspects of citizens' lives. Development of all city programmes and projects and health promotion are the main goals of our healthy city.

CITY / NATIONAL NETWORK: JERUSALEM
ABSTRACT NUMBER: 215
TITLE: JERUSALEM OF GOLD: MASTER PLAN TO ENABLE
HEALTHY AGEING IN SYNERGY WITH END-USERS AND PRIVATE-
MUNICIPALITY ENTITIES
CONFERENCE: 2014 ATHENS
CATEGORY GOVERNANCE

As the largest city in Israel, Jerusalem is preparing for a dramatic increase in our ageing population. In 2012, 68 530 people older than 65 years (of whom 58 000 are Jewish and 11 530 are Arab) were living in Jerusalem – 8.5% of the total population of 804 400 people. By 2020–2025, this number is expected to increase by 20% to 82 340 people older than 65 years. In addition to permanent residents, Jerusalem's unique position in world history brings many older tourists to the city, requiring accommodating their needs and interests as well.

To prepare for the transformation to a much larger senior population, the Office of the Mayor and the Israeli Ministry of Senior Citizens have partnered to create Age-friendly Jerusalem (based on the WHO guide) to improve and better integrate senior citizens in the city's services and landscape. We consider healthy, active and engaged older people – Jewish, Muslim and Christian – to be assets in developing the city and in creating a more sustainable society.

During 2014, we aimed to assess the services and the needs of the population and prepare projects in four themes: 1) employment, 2) outdoor spaces and the built environment, 3) social and communal participation and 4) health services. We used a mixed method of in-depth structured interviews with community leaders, public participation, focus groups, not-for-profit community organizations, health insurance carriers, and city service department heads of Health, Social Services, City Planning and Engineering, as well as academic public health departments of institutions based in Jerusalem. Through this yearlong process, we were able to map existing services, perceived needs and barriers to healthy ageing, with special emphasis on neighbourhoods with low socioeconomic status and multi-ethnicity profiles.

This effort produced two types of achievements: a) mapping the activities of current community-based programmes and b) developing a master plan to guide police and projects enabling a vibrant, caring and healthy multigenerational and multicultural neighbourhoods empowering all individuals to age well in Jerusalem.

A paradigmatic example of mapping activities in community-based healthy ageing activities: older women: health and well-being and happiness in two neighbourhoods in collaboration with Hebrew University. The programme includes the following: a) physical activity: exercise classes and outdoor activities at different levels according to the ability of the women, b) nutrition: healthy cooking classes and lectures on healthy eating habits, c) community-based health lectures and peer-led groups for awareness on women's health and disease prevention, d) peer groups for knowledge, empowerment, resilience and social activities and volunteer action

groups and e) peer-led house calls with home visits to older women with disabilities for physical and mental support.

The Municipal Dance Company was established four years ago, the first model in Israel for older adults aimed at improving physical, cognitive and mental well-being and resilience as well as intergenerational activities involving traditional dances. The Municipal Dance Company is a member of the International Council of Organizations of Folklore Festivals and Folk Arts.

Environmental volunteerism is a biweekly social activism programme in conjunction with the Jerusalem Botanical Garden, specifically designed for older citizens, to improve outdoor physical activities for physical and mental well-being.

Elder Dog Walkers programme, where healthy older people for minimal payment walk a dog or take the dog to the veterinarian and other tasks necessary to allow older people with disabilities to keep their pets, a source of company and comfort and quality of life.

Master plan focused directions: based on yearlong activities and mixed methods, the following directions were identified: ageing in place enabled by developing local services to enable safe public transport and trained support staff to develop and coordinate shared values communities of practice for physical and mental healthy ageing and resilience; affordable activities and services in synergy with health insurance plans and private-public partnerships; accessible activities and services for different languages and cultures of all neighbourhoods and for international tourists; intergenerational activities and projects to accommodate both young and old residents to enrich the intergenerational connections and to promote a sustainable healthy society with resilience and tolerance for all; and interorganizational measures to promote cooperation within the municipality and internationally active ageing tourism. Jerusalem is a partner in the European Innovation Partnership on Active and Healthy Ageing.

Sustainable healthy ageing communities require a master plan, with input from all shareholders. Their implementation needs to be in synergy with public-private entities and include trained staff for guidance and support. The effectiveness of these programmes needs to be evaluated to ensure their long-term sustainability and dissemination, especially multicultural and socioeconomically disadvantaged neighbourhoods.

CITY / NATIONAL NETWORK: CYPRUS
ABSTRACT NUMBER: 034
TITLE: ENVIRONMENTAL HEALTH INDICATORS SUPPORT
HEALTHY LIVING IN URBAN SETTINGS
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: INDICATORS

Neighbourhood renewal programmes attempt to improve living conditions, the economy and population health in cities, but they are often accompanied by mixed results. Evidence suggest an increased prevalence of chronic diseases in urban settings, while environment and lifestyle risk factors are considered important to study at the neighbourhood level. The objective of this work was to show that historically established geographical boundaries within a city, such as those defined by the drinking-water pipe infrastructure, that is, the district-metered areas, could improve the human exposure assessment of tap water contaminants (disinfection by-products) associated with numerous uses (cleaning, swimming, showering, cooking, etc.) and also refine urban health impact assessment schemes.

The use of geographical information systems with geocoded environmental parameters along with the application of advanced clustering methods and the use of linear mixed-effects models effectively separated environmental indicators by specific urban neighbourhoods of Nicosia city, Cyprus.

Significant differences in environmental indicator levels between urban neighbourhoods (as defined by their district-metered areas borders) were observed, even after adjusting for age, sex and season, corroborating the characteristics of the pipe network of district-metered areas. The older the pipe age, the higher frequency of pipe-leaking and the higher average minimum night flow were differentially expressed among different neighbourhoods of the same city.

If current geography and zip code classification schemes allow for clustering of urban neighbourhoods with similar environmental exposure characteristics, then health disparities and socioeconomic inequalities will be better assessed with less money and time resources.

The implications of this study are important, because such geographically distinct urban areas (water district-metered areas) provide a unique opportunity for city planners, policy-makers and health professionals to formulate cost-effective urban health interventions, if environmental exposure is well clustered within each neighbourhood.

CITY / NATIONAL NETWORK: LIVERPOOL
ABSTRACT NUMBER: 049
TITLE: HEALTH IN ALL POLICIES: MAKING AN IMPACT,
LIVERPOOL'S STORY
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: EVALUATION

A decade ago, the Liverpool project Making an Impact was inaugurated to support the reduction of health inequalities in Liverpool, one of the most deprived cities in the United Kingdom.

The project vision was to build health in all policies and to build capacity for health impact assessment.

The project was designed to use health impact assessment as the tool to identify both the positive and negative social health effects of policies, programmes and strategies. Advising evidence-informed recommendations can enhance and influence relevant policy change across local government (municipality) and health services, driving health in all policies thinking.

This project played a significant part within the healthy cities movement and the WHO European Healthy Cities Network and is seen as an innovative project due to its tripartite nature across a wide reaching remit and almost experimental in concept. Funded by Objective 1 funding and led by IMPACT, University of Liverpool, the project was designed to develop a capacity-building programme across two major local organizations: Liverpool City Council (Municipality) and the local office of the National Health Service.

The long-term ambition is that applying and using health impact assessment for all policies, programmes and strategies will become the norm.

This presentation aims to present the history of this unique health impact assessment capacity-building project. It explores the opportunities and challenges of and lessons learned in leading and developing a project of this type and describes how an academic framework for health promotion and capacity-building has worked on the ground during the past 10 years.

Included will be a description of the development of the specifically designed health impact assessment screening tool, which is used as the first stage of building health in all policies.

The presentation will conclude with a summary of the outcomes, looking at what the project has achieved to date, and will raise issues around future context and deliverability of health in all policies in times of organizational changes to structure and funding.

CITY / NATIONAL NETWORK: MALMÖ
ABSTRACT NUMBER: 106
TITLE: MALMÖ'S PATH TOWARDS A SUSTAINABLE FUTURE
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: STRATEGY

The difference in life expectancy between city districts in Malmö is 4.5 years for women and 5.5 years for men. The difference in life expectancy at 30 years of age between those with a low versus high level of education is 4.1 years for women and 6.0 years for men, and these figures have increased during the past 20 years.

In 2010, the Malmö Executive Board decided to appoint a Commission for a Socially Sustainable Malmö, whose task was to propose actions to reduce health inequalities and discriminatory factors in people's lives in Malmö by making the social determinants of health more equitable.

For 2 years, the Malmö Commission along with external experts and researchers produced and published 31 scientific reports, 300 recommendations and 72 actions within the priority areas of: everyday conditions of children and young people, residential environment and urban planning, education, income and work and health care.

The process has involved more than 2000 people: citizens of Malmö, representatives of the county administration, civil society, national government agencies and the business community.

The Commission made two overarching recommendations: establish a social investment policy that can reduce inequities in living conditions and make the social system more equitable; and change processes by creating knowledge alliances and democratized management.

Thus, being able to implement the suggestions made by the Commission requires structural changes. The administration has to be able to maintain a long-term commitment and perspective, and untraditional ways of cooperation between different stakeholders are needed. This requires a new kind of leadership and holistic management principles.

The Commission finalized its research, consultation and theoretical work with a final report: *Malmö's path towards a sustainable future – health, welfare and justice*. An action plan has been produced based on the 72 action proposals in the final report. Implementation starts now, with the City Council adopting actions and budget allocations.

CITY / NATIONAL NETWORK: NEWCASTLE
ABSTRACT NUMBER:172
TITLE: NEWCASTLE FUTURE NEEDS ASSESSMENT: A SINGLE
CITYWIDE POLICY APPROACH
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY:ASSESSMENT

In England, councils and their partners have many different requirements to carry out evidence-informed planning: for example, joint strategic needs assessment; child poverty needs assessment; and strategic community safety assessment. There are also multiple requirements for developing strategies. This can lead to fragmented planning silos and multiple competing priorities.

In May 2012, partners in Newcastle agreed to fulfil these requirements by working together through a single policy approach called the Newcastle Future Needs Assessment. The Board established a group to oversee the development work to bring about this ambition up to March 2014.

The group were informed by WHO's publication on governance for health in the 21st century, with its emphasis on co-production and valuing different forms of knowledge. It was also informed by the Lancet Commission (2012) and its emphasis on using ideas from social learning – basing assessment on dialogue and discussion rather than a technical exercise led by experts.

The resulting Newcastle Future Needs Assessment is understood as a collaborative approach that provides an integrated, coherent and evidence-informed means of citizens and people from organizations working together to determine priorities in the city. It consists of a set of principles, supported by resources, methods and techniques, which enable effective collaborative working across the different areas of activity in which we are involved. Further, a new website, www.knownewcastle.org.uk, is a shared way of drawing together statistical information about people in the city, the factors that affect their lives and their well-being and health. It also acts as a shared repository for reports that provide more qualitative insight into the lives and experiences of people in the city. Finally, there is a new commitment to adopt new ways of coming together – with participatory, task-focused working – rather than a representative, structural model of partnership.

We are now embedding these principles and practices in our day-to-day work. Already, we have examples where the approach has improved our collective capacity to work with each other, and with the people of Newcastle, to improve well-being and health across different areas of policy and commissioning.

CITY / NATIONAL NETWORK: NOVI SAD
ABSTRACT NUMBER: 035
**TITLE: HOW THE CITIZENS PERCEIVE THE CITY OF NOVI SAD:
QUALITATIVE APPROACH FOR DETERMINING COMMUNITY
HEALTH NEEDS**
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY:ASSESSMENT

Abstract

To make a city health profile of Novi Sad, we wanted to understand the perceptions of community members about the factors that contribute to and diminish the quality of city life as well as the vision for the future of Novi Sad.

Of 150 invited representatives of all relevant sectors of the city life, 62 completed the questionnaire, which contained six open-ended questions. Participants were asked to write short essays about different aspects of the quality of life in the city. Thematic content analysis was applied.

The City of Novi Sad is perceived, by its citizens, as the capital city of the region with a strong multicultural identity, which encountered multiple changes in the past 20 years in the population structure, cultural patterns and urban design. The main strengths of the City of Novi Sad, recognized by the participants, are the presence of all sector institutional networks, rich cultural life and its geographical position. The main factors that diminish the quality of life, according to participants, are the uncoordinated urban planning, (mental) health status and organization of health care, traffic problems, high unemployment rate and low standard of living.

The results offered an insight into the Novi Sad citizens' assessment of city life, their concerns and vision for the future. It created a good base, together with all relevant quantitative data on determinants of health, for creating the city health profile and the city health plan.

Application of qualitative methods in creating a city health plan gives an opportunity to acquire a greater range of answers and improves understanding of the community appreciations and concerns about the life in the city. It also allows the mobilization of all relevant community sectors in the process of determining health priorities that comply with the whole-of-society approach and promote health in all local policies.

CITY / NATIONAL NETWORK: POLISH NATIONAL NETWORK
ABSTRACT NUMBER:073
TITLE:LEARNING AND SHARING EXPERIENCE IN POLAND
CONFERENCE: 2011 LIEGE
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: STRATEGY

Abstract

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.

CITY / NATIONAL NETWORK: POLISH NATIONAL NETWORK

ABSTRACT NUMBER:054

TITLE: SUPPORTING CITIES – GRANT COMPETITIONS IN THE POLISH HEALTHY CITIES ASSOCIATION

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: RESOURCING AND COMMUNICATION

CONFERENCE: 2010 SANDNES

Abstract

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

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

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

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

projects are presented in the newsletter. In 2009 and 2010, the Association received funds from external sources for grants on preventing cervical cancer.

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

CITY / NATIONAL NETWORK: PORTUGUESE HEALTHY CITIES NETWORK

ABSTRACT NUMBER: 032

TITLE: EMPOWERING FOR STRATEGIC INTERVENTION IN HEALTH

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: STRATEGY

The Portuguese Healthy Cities Network integrates cities committed to promoting health but that are at different levels of development in their healthy cities approach. This reality is visible through their work but also through their participation level in meetings and discussion forums involving the Network's intermunicipal technical group. This group comprises a technician of each member city, is coordinated by the Portuguese Network Technical Coordinator and its functions are: a) to deliver notions at the request of the Board of Directors (executive body); b) to participate in developing the annual activity plan; c) to participate in preparing the annual activity report; d) to give advice on applications submitted by municipalities wishing to join the Network; e) to disseminate information in regards to activities by the Portuguese Network and the WHO European Healthy Cities Network; and f) to incorporate the principles of the WHO Healthy Cities programme and the technical references that support it in the work developed by the city members, guided by the Portuguese Healthy Cities Network.

We identified a need to invest in training actions directed towards the technical group, establishing a platform from which to disseminate knowledge about healthy cities strategic instruments, structuring themes, principles and objectives, and thus developed a training plan aimed at qualifying city intervention and producing tools to support their work.

The training plan was entitled Healthy Cities and Local Development and was developed in partnership with the National School of Public Health, which established a training programme according to the needs identified by the technical group. This training involved 21 participants and consisted of eight sessions spread over four months on topics related to different areas of healthy cities project intervention: a) goals and health indicators and priorities; b) urban health; c) local government and health development; d) equity and social inequalities; e) programme and project management; f) partnerships in health; g) health communication; h)

healthy urban planning; i) citizen empowerment – health literacy; and j) health profile and a health development plan.

The Healthy Cities and Local Development training action culminated in developing intervention projects focused on areas such as health literacy, healthy eating and mental health and well-being. Examples: the Transform Your Snack Project, which targeted childhood obesity, focusing on primary school children and addressing this issue in multiple strands; the Health Olympics Project, which intended to contribute to greater health literacy and healthier lifestyles among people in grades 5–9; and the Wheel of Knowledge Project, based on sharing knowledge and experiences and promoting social contact in an intergenerational perspective aimed at promoting the mental health and welfare of the target population.

The training action's results were very satisfactory. The technical group attended enthusiastically, revealing that they felt more prepared to plan and develop intervention projects supported in healthy cities principles and strategies. The group continues, however, to consider training actions essential, and thus we are preparing a training plan for this year directed mainly at furthering the knowledge on methods for health impact assessment.

CITY / NATIONAL NETWORK: ROTTERDAM

ABSTRACT NUMBER: 075

TITLE: PARTICIPATING PEOPLE MAKE THE CITY HEALTHIER

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: RESOURCING AND COMMUNICATION

The city strives to achieve a better living environment in all aspects. These improvements in living quality should provide an attractive city. The investment is expected to pay for itself by improving public health, citizen participation and economic well-being. According to the city council, every (spatial) intervention should improve the quality of the living environment.

The city as a natural habitat for humanity (and also for nature) offers many healthy opportunities.

There is a lot of energy in the local society. Citizens and companies show initiatives and start projects. The time of master plans is over. The citizens do it themselves. It is healthy that people are involved with the city, to have influence in developing their city and their neighbourhood. From that viewpoint, city initiative is important. Every year in Rotterdam you can submit an idea for a project that will be funded and realized. This is a way to engage the inhabitants with the city. Everyone can bring up ideas, plans or project about Rotterdam. How does it work, what are the results, what does it cost? What does it do for health?

This year 91 plans were submitted. All plan makers could promote their plan to the public and to the city professionals.

A panel discusses all plans. The panel selects 10–15 promising plans. Finally, the panel selects five plans for a city-wide referendum. All inhabitants of Rotterdam can vote. The plan with the most votes will be implemented. €3 million is available for implementation.

Many professionals in the city advise the panel about the plans: the impact, the feasibility, the uniqueness and the possible undesirable side effects. Two officers of the public health service check the plans. They check the plans for public health aspects. Are they not too unhealthy, does the plan support physical activity such as walking, biking, gardening or recreation? Does it support participation or healthy food? Does it stimulate and educate children? Is it interesting for older people? Does it involve unemployed people?

This advice of the public health service does have some influence for the health of Rotterdam. But it also an opportunity to see the other plans, and maybe we can support a plan that did not win the contest in another way if this is an interesting initiative that fits with the goals of public health.

Some examples of the submitted plans are: preparing healthy food together and eating together in the local community, creating a beach in the city, making a farm in the city that provides local food and has an educational function, training young people by retired (military) people to manage their life and a plan to empower girls. The 91 submitted plans show that many people in Rotterdam are committed to the health and well-being of the city.

From the viewpoint of public health, this is important that people are involved with the city and influence the development of their city and their neighbourhood.

Not only the winner counts but also the process for all plan makers and all inhabitants: people together making plans, others discussing them, the promotion of the plans and the tension of the election. During many months, there is an exciting process of participation and debate.

There are some points for improvement. For instance, more highly educated people can more easily formulate and sell their plan. Further, plans are proposed that were earlier rejected in the official policy process. Some critics think that letting professionals develop projects is more efficient.

The time of master plans is over, although professionals still love them. The citizen makes the plans; the municipality only facilitates the process. The best plan will be implemented; other plans can be also be supported. The professional health adviser and other professionals can give information and support the process.

**CITY / NATIONAL NETWORK: RUSSIAN NATIONAL NETWORK
ABSTRACT NUMBER:056
TITLE: INTERSECTORAL COLLABORATION IN THE MEMBER
CITIES OF THE RUSSIAN ASSOCIATION OF HEALTHY CITIES,
DISTRICTS AND SETTLEMENTS
CONFERENCE: 2011 LIEGE
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY**

Abstract

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.

CITY / NATIONAL NETWORK:RUSSIAN NATIONAL NETWORK
ABSTRACT NUMBER: 056
TITLE: INTERSECTORAL COLLABORATION IN THE MEMBER
CITIES OF THE RUSSIAN ASSOCIATION OF HEALTHY CITIES,
DISTRICTS AND SETTLEMENTS
CONFERENCE: 2011 LIEGE
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: RESOURCING AND COMMUNICATION

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CITY / NATIONAL NETWORK: SAN FERNANDO DE HENARES
ABSTRACT NUMBER:036
TITLE:SAN FERNANDO DE HENARES MUNICIPAL HEALTH PLAN:
GENDER-FOCUSED EVALUATION AND STAKEHOLDER
PARTICIPATION
CONFERENCE: 2011 LIEGE
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: INTERSECTORAL COLLABORATION

Abstract

The evaluation of the framework of the strategy of the WHO European Healthy Cities Network is ex post facto, summative and invaluablely 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. Stakeholders identified Healthy City Coordinator, Mayor's Office, municipal departments, Technical and Participation Commission comprising 25 associations. Citizens (1003 people). Evaluation team. A total of 1066 people were contacted (51% women, 49% men).

For the information needed, semi structured 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.

CITY / NATIONAL NETWORK: STAVROPOL
ABSTRACT NUMBER:010
TITLE: EVALUATING THE EFFECTIVENESS OF THE STAVROPOL
HEALTHY CITY PROJECT FOR 2000-2010
CONFERENCE: 2012 ST PETERSBURG
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: EVALUATION

Abstract

Stavropol joined the WHO European Healthy Cities Network in 1996. The first years were devoted to studying methods, constructing an intersectoral network and searching for active participants.

The active work on the healthy city project started in 2001. The following was created: the organizational structure of the project, the Project Office and working intersectoral groups of experts in the following areas:

- health care and public health policy;
- information policy and public relations;
- financial and economic policies of a healthy city;
- policies on social security;
- cultural and recreational policies of the city;
- housing and municipal politics of the city and ecological well-being; and
- the education and upbringing policies of the city.

Additional working groups were organized to implement key directions of the project.

Intersectoral groups of experts adopted 153 criteria for the effectiveness of the project, and quantitative data began to be collected according to these criteria.

The city hosted seven conferences according to the main spheres of the project implementation, including with international participation. The following were developed and published in the framework of the project: health profiles for people, the profile of physical activity, the health profile for seniors in the city of Stavropol, the profile of young people's health, the health profile of vulnerable groups, as well as the social guide of Stavropol, the plan to reduce inequalities in health and the HIV prevention plan, which is already implemented in our city.

At the same time there was work to attract additional funds, the search for grants, including from international organizations. With these funds, we implemented

projects: “civil dialogue”, “project on health impact assessment of new urban initiatives”, “we choose life – youth against HIV/AIDS”, “healthy choice”, “transboundary dialogue – time for change” and others.

It has become a tradition to hold the city’s health festivals as well as the city activity “non-smoking class” and the competition of municipal grants, the purpose of which is to demonstrate the benefits of healthy lifestyles to the general public, to promote health improvement and to increase the number of physically and mentally healthy people. However, residents of the city and activists of the project are interested in more objective data on the impact of the project.

To achieve greater efficiency and to show the results of joint activities to the residents of Stavropol, the Project Office decided to assess the activities of the city in the dynamics in a decade. Evaluating effectiveness is a key element of management. The evaluations were based on the data analysis according to criteria, adopted by expert groups, as well as on the data of the Russian statistical agency and official statistics.

The analysis also included data received during the five sociological studies:

- the quality of life of Stavropol residents: a representative sample – 800 people;
- a study of lifestyles of young people: a representative sample – 600 people;
- assessment of the quality of life of vulnerable groups: a representative sample – 600 people;
- evaluation of the quality of life of seniors: a representative sample – 600 people; and
- evaluation of Stavropol residents’ physical activity: a representative sample – 600 people.

All data were analysed for the period from 2000 to 2010. Diagrams were constructed to reflect trends in the city life, and a presentation was prepared that was presented at a meeting of the Coordinating Committee of the Healthy City Project and at a press conference for the mass media.

The submitted analysis was the basis for making tactical decisions by all sectors of the city.

The data obtained confirmed the effectiveness of the project in Stavropol. We were able to detect hotspots in the project that identified the need for action to change the situation in these areas. Quantitative data also indicated that the progress had been delayed in the sphere of the effectiveness of the project because of the economic crisis.

NATIONAL NETWORK: SWEDISH HEALTHY CITIES NETWORK
ABSTRACT NUMBER: 064
TITLE: HOW TO GET HEALTHY AGEING ON THE POLITICAL
AGENDA – IN KRISTIANSTAD AND IN THE SWEDISH HEALTHY
CITIES NETWORK
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: POLITICAL ENGAGEMENT

In Sweden, healthy ageing is not on the agenda in a structural way in municipalities and counties. The system with a strong welfare state holds the idea that this state is supposed to take care of you when you get older. This way of thinking results in barriers in discussing healthy ageing.

Sweden will soon have a much older population. The importance of bringing healthy ageing on the agenda is obvious. The Municipality of Kristianstad is a member of the Swedish Healthy Cities Network and participates in the WHO European Healthy Cities Task Force on Healthy Ageing.

Presenting data on the demographic trends, research and knowledge from WHO and the European Union to politicians resulted in a political proposal to the Municipal Council with a suggestion to make a plan for healthy and active ageing. A challenge was to get a political decision with the support of all political parties. Another challenge was a decision for intersectoral collaboration with all the services in the municipality and seniors, to strengthen empowerment. Using the age-friendly cities method, described in the Vancouver protocol, led to positive decisions.

Alongside the local process, the cities in the national network started the process. Healthy ageing is now on the agenda locally in Kristianstad in a strategic and structural way, and cities in the Swedish Healthy Cities Network have started working.

Critical factors for success – earlier local and national projects have prepared for the strategy. Data of various kinds and the working model were important. The way presentations were made to decision-makers gave more understanding.

Successful in the national network is the hands-on process, and increasing awareness of the importance of the question.

Critical challenges – the lack of awareness and discussion on the political agenda in Sweden: ageing is associated with care needs and high costs. The new way is to regard older people as resources in society.

A strategy is important, and decision-making takes a long time. It is possible to put healthy ageing on the agenda in Sweden.

CITY / NATIONAL NETWORK: TURKU
ABSTRACT NUMBER: 203
TITLE: PROMOTING PARTICIPATION AND COMMUNITY INVOLVEMENT IN NEIGHBOURHOODS.
CONFERENCE: 2014 ATHENS
THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
CATEGORY: STRATEGY

Representative democracy needs fresh approaches to enhance people to participate. People are more interested in small-scale, easily accessible possibilities than long-term commitment requiring a political role. Finding new models for participation is therefore crucial. Promoting participation has been on the agenda in Turku since the 1970s. However, the measures have been mainly carried out in projects, and a long-term commitment therefore has not been very strong. Nevertheless, participation is simply communication, cooperation and interaction between citizens, city officials and decision-makers.

In Turku, it was politically agreed to develop a new model for participation and community involvement as part of the change of the whole organization in 2012. In accordance with the guidelines from the decision-makers, the work was carried out in cooperation by city officers, politicians and citizens. The City Council approved the citywide participation programme in December 2012. Now, promoting participation in Turku aims at strengthening three areas: participation in decision-making (and preparing it), participation in the planning of services, environment, neighbourhoods etc. and participation in organizing events, happenings and other actions. Three main themes of actions are (1) involving the community in neighbourhoods, (2) involving children, adolescents and vulnerable groups and (3) developing and increasing the use of technological solutions for people to participate. These are supported by communication, training, monitoring and evaluation.

The first of the above-described themes, community involvement in neighbourhoods, has been built up and promoted by the recreation division of the City since 2012. The action programme Eviva (Enhancing Vitality with Active Vacant Time) started in 2011 and has focused in tackling the inequalities between the residential areas. The approach includes building up teams of city officials working in the neighbourhoods. This means systematic and progressive cooperation, meetings, annual planning and scheduling. Several training sessions, for example, on participatory service design, have been organized, and cross-sectoral cooperation in hearings and workshops in various themes regarding the whole city and the neighbourhood are already systematic in the pilot areas. The concrete actions include, to mention a few examples, a Pop-up- Bike: a bike circulating in the neighbourhood with books and physical activity equipment and a dream home environment in which people are encouraged to develop their living environments.

The systematic neighbourhood approach was piloted in 2012 in one neighbourhood to motivate the non-active people or people in a weak socioeconomic situation. In 2013–2014, three neighbourhood areas were included. The ambitious goal is to have all nine neighbourhood areas at the end of 2015. The enabler is Eviva (Enhancing Vitality with Active Vacant Time) coordinated by the recreation division. The feedback from the pilot areas has been positive. Cooperation and neighbourhood teams have increased knowledge and understanding of other divisions' work and services. This has led to better communication and guidance of local people into the right places and services (service paths).

Promoting participation and involving people in planning and decision-making is often more a question of will than skills. The city officials therefore need tools, encouragement, training and motivation to take people as part of the planning and decision-making. All activities require cooperation between the departments of the city, nongovernmental organizations and residents.

CITY / NATIONAL NETWORK: UDINE

ABSTRACT NUMBER: 188

**TITLE: HEALTH IN ALL POLICIES AS A RESULT OF STRONG
POLITICAL COMMITMENT AND LEADERSHIP**

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: STRATEGY

Urban health is an increasingly relevant and challenging field of action in the European Region of WHO. Many studies and reports emphasize the growing health challenges of cities such as poverty, violence, social exclusion, pollution, substandard housing, the unmet needs of older and young people, homeless people and migrants, unhealthy spatial planning, the lack of participatory practices and the need to seriously address inequality and sustainable development.

The healthy cities movement has shown the value of a holistic approach to such problems. A healthy city is not one that has achieved a particular health status, but a city that is conscious of health and striving to improve it through a process that involves explicit political commitment, institutional changes and intersectoral partnerships, innovative action addressing all aspects of health and extensive networking between local authorities, associations and organizations.

This is the process the City of Udine has experienced thanks to its long participation and involvement in the WHO European Healthy Cities Network.

The City of Udine, which has always been sensitive to social problems, joined the WHO European Healthy Cities Network in 1995, by setting up a special project office, which is the expression of strong synergy between the Municipality and the local health agency and the meeting point of all the sectors and stakeholders

influencing the population's health. From then on, many actions and projects have been carried out to promote healthy lifestyles, good nutrition, sustainable mobility, tobacco prevention, physical activity and respect for the environment.

Achievements were mainly due to the strong political commitment and leadership, since the Mayor has brought health as a core theme to the top of his political agenda and as a priority in all strategies and policies implemented. This was also proved by his decision not to delegate health to his councillors but to be personally the official representative in charge of advocacy for health. The important consequences of this decision have been: a change from temporary ad hoc projects to stable policies and actions with long-term objectives and increased co-funding; the implementation of participatory and consultative processes, involving the community in the decision-making process regarding the city, the quality of health and improvement of urban environments; and the development of an intersectoral and interinstitutional approach, with the involvement of local stakeholders, including institutions, various organizations, local associations and the private sector, which is at the basis of the healthy cities method.

The Udine healthy city project has taken the shape of a way of working and running the town and promoting the beginning of a cultural change that may create, over time, competent and engaged citizens who are aware of their responsibilities towards their city's health status. In this sense, the main objective has been to operate for equity in health and health in all policies and to increase the awareness and empowerment of the community. The political commitment has allowed the city to put into practice the WHO slogan of "think globally and act locally" and has create the basis for more effective implementation of policies in accordance with the objectives of Health 2020.

CITY / NATIONAL NETWORK: UNITED KINGDOM

ABSTRACT NUMBER: 071

TITLE: THE BRE HEALTHY CITIES INDEX

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: POLITICAL ENGAGEMENT

The BRE Healthy Cities Index is intended to enable cities to be assessed on how their fundamental characteristics affect the health of their citizens. The Index does not measure the health of the citizens; plenty of tools have been designed to assist in obtaining that knowledge. Instead, it considers 10 key parameters: from housing to air quality and from open spaces to access to education. The Index uses existing data to provide a normalized score across several subindicators, which are combined to provide an overall indicator score. The scores from all indicators are combined to provide a single score of 100 enabling cities to receive a snapshot of their current health position, what areas are likely to benefit through improvement and, once improved, a measure of how the improvements have affected health.

Stephen Woods from the United Kingdom Healthy Cities Network said that: "70% of what local authorities can influence is not in the area of health provision". This Index

is aimed at enabling local authorities to measure their success in the areas that they can influence.

The Index is designed to take existing national data to provide the Index scores. For example, the housing indicator uses the Housing Health and Safety Rating Scheme data derived from the English Housing Survey to score the health aspects of housing. The data are split into three subindicators considering: hydrothermal conditions; slips, trips and falls; and other hazards. Cities with similar scores but with different breakdowns across the indicator can be compared, highlighting which areas within the city's housing would benefit from improvement.

The Index continues to be developed through partnership with the United Kingdom Healthy Cities Network, to ensure that the indices measure the right set of parameters and that the findings will be useful to cities looking to improve the health of their citizens.

The intention is to expand the Index to an international audience, such that healthy cities everywhere will be able to assess their current health, determine what could be improved and measure the success of implementation.

CITY / NATIONAL NETWORK: ZAGREB

ABSTRACT NUMBER: 066

TITLE: CHECK POINT ZAGREB: AN INNOVATIVE COMMUNITY-BASED OUTCOME-ORIENTED PUBLIC HEALTH INITIATIVE

CONFERENCE: 2014 ATHENS

THEME: GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

CATEGORY: STRATEGY

After evaluating the limitations of an institutionally based national screening model, the Check Point Zagreb project has been designed by the City of Zagreb and the nongovernmental organization Croatian Association for HIV and Viral Hepatitis (HUHIV) in an effort to deliver an effective alternative for capturing at-risk and hard-to-reach populations to be counselled and tested for HIV and hepatitis C, under the main objective of early detection and treatment for improving individual outcomes and disease control.

Avoiding standard definitions of populations at risk and focusing on the young population in general (since they are experimenting with high-risk behaviour) minimizes potential stigma. By providing anonymous, non-judgemental, confidential and free-of-charge counselling and rapid saliva testing, the population at true risk is attracted. Being based within the community eliminates institutional barriers. Closely collaborating with relevant institutions provides quality assurance and enables further care and treatment for all individuals testing positively.

Check Point Zagreb provides voluntary, anonymous, confidential counselling and HIV and hepatitis C testing (rapid saliva test recommended by the United States

Centers for Disease Control and Prevention). Work dynamics are three times a week. An advance appointment is not needed. Testing is anonymous and free of user charges. Further institutional care and treatment are enabled for all individuals testing positively. Quality assurance processes are in place and regularly supervised by referral centres and the central viral laboratory.

After one year of implementation, Check Point Zagreb outperforms expectations and benchmarks: 1781 counselling sessions and 1706 testing sessions were executed versus about 3000 total annual institutional counselling sessions and about 1700 testing sessions nationwide. Of 1641 people HIV tested, 17 tested positive (1%). Of 1413 tested for hepatitis C, 12 were positive (1%). All positively tested individuals were referred to an infectious diseases clinic and are in the process of being treated. The results demonstrate that Check Point Zagreb attracts a true population at risk and effectively complements the national institutional screening model. It should be extended and integrated within the public health care system to capture hard-to-reach young people experimenting with risk behaviour, to promote positive attitudes and lifestyles and to detect HIV infection and hepatitis C early for better individual and population outcomes.

