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SUMMARY REPORT

Sixth Annual Healthy Cities Symposium Reorienting Health and Public Health Services

Barcelona
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1992

EUR/HFA target 13

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ABSTRACT

In the sixth of an annual series of symposia, representatives of 68 cities in 26 countries met to examine how public services could be reoriented towards improving health. They considered the subject from three main perspectives: reorientation of different sectors, important client groups and issues, and reorientation of services within cities, regions or neighbourhoods. The meeting recommended that WHO continue supporting its Member States and forge links with professional groups having an influence on the physical and social environments. WHO should also arrange for the production of guidelines for health profiles, health audits and health plans, help to secure political commitment at the local level, and encourage systematic evaluation of services.

TARGET 13

HEALTHY PUBLIC POLICY

By the year 2000, all Member States should have developed, and be implementing, intersectoral policies for the promotion of healthy lifestyles, with systems ensuring public participation in policy-making and implementation.

Index:

URBAN HEALTH
HEALTH PROMOTION
CONSUMER PARTICIPATION
HOUSING
HEALTH SERVICES - trends
SOCIAL WORK - trends

Introduction

A total of 267 participants from 68 cities and 26 countries attended, with all but one of the Healthy Cities project cities represented. The main sectors represented were health care, education and environmental services. Forty seven per cent of the participants were women.

The subject of how to reorient services towards health was considered from three main perspectives:

- reorientation of sectors - health care, environment, education and others;
- important client groups and issues; and
- reorientation of services within cities, regions or neighbourhoods.

Common themes were:

- improving quality to make services more effective in achieving gains in health;
- making services more responsive to communities' needs, especially to disadvantaged and vulnerable groups;
- developing new services and infrastructures for public health; and
- enhancing the health promotive role of services, evaluation, planning and information systems.

The objectives of the Symposium were:

- to broaden appreciation of the breadth of issues and activities involved in developing services to improve the population's health;
- to emphasize the need to reorient all services that support health, including environmental health services, the health care sector, and such sectors as education, social welfare, housing and communities in relation to the health for all policy;
- to develop practical plans and proposals for achieving progress both within individual cities and through multi-city action plans; and
- to improve the effectiveness of the Healthy Cities project.

Background

This Symposium was the sixth in an annual series under the Healthy Cities project and the fourth in the project's current five-year plan. Four new cities had joined since the last symposium in Stockholm - St Petersburg, Rotterdam, Dresden and Mechelen - making a total of 34 project cities. Over 400 additional cities and communities worldwide had become affiliated to the project. It was confirmed that the project would receive a further five years' support from WHO, covering the period 1993-1997.

Important strategic developments

What started as a project has now become a public health movement. New structures and methods of working will be needed if the project is to give a lead in developing the new public health and in supporting health developments in the countries of central and eastern Europe. Specific points of discussion on these issues took place in the Barcelona business meeting which is reported separately. General points included the need for improved methods of exchanging information, how to develop training, what to do about projects in cities where political support is inadequate, and how to raise additional funds for development.

Mayors, councillors and other politicians from cities met twice. They decided that a more formal political body was needed for the project, which could represent its interests and could also make decisions on its future.

Structure of the Symposium

Central topics were addressed in plenary sessions on equity, the caring community, trends in the health care sector in Europe, environmental services, and the implementation of health for all at local level. Tokyo and St Petersburg presented overviews of the health of their cities and the developments that are under way and planned.

A series of three workshop sessions considered the theme of reorienting services. Each session had between one and three short presentations followed by discussion of key questions. The reports produced were used as the basis for discussion in subsequent sessions. In the first session, ten workshop groups with 25 participants from different cities and mixed backgrounds considered the general features of reoriented services, the methods to achieve reorientation, and barriers to progress. In the second session, ten workshop groups with individuals from the same sector considered the contribution of each sector and professional group to reorientation of services. The groups comprised politics, planning, teaching, research, environment, two health care groups, community, housing, and Healthy Cities project coordinators. In the third session, city delegations met to develop and refine a plan for reorientation of health services in their cities.

There were separate workshops on the issues that are the subject of multi-city action plans (MCAPs), i.e. youth, elderly, traffic, mental health, nutrition, tobacco, AIDS, hospitals, women and the Baltic cities. There were also parallel subplenaries with case study presentations on self-help/ community participation, outreach care, disadvantaged groups, health profiles and environmental planning.

Features of reorientation identified by workshops

The main value of the workshops was the demonstration of a great deal of agreement between different sectors about the general direction that services should take. Reorientation of services was defined as the process of changing services to implement the health for all strategy and the principles adopted at Alma-Ata, Ottawa, Adelaide and Sundsvall.

Within this framework the most important features of reoriented services identified were that they should:

- view health as a positive attribute, with social and psychological as well as physical dimensions;
- be committed to actually improving health rather than delivering a service;
- focus on prevention and health promotion;
- support and involve the community and recipients of care in service delivery and planning;
- undertake audit and evaluation to improve quality, and demonstrate that services improve health;
- break down barriers between services and people created by technology and professionalism;
- facilitate communication and understanding, and collaborate with other sectors;
- take active steps to empower the public, in order to develop more effective participation; and
- be accessible, equitable and flexible, and able to adapt to changing needs.

Common themes emerged as to how each sector could contribute to reorienting services. The first step was to appreciate that the health of individuals and the environment was important in solving problems in sectors as diverse as politics, education, housing, planning and commerce. Here the cities provided examples of putting health on the agenda of education (Camden, Horsens), environmental services (Patras, Rennes, Pécs, Nancy), the political agenda (Rotterdam), housing (Belfast, Stockholm), the hospital sector (Milan, Eindhoven, Vienna) and transport (Barcelona).

The second step was the application of health for all principles to each sector, for example: equity at the local level (Liverpool); community participation in environmental decisions (Gothenburg), in planning (Camden), of children in political decision-making (Munich), in undertaking research on needs (Glasgow) and in providing health care (Belfast, Liège); intersectoral collaboration on working environments (Horsens); intersectoral collaboration for health promotion in schools (Vienna); and the development of primary care (Barcelona).

Methods for reorienting services were identified as follows:

- securing political and institutional commitment by targeting decision-makers, building community support, and mobilizing local and international contacts;
- showing the economic benefits of reorientation leading to better, more effective services;

- finding ways of taxing unhealthy activities;
- performing community diagnoses and service appraisals, using health for all as a framework for identifying the required changes to services;
- evaluating practices and services for their effectiveness in improving health;
- introducing audit into all service areas;
- training professionals in health for all principles;
- tackling barriers between sectors - national/local, professional/community and profession/profession;
- giving recognition and support to examples of good practice;
- investing in infrastructures for the new public health - information gathering and dissemination, community outreach work, policy analysis, research, education and training.

Recommendations

1. WHO should continue its support to Member States and cities for reorienting education and training of health professionals towards a multidisciplinary education that emphasizes health for all principles, and recommend that all personnel should spend some time working in primary care as part of their training.
2. WHO should build up links with professional groups with an influence on the environment, such as planners, architects and transport engineers.
3. WHO should identify and build links with groups that influence the social environment, including the mass media, teachers, lawyers and civil rights organizations.
4. WHO should arrange to produce guidelines for local health profiles, health audits and health plans, and encourage Member States to stimulate local health for all plans.
5. WHO should help secure political commitment to health for all at local level by inviting local politicians to the Regional Office and encouraging its professional staff to meet local politicians when they visit cities.
6. WHO should encourage systematic evaluation of services, in order to achieve changes in structure and process changes and improve the outcome in terms of health gain.