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HEALTHY CITIES

Fifth Annual Symposium



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EUR/HFA TARGET 13

This document presents the findings, conclusions and recommendations of the Fifth Annual Healthy Cities Symposium held in Stockholm from 23 to 26 September 1990. It was convened by the Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.^a

TARGET 13

HEALTHY PUBLIC POLICY

By 1990, national policies in all Member States should ensure that legislative, administrative and economic mechanisms provide broad intersectoral support and resources for the promotion of healthy lifestyles and ensure effective participation of the people at all levels of such policy-making.

Index terms

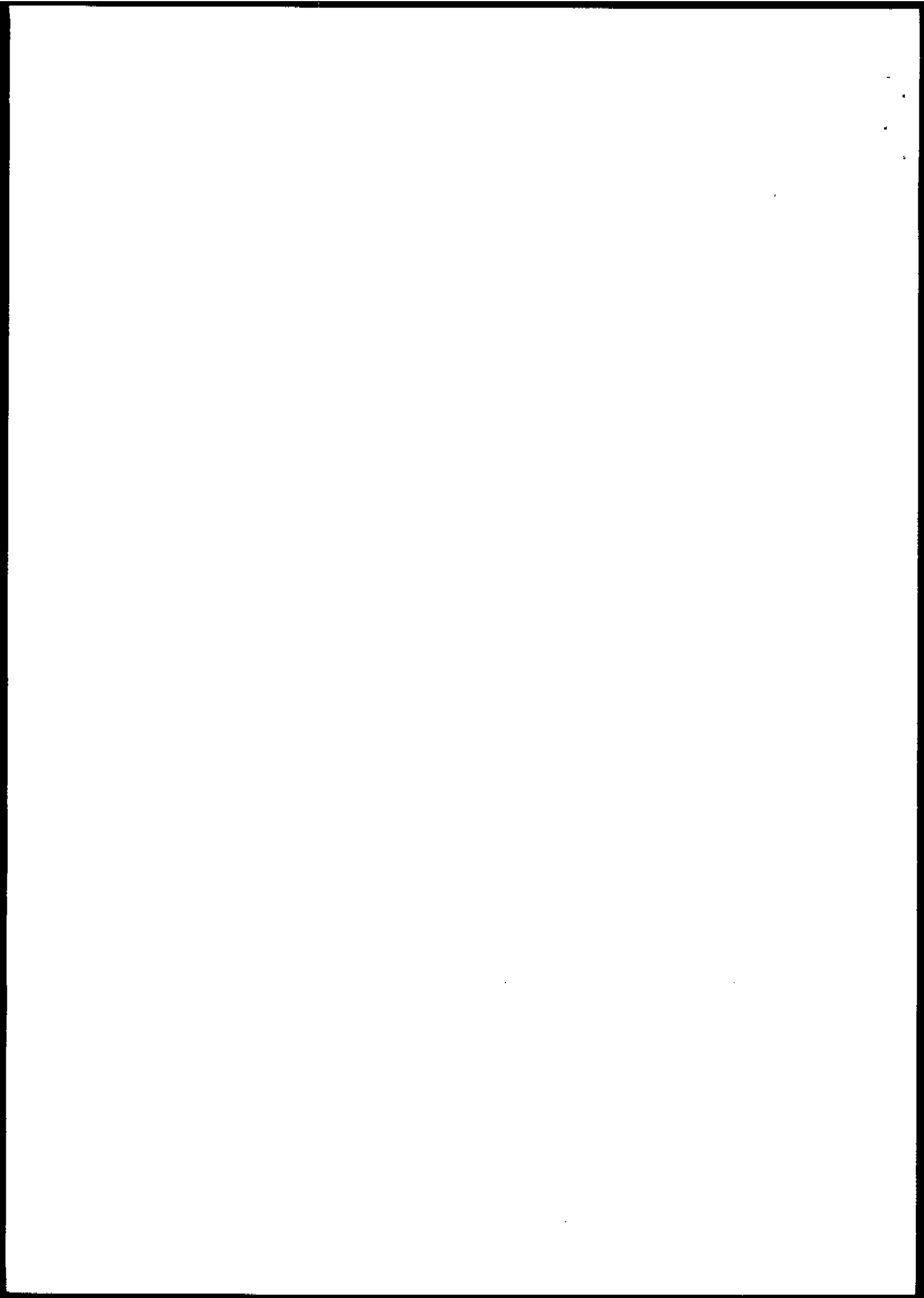
URBAN HEALTH
HEALTH PROMOTION
HOUSING
CONSUMER PARTICIPATION
SOCIOECONOMIC FACTORS
TRANSPORTATION
INTERSECTORIAL PLANNING
ENVIRONMENTAL HEALTH
CONGRESSES

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^a *Targets for health for all. Copenhagen, WHO Regional Office Europe, 1985 (European Health for All Series, No. 1).*

CONTENTS

	<u>Page</u>
Introduction	1
Scope and purpose	1
Mid-term review	2
Intersectorality	3
Supportive social and physical environments	4
Towards a global Healthy Cities movement	5
Outcome	5
Conclusions	7
Recommendations	7
Annex 1. Final symposium statement	9
Annex 2. Final declaration on a healthy urban transportation policy	10
Annex 3. Healthy Cities political statement	12
Annex 4. List of case studies (and other papers)	14
Annex 5. List of lectures and plenary presentations	23
Annex 6. Workshop reports	26
Annex 7. Reports on the Multi-City Action Plan workshops	41
Annex 8. List of participants	51



Introduction

The Fifth Healthy Cities Symposium was held in Stockholm, Sweden and was organized jointly by the WHO Regional Office for Europe, the City of Stockholm and the Stockholm County Council. The Presidents of both the County Council and the City Council welcomed delegates to Stockholm. Opening speeches were given by Ms Birgitta Dahl, Swedish Minister for the Environment, and Dr Ilona Kickbusch, Director, Lifestyles and Health, on behalf of the Regional Director, WHO Regional Office for Europe.

A total total of 345 participants were registered in the Symposium. Twenty-nine project cities, together with 19 other participating cities, 4 observer cities, 11 national networks, delegates from other institutions, United Nations agencies, international organizations and governmental or intergovernmental agencies, represented 21 European countries, as well as Australia, Canada, Israel and the United States.

Approximately 70% of the participants came from WHO project cities. The visiting delegations totalled 139 members, while the host city listed 102 delegates, who contributed to various parts of the programme. Delegations were generally very strong, and in the spirit of intersectorality, contained a wide range of interests from engineers, town planners, architects, social services and health professionals, to politicians and major decision-makers from different areas of city life, including environmental health, transport and leisure services. Growing collaboration in the field of research was evident from the attendance of researchers from individual organizations, universities and research institutes. The attendance of representatives from international, governmental and intergovernmental organizations reflected the increasing interest being generated globally by the Project.

It was noted, however, that only 3% of the delegates came from community groups, and while issues concerning people with disabilities were discussed, no one was present to represent their views personally. It is clear that a way has to be found to ensure that the views of community groups, minority groups and people with special needs are more adequately represented.

Scope and purpose

The theme for the 1990 symposium was "Supportive environments and intersectorality". These concepts are key components of the health for all (HFA) strategy, and must coexist as any actions taken to build up social and physical environments that promote health and wellbeing require a great deal of cooperation from many sectors. The scope presented by such a theme was considered too broad, and discussion therefore focused on three areas:

- supportive social and physical environments for children and young people;
- the interrelationship between social structure and the quality of the environment; and
- the impact of traffic on health and supportive environments.

In the tradition of Healthy Cities symposia, this meeting offered the chance to focus closely on these particular issues, learn from the exchange of information and experience and share concerns and receive mutual support from

fellow participating cities. It also offered the opportunity to make work within the project visible, and obtain and renew commitment to the project as a whole.

In addition, this particular Symposium was held at the mid-point of the five-year planning framework of the Healthy Cities project, when the results of the mid-term review had just been analysed. It was therefore also a time to stand still for a moment to review progress to date, and reflect on how past experiences and new opportunities will affect the future form of this movement. The outcome of the mid-term review is published in the book Healthy Cities, a project which became a movement, edited by Dr Agis Tsouros.

At present a network of 30 cities in 18 European countries work together as core cities within the Healthy Cities project. They have endorsed the principles and policy directives of the HFA strategy and are committed to a five-year working plan (1988-1992). They aim to put health high on the agendas of cities and to work together to develop and promote practical action that can result in a real improvement in the health of citizens. Since it began in 1986 the project has attracted unprecedented interest, not just within Europe, but across the world, and that interest is continuing to grow.

While WHO has extended its commitment to the core group of cities until 1995, special areas were identified as requiring priority attention for discussion at the Symposium. These were the planning for the next five-year phase of the project, support for the national and linguistic networks, the involvement of cities in central and eastern Europe and assistance that existing core cities may be able to offer, if required, to new cities wishing to join the project.

Mid-term review

The analysis of the project's mid-term progress reflected the sustained commitment of cities to what is accepted to be a long-term process. It covered the first half of the 1988-1992 phase and it aimed to investigate and analyse how cities had fulfilled the criteria for joining the project, how they had organized structures and developed processes for the practical operation of the project locally, and the type of activities and initiatives they instigated or linked to the project. The analysis was based on in-depth interviews, and the Healthy Cities project's annual reports and reports from the evaluation were given to cities for circulation to managers and politicians.

The results of the analysis clearly suggest that the city projects need to achieve certain key qualities if they are to be effective. These include strong political support, effective leadership, broad community control, high visibility, strategic orientation, adequate resources, good project administration, cooperation between sectors and political and managerial accountability. Information such as this has led to action to ensure that information and assistance to enable cities to meet the criteria is available for those who wish to have it.

At the mid-point of the current working plan, much has been achieved, but success has not been equally evident in all cities and there is still much to do. The process, schedule and products of the second round evaluation of the project is under discussion with project partners and a computerized database of models of good practice and resource persons in the project cities is being developed.

A new departure to the form of the symposium was the opportunity given to individual cities to present aspects of their work, relevant to the overall symposium theme, at the plenary sessions. A total of nine cities made presentations which were well received and the overall reaction from participants to this was very positive. It was felt that it reinforced the feeling that the project was practical and focused on real people. It had been useful to hear from four European national networks (France, Federal Republic of Germany, Netherlands and Spain) and from Healthy Cities networks outside Europe (Australia, Canada and the United States) as those supported the feeling of a movement that was alive and thriving.

Three cities, Horsens, Rennes and Rotterdam, made plenary presentations about their progress up to the mid-term of the project. Horsens outlined six steps to building up a healthy city:

- everyone must feel ownership of the project
- new ways must be found of communicating with the public
- there must be constant, visible signs of something attractive going on
- there is a new interest for ongoing strategic thinking
- management goals must be set, and
- the enthusiasm of people must be utilized and promoted.

Rotterdam talked of 93 active projects being under way in working towards a "new" Rotterdam and stressed that there was now a new focus on social renewal as well as economic renewal and town planning.

Rennes talked of the need to build a Healthy Cities project up slowly, day after day. Progress was charted from gaining of commitment to the project in 1986 to starting implementation of the local Healthy Cities Action Plan in 1990. Many activities were focused on children and young people.

Intersectorality

From the outset, the Symposium recognized that cross-frontier cooperation is required if the vision of a healthy city is to succeed. In an opening statement "Healthy Cities, where are we at, where are we going", it was shown that such cooperation, embodied in the spirit of the Healthy Cities project, is already evident from the growth in just two and a half years, of a small project to a strong movement. This movement has inspired people in hundreds of cities throughout the world and shown that HFA principles can be applied at a local level.

The Healthy Cities project has established a good organizational base and has an infrastructure and mechanisms which enable it to grow. But many issues require attention and collaborative working to solve unanswered questions. A major question is what investments in health will have the highest pay-off globally? Along with commitment to cities already involved in Healthy Cities, attention must be given to the need for support for existing networks, new cities in developing countries and cities in central and eastern Europe. Databases must be strengthened, the future structure of the movement must be addressed and possibilities for extending its ideals into new settings such as schools, taken forward.

To achieve these objectives it was stressed that intersectoral collaboration is vital. The European Charter on Health and Environment was presented as a policy tool which sets challenges for Europe as a whole. Delegates were reminded that, while we must encourage behaviour conducive to sustainable development, we cannot turn the clock back and abandon cities, we must make them liveable. So if "the city of tomorrow is with us today", it is important for us to look at what is meant by intersectoral collaboration in relation to supportive environments. The basic need to great a new public agenda for the city was emphasized. The need to extend beyond cooperation with public organizations to working with commercial organizations who have great energy, special skills and resources and who often have a role in city development, was recommended as a "mixed interests" approach. Concern for the present at both a local and global level must be combined with a sense of responsibility for the future.

Two city presentations were made on mechanisms for intersectoral collaboration. Pécs spoke of the need to secure real commitment to the work of the project and showed how change was possible through a combination of determination, public pressure and a changing political climate. Jerusalem stressed that we cannot properly understand neighbourhoods and communities without intersectoral working.

Supportive social and physical environments

Under the theme of supportive social and physical environments, the Symposium heard of work on environment and public health in the Stockholm County and the City of Stockholm. The third Stockholm Environment Plan was presented, a five-year action plan which concentrates on areas such as traffic, the major environmental problem in Stockholm today, indoor environment, waste disposal, the quality and composition of goods and the importance of individual lifestyles for health and wellbeing.

Health plans were presented from Camden and Turku and environmental plans by Belfast and Glasgow. Camden's plan covered the elements of data and information, participation, internal and external organization and projects such as a health and environmental audit. Turku outlined a five-year plan in terms of a population policy. Restoring the population balance - increasing the birth rate and decreasing male mortality - is important in Turku, as are ecological, health and welfare problems.

Belfast outlined its Urban Area Plan, a land use plan for the city which is the result of the longest period of public consultation ever seen in Northern Ireland. Glasgow's environmental plan aims to involve a wide range of agencies including environmental organizations with the general public in implementing its plan. Perhaps delegates were still thinking with envy and amazement about Stockholm's boast that in a city of one and a half million inhabitants it is possible to swim and fish for salmon in the city centre, but despite prompting no discussion was forthcoming on these plans.

Three introductory lectures on the three priority issues - supportive environments for children, interaction between living and working conditions and the impact of traffic on environment and health ran simultaneously at the symposium. A speaker representing both UNICEF and the City of Stockholm spoke of how a healthy city means even more to children than it does to adults. They are dependent on where they live, on whether their parents are employed

and social legislation. The speaker outlined Swedish structures which supported parents in giving children a stable social environment in which to grow up.

The speaker on the interrelationship between living and working environment stressed the human qualities that influence, and are influenced by, different environments. Much interest was shown in theories on security values and freedom values.

The speaker on environmental and health impacts of urban transportation systems outlined many of the existing problems caused by transports, such as noise, air/soil pollution and accidents. Also outlined were some possible solutions, such as limitations on car use, promotion of cycling and walking, and improvements in traditional public transportation.

Towards a global Healthy Cities movement

Key topics on the move from a WHO Regional Office Healthy Cities project to the global Healthy Cities movement included "The ecological city", "The health impact of the built environment", "Mental health in Healthy Cities" and "Sustainable development and urban health". Sustainable development was clearly defined as "environmentally sustainable economic development". The presentations emphasized key areas such as effects of the environment on the human senses, the holistic nature of ecosystems, limits to growth in our urban areas and the challenges of inequality.

An address towards a global Healthy Cities project suggested a comprehensive framework for urban health development that would promote and support implementation of the Healthy Cities movement in all parts of the world. The programme was defined in terms of five immediate objectives with associated activities outlined to achieve the objectives.

Outcome

Much of the real work was done and significant progress was made through the opportunity for discussion and learning in smaller groups. Opportunities to share ideas were taken at informal meetings, social gatherings and formal workshops.

Social gatherings included receptions hosted by the City of Stockholm, the Ministry of Health and Social Affairs and the Stockholm County Council. A special "Stockholm Day" enabled participants to meet socially while learning about their host city. Issues central to the Symposium and important themes were discussed such as that of tolerance. One statement reminded us that "tolerance towards everybody is the most important spiritual prerequisite to health".

Twenty-seven workshops were organized and 103 case studies were presented, together with work done in connection with the multi-city action plan. The general atmosphere of these workshops was one of great energy and enthusiasm with many ideas offered and agreements reached. Topics covered during the workshops included sustainable environmental planning, intersectoral city health planning, collaboration between young people and authorities, environmental requirements for children and young people, urban planning and urban revitalization, and traffic, health and environment, to name a few.

Some of the actions recommended included the following.

1. A call to local government institutions to take more of a lead in such practical areas as energy conservation, recycling, car use management and landscape enhancement.
2. The Healthy Cities project should stress the importance of the various aspects of children's play and make it a priority issue; a higher profile should be given to accident prevention among children; and that children's needs in the environment as a whole, physical, social and psychological, be recognized as being extremely important.
3. In intersectoral health planning, communities are asked what they want and qualitative data should be considered as well as quantitative data by statutory and planning authorities.
4. A call from Bremen for interested people to get in touch to share experiences on improving collaboration between children and school authorities.
5. The need to find economic resources to develop public spaces, nature areas, sports activities and recreation for all, within cities.

A new dimension, known as the Multi-City Action Plan was introduced to the project as a means to enhance support and information-sharing mechanisms. This development brings together groups of cities to work together in dealing with common concerns. The aim of the Multi-City Action Plan is to develop jointly, implement and disseminate, innovative projects between cities. As well as forming partnerships between cities who have a mix of knowledge and experience on specific issues, participation in the plan will have access to other relevant units in the WHO Regional Office where additional information, advice and resources can be made available, e.g. in the areas of tobacco, mental health and environment.

At the Symposium, Multi-City Action Plan groups discussed the issues of youth, the elderly, housing, traffic, equity, tobacco, AIDS, mental health and nutrition.

From those action plans, some of the outcomes included the setting up of a Multi-City Action Plan on traffic, with Stockholm as the coordinating city; agreement that the focus for youth should be on healthy youth/healthy schools/healthy communities, young people's vision of the Healthy Cities project and safe environments and youth with the coordinating city being Horsens.

On the theme of tobacco, it was agreed that the immediate priorities were children, economics, public places and healthy services with Belfast initially coordinating activities. For the elderly, the main focus will be on supportive city environments with Bremen as coordinating city. There was a call for mental health to be given a higher profile among the project cities.

Further outcomes from the Symposium are the proposals made by Belfast and Liverpool for an action programme on women's health, perhaps linked to the Women and Health Conference in Vienna in February 1991 and from Munich for a community participation project.

Political support is crucial for the success of the Healthy Cities project, and following on from the agreement reached at the Zagreb symposium on the value of political workshops and meetings at such events, two workshops were provided for politicians at this year's symposium. The agendas discussed included the needs and opportunities for Healthy Cities work in central and eastern Europe, the options for the development of support for Healthy Cities post-1992, links and collaborative work with the European Community and the role of local politicians in project cities. The politicians contributed to both the Declaration on a Healthy Urban Transportation Policy (see Annex 1) and the Symposium's final statement (see Annex 2), agreed on a statement covering issues such as party political unity for health, strengthening links with the EC, the future of the Healthy Cities project post-1992, the role of local politicians in project cities and the possibility of joint working with cities in central and eastern Europe (Annex 3).

The issue of help for potential Healthy Cities in central and eastern Europe was also a subject of a plenary discussion. Representatives from Hungary, Lithuania, the Republic of Serbia and the Federation of Yugoslavia contributed to this discussion and suggested the areas of consultancy, management and economic support as three ways in which existing Healthy Cities could help.

Conclusions

The Symposium's final statement (Annex 1) was agreed on by all delegates and the meeting ended on a feeling of confidence that much had been achieved and much was going on. It was clear that a more ecological view should be taken of the cities, the environment and the public health systems. It was certain, however, that in the discussions on ecological principles and the concepts of self-reliance, sustainable development and population control, much had been achieved in the thinking about health. It was to be hoped, as one speaker had put it, when reflecting on the mid-term progress of the project that "the best is yet to come".

Recommendations

1. While participants were generally impressed by the efficient and courteous way in which the Symposium was managed, it was felt by some that the programme for this was too packed for delegates to fully appreciate the contribution made by all the speakers. Perhaps it would be possible to make a smaller list of keynote speakers for future symposia.
2. Contributions to workshops were felt to be limited by the lack of available time for discussion when quite a few presentations had been made. A decision must be taken as to the primary objectives of workshops, i.e. to share information or to discuss ideas and possibilities for action. Perhaps it could be possible to make a space for both options in future.
3. The decision to develop another phase for the WHO Healthy Cities project beyond 1991 for another five years was generally welcomed, but many existing project cities felt rather uncertain about their own role and involvement in such a scenario. It would be necessary to liaise closely with them on this matter.

4. There was strong political will expressed at the Symposium for deeper involvement in the project by city politicians. It would be helpful if it was ensured that agreed action was followed up with minimal delay.

5. The possibility of joint working for mutual benefit with cities in central and eastern Europe received much support. Strategies for practical action need to be put to the cities as soon as practicable, and attention drawn in particular to the question of financial implications of assistance or exchanges offered.

6. The major themes or areas of concern raised during the Symposium should be sent to planners of Sundsvall conferences on health promotion.

Annex 1

FINAL SYMPOSIUM STATEMENT

At the Symposium, the core group of Healthy Cities met to review mid-term progress, especially achievements in strengthening intersectoral collaboration to build a supportive social and physical environment.

After exchanging experiences related to a supportive environment, the participants reached the following conclusions.

1. Intersectoral collaboration is not limited to collaboration between different disciplines, professions, services and sectors. It also includes assessment of the health and environmental consequences of decision-making in quite remote sectors, such as those relevant to economic or cultural development.
2. The building up of an environment supportive to health requires simultaneous consideration of both social and physical factors.
3. It is very important for the future of European cities to give sufficient priority to building up a supportive environment for the health and wellbeing of children and adolescents. Children remain a risk group for traffic and domestic accidents. They are also those most exposed to polluted air, water and soil. Adolescents should live in an environment that both permits and encourages a healthy lifestyle, and discourages smoking, narcotic addiction and sedentariness. They should have easy access to sports facilities, green spaces and recreation areas.
4. For reasons of equity, special attention should be paid to giving equal opportunities for educational and cultural development to disabled people, children and young people. Efficient programmes should also be implemented to prevent avoidable disabilities, such as those resulting from accidents and from specific infectious diseases among children and young people.
5. Community participation should be increased at the neighbourhood level in order to build a supportive environment.
6. To ensure conditions that promote a healthy lifestyle, both the living and working environments should be attended to. The right to live and work in a healthy environment should be guaranteed.
7. Traffic and transportation are a prerequisite of city life, but also a major source of health and environmental problems. Alternative urban and economic development models, such as sustainable development and/or local self-sufficiency, should be considered both to cut down the need for transportation and to build a supportive environment.

Annex 2

FINAL DECLARATION ON A HEALTHY URBAN TRANSPORTATION POLICY

Having reviewed the health and environmental impact of urban transport - not only the effects of traffic, such as noise and air pollution, but also accidents, of which the main victims are vulnerable groups including children and old people - the participants proposed the following guidelines for developing a healthy urban transport policy.

1. Efficient public transport systems are a prerequisite for the life of any city, which needs transport not only for people, but also for goods and wastes.
2. Publicly organized, integrated transport systems that provide safe, regular and congenial transport throughout cities will reduce the need for private vehicles to be used, so reducing traffic congestion and improving the environment.
3. Any healthy city must have a healthy urban transport policy that not only promotes healthy lifestyles and fulfils transport needs, but also keeps negative health and environmental impacts to a minimum. It should also meet the needs of the whole community, including people with disabilities, who should where possible be involved in the planning and design of appropriate systems.
4. A healthy transport policy should promote the use of safer, quieter and less polluting vehicles, whether public or private.
5. A healthy transport policy should include a network of systems enabling heavy and other vehicles to go round rather than through cities. In particular, vehicles carrying chemical or toxic materials should be diverted round cities.
6. Smoking and drinking which cause nuisance or endanger safety should be forbidden in all urban public transport vehicles.
7. Action must be taken to reduce dangerous driving, whether caused by alcohol, drugs or anything else that impairs driving ability. This action could include stopping people from driving altogether, and enforcing the appropriate minimum medical standards.
8. National governments should adopt common urban air quality standards and agree on the remedial action to be taken should standard levels be exceeded.
9. Measures should be taken to minimize the use of private cars in cities.
10. The best available technology for reducing noise and air-polluting emissions should be fitted compulsorily to all vehicles manufactured after 1990.
11. Speed limits in urban areas should be standardized at 50 kilometres (30 miles) per hour in all countries.

12. Special, sufficiently wide paths should be built for walkers and cyclists.
13. New technology that uses electric power should be promoted.
14. Intensive health education at school and through the media should be used to contribute to accident prevention.
15. The cities commit themselves to exchanging all available information on their healthy urban transport policies.

Annex 3

HEALTHY CITIES POLITICAL STATEMENT

At a meeting held during the Symposium, politicians from the project cities agreed on the following statement.

The involvement of politicians in the Healthy Cities project goes beyond party politics. Members of all political parties can and should work together to improve the health of their citizens, as another way of bringing about European unity.

Central and eastern Europe: creation of a healthy cities exchange network

1. Over the next two or three years, working with cities in central and eastern Europe will be considered a project priority.
2. Politicians from project cities can help by:
 - establishing contact with politicians in cities in central and eastern Europe, using the WHO Regional Office as a go-between;
 - twinning with another city, or using existing links, for the purpose of passing on experience in developing a Healthy City;
 - organizing exchange visits between cities for those involved in public health issues;
 - being prepared to visit other cities, to raise awareness of the project and to discuss their own city's political development.
3. All intercity activities should be undertaken on the basis of a relationship of equals from which both sides stand to benefit.
4. More detailed work will be done to enable these principles to be put into practice.

The European Community: strengthening the links

1. Politicians from the project cities will work individually and collectively to persuade the European Commission to give much higher visibility and priority in all its work to public health, with reference to health for all.
2. Approaches will be made to both the Commission and the Council where possible, using the existing lobbyists or representatives of individual cities to promote the Healthy Cities agenda.
3. It would be appropriate to approach the European Community for support to projects emerging from the Multi-City Action Plans or developed with central or eastern European countries.

4. Further consideration is needed of strategies for improving links with the European Community and other international agencies. Such strategies could include sending political delegations to the European Community and inviting Commissioners and other top Community officials to future project meetings.

The Healthy Cities unit at WHO in 1992: need for continuity

1. WHO has raised these issues among others:

- the potential political commitment of the current 30 project cities after 1992;
- the many other cities waiting to be designated project cities;
- the possibility of a new form of organization, such as an association through which existing project cities might remain involved.

2. A survey of politicians will be carried out in the next few months and evaluated at a future meeting. It is accepted that each city's needs are different and warrant varying solutions.

The role of local politicians in project cities

1. Local politicians, already important at home, should play a greater role in supporting all of the project aspects.

2. Links between politicians in different cities particularly need to be strengthened by pan-European collaboration, both generally and in relation to specific issues.

3. A forum of project-city politicians will meet from time to time, especially in connection with other project events, to discuss policy issues, improve collaboration, develop links with international agencies and help prepare for the mayors' meeting and the annual symposium. The forum will be responsible for following up the proposals made in this statement. It will also be used regularly by WHO as a sounding-board.

Annex 4

LIST OF CASE STUDIES (AND OTHER PAPERS)

Barcelona

Smoking in Barcelona: Problems and Opportunities for Action (MCAP presentation)

Actions to Reduce Noise in Barcelona passed by the Barcelona Full Council (presented at Workshop 2.3B Healthy urban transportation policy)

Belfast

The Blackstaff Health Profile
(Workshop 1.3 on intersectoral city health planning)

Starting to Make Belfast Work for Children
(Workshop 2.1D Environmental requirements of children and young people)

Belfast's Homelessness Action Programme
(Workshop 2.2D Homelessness and special housing requirements of underprivileged groups)

Bremen

The Healthy Cities Project and the Elderly in Bremen
(MCAP presentation)

Feeling Comfortable at School
(Workshop 2.1B Collaboration between young people and authorities, mobilizing own resources, responsibilities, democracy)

Camden

Healthy Streets Calming the Cities
(Workshop 2.1B Collaboration between young people and authorities, mobilizing own resources, responsibilities, democracy)

Healthy Public Policy: Some Comments in relation to London Borough of Camden
(Workshop 1.5 on intersectoral health promotion actions)

Communication Networking for Healthy Cities

Copenhagen

Supporting Health Promotion at the Local Level: The Case of Valby in
Copenhagen

(Workshop 2.2A Inequalities between Neighbourhoods)

Juniors and Seniors: Activities Spanning the Generation

(Workshop 2.1D Environmental requirements of children and young people)

Dublin

Slide Presentation of Public Health Report

(Workshop 1.4 on sustainable environmental planning)

Eindhoven

A Healthy School in a Healthy Community: The Environment Project in
Eindhoven

(Workshop 2.1D Environmental requirements of children and young people)

Self Maintenance of Renewed Houses by the Housing Cooperation in
Woensel-West

(Workshop 2.2A Inequalities between Neighbourhoods)

Creating a Maintenance Programme for Climate Systems: An example of
Intersectoral Action in Environmental Health

(Workshop 2.2c Indoor Climate and Health Hazards)

Glasgow

Accident Prevention: Child Protection - A Community Approach

(Workshop 2.3c Traffic accidents and injury prevention)

Inequalities in Health Within Greater Glasgow: A Challenge or An
Inevitability

(Workshop 2.2A Inequalities between Neighbourhoods)

Gothenburg

The Most Exposed 20 000 Inhabitants, Study on Noise and Pollution from
Heavy Motor Traffic

(Workshop 2.3B Healthy urban transportation policy)

Open Pre-school groups: A Model and Methods to Support a Good Living
Milieu for Young Families with Children

(Workshop 2.1D Environmental requirements of children and young people)

Horsens

Decentralization as a Basis for Strengthening Community Participation -
An Organizational Move from Cure to Prevention
(Workshop 2.2D Homelessness and special housing requirements of
underprivileged groups)

Playgrounds in Cities
(Workshop 2.1D Environmental requirements of children and young people)

Working Environment - Research in Horsens Factory Made by HCP Citizen
Member
(Workshop 2.2B Inequalities in occupational health hazards)

Torsted West, Horsens - A New and Different Neighbourhood
(Workshop 1.4 on sustainable environmental planning)

Methods for Public Involvement
(Workshop 2.2D Homelessness and special housing requirements of
underprivileged groups)

90s Traffic Plan for Environment, Health and Sustainability

Jerusalem

Public Council for Children and Youth
(Workshop 2.1B Collaboration between young people and authorities,
mobilizing own resources, responsibilities, democracy)

International Cultural Centre for Youth
(Workshop 2.1C Supportive environments for foreign families and their
children)

Jerusalem Corporation for Project Renewal: Challenge and Results
(Workshop 2.2A Inequalities between Neighbourhoods)

Physical Exercise for Health Promotion
(Workshop 1.5 on intersectoral Health Promotion Actions)

Model for Organizing Community Involvement in Community Problems -
Mevasseret Zion

Services for the Elderly in Jerusalem

The Department of Community and Family Services - Municipality of
Jerusalem

the Neighbourhood Councils (Minhalot): Force for the Democratization and
Citizen Participation in Jerusalem

The Jerusalem Centre for Community Leadership and Development

Liège

Love on a Fa, Sol, La, Si, Da, Tune
(Workshop 2.1D Environmental requirements of children and young people)

Children Speaking to Children
(Workshop 2.1A Urban planning and urban revitalization)

La Maison Géante - A Useful Lesson for Parents, A Helpful Tool to Save Children
(Workshop 2.1D Environmental requirements of children and young people)

Summer Vacation for Children with Cancer as Experienced in Belgium
(Workshop 2.1A Urban planning and urban revitalization)

Prevention of Thalassaemia and Related Diseases
(Workshop 1.5 on intersectoral health promotion actions)

Liverpool

Work of An Environmental Health Department in England - Approach to Environmental Health as a Generic Profession
(Workshop 1.4 sustainable environmental planning)

Promotion of Healthy Eating as a Part of the European Food and Shopping Research (summary of two studies: (a) Coronary prevention - Shopping and Consumer Choice in Liverpool and (b) the European Food and Shopping Research)
(Workshop 1.5 International health promotion actions)

Montpellier

City Council Action to Prevent Criminality in Young People
(Workshop 2.1B Collaboration Between Young People and Authorities; Mobilizing Own Resources, Responsibilities, Democracy)

Youth Health Centre in Migrant Neighbourhood
(Workshop 2.1C Supportive environments for foreign families and their children)

Early Screening of Breast Cancer
(Workshop 1.5 on intersectoral health promotion actions)

Nancy

Very Poor Families Building Europe's Future - 4th World Families
(Workshop 2.2D Homelessness and special housing requirements of underprivileged groups)

Rapport du Groupe de Travail en langue Française sur les indicateurs

Padua

Geographic Information Systems for Health and the Environment
(Workshop 1.4 on sustainable environmental planning)

Pécs

The Environmental Problems of the City of Pécs Caused by Traffic
(Workshop 2.3A Effects of air pollution from traffic on the environment
and health)

The Health Plan of Pécs
(Workshop 1.3 Intersectoral city health planning)

Rennes

Two Healthy Districts and Neighbourhoods in Rennes
(Workshop 2.2A Inequalities between neighbourhoods)

Rennes' Neighbourhood's Social and Structural Rehabilitation Scheme
(Workshop 2.2A Inequalities between neighbourhoods)

Video presentation on Building up of Supportive Environments for
Children/Youth in Relation to Social Structure
(Workshop 2.1D environmental requirements of children and young people)

Ville-Santé - n'est pas un programme tout fait c'est un projet à
construire

Stockholm

Stockholm County Council Environmental Programme - A Proposal
(Workshop 1.4 on sustainable environmental planning)

Democratic Youth Club Management - A Research Project
(Workshop 2.1B Collaboration between young people and authorities,
mobilizing own resources, responsibilities, democracy)

A Summary of the Stockholm Environment Plan
(Workshop 1.4 Sustainable environmental planning)

The Planning Process and Changes in the City of Stockholm
(Workshop 2.1A Urban planning and urban revitalization)

Parks Policy - Parks and Green Areas - Renewal, Reform, Review
(Workshop 2.1A Urban planning and urban revitalization)

Spontaneous Playing Versus Organized Sports - Impact on Physical
Environment
(Workshop 2.1A Urban planning and urban revitalization)

The City's Estates Allotment - Garden Movement
(Workshop 2.1A Urban planning and urban revitalization)

Actions Against Violence in Stockholm
(Workshop 2.1B Collaboration between young people and authorities,
mobilizing own resources, responsibilities, democracy)

Mobilizing Parents: The Work of Field Workers
(Workshop 2.1B Collaboration between young people and authorities,
mobilizing own resources, responsibilities, democracy)

Youth Association Activities in Sweden
(Workshop 2.1B Collaboration between young people and authorities,
mobilizing own resources, responsibilities, democracy)

Every Child Has Something to Tell You and it is Your Duty to Listen
(Workshop 2.1C Supportive environments for foreign families and their
children)

The Rinkeby Project
(Workshop 2.1C Supportive environments for foreign families and their
children)

Receiving Foreign People in Stockholm
(Workshop 2.1C Supportive environments for foreign families and their
children)

Spatial Segregation in Stockholm - development and causes
(Workshop 2.2A Inequalities between Neighbourhoods)

The Minister's Report on Large Communities in Sweden
(Workshop 2.2A Inequalities between Neighbourhoods)

Trends and Regional Differences in Mortality From and Incidence of
Myocardial Infarction in Stockholm County 1974-86
(Workshop 2.2A Inequalities between neighbourhoods)

Strategies for Improvement of Working Environments in Sweden: National
and Regional Political Initiatives in order to Identify the Most Riskful
Occupations
(Workshop 2.2B Inequalities in occupational health hazards)

Results from Surveys of Riskful Occupations
The Work Environment Commission and the Work Environment Report for
Stockholm County
(Workshop 2.2B Inequalities in occupational health hazards)

Resources for Improvement of Work Environment: A Presentation of the
Work Life Fund
(Workshop 2.2B Inequalities in occupational health hazards)

Occupational Health Service for Employers in Stockholm City:
Possibilities for and Obstacles to Improvement of Working Environments
(Workshop 2.2B Inequalities in occupational health hazards)

Example of How Unsatisfactory Working Conditions Have Been Improved by Changes of the Work Organization - Rewarding Work in a Vehicle Repair Shop
(Workshop 2.2B Inequalities in occupational health hazards)

Sick Buildings in Stockholm - Description and Some Practical Problems
(Workshop 2.2C Indoor climate and health hazards)

Evaluation of Sick Buildings: Medical and Technical Aspects
(Workshop 2.2C Indoor climate and health hazards)

Housing and Childcare Centres - Adapted for Allergic Users
(Workshop 2.2C Indoor climate and health hazards)

Future Legislation to Prevent the Appearance of Sick Buildings
(Workshop 2.2C Indoor climate and health hazards)

Homelessness in Stockholm
(Workshop 2.2D Homelessness and special housing requirements of underprivileged groups)

The Air Quality Situation in Stockholm
(Workshop 2.3A Effects of air pollution from traffic on the environment and health)

Health Effects of Urban Air Pollution
(Workshop 2.3A Effects of air pollution from traffic on the environment and health)

Deposition of Air Pollution in the Stockholm Area
(Workshop 2.3A Effects of air pollution from traffic on the environment and health)

Mutagenic Substances in the Air
(Workshop 2.3A Effects of air pollution from traffic on the environment and health)

What Air Pollution Can Nature Stand and What Demands is the Nature Setting?
(Workshop 2.3A Effects of air pollution from traffic on the environment and health)

Programme for Air Quality Control in Stockholm
(Workshop 2.3A Effects of air pollution from traffic on the environment and health)

Traffic Plan for Stockholm
(Workshop 2.3B Healthy urban transportation policy)

Exposure to Vehicle Exhaust and Traffic Noise, Before and After Construction of a Traffic Bypass (The Northern Link)
(Workshop 2.3B Healthy urban transportation policy)

Assessment of Noise from Traffic
(Workshop 2.3B Healthy urban transportation policy)

Public Transportation in the Stockholm Region: Strategic Planning to Meet Future Demands
(Workshop 2.3B Healthy urban transportation policy)

Services Routes - the Best Solution Ever
(Workshop 2.3B Healthy urban transportation policy)

Fuels, Engines and Buses to Minimize Damage to the Environment
(Workshop 2.3B Healthy urban transportation policy)

Stockholm County Injury Prevention Programme
(Workshop 2.3c Traffic accidents and injury prevention)

"Man on the Road"
(Workshop 2.3c Traffic accidents and injury prevention)

Turku

Environmental Protection Plan for the City of Turku (abstract)
(Workshop 1.4 on sustainable environmental planning)

Varrisuo - From Planning to Realization: A Child's View of his
Environment
(Workshop 2.1A Urban planning and urban revitalization)

Vienna

Mapping of Wildlife Resorts
(Workshop 1.4 on sustainable environmental planning)

Healthy City and Urban Renewal
(Workshop 2.1A Urban planning and urban revitalization)

The Daily Life of Women in the City - To Whom does the Public Space
Belong?
(Workshop 2.2A Inequalities between Neighbourhoods)

Air Quality in Vienna
(Workshop 2.3A Effects of air pollution from traffic on the environment
and health)

Prometheus - Ein europäisches Forschungsprogramme zur Gestaltung des
künftigen Strassenverkehrs

Other Cities, Organizations, Institutions

Adverse Social Conditions and the Health of Children in Europe (a resumé)
by Dr Yannis Skalkidis, Hellenic Society of Social Paediatrics
(Workshop 2.1D Environmental requirements of children and young people)

Children and Traffic Risks: Problems and Strategies
(Presented by Chalmers University of Technology, Department of Urban
Transportation Planning at Workshop 2.3B Healthy urban transportation
policy)

Verbal presentation on the Current Status and Activities of Healthy
Cities in California

Presented by Mr Joseph M. Hafey, Executive Director, Western Consortium for Public at Workshop 1.2 work of associated organizations)

Impact of Wood Preservatives in Public Buildings on the Health of the Children: Experiences of the Hamburg Kindergarten
(presented by Institut für Medizin-Soziologie Kinderklinik und Poliklinik at the Workshop 2.2C Indoor climate and health hazards)

Presentation of Healthy Sheffield: Sheffield's Experience of Inter-agency Working
(Workshop 1.2 on the work of associated organizations, institutions and non-core group cities)

Project 67+
(presented by City of Oslo at Workshop 1.5 on intersectoral health promotion actions)

International Training Course for Project Development
(handout by Interdisciplinary Research Institute for Further Education, IFF)

Ecological Urban Reconstruction: Urban Environmental Problems and Environmental Strategies in Different Social Systems
(Workshop 1.2 to present the work of associated organizations: by Wissenschaftszentrum Berlin für Sozialforschung)

Self-Sustaining Human Ecology
(Presented by Pioneer Health Centre at Workshop 1.2 on the work of associated organizations)

Presentation on the City of Amadora, Portugal
(Workshop 1.2 work of associated organizations)

Annex 5

LIST OF LECTURES AND PLENARY PRESENTATIONS

Plenary presentations

Belfast Urban Area Plan 2001: Belfast a Healthy City Perspective

Who owns Camden's Health Plan

Actions for Health - From Opponents to Partners (by City of Eindhoven)

The Healthy Cities Network in the Netherlands (presented by the City of Eindhoven)

Glasgow's Action Plan on the Environment

Visual Presentation on Mid-Term Progress in Horsens

The Jerusalem Healthy City Experience - Mid-Term Review on Intersectorality: Progress Alongside Obstacles and Direction of Advancement in Real Time

Multisectorality: The Desired Tool for Building Up Supportive Environments (by City of Pécs)

The Project's Mid-Term Progress in Rennes

Work on Environment Programmes in Stockholm and the Stockholm Environment Plan

Stockholm's Public Health Report - Public Health in Stockholm 1990

Stockholm's Work Environment Report 1990

Air Pollution Monitoring in Stockholm

5-Year Health Plan for Turku City

Towards a Global Healthy Cities Project (presented by Dr G. Goldstein, Environmental Health in Rural and Urban Development and Housing, WHO/HQ)

The Australian Network of Healthy Cities

Amsterdam Mental Health Conference

(Handout: Changing Mental Health Care in the Cities of Europe, by Dr W.H.G.M. Demollin, Department of Health and Social Services, City of Amsterdam)

Social Innovations and New Public Health in Rotterdam

Adverse Social Conditions and the Health of Children in Europe (a resumé by Dr Yannis Skalkidis, European Society for Social Paediatrics)

Environment and Health: The Indiana Network of Healthy Cities (by Beverly Flynn and Melinda Rider, Indiana Network)

Canadian Healthy Communities Project
(by David Witty of the Canadian Healthy Cities Network)

The Spanish Healthy Cities Network
(Prepared by Leandro Crespo, Madrid and presented by Jaume Costa, Barcelona)

German Healthy Cities Network
(Presented by Thomas Hilbert for Mr Klaus-Peter Stender, Hamburg)

The French Healthy Cities Network
(Presented by Professor Manciaux for Mrs Annette Sabouraud)

European Charter on Health and the Environment
(Presented by Ian Waddington for Dr S. Tarkowski, Director, Environmental Health, WHO/EURO)

Presentation on the work of the European Community on Urban Environment
(Presented by Mr Nicholas Hanley DGXI)

Presentation on the Work of the United Nations Centre for Human Settlements
(Habitat)
(by Dr Rolf Wichmann, Office of the Executive Director)

Multi-City Action Plan
(by Dr A. Tsouros, Project Officer, Healthy Cities Project, WHO/EURO)

Analysis by the WHO Healthy Cities Project Office of the Project's Mid-Term Progress
(by Dr A. Tsouros, Project Officer, Healthy Cities Project, WHO/EURO)

Healthy Cities: Where are We At, Where are We Going
(Speech by Dr I. Kickbusch, Director, Lifestyle and Health, WHO/EURO)

Welcome speech from the Swedish Minister for Environment, Ms Birgitta Dahl

Presentation of the Symposium's Provisional Conclusions and Final Statement
(by Ms Maureen Donnan, General Rapporteur)

Lectures

Ecological Approach to Public health
Dr I. Kickbusch, Director, Lifestyle and Health, WHO/EURO

Environmental and Health Impacts of Urban Transportation Systems, Including Car Traffic
Mr E. Girault, Regional Officer for Environmental Health Planning/Ecology, WHO/EURO

Intersectoral Collaboration for Supportive Environments in Healthy Cities
Dr Keith Barnard, Nordic School of Public Health, Gothenburg

The Ecological City
Professor T. Deelstra, International Institute for the Urban Environment, Delft University of Technology International

Mental Health Aspects of Healthy Cities

Professor Hugh Freeman, The British Journal of Psychiatry, London

Interrelationship between Living and Working Environment

Professor Kai Lemberg, Denmark

The Health Impact of Indoor and Outdoor Building Environments

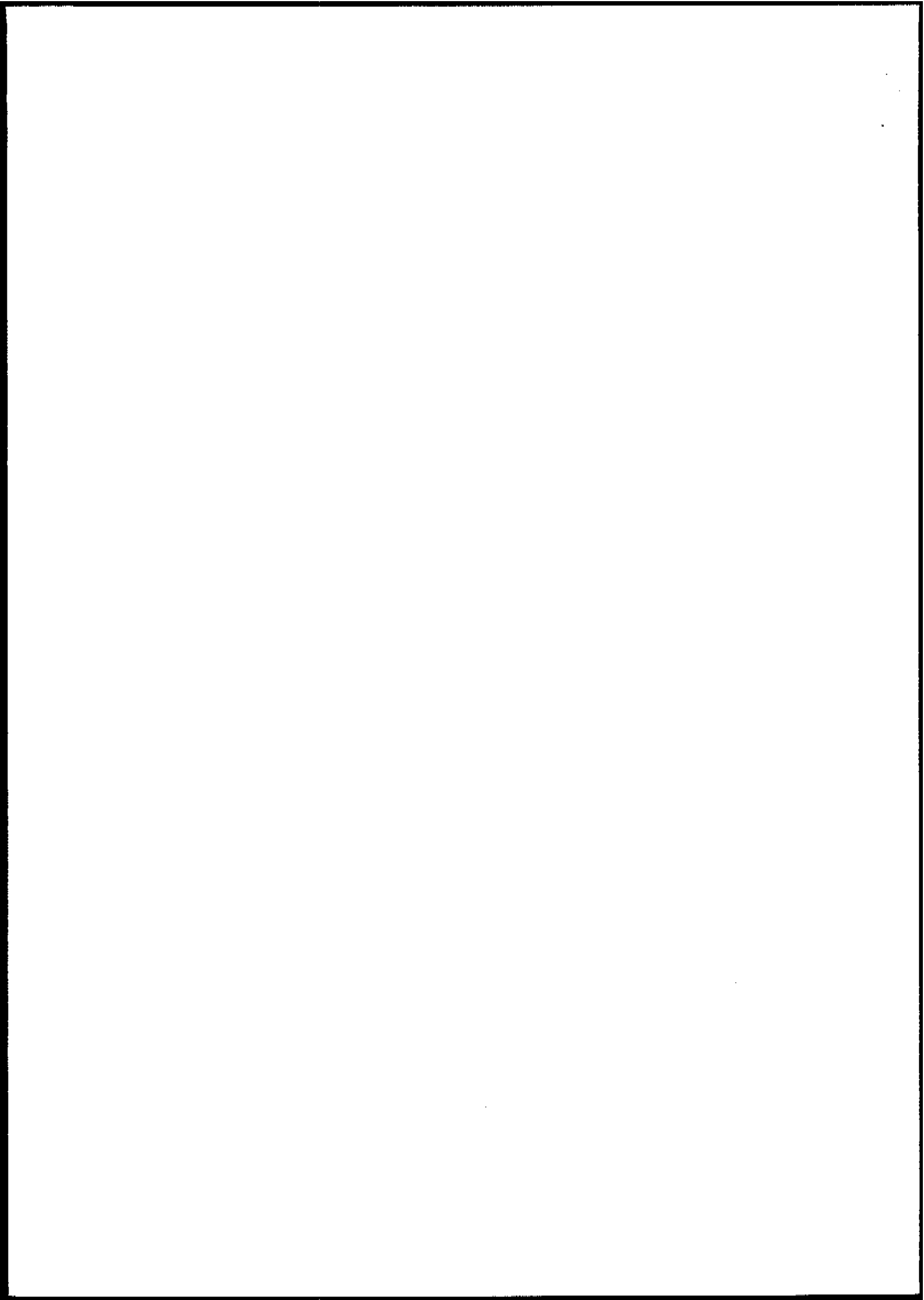
Professor Dr Th. Lindvall, National Institute of Environmental Medicine,
Karolinska Institute, Stockholm

Sustainable Development of Urban Health

Dr Trevor Hancock, Public Health Consultant, Ontario

Childcare for All Children as Part of Living Conditions for Children in Cities

Mrs Lisbeth Palme, UNICEF and Stockholm



ANNEX 6

Workshop Reports

Traffic accidents and injury prevention
Why do accidents happen?

Moderator: Dr Lars Ehn, Swedish National Road Administration

The first topic of discussion was the situation of the children in Glasgow, presented by Dr Helen Roberts, Ph.D. in social medicine.

Scotland is in the unenviable position of having one of the worst child accident rates in Europe, and within Scotland, Glasgow has one of the worst accident rates.

Dr Roberts presented a model for child protection in traffic that involved both parents and the community in safety measures. Group interviews and surveys were used, as well as work with younger children. Data from more than 200 households were included in the study, which will continue until 1992.

Then Professor S.O. Gunnarsson, professor in architecture and town planning, Gothenburg, presented a paper on strategies for the reduction of traffic risks through urban and traffic planning. This lecture also concentrated on the risks for children in today's urban society.

He reviewed the possibilities of reducing traffic risks through urban and traffic planning. Special attention was given to traffic accident problems in residential areas. He pointed out that it is important to recognize that safety measures for children will also improve the environment in general for everybody.

Dr Eva Kail, a city planning architect in Vienna, made a presentation entitled "The daily life of women in the city - to whom does the public space belong?". Dr Kail concentrated on space for women in an urban society and pointed out that women undertake the major part of town activities without having access to the space they need for daily life. For the most part, women are pedestrians and the space for pedestrians is continuously diminishing owing to car traffic - and primarily men are the drivers.

The aim of the presentation was to make the restriction of everyday life visible and to heighten people's awareness of the conflicts involved in utilization of public space.

The last two speakers came from Sweden. Mr Ragnar Andersson presented the Stockholm County Accident Prevention Programme, more specifically the accident prevention programmes at an epidemiological unit and an accident prevention unit, both affiliated with the Karolinska Institute and the University.

The programme is associated with other programmes in Sweden and has a pilot study in a small town, Falköping, to trim the organization and methods.

The presentation also included the results of other closely connected projects from which results could be expected during 1991 and 1992.

The last paper was presented by the Dr Ehn and was entitled "Man on the road" - a presentation of the fear and anxiety that road workers feel every day when working on or alongside a road. The basis of the research is a health control programme from 1983-1986 in which 6541 roadworkers were interviewed; 2856 said that they were afraid of the traffic.

In the presentation, a model for discussion on the speed limit was presented: why do drivers pass too fast in a working area?

It was pointed out that the stimuli for reducing speed in a working area must be so strong that economically and socially winning factors are less efficient than physical and juridical stimuli. However, this is not the case and therefore a bypass road is recommended to separate roadwork from traffic.

After the workshop a stimulating discussion was held with the audience.

Intersectoral health promotion actions
(Report on workshop 1.5)

Moderator: Professor Len Duhl

The purpose of the meeting was to show that a multisectoral approach can be used to deal with a variety of locally perceived problems. Building upon positive experiences, the ideas have spread and groups have attempted to work in additional areas.

With regard to the food system, collaboration of everyone involved in the complex system of food distribution can lead to improved availability of good foods for different communities (Eindhoven and Liverpool).

Beginning with a journalist's awareness of old people being ignored led to involving the people themselves in finding solutions. Although various ways of solving the problem had been discussed, the process led to unexpected solutions (Oslo).

Screening for breast cancer occurred in a community where the morbidity rate was rising. Morbidity falls when this screening process is used. Screening of high-risk populations focused on women aged 40-70 years, every two years (30 000). Personal invitations to women to come to the mobile unit after a major education campaign by women for women were quite effective. Prevention programmes are financed by the city since the present system pays only for medical care. Some questions arose as to whether there are other ways to reach the group (Montpellier).

The prevention of thalassaemia and related diseases in high-risk groups focused on screening, counselling and other services. Enquiries via schools (teachers and students), physicians and others revealed that a percentage of immigrants have genes for thalassaemia. Cystic fibrosis occurred in residents. Now that genetic science has improved the question of what programmes should be instituted was discussed (Liège).

What is the process of developing a healthy public policy in a community in non-health areas? Policy strategy should not be the interest of a specific unit: everyone should be involved. All money spent should be scrutinized for its impact on health. This has occurred in political support of a new Council. Inequality in health is related to inequality of power and access to resources. Policy in the past came from high economic growth, now it comes from economic difficulty. The control of information (which is power) is in the private sector. Attempts to decentralize planning and use information are priorities (Camden).

Urban planning and urban revitalization)
(Report on workshop 2.1a)

Moderator: Mr Anders Malm

How to develop the contradiction between wishes of urban life and rural life at the same time. What density can fulfil this and assure both physical and mental health.

We can create a good environment in the city only through planning and political decisions. We must involve the users. Only with active participation of the users and interaction between users and planners can we create and maintain a good human environment.

Greenery is important - people want to work with nature, with growing things.

We need active groups of users to create a living environment in the city to make it to the best living environment for all inhabitants and future generations.

It is important to involve children in the planning process and listen to their experiences of their own environment.

The course of children's sports must be changed. Sports training must be made more accessible. It should be located close to residential areas. We must stimulate spontaneous activity. Play and learning must come first.

It is important to find economical resources to develop public spaces nature areas, sports activities and "recreation for all".

Collaboration between young people and authorities,
mobilizing own resources, responsibilities, democracy
(Report on workshop 2.1b)

Moderator: Professor Gorel Braakenhielm

Rapporteur: Mr Aake Braun

Democratic Youth Club Management:

Concerning youth 13-17 years of age: aiming to give this age group resources to develop and to influence their own situations, engaging them in the project of democracy. Given the means and the opportunities, the young people took and fulfilled their responsibilities very well. The role of the leader is to maintain the democratic game rules until the group can cope on its own.

Mobilizing Parents, the work of field workers

Different ways of mobilizing parents have been tried in order to:

- strengthen parents in their role
- create opportunities for juveniles and parents to meet
- strengthen networks between children, parents and other adults
- encourage parents to engage in social work.

Youth association activities in Stockholm

A typical Swedish issue, on average each adult is part of at least seven associations. On the negative side: the organized activities have expanded at the cost of free spontaneous playtime.

The CIPREA Association

Their main purpose is to show the child the means of protecting him or herself against situations such as sexual abuse or other kinds of ill-treatment.

City Council actions to prevent criminality in young people

Local crime prevention councils make contracts with young, first-time criminals with the intention of preventing further crimes. Different ways were discussed.

To feel comfortable at school, Bremen

Bad school climate blocks any improvement at school. The first step towards changing that climate is adopting a positive approach, e.g. arranging unexpected surprises or music Monday mornings, making classrooms more friendly. Hans Jasper of Bremen wants to share his experiences with others, perhaps at a weekend workshop in Bremen.

Supportive environments for foreign families and their children
(Report on workshop 2.1c)

Moderator: Christina Wahlund

In Milan they found it important to help mothers learn Italian to enable them to support their children as they grow.

In Italy children from the south of Italy can be labelled as immigrants.

It is wise for refugees to live in big cities where they can find more people with similar backgrounds.

Difficulties with housing force children to move several times, thereby also causing several separations.

Fear of strangers stems from fear, misunderstanding and lack of information.

When two weak groups, e.g. refugees and poor people, come together many conflicts can arise.

Youth identity crises often stem from showy mothers and/or showy friends.

We want media also to cover the positive things about refugees.

Every child has the possibility of development; however, an early and positive interaction between caregivers and the child is essential. A positive interaction can be described as a yes-circle (Child sends signal - Mother/caregiver replies and acknowledges - Child).

The child has to be touched and have the ability to move. Someone has to see you, ask for you and you have to feel that you are needed.

Even though you would like to build a supportive environment, a film from Rinkeby, a suburb in Stockholm, shows that it would take a life-time to build a bridge between two identities:

- (1) knowledge about your background (history) traditions and language
- (2) knowledge of the new country and society; the knowledge has to be equal to stabilize the bridge.

Environmental requirements of children and young people
(Report on workshop 2.1d)

Moderator: Dr Hugh Jackson

The seven presentations that were given centred around four themes.

1. Pre-school and schools. Gothenburg described their "open pre-school" staffed by a social worker and a pre-school teacher. Attendance is voluntary and free and the aim is to improve relationships between parents. A particular activity is holiday activities for "weekend fathers". Members concentrated on the apparently large numbers of fathers who are divorced.

Copenhagen described their schemes in 10 schools in which children aged between 11-12 joined in activities with elderly persons who also attended the school classes. This establishment of contact between the generations was of value to both generations.

Eindhoven described how children in both primary and secondary schools were asked to experience their own living conditions and environment (both favourably and unfavourably). It was very important to establish children's views on their needs and examples of environmental changes as a result were given.

2. Children's playgrounds. Belfast described how a group established in association with Healthy Cities had led to a study on the value of play and the city's need for more playgrounds. The children's own views had also been taken into account at this preliminary stage but policy decisions were taken as a result.

Horsens showed examples of an inner city playground/farm which had been established through local voluntary community action and which was obviously very successful. It was agreed that promotion of the various aspects of children's play was a very important part of the environment of children, and the Healthy Cities project should stress this point and make provisions for it.

3. Delinquency. In Rennes, a group which had been set up in a socially deprived area of Rennes encouraged and supported children and adolescents in making a video of an adolescent semi-delinquent group and its effect on a younger boy. It was an example of getting adolescents to participate in community-based activities.

4. A European health programme was presented by the Hellenic Paediatrics Society with discussion about the possible causes of differences between countries and of social differences within countries. The importance of accidents as a cause of death was mentioned. It was agreed that the Healthy Cities project should have a higher profile on accident prevention than it has at present.

Finally there was agreement that the Healthy Cities movement should stress the importance of children's needs in the environment as a whole - physical, social and psychological.

Social structure and supportive environments -
inequalities between neighbourhoods
(report on workshop 2.2a)

Moderator: Finn Diderichsen

Rapporteur: Anders Norman

When examining ill health, it is evident that geographical segregation still exists in Stockholm County. Such segregation has increased in the past ten years and a clear correlation with ill health has been shown. Those who are worse off live in public tower block areas while those better off live in their own houses. The question is whether people with ill health move to these areas or whether people get sick by living there (1).

The same pattern can be seen when studying one specific disease, myocardial infarction. Today there is a decrease in the incidence of myocardial infarction and death in all age and sex groups for people under 65 years of age, perhaps with the exception of middle-aged women. In some areas people get heart problems nearly twice as much as in other areas. The parameters are closely correlated with socioeconomic indicators (2).

It will not be easy to change these patterns, which have existed for many years in Stockholm County, as political participation in underprivileged areas is decreasing. Two different strategies have been suggested. On the regional level more investments must be made in the infrastructure to facilitate industrial development in deprived areas. On the community level many public resources are available, but they could be organized more efficiently. This must be done by the people themselves, and the reconstruction of these areas could act as a catalyst (3).

In Rennes, France, projects have been set up to rehabilitate neighbourhoods, not only physically but also socially in order to re-enforce the feeling of community (4). The level of community participation is an important factor and it must be increased if these efforts are to be effective.

In Valby, Denmark, a pilot project has been started with the aim of achieving increased community participation. Both the "top-down" and the "bottom-up" approaches are being used. The important thing is to act locally. Critical issues for the future are to create visible solutions, expand community participation, involve municipal services in the decision-making process and export a good model (5).

In Eindhoven, Netherlands, very practical action has been taken. Cooperatives have been set up when reconstructing houses. To encourage people to participate more the philosophy has been "to see is to believe" (6).

In spite of all these efforts in European cities inequalities still exist, for example in Glasgow. It is therefore important for us to ask if we have dealt with all the important causes of inequality. Could factors such as lack of self-esteem, helplessness and not being able to control one's life play an important role in creating conditions of inequality? Does not every society have a hierarchy that more or less stresses these problems? Furthermore, as we already know a great deal about some of the factors leading to inequality, is it not the time to think of how to transform this knowledge

into action? What is the most efficient way of doing this? What is the role of the scientist, for example an epidemiologist, in this work? Do scientists in fact impede efforts against underlying causes of inequality by being disease oriented rather than health oriented (7)?

LIST OF CASE STUDIES PRESENTED AT THE WORKSHOP

1. Spatial segregation in Stockholm: development and causes.
2. Trends in regional differences in mortality from incidence of myocardial infarction in Stockholm
3. Report on large communities in Sweden.
4. Two healthy districts and neighbourhoods in Rennes.
5. Supporting health promotion at local level: the case of Valby, Copenhagen.
6. Self-maintenance of renewed house by the housing cooperation in Woensel West, Eindhoven.
7. Health inequalities in Glasgow.

Inequalities in occupation health hazards
(Report on workshop 2.2b)

Moderator: Professor Peter Hedtröm

Rapporteur: Dr Bradley Evanoff

National and local surveys (the Work Environment Commission and the Stockholm Work Environment Report) have demonstrated health inequalities between different occupations. Occupational health research has traditionally focused on "physical" causes, e.g. chemical exposures and ergonomic factors, for work-related illnesses. Moreover, a number of studies indicate that work organization and social factors may also contribute to the excess health risks seen in some occupational groups.

A number of different health measures indicate that persons with greater risks of ill health are concentrated in lower status jobs in the service and production sectors. Many of these workers have in common a low degree of control over their work environment. In addition to causing job dissatisfaction, it is plausible that this lack of control may be a causal factor accounting for excess health risks in these workers. The Work Environment Commission concluded that it is crucial to consider work organization in order to further improve the work environment.

In the case of an automobile repair shop, reorganization of work structure reportedly led to decreased absenteeism and turnover, improved worker satisfaction and, possibly, improved health. Much more research is needed to investigate the possible causal links between work organization and inequalities in occupational health. Practical aspects of work reorganization must also be considered. For example, in occupations such as drivers and home service workers, important aspects of the working conditions are not controllable by the employer.

Through improved working conditions, including work organization, health inequalities can be reduced. By targeting those groups with below average health, work reforms will help to meet WHO's goal of eliminating health inequality.

Indoor climate and health hazards
(Report on workshop 2.2c)

Moderator: Professor Göran Pershagen, Stockholm

Complaints about the indoor climate have received increased attention during the past 15 years. The introduction of new building materials, a tight building technique, low ventilation flows for energy-conserving purposes and a generally speeded-up building process are important causes of the "sick building" syndrome. Sometimes the cause of a bad indoor climate is obvious. In many situations, however, a specific etiology is difficult to determine.

Since 1980 a special type of sick building syndrome with medical symptoms as those described by WHO has been observed in Stockholm. This syndrome was first observed among tenants in one district with about 1500 flats. In 1982 in another district tenants of about 450 flats presented the same type of symptoms. Evaluation of the symptoms and their causes indicates that a special type of self-levelling liquid cement used on concrete floors and containing casein was a primary cause.

In 1981 the city of Stockholm, in collaboration with the Council of Building Research, decided to build a day-care centre in which "the design, use of structural materials, space heating system, ventilation, control equipment and lighting all should interact to produce good indoor climate conditions both winter and summer". Stockholm also plans to build special flats for people with asthma or other allergic complaints. The flats will be built during 1990-1992 in five different areas of Stockholm.

A legislative bill in Sweden on the prevention of sick buildings was presented on the basis of the report "The indoor environment of buildings". Proposals made in the report include product information about building materials, functional inspection of ventilation systems, tighter planning and building legislation and tougher liability rules in cases where building faults can be proved.

From Hamburg a study was presented on health effects in children of wood preservatives in kindergartens. There were several types of immunological disturbances among the children, suggesting that low-dose exposure to chloroorganic compounds of the dioxin type may affect the immune system.

In a paper from Eindhoven a description was made of the development of a maintenance programme for climate systems in government buildings. It was indicated how an environmental scientist can stimulate and guide processes in the public health services.

Homelessness and special housing requirements of underprivileged people
(Report on workshop 2.2d)

This workshop dealt with two distinct issues based on the five presentations that were made. The first issue concerned measures to provide accommodation for homeless individuals and families and the second concerned measures to facilitate community participation in Healthy Cities activities. Approximately 20 people participated in the workshop and a lively discussion took place.

Belfast reported on a variety of measures it has taken to care for homeless people, especially families. This responsibility has recently been given to the housing executive and it has forced them to concentrate on measures to move people efficiently through the system. Stockholm reported on measures it has taken to care for 6000 homeless people in the city, most of whom are relatively young single men. The main factors contributing to homelessness are the break-up of families, the fact that relatively young adolescents are leaving home, high rates of migration and unemployment and the general scarcity of housing in urban areas. Camden reported that it is almost impossible to deal with the issue of homelessness in an urban area such as London without a high degree of coordination between boroughs.

Nancy reported on measures taken by a voluntary group to improve access to health care among very very poor people. This required a broad approach designed to encourage participation on the part of people involved.

Horsens reported on the role that its Healthy Cities shop has played in encouraging citizens to participate in the activities of the project. The shop is open to individual residents at all times, and their requests and suggestions always receive top priority even when there are other pressing priorities to be dealt with. The shop acts as an information centre and is open every evening for use by community groups. The project follows a completely open style in dealing with the press. Even though Horsens is a small city a sub-office has been established to achieve closer contact with the community and it is staffed on a voluntary basis. In planning the development of a new housing project (Torsted Vest) Horsens has demonstrated that it is possible to involve the community right from the start in defining what they want, and it was suggested that participation of all citizens is neither a necessary nor a practical goal.

There is now information on a wide variety of methodologies for participation available through exchange between projects and also from other fields.

Effects of air pollution from traffic on environment and health
(Report on workshop 9)

Objectives

- To increase commitment to intersectoral collaboration.
- To illustrate feasible strategic and operational practices.
- To discuss strategies and plans for the next steps of the Healty Cities project with regard to air pollution from traffic.

Main messages of workshop lectures

Air quality control in Stockholm

- New techniques attempted (DOAS, SODAR).
- Used for checking compliance with guideline values and environmental goals for decisions/actions evaluations, forecasts and information.

Health effects

- A strategic choice is whether the approach should consider the effects of single compounds or the effects of the total exhaust. The total exhaust approach is preferred.
- For NO₂ there is less epidemiological evidence of health effects than for SO₂ and CO.
- Diesel exhausts, especially particles, are of special concern since they have been shown to cause lung cancer in animals.

Air quality in Stockholm

- Owing to car traffic NO₂ is still of concern; no decline is seen.
- Ozone is of some concern with a peak in summer time in suburban areas.

Mutagenic substances in Stockholm air

- The correlation is weak between traffic intensity and concentration of particles and of single substances. The difficulty is, inter alia, finding the patterns of health effects concerned.
- Intercity comparisons of measurements of mutagenic substances are "shaky" because of lack of interlaboratory calibrations.
- In the ambient air the concentrations of mutagenic substances are very low compared with levels seen in some industrial workplaces.

Environmental problems in Pécs

- Like many other eastern European cities, Pécs is facing increasing traffic problems.
- Earlier centralized planning systems have been inadequate. They have not been suitable for real interventions.
- The traffic problems, including air pollution, will take a long time to overcome in both Pécs and many other European cities.

Nature tolerance and demands

- Plants are often more sensitive than humans. Often the effects on nature become critical.
- Critical loads for plants are exceeded in Stockholm and in the south of Sweden for a number of pollutants.
- It is important to include protection of the natural environment as part of the Healthy Cities project.

Main messages of the discussions

Effects on humans of concern with respect to traffic air pollution include:

- lung ailments (cancer, chronic bronchitis, asthma)
- long-term risks of small combined exposures
- allergies and hypersensitive reactions
- sensory reactions and annoyance
- infection
- temporary and persistent effects (the latter being of special concern).

Due concentration is not given to sensitive groups and groups at risk. More attention should be given to:

- vulnerable groups or systems, e.g. children, people with depressed defence mechanisms, traffic workers, hypersensitive persons, those who exercise, smokers and nonsmokers;
- differences in sensitivity between wealthy and poor population groups.

Nature can be used as an indicator of human exposure and become a cause of adverse health effects. Examples are:

- assessment of human load, e.g. by measuring heavy metal concentration in mosses;
- increased release of metals owing to acid deposition in soil;
- increased nitrate concentration in water by nitrogen deposition;
- use of indicator plants sensitive to air pollution, e.g. tobacco plants or spinach as indicators of ozone;
- use of indicator animals in biotest systems, e.g. fish and canaries.;

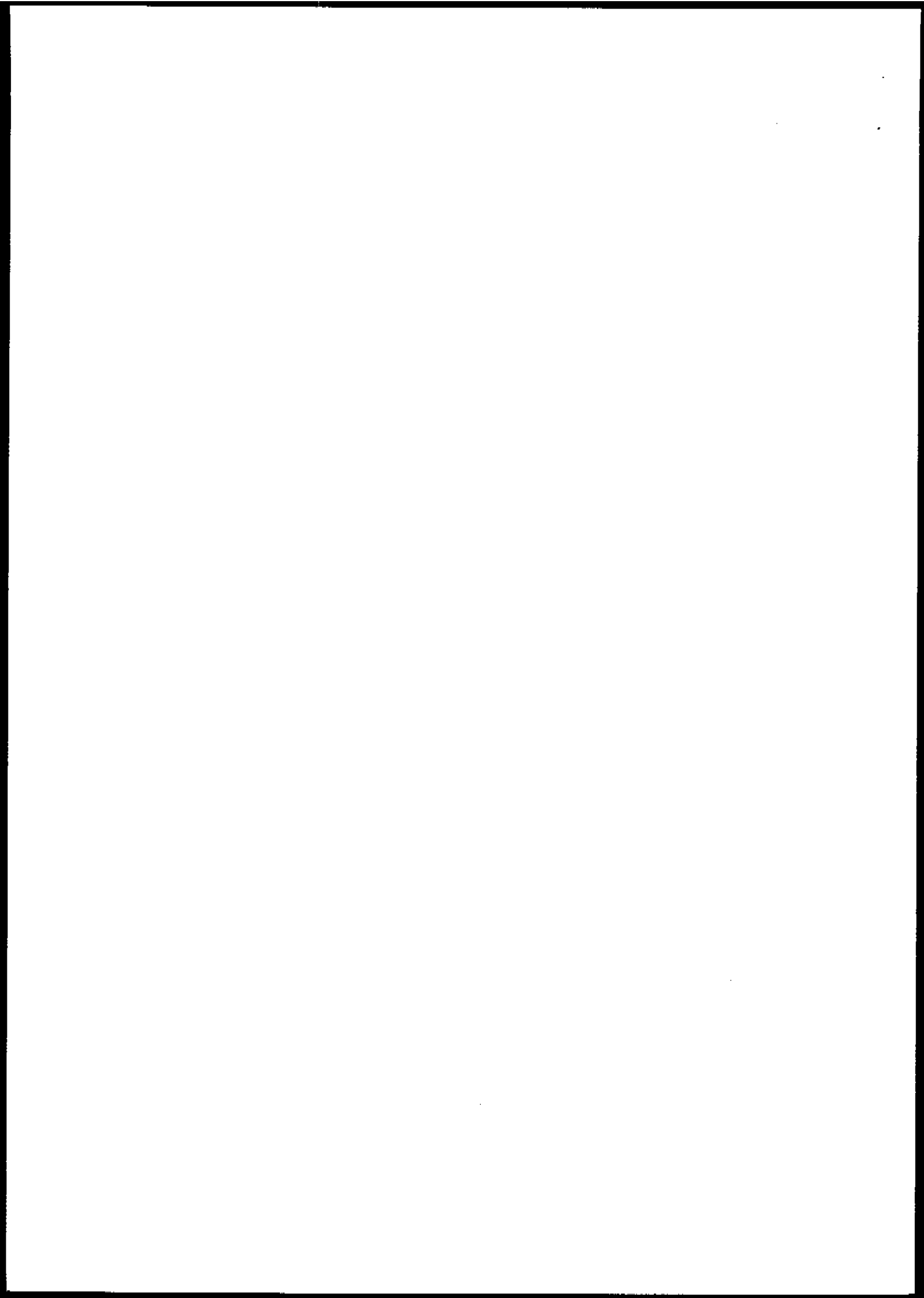
- natural signals of compound effects in the total environment may give a warning signal by the decreasing diversity of species in an area;
- development of natural warning signals that everyone can perceive by sight, hearing, smell or taste.

Recommendations

1. The changes in eastern Europe provide new opportunities for renewal of the decision-making process in these countries, which is of benefit to public health. This includes:
 - acceptance of the health promoting concepts for urban developments and economic resources;
 - easier implementation of the WHO recommendations based on environmental and ecological principles.
2. It is important to give countries with fewer resources guidance on simple measurement methods of traffic air pollution and health effects.
3. Strong efforts must be made to improve the possibilities of comparing measurement data of air quality control between different cities. The quality control of data could be made by the use of:
 - standard procedures in sampling and registration of measurement data;
 - calibration of measurement equipment;
 - intercity calibrations of different measurement methods and techniques;
 - use of standards in the choice of measuring substances, e.g. with respect to particles PM10 and TSP;
 - common control areas;
 - data banks with comparable data.
4. Extended guidelines for air quality control should be given by WHO in a similar way as their air quality guidelines for Europe, 1987.
5. Emphasis should be given to the efficient dissemination of knowledge on air quality control in an easily understandable fashion. Seminars for communicators and the design of new communication ideas are important bases for that work. Knowledge on common limit values for exhaust from vehicles should also be disseminated among the Healthy Cities participants.
6. A multicentre study should be encouraged on the health effects of air pollution on the respiratory system of children. Studies must be made both in urban and clean air areas.

ANNEX 7

Reports on the Multi-City Action Plan Workshops



HOUSING

Facilitator: Rainer Bachman

Participating Cities: Berlin, Bremen, Camden, Eindhoven, Glasgow, Horsens, Jerusalem, Munich, Patras, Seville, Vienna

Present at the meeting: Camden, Ms Paula Peake
Voluntary sector representative

Eindhoven, Dr Bernard Gooet
Environmentalist

Horsens, Mogens Svenning
Architect

The group did not come up with a strategic framework because so few of the cities were present. However, some suggestions were made for the focus of a Multi-City Action Plan (MCAP) on housing should one be started at another time.

Suggested themes

1. Successful ways of getting rid of dampness in housing.
2. Participation by women in the planning and design of housing units.
3. Research on noise in houses and around settlements.
4. Networking between self-organized housing projects - exchanging models of good practice.

Outcome

No outcomes from this meeting. The report will be sent to all the MCAP/Housing cities to see whether there is any response.

TRAFFIC

Facilitator: Helmut Hildebrandt

Rapporteurs: David Pike, Camden
Helmut Hildebrandt, Hamburg
Wigand Kahl, Munich

Participating cities: Camden, Glasgow, Gothenburg, Hamburg, Kaunas,
Munich, Padua, Pécs, Stockholm, Turku

Present at the meeting: Camden, David Pike
Copenhagen, Claus Lundstedt
Dubrovnik, Gazi Zeljko
Eindhoven, Noud Lathouwers
Gothenburg, Stefan Liljemark
Hamburg, Helmut Hildebrandt
Kaunas, Remys Daknys
Munich, Helmut Pfundstein
Munich, H. Kahl
Padua, Bruno Paccagnella
Pécs, Jozsef Bunyevacz
Stockholm, Jon Kahn
Stockholm, Karl Krook
Stockholm, Lindfeldt
Vienna, Eve Kail

Each participant identified a few priorities for action. These were recorded and discussed briefly. They will be included in the full report to the cities. The workshop then focused on a relatively small number of key points that could form the basis of an action plan. We reached consensus on a strategic framework for specific projects to reduce inequalities in health.

Strategic framework for action

The framework is as follows:

- the promotion of pedestrian movement, cycling and public transport such that people will like to move on city streets;
- for private motorized traffic a three-pronged strategy would be:
 - reducing the movement of private traffic in cities by 30% by the year 2000;
 - improving motor cars to the best available technical standards to reduce fuel consumption, noise levels and energy consumption and to clean exhausts and emission;
 - protecting people from the dangers and adverse environmental effects of private cars.

Common themes for action

The specific areas that the group wished to pursue together were:

- control of exhausts, emissions and noise levels; and
- small-scale measures to improve the street environment for children, people with disabilities and blind people.

Conclusions and next steps

1. The MCAP on traffic should be started.
2. The city of Stockholm agreed to start as the coordinating city.
3. Stockholm will circulate this protocol and ask cities to participate. It will also ask about the experiences they are willing to share.
4. Hamburg will circulate two brochures on health and traffic that are being made within the Hamburg Healthy Cities project.
5. The next meeting of the MCAP/Traffic will be a workshop on 27 April 1991 in Hamburg, thus coinciding with a "Traffic and Health Action Day" being held there. The city of Hamburg will soon decide whether it is able to host the meeting.

YOUTH

Facilitator: Knud Matzon, Horsens

Rapporteur: Katerina Sokou, Athens

Participating cities: Camden, Bremen, Belfast, Copenhagen, Düsseldorf, Eindhoven, Gothenburg, Horsens, Jerusalem, Kaunas, Liège, Liverpool, Munich, Pécs, Turku, Vienna, Zagreb

Summary of outcomes

One group met to make a plan for healthy schools, healthy children and a safe environment for youth. There was some discussion about forming two groups at a later stage. The group agreed to hold a second meeting on Tuesday 25 September to formulate the draft plan and agree on the next steps. However, at this first meeting there was general discussion about the themes and projects in each city that related to this topic. A full detailed report on this will be circulated to the participating cities. Each city agreed to give a very brief outline of specific projects before the end of the Symposium to be included in the final report to the participating cities.

Common themes for action

It was agreed that the focus for this group should be:

- healthy youth/healthy schools in healthy communities;
- young people's visions with regard to healthy schools projects;
- safe environments and youth (including accident prevention),.

Coordinating city

Horsens agreed to act as coordinating city initially, with a possibility of rotating the responsibility in future.

Second MCAP/Youth meeting, Tuesday 25 September 1990

At the second meeting it was agreed that the previous common theme for action should form the strategic planning framework for this group. In addition, Dr Hugh Jackson from the Child Accident Prevention Trust (CAPT) offered CAPT's resources and expertise to the group. He also mentioned that CAPT has a local project on child accident prevention (ALCAP). Effie Scannell from Liverpool has recently been invited to that group and offered to present reports from the MCAP/Youth at the next ALCAP meeting. A further proposal was made by Gothenburg that a project could be developed which would encourage young people in the new open Europe to exchange visits and to meet each other. A suggestion was made to maintain a link with the project "European house of youth", which has an interest in linking with young people in eastern Europe.

ELDERLY

Facilitator: Janine Cosijn, Eindhoven

Participating cities: Bremen, Eindhoven, Gothenburg, Liverpool, Patras,
Turku

1. Our focus is on supportive physical city environments for elderly people.
2. Our entry point is accidents experienced by elderly people.
3. This has strategic implications for intersectoral action beyond the welfare services and for the wider participation of elderly people in society.

The process

1. Bremen is the coordinating city.
2. Bremen and Liverpool will devise a questionnaire for participating cities based on the business meeting discussion. The aim of the questionnaire is to determine whether they have supportive physical environments and to describe the profile of their elderly population.
3. Bremen and Liverpool will test the questionnaire and fill it in.
4. The questionnaire will be circulated with the example/model from these cities.
5. Responses will be collated and analysed.
6. The cities will meet again to develop the business plan and consider an open workshop involving elderly people.

Timetable

Point 2	October 1990
Point 3	November 1990
Point 4	December 1990
Point 5	January 1991
Point 6	February 1991

Tobacco

Facilitator: John Roberts, WHO/EURO

Rapporteur: Patric Doorley, Dublin

Participating cities: Barcelona, Belfast, Belgrade (observers), Dublin,
Düsseldorf, Gothenburg, Kaunas, Stockholm

Present at the meeting: John Roberts, WHO/EURO
Jaume Costa, Barcelona
Cecilia Boldeman, Stockholm
Maria Ramberg, Stockholm
Hamdiya Ramic, Stockholm (Belgrade)
Joseph M. Hafex, California (Observer)
Tomas Stanikas, Kaunas
Lars Wernstedt, Gothenburg
Just Bove, Düsseldorf
Brian Hanna, Belfast
Patric Doorley, Dublin

Agreed outcomes

Common themes for action

The cities agreed on the following priorities for future action:

- children
- economics/tax/lobbying
- public places
- health services.

Coordinating city: Belfast

Next steps

Belfast proposed to host the next business meeting in 1991. John Roberts agreed to produce a detailed report, including a compendium of material from each of the cities represented, that he would circulate.

Fund-raising

The group discussed possibilities for funding. They identified the following sources: the public sector, sponsorship and tax levys.

Glasgow is still interested in the project but was unable to send a representative to the meeting in Stockholm. Contact person is Cathy McGill, project 2000.

EQUITY

Facilitator: Andrew Lyon, Glasgow

Participating cities: Barcelona, Copenhagen, Dublin, Glasgow, Liverpool, Milan, Patras, Rennes

Present at the meeting: Alan Ferguson, Belfast (Observer)
Jakis Kalokurionos, Patras
Michel Manciaux, France
Françoise Narring, Nancy
Jens Egsgaard, Copenhagen
Ron Draper, WHO/EURO
Marie Armitage, Liverpool (UK Healthy Cities Network)
Ruth Stern, Camden
Andrew Lyons, Glasgow
Mary Black, Belfast

Coordinating city: Glasgow (for initial period)

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Agreed outcomes

After a wide-ranging, exciting and thoughtful discussion, the following points were agreed as outcomes.

- An undertaking to produce a paper that should define the terms of equity and MCAP and would address the practicalities of this issue. Specifically the paper would consider:
 - a policy statement on equity (inequalities in health) including definitions, goals, boundaries;
 - a strategy for how it is to be achieved, including the need for recognition, political implications, link between practice and policy, raising issues on agendas;
 - local action providing examples of good practice at local level, including access to health care and health promotion in general;
 - consider who the document is aimed at; most important is for participants' own cities, secondly to raise inequalities explicitly as an issue for other cities.

Next steps

1. Coordination of MCAP on equity will be shared among cities, Glasgow will coordinate initially.
2. The core cities group that will draft the paper includes Belfast, Camden, Copenhagen, Glasgow, Liverpool and Nancy.
3. Glasgow will be in contact with cities regarding drafting the paper before the next business meeting.
4. The business meeting in March will be the next MCAP equity meeting and will discuss further action at that time.
5. Ideas about open ownership will be realized both locally and internationally. Locally based workshops will be one method of raising the issue in cities.

Other issues

- WHO's timescale, i.e. 1992, may be inappropriate given the amount of time before any real impact can be measured.
- Clarification of outcome required, maybe a workshop or a publication. Cities will decide which is most appropriate.
- Resources.

Next business meeting

To take place at the next Healthy Cities business meeting.

MENTAL HEALTH

Facilitator: Alan Ferguson, Belfast

Participating cities: Amsterdam, Antwerp, Berlin, Kaunas, Liège

Attended by delegates from these cities as well as Professor Freeman, WHO Consultant, Mental Health.

General Discussion

Some of the common issues of concern discussed were:

- need for social networks
- neglect of provision of mental health care
- loss of asylum and need for improved community-based strategies of care
- importance of community involvement.

Concern was expressed that:

- no action had been taken by WHO as a result of Professor Freeman's paper three years ago: "Some potential mental health contributions to the Healthy Cities project";
- mental health projects in Stockholm, e.g. the Nacka Project, did not know about this Symposium.

It was agreed that:

- Belfast would prepare a statement on these issues and circulate it to the group (as well as to Eindhoven, Zagreb and Chris Baines)
- those cities would respond;
- a Healthy Cities mental health workshop would be convened at the Amsterdam conference, facilitated by Alan Ferguson from Belfast.

Objectives

1. To improve links between the Healthy Cities project and mental health in order to raise the profile of mental health as an issue of concern among the project cities.
2. To encourage other cities of Europe to explore the benefits of the Healthy Cities movement.

Annex 8

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