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Working Group on Indicators for Healthy Cities

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TARGET 24

Healthy homes

By the year 2000, all people of the Region should have a better opportunity of living in houses and settlements which provide a healthy and safe environment.

Index:

URBAN HEALTH
HOUSING
HEALTH STATUS INDICATORS
HEALTH PROMOTION

Introduction

The Working Group was made up of 29 people (public health physicians, sanitary engineers, public health nurses, public health administrators, architects, scientists and political leaders of Healthy Cities projects) representing 14 cities and 3 national networks located in 7 European or North American countries. The purpose of the meeting was to develop a set of health, environmental and social indicators which can be used to monitor the progress of cities participating in the Healthy Cities project.

Discussion

The Working Group reviewed the indicators developed earlier for the project, especially the conclusions of the workshop held in Barcelona in March 1987 and the provisional conclusions of the Indicators Group of cities (led by Milan), which were also presented at the Belfast Business Meeting in March 1990.

It resulted from the discussions that the Healthy Cities project management in the Regional Office see the indicators as a way of assessing either how far a city is from being a "perfect" Healthy City, or what progress has been achieved in five years of participation, whereas the cities' representatives see them as a tool for motivating politicians and city-dwellers to take action towards solving or mitigating health, social and environmental problems in the city concerned.

The Working Group studied four models of good practice: the information system used in Barcelona, the approach to developing indicators of equity used in Milan, the set of indicators used in Nancy and the list of indicators and reporting system used by the provincial network in Quebec.

The Group then split into three interdisciplinary subgroups to design representative and usable indicators. Each subgroup's conclusions were finally discussed and consolidated in plenary sessions.

Conclusions

The Working Group agreed on the following list of proposed indicators.

Health and health services indicators

Mortality/morbidity

Mortality rates:

- all causes
- cardiovascular diseases
- respiratory diseases
- cancer of the mouth/pharynx/larynx
- lung cancer
- cervical cancer
- liver cirrhosis
- all violent/external causes
- traffic accidents
- suicides

- infant deaths
- tuberculosis
- AIDS

Morbidity rates:

- percentage of babies weighing under 2.5 kg at birth
- rate of injuries in traffic accidents

Health services

- availability in the city of an inventory self-help organization
- availability in the city of a support programme for self-help organizations
- availability in the city of health education programmes
- percentage of six-year-old children fully immunized (with all compulsory vaccines)
- number of inhabitants per active general practitioner
- number of inhabitants per active nurse
- percentage of population covered by health insurance
- percentage of population living at less than 30 minutes' driving distance from an emergency medical care unit
- availability of primary health care services in foreign languages
- availability of advertisement facilities for health purposes
- number of health issues discussed each year by the Municipal Council

Environmental indicators

- percentage of air quality measurements above values recommended in WHO guidelines
- percentage of results of microbiological tests of drinking-water outside values recommended in WHO guidelines
- percentage of water pollutants removed from total sewage produced
- quality index of solid wastes collection:
 - 0 = raw
 - 1 = in plastic bags
 - 2 = in garbage cases
 - 3 = in containers
 - 4 = partial selective collection
 - 5 = total separate collection
- quality index of wastes treatment:
 - 0 = dumping
 - 1 = sanitary landfill
 - 2 = incinerator
 - 3 = composting
 - 4 = advance landfilling of incinerator
 - 5 = total recycling
- nuisance index (noise, odours, dirtiness) based on scale of public perception
- percentage of drinking-water chemical quality parameters outside values recommended in WHO guidelines
- quantity of drinking-water used per inhabitant per day
- percentage of green space in relation to total city area
- percentage of derelict land in relation to total city area

- area of green space open to the public, per inhabitant
- number of sports facilities per 1000 inhabitants
- total length of pedestrian streets per square kilometre
- total length of cycle paths per square kilometre
- number of public transportation seats available per 1000 inhabitants
- kilometres served by public transportation services per total kilometres of streets
- number of inhabitants per dwelling room
- percentage of dwellings without bathrooms
- availability of fire-brigade and emergency services

Socioeconomic indicators

- number of square metres of dwelling space per inhabitant in residential neighbourhoods
- percentage of population living in substandard dwellings
- estimated number of homeless
- unemployment rate
- absenteeism rate
- percentage of families below the national poverty level
- number of different economic activities providing employment in the city
- percentage of employment provided the first 10 economic activities specified above
- percentage of one-person households
- percentage of single-parent families
- percentage of children leaving school at the end of compulsory period
- estimated rate rate of functional illiteracy
- percentage of city's budget devoted to health promotion and welfare
- criminality rate
- percentage of dwellings for elderly people which have emergency-call facilities
- main causes of emergency calls
- percentage of young children on waiting lists for day-care institutions
- median age of primiparae
- abortion rate in relation to total births
- percentage of children under 18 years being monitored by the police
- percentage of disabled people employed in relation to total number of disabled people of working age 18-65 years.

Recommendations

1. The Working Group proposed that WHO should advise all cities attending the Montpellier Healthy Cities Open Symposium in October 1990 to accept the indicators listed in this report.
2. It also proposed that the Healthy Cities project office at the Regional Office should consider presenting the indicators to the core group of the Healthy Cities Meeting at forthcoming Business Meetings.