gníomhaireacht um chomhrac na bochtaine
Combat Poverty Agency
working for a poverty-free Ireland

THE INSTITUTE OF PUBLIC HEALTH IN IRELAND

Tackling Poverty and Health Inequalities – A Social Determinants Approach

The role of Health Services and Local Government on the island of Ireland

Determinants of Social Disadvantage

Professor Cecily Kelleher

Health Research Board Unit for Health Status and Health Gain 1999-2004

Background in 1999

- Lack of information at ecological, individual or service level on health status in Republic of Ireland
- Deficiency in tracking risk factors related to morbidity and mortality over time
- Lack of clarity on why overall life expectancy in relatively poor compared to EU average and why death rates from CVD and some cancers relatively high

Infant Mortality and its Causes

Woodbury RM, 1926

The “Epidemiological Transition”: Neo-material Disadvantage

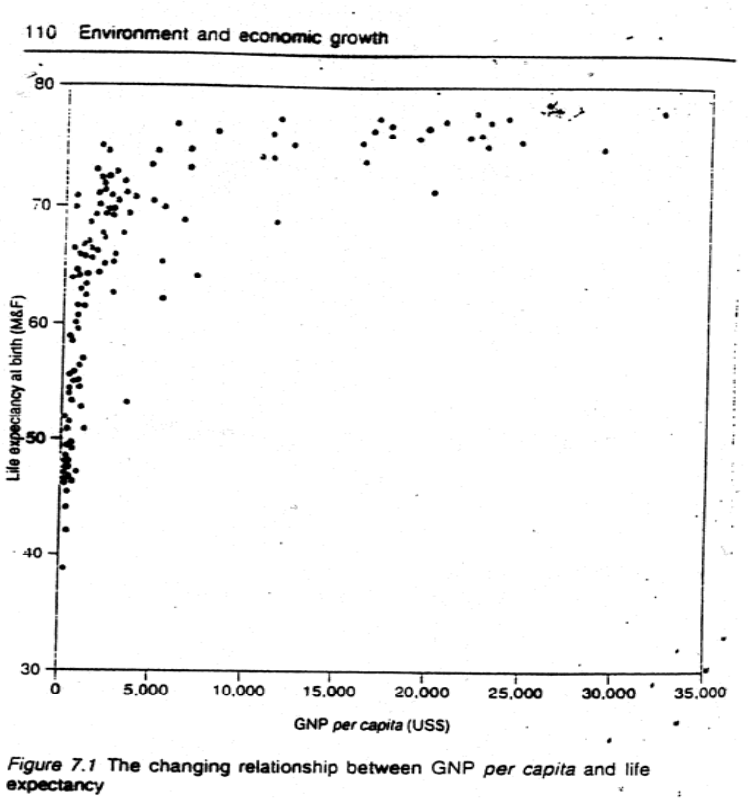


Figure 7.1 The changing relationship between GNP *per capita* and life expectancy

Social position As a Risk Factor for ill-health across the life-course

Social Epidemiology

Berkman & Kawachi (Eds) Oxford University Press 2000

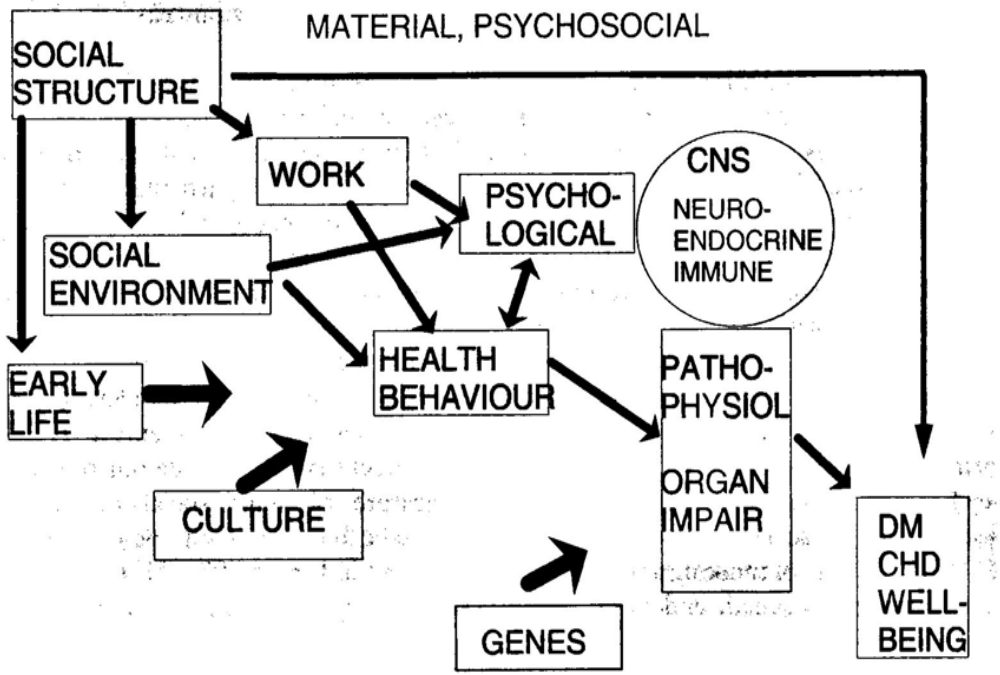


Figure 15–3. An approach to sketching in the environmental, psychosocial, and biological pathways linking socioeconomic status to diabetes mellitus (DM), coronary heart disease (CHD), and well-being.

Psychosocial influences on risk

Lancet. 2004 Sep 11-17;364(9438):953-62. Related Articles, Links

Comment in:

- Lancet. 2004 Sep 11-17;364(9438):912-4.
- Lancet. 2005 Jan 8-14;365(9454):118-9; author reply 119-20.
- Lancet. 2005 Jan 8-14;365(9454):118; author reply 119-20.

ELSEVIER
FULL-TEXT ARTICLE

Association of psychosocial risk factors with risk of acute myocardial infarction in 11119 cases and 13648 controls from 52 countries (the INTERHEART study): case-control study.

Rosengren A, Hawken S, Ounpuu S, Sliwa K, Zubaid M, Almahmeed WA, Blackett KN, Sitthi-amorn C, Sato H, Yusuf S; INTERHEART investigators.

Sahlgrenska University Hospital/Ostra, Goteborg, Sweden.

Explanations for Health Inequalities

- Material or Psycho-social or a combination?
- Influences at macro-social (e.g. Public policy), Meso-social (e.g. work environment) or individual level?
- A life-course or longitudinal approach (e.g. critical early life experience or cumulative effects over time)
- Cultural context (differences within and between countries)

Components of Unit for Health Status and Health Gain Programme

- Socio-demographic and Lifestyle analysis of 15 cross-sectional datasets
- Qualitative Consultative Study
- Policy/Position Paper outputs
- Establishment of Life-ways Cross-Generation Cohort study of at least 1000 families
- Participation in European Science Foundation funded Social Variations in Health Expectancy in Europe Programme

Social Variations by Socio-Economic Group

The Economic and Social Review, Vol. 33, No. 2, Summer/Autumn, 2002, pp. 247–257

Measuring Trends in Male Mortality by Socio-Economic Group in Ireland: A Note on the Quality of the Data

EAMON O'SHEA*
National University of Ireland, Galway

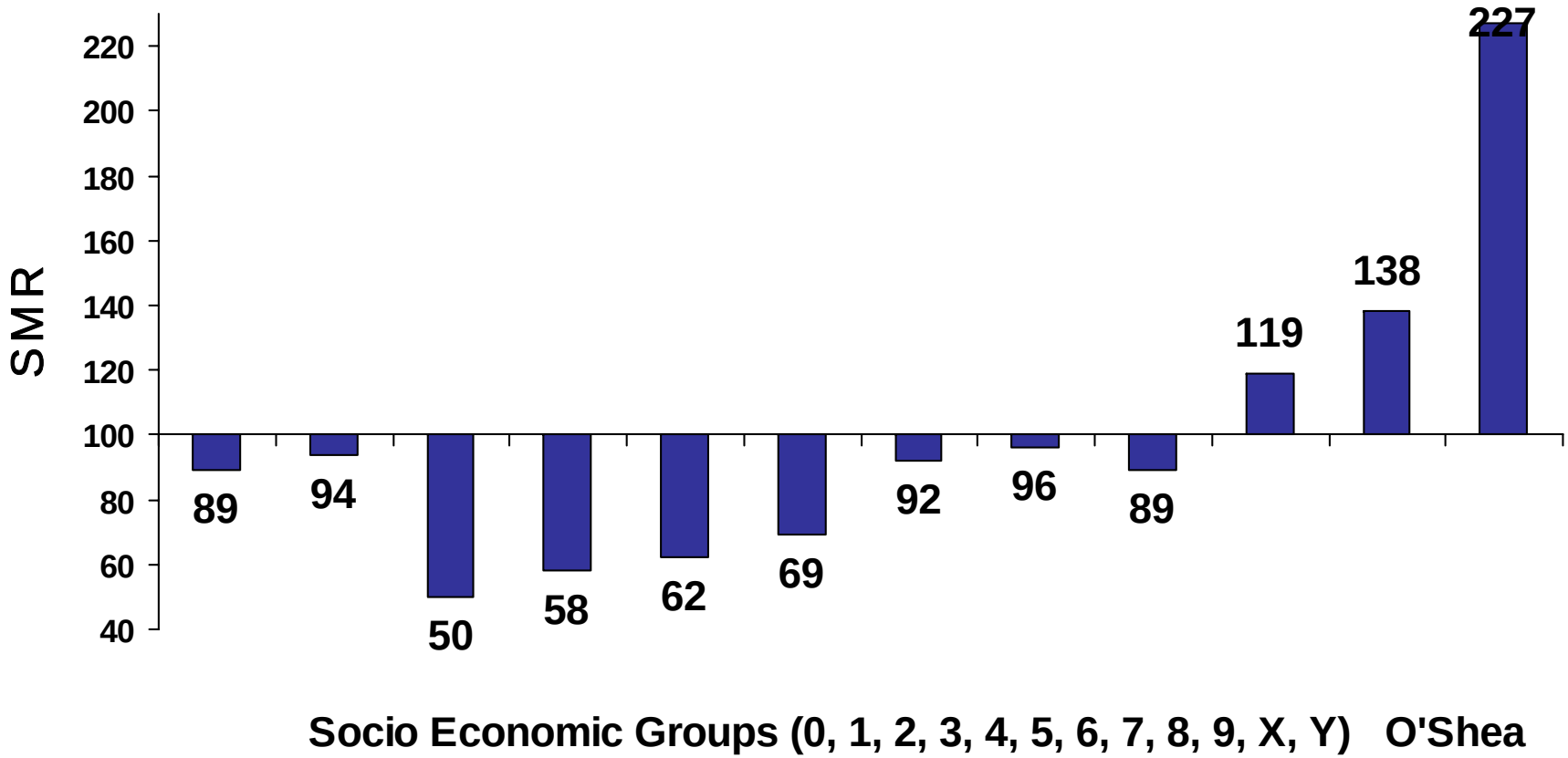
RICH AND POOR

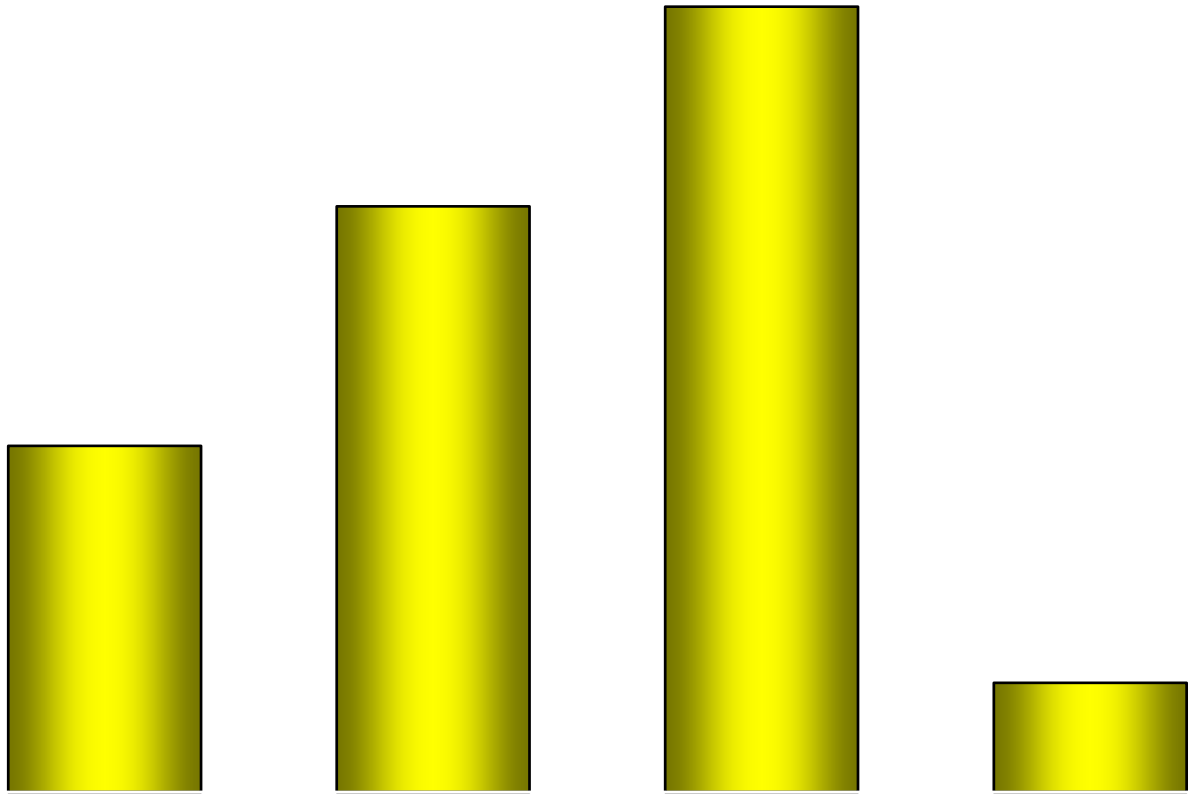
Perspectives on Tackling Inequality in Ireland

Edited by
Sara Cantillon, Carmel Corrigan,
Peadar Kirby and Joan O'Flynn

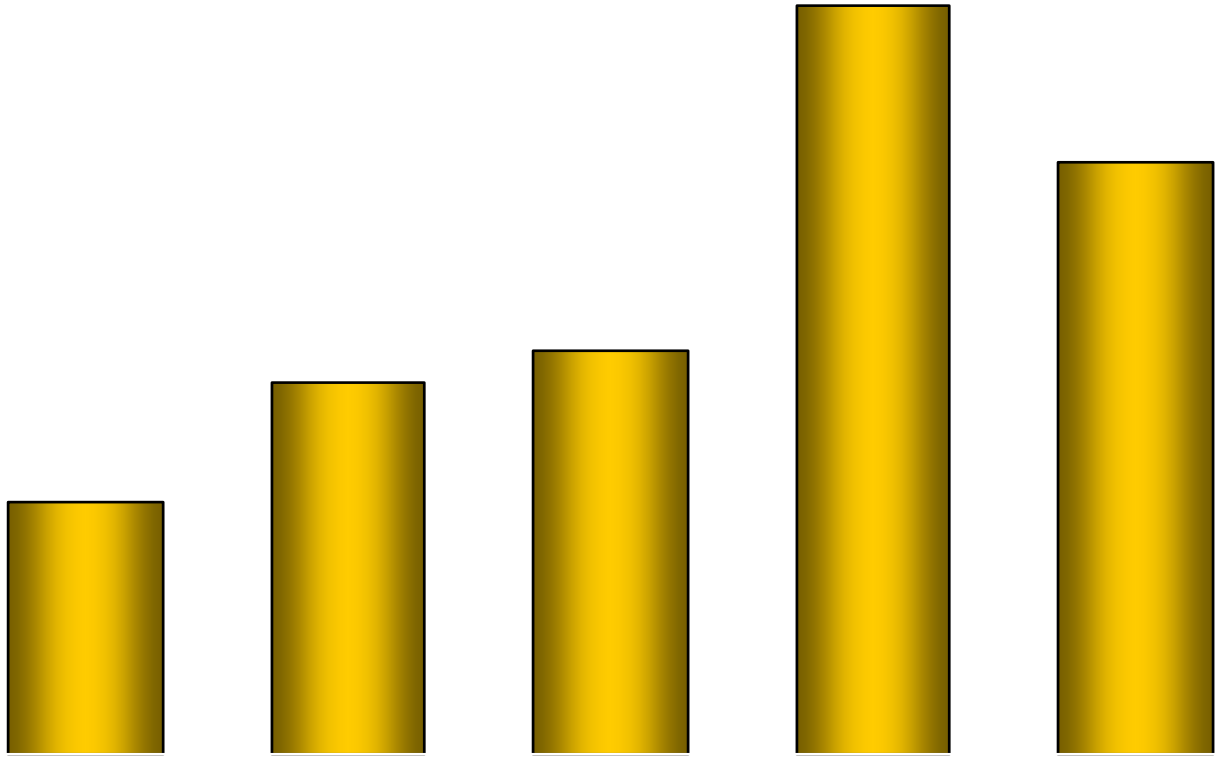
Oak Tree Press
Dublin
in association with
Combat Poverty Agency

Standardised Mortality Ratios Circulatory System for Males (15-64years) 1986-91





THE INSTITUTE OF
PUBLIC HEALTH IN IRELAND



THE INSTITUTE OF
PUBLIC HEALTH IN IRELAND

Diet, Nutrition and Health Status in Republic of Ireland

European Journal of Clinical Nutrition (2003) 57, 865–875

0954-3007/03 $25.00
www.nature.com/ejcn

ORIGINAL COMMUNICATION

Social diversity of Irish adults nutritional intake

S Friel[1]*, CC Kelleher[1], G Nolan[1] and J Harrington[1]

[1]N

Entrez PubMed

NCBI

PubMed

National Library of Medicine NLM

My NCBI [Sign In] [Register]

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search PubMed for Go Clear

Limits Preview/Index History Clipboard Details

About Entrez

Display Abstract Show 20 Sort by Send to

Text Version

All: 1 Review: 0

Entrez PubMed Overview
Help | FAQ
Tutorial
New/Noteworthy
E-Utilities

PubMed Services
Journals Database
MeSH Database
Single Citation Matcher

1: Public Health Nutr. 2005 Apr;8(2):159-69.

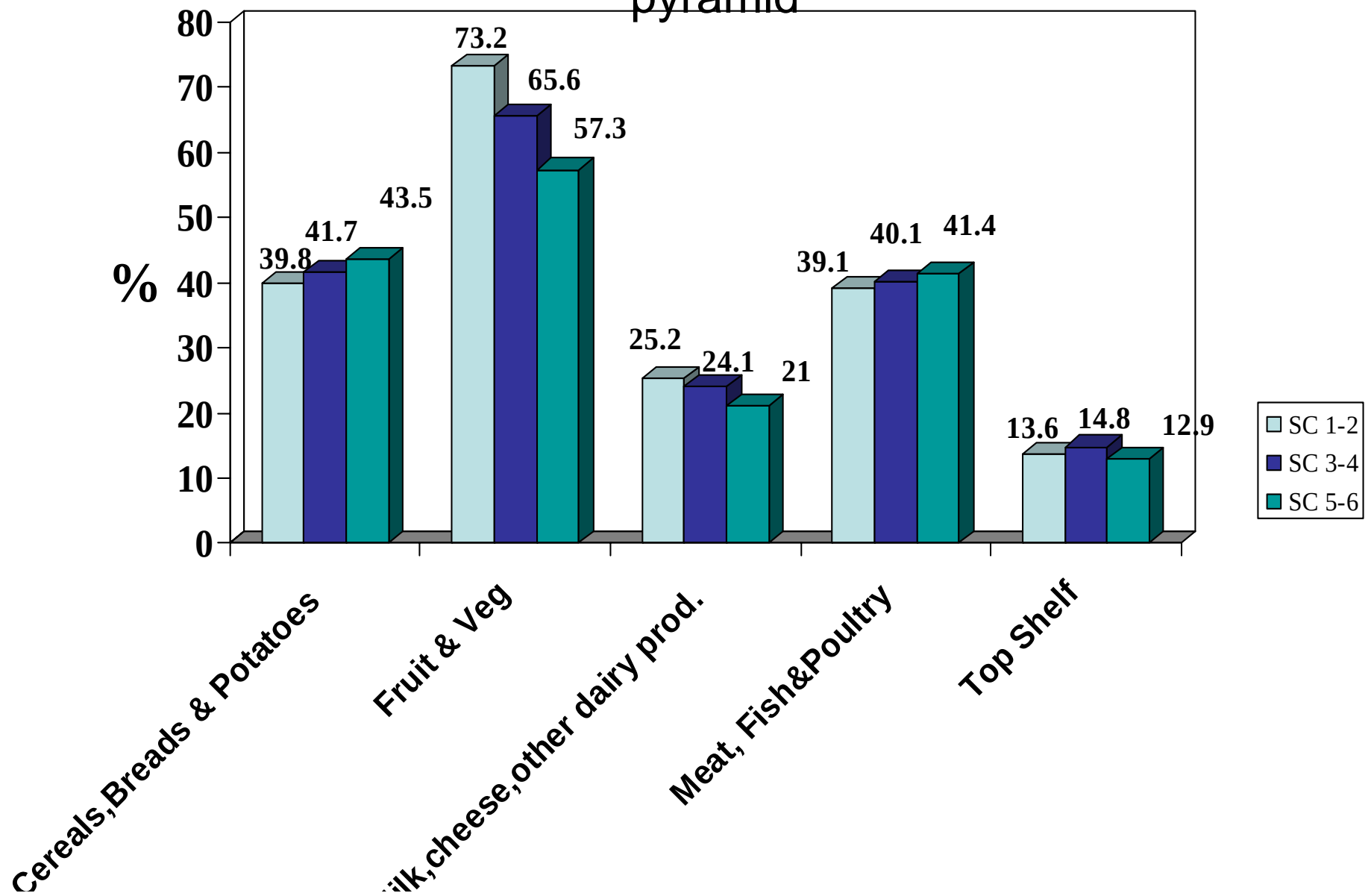
Related Articles, Links

ingenta select

Who eats four or more servings of fruit and vegetables per day? Multivariate classification tree analysis of data from the 1998 Survey of Lifestyle, Attitudes and Nutrition in the Republic of Ireland.

Friel S, Newell J, Kelleher C.

Socio-demographic profile of respondents consuming the recommended number of servings from each shelf in the food pyramid



Predictors of Obesity (SLÁN, 2002)

More Likely	Odds Ratio	Less Likely
Education None/Primary	2.503	
Education Second	1.629	
Sitting	1.008	
Not physically active job	1.537	
Mild Exercise	1.039	
Fried Food	1.433	
Do not meet CBP recommendations	1.293	
Do not meet F& V recommendations	1.493	
	0.525	Light Housework
	0.843	Physical Act.Strenuous
	0.928	Physical ActModerate
	0.694	Meeting Dairy recomms

Shopping for fruit…

- 150g Blueberries (Australia) 4.90
- 5 Bananas (St Lucia) 1.99
- 400g Strawberries (Dublin) 4.49
- 400g Grapes (Greece)3.40
- 170g Raspberries (USA) 3.99
- 4 Kiwis (NZ) 1.85
- 3 L Orange juice 11.40
- 240g Pineapple 2.99
- Total = 36.61 Euros

Area Based Variations in Health Status

PERGAMON

Social Science & Medicine 57 (2003) 477–486

SOCIAL SCIENCE & MEDICINE

www.elsevier.com/locate/socscimed

Socio-demographic predictors of self-rated health in the Republic of Ireland: findings from the National Survey on Lifestyle, Attitudes and Nutrition, SLAN

C.C. Kelleher*, S. Friel, S. Nic Gabhainn, Joseph B. Tay

Health Research Board Unit on Health Status and Health Gain, Department of Health Promotion, Clinical Sciences Institute, National University of Ireland, Costello Road, Shantalla, Galway City, Ireland

RESEARCH REPORT

Influence of sociodemographic and neighbourhood factors on self rated health and quality of life in rural communities: findings from the Agriproject in the Republic of Ireland

Joseph B Tay, Cecily C Kelleher, Ann Hope, Margaret Barry, Saoirse Nic Gabhainn, Jane Sixsmith

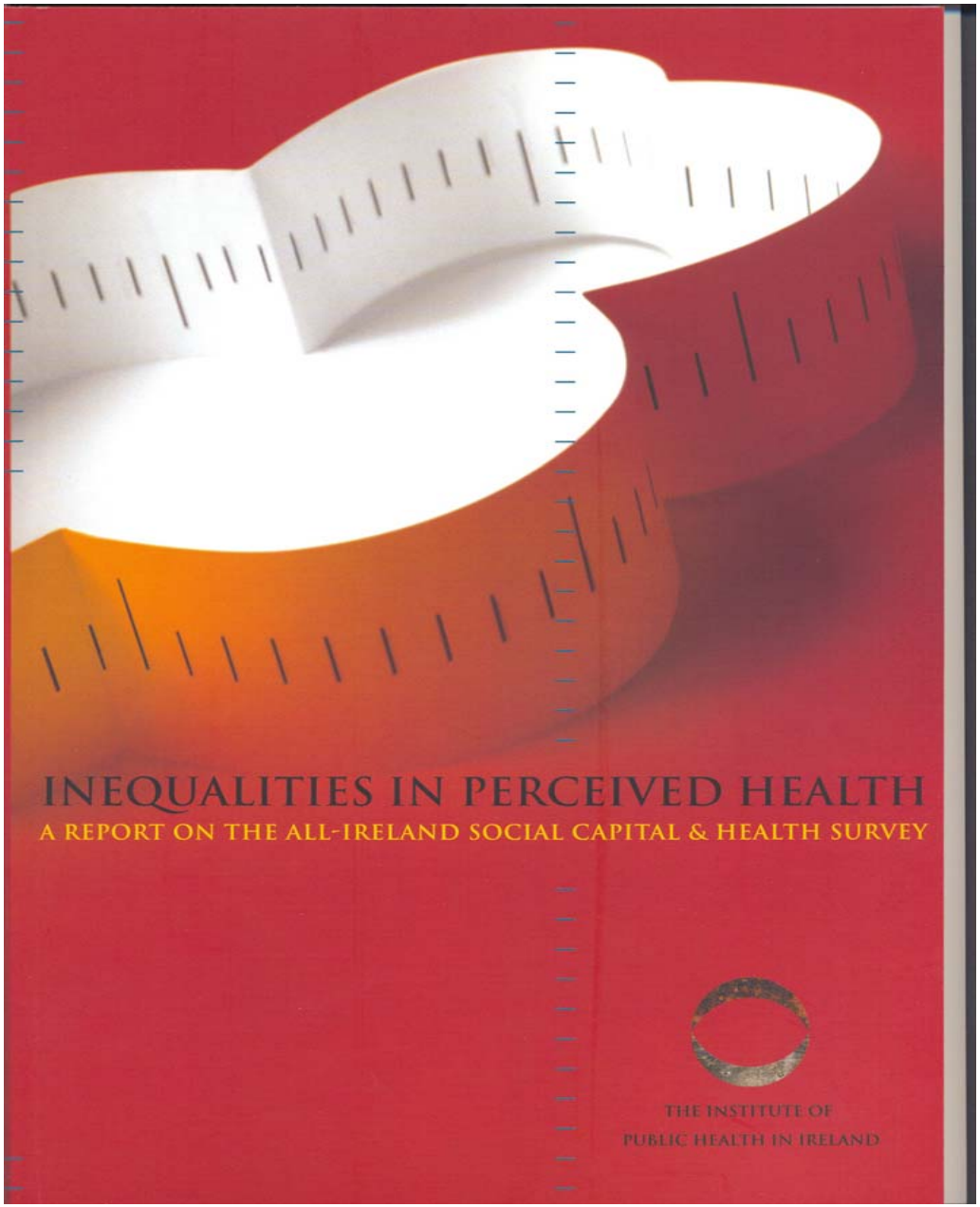
J Epidemiol Community Health 2004;**58**:904–911. doi: 10.1136/jech.2002.006643

Socio-demographic Predictors of Poor Self-Rated Health in SLAN (Soc Sci Med 2003; 57: 477-486)

- Women
  - GMS Eligibility (OR 2.64)
  - Lower Level Education (OR 2.25)
- Men
  - Lower Level Education (OR 2.36)
  - GMS eligibility (OR 3.33)
  - Smoking Status (OR 2.11)

Background: Concepts of Social Capital

- Support
- Civic engagement
- Networks
- Trust and reciprocity
- People living within an area may share “contextual” characteristics associated with such accumulated Social Capital that contribute independently to health outcome over and above their characteristics as individuals

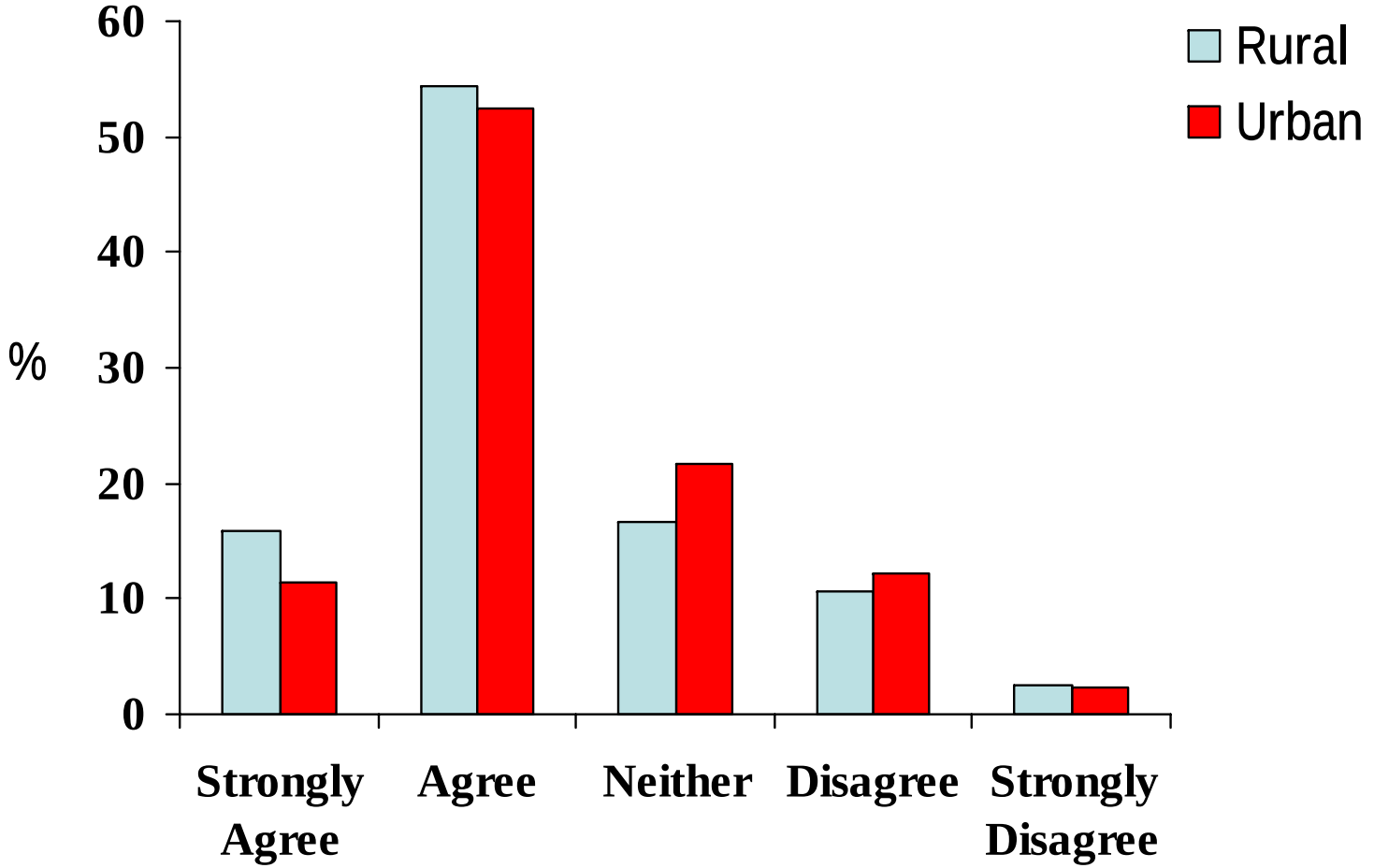


THE INSTITUTE OF
PUBLIC HEALTH IN IRELAND

Summary of social capital indicators related to trust and neighbourhood

	SA (%)	A (%)	Neither (%)	D (%)	SD (%)
Generally speaking, most people can be trusted	14	*53.2*	18.8	11.5	2.5
People around here willing to help neighbours	24.6	*55.6*	14.0	4.8	1.0
People in this neighbourhood do not share the same values	6.4	*25.5*	*36.7*	27.4	4.0
People in this area can be trusted	17.7	*53.4*	22.0	5.6	1.3
A close knit neighbourhood/area	15.5	*38.4*	29.2	14.3	2.6
In this neighbourhood people feel safe from personal attacks	20.9	*49.5*	17.1	10.1	2.3

“Generally Speaking Most People Can Be Trusted” according to Urban or Rural District Electoral Division



(χ^2 (4, n = 5471) = 40.52, p=0.000)

SLAN Survey 2002: Independent Predictors that “People in the Area can be trusted”

Reduced agreement:

- Age: 18-35 years (OR 0.23)
- Age: 35-54 years (OR 0.38)
- Housing Tenure: Rental (OR 0.30)

Increased agreement:

- Marital status: Married (OR 2.28)
- Location: Rural DED (OR 1.46)

Multi-level Analysis: Outcome Measure

"Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?"

Converted to binomial outcome:

no days (0) versus any days (1)

Results:

- Overall 25.0% of respondents to SLAN reported problems with mental health in the previous month

  33% of these were male, average age was 41.6 years (SD 15.4 years)

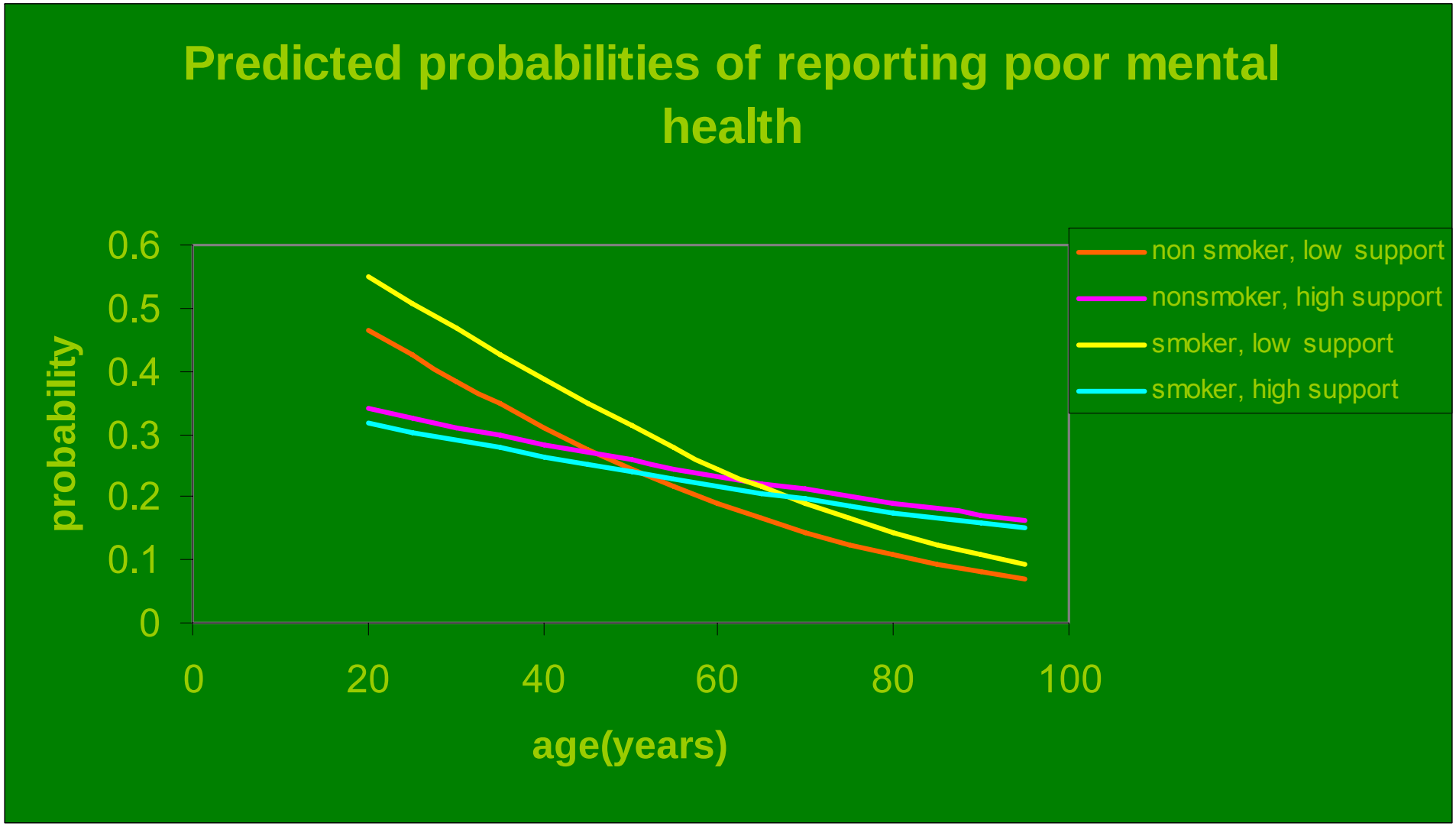
  47% lived in rural areas as defined by their DED location

- People in rural areas less likely to report mental illness (χ^2=55.6 p<0.0001)

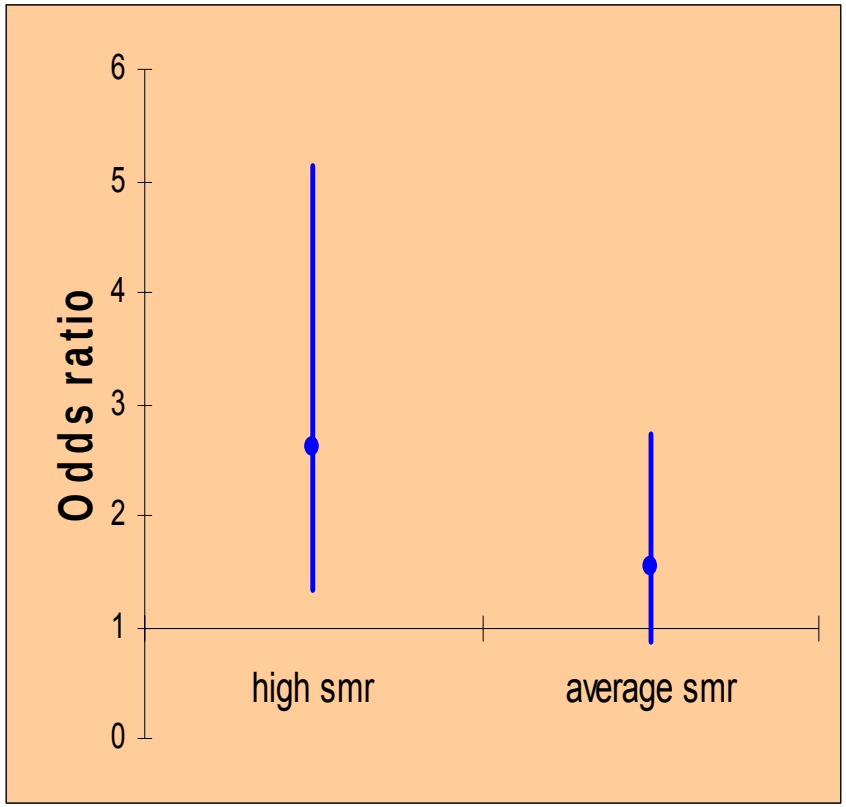
- People in rural areas more likely to report high levels of trust (χ^2=230.2 p<0.0001), which independently reduced the risk of reporting poor mental health (χ^2= 148.3, p<0.0001).

- Baseline DED-level variance was significant (estimate 0.123 SE 0.034 p=0.001)

- Including explanatory variables at individual and DED levels the DED-level variance remained significant (estimate 0.131, SE 0.050 p<0.01)


Predicted probabilities of reporting poor mental health
probability
0.6
0.5
0.4
0.3
0.2
0.1
0
0
20
40
60
80
100
age(years)
non smoker, low support
nonsmoker, high support
smoker, low support
smoker, high support

Predictors of poor self-rated health at area level in the Eastern Regional Health Authority: a Multilevel analysis of 101 DEDs Fitzsimon et al, 2005



variable	level	OR	95% CI
male		2.07	(1.44, 2.97)
age	10 year	1.27	(1.11, 1.46)
smoker		2.53	(1.70, 3.77)
local problems	many	2.93	(1.64, 5.23)
	some	1.58	(1.06, 2.36)
	none (ref)	1	
gms		2.82	(1.75, 4.56)
employed		0.49	(0.31, 0.79)
SMR	high	1.61	(0.87, 2.99)
	average	1.30	(0.78, 2.17)
	low (ref)	1	
DED var		0.072	0.096

The Irish Paradox?

- High rates of chronic disease and ill-health
- Traditionally considerable disadvantage
- High levels of “Social Capital”
- Positive Self-rated Health

Kelleher CC, Lynch J, Harper S, Tay JB, Nolan G. Hurling alone? How social capital failed to save the Irish from cardiovascular disease in the United States. Am J Public Health. 2004 Dec;94(12):2162-9. PMID: 15569969 [PubMed - indexed for MEDLINE]

Tay JB, Kelleher CC, Hope A, Barry M, Gabhainn SN, Sixsmith J. Influence of sociodemographic and neighbourhood factors on self rated health and quality of life in rural communities: findings from the Agriproject in the Republic of Ireland. J Epidemiol Community Health. 2004 Nov;58(11):904-11. PMID: 15483305 [PubMed - indexed for MEDLINE]

Kelleher CC. Mental health and "the Troubles" in Northern Ireland: implications of civil unrest for health and wellbeing. J Epidemiol Community Health. 2003 Jul;57(7):474-5. No abstract available. PMID: 12821682 [PubMed - indexed for MEDLINE] 4:

Kelleher CC, Friel S, Nic Gabhainn S, Tay JB. Socio-demographic predictors of self-rated health in the Republic of Ireland: findings from the National Survey on Lifestyle, Attitudes and Nutrition, SLAN. Soc Sci Med. 2003 Aug;57(3):477-86. PMID: 12791490 [PubMed - indexed for MEDLINE]

Social Capital and Health Status within and Between Countries

RESEARCH AND PRACTICE

Hurling Alone? How Social Capital Failed to Save the Irish From Cardiovascular Disease in the United States

C. Cecily Kelleher, MD, MPH, John Lynch, PhD, MEd, MPH, Sam Harper, MPH, Joseph B. Tay, MB, BCh, BAO, and Geraldine Nolan, MSc, Dip Dietetics

PERGAMON

Social Science & Medicine 56 (2003) 2367–2377

SOCIAL SCIENCE & MEDICINE

www.elsevier.com/locate/socscimed

Social capital, life expectancy and mortality: a cross-national examination

Brendan Kennelly*, Eamon O'Shea, Eoghan Garvey

Department of Economics, The National University of Ireland, Galway, Ireland

Lifeways Cross-Generation Cohort Study

http://www.ucd.ie/phps/research/lifeways.htm

To record physical and psychological health status and socio-economic circumstances in individuals at birth, during childhood, early adulthood and middle age in Ireland

To follow such individuals prospectively in order to measure their changing health status, initially over a five year period and assess the extent to which that relates to their social circumstances

Aims and Objectives of Lifeways

- Determine health status, diet and lifestyle
- To establish patterns and links across generations
- To document primary care utilisation patterns across the social spectrum and across generations
- To examine how indicators of social position, particularly means-tested GMS eligibility influences health status during first 5 years of life

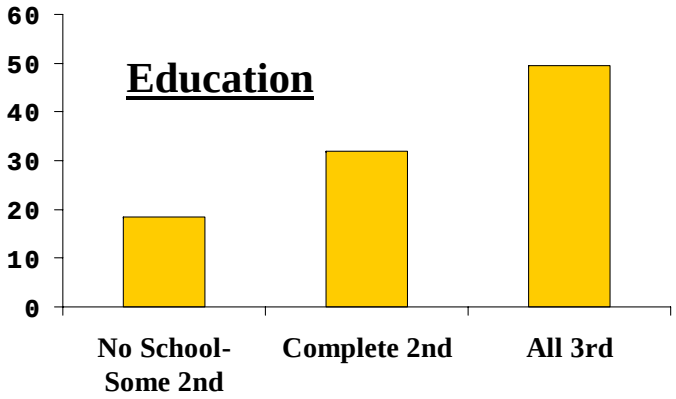
Lifeways Study Design

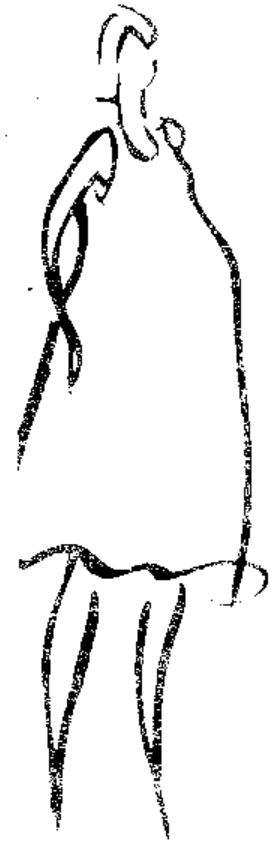
- **Sample:**
  - **1124 mothers-to-be recruited during their first ante-natal visit**
  - **Two hospitals, University College Hospital Galway (West) and the Coombe Hospital in Dublin (East)**
  - **Recruited between October 2001 and January 2003**
  - **1055 babies later born**
  - **355 fathers and 1231 grandparents also participating**

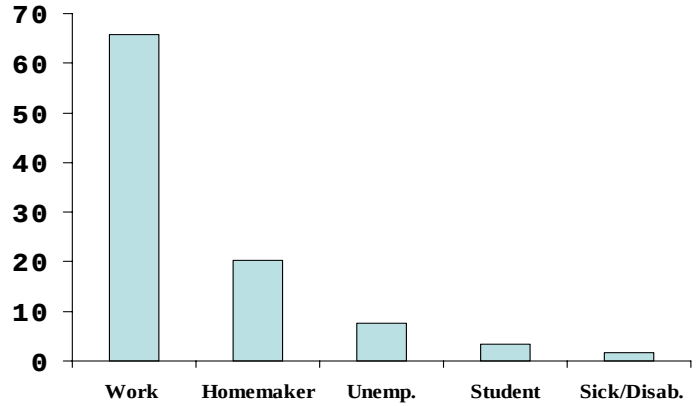
Lifeways: Data Collected to Date

- **Instruments**:
  - **Health, lifestyle and nutrition questionnaire all adults 2001 and 2006 (self-completed)**
  - **Electronic mother and child ante-natal/birth hospital record (Euroking)**
  - **HSE Immunisation record of all infants and children**
  - **Parent held child study record on baby's health events during the 5 first years (self-completed in sub-sample)**
  - **General Practice follow-up data from 772 GPs in 589 general practices ongoing 2005**

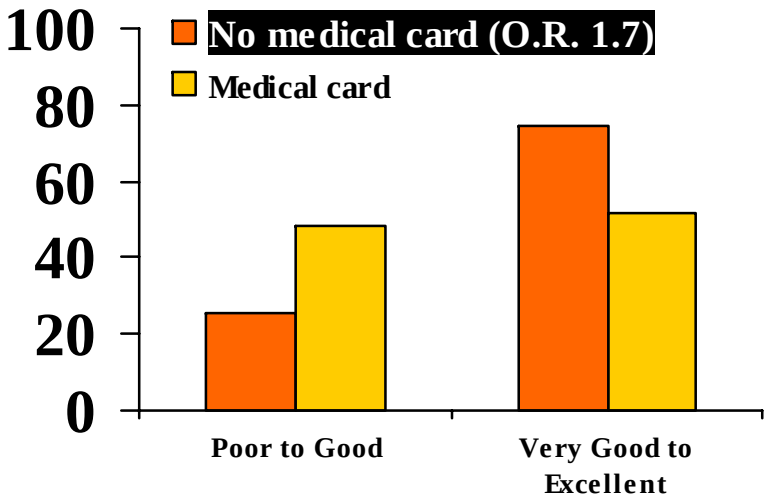
Lifeways' mothers



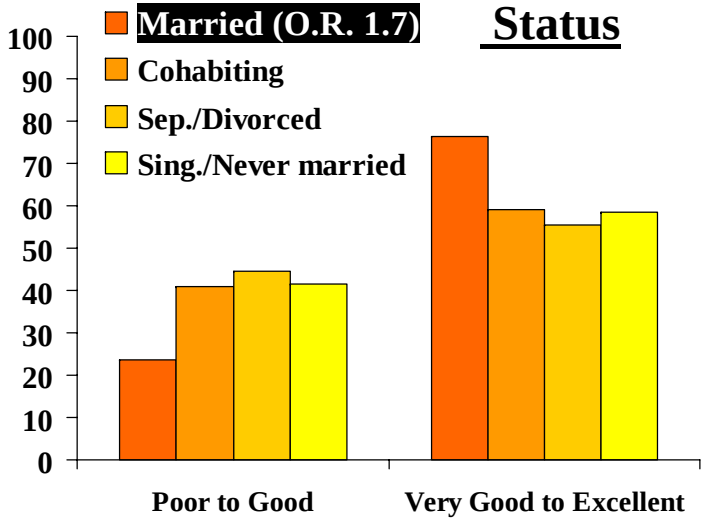




SRH and GMS Status

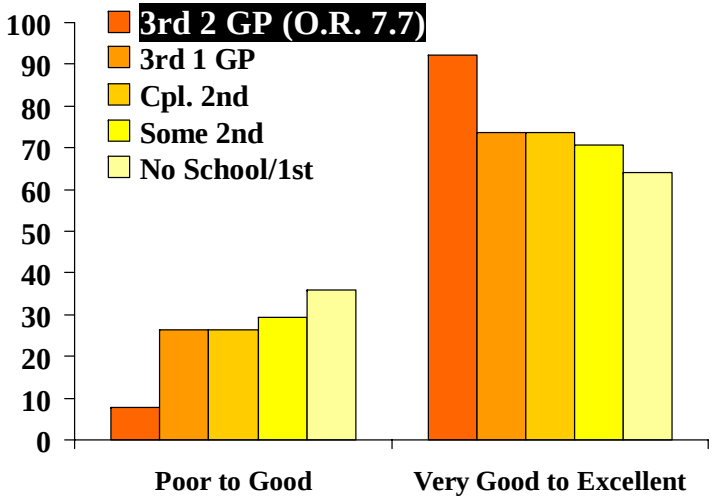


SRH and Marital Status

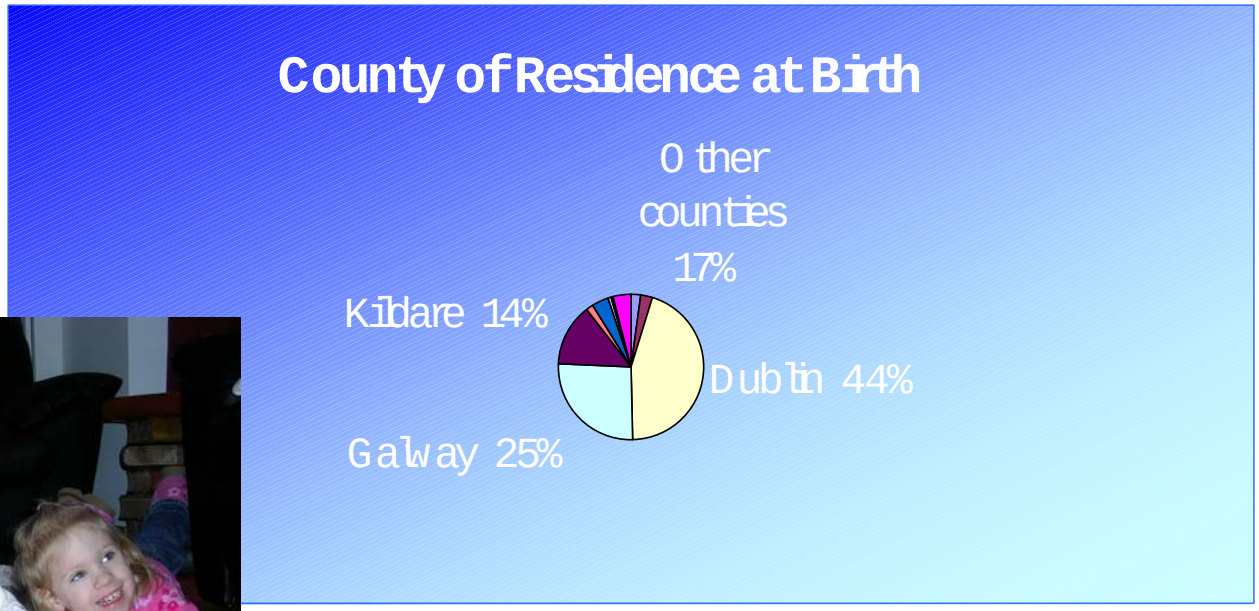


SRH and Household Income

SRH and Grandmother Education



Lifeways Babies at a glance



49.7% = male

50.3% = female

12 sets of twins

All turn 4 at next birthday

The Cardiovascular Risk Factor Profile of Grandparents and its Contribution to Infant Birth-weight in the Life-ways Cross-generation Cohort Study

Kelleher CC et al., Prevention and Control 2005; 1(1): 54.

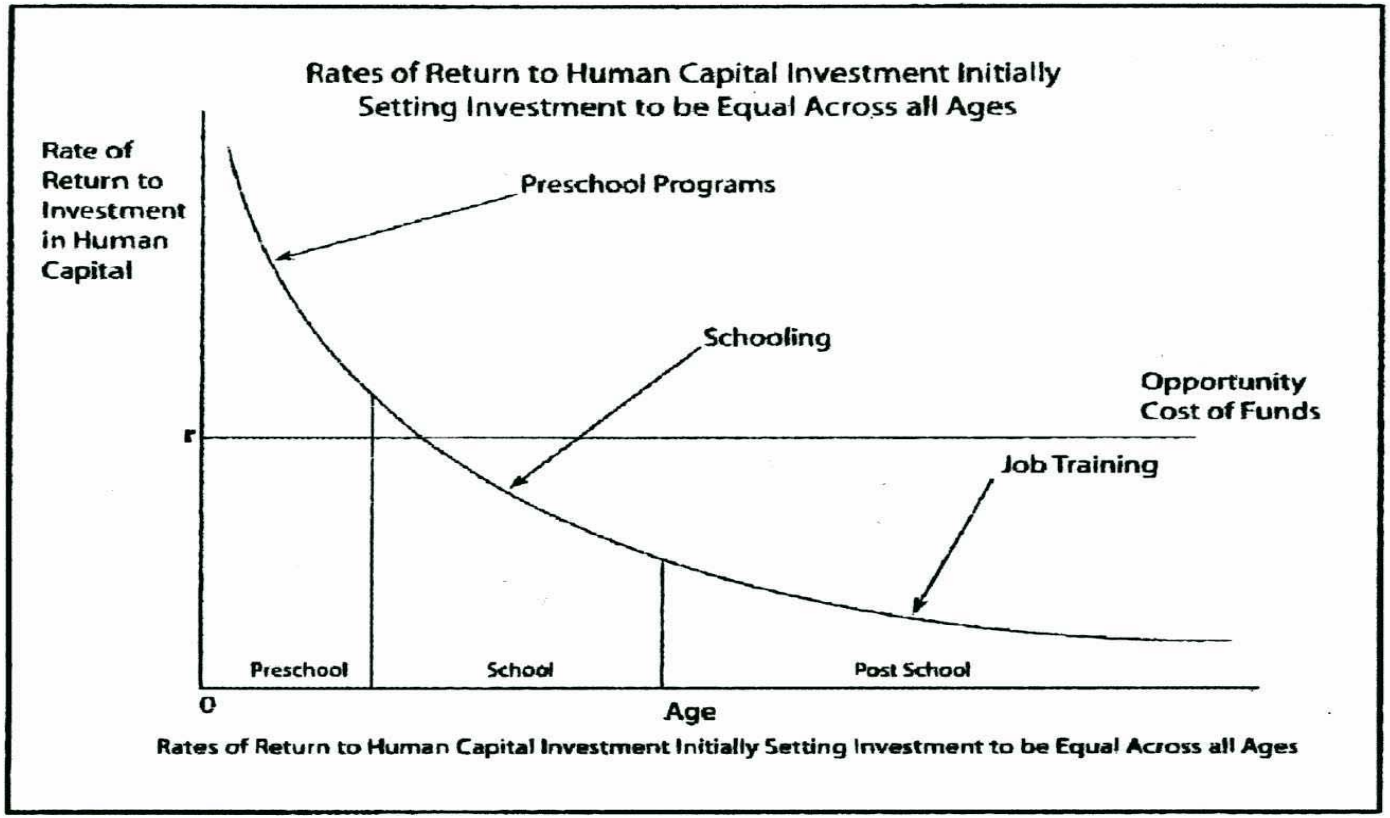
- **Birth weight :**
  - **Range: 840 – 5360 grams**
  - **Mean: 3491 grams (S.D. 584.4)**
- **What predicts baby birth weight ?**
  - **<u>Mother</u>:**
    - **Age, smoking status, education, GMS, marital status, BMI**
  - **<u>Maternal Grandmother</u>:**
    - **BMI, Maternal Grand-Parent Education**

Predictors of SRH in Lifeways' grandparents:

- **Factors tested**:
  - **Region, Age and gender**
  - **Working, GMS and marital status**
  - **Education and smoking status**

Likelihood of very good/excellent health	OR	*p*-value
Non-smoker	1.50	0.06
No medical card	1.99	<0.001

Heckman (2006): Ulysses Medal Lecture UCD



Summary

- Patterns of health inequality on both sides of border
- There are urban/rural differences that may reflect changing modern Ireland
- Traditional patterns of trust, networks and supports are declining, especially among the young and in cities
- Life-course and family influences on health and

Acknowledgements

- Core Investigator Group: Prof Cecily Kelleher UCD, Prof Andrew Murphy, Prof Margaret Barry, Prof Eamon O'Shea, Dr Michelle Millar NUI Galway
- Co-investigators: Dr Saoirse Nic Gabhainn, Dr Sharon Friel, Dr Diarmuid O'Donovan NUI Galway
- Lifeways Group: Dr Sean Daly (Coombe Maternity hospital, Professor Gerard Bury UCD, Prof John Morrison and Prof Gerard Loftus NUI Galway
- HSE in Eastern and Mid-Western regions
- Analyses for Crisis Pregnancy Agency, Women's Health Council, National Council Ageing and Older People, National Disability Authority on SLAN datasets

Funding Sources

- The Unit for Health Status and Health Gain work programme was supported by Health Research Board
- The Health Promotion Unit (HPU) of Department of Health and Children is commissioner of Survey of Lifestyles, attitudes and Nutrition (SLAN) and also funded additional cardiovascular risk assessments of Life-ways grandparent cohort

Tackling Poverty and Health Inequalities: A Social Determinants Approach

Health Services and Local Government: A Partnership Approach

September 20th 2006

Michael McLoone,

County Manager

Poverty and Social Inclusion: National Policy Context (NDP 2000 – 2006)

POVERTY

- Not everyone has benefited proportionately from Ireland's new found prosperity
- The gap between high income earners and the socially excluded may have widened.
- Concentrations of poverty may be intensifying in certain areas with disadvantage, deprivation, poverty and the effects of marginalisation becoming endemic and intergenerational.

Poverty and Social Inclusion National Policy Context: NAPS

SOCIAL EXCLUSION

- Social Exclusion is a broader concept than poverty – it is a cumulative marginalisation from employment, from consumption (low incomes), from social networks (from family, community decision-making) and from an adequate quality of life.

Poverty and Social Inclusion National Policy Context:

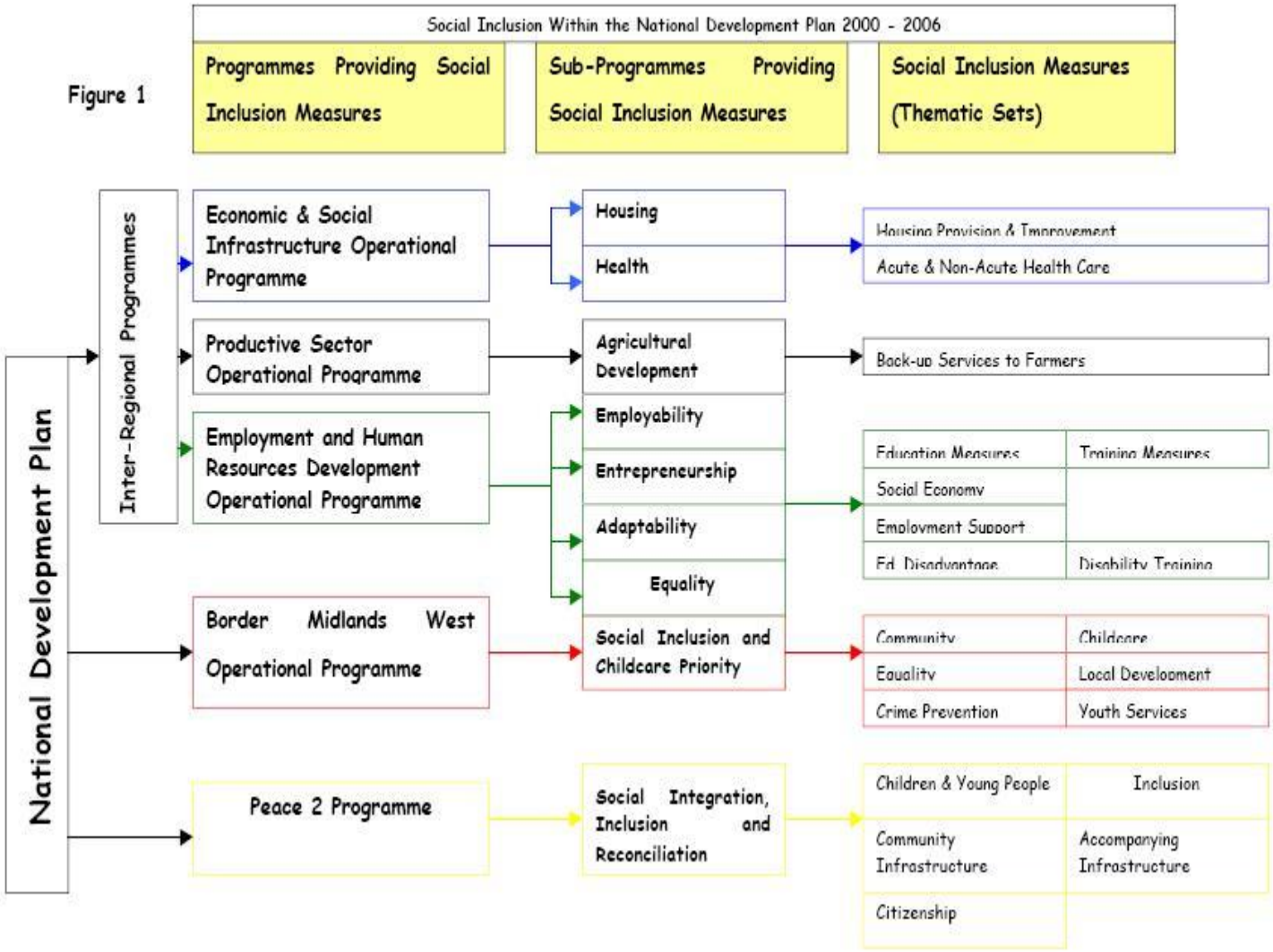
MULTI-FACETED ISSUE

- NDP recognises the multi dimensional nature of social exclusion – a multi-faceted approach to reducing social exclusion is proposed.

- NDP contains **40** different measures
- Aimed at **38** distinct target groups
- Spread across **9** Government Departments

Social Inclusion Measures Audit

Figure 1



Poverty and Social Inclusion: Role of Local Government

- Local government in the ROI comprises
  - 29 County Councils
  - 5 City Councils
  - **34** elected Councils each with a County/City Manager.
- In addition there are 80 elected Town Councils served by the 34 County/City Managers that undertake a narrower range of services than County/City Councils.

Poverty and Social Inclusion: Functions of Local Government

- Housing and Building
- Road Transportation and Safety
- Water Supply and Sewerage
- Development Control/Development Plans
- Environmental Protection (including waste management)

Poverty and Social Inclusion: Functions of Local Government Cont …d

- Recreation and Amenities
- Community and Enterprise Development Units (new units serving County Development Boards)
- Expenditure of over €4 billion
- Employing over 30,000 people

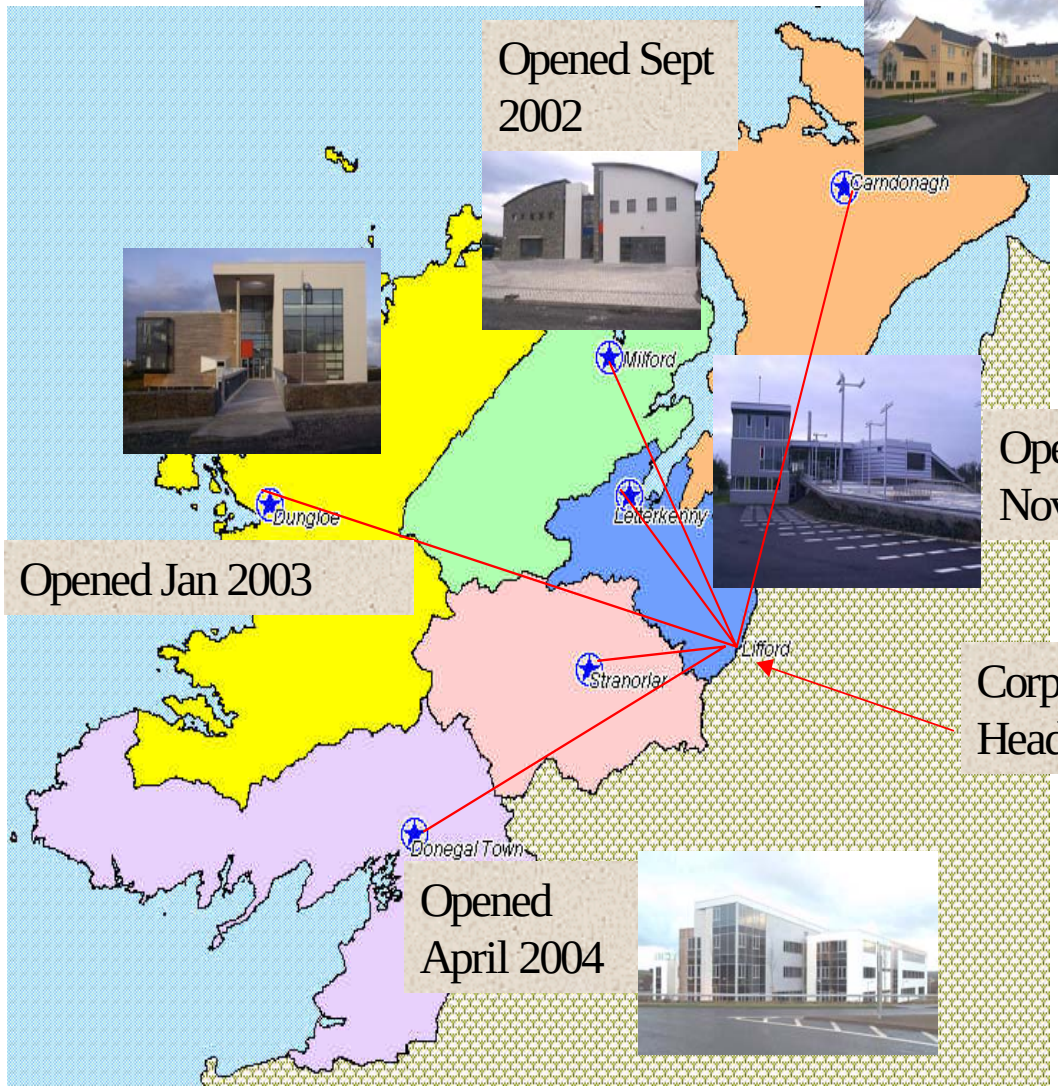
Key Role for Local Government

- Mainstreaming Anti-Poverty/Social Inclusion measures across **all** Directorates.
- Specific targets for individual Directorates:
  - Social housing/housing estates,
  - Library Services
  - Children – recreation and play

Local Government Reform: Bring Services Closer to People

- County Council services restructured into seven Directorates
- Directors located at Headquarters – focus on County level / strategic work / County Council Meetings
- Service Delivery decentralised to each Electoral Area with its own Public Service Centre and management structure

Public Service Centres



Opened June 2002

Opened Sept 2002

Opened Nov 2002

Opened Jan 2003

Corporate Headquarters

Opened April 2004

Milford Public Services Centre

Donegal Town Public Services Centre

The Public Service Centre

The concept of the Public Service Centre is that:

- It serves an electoral area (populations of the areas range from 16,000 – 26,000 people)
- All County Council services are delivered from these Centres to the area population
- Area Managers in charge of each service i.e. housing, roads, water, planning, corporate and community and enterprise are located in the area offices
- The Area Managers have delegated authority to make decisions on applications for individual services

The Public Service Centre (Cont ..d)

The concept of the Public Service Centre is that:

- Public services provided by a variety of State agencies can locate in these Centres,
- Field staff from a variety of State Agencies can hold clinics at the Centres or meet citizens/customers here or staff from other agencies to streamline service provision

The Public Service Centre (Cont ..d)

The concept of the Public Service Centre is that:

- Public service agencies will begin to co-ordinate / integrate, with the consent of the Citizen
  - The records of citizens / customers who are common to two or more agencies
  - The updating of information or means testing so that a single application / meanstest will do for a range of services

The Public Service Centre (Cont ..d)

The concept of the Public Service Centre is that:

- An independent information unit (IIU) will be located in each Public Service Centre providing
  - Information
  - Advice
  - Referral
- The IIU's will develop to provide specific (personalised) as well as generic information. The IIU's will link information giving to service referrals / delivery.

Local Government and Health Services: Developing Key Working Relationships

- Health Service Executive – new unitary structure
- HSE and the 3 Pillars
  - Hospitals
  - Primary Continuous and Community Care (PCCC)
  - Population Health

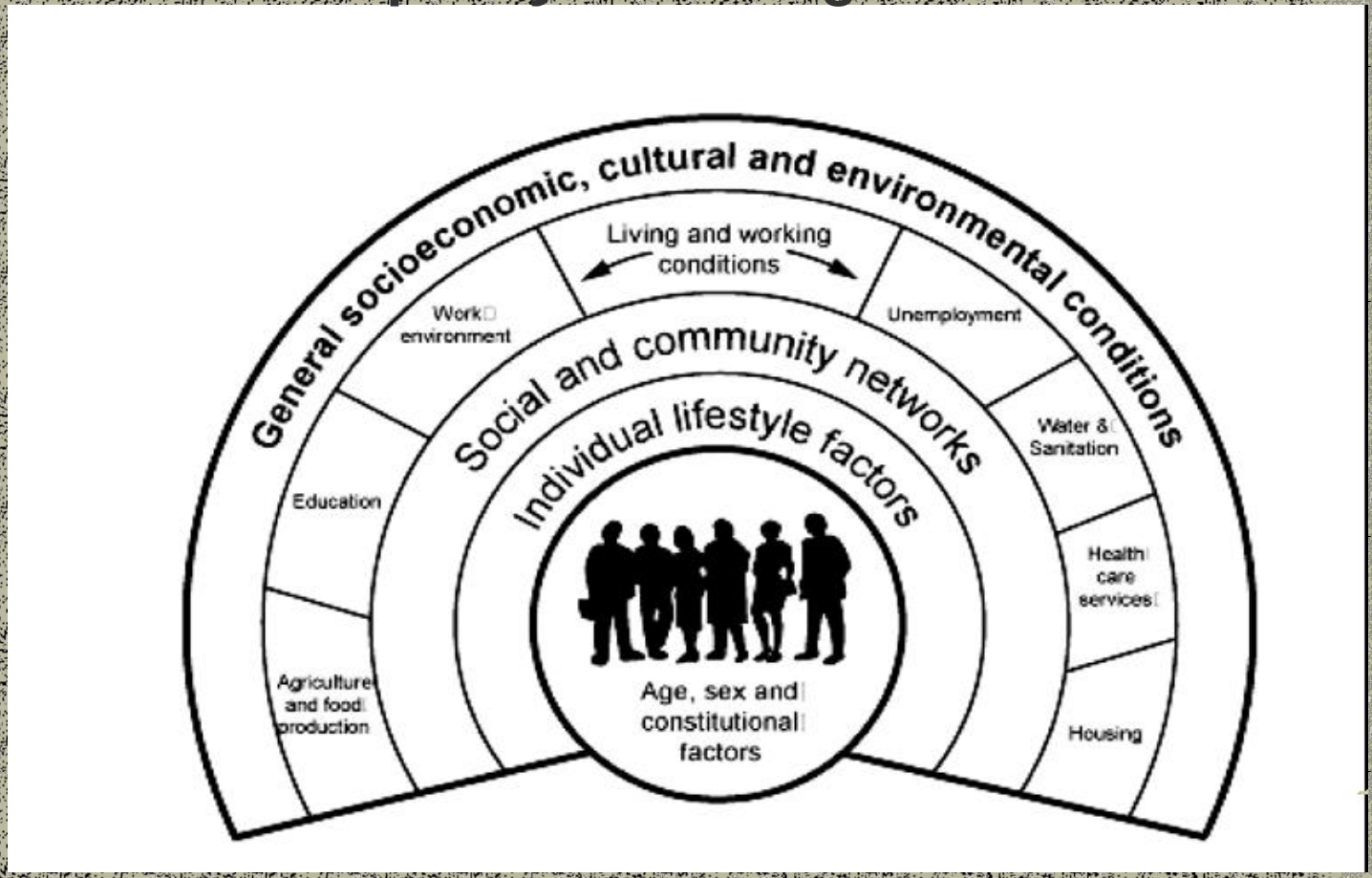
Local Government and Health Services: Developing Key Working Relationships

- The Local Health Office (LHO) will be the principal unit of service delivery within the Primary, Community and Continuous Care (PCCC) pillar at county level.
- The LHO Manager will have authority and responsibility for managing
  - All PCCC services in their area
  - Specified Sub-Regional, Supra-Regional and / or National Services

The County Development Board and the Local Health Office: Developing Key Working Relationships

- Lead representational roles across care groups/planning functions
  The development of requisite working relationships between LHO Managers, County / City Managers and Directors of Community and Enterprise wil be critical to the creation of CDB partnership structures to:
  - Engage with local communities/service users
  - Focus on key action areas
  - Streamline data collection, record management and service delivery around the needs of citizens, clients or patients

Social Determinants of Health Inequality – Sharing the Model



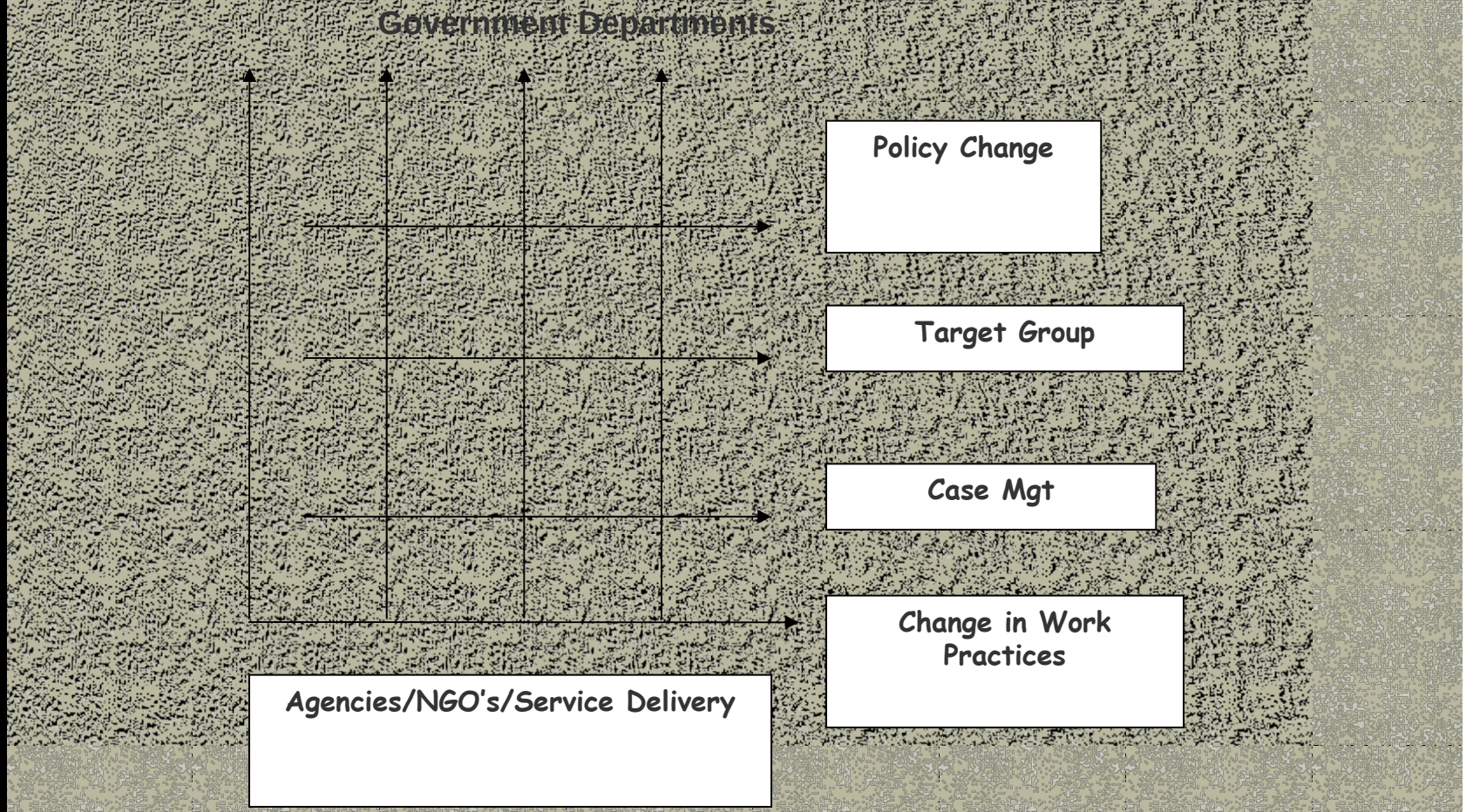
Each of the concentric rings represents a layer of health determinants. These are added to the biological and genetic factors that individuals are born with so that lifestyle, social and community influences, employment and cultural factors all combine to determine an individual's health. The point that Whitehead and Dahlgren make is that health is one component, albeit a major one, among many that contribute to people's wellbeing

Local Government/Public Service Reforms

- The challenge of joining up public services/income support/activation measures around
  - Individuals
  - Families

  at the local level
- NESC – Developmental Welfare State Vision

Change Management: to Join up Service Delivery with Vertical/Horizontal Linkages



Lessons from Pilot Project Work in Donegal

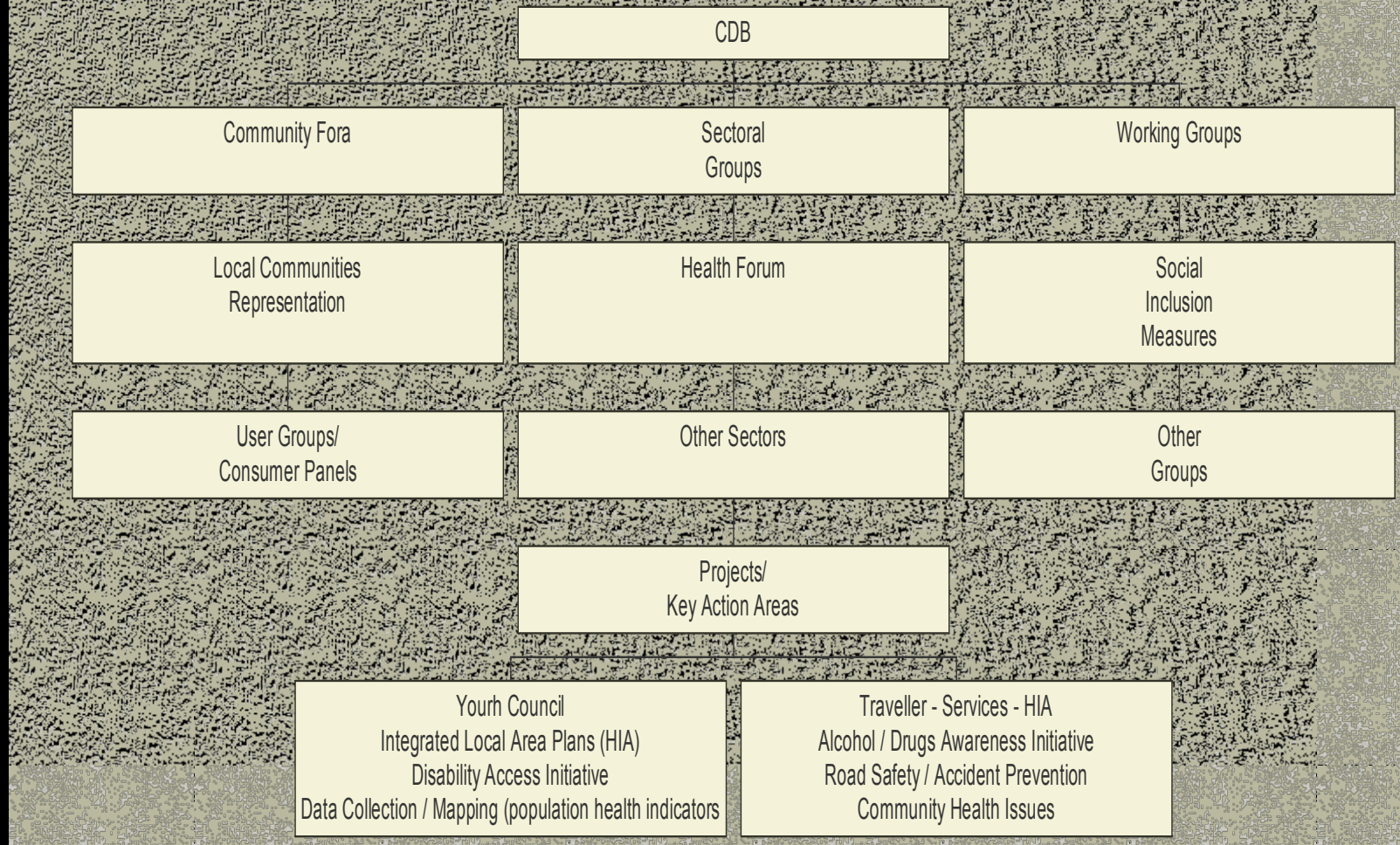
- Major logistical problems exist in creating, maintaining, sharing and using primary data on income supports/state benefits on demand patterns for public services and special activation measures to plan and manage services on an inter-agency basis around citizens and to inform joined up policy making around target groups.

Health Inequalities and the Social Determinants of Health

- Local Authorities are working in partnership with the Health Service Executive, other State Agencies, the Community and Voluntary sector to tackle the social determinants of all health and social exclusion through the County Development Boards
- The Boards offer the opportunity to create sectoral fora, community fora and working groups to manage projects and mainstream cross cutting activities.

County Development Board

A Partnership structure to tackle cross cutting issues



Work of Social Inclusion Measures Working Group: Examples

- Lone Parents (pilot project)
- Youth work – Youth Council
- Disability Act 2005
  - Action Plan (linked to €1.8m capital investment of L.A).
- Geographical Information Service (mapping)

Work on Anti-Poverty Initiatives

- Endorsement Programme for Community Development Projects (10 CDPs)
- Cohesion Process for Department of Community, Rural and Gaeltacht Affairs in relation to local development spending
- Monitoring implementation of local anti-poverty strategy (LAPs)

Work on Anti-Poverty Initiatives

- Lifelong learning forum/workforce development (cross border)
- Child services/playgrounds (linked to Councils investment plan) and summer scheme
- Taobh Tire – library service for rural areas
- Tuath: Community development Programme led by Letterkenny Institute of Technology

Towards 2016 – The Life Cycle Framework

- Children,
- People of Working Age,
- Older People and
- People with Disabilities.

Children: National Children's Strategy

- Barcelona targets to make childcare available to 90% of children aged between 3 and school age, and 33% of children aged under 3 years by 2010
- €2.65 billion National Childcare Strategy 2006 – 2010
- Creation of 50,000 new childcare places (10,000 pre-school and 5,000 after-school places)
- 180 urban/town communities targeted for educational inclusion support
- Departments to work together to support childcare programmes in disadvantaged communities
- After-school facilities to be supported and encouraged for childcare provision

National Children's Strategy – Recreation, Sport, Arts and Culture

- Irish Sport Council target – 2006 to 2008 to increase by 3% the numbers of children taking part in sport (p. 44)
- National roll-out of Local Sports Partnership network
- Publication of National Recreation Policy and review and local prioritisation of spending on youth recreational facilities (p. 44)

National Children's Strategy – Innovative Measures

- 30.3.2 – Development of integrated, 'locally-led strategic planning for children's services' (p. 45)
- Focus will be on children most at risk of social exclusion including children of migrants and Traveller families (p. 45)
- Office of Minister for Children to set up a Comhairle Na NOg Implementation Group – 'to ensure the development of effective Comhairli na nOg throughout the country …' including national, local reps (p. 47)
- Monitoring of progress will be through the Office for Minister for Children, with Implementation Group to include HSE, Departments, local authorities, etc.
- "At local level a multi-agency Children's Committee will be established within each of the City/County Development Boards…" – chaired by HSE (p. 46)

People of Working Age

- S. 31.6. Ensuring the provision of good quality social and affordable accommodation (including the provision of housing under Part V of the Planning and Development Acts) in sustainable communities reflecting its important role in improving the life opportunities of the more vulnerable and disadvantaged people within our society. (p. 52)
- Advancing particular actions to assist people with special housing needs. Actions relating to older people and people with a disability are specifically referred to in sections 32 and 33 respectively. Ensuring improved outcomes for all people with special housing needs will require greater inter-agency co-operation, so that a combined approach to the accommodation and care dimensions is taken. (p. 52)

People of Working Age

- Homeless people: proposed to amalgamate Govt's Integrated and Preventative Homeless Strategies with the aim of eliminating cases of long-term emergency homelessness by 2010 (recognising that this involves addressing the needs of up to 500 households)." (p. 52)
- Establishment of National Homeless Consultative Committee under Housing Forum to improve co-ordination of service provision under joint agency approaches to develop holistic response to needs of a homeless person (p. 52)

Young Adults

- *31.3.3. Housing and Accommodation*
- The parties recognise that young adults in the 25 to 34 age bracket are the key household formation group and they acknowledge the particular challenges faced by them in accessing quality housing/accommodation in the current market environment.
- The parties agree to work together to tackle these challenges as a priority by:
- Policies and investment to address the accommodation needs of young adults as set out in Chapter 2, in particular.

Young Adults

- Implementing the Rental Accommodation Scheme to help to provide the necessary springboard to accessing employment, training or education opportunities which may lead to broader accommodation options for the individual in the future;
- Commencing a pilot project on affordable homes for renting, as outlined in the Housing Policy Framework, which should further expand the choices available to this age group, and;
- Developing proposals to provide a more comprehensive and objective means of assessing need, associated with a focus on the provision of housing advice to allow housing supports to be tailored to reflect the changing accommodation needs throughout a person's lifecycle.

Older People - Housing

- 32.3. Good quality housing is important to supporting the independence of older people. Towards 2016 proposes a range of integrated housing options to allow older people to live at home, or in other cases move to sheltered housing. The range of responses include:
- The availability of a mix of dwelling types of good design across all tenures.
- For older people on lower incomes, the availability of: Disabled Persons and Essential Repairs Grants Schemes and the Special Scheme of Housing Aid for the Elderly, which allow people to remain in their own homes;

Persons with Disabilities

- To bring a new focus to addressing these needs, a National Housing Strategy for People with Disabilities having particular regard to adults with significant disabilities and people who experience mental illness.

- This will be progressed through the establishment of a National Group under the aegis of the Housing Forum, headed by the Department of Environment, Heritage and Local Government, and involving the Department of Health and Children, the Health Service Executive, social partners and other relevant stakeholders. (p. 65)

Policy/Implementation Issues: Towards 2016

- Resource and staffing issues
- Structures for integrating and co-ordinating service delivery – liaison between Local Government, other Government Departments, Voluntary and Co-operative Housing Bodies and other Social Partners.

END

Engaging sectors in health development

Joan Devlin

Programme Director

Belfast Healthy Cities

HEALTHY CITIES
Belfast

- Belfast Healthy Cities
- Examples of engagement
- Benefits
- Challenges
- Supportive factors
- Strategic Considerations

HEALTHY CITIES
Belfast

Belfast Healthy Cities

New partnership model established in 1988 to improve health and address health inequalities

Principles

- Intersectoral working
- Community participation
- Inequalities in health

HEALTHY CITIES
Belfast

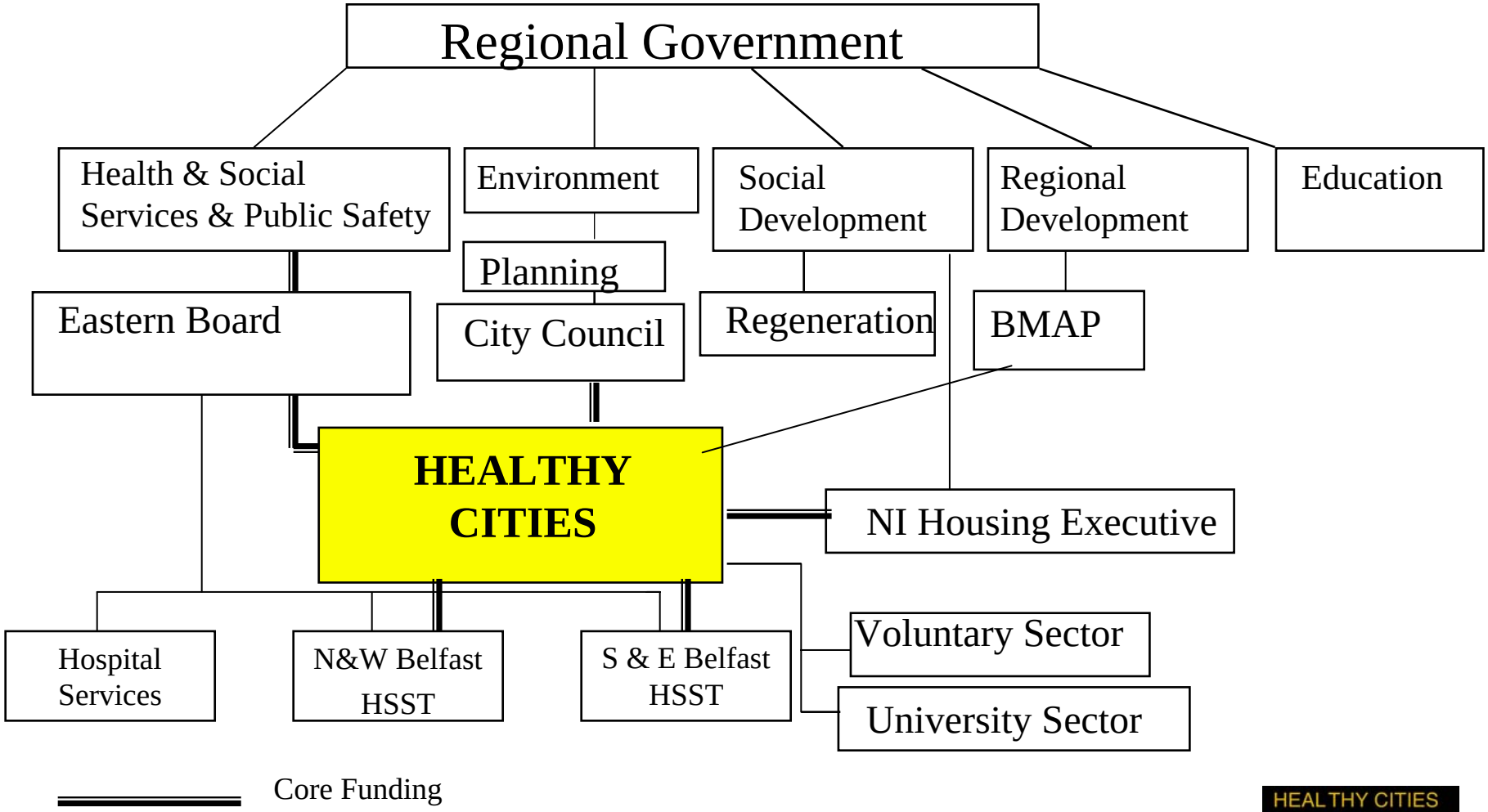
Key role

- Develop healthy public policy and practice that is delivered through partner organisations
- Introduce new concepts and test new ways of working
- Translate the WHO European Healthy City requirements within the loacl context

HEALTHY CITIES
Belfast

City of Belfast - Healthy Cities Programme

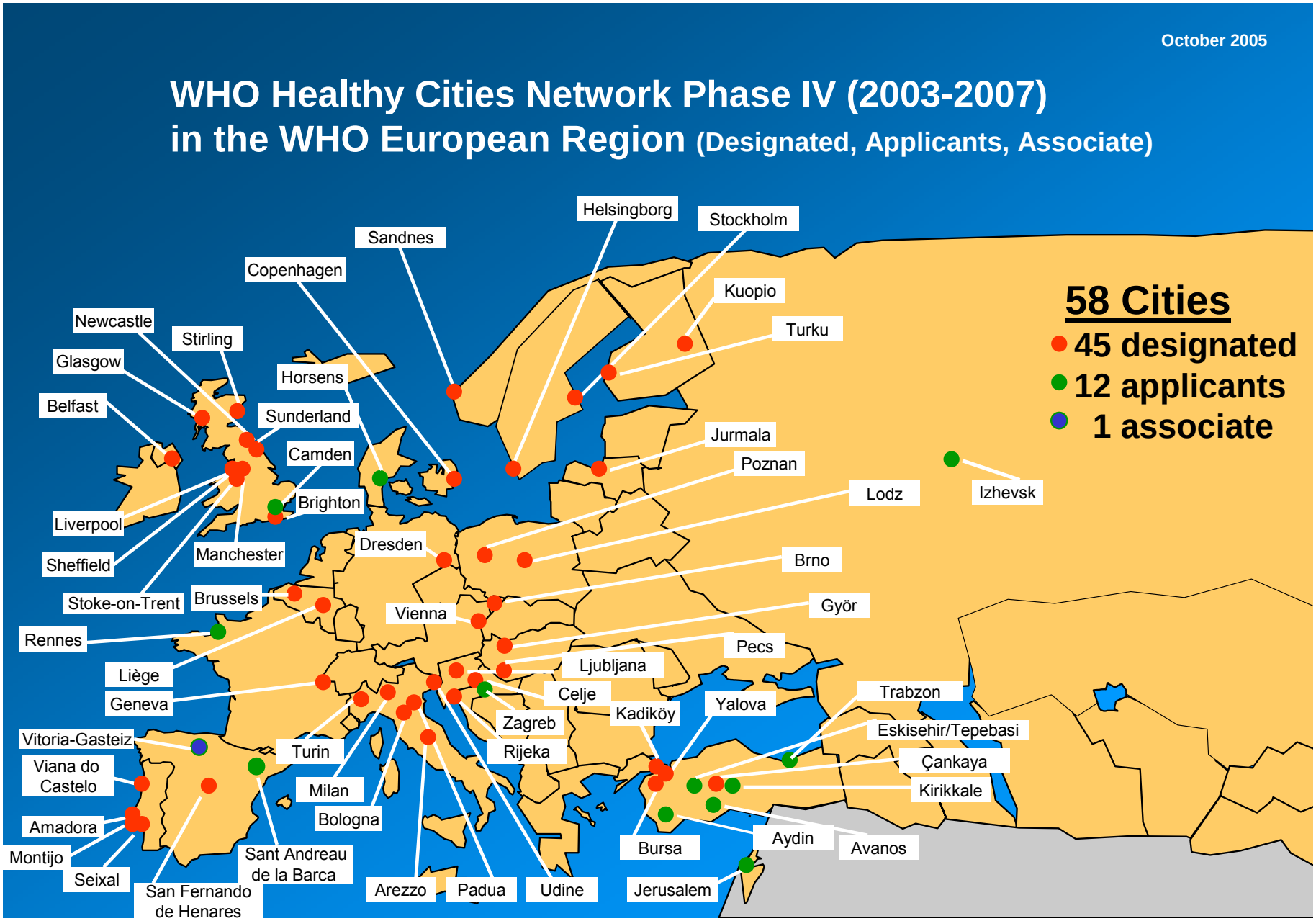
Location of Healthy Cities within city structure



HEALTHY CITIES Belfast

October 2005

WHO Healthy Cities Network Phase IV (2003-2007) in the WHO European Region (Designated, Applicants, Associate)



WHO's Beliefs
Investing for Health Values

- **Health is a basic human right**
- **Health will only be created through partnerships of citizens, policy makers and professionals in all sectors**
- **Accountability by all sectors for their effects on health**
- **Equity requires specific action not only in health care but also on the social, economic and environmental determinants of health**

HEALTHY CITIES
Belfast

Key Determinants of Health

- **Income & social status**
- **Social environment and support networks**
- **Education**
- **Employment**
- **Physical environment**
- **Healthy childhood development**
- **Health services**
- **Gender**
- **Culture**
- **Biology and genetic endowment**
- **Personal health practices and coping skills**

ATCCHB, Nova Scotia 2002

HEALTHY CITIES Belfast

Inequities/Inequalities in Health

- **Income**
- **Educational qualifications**
- **Unemployment**
- **Living and working conditions**
- **Physical environment: housing, transport, planning; environmental risks**
- **Regeneration/economic development**

HEALTHY CITIES
Belfast

Phase 1 (1988 – 1992)

Project based approach

- Understanding health & health inequalities
- Links with other sectors
- Community participation days
  - Home Safety Check Scheme
  - Children's Play Statement
  - Travellers Health Project

HEALTHY CITIES Belfast

Phase 11(1993-1997)

Strategic health development approach

Towards A City Health Plan

- Discussion Document
- Statistical profile – highlight inequalities
- Peoples Views

City Health Development Plan

City Health Planning:

The Framework

October 1995

Healthy Cities Project

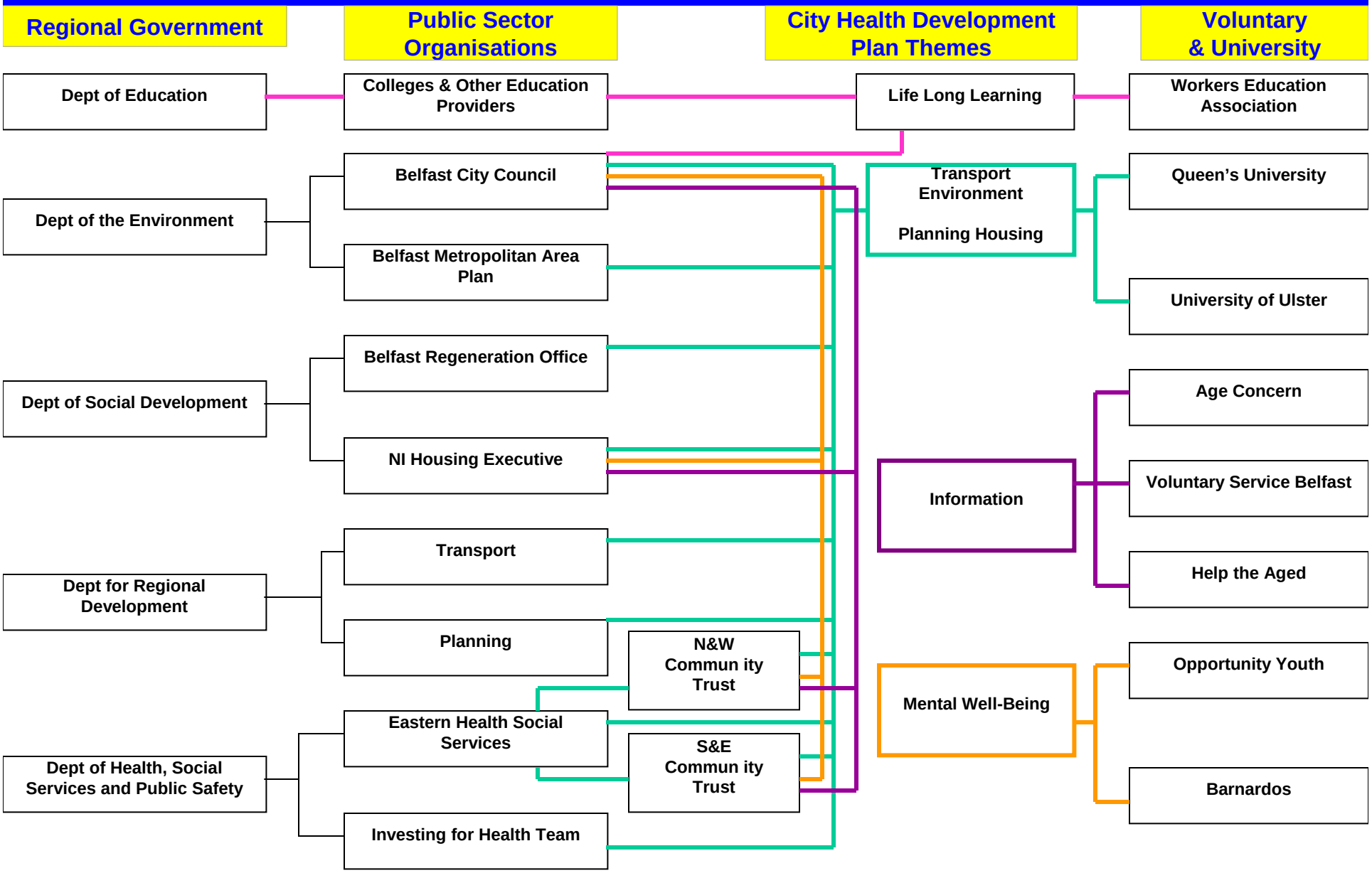
World Health Organization
Regional Office for Europe
Copenhagen

Priority Themes

- Transport, Environment, Planning & Housing
- Information joined up
- Life Long Learning
- Mental Well-Being & Young People

HEALTHY CITIES Belfast

City Health Development Planning – Collaboration links in the city



Results

Planning for a Healthy City , February 2002

Key Joint Products

- Establishment of Air Quality Forum
- *Quality of Life Matrix*; guide for planners
- Contacts for older people

HEALTHY CITIES Belfast

Achievements

- Recognition of collaborative advantage
- Action on priority health issues from a community perspective
- Unique learning opportunity for all sectors
- Organisational development /willingness to change traditional methods
- Understanding of impact of policy on inequalities in health
- Health is everybody's business

HEALTHY CITIES
Belfast

Strategic Impact

- *Investing for Health* strategy
  - Health improvement plans
- Planning
  - Beyond spatial/physical planning
- Community Planning model
  - Review of Public Administration

HEALTHY CITIES Belfast

Major Difficulties

- Slow response to community consultation
- Increase in Government Departments
- Themes not government/local priorities
- Limited experience in intersectoral planning
- No allocated budget/framework for integrated plans
- Competitive partnership environment

HEALTHY CITIES Belfast

Challenges

- Intersectoral framework
  - beyond the edges
  - shared intersectoral objectives
  - concurrent planning processes
- Building sustainable capacity
- Incentives
- Economic development/Regeneration
- Private sector

HEALTHY CITIES
Belfast

Supportive Factors

- **Positive intersectoral local city environment**
- **Positive policy environment - *Investing for Health***
- **Increased willingness to ‘take risks’**
- **Investment of senior officials time**
- **Leadership**

HEALTHY CITIES Belfast

Current priorities

Healthy Ageing

- *Older Peoples Health & Social Services strategy;* EHSSB
- *Healthy Ageing: InterAction Plan ; Belfast Healthy Cities*
- *Health, Social & Living Conditions of older people; Belfast & EHSSB*

Benefit: Provided a vehicle for EHSSB to achieve overall aim to improve the health & well being of older people

Healthy Ageing:

InterAction Plan

EHSSB Area, 2006-2009

HEALTHY CITIES
Belfast

April 2006

Benefits

EHSSB & NIHE – housing for older people

Transport Forum –DRD Accessible Transport strategy; Buddying scheme

City Council – Cross party political group established on older people; framework for future action

Health Impact Assessment

- Conducted a HIA on the draft Belfast Air Quality Action Plan
- Provided further links between public health; environmental health; DRD Roads Service; Translink
- Provided focus on vulnerable groups/ experience poorest health

Opportunity to strengthen health elements and to attempt to reach air quality standards

Poverty is the biggest risk factor for health for health and income related differences in health are a serious injustice and reflect some the most powerful influences in health.

WHO Health 21, Target 21

HEALTHY CITIES
Belfast

Equity in Health – Tackling Inequalities

Training Days

- **Understanding inequalities in health**
- **Monitoring and evaluation**
- **Health Impact Assessment**
- **Current research and key indicators**
- **Partnership working**
- **Creative community consultation**

HEALTHY CITIES Belfast

Sectors Participating

- Housing
- Hospitals
- Health Providers
- Health Planners
- Health Promotion
- Equality Officers
- 20 Community & NGO Leaders
- Education
- Govt Department – Health
- Govt Department – Environment
- Govt Department – Regional Development
- City Council – Environment & Community
- 5 District Councils

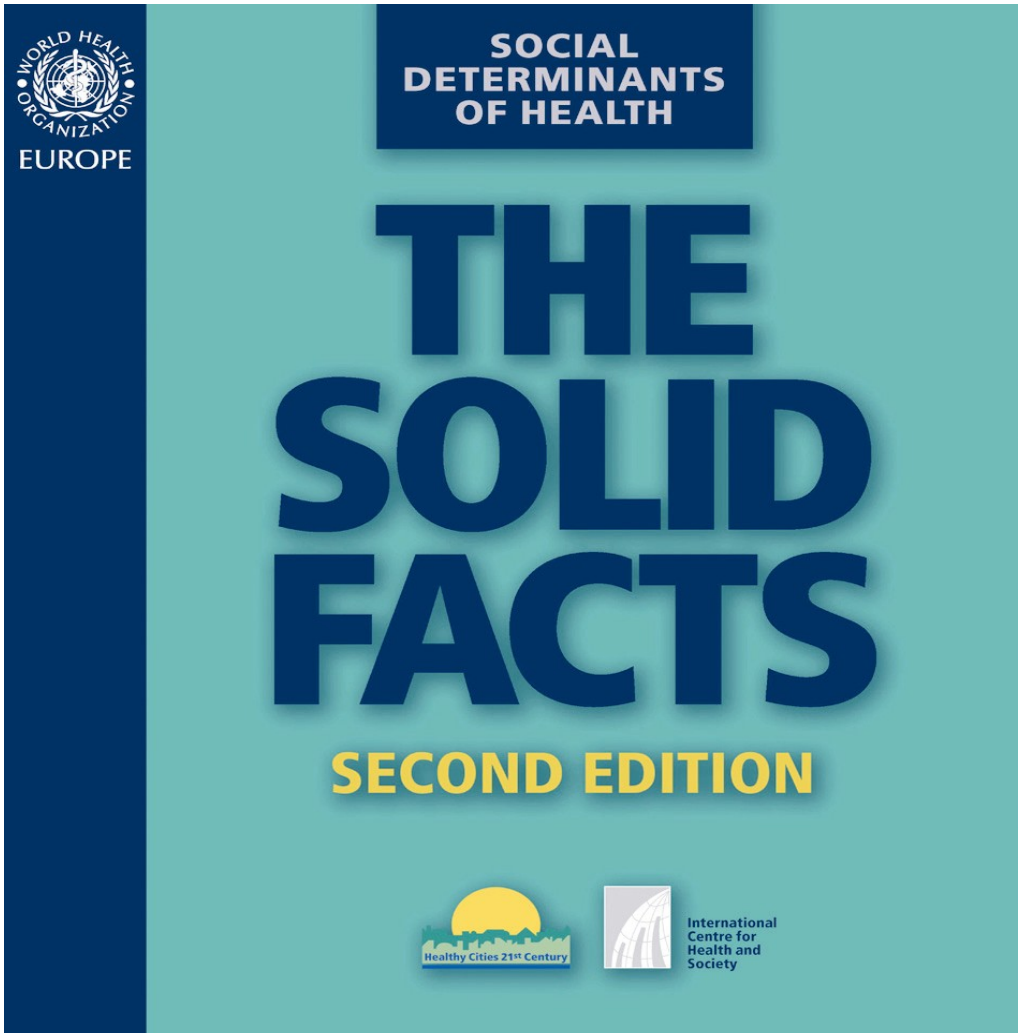
HEALTHY CITIES Belfast

Publications

Publication Development Questionnaire:

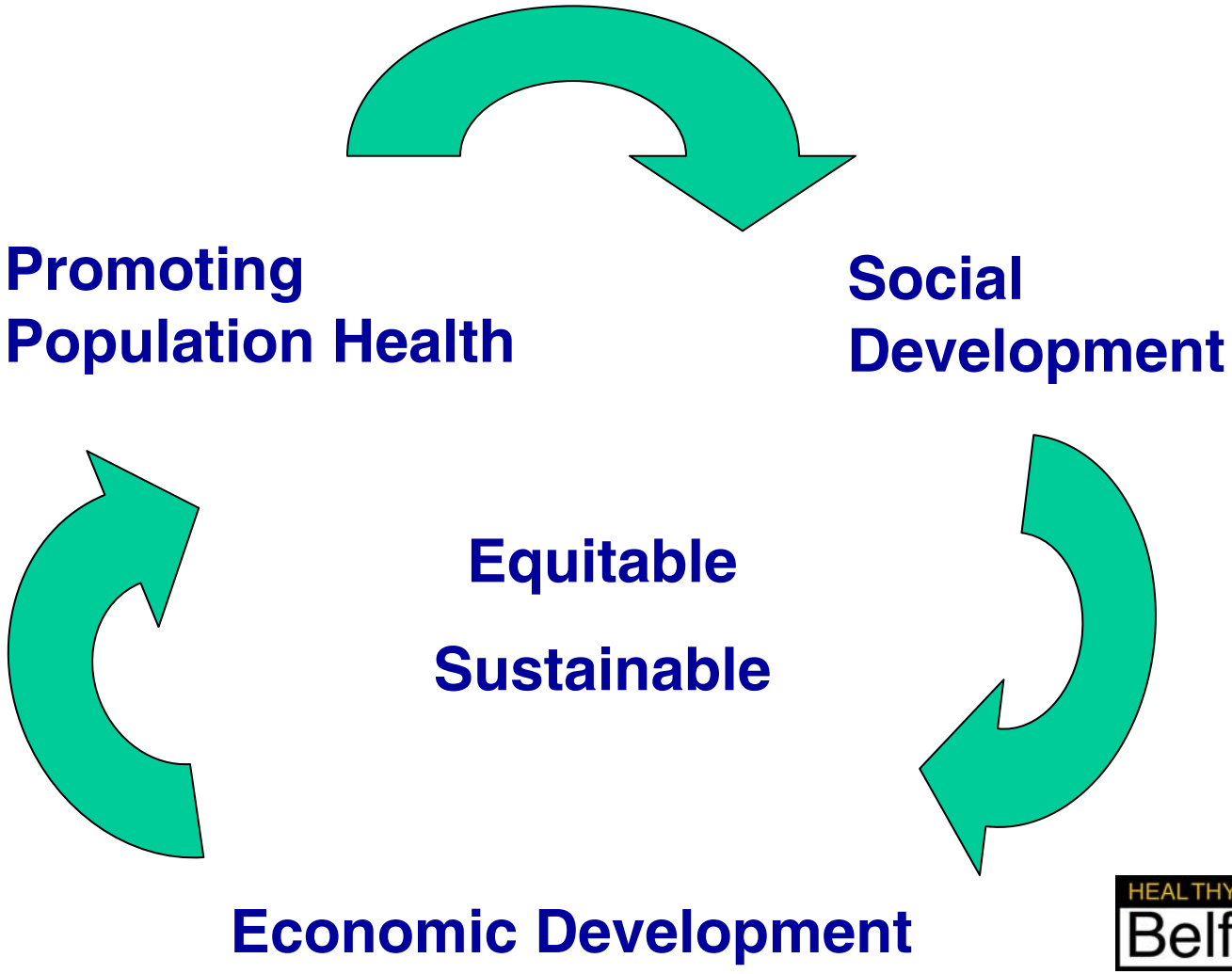
- Action on Inequalities
- Tools for Action
- Making the Links

HEALTHY CITIES Belfast



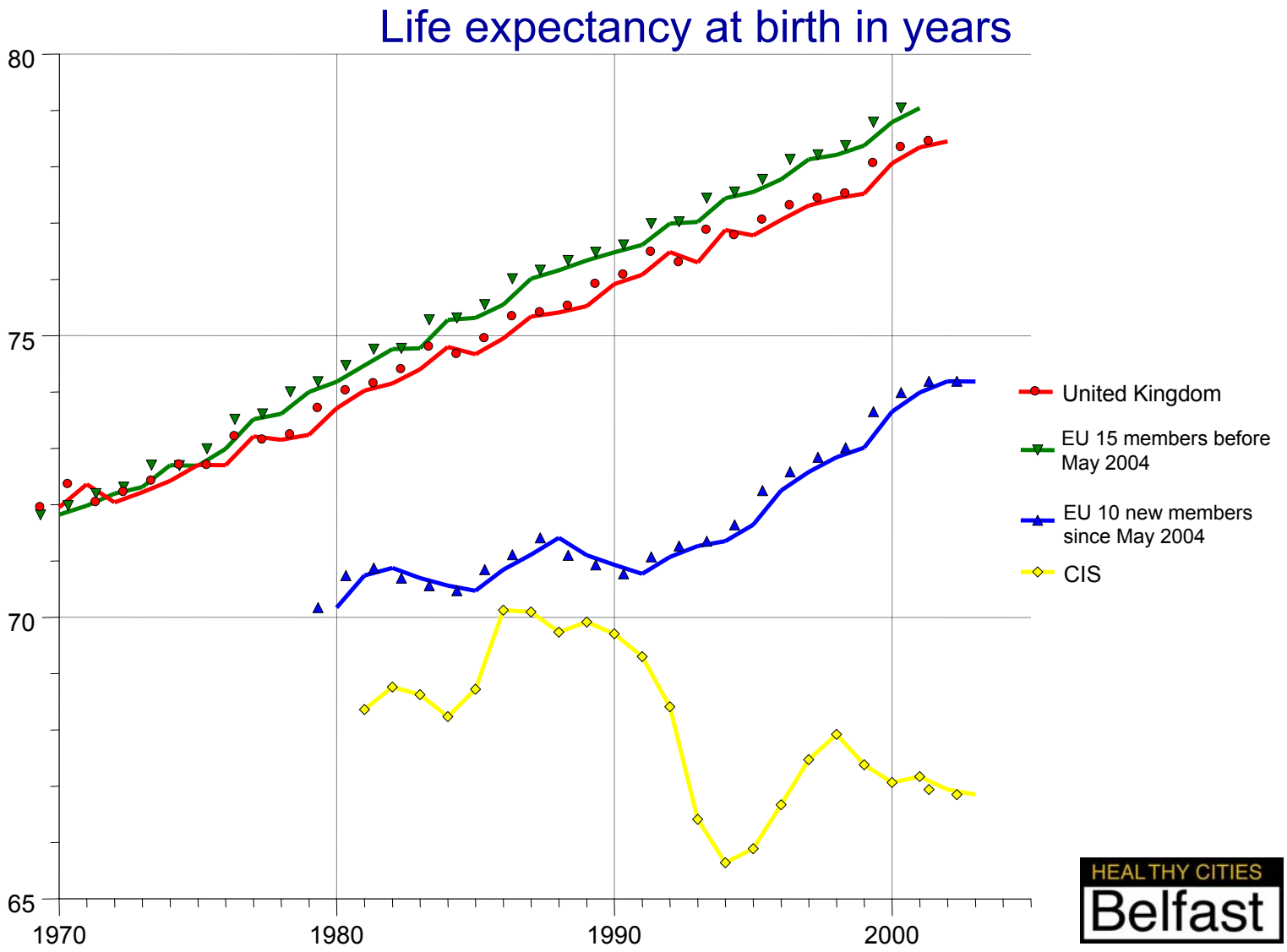
HEALTHY CITIES
Belfast

Health is increasingly recognised as a key resource for social and economic development



HEALTHY CITIES Belfast

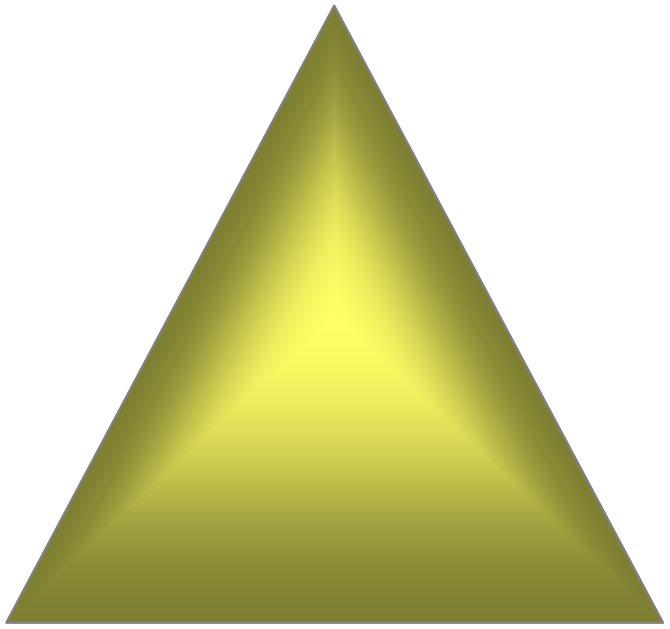
There are wide variations in life expectancy between countries



HEALTHY CITIES Belfast

The Investment Triangle

Health Development



Social Development

Economic Development

HEALTHY CITIES Belfast

Strategic Considerations

- Can health be promoted within the curent climate?
- Is there the will to jointly address inequalities in health?
- What investment do we need to promote health in a sustainable and equitable manner?
- How will we know when we have made progress?

HEALTHY CITIES
Belfast