Engaging sectors in health development

Joan Devlin Programme Director Belfast Healthy Cities



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



Belfast Healthy Cities

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

Principles

- Intersectoral working
- Community participation
- Inequalities in health



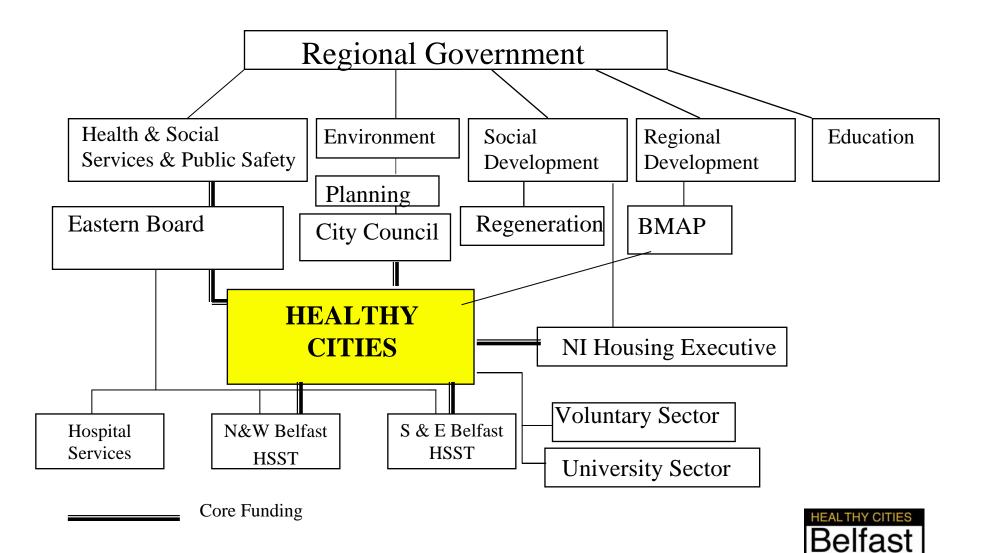
Key role

- 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



City of Belfast - Healthy Cities Programme

Location of Healthy Cities within city structure



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



Key Determinants of Health

- Income & social status
- Social environment and support networks
- Education
- Employment
- Physical environment
- Healthy childhood development

ATCCHB, Nova Scotia 2002

- Health services
- Gender
- Culture
- Biology and genetic endowment
- Personal health practices and coping skills



Inequities/Inequalities in Health

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



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

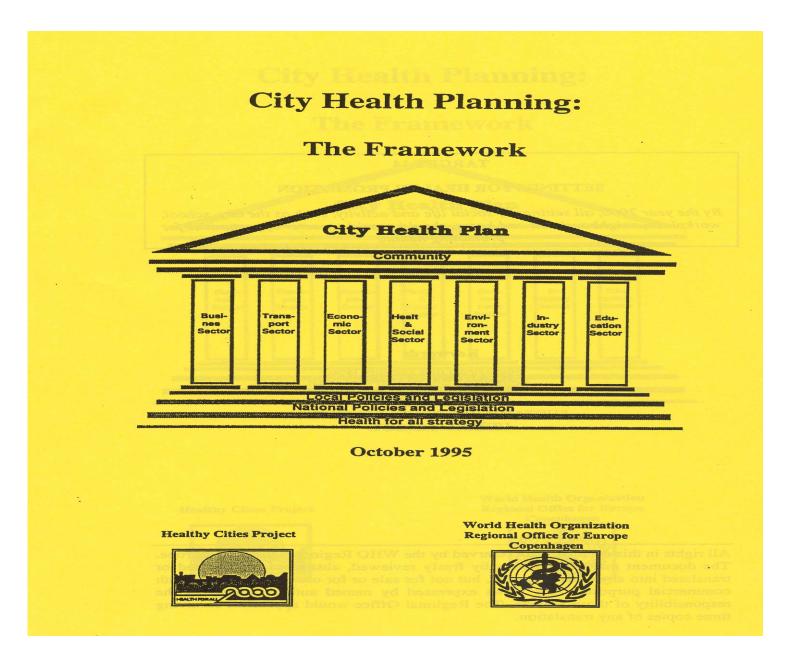


Phase 11(1993-1997) Strategic health development approach

Towards A City Health Plan

- Discussion Document
- Statistical profile highlight inequalities
- Peoples Views

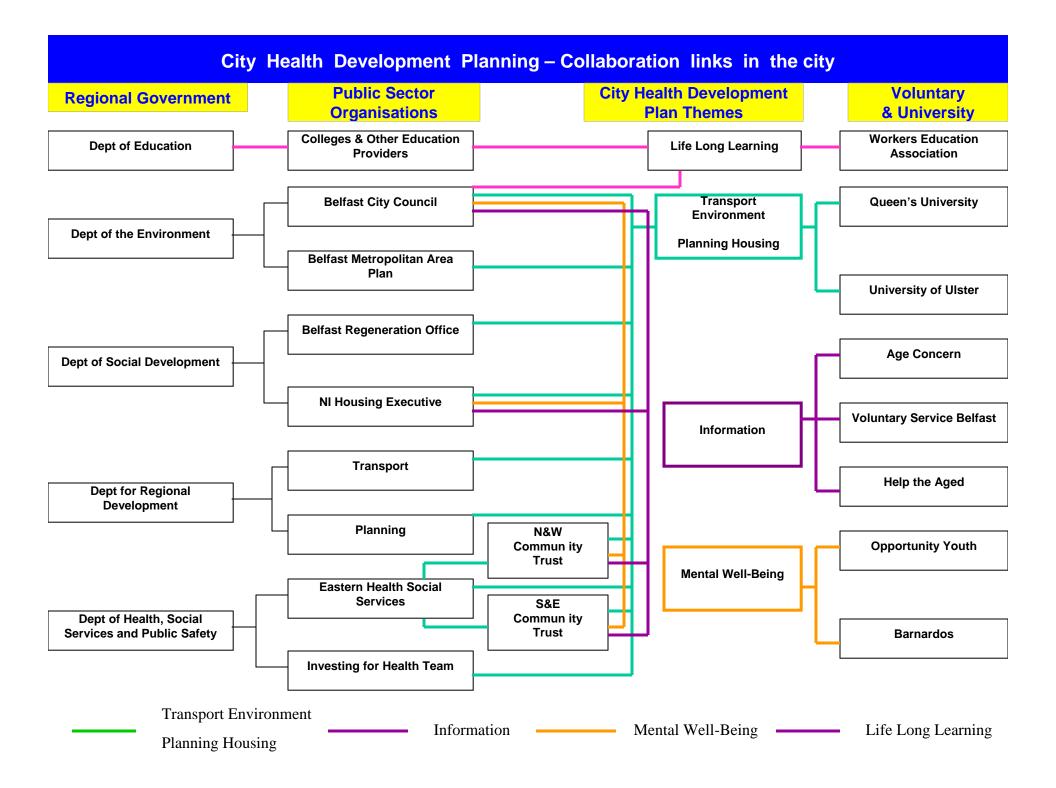
City Health Development Plan



Priority Themes

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





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



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



Strategic Impact

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



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



Challenges

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



Supportive Factors

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



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



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



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



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

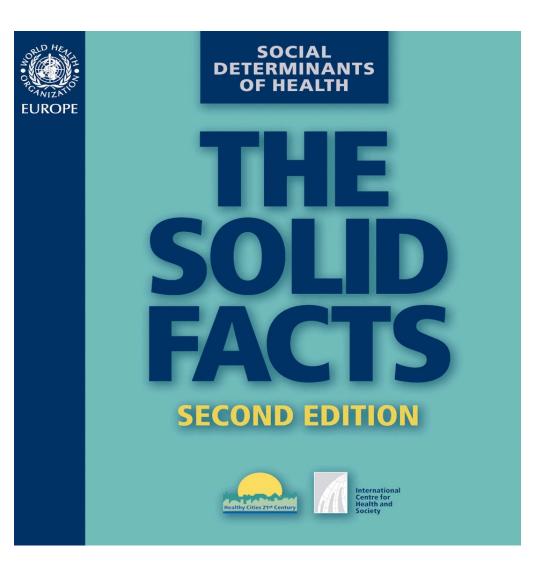


Publications

Publication Development Questionnaire:

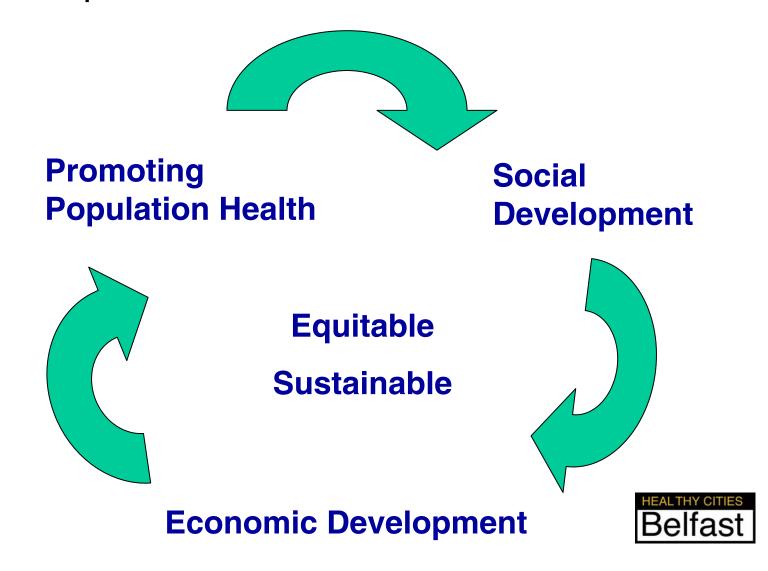
- Action on Inequalities
- Tools for Action
- Making the Links



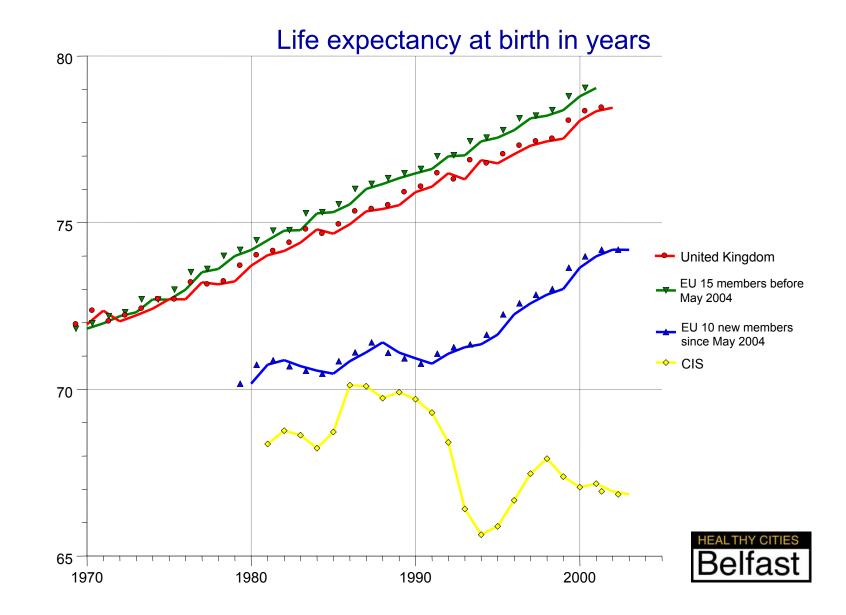




Health is increasingly recognised as a key resource for social and economic development

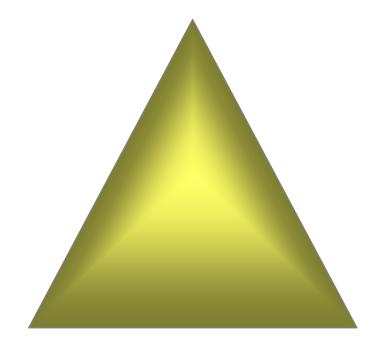


There are wide variations in life expectancy between countries



The Investment Triangle

Health Development



Social Development

Economic Development



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?

