

MANAGEMENT IN HEALTH CARE PRACTICE A Handbook for Teachers, Researchers and Health Professionals	
Title	THE HEALTHY CITIES
Module: 5.8	ECTS (suggested): 0.2
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Keywords	Community, health promotion, health policy, public health, “healthy city”;
Learning objectives	After completing this module students and public health professionals should: <ul style="list-style-type: none"> • understand “Healthy cities” project • identified key healthy cities ideas and values • recognize possibilities for community participation; • increase knowledge on health policy development
Abstract	The World Health Organization (WHO), Office for Europe initiated the Healthy Cities Project in 1986 as a long-term international development project that seeks to put health on the agenda of the local, city level political decision-makers. Healthy City is a process; it is about the change, innovation and formal system reorientation. It is not award recognizing past merits; it is a tool helping to address our cities present and future societal and developmental challenges. The Healthy City Project challenges city administrations to take seriously the process of developing health-enhancing public policies and create physical and social environments that support health but, as well, strengthen citizens’ participation.
Teaching methods	Lecture (2) Seminar (2) – student presentations and discussion Individual/small group work (2) – exercise
Specific recommendations for teachers	Total of 6 teaching hours consist of: 4 contacts hours: 2 lectures + 2 seminars (presentations + discussions based on the exercise findings); 2 individual/small group hours work (exercise “Healthy cities practice – case problems”).
Assessment of Students	Case problem presentation (exercise findings and conclusions) + structured essay.

THE HEALTHY CITIES

Selma Šogorić; Aleksandar Džakula;

THEORETICAL BACKGROUND

The World Health Organization (WHO), Office for Europe initiated the Healthy Cities Project in 1986 as a long-term international development project that seeks to put health on the agenda of the local, city level political decision-makers. The idea of the Healthy City was likable since everyone could imagine the city he/she/it would like to live in, and in the fifteen years time the group of the 35 (First phase) cities extended into 3000 cities Europe wide, connected together through the WHO, Euro and the Network of the European National Healthy Cities Networks. Other regional WHO Offices (Pacific region, Eastern Mediterranean, ASIA, PAHO) supported the HC project development so we entered 21 century with over 5000 Healthy Cities worldwide (1,2).

The Healthy Cities approach is grounded on system theories that perceived community as an eco-system with capacity to work towards solutions to its own community identified problems. The Healthy City notion of community is focused on identifying community strengths instead of (just) diagnosing its' problems and deficits. Theories of community, based on the exact opposite of Mrs. Thatcher's now famous notion that "There is no society there are only individuals", suggest that communities form a whole, which is greater than the sum of the individuals within them. The concept of community relates to a geographical entity as well as to sub systems such as social groups, or those joined by business or family ties, but it includes simultaneously the idea of mutuality and shared norms and values (3).

In order to secure project stability and continuity initiation of the Healthy City requires explicit political commitment and consensus across party political lines, leading, throughout the years, to the development of the sound project infrastructure (HC Office, Steering Committee, Coordinating Committee, working groups, alliances, etc.), and creation of the clear city health and development strategy (City Health Profile, City Health Development Plan).

Healthy City is a process; it is about the change, innovation and formal system reorientation. It is not award recognizing past merits; it is a tool helping to address our cities present and future societal and developmental challenges. And there were many of them for the (post war and transitional) Croatian Cities.

The Healthy City Project challenges city administrations to take seriously the process of developing health-enhancing public policies and create physical and social environments that support health but, as well, strengthen citizens' participation.

With the wide variety of projects Healthy Cities Networks aimed to bring improvements into the life of their citizens - children (safe playgrounds, additional medical care, healthy kindergartens) and youth (free time activities), elderly (neighbourly help, 'elderly for elderly' volunteer care, help at home, day centres, hospice and palliative care services) and disabled (removing architectural barriers, guide for disabled, beach adapted for disabled, lowering public telephones and adjusting transport) young families (successful parenting skills, counselling and hot lines, children and parents communication...) and socially deprived groups. (4) Cities administration commitment to that task is evident from their yearly official analysis (city social profile), City Council working guidelines (yearly business plans) or changes in budget allocation. For example

the City of Rijeka made the resolution (not obligated by national legislation, but as their own, additional obligation) to provide for “minimum 5% of the total city revenues for the social program”.

Public opinion changed as well. (Quotation – citizens’ views) “People become aware that what we do today is good for their children... Healthy city project helps us do the most we can, given the circumstances we live in... Work on the project results in the increased awareness, pride that it is our city and that I am responsible for it...” (Quotation – citizens’ views) “The main challenge of the Healthy City project is to continue bringing efficiently together all parties interested in solving the identified problems, and developing mutual trust and co-operation.” It is necessary “to maintain the existing achievements, and to further upgrade them, providing vision for future in urban planning, economic and human development of the city.”

Mentioned examples could clarify how the Healthy Cities (idea and tools) could help to buffer the problems and negative health trends in communities. It changes the way in which individuals, communities, private and voluntary organizations and local governments think about, understand and make decisions about health. Croatian cities and public health professionals accepted “healthy city” idea from very beginning and used this new approach to empower communities during period of transition, war aggression and various health challenges appeared after first steps of the “Healthy city project” in 1986 (5).

CASE STUDY

Unemployment

At the end of 90-ties unemployment, especially among young and mid career workers, was one of the hottest issues in the Croatian cities. It was addressed in three different but complementary ways - as the issue of sustainable economic development, through the empowerment of unemployed and as the training (vocational) challenge.

City of Labin

The City of Labin, for example, had fascinating results with so-called “entrepreneurial incubator”, generating new jobs by providing shelter (city subsidies working premises) to potentially successful small/middle size businesses. In the two years time supported enterprises had to demonstrate their ability to grow and generate new jobs locally in order to become eligible to get a city land (on very privileged price) to build own working halls and extend business.

City of Zagreb

In the City of Zagreb majority of the unemployed (29.1%) were those with no working experience, while the second largest group (15.9%) were those with 20-30-year working experience who unexpectedly lose their jobs due to their firm bankruptcy. The strategy to address this problem developed by the Healthy City project team in Zagreb went in two directions. One set of interventions was run by the Zagreb Employment Agency and included provision of the new education opportunities, additional training and re-training free of charge for the end users (unemployed). The other set of interventions (as well financially supported by the City) was run by the Zagreb Association of the Unemployed that provided a series of workshops for their members on ‘How to Succeed in Finding Job’. Through the workshops most of the participants improved self-confidence, identified own potentials, developed personal job-finding plan and learned how to present themselves to

potential employers. Over half of them (61%) succeeded in the few months time – to find a job or get re-trained.

City of Split

The Split Healthy City project tried to address the lack of entrepreneurial skills in general population (in our culture people expect that job will be given to them, very few have a courage and skills to start own business, author remark) by putting emphasis on primary school children training. With the project named PETRA they introduced the project management techniques in the school curricula enabling young children to design and run own projects i.e. develop management skills early in life.

Environment protection and quality improvement

The protection and improvement of the environment quality was another area of the greatest importance for Croatian cities. Between 1996 and 2006 the City of Rijeka made major improvements; introduced natural gas into the households, protected drinking water (Zvir I and II), improved sewerage collection and disposition (collector at Delta), waste management...

Due to the traffic congestion caused by constantly increasing number of motor vehicles in the City of Zagreb main environmental challenges were connected with the air quality. Zagreb Healthy City project brought together a large group of partner agencies to address (jointly) this problem. Several city departments (*The City Planning and Environmental Health Office, City Office for Urban Design, Building, Housing, Utility and Traffic and the City Health and social welfare Office*) and city owned companies - ZET (*trams, buses and other public transport*), Zagreb Parking (*maintenance and building of parking areas and underground garages*), Zrinjevac (*maintenance of public green areas*), Cistoca (*waste disposal and recycling, cleaning and washing the streets*) worked on development and implementation of the strategy which aimed to solve traffic congestions (through road construction), enhance non-motor traffic conditions (curb lowering and bicycle lane building), foster public transport and use of environmentally-friendly fuel (bio diesel), increase safety and decrease noise and air pollution.

“Democracy schools – Youth Council”

One of the Croatian Healthy Cities shiniest examples of democratic and participatory practices development is the “Democracy schools – Youth Council” project. Democracy School program is in-school (6 to 8 grade of primary and 1 to 4 grades of secondary schools) training that improves students’ knowledge of democratic practices and develop their social and debate skills. School program enables teenager’s to articulate their expectations from local community, and Youth Councils (established as the City Council advisory bodies) allows their direct participation in decision-making processes of local authorities (identifying needs and allocation resources for youth programs). Project is highly valued and spread all over Croatia. During the last six years 12 Croatian cities established either City’s Children or Youth Councils.

EXCERISE

Task 1

Find Healthy city experiences about successful health promotion programs and compare differences between approaches and tool used in “healthy cities” and traditional public health programs

Task 2

Analyze “healthy projects” in few countries and compare these practices with basic framework created by World Health Organization

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RECOMMENDED READINGS

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