

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title</b>	<b>Healthy Cities Project: Phase IV</b>
<b>Module: 2.1</b>	<b>ECTS: 0.5</b>
<b>Author(s), degrees, institution(s)</b>	<b>Ivan Erzen</b> , MD, PhD, Assistant Professor Regional Public Health Institute Celje and University of Ljubljana, Faculty of Medicine, Chair of Public Health, Slovenia <b>Lijana Zaletel Kragelj</b> , MD, PhD, Assistant Professor University of Ljubljana, Faculty of Medicine, Chair of Public Health, Slovenia
<b>Address for correspondence</b>	<b>Ivan Erzen</b> , MD, PhD, Assistant Professor University of Ljubljana, Faculty of Medicine, Chair of Public Health Zaloška 4 Ljubljana, Slovenia Tel: +386 1 543 75 40 Fax: +386 1 543 75 41 E-mail: ivan@zzv-ce.si
<b>Key words</b>	healthy cities project, phase IV, healthy ageing, healthy urban planning, health impact assessment, physical activity
<b>Learning objectives</b>	After completing this module students should: <ul style="list-style-type: none"> <li>• Be familiar with the »Healthy Cities concept«, and the main characteristics of the WHO »Healthy Cities« project;</li> <li>• be aware of importance of project such as Healthy Cities project is;</li> <li>• recognise the need for establishing such a programme;</li> <li>• increase knowledge about how to launch such a programme;</li> <li>• be familiar with core themes of Phase IV of the project.</li> </ul>
<b>Abstract</b>	<p>Healthy Cities is a dynamic concept/approach, which seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level.</p> <p>The WHO European Healthy Cities Network consists of a network of cities from around Europe that are committed to a comprehensive implementation of the Healthy Cities concept. Based on the criteria that are renewed every five years, the cities are designated to the WHO Network. Each five-year phase focuses on a number of core priority themes, which are launched with a political declaration and a set of strategic aims.</p> <p>Phase IV (2003–2008) has three core themes being, healthy urban planning, health impact assessment, and healthy ageing, with additional core theme and encourages action to tackle obesity and promote physical activity and active living.</p> <p>In Slovenia, Celje with its around 50.000 inhabitants become one of the 50 cities, included in basic WHO Healthy Cities Network in the Phase IV of the project. It is presented as an example to illustrate this phase of the project.</p>

<b>Teaching methods</b>	<p>Teaching methods include introductory lecture, exercises, and interactive methods such as small group discussions.</p> <p>Students after introductory lectures first carefully read the recommended reference on healthy cities project. Afterwards they are asked to identify the most important elements of »Healthy Cities« project and discuss them with other students.</p> <p>In the next step they read in details the description of the project Phase IV core themes. Afterwards they discuss the most important features of each core theme with other students.</p> <p>At the end they should visit the Web Site of one of the healthy cities, identify the key features of a process in this city, and present them to other students.</p>
<b>Specific recommendations for teachers</b>	<ul style="list-style-type: none"><li>• work under teacher supervision/individual students' work proportion: 30%/70%;</li><li>• facilities: a computer room;</li><li>• equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases;</li><li>• training materials: recommended readings are mainly available in the internet;</li><li>• target audience: master degree students according to Bologna scheme.</li></ul>
<b>Assessment of students</b>	<p>Assessment is based on seminar paper and oral exam.</p>

## **HEALTHY CITIES PROJECT: PHASE IV**

**Ivan Erzen, Lijana Zaletel Kragelj**

### **Theoretical background**

#### **The very beginnings of the »Healthy Cities« movement**

The term Healthy Cities was launched in 1985. It was the title of a speech given at an international meeting in Canada on the theme »health is the result of much more than medical care«. At that meeting, it was stressed that people are healthy when they live in nurturing environments and are involved in the life of their community, when they live in healthy cities (1).

#### **World Health Organization initiative for broader action**

The World Health Organization (WHO) soon opened a Healthy Cities office in Europe, and in 1987, it has launched a project entitled »Healthy Cities« (2, 3). Cities all over the Europe were encouraged to target and solve local problems, and get people from many parts of the community involved in the Healthy Cities process.

Today, this project is one of numerous project and programmes of WHO which intend to translate health promotion concepts and strategies into practice in different kind of settings<sup>1</sup>. These include the Healthy Cities, Healthy Villages, Healthy Municipalities and Healthy Islands projects, the networks of Health Promoting Schools and Health Promoting Hospitals, and the Healthy Marketplaces and Health Promoting Workplaces projects, as well as WHO action plans on alcohol and tobacco, active living and healthy ageing.

#### **»Healthy Cities« project characteristics**

The main purpose of the »Healthy Cities« project was to examine the chances how to practice out the »Health for All« principle (4) on the local (community) level. It was a common project of the two WHO sectors:

- the Sector for Health Promotion, and
- the Sector for Environmental Health.

At the beginning, 11 pilot cities participated in the project.

The project expanded quickly and gained high visibility. Only few years later it has reached a response nobody expected.

Nowadays, there are more than 1500 cities included in the project, beside 50 cities, which represent the basic WHO network of healthy cities in the phase IV of the project. These cities are connected not only on national level in range of national networks, but also on international level, especially on the level of common activities, directed towards solving individual problems (2).

In 1991, the Assembly of the WHO agreed that Healthy Cities Project represents an activity, which is important for solving health problems in urban areas, in developed countries and in developing countries, too.

---

<sup>1</sup> According to WHO, a setting is the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing (5). Examples of settings include schools, kindergartens, work sites, hospitals, villages and cities.

The influence of the »Healthy Cities« project has already overgrown European region at its beginning. Regional networks have expanded to Australia, Canada and the USA, but there are also some cities in other countries of the world, which take part in the project.

»Healthy Cities« project has arisen from a principle that wider social communities and their citizens, who are health-aware, are those who should take over bigger responsibility for improvement of their own health and quality of life in general. In this respect, health not only represents the most important component of life-quality, but also a prerequisite for general social and economic growth.

### **The definition of a »Healthy City«**

According to WHO (5), a »healthy city« is the one that continually creates and improve those physical and social environments and expands those community resources, which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

It is important to be aware, that »healthy city« is defined by a process, and not by an outcome (6). WHO stresses among others, that a healthy city is not one, which has achieved a particular health status. What is required is a commitment to health and a process and structure to achieve it. The »Healthy Cities« approach seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level. Thus any city can be a »healthy« city, regardless of its current health status.

In another words, the healthy city can be determined as a city that has realised the health to be a problem of a city, tries to improve it by developing the city-surroundings and city-capacities, and stimulates and supports its citizens by their attempts to achieve as good quality of life as it is possible.

### **European Healthy Cities Network**

European network of healthy cities that works within the sphere of European Office of WHO, has set main strategic aims:

- promotion of policy and activities for health and balanced growth on local level all across Europe. Specially stressed are the determinants, which define health, and population groups, which are specially vulnerable;
- enlarging the accessibility of European network of healthy cities for all countries in Europe;
- stimulating the solidarity, cooperation and connection between European cities and networks of cities, which have connected within the Healthy Cities Projects;
- helping to maintain and strengthening the state of healthy cities and supporting their efforts to put into effect the politics of Health for All (not only on individual urban area but also on the national level);
- cooperating with other organizations and agencies, that occupy themselves with problems of city-life and also uphold health in Europe as well as on global level, and
- policy-planning, presenting practical approach, data about achievements and case studies, which the cities across Europe could use to improve the health in their own sphere by them selves.

## **Methods of work**

The movement that has been aroused out of »Healthy Cities« project has developed in time and became a programme. The methods of work within the programme have developed as well (7-10).

From the very beginning, it has already been clear that this will be a dynamic project with tendency to grow. Therefore it would not be possible to foresee everything in advance and consequently there has been made a decision that project should be divided into phases, each lasting for 5 years.

The project has been so far implemented over three 5-year phases (1988–1992, 1993–1997 and 1998–2002). The phase IV has been launched in 2003, and it will last until 2008.

That way it has been easier to harmonize the course of the project and to define aims of the project, so they could suit the needs of development and situation in society. The latter is mostly connected with the fact that new strategies and approaches are being formed on the base of new cognitions and experiences from past. Especially important were the results of different preventive health care measures and measures, oriented at preserving and improving health.

The influence of social and political development, and organizational changes in cities, has not to be forgotten as well, since it has an important effect on course and development of the project.

Such a dynamic and phase-determined process gives an impression that there is some continuity in development missing, but it is not so. In each phase of the Healthy Cities Project there is one of problems specially appointed as key problems, and enjoys all of attention.

Nonetheless, there were no changes in basic principles, main methods or visions of healthy city in the course of time. Any of these remains pointed at four key spheres of activity:

- determinants of health and basic »Health for All« principles,
- promotion of European and global priorities in the field of health,
- striving to place the health among basic social and political goals in the city and
- continuous attempts to improve the management and close cooperation between partners in the phase of planning and performing activities for better health.

As the project was in development, networking played an important role. In every phase of the project, individual cities stood as candidate to become a project city within the basic WHO-network of healthy cities.

## **The approach and key fields of work in Phase IV**

In the phase IV, the »Healthy Cities« programme approach is based on two key elements (11-13):

- investing in improvement of health, and
- cooperation of cities/towns in the European region with the WHO, Regional office for Europe to win recognition of core themes (key developmental fields).

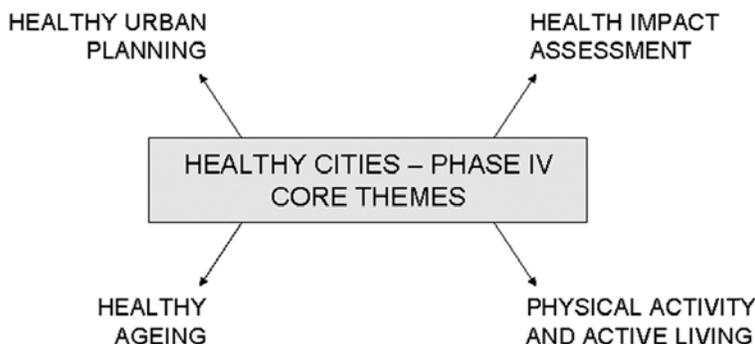
*Investments in improvement of health*

Investments in improvement of health are basing on partnership. Special efforts have been undertaken to reach a higher phase of equality, also stressed are the determinants of health, balanced development and democratic regulation, which enables one to cooperate actively. The development of health in cities still maintains the main task within the healthy Cities Project.

*Core themes*

It was agreed that in period 2003-2008, for the cities/towns it is necessary to ensure a close collaboration with regional office of WHO for Europe on three key developmental fields (13-16): healthy urban planning, health impact assessment, and healthy ageing (Figure 1). A complementary core theme, being promotion of physical activity and active living, was set as well (Figure 1).

**Figure 1.** The »Healthy Cities« programme - Phase IV core themes.



1. Healthy urban planning.

The plans, policies and initiatives of urban planners and related professions affect the conditions in which people live and work, their access to facilities and services, their lifestyles and their ability to develop strong social networks. These are key determinants of the health, well-being and quality of life of people in cities. According to WHO, the overall goal of this core theme is to integrate health considerations into city urban planning processes, programmes and projects and to establish the necessary capacity and political and institutional commitment to achieve this goal (6).

2. Health impact assessment.

Health impact assessment is defined as »a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population« (6). Four values are particularly important: democracy, sustainable development, equity and the ethical use of evidence. It can be a useful tool for promoting integrated planning, reducing inequalities and achieving sustainable development in the cities.

According to WHO, the overall goal of this core theme is to integrate health impact assessment as a systematic framework in cities, which enable decision makers to take account of people's health and well-being during policy, programme or project developments (6).

### 3. Healthy ageing.

Regarding the demographical trends in most of countries in the Europe, this core theme is the most important. Today, cities hardly meet the criteria to be friendly to elderly citizens.

According to WHO, the overall goal of this core theme is to generate a strong local political commitment and to introduce policies and planning processes that will ensure a holistic and well-balanced approach to older people's needs for health development and care. A healthy approach to ageing considers the ability of people of all ages to live a healthy, safe and socially inclusive lifestyle. It recognizes the factors beyond health and social care that affect health and well-being, and the contribution needed from all sectors that influence the determinants of health (6).

### 4. Physical activity and active living.

Physical activity benefits the physical, social and mental health of people of all ages. Beyond the direct medical benefits, increasing physical activity through an integrated programme that account of transportation and urban planning policy can increase social interaction throughout life, provide recreation, and reduce violence, urban traffic congestion and pollution. People's participation in physical activity is influenced by the built, natural and social environments in which they live as well as by personal factors such as sex and age and ability, time and motivation. Local governments have a crucial role to play in creating environments that promote opportunities for physical activity and active living.

According to WHO, the overall goal of this core theme is to develop strategies and innovative interventions (including changes in the urban design and environment) that facilitate and encourage physical activity and active living for all ages, and the tackling of obesity (6).

## **Case study – The »Healthy Cities« project Phase IV in the city of Celje/Slovenija »Healthy Cities« project in Slovenia**

In Slovenia, the »Healthy Cities« project was introduced at the end of eighties (3, 17). In the last almost twenty years, it became a strong movement, which is still gaining on its importance (17).

The Slovenian Healthy Cities Network was formally launched in 1992 by seven cities, building on initiatives that had begun in 1989. Celje was one of these cities (3, 17).

Today the Network is a nationally recognized policy actor in developing urban health. The coordinating body of the Network is the Healthy City Centre, a support centre within the Regional Institute of Public Health Maribor, one of the nine regional public health institutes (3).

Work within the sphere of the project is exacting piece of work, therefore proper knowledge and experiences are of great importance to carry it out. Especially important is the knowledge of project work and project making.

## **Introducing Celje**

Celje is, in respect to other cities/towns in Slovenia, with around 50,000 citizens a middle-size city. It is situated in the Eastern part of Slovenia in the Celje Health Region, one of the nine health regions of Slovenia (Figure 2).

**Figure 2.** Slovenia with its nine health regions, and the location of the city of Celje within the Health Region Celje.



In Celje, citizens and authorities were very enthusiastic about the WHO »Healthy Cities Project«, and they decided to launch it in Celje as well. The first and the main author of this module is an active member of the »Celje – Healthy City« project. In continuation, the experiences of the project team are described.

### **A project »Celje - Healthy City«**

#### *The beginnings*

The project »Celje – Healthy City« started in 1991. The Regional Public Health Institute Celje elaborated the project and took over the coordination.

When the project team took over the coordination and the responsibility for the project, the great enthusiasm was what gave us the strength to take up with the work with great dash.

At the beginning, we faced with several problems. The leading problem was that we did not have much of required knowledge. Consequently, as we carried on with our work, we met several obstacles. Luckily, we managed to solve most of them or at least we knew how to handle them properly. Knowledge we have gained in the meantime helped us a lot.

#### *Applying for being the WHO network project city in the Phase IV*

In 1993, as we were in phase II of the WHO »Healthy Cities« project, »Celje – Healthy City« already applied to be one of the project city in the WHO-network of healthy cities. At that time the second biggest city in Slovenia, Maribor (about 115,000 citizens), was the city that became WHO project city in phase II (period 1993–1998). It took over the role of national coordinator as well (3). At the same time, in Maribor the headquarters of new-established network of Slovene healthy cities - the Healthy City Centre was established.

In 2004, city council of Celje accepted a decision that Celje should re-apply as to become a designated city in the Phase IV of WHO's »Healthy City« project. This time the application was successful and in this phase of the project, Celje is included directly into the basic WHO network, together with more than 70 other cities.

*Meeting the core goals*

1. Healthy urban planning.

In the last 15 years, the city of Celje has developed very quickly. It has been very significant for this period the transformation of industry in different spheres: ownership, administration, technology and use of space. In the meantime, they built several important infrastructure objects. Some important ecological problems were solved as well. Therefore, it came that the city changed a lot in that period. Renovation is to see on every aspect. Nowadays Celje is less and less a city of heavy industry and is becoming more an important commercial centre. That kind of development is more acceptable from the sight of ecology and from the sight of benefit.

In the past few years, the city of Celje gave special attention to Local agenda 21. First starts in connection with implementation of Local agenda 21 were in year 2000 and since then there was more activity on that field. They adopted a complete program of Local agenda 21. All of these have had an important influence on city planning. In our opinion, the capital still has too much power and influence on providing priorities of development in the city. For this reason, we wish to intensify activities to prepare a unified city plan of Celje.

They wish to stimulate changes in planning that would ensure a unified long-term city plan and consider the needs of suitable living conditions and therefore they must first analyse current conditions thoroughly. They are going to work out what are the weakest points and what are the advantages the city of Celje has. Afterwards a plan of measures that would help to eliminate obstacles for development and a plan for further promotion of positive achievements is going to be prepared. Besides, it is necessary to:

- expect the investment process to calm itself down,
- consider all crucial points that were set in Local agenda 21,
- consider environmental, social and economic needs of particular population groups.

2. Health impact assessment.

Back in 70-ties in Celje, the citizens and the authorities became aware of some problems that were a consequence of air-pollution, pollution of drinking water, ground and water-flows. Consequently in the beginning of 90-ties, as the project "Celje – Healthy City" started, it was understandable for Celje to pay most of attention to ecological problems. They developed special treatment and sanitation program. It showed the treatment was very suitable because in relatively short time we achieved essential changes and improvements.

They gain lots of experience how to cooperate with different non-governmental organizations, politicians, experts and interested public by solving ecological problems. They connect all of these partners. In a similar way, they plan to evaluate the influences of different policies on health. Currently, main attention is given to the promotion of such approach. Good practice in Prekmurje, the most Northeast part of Slovenia (Health

Region Murska Sobota – Figure 2), was of immense great help (in Prekmurje they evaluated the influence of new agricultural policy on health; Ministry of health was the one who coordinated the project). Two experts, who otherwise work in project “Celje – Healthy City”, took part in that project, too. Now we need to carry over the information on the project council, above all in sense of presenting alternatives such an approach has. Thus, it will be possible to check the effects of certain policies or projects on health in Celje, too.

Main project that they are planning to carry out in the next period is to evaluate, how “healthy aging policy” affects health of Celje-inhabitants. For once, healthy aging policy was defined very approximately, without any details. Considering aging of population will have an important influence on quality of life in near future, we have decided a long-term strategy on that must be prepared. It will be possible to adopt it in the middle of 2008 and the implementation will follow immediately after that. In 2008, an evaluation of the efficacy of that kind of approach will be conducted and complementation of the policy will follow, if necessary.

Besides, we expect to use that approach later as we will have to plan some new policy in connection with social life in Celje or change the last one. At the same time, this would be the best assurance the inhabitants as well as resolution-holders have accepted the policy. We would also be sure, that kind of policy has best chances to realize and that every inhabitant is going to benefit by it.

### 3. Healthy ageing.

In the past proper care for older people was one of more important tasks of the project »Celje – Healthy City«. The activities were mainly pointed at construction of social infrastructure. With social infrastructure, we wanted to minimise architectonic and social obstacles older people meet in their everyday life. The proportion of older people in Celje is rising and consequently the number of those who need special care is rising, too. Therefore, different programs that help to meet the needs of the older (such as help at housekeeping, meal delivery, visits to older people to cheer them up, etc.) have been developed. These activities have been supported partly by social resources and partly with the help of volunteers.

Problem is that the information on needs of people who grow older is not very exact and comprehensive. They are often unreliable and relate only to those ones who came looking for help; on many fields, no data about the rest (those who do not know how or cannot express their problems) exist. Such big and important group of population needs special social attention and care and a long-term strategy that would define social manners and social activities important for healthy aging and quality of life in that period of life need to be prepared. A research among older population has been conducted. That research serve to collect data about health condition, social and living conditions, about needs older people have and how well are these needs satisfied. These data are a foundation for completion of the profile of older city inhabitants. At the same time these data are good foundation for analysis of factors that have an influence on health, social and living characteristics of older population, and a proposition of »healthy aging strategy« should be based on that data, too. A close international cooperation in this field is very important. »Celje – healthy city« is included into sub-network »healthy aging«, the latter is coordinated by Swedish institute for study of problems of aging population.

4. Physical activity and active living.

Promotion of physical activity is a new task that was previously not included in 4th phase of the project. The initiators were above all the cities that are members of WHO-network of healthy cities. IN Celje Healthy City decided to review the actual situation on this field. Purpose for this is above all to collect data about current situation and identification of problems that hinder a higher physical activity of city-inhabitants.

*Main challenges of the project »Celje – Healthy City« in Phase IV*

Active cooperation of the project »Celje – Healthy City« within Phase IV of WHO project has brought new challenges for all those who are directly involved in the project. These challenges are not new, but now they have come more to an expression (18).

1. To ensure active cooperation between leading politicians, professionals and other representatives of the city by the project.

It is not enough for leading politicians, professionals and other important persons to understand the idea and aims of the project. What is needed is their active cooperation. It is dangerous, if the project does not run continuously and there are only periodic actions. In such cases, it is very hard to get strong collaboration, and development of the project slows down or even stops.

2. To ensure the project necessary resources for work.

Essential predispositions for successful work are qualified workers, rooms, reasonable financial resources and information required for work. Lack of knowledge and work qualification presents a big hindrance for successful work within the project.

3. Efficient project council that works as motive power is of great importance.

In order to avoid problems with communication, members of project council need to be very good informed about the principles of work. It is highly important for council members to be acquainted with project way of work and to acknowledge it.

4. High inclusion rate of the public by individual sub-projects.

Project Healthy City stresses the right and duty of the population to do something on their own for health and better quality of life. Therefore, it is very important for inhabitants to have right information that enables them to take part in decision-making. These information need to be available to the broadest circle of people on time and in proper and understandable form. Besides, we need to set ways the inhabitants could use to have influence on final decisions.

5. Intersectional collaboration.

Intersectional collaboration is a fundament for forming and executing public policy that is in favour of health. Traditional vertical hierarchy, bureaucratizing of life and fear of subordination are factors, which make collaboration between sectors harder.

6. Media support.

Work within the project must be public. All activities have to be presented to the public in the most extended way. Media themselves have a crucial part, because we can access to the people with their help only.

Of course, there are also other factors, which can accelerate the development of the project. Education and cooperation with other cities that have joined the program are one of most important ones among them. Exchanging experiences between the cities and cooperation in concrete projects has an enormous positive influence on growth of the project and speeds up reaching the qualities of healthy city.

Despite numerous problems, we have faced in the project »Celje – Healthy City« we look in the future with the great measure of trust in our success. That means achieving changes that would significantly influence on better quality of life and improvement of health, in Celje and all across Slovenia. Being a part of WHO network of healthy cities in Phase IV should not be understood as a privilege. In fact, it is an obligation to pass the knowledge, experience and trusted methods on to other cities in Slovenia. This way it is possible to contribute to quicker and more even development of health in urban areas in Slovenia.

### **Exercises**

The main aim of the exercise is to get the students acquainted with the »Healthy Cities concept«, and the main characteristics of the WHO »Healthy Cities« project. Special attention is given to the current activities – the Phase IV of the project.

#### **Task 1:**

Carefully read the description of the project on the WHO Web Site:

World Health Organization, Regional Office for Europe. Healthy Cities and Urban Governance. Available from: URL: <http://www.euro.who.int/healthy-cities> (Accessed: August 28, 2007).

#### **Task 2:**

Identify the most important elements of »Healthy Cities« project and discuss them with other students.

#### **Task 3:**

In details read the description of the project Phase IV core themes on the WHO Web Site:

WHO Regional Office for Europe. Core Phase IV themes (3 + 1). Available from: URL: [http://www.euro.who.int/healthy-cities/city/20040715\\_6](http://www.euro.who.int/healthy-cities/city/20040715_6) (Accessed: August 28, 2007).

#### **Task 4:**

Discuss the most important features of each core theme with other students.

#### **Task 5:**

Visit the nearest healthy city Web Site to your residence settlement and identify the key features of a process in this city.

#### **Task 6:**

Present your findings to other students. Compare your findings to the findings of other students.

After accomplishing this module, students will become aware of the complexity of the built, natural and social environments of the cities and its influence on sustainable health development.

Students will understand that the programme implementation, development and evaluation is a complex task where all partners need to be fully involved and where also a strong support from the local community is necessary.

## References

1. Healthy Cities Movement. What is the Healthy Cities Movement? Available from: URL: <http://www.healthycities.org/overview.html> (Accessed: August 28, 2007).
2. Kickbusch I. Healthy Cities: a working project and a growing movement. *Health promotion* 1989; 4: 77-82.
3. Janss Lafond L, Heritage Z, Farrington JL, Tsouros AD. National healthy cities networks. A powerful force for health and sustainable development in Europe. Copenhagen: World Health Organization, Regional Office for Europe, 2003.
4. World Health Organization, Regional Office for Europe. Health 21: the health for all policy framework for the WHO European Region. Copenhagen: World Health Organization, Regional Office for Europe, 1999. Available from: URL: <http://www.euro.who.int/document/health21/wa540ga199heeng.pdf> (Accessed: August 19, 2007).
5. World Health Organization. Health promotion glossary. Geneva: World Health Organization, 1998.
6. World Health Organization, Regional Office for Europe. Healthy Cities and Urban Governance. Available from: URL: <http://www.euro.who.int/healthy-cities> (Accessed: August 28, 2007).
7. Price C, Tsouros A (editors). Our Cities, Our Future: Policies and Action Plans for Health and Sustainable Development. Copenhagen: World Health Organization, Regional Office for Europe, Healthy Cities Project Office, 1996.
8. European Sustainable Cities & Towns Campaign, European Commission DG XI, World Health Organization, Regional Office for Europe, Healthy Cities Network. Sustainable development and health: Concepts, principles and framework for action for European cities and towns. European Sustainable Development and Health Series: Book 1. Copenhagen: World Health Organization, Regional Office for Europe, 1997.
9. European Sustainable Cities & Towns Campaign, European Commission DG XI, World Health Organization, Regional Office for Europe, Healthy Cities Network. City planning for health and sustainable development. European Sustainable Development and Health Series: 2. Copenhagen: World Health Organization, Regional Office for Europe, 1997.
10. World Health Organization, Regional Office for Europe. Twenty steps for developing a Healthy Cities project. 3rd Edition, 1997. World Health Organization, Regional Office for Europe, 1997.
11. WHO Regional Office for Europe. Phase IV of the WHO Healthy Cities Network in Europe: Aims and Requirements. Copenhagen: WHO Regional Office for Europe EUR/03/5045199; 2003.
12. WHO Regional Office for Europe. Healthy Cities and urban governance. Available from: URL: [http://www.euro.who.int/healthy-cities/city/20040715\\_3](http://www.euro.who.int/healthy-cities/city/20040715_3) (Accessed: August 28, 2007).
13. WHO Regional Office for Europe. Core Phase IV themes (3 + 1). Available from: URL: [http://www.euro.who.int/healthy-cities/city/20040715\\_6](http://www.euro.who.int/healthy-cities/city/20040715_6) (Accessed: August 28, 2007).
14. Barton H, Tsourou C. Healthy urban planning - a WHO guide to planning for people. London: E&FN Spon; 2000.
15. International Association for Impact Assessment. Available from: URL: <http://www.iaia.org> (Accessed: August 28, 2007).
16. Ageing policy of the European Union. Available from: URL: [http://europa.eu.int/comm/employment\\_social/soc-prot/ageing/index\\_en](http://europa.eu.int/comm/employment_social/soc-prot/ageing/index_en) (Accessed: August 28, 2007)
17. Eržen I. Introducing the Healthy Cities project (in Slovene). *Zdrav Var* 1994; 33: 55-57.
18. Eržen I. How to ensure the effectiveness of the project Healthy Cities (in Slovene)? *Zdrav Var* 1994; 33: 269-270.

## Recommended readings

1. Janss Lafond L, Heritage Z, Farrington JL, Tsouros AD. National healthy cities networks. A powerful force for health and sustainable development in Europe. Copenhagen: World Health Organization, Regional Office for Europe, 2003. Available from: URL: <http://www.euro.who.int/document/e82653.pdf> (Accessed: August 28, 2007).
2. World Health Organization, Regional Office for Europe. Health 21: the health for all policy framework for the WHO European Region. Copenhagen: World Health Organization, Regional Office for Europe, 1999. Available from: URL: <http://www.euro.who.int/document/health21/wa540ga199heeng.pdf> (Accessed: August 19, 2007).
3. World Health Organization, Regional Office for Europe. Healthy Cities and Urban Governance. Available from: URL: <http://www.euro.who.int/healthy-cities> (Accessed: August 28, 2007).
4. World Health Organization, Regional Office for Europe. Twenty steps for developing a Healthy Cities project. 3rd Edition, 1997. World Health Organization, Regional Office for Europe, 1997. Available from: URL: <http://www.euro.who.int/document/E56270.pdf> (Accessed: August 28, 2007).