Obesity Prevention within the framework of WHO Healthy Cities
Ana Rito and Caroline Bollars

WHO/EUROPE: mandate for action

Health 2020: a European policy framework supporting action across government and society for health and well-being

Health 2020 was adopted by the WHO Regional Committee in September 2012

Health 2020: Four common policy priorities for health

WHO Healthy Cities

- The WHO Healthy Cities project is a global movement. It engages local governments in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects
- About 90 cities are members of the WHO European Healthy Cities Network, and 30 national Healthy Cities networks across the WHO European Region have more than 1400 cities and towns as members
Healthy Cities

- The primary goal of the WHO European Healthy Cities Network is to put health high on the social, economic and political agenda of city governments.
- Health is the business of all sectors and local governments are in a unique leadership position, with power to protect and promote their citizens' health and well-being.
- The Healthy Cities movement promotes comprehensive and systematic policy and planning for health and emphasizes:
  - the need to address inequity in health and urban poverty
  - the needs of vulnerable groups
  - participatory governance
  - the social, economic and environmental determinants of health.
- This is not about the health sector only. It includes health considerations in economic, regeneration and urban development efforts.

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Obesity prevention within the framework of the WHO Healthy Cities Network

Aim
To identify and disseminate “good practices” within the Healthy Cities of Europe Network on nutrition, physical activity and obesity, particularly childhood obesity.

Objectives
- To identify existing initiatives on nutrition, physical activity and obesity, particularly childhood obesity.
- To identify and disseminate “good practices” on nutrition, physical activity and obesity within the WHO Healthy Cities of Europe Network.
- To identify the strategic elements required for successful prevention programmes at the local level.
- To identify the importance of governance mechanisms for health promotion and obesity prevention at the local level.
- To identify the role of civil society and different sectors (local farmers, cooking, urban agriculture, hospitality, etc.) and community participation in the local level.
- To identify the role of local health authorities and primary care within a sustainable approach to obesity prevention.
- To formulate sustainable environments that promote active life and healthy nutrition.
- To identify common factors and differences for the uptake by the cities and municipalities among communication, visibility and awareness.

Methods
- Cross-sectional survey based on key informants at the local level
- Phase 1: Pilot study in National Healthy Cities Networks: Portugal and Denmark
COSI - WHO European Childhood Obesity Surveillance Initiative

Overweight includes obesity: BMI >=25.0 kg/m^2

Pilot testing in Portugal 2012-2013

Portuguese Participation

<table>
<thead>
<tr>
<th>Email Healthy cities invited</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed to participate (didn’t reply, or didn’t have any ongoing activity)</td>
<td>24</td>
<td>82.7</td>
</tr>
<tr>
<td>Replies</td>
<td>19</td>
<td>79.2</td>
</tr>
</tbody>
</table>

RESULTS

How would you characterize the type of approaches of the implemented Community Programmes?

- "Focused on the problems emerging in relation to the health and/or quality of life of the population" 84.2%
- "Focused on the causes and determinants of the health and/or quality of life of the population" 79.0%

How would you describe the Community Programmes developed in your Municipality?

- An initiative that involves different stakeholders (agencies, institutions or sections) 94.7%

Please indicate which Community Programmes are developed in your Municipality?

- 100% Schools and Day Care Centres
- 89.5% Social Centres (Elderly Homes, Refugee Centres, Centres for People with Disabilities, etc.)

Please indicate the target-group that engages more often in the events of the Community Programmes developed in your Municipality?

- 100% Children (> 5 years)
- 94.7% Elderly
RESULTS
Please indicate which Community Programmes are developed in your Municipality

78.0% Programmes to promote physical activity
68.4% Programmes to promote healthy lifestyles (Tobacco-free cities, prevention of alcohol and drug abuse, cycling cities, etc.)
63.2% Programmes to promote healthy eating habits
63.2% Counselling and advice about health (vaccination, sexually transmitted diseases, etc.)

Frequency of agents or institutions are involved on the Community Programmes developed in your Municipality
42.1% Clubs (Sports and Leisure)
36.8% Ministry of Health
31.6% Non-Governmental Organizations (NGO’s)

RESULTS
Please indicate the two (2) main funding sources for the Community Programmes developed in your Municipality
100% Local/Municipality Budget
36.4% National Budget
26.3% Contributions from local commerce and/or industry

52% of the Municipalities developed specific training programmes for technicians/fieldworkers/public health professionals/others working in Community Programmes. Most of all, only once/year...

RESULTS
84% of the Municipality develops community Programmes to reduce social inequalities, most of these through their own very comprehensive “Social Programmes”

52.6% There is a remarkable improvement in health and quality of life among the population
36.8% There are signs of improvement but not permanent

CHALLENGES IDENTIFIED BY THE PORTUGUESE HEALTHY CITIES
• In the near future, the PHCN will have to adopt new forms of social participation, following technological developments such as SOCIAL NETWORKS (Facebooks, twitters...)
• Strengthen alliances with different stakeholders, particularly with the scientific community.
• The provision of training programs for technicians, researchers and health professionals involved in community programs developed by the municipalities of PHCN is a key element.
• The knowledge and evidence that come from community programs developed by the municipalities of the Healthy cities networks should be expanded and documented.

CHALLENGES IDENTIFIED BY THE PORTUGUESE HEALTHY CITIES
• It is necessary to strengthen the identity of the national Healthy cities network through the reinforcement of the conceptual and methodological aspects of the Community programs developed by the cities.
• More scientific evidence on emerging issues, like inequalities, dietary patterns, physical activity and nutritional status.
• The articulation of community programs developed by the municipalities and national and international public policies remains a challenge.
This articulation would create and strengthen the technical, political and institutional need to overcome the financial constraints.

• Methods
• Cross-sectional survey based on key informants at the local level
• Phase 1: Pilot study in National Healthy Cities Networks: Portugal and Denmark
• Phase 2: to apply the survey to the entire Universe of the International Healthy Cities Network Group
• Phase 3: to apply the survey via the National Coordination/Management Group to the entire Universe of the different National Networks
Opportunities for future…

- Knowing our key partners…
  - On the 30 January 2006, EUREGHA Network (EUropean REGional and local Health Authorities platform) was launched.
  - The objective of the network is to improve coordinated policy communication between EU institutions and regional and local authorities working on health issues.

Opportunities for future…

- Knowing funding possibilities…
  - The EU has a number of policies designed to reduce the significant disparities that still exist between Europe’s regions and to promote greater economic, social and territorial cohesion. The EU Cohesion policy is an investment policy.
  - Given its share of the EU budget (more than one-third), cohesion policy instruments are key in boosting Europe’s economic competitiveness and growth, fostering social cohesion, improved quality of life and sustainable development and job creation.
  - Moreover, the Cohesion policy is also an expression of the EU’s solidarity with less developed countries and regions emphasizing that funds should be targeted to regions and sectors that need it the most.

Opportunities for future…

- For the period 2007-13, the current Regional Policy is financed at the national level through the Cohesion Fund and at regional level through four Structural funds.
  - Recognises the social dimension, focuses on mapping and targeting the most disadvantaged areas.
  - Thus, in order to ensure that regions are able to deliver various initiatives efficiently, the European Commission aims to introduce new measures (no-aid conditionalities) that need to be adhered to by Member States.
  - Aims to facilitate the application for funding using an integrated approach of joint financing with funding schemes such as the European Social Fund (ESF) and the European Regional Development Fund (ERDF).
- Aims to achieve a more bottom-up approach, reinforcing community feel local development and initiatives. Projects such as urban regeneration should meet the needs of the community which is not often the case at present.

Opportunities for future…

- Particularly in times of austerity, regional authorities are facing pressures and lack of resources to cope with new challenges.
- Structural Funds represent a valuable funding mechanism and their efficient and innovative use through indirect health investments has the potential to tackle inequalities and poverty, assist vulnerable groups such as deliver health gains.
- The current and past SF programming periods demonstrate that the right use of SF can improve the social determinants of health, reduce inequalities and help to overcome barriers to accessing employment, education, improving social inclusion.
- It is important that in the new Cohesion policy, the ‘voice’ of health is consolidated, strengthening public health initiatives such as health promotion and prevention programmes which can reap long-term improvements in population health.