

For Better Health

Output 1: State of Play in the Field Addressed

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1. Introduction

The For Better Health seed-money project is a yearlong project with the goal of researching the Practical implementation and barriers of Health in All Policies (HiAP) in the municipalities, developing a full project proposal and investigating funding sources for the project. The project has eight partners from six countries in the Baltic Sea Region. The first output of the seed-money project is a report on the state of play in the field addressed.

Addressing the social determinants of health has been recognized as a fundamental political action since the 19th century. Yet, activities based on this understanding have been labelled as HiAP only in the 1980s, following the health promotion movement. Today the HiAP approach relies on evidence that all factors impacting health are better addressed not merely within the health care and by governments but through cross-sectoral cooperation. Adopting such method means considering health implications of public policies across sectors and building partnerships and joint-actions for enhanced health.

2. Background of the study

The objective of the full For Better Health project is to address the problem of municipalities in the Baltic Sea Region with the realization of the preventive measures in health. The health status of the region's inhabitants is not optimal but can be improved through multi-sectoral actions. The purpose of the project is to increase the capacities of municipalities to design and implement, together with their inhabitants, smart cross-sectoral policies to prevent life-style related diseases. Today, those diseases account for 80% of the premature deaths in the Baltic Sea Region, bringing high burden to the health sector as well as local and regional economies.

Legislative changes have increased local responsibilities for public health and health promotion. Local authorities and administration face limitations of capacity and resources to realize this work. They often initiate only fragmented interventions. The resources have been cut for years with no prospect to reverse this trend. Health promotion is heavily under-financed, even if it is proven that it is much cheaper than treatment. Today only about 3% of the health budget is used for prevention, although 1 EUR spent on avoiding diseases brings 7 EUR savings in treatment. To better spend those 3%, all departments of the city administration (incl. e.g. transport, urban planning, cultural) should be involved in health work, which now is realized solely by the health departments. A greater inhabitants' involvement in the planning of interventions would make a significant impact not only on the spending of resources but also on improved quality of provided services.

In all of the Baltic Sea Region countries, national governments support cross-sectoral approach for health but without providing practical advice on how to operationalize it for better results on the local level. Current municipal structures do not correspond to the challenges. Moreover, public health practitioners lack the leadership skills to form and manage wider partnerships. This considerably limits the scope and impact of the planned interventions, which do not cover the whole spectrum of problems. Focusing on one aspect (e.g.

providing the guidelines for physical activity without ensuring the safe environment and infrastructure for doing sports), the municipal managers neglect the complexity of the health issues and their underlying causes.

The full For Better Health project will address the problem of the local administration with the realization of the policies, which would help prevent life-style related diseases and thus positively influence the development of the Region. The overall objective of the project will be to improve the capacities of managers of health and other departments, and politicians to design and implement smart cross-sectoral interventions for health promotion. It is expected that this will be achieved by introducing and testing the model for cross-sectoral work for health and healthier lifestyles (incl. public participation) in the municipalities. The project will bring together cities, health promoting institutes and experts in urban health and city development and targets the various levels of policy making in the Region.

3. Scope of the study and methodology

The research into the current practices of the managers of local administration had three parts. First, a desk study was conducted by a project coordinator each country to learn more about the policies and current practices around their understanding and application of a Health in All Policies (HiAP).

Second, partners created the 14 questions for a survey during the kick off meeting (Appendix A). The survey, which contained multiple choice and open questions, was translated in the following languages: Finnish, Estonian, Latvian, Lithuanian, Polish, and Norwegian (Participants from Germany and Sweden used the English version of the survey). The surveys were distributed online using Webropol (www.webropolsurveys.com) and partners were responsible for sending the survey out to the target group in their city or country. There was a total of number 139 respondents to the survey. Open responses were sent back to the project coordinators for translation into English. The table below shows the country distribution of those respondents. Two separate surveys were created for Latvia - one for the city of Riga (50 respondents) and one for Jelgava (26 respondents).

Germany	1
Sweden	12
Latvia	76
Finland	15
Norway	14
Estonia	4
Lithuania	15
Poland	2
TOTAL	139

The final question of the survey asked respondents if they would be open to participating in a short interview to elaborate on their answers. Project coordinators could use that list of willing participants to contact two for an interview. The lead partners created the interview guide (Appendix B) as framework to an open interview. Project partners completed the interviews in their native language and then sent the English translation of the findings to the lead partner.

4. Results

1. Results of desk study:

- i. by country
- ii. summed up

List of countries, based on desk study data:

- Denmark
- Estonia
- Finland
- Germany
- Latvia
- Lithuania
- Norway
- Poland
- Sweden

Denmark

Since 2007, part of public health responsibilities have shifted to municipalities. Many utilizes intersectoral health policies, but no law encourages specific health promoting efforts at local level. In Varde, political support was crucial to promote physical activity and to make use of funds in projects that involve two or more sectors. Vertical cross-sectoral cooperation between municipalities and regions is encouraged through the Legislative Health Deal. For instance in Southern Denmark a plan offers a framework for accessing jobs, education, and housing in cities.

Estonia, Pärnu

At a local level, major efforts have been manifested in the realization of Pärnu City Health Council, an advisory body of the city government working as accredited member of WHO Healthy Cities Network. Examples of good practice are about creating a city health profile and facilitating social development.

National commitment is seen in the National Health Plan, which emphasizes on healthy public policies, and a strategy to prevent heart and cardiovascular diseases.

Finland, Turku

Since 2006, the Public Health Act has regulated intersectoral work in health promotion at municipal level. In Turku this was put into effect through a steering group whose members are heads of each municipality division and the 2029 Strategy. Moreover, the city is part of the Healthy Cities Network, which is again coordinated nationally by the National Health Institute.

Important examples of cross-sectoral work target child obesity through the Healthy Schools project and culture and education through the projects 'October is Reading Month' and 'Kimmoke Bracelet'.

Germany

The German government has promoted the Health in All Policies approach as well as the address of risk factors for NCDs through policies. The Ministry of Health directs multiple bodies which are active in high-level public health and establishes the framework for a self-governing healthcare system, while Regional health departments protect people from health risks. At more local level, the AFOOT project secures urban mobility for the older population through an inter-sectoral and transdisciplinary approach. As well, health conferences are a major opportunity for sharing expertise and building networks across sectors and different regions and municipalities.

Dresden, Germany

Several initiatives are ongoing in Dresden. They mainly aim to improve physical activity levels and nutrition, especially of children, seniors and people with mental disabilities, through cross-sectoral work among multiple city departments, educational institutions and other community centers. Other examples of such cooperation address issues on healthy urban environment, healthy aging, oral health in children. In particular, Dresden was awarded for the strategy of "Healthy aging in cities - active and mobile" project.

Dusseldorf, Germany

In Dusseldorf, a large number of city departments engage in health promoting cross-sectoral work. Although new approaches to cooperate across departments - particularly planning and transport - are sought. Politicians also form an Inter-sectoral Steering Group with professionals from numerous fields twice a year, as part of the regional promotion of health conferences. The extensive agenda addresses NCDs, nutrition, health of vulnerable groups, to name few.

Latvia, Jelgava

National involvement in health-promoting cross-sectoral work includes the establishment of the Healthy Municipalities network, the Healthy-promoting school network, the adherence to School Milk and School Fruit EU programs, the development of a Public Health Guidelines for healthy policy planning and the introduction of health promotion and disease prevention measures at municipal level.

Within Jelgava, cross-sectoral work is led by a wide range of players, including the following: the Welfare and Development Departments, the Education Board, sports centres, the Orphans Court, healthcare and health promotion professionals and NGOs. Here, in the municipality, a coordinator and a working group take responsibility of public health issues. Grants and efforts were allocated into projects aimed to ameliorate the local government structure, prevent addiction and bring GPs to the city

Lithuania, Klaipeda

Actors involved in health-related cross-sectoral work include all major groups, meaning governmental bodies, civil society, the private sector and the community.

A wide range of initiatives addresses youth health at municipal and national level. *Youth Friendly Health Care Services Model* leads the example by promoting the use of healthcare services in this age group and represents a successful case of cross-sectoral cooperation. Beside this, there is national commitment in encouraging healthy lifestyles, especially in educational institutions.

Other measures of health promotion are about encouraging healthier food consumption through healthier caterings and more knowledgeable social workers, as well as higher physical activity through guided bicycle tours and in workplaces. Furthermore, the use of HiAP approach has been effective in Lithuania in tackling tobacco consumption through the tobacco control policy.

Norway

Broad cross-sectoral work is conducted in Norway. First, the Public Health Act has promoted a whole-system approach at all governmental levels and a 10-year program has addressed mental health issues for the youth across the country. The municipality is willing to implement inter-departmental collaborations and sees this possible through the planning strategy. As well, the city initiated co-creation processes to encourage citizens' contributions for the search of solutions. Successes of cross-sectoral work were concretized in the municipal initiatives to implement health equity in all policies and a Health Promoting School project in Ostfold. Yet, improvements are still possible by building human capacity and better managing resources as well as by using a "smart public health economy" approach and community development models.

Poland, Poznan

Educational institutions are largely involved in cross-sectoral work, beside the city administration, various departments and NGOs. The current national Health and Mental Health programmes are the major examples of national efforts in implementing such collaborations. Initiatives in Poznan mainly focus on families and seniors' health. Cases of good practices are the initiatives that promote physical activity in universities and that dedicate part of the city budget to citizens' actions. Yet, critics regard the projects strategy, the lack of a competent and stable team and the sustainability of such efforts.

Sweden, Umeå municipality and Västerbotten county

Umeå Public Health Council is the dominant body that is involved in public health and establishes cross-sectoral work in the region. Inter-departmental collaborations have been encouraged through the national action plan for health. Yet, they have been difficult to apply due to organizational changes. Implementation was promoted through public health education provided to managers. Examples of good practice include the Habitant

Barometer, a tool helping to compare statistics across sectors, and KRAFT, an e-learning platform educating professionals of different fields on prescription of physical activity.

Summary

In the cases above described, we can observe that cross-sectoral work is largely conducted. Yet there is still great space for implementation. In particular, political support at all levels and well-established organizational structures that integrate horizontal and vertical collaborations can foster successful results. Some of the good examples are the Health conferences among German municipalities and regions, specific working groups or agencies such as Parnu City Health Council in Estonia and Umeå Public Health Council in Sweden. Often mentioned was the need to implement cooperation with specific municipal departments not yet involved in broad health promoting projects, and an analysis of conflicts of interest may be beneficial.

2. Results of the survey

i. by country

ii. summed up

List of countries, based on survey data:

- Estonia
- Finland
- Latvia
- Lithuania
- Norway
- Poland
- Sweden

Estonia, Pärnu

Respondents, who are all females and half between 50-59 years old, belong to the education and social/welfare departments, in an equal distribution, and possess long working experience. They are representative of the Baltic region's trends: they recognize the value of cross-sectoral work and its frequent or occasional application within education and youth programs, health promotion and welfare; as well they identify leadership and a clear model for cross-sectoral work as barriers and supervision and better communication as enabling factors.

Finland, Turku

Most of the respondents, belong to the sectors of recreation, culture and education. Cross-sectoral work is frequently and extensively conducted in a large number of fields. Although the majority admit to understand the benefits of such collaborations, general consensus on such benefits is still seen as a barrier, together with administrative issues and the lack of regional and national commitment. Most of the initiatives promotes better children health and education, mainly developed by working groups during specific meetings.

Latvia

Jelgava

The majority of respondents are female and have worked for the Central Administration for more than ten years. Participation is higher in younger age groups. The most relevant initiative encouraging cross-sectoral work regards the establishment of measures of health promotion and disease prevention across different municipalities. Activities are sport-related or educational, for both children and adults. Most answers are representative of the overall results: as they recognize the benefits of cross-sectoral work, they occasionally collaborate with a variety of sectors, in particular in education and with the Welfare Department. As well, they would like more funds, stronger communication skills and a clear framework to implement such collaborations.

Riga

Results from Riga are remarkably different from Jelgava. Participation came mainly from the development and planning department. Respondents do not see the presence and benefits of diffused cross-sectoral work, which occurs rarely or never and mostly in education and welfare departments. Besides missing funds, consensus on the advantages of such collaborations and an organizational structure were identified as helpful to implement collaborations.

Lithuania, Klaipeda

Females of age 30-39 and 50-59 from the education and health promotion departments, public health care, sports and physical culture, were the main subjects taking part in the survey. Most of the cross-sectoral work is taking place in education and health departments, followed by central administration and culture. Projects address children health and physical activity at local, regional and national level. The reason for not collaborating more extensively is due to economic and organizational factors. Thus, more funding and a clear framework are seen as the adequate solutions.

Norway

Female participation is not dominant as in the other countries, as about 30% of respondents are male. Respondents belong mostly to the age range between 40 and 59 years old and work in health promotion and welfare departments. They cooperate frequently or occasionally with a variety of different sectors, extensively with the ones of health and education. Projects supporting such collaborations regard children, family and seniors health, physical activity, culture and adult education. Efforts are spent in implementing public health through the help of a coordinator, a strategic team and by monitoring related work. The dominant factor impacting cross-sectoral work was identified as funding.

Poland

The respondents are all females, between 40 to 59 years old, and belong to health or welfare departments. They frequently or occasionally collaborate with professionals in the education or culture. Vast consensus is about the

needed improvements at organizational level through a framework to clearly establish cross-sectoral work. Currently such collaborations are not sustainable and they focus on children health.

Sweden

Respondents, nearly in equal gender distribution, have worked for 5-10 years in the strategic planning and social/welfare departments and are within the age range of 50-59. As they recognize the benefits of cross-sectoral work, they frequently collaborate with a variety of sectors, but most particularly with health, education and social/welfare. In fact, projects mainly concern children health, educational settings and healthy environments. The greatest barriers are the lack of leadership, organizational structures finances to implement such collaborations. Indeed respondents would like more political support and funds, since they are willing to cooperate further.

Summary

The results were collected from all countries but Denmark (no response to the survey). Only 1 response was received from Germany, thus, it was not presented in the analysis.

Across the Baltic Region, the majority of respondents are female professionals (79%) of age 40-59 (69%) working for the welfare or social department, central administration and education (respectively 22, 21 and 20%).

Approximately 70% of them recognize the presence of cross-sectoral collaboration as well as its benefits in their municipality. More specifically, 34% stated that such cooperation covers office work occasionally, while only 27% frequently with a variety of sectors. The most collaborative departments were identified as education, social/welfare, health promotion and culture (respectively 55, 43 and 39% for the last two). They mostly developed projects involving schools and promoting physical activity. Activities target also other issues such as mental health and substances abuse at local level. While at a national level they primarily include the promotion of Healthy Schools and Healthy Cities Networks. When looking at barriers, health workers and other professionals agreed that lack of funding, the organizational structure and missing leadership are the most relevant factors. As well, there was a consensus on the most important areas of improvement: stronger communication skills, a clear model for cross-sectoral work and greater working time. The majority of respondents are enthusiastic about working in a more collaborative manner.

3. Results of the interviews

- i. by country
- ii. summed up

List of countries, based on interviews data:

- Denmark
- Estonia
- Finland
- Germany
- Latvia
- Lithuania
- Norway

- Poland
- Sweden

Estonia, Pärnu

Interviewees agree that cooperation occurs across all different sectors, and led to a wide range of initiatives, related to improved nutrition, higher physical activity, healthier children, decreased addiction of substances and smart devices use. Nevertheless, the multiplicity of these projects is experienced as dispersive and aggravated by the lack of prioritized healthy policies and political understanding. Pärnu Health Council is the main task force, which accesses to the city fund.

Finland, Turku

Cooperation is carried out with city departments, various organizations and NGOs. It is very satisfactory, but it could be improved by raising awareness even further and building a stronger culture of collaboration. Yet, access to funds remains the main obstacle to initiate and implement such collaborations. Most initiatives regards children health, educational activities and culture.

Norway

Within the municipalities cross-departmental work is well-established. This is possible thanks to working groups meeting regularly, and a political focus on public health. Greater understanding on health issues among other than health professionals of the municipalities is a main barrier. Currently this is overcome through training, which gave positive results. Another obstacle is funding. For this, it is effective to embed public health actions in already existing initiatives and services.

Latvia

Jelgava

Collaboration with NGOs have been constructive in the area. Cooperation between Jaunsvirlauka municipality, Jelgava District and the NGO "Know Yourself" has promoted citizens participation in democratic processes. This established an information society that builds a communication network among all different stakeholders. Initiatives promote healthy lifestyles, with an interest to international opportunities. Similar work is done by the Development Centre Dzivo Gudri, which encourages self-initiative and societal participation. Its numerous projects, supported by partnerships, came to offer many different services, such as improved canteens, opportunities to gain new skills, new spaces and equipment for physical activity.

Nevertheless there is large space for improvement. Health literacy has to be increased in the population, strategies to attract health care workforce have to be implemented, financing and public health experts are highly needed.

Riga

There is great evidence on the fact that major changes in the organizational structure of the municipality would implement cross-sectoral work more effectively. Cooperation with departments other than the health sector is seen as an obstacle to daily duties. Solutions are the division of responsibilities, a platform for information exchange on different projects, stronger leadership, the creation of a working group and more networking opportunities. Current projects regard information technology, habitat protection, physical activity and health education for youth.

Lithuania, Klaipeda

The interviews revealed that cross-sectoral work is conducted, although not very extensively or not as much as health workers initiate it. It is commonly recognized that urban and territorial planning are the main targets of such collaborations, at local and national level. The information collected confirm the previous findings on barriers, that are policies on compulsory collaboration and funding. From the health worker's perspective, those are complemented by political will and appropriate legislation is needed.

Sweden, Umeå municipality and Västerbotten county

The health department of the municipality initiates collaboration. The process consists of analyzing policies of other departments and personally visiting them. This is recognized as a very time-consuming and demanding procedure. Moving the office to the main department of the municipality would be very beneficial to facilitate meetings with other sectors. A relevant example of cooperation within and across municipalities is the Health Barometer, which helps monitoring cross-sectoral work.

Summary

As the findings show, cross-sectoral work is conducted at horizontal and vertical levels across all different countries. Most of collaborations regards children health and education. Cooperation is difficult when political support is weak, an organizational structure that facilitates collaborations is missing, professionals from other municipal departments do not acknowledge the benefits or such efforts may interfere with own duties. In this picture solutions can be the following: training programmes for local politicians and professionals from departments not directly related to health, to raise awareness and build knowledge on public health issues; a well-structured organization that includes a coordinator, working groups, regular meetings.

5. Selected good practices in the field addressed

Estonia, Pärnu

Pärnu Health Council represents the effort of applying the 'Health in All Policies' approach, which is promoted by the National Health Plan 2009-2020. For this, this council takes pride of collaborating with the university, the

municipality and many other actors. It monitors the city's health profile every seven years and supports healthier changes of the physical environment in Pärnu in particular. Other challenges faced by the council concern the aging population, the lack of social services for less advantaged people, physical inactivity and risk behaviors of the younger people such as smoking and drinking.

An example is the KEAT project, which aims to teach 6th-grade pupils to act safely and deal with everyday life situations through one-school-year trainings and a competition camp. This is achieved through the collaboration of many parties, such as the police, Red Cross and the road administration.

Finland, Turku

Turku is an example of good practice because it focuses on health promotion through the current city strategy and the creation of a steering group, whose members represent all city division. Interventions are supported by statistical data, which inform that quality of life is the lowest among older people, individuals living alone and single parents. Major actions are taken to reduce health inequities, health outcomes linked to employability and segregation.

Latvia

Jelgava

Disease Prevention & Health Promotion Project

This is a comprehensive initiative, which includes several hundreds of activities and targets all different societal groups. The steps of the project's development and implementation are overseen by all main actors of different sectors.

Riga

In Riga health-promoting cross-sectoral work is under the direction of the Health Council. This council was reorganized recently to ensure better functioning. Thus, today it consists of two levels, a working group and a team of all heads of city departments, which is ensuring better cross-departmental communications. As well, the council collaborates with several non-profit organizations, which provides financial and non- support. Examples of good practice are 'For Healthy Riga!', a project that provides and implements health promotion and disease prevention services in collaboration with schools, as well as Healthy Nutrition School, the Healthy Diet Pyramid and the campaigns for preventing the use of addictive substances among children.

Lithuania, Klaipeda

The Public Health Bureau is an example of organizational structure for health promotion and cross-sectoral collaborations. It relies on a whole-life-course approach and evidence-base data to identify, plan and evaluate necessary interventions. Examples are competition-based; they promoted healthier schools and more active enterprises for instance. As well, they encouraged healthy urban planning and architecture projects. They keep a broader look by collaborating nationally and internationally.

Norway

The Norwegian Healthy Cities is a network supported by the National Public Health Act, which has promoted HiAP as a systematic approach since 2012. They intervene on the social determinants of health to reduce health inequities in the local area, with the collaboration of governments and the voluntary sector. A concrete example is the development of a training for public health change agents, in partnership with Denmark and Sweden.

Sweden

Living Lab Life Medicine

The lab develops innovative solutions for the health care services through inter-sectoral collaborations and participatory approaches. It highlights the benefits of investing for the older population. Thus, it created a programme for the 70+ population, which first evaluates the initial status and then provides one-week counseling for lifestyle improvements and follow-up calls in the subsequent 6-12 months. The intervention promoted better strength, balance and cardio performances as well as it works on app development for effective monitoring.

'Senior sport school' collaboration project

This pilot project represents an education platform for self-care among seniors, with a long-term vision. It offers a 12-week program which brings theory and practice together thanks to a webportal and sport clubs.

The Healthy Aging Initiative - a primary prevention study

This study, led by Umeå university, highlights trends and risks of an aging population in Sweden and globally. This brought to the development of a comprehensive intervention, supported by an interdisciplinary collaboration and sufficient funds. Implementation of data sets and monitoring procedures facilitated the whole process. Today the risk of death and for incident of MI and stroke is significantly lower.

6. Conclusions

According to WHO, the Health in All Policies approach represents an effective tool to address the social determinants of health across different sectors and multiple political layers. Yet, its effectiveness can be maximized through monitoring and implementation. For this reason, the partners collected information across the region to assess the status of collaborations in municipalities. The findings reveal that cross-sectoral work is existing and its benefits are largely recognized. Still, professionals involved in collaborations recognize the need to implement them. Currently, projects across countries have largely focused on physical activity and children health, and how this could be applied to other initiatives.

First, a clear framework fostering cooperation is a necessary determinant. Several municipalities developed an independent public health body responsible of this task. As noted, a missing understanding of the benefits of collaborations may still be a barrier, and some professionals from other departments may see such interactions as work overload, not necessary to their own daily duties. As well, such public health agencies often face financing issues, partly because of missing political support. Proposed solutions were about increasing awareness on public health issues and knowledge on health-related cost-effective strategies among politicians and across other departments. This will help prioritizing healthy policies and joint-actions in fund allocation. Other examples of organizational structures included a working group of heads of all departments meeting regularly, an inter-sectoral steering group, a coordinator for cross-sectoral public health work.

This will also facilitate overcoming the second obstacle identified: communication between sectors. As well, all professionals will benefit from developing an e-platform for information sharing on projects of different departments and sectors. As time was identified as another constraint, the described strategies shall represent time-efficient solutions in their nature. The structures and tools to be introduced should build on the present system.

7. Recommendations for further studies

Based on our findings, we can draw recommendations for further studies. The collected data highlights the necessity for subsequent efforts of implementation and monitoring for successfully applying the Health in All Policies approach.

It was possible to identify the presence of certain organizational structures already pursuing this direction. The organizations that are now facing challenges may look at other structures listed here, as potential solutions, as well as the ones being in phase of implementation may continue the process of monitoring, to work towards the development of successful case studies.

Implementation can be pursued through adequate organizational structures, as well as training for public health change agents - as already proposed in Norway. For this last objective, it is useful to look at the health policies manual found on the WHO official website. This provides step-by-step instructions for the training in a very straightforward manner. The manual has already been used for two- or three-day workshops with universities, public health institutes, intergovernmental, governmental and non-governmental organizations, often with the support of the WHO. Specifically, it was designed for an audience of professionals from middle to senior levels of policy-making and from all sectors influencing health.

8. Challenges addressed by the “Healthy Boost project” (2019-2021)

As the result of the seed money project “For Better Health”, the project application “Healthy Boost - Urban Labs for Better Health for All in the Baltic Sea Region - boosting cross-sectoral cooperation for health and wellbeing in

the cities” was submitted to the Interreg Baltic Sea Region Programme on 9 April 2018. It was accepted with the decision of the Monitoring Committee on 20 September 2018.

Healthy Boost project addresses the transnational challenge of the health burden due to unhealthy lifestyles of the city residents, which cannot be solved by the current fragmented, incoherent urban policies. As they do not take into account the interlinkages of different aspect of city life – social, environmental, commercial and physical, they provide only a partial solution to a complex problem. The lack of capacities of city administrators, combined with limited resources and inadequate base of non-technological innovations (methods of work, ideas, tools and processes) in the public sector constitute the base of the problem.

Urbanization is one of the leading global trends of the 21st century that has a significant impact on health and wellbeing. This is to say that massive urbanisation also affects millions of people in the Baltic Sea Region. As people are moving to the cities more and more, the unhealthy lifestyles (e.g. lack of physical activity, unhealthy diets, and prolonged screen exposure) and unhealthy environments (e.g. air pollution, lack of green spaces and insufficiently developed biking infrastructure) affect people’s health and wellbeing. Already today, the lifestyle-related diseases like diabetes, cardio-vascular and respiratory diseases, account for 80% of the premature deaths in the Baltic Sea Region (World Health Organization, 2014), creating a high burden not only to the health sector but also to the local and regional economies. This as well as interlinked problems of e.g. climate change, healthy food, and cyber-crime pose new challenges for the city administrations. In order to ensure health and wellbeing, as well as quality of life of city residents, the new solutions should be implemented. They should rely on improved cross-sectoral governance and innovatory approach to the urban policy development. This can be done in two-fold: 1) the enhancement of cooperation between different departments within the city (e.g. health, transport, social, environmental etc.), 2) the cooperation between the city administration and other sectors (i.e. academia, NGOs and SMEs).

The cities experience the following problems:

- nowadays new urban, multi-sectoral and multi-layered challenges are presented, however, city administration still frequently adopts an automatic outdated response, their work in silos further provide fragmented, old-fashioned and ineffective solutions, often without the consultation and inclusion of the interest groups and city residents;
- healthcare and wellbeing sectors with their wicked problems/challenges could be used as an example: the majority of problems/challenges (i.e., the obesity, social exclusion etc.) request the involvement and cooperation of multi-sectoral agents;
- there is a lack of understanding of the importance of urban health and social wellbeing innovation capacity and economic development in the cities of BSR;
- exploration of integrated, innovative and effective solutions for urban health and social well-being is and will be a key in the near future.

As the countries of the Baltic Sea Region deal with the similar problems of fragmented urban policies, the joint action to support municipalities for more effective work in health and wellbeing is relevant. To date, no country in the Region was able to develop and test an effective model of cross-sectoral partnership for urban health & wellbeing policies. Even though there is a general support towards the cross-sectoral work for health and wellbeing on the national level in every country, the cities lack the methods to operationalize this approach in practice. Over the years, there has been some attempts – some cities established cross-sectoral councils or committees or applied the cross-sectoral approach to some of their projects.

However, the study conducted by the Interreg Baltic Sea Region seed money project “For Better Health - Practical implementation of Health in All Policies in the municipalities for better health for all in the Baltic Sea Region” (2017-2018) showed that cities still struggle with making a cross-sectoral cooperation part of its daily operations. They also struggle in using the existing structures and platforms in an efficient way. The key problems were lack of capacities and (ineffective communication with other sectors. Even though this cross-sectoral cooperation seems to be a key to success in solving complex problems related to city residents’ health and wellbeing, the health and wellbeing sector have insufficient capacities and resources to initiate and coordinate the new partnerships. Involving the city residents into this cooperation and work with the private business are particularly challenging.

The practice shows, that at this moment, the city residents are involved in the processes to the limited extent – the popular practice of consultations does not give people a chance to co-create their city they would be happier to live in. The same relates to the SMEs – even though they could present the needed services and products, there is a lack of knowledge, communication and procedures for the cooperation. This is why the Healthy Boost project will work with the city administrations in the countries around the Baltic Sea Region to develop the effective model for cross-sectoral cooperation, including city residents and SMEs. The cities will then experiment with the model during their pilots. Each of the pilot constitute a city-relevant challenge, which require cooperation of many partners from different sectors. In this way, not only an innovation for health for all will be developed, but the cities will improve their capacities for innovatory cooperation that fits the challenges of the 21st century and can create more resilient cities for its residents. Although urban health and social wellbeing are the main considerations, the developed solution will be applicable to any similar complex/related urban challenge with cross-sectoral cooperation need.

9. Reference of the “Healthy Boost project” (2019-2021) to the other similar initiatives

Several projects with the focus on promotion cross-sectoral approaches to improved health have been realized. Healthy Boost builds on their experience and adds a new value to them through innovative new approaches (i.e. the use of virtual reality) and creating sustainable models and interventions that will be continuing to develop after the project funding ends.

The Interreg BSR Project BaltCityPrevention being implemented between 2017-2020 is developing a cross-sectoral intervention model for reducing NCDs. Healthy Boost lead partner, BRHCA is a partner in this ongoing project and

will be able to build on the findings and results to create a model that is able to be generalized to city administrations for a variety of departments and a multitude of issues facing cities.

The Horizon 2020 research project INHERIT - Identifying ways of living, moving and consuming that protect the environment and promote health and health equity - aims to encourage the EU inhabitants to modify the current lifestyles, characterized by a 'take, make, consume, dispose' models of growth, to formulate scenarios for a more sustainable future, and to design, implement and test inter-sectoral initiatives to achieve the desired change.

Previous projects such as Equity Action which was a Joint Action project between the EU and Member States between 2011-2014 focused on decreasing health inequalities through intersectoral action. This project's research helps to highlight the need for policy makers to have a Health in All Policies approach, but doesn't give a model for how to implement this on a local municipal level.

Another past project which Healthy Boost hopes to build on is Place Standard which created a framework for urban areas to evaluate the physical and social aspects that contribute to the health and well-being of the inhabitants in a participatory way. This tool although useful is narrow in its application and can be used to help identify areas that need to be strengthened.

Appendix A:



Introduction:

This survey is designed for managers of sectors in the city administration. The aim of the survey is to gather information on the needs of the professionals when it comes to cross-sectoral work for health and well-being. This is defined as activities or projects between two or more sectors with the goal of improving the health and well-being of the citizens. The results of this survey will be used in the "Report on the state of play in the field addressed" as part of the *For Better Health* Interreg Baltic Sea Region co-financed project. The survey will take approximately 10 minutes to complete. Thank you for your participation.

Survey Questions:

1. Which country do you work in:
 - A) Denmark
 - B) Estonia
 - C) Finland
 - D) Germany
 - E) Latvia
 - F) Lithuania
 - G) Norway

- H) Poland
- I) Sweden

2. Gender

- A) Male
- B) Female
- C) Prefer not to answer

3. Age

- A) 20-29
- B) 30-39
- C) 40-49
- D) 50-59
- E) 60-69
- F) Prefer not to answer

4. In which of the following city administration offices/sectors do you work: (Select all that apply)

- A) Health
- B) Health Promotion
- C) Recreation
- D) City Planning
- E) Youth Programs
- F) Transportation
- G) Culture
- H) Social/Welfare
- I) Environmental
- J) Strategic Planning
- K) Education
- L) Central Administration
- M) Other: (Please specify)

5. How many years have you been working in your current position?

- A) < 1 year
- B) 1-3 years
- C) 3-5 years
- D) 5-10 years
- E) > 10 years

6. Does your city use cross-sectoral collaboration for health approach for improving the health of the citizens?

- A) Yes
- B) No
- C) I don't know
- D) I don't know what that is

7. Do you see a benefit in doing cross-sectoral work for health and well-being?

- A) Yes
- B) No
- C) I'm not sure

8. How would you best describe the amount of cross-sectoral work for health and well-being your office does?

- A) Frequently and with a variety of sectors
- B) Frequently with one sector
- C) Occasionally with a variety of sectors
- D) Occasionally with one sector

- E) Rarely any cross-sectoral work
- F) Never

9. Which sectors do you frequently work with? (you can select multiple answers)

- A) Health
- B) Health Promotion
- C) Recreation
- D) City Planning
- E) Youth Programs
- F) Transportation
- G) Culture
- H) Social/Welfare
- I) Environmental
- J) Strategic Planning
- K) Education
- L) Central Administration
- M) Other: (Please specify)

10. What kind of projects are done in cross-sectoral cooperation for health and well-being, and on which level (local, regional, national)?

(Short answer box so they can type in an answer)

11. What kind of activities are done for cross-sectoral cooperation for health and well-being, and on which level (local, regional, national)?

(Short answer box so they can type in an answer)

12. Which of the following do you see as a barrier to implementing cross-sectoral work for health and well-being in your city? (you can select more than one)

- A) Administrative – Difficulty with reporting or budget procedures when doing cross-sectoral work
- B) Economic - Lack of funding given to cross-sectoral work/projects
- C) Lack of general consensus on why the cross-sectoral cooperation improves project outcomes
- D) Lack of political support
- E) Lack of leadership for cross-sectoral work for health and well-being
- F) Lack of working model or framework on how to implement cross-sectoral cooperation for health in your city
- G) Lack of commitment from the regional and national level (i.e. relevant strategies or guidelines)
- H) Organizational – Each department works within their own field
- I) Other (Please specify)

13. Would you like to be involved in more cross-sectoral work for health and well-being than you are currently doing?

- A) Yes
- B) No
- C) I'm not sure

14. In regards to improving cross-sectoral work for health and well-being in your city, what would you need? (You can select more than one)

- A) More working time
- B) More funding
- C) More political support
- D) More commitment from the regional and national level
- E) Stronger communication between sectors
- F) Leadership from within my sector to initiate the cooperation
- G) A clear model or framework on how cross-sectoral cooperation for health can be applied in my city
- H) Other (Please specify)

Post-Survey Question: May we contact you in the future to schedule a short interview for more detailed answers on the subject of cross-sectoral work for health in your city?

- A) Yes
- B) No

If answer above is "Yes": Name, Email, Phone Number

Appendix B

The goal of the interviews is to gain a deeper understanding of the current practices and barriers to cross-sectoral work for health and well-being. You are welcome to ask the questions that you think will help you gain this knowledge based on the survey results but as a blueprint here are a few questions that could be asked:

- 1. How would you describe the cross-sectoral work your office does?**
- 2. What kinds of projects are done in cross-sectoral cooperation?**
- 3. What do you see as the main barriers to implementing cross-sectoral work for health and well-being?**
- 4. What are concrete examples of things your city could do to increase the amount of cross-sectoral work for health and well-being?**