

Electronic Communication and 'Healthy Cities' Projects in Europe

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Healthy Cities, a network of cities that experiment with new ways of promoting health and improving the environment, began as a project of the World Health Organization's Regional Office for Europe in 1986. From the beginning, facilitating communication and information exchange among the member cities has been a key function of the project. Effective information support, using electronic mail, computer bulletin boards, and networked databases, is one way of ensuring that the project remains a dynamic and effective force for change at the local level.

Introduction

Internationally, there is a gradual but accelerating polarisation of social, political, and economic power. On the one hand, demands for economic integration and the need for concerted action on common problems drive 'globalisation'. Societies, however, are not ready to relinquish loyalties to families, religion, race, and local areas. As a result, it seems that the world is returning to an ancient paradigm of supra-national empires and powerful city-states (Rohwer, 1992). The healthy cities concept, implementing the global Health for All strategy at a local level, takes advantage of this global/local dichotomy. One of the most prominent health promotion movements ever, it has been adopted by hundreds of cities world-wide.

The WHO Healthy Cities Project

Healthy Cities in Europe began as a project of the World Health Organization (WHO) Regional Office for Europe in 1986. It is a network of European cities that experiment with new ways of promoting health and improving the environment. The goal of the project is to turn the vision of a healthy city into reality through political commitment, diffusion of ideas and experiences, and institutional change.

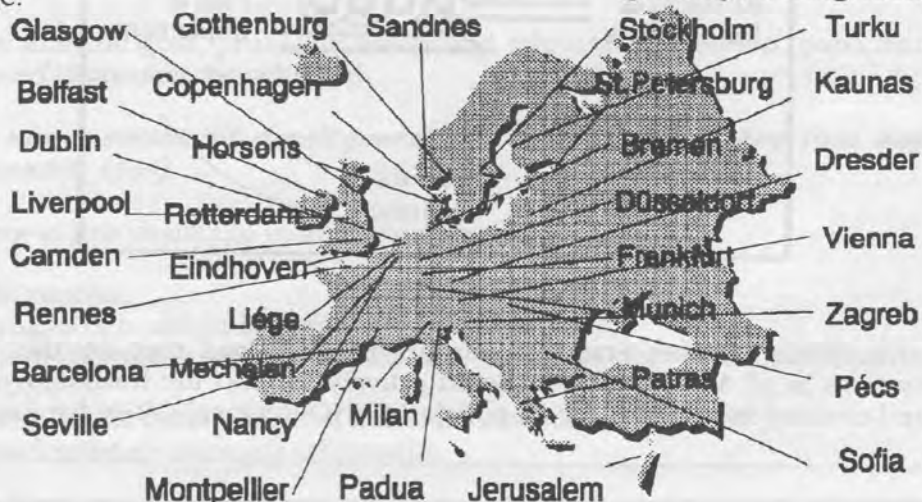
The core group of WHO project cities share an understanding that health is a social as well as an individual resource and that it is a social and political responsibility as well as an individual choice. Cities must show a strong commitment to the Health for All strategy, demonstrate the political will and resources to make it a reality, and share their experiences with others.

The Project Cities, as well as others, also work together in small issue-specific groups and in EURONET (the European National Healthy Cities Networks Association).

The Healthy Cities Project Office at WHO in Copenhagen coordinates the project. It provides international leadership in innovative action for health, in diffusion of the Healthy Cities concept, and in building coalitions of international organisations interested in health promotion at a local level.

In phase two of the project (1993-1997), the international priorities are to further develop the new city network, city projects particularly in central and eastern Europe, the EURONET association, support centres, and strategic links with international organisations that have related mandates.

Figure 1: 1992 Project Cities—Thinking globally; acting locally.



Information Exchange and Communication in the Healthy Cities Project: A History

From the beginning, facilitating communication and information exchange has been a key goal of the Healthy Cities Project. Information is needed to support promotion of the healthy cities concept, project management, implementation of the project's policies and action plans at a local level, evaluation and consultation, and information exchange between cities (Tsouros, 1992).

As early as 1988, the roles of the various partners in this area were defined (WHO Healthy Cities Project, 1988): project cities would provide information and models of good practice which the WHO project office would condense and disseminate.

These responsibilities were elaborated in 1989, and the resultant Information Exchange and Consultation Strategy (see Figure 2) outlines joint strategies for project evaluation, communication, and local health assessment. Questionnaires, interviews, city visits, business meetings, symposia, and publications have been the primary methods used to achieve these objectives.

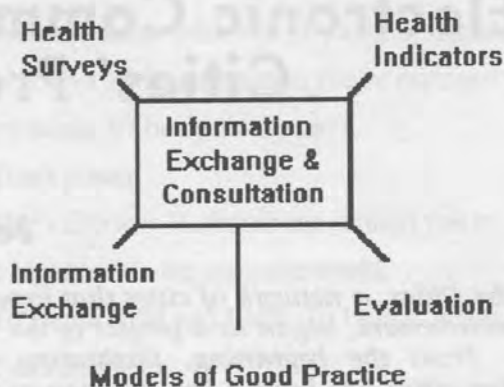


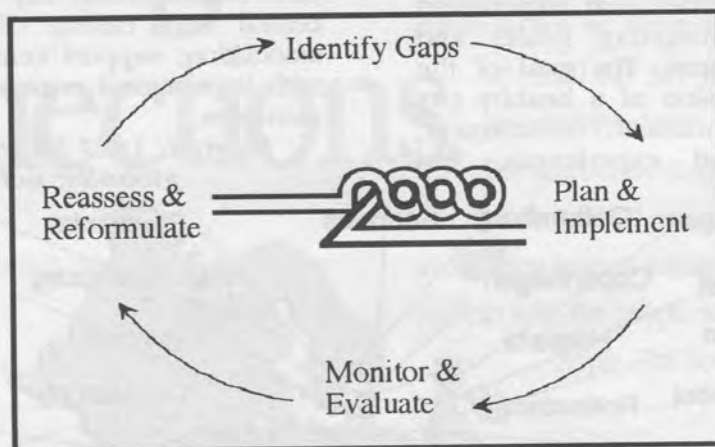
Figure 2: Information Strategy

Since a new phase of the project (1993-1997) is beginning, the existing methods of information exchange and communication are being reassessed. In a 1991 survey (West, 1991), cities highlighted the following needs:

- information about other project cities (activities, contact persons, etc.),
- models of good practice,
- improved presentation and visibility of information,
- documents in local languages to facilitate dissemination,
- regular newsletters for the project, and

Informatics and Health for All

In 1977, the Alma Ata Declaration on Primary Health Care signalled the start of a new direction for public health. At the same time the world's first personal computers were being produced - a reflection of the world-wide revolution in methods of information collection, processing, and management. It was inevitable that these two forces would meet. Today, informatics is acknowledged as 'both an integrated and integrating element in the HFA [Health For All] framework' (WHO, 1988).



Recognising this, WHO Member States in Europe have pledged that 'by the Year 2000, health information systems in all Member States should actively support the formulation, implementation, monitoring, and evaluation of health for all policies' (WHO Regional Office for Europe, 1985).

- comparable local data based on standardised indicators.

In addition, the Project Office has identified a need for more structured information to assist with the on-going management of the project.

This goal will be achieved when better use is made of existing knowledge and when relevant information, filtered for quality, reaches priority user groups.

Current Developments in Information

1993 is a year of capacity building for the healthy cities project, and one of the areas of emphasis is information support. In an attempt to address the identified needs, there are on-going projects to improve information management within the WHO Project Office, to promote new ways of communicating with and between cities, and to enhance access to information for cities.

WHO Project Office Publications and Database: As the movement grows, so does the demand for information about the healthy cities concept and practice. To address this need, WHO is producing a series of booklets covering a wide variety of topics. In addition, a computerised database is being developed to assist with the internal management of information at the WHO Project Office. This

system contains data on demographics, social and environmental conditions, project structures, key contacts, and on-going activities in project cities.

Electronic Links: In addition to printed publications, the project is attempting to use electronic links to improve communication. In the first phase of the project an electronic network was established to link cities and WHO (see Figure 3). All Project Cities, National Network members and WHO Collaborating Centres are welcome to join the network, and, as of March 1993, 20 healthy city partners were connected.

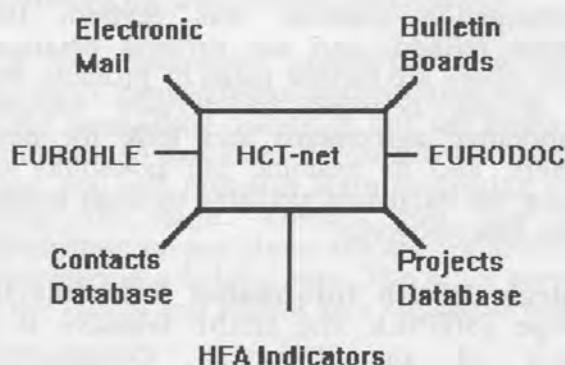


Figure 3: HCT-net Linking Healthy City Partners

Central and Eastern Europe...A Special Informatics Challenge

Socio-economic conditions in much of central and eastern Europe are changing rapidly. Traditional, highly-centralised systems are crumbling and new ways of structuring and managing health services are needed. If the information services are inadequate in such a volatile context, rapid change could lead to rapid failure.

In particular, indicator data and information on restructuring health services are critical for immediate decision-making. Longer term health information plans are also needed, in conjunction with overall Health For All policy development. Creating such a plan means:

- re-evaluating existing information structures,
- ensuring independence of data services from those on which they report, and
- overcoming resistance to reporting to central public health authorities.

Only then can the ultimate goal, providing timely and relevant information, particularly at the local level where the need is greatest, be achieved.

'Informatics' is not a sector of development but has become a key tool and strategy to development (Mandil, 1989).

WHO is responding to this challenge in numerous ways:

- producing health profiles,
- developing databases of health indicators and medical services,
- promoting, where possible, telecommunications networks for electronic mail and access to international databases,
- creating guidelines for the development of health information systems, and
- training local professionals in health informatics.

Electronic mail and bulletin boards are at the core of the Healthy Cities Telecommunications Network (HCT-net). In addition, the network allows on-line access to several databases. Some, such as the listing of on-going projects in the cities and the city profiles, are specific to the Healthy Cities Project. Others are more general health promotion databases including EURODOC (a documentation retrieval system), EUROHLE (for health legislation), and a database of national Health For All indicators.

Phase two of the project provides an excellent opportunity to revitalise this potentially valuable tool for communicating with and between cities. In the first quarter of 1993 the documentation material was revised, the network refined, and the projects database tested. There are further plans to promote the use of the network, to develop existing collaborative agreements and look for new partners, and to examine the possibility of making the databases available through public access data networks.

Strategic Health Informatics Networks in Europe (SHINE): The SHINE initiative is a project of the European Community's Advanced Informatics in Medicine program. It aims to develop a framework which can be used to integrate information from primary care to the international levels. The Healthy Cities Project is the focus point within WHO for this initiative.

Conclusion

Five years have passed since the beginning of the healthy cities project, but its goals for communication remain the same:

- to understand and appreciate the various facets of health and the environment in cities,
- to monitor and assess the process of change,
- to share experience and expertise, and
- to enhance and facilitate collaboration in planning and joint action.

The wide variety of activities planned as part of the second phase of the healthy cities project demonstrates WHO's commitment to achieving these objectives. Such information support will help maintain the project's high impact and visibility even as the number of core cities, their diversity, and the overall movement continue to grow. Only thus can healthy cities achieve its overall objective—making health everyone's business.

References

Mandil, Salah (1989). 'Health Informatics: New Solutions to Old Challenges', *World Health*, August/September.

Rohwer, Jim (1992). 'What's in a Nation', *The World in 1993*, London: The Economist Publications.

Tsouros, Agis (Ed.) (1990). *World Health Organization Healthy Cities Project: A Project Becomes a Movement—Review of Progress 1987-1990*, Milan: Sogess.

Tsouros, Agis (1992). 'Information on the Healthy Cities Project: Current needs and priorities', *Information in a Healthy Society—Health in the Information Society*, Kneysel: Akontes Publishing.

West, van der, G. H. (1991). *The Labyrinth of Healthy Cities: Communication and Information in the European Healthy Cities Network—An Inquiry*, Maastricht: University of Limburg.

World Health Organization (1988). *Informatics and Telematics in Health: Present and Potential Uses*, Geneva: WHO.

World Health Organization Healthy Cities Project (1988). *Five Year Planning Framework*, Copenhagen: WHO Regional Office for Europe.

World Health Organization Regional Office for Europe (1985). *Targets for Health for All: Targets in Support of the European Strategy for Health for All*, Copenhagen: WHO Regional Office for Europe.

About the Author

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Conferences



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