

Defining Inequalities and Taking Collective Action



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[@belfasthealthy](https://www.instagram.com/belfasthealthy)

WHO European Healthy Cities Network

- Currently consists of **1400 cities / 165 million people** supported by National Healthy Cities Networks in 30 countries
- 78 WHO flagship designated cities, plus 18 applicant cities = **96 cities in total**
- Now in Phase VII (2019 – 2025) the network was founded in 1988 - it has been running for **30 years**



WHO European Healthy Cities Network Phase VII (2019–2025)

Building
strong
partnerships,
alliances and
networks

Designing
supportive
environments
to meet the needs
of all citizens

Tackling
the wider
determinants
of health

Creating
effective policies,
strategies and
tools for
action.



Programmes

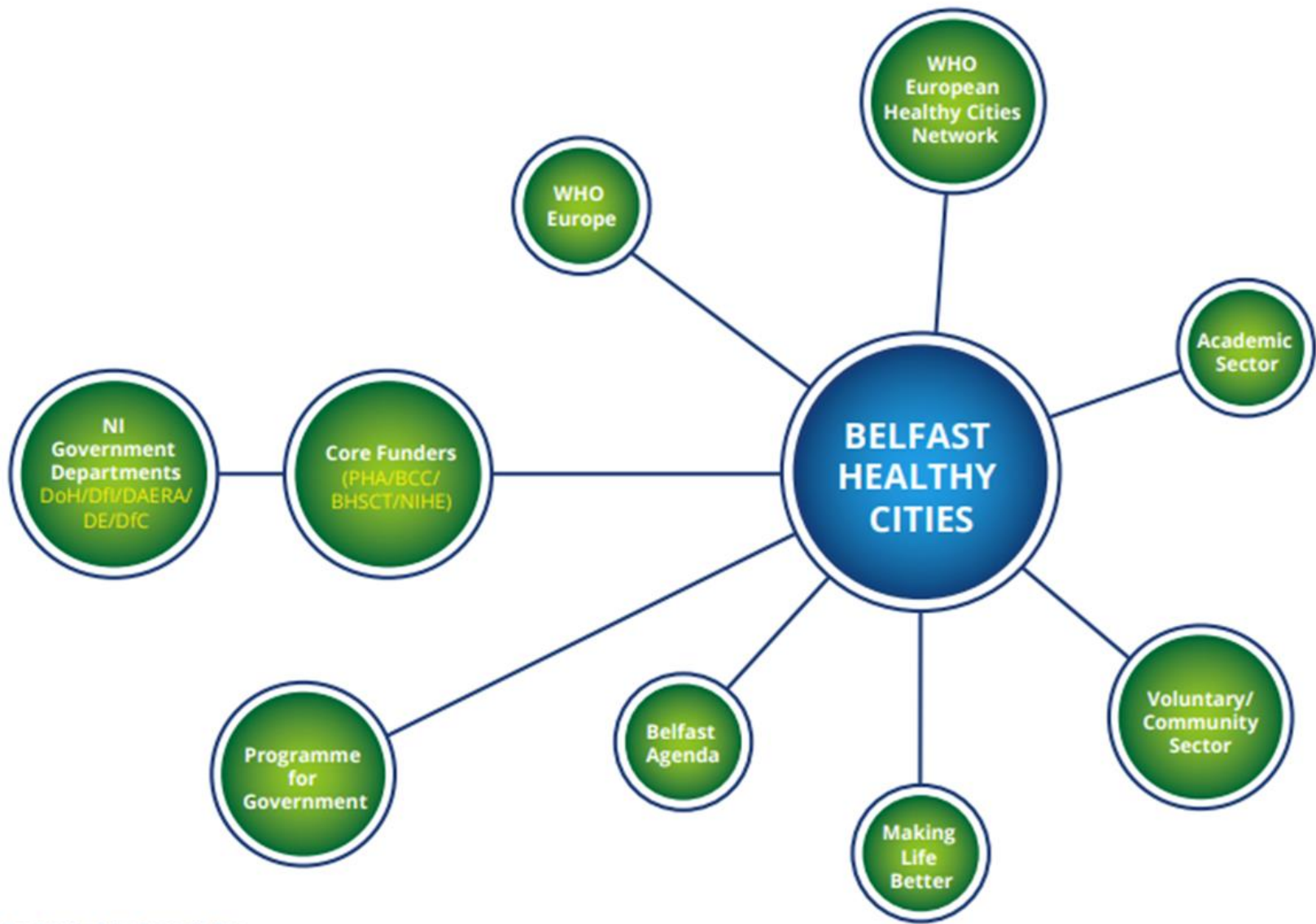
Promoting
Healthy
Transport

Greening the
City

Community
Prosperity

Increasing
Knowledge and
Capacity
Building

Maximising Learning &
Knowledge Exchange
from Global, European
and other networks

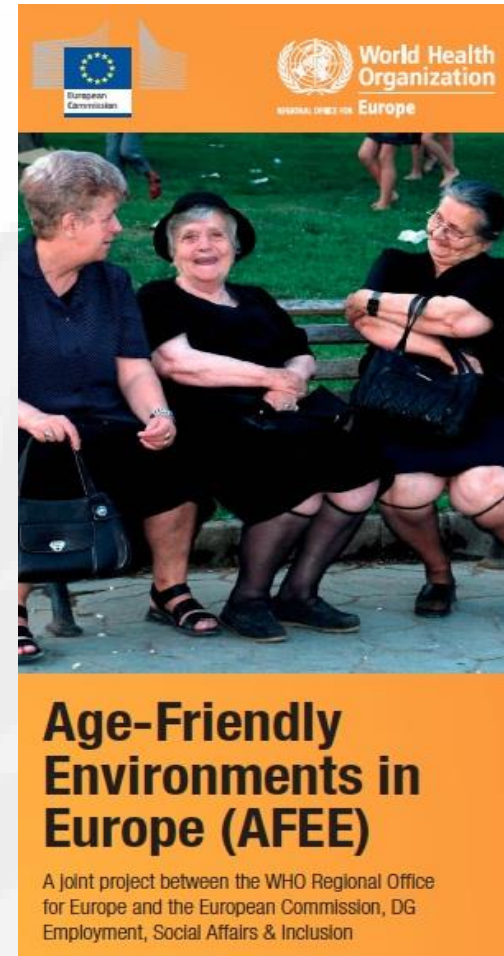


Belfast Healthy Cities Strategic Plan



Main Challenges in Europe

- Ageing populations
- Climate change
- Environmental challenges
- Inequalities, economic & social challenges
- Migration & urbanisation
- Non Communicable Diseases (NCDs)



COVID-19 lens

Inequalities in health “are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of peoples lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.”

Closing the Gap in a Generation, WHO Commission on the Social Determinants of Health (2008)



Closing the gap in a generation

Health equity through action on the social determinants of health



http://www.who.int/social_determinants/thecommission/final_report/en/



Understanding equity

“If you live longer than I do, or if you suffer from less sickness and disability, our health status is unequal. There is inequality between us but not necessarily inequity. The differences may not result from our living conditions, which may be essentially the same, but from accidents, genetics or lifestyle choices.

If, however, the differences in our health result from different living conditions, mine being less satisfactory than yours, a question of inequity arises”.

Ron Draper, WHO Healthy Cities

Equality



Equity



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For example, children from poor families are more likely:

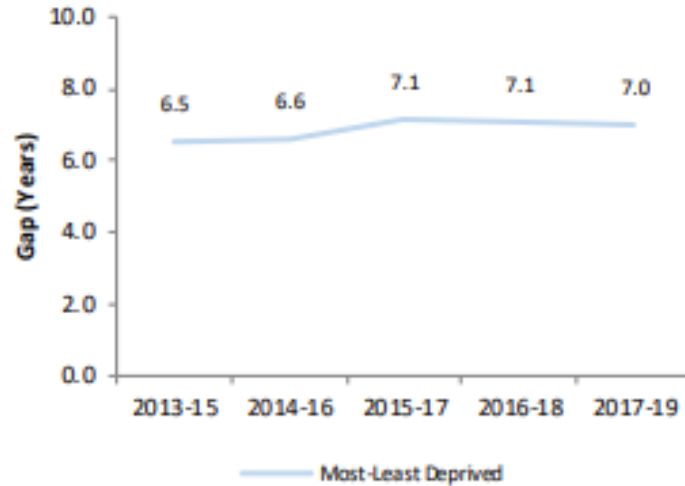
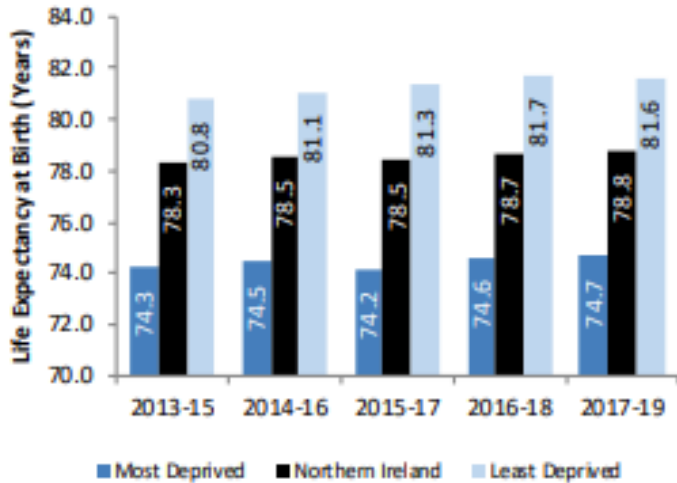
- to be born with low birth weight
- suffer passive smoking
- eat less nutritious food
- be less successful in school
- live in an area with more pollution and dangerous traffic
- have a parent who is unemployed
- have less choice when looking for a job themselves



...the problems accumulate throughout life

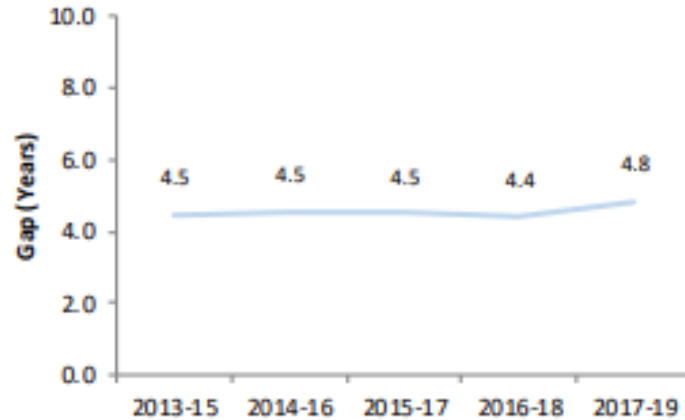
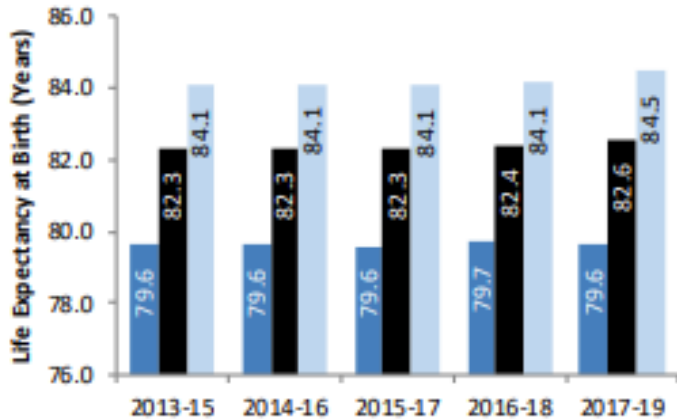
Male Life Expectancy at Birth

NI



Female Life Expectancy at Birth

NI

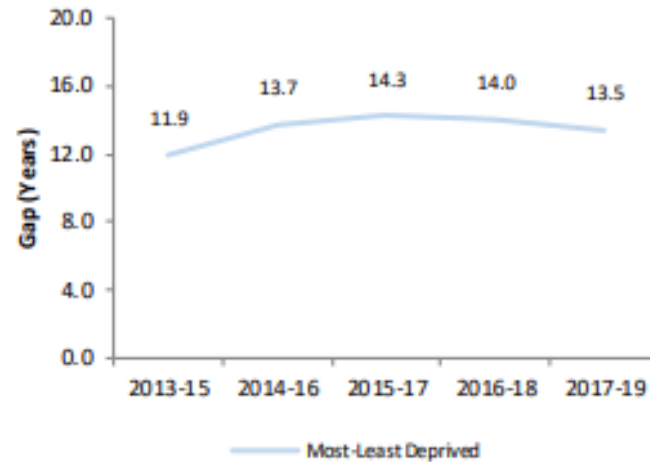
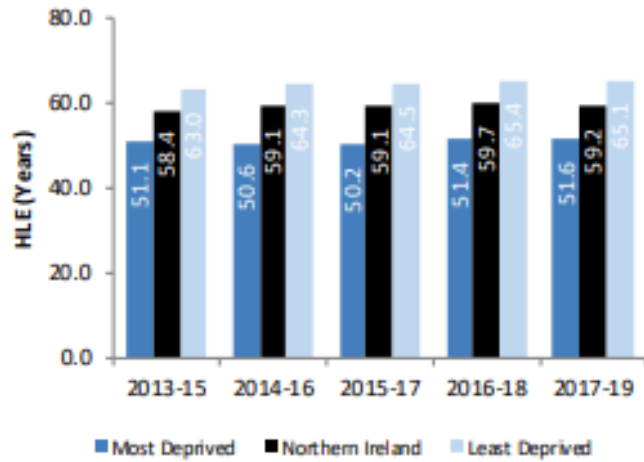


Department of Health NI (2021) Health Inequalities Annual Report 2021



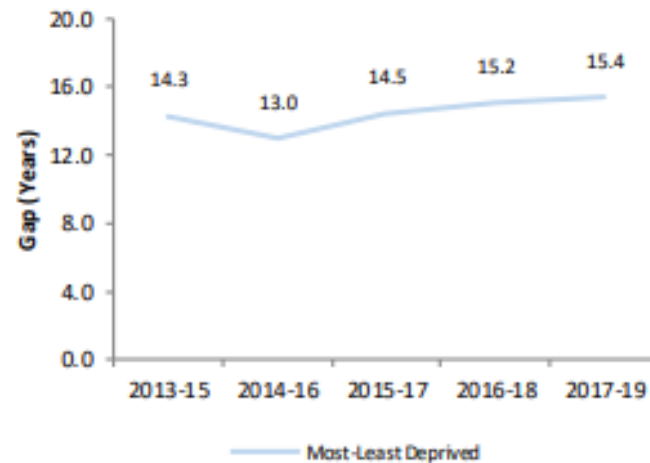
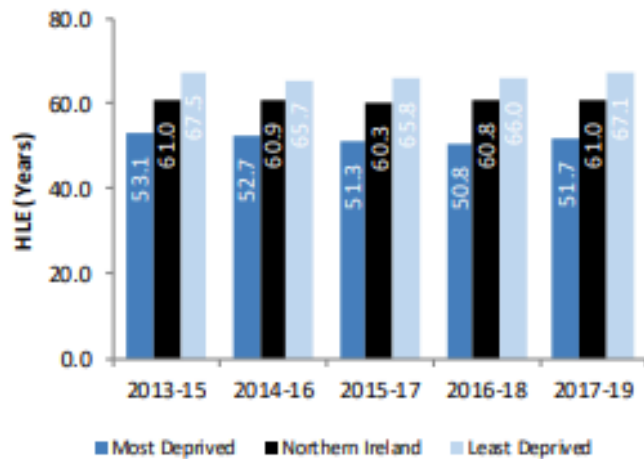
Male Healthy Life Expectancy

NI 



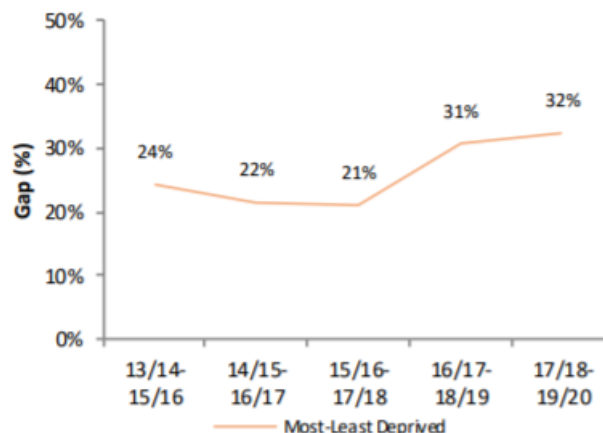
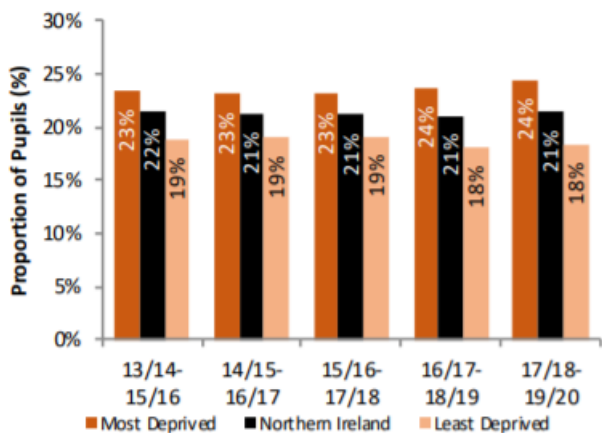
Female Healthy Life Expectancy

NI 



Department of Health NI (2021) Health Inequalities Annual Report 2021

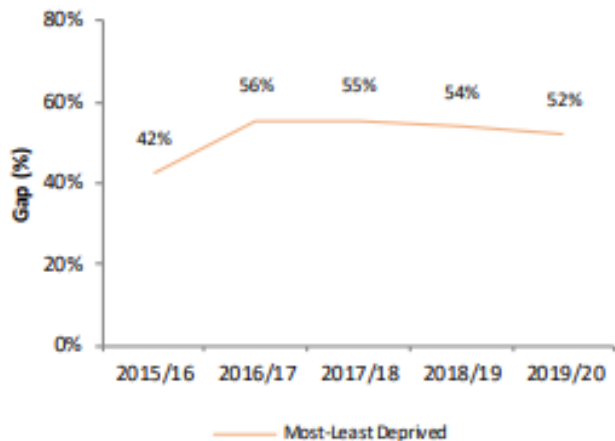
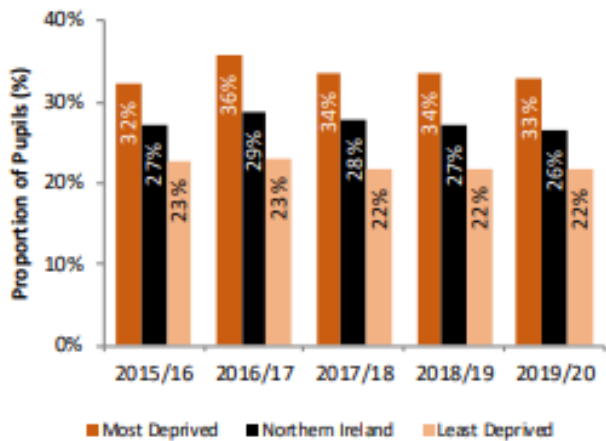
Primary 1 BMI: Overweight or Obese



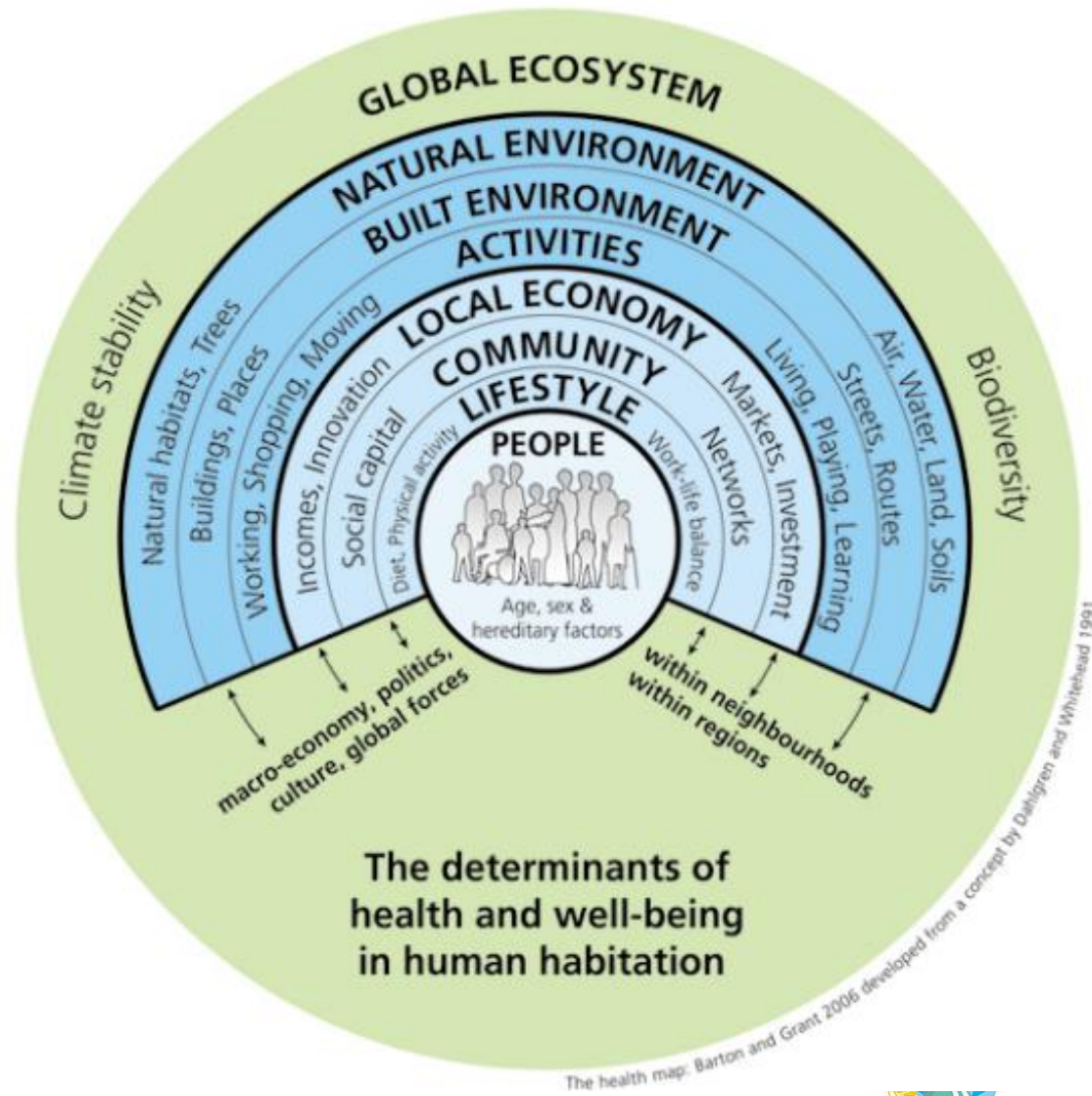
Annual Report 2021

Childhood Obesity

Year 8 BMI: Overweight or Obese²³



The greatest potential to reduce health inequalities ... is through addressing the wider determinants of health: the conditions in which people are born, grow, live, work and age.



Healthy Places, Healthy Children

Key Stage 2 teaching resource



Health Equity Tools

- Health Impact Assessment
- Health in All Policies



World Health Organization
Healthy Cities for Europe

Healthy, prosperous lives for all:
the European Health Equity Status Report
Executive Summary



Health & Health Services



Health & Income Security and Social Protection



Health & Living Conditions



Health & Social and Human Capital



Health & Employment and Working Conditions



FOCUSING ON EQUITY AND HEALTH: AN INEQUALITY SCREENING TOOL FOR POLICY AND OTHER TYPES OF PROPOSAL



Reducing inequalities is a priority for partnerships across Belfast. This one-page tool, comprising seven questions, is designed to help explore the potential effects of policy and other types of proposals on the health and socio-economic inequalities in local communities and neighbourhoods of the city of Belfast. As such, it helps to "proof" policies, strategies, plans and commissioning frameworks against the potential effects of the inequalities and inequities to which individuals in communities may be exposed, affecting not only their lives but also the sustainability of the city and its services.

Who is the tool for and why use it?

This tool is designed for people in the public, private, community and voluntary sectors who are responsible for developing policy and other types of proposals and for commissioning services and assessing whether the services the community receives are addressing inequalities. It can help to identify whether the policy or other type of proposal:

- supports people with pre-existing inequalities, and does not worsen them;
- does not give rise to the unintended consequence of introducing inequalities where previously there were none.

When should I use it?

The tool can be used:

- at the start of the process of developing policy or other types of proposal, including specifications for commissioning, to make explicit the need to address inequalities and ensure equity;
- towards the end of the process, when checking the policy or other proposal to ensure there are no unintended consequences, such as worsening pre-existing inequalities or the introduction of a new set of inequalities.

How should I use it?

The tool can be used in two main ways: (i) as an individual when drafting a proposal or commissioning a service or when checking for unintended consequences; (ii) with a group of people internally, or with external involvement, when drafting a proposal or commissioning a service or when checking for unintended consequences.



Belfast
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Healthy City



European Commission

From Farm to Fork: Our food, our health, our planet, our future

The European Green Deal

May 2020
#EUGreenDeal

Moving towards a more healthy and sustainable EU food system, a cornerstone of the European Green Deal



Make sure Europeans get healthy, affordable and sustainable food



Tackle climate change



Protect the environment and preserve biodiversity



Fair economic return in the food chain



Increase organic farming

Making the transition happen: informed choices and efficiency gains

> **The creation of a healthy food environment which makes the healthy and sustainable choice the easy choice.**



It is estimated that in the EU in 2017 over **950,000** deaths were attributable to unhealthy diets (one out of five).



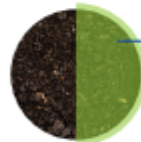
A healthy and plant based diet reduces the risk of life threatening diseases and the environmental impact of our food system.

> **Food labelling to empower consumers to choose healthy and sustainable diets**



The Commission will propose mandatory harmonised front-of-pack nutrition labelling and develop a **sustainable food labelling framework** that covers the nutritional, climate, environmental and social aspects of food products.

> **Stepping up the fight against food waste**



Halving per capita food waste at retail and consumer levels by 2030.

The Commission will propose legally binding **targets** to reduce food waste across the EU by 2023.

> **Research and innovation**

EUR 10 billion under Horizon Europe to be invested in R&I related to food, bioeconomy, natural resources, agriculture, fisheries, aquaculture and environment. Knowledge transfer will be essential. The CAP's Farm advisory services and Farm sustainability data network will be instrumental in assisting farmers in the transition.

> **Promoting the Global transition**

Making European food famous for its sustainability can add a competitive advantage and open new business opportunities for European farmers.

The EU will collaborate with third countries and international actors to support a global move towards sustainable food systems. **A sustainability food labelling framework will facilitate consumer choice.**



Greening the City

To green or not to green?



Urban green spaces and health

A review of evidence

63% of global mortality, about 36 million deaths per year, is due to chronic diseases

Physical inactivity, that is likely to be more common among urban populations (due to poor walkability and lack of access to recreational areas) is responsible globally for 3.2 million deaths annually



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Healthy City

WHO Regional Committee

“Whether solidarity will come from the heart or from the brain, it is an essential dimension of future societies. Leaving no country behind, leaving no individual behind, is not a slogan. It is our collective duty.”



Thank-you

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