Understanding the role of universities in the European Healthy Cities Programme

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The WHO Healthy Cities initiative is a global movement supporting a city-wide, holistic approach to public health.

A healthy city ‘is one that improves its environments and expands its resources so that people can support each other in achieving their highest potential’ (WHO, 1997). It means that processes and structures are in place and there is a commitment to improving health rather than being defined by a level of absolute health. A city also needs to demonstrate that it has the political commitment and structures in place to galvanise action.

The first European phase was established in 1987 and the European network currently consists of over 90 cities and towns from 30 countries across the WHO European Region that are committed to health and sustainable development. A city joins the European network based on criteria that are renewed for each five year phase. Each phase of the network focuses on an overarching goal and core themes. The Zagreb Declaration for Healthy Cities (WHO 2009) was signed by politicians in 2008 and details the objectives for the current Phase V (2009–2013) with the overarching goal of ‘health and health equity in all local policies’ and the three core themes of:

- caring and supportive environments
- healthy living
- healthy urban environments and design
The WHO Collaborating Centre at UWE has been involved in supporting healthy urban planning within the network since the concept was first developed in 1998. The WHO CC is also a founder member of HAVEN, a consortium of universities and cities set up to provide academic support to the WHO Healthy Cities initiative.

A new priority for the current phase of the programme is to develop a higher level of academic support and collaboration between the member cities and universities, reflecting a need identified by the WHO to better connect the worlds of research and policy development (WHO 2008). In 2011, WHO Europe asked HAVEN to map the training and academic support needs of the cities across the network. A survey was designed by HAVEN partners and sent out to all the programme co-ordinators in each city asking what sort of knowledge, skills and academic input they needed to enable them to best achieve the aims of the WHO Healthy Cities programme.

Cities were asked what core issues and skills they needed assistance with and how training could best be delivered; and, key to the university collaboration issue, what knowledge training was required and how they already worked with universities. This element of the survey was designed to find out how nearby universities could use their intellectual capital and research expertise to support the cities.

Analysis of the results from the 40 responses to the survey indicated a wide diversity in experience and therefore needs for training across the core themes and skills. The most popular issue for training was the overarching theme of ‘health and health equity in all policies’ (45) – including developing and monitoring interventions to improve equity. Next in popularity was raising population health literacy (11), then active citizenship (8), healthy urban planning (7) and age friendly cities (7). These key areas reflect both the priorities of the cities but also where they currently feel least able to deliver effective responses. The required skills that cities most often identified were strategic influencing, negotiation, leadership and securing community involvement.

In terms of university involvement, each respondent was asked to identify the three most important knowledge training needs within their city. Below are the most popular responses:

- Assistance with preparing, developing and using an evidence base: 55%
- Assistance with applying the findings from research: 37%
- Support with producing and evaluating measurable results, developing indicators and measuring health outcomes: 27%

These results provide an indication of where the academic expertise contained within the universities might be of greatest use to the member cities and will be used by the HAVEN consortium to help universities focus their interactions. They reflect the issue identified by
de Leeuw (2008) and WHO (2008) that research, policy and practice need to have better connections.

Cities were also asked about their nearby universities. Almost all respondents had at least one nearby university and nearly 75% had contact with at least one university. The nature of the links can be broadly grouped as follows:

- collaboration, partnership agreements and joint projects – 33%;
- research and scientific investigation – 27%;
- university is part of the governance of the healthy city group – 21%;
- teaching links and student placements – 13%;
- training for healthy city personnel, joint events and implementation – 6%.

The city co-ordinators were asked about the benefits of these links and it was clear that they were valued for giving them access to academic research, a more rigorous evidence base and for evaluation of actions; but they also saw a mutual benefit through collaboration, sharing of knowledge and student involvement.

Initial results analysed by the WHO Collaborating Centre at UWE, were presented to the 2011 annual European conference of the Healthy City programme in Liege. Delegates discussed how to square the needs of universities for primary research and academic publishing with that of the cities for evaluations of local activities and practical case studies. The conference agreed that universities could support the cities in developing good case studies for effective dissemination and academic publication reflecting a previously identified need for better sharing of case studies to help mainstream good practice across the network (Lawrence and Fudge, 2009). Some of the other areas where academic input was valuable could be categorized as the ‘third arm’ of university activity, namely knowledge sharing and the outreach role that all universities have in connecting with their local communities and the real world.

A follow-up survey to increase the response rate was carried out in January 2012. The results from both surveys are being compiled into a full report to the WHO with further recommendations as to how best to foster effective international collaboration and professional development across the network, identifying potentials for future research, evaluation and training directly linked to the world of policy and action in the cities.
References


