Denmark's network of healthy cities...

Denmark's Healthy Cities Network has the following members:

- Nordjyllands County
- Storstrøms County
- Sønderjyllands County
- Vejle County
- Vestsjællands County
- Viborg County
- City of Copenhagen
- Municipality of Haderslev
- Municipality of Herlev
- Municipality of Holbæk
- Municipality of Holstebro
- Municipality of Horsens
- Municipality of Nordborg
- Municipality of Vallø
- Municipality of Århus

For further information on Denmark's Healthy Cities Network, please contact:

Health City secretariat
36 Storegade
DK-6430 Nordborg
phone: +45 7345 1390
fax: +45 7345 1393
e-mail: lassen@nordborg.dk
www.sund-by-net.dk

For further evaluation on the evaluation please contact:

Niels Kr. Rasmussen
National Institute of Public Health
25 Svanemøllevej
DK-2100 Copenhagen
Denmark
phone: +45 3920 7777
fax: +45 3920 8010
e-mail: nkr@dike.dk
www.dike.dk

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Denmark's network of healthy cities

Annual Report 2000

National Institute of Public Health

DENMARK'S HEALTHY CITIES NETWORK

Denmark's network of healthy cities

Annual Report 2000

National Institute of Public Health

Denmark's network of healthy cities
Annual report 2000

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Requests for additional reports should be addressed to:
National Institute of Public Health (NIPH)
25, Svanemøllevej - DK-2100 Copenhagen Ø
Denmark

Telephone +45 39 20 77 77 - Fax +45 39 20 80 10
E-mail DIKE@dike.dk http//: www.dike.dk

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Foreword

This is the first annual report for the Danish Healthy City Network. The report is the result of collaboration between the Healthy City Network and the National Institute of Public Health (NIPH). Data for the report was primarily gathered via an internet-based questionnaire, completed by the Healthy City coordinators. Data from various other documents and reports have also been used.

The work in preparing the annual report questionnaire has been largely carried out by MSc., Ph.D. Niss Skov Nielsen, NIPH. Also, an evaluation steering group consisting of: Healthy City coordinators Gregor Gurevitsch, Nordborg Municipality, Søren Kølster, Viborg County, Ragnhild Lindsø, Vestsjællands County, together with director Finn Kamper-Jørgensen, NIPH and deputy director Niels Kr. Rasmussen, NIPH has contributed along the way with ideas and suggestions for the work and discussed concrete changes. Additionally, the Healthy Network's plenary commented on and followed the drafting of the report form.

Research assistant, MA Political Science, Jeanette Nørlev, NIPH, has carried out the collection and analysis of the data, together with writing this report. The technical aspects of the reporting system were developed and implemented by consultant Thor Ahrends. Managing office clerk Hanne Mortensen has been the secretary for the project.

March 2001

Copenhagen

Niels Kr. Rasmussen
Deputy Director,
National Institute of Public Health (NIPH)

Nordborg

Gregor Gurevitsch
Chief of Health Promotion
Chairman for the Healthy City Network

Table of contents

Annual report of Denmark's network of healthy cities

Introduction

This is the first annual report of the overall Healthy City Network. Therefore, a short presentation of the Network is provided including the goals and direction of the collaboration, and the Network's organisational structure. The remainder of the annual report is based upon the responses provided to the questions in the annual report form.

Data for this annual report form was collected via an internet-based questionnaire in the fall of 1999 in collaboration between the Healthy City Network and the National Institute of Public Health (NIPH). The revised form was pilot tested in the fall of 2000, serving both as a trial run of the questions and as a guiding example for the other Network members.

After a period of data collection, a response rate of 100% was attained. With regards to both the quality and quantity of the individual responses, there were great differences. Some responses were quite adequate and detailed, while others were slightly more sparse or incomplete.

The following annual report is based upon the responses from all the Healthy City Network's members and is supplemented with information from various written documents: The Accession document from 1995, the first overall report describing the development of the Danish Healthy City Network "The Healthy City Network – development, organisation and achievements 1988-1997", The Healthy City Network & NIPH 1998, and the second report describing the work in the Danish Healthy City Network, "The Healthy City Network – structure, activities- & process evaluation", The Healthy City Network & NIPH 2000.

The Network's goals and direction

The Danish Healthy City Network was established in 1991 as a political binding network. It was initiated by the cities of Horsens and Copenhagen, as a consequence of their designation in the European Healthy City Network. The overall goals of the Network are that the members of the Network, through cooperation and mutual development should produce suitable methods and materials for use in health promotion and prevention work. One of the goals is that the Network should develop into a good model for how municipalities and counties can organise and carry out health promotion work. In 2000 the Healthy City Network was comprised of nine municipalities and six counties.

Since 1995 the members have worked according to the Accession document[1]. The document is regarded as a sort of "work concept"- document, where direction for the collaboration is defined. Among the Network's tasks are: mutual development, production and financing of informational material, educational material etc., development and carrying out of continuing education, coordination of campaigns and coordination with other sectors, and ensuring that there is a certain relationship between health promotion and the prevention of disease and illness at the municipal level, county level, as well as the central level. Furthermore, the Network should carry out data collection and evaluation, including being responsible for ensuring that the Network's municipalities and counties gather knowledge, materials etc. to be utilised for an eventual evaluation of both the Network and the specific projects. Along these lines, the Network should see that the requirements and direction of the evaluation as described in the MARI-document[2] are complied with.

The Network's structure and organisation

The Network is organised into four levels: plenary, executive committee, secretariat and work groups. The Network's plenary consists of the local coordinators and a representative from the National Board of Health, together with the National Institute of Public Health (NIPH). It is in the plenary that the direction for the work in the Network is established – including the primary planning for the coming period, and setting and approving the budget. The plenary constitutes the Network's decisive authority and has a minimum of three meetings per year. Every participating municipality and county has a vote at the plenary meetings. It is also at the plenary that the executive committee is chosen and work groups are appointed. The members

[1] The Accession document is summarised in English language booklet, "Denmark's network of healthy cities – development, organisation and achievement 1988-1997".

[2] The MARI-document is a monitoring- and evaluation program developed by the European WHO Healthy Cities Network.

of the Healthy City Network must, of course, have their mandate confirmed by the respective administrative bodies in their cities.

The executive committee is comprised of three to five members who are elected for one year at a time. The executive committee's main activity is the preparation and follow-up of the plenary meetings and coordination of activities. At least one meeting is held in the executive committee, prior to each plenary meeting. The executive committee selects the national network's chairman, who is the Network's official representative. The secretariat follows the national network's chairman, who is presently located in Nordborg Municipality. The secretariat collaborates with the executive committee on daily operations and coordination, including further presentation of relevant information etc. to all the Network's members. Each city pays certain fees in order to finance the activities of the Network. There are three different fees: one for municipalities with less that 20,000 inhabitants, one for municipalities with more than 20,000 inhabitants and one for Copenhagen's municipalities and counties. The work groups are established according to need. In the work groups it is possible to add external person resources, e.g. professional consultants. The work groups develop and produce the materials, courses etc. that the plenary has decided to produce and develop.

The Healthy Cities' administrative base

In the Accession document, a central point is that in order to support the local Healthy City work, both local secretariats and local coordination- or steering groups should be established. The requirement that the Network's members should set-up local secretariats should be understood as an obligation to ensure that within the municipality or county, there should be resources at one's disposal – corresponding to at least one full-time employed person to handle the local Healthy City work. The commitment doesn't necessarily imply that an independent Healthy City secretariat is established.

Which functions and activities is the local Healthy City secretariat responsible for undertaking? The main task of the secretariat is to see that activities are in accordance with county health plans (sundhedsplanerne), municipal health reports (sundhedsredegørelsen) and the Danish Government Programme on Public Health and Health Promotion 1999-2008 on the one side, and the activities, that are planned and carried out locally, on the other. Planning, implementing and reporting of health work often functions as within the secretariat's area. In addition, the work in the secretariat on activities is to communicate new knowledge about health promotion and prevention, provide motivation and support to cross-sectional and cross-technical collaboration, together with initiatives and responsibility for citizen participation. Three members stated explicitly, that there wasn't a specific goal for their Healthy City secretariat's work, but that the secretariat worked integrally with the rest of the municipality or

county in the area of health promotion and prevention of disease and illness. One municipality stated as a specific goal that the secretariat should work from a developmental standpoint.

With regards to the coordination- or steering groups, it is intended that these groups be intersectoral. Along these lines, 9 municipalities and 5 out of 6 counties have established such a local group. All of the 9 participating municipalities and 5 of the counties have representatives from health departments in these groups. Most have an equal number of representatives from cultural departments (12 of the members), technical departments (10 of the members), children/youth departments and school/education departments (9 of the members). Furthermore, some members have politicians among the representatives (3 of the members), citizen groups/associations (2 of the members) and tax departments (one of the members). Nine members state additionally, that in their coordination- or steering groups they have other representatives, including work environment physicians, representatives for the general practitioners, local medical officers (ELI) and representatives from labour unions and employer organisations.

The different members' coordination- or steering groups consist of between 5 and 15 persons. The aim is that within the groups there is cross-professional representation. Thirteen of the 15 members describe the composition of the local coordination- or steering groups. Among 9 of the 13 members, there is a health promotion and health consultant in the group. Additionally, there are physicians and dentists (among 8 of the members), school teachers (among 7 of the members), nurses and skilled persons from the labour market (among 6 of the members) engineers, skilled persons from the area of culture and education (among 5 of the members), architects/urban planners (among 4 of the members), occupational/physical therapists and economists (among 1 of the members). Ten of the 13 members have representatives from a group comprised of different professional backgrounds (sociologists, psychologists, economists, statisticians, lawyers, agronomists, social workers, pharmacists, journalists, skilled persons from the day-care field, politicians, alcohol-, elderly-, school-, project-, professional- and administrative consultants etc.). There is a very broad composition in the coordination- or steering groups in the respective counties and municipalities and, therefore, also significant resources, experiences and knowledge – from which to draw upon.

Resources for the local Healthy City work

Eleven of the 15 members (6 municipalities and 5 counties) provided information on the economic resources that are available to the local Healthy City Network[3]. Among these,

[3] It is important to note that information from, among others, Copenhagen Municipality, the largest of the Network's members, is not included.

there are significant differences in the resources that individual members invest in the Network's work. The range of reported man-years for the year 2000 ranges from 0-3. Information regarding the size of the economic resources that were budgeted and used in 2000 was generally insufficiently reported. One possible reason might be that it's difficult to separate the concrete resources that the counties and municipalities have contributed to the Network's work, from other prevention- and health promotion activities. This is the case, for example, in Nordjylland County, where the county has contracted with the municipalities. Here, a total of approximately 31 million DKK was allocated to the prevention and health promotion work, of which the funds to the Healthy City Networks is an integrated part.

The status is that the individual secretariats have expenses of between 0 – 630,000 DKK. There is an equally wide span with regards to the funds for health promotion activities. The indivi dual members' actual expenses vary from 0 – 500,000. The range is not quite as pronounced, when one looks at the budgeted numbers. Here the allocated total amounts to between 0 – 190,000 DKK. In some municipalities, the Healthy City shops are an important activity of the Healthy City Network. For this activity, all counties report neither to have used nor budgeted money to the Healthy City shops. The municipalities report to have had between 0 – 430,000 DKK in expenses, while one municipality budgeted between 0 – 360,000 DKK. In addition, some administrative ad hoc resources to the Healthy City work are utilised, without appearing directly as a Healthy City activity. Individual members estimate that they have used between 0 - 1 million DKK ad hoc within the last accounting year.

In the six Healthy City participating counties there are 130 municipalities in all. In four of the six counties there is a municipal network established handling topics in relation to health promotion. These four counties are comprised of 89 municipalities, of which 88 participate in this network. It differs from county to county, whether there are allocated economic and personnel-related resources to support the Healthy City work in the municipalities. In two of the counties no specific resources have been allocated. Here, costs are covered by the normal day-to-day costs of the prevention secretariat, as the health promotion and prevention work comprises an integral part of the overall work in the region[4].

In the other four counties there are different models for how the Healthy City work is supported in the municipalities. For example, one county has economically allocated resources these networking activities, but otherwise the activities are part of the health secretariat's overall work. Formally, a coordinator is employed, but this person also handles other planning- and development activities in the secretariat. In another county all the municipalities in the county

[4] It is interesting to note that there is not complete agreement between who has established a municipal network and who has approved funds for this work. One county has established a municipal network connected to the Healthy City Network, but has employed both economic and personnel resources for this purpose. Another county has established such a network, but has not earmarked specific funds to the work.

are being offered a 50% reimbursement of a health promotion consultant's salary for three years. Three municipalities in the county in question have taken advantage of this offer. The county offers the municipalities free project courses and diverse other courses, together with joint financing of project activities. In this way, one has send out a folder, telling about the county's offer and possibilities to yield professional support and joint financing. In the last two counties, one county contributes a location with 1 1/2 full-time position and 250,000 DKK and the other county finances approximately 40 health coordinators' salaries, together with paying half of the activities' expenses.

Health plans, health promotion and prevention policies

As an essential part of health promotion and the prevention work, the Healthy City Network's members have – with the Accession document – committed themselves to developing health plans. In 1998, all members had completed a health plan[5]. According to members' responses to the annual report form, all members today have a health plan. The goals and action plans were renewed among seven members (three municipalities and four counties) and one municipality has carried out their first plan of action. Furthermore, one member stated that a new plan was underway, while two members said that the plans were not yet politically approved, but were expected to be during spring 2001. Two participating municipalities stated that health promotion and prevention of disease and illness is one of the main themes in the municipality's plans.

An important and recurring theme in the health plans is that of a broad health concept. The concept of health and health promotion is integrated into all local activities and should be an integral part of the municipalities and counties general planning and plans of action. The overall goal is primarily to make the municipality or county a healthy place to live. One of the strategies is to make the choice of the 'healthy life' an easy choice. One county defines health and health promotion as a way to realise the good life, not as a goal in itself. This attention reflects very well a tendency in the direction of quality of life as a central goal. The development of well-being is valued higher than the attainment of material goods.

A second recurrent perspective in the health plans is citizen participation. This is pursued by supporting the citizens' own promotion of well-being initiatives, implementing the help-to-self-help principle. The focus is primarily directed towards individual responsibility, individual choice in relation to one's own life situation, strengthening of the individual's resources and the development of a local network.

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[5] The Healthy City Network consisted at the time (summer 1998) of 6 counties and 7 municipalities. Refer to the publication "The Healthy City Network – structure, activities- & process evaluation", The Healthy City Network & NIPH 2000.

From the responses it appears that the health promotion and disease prevention activities are viewed as being multidisciplinary and holistically oriented. Some of the methods mentioned include early detection and goal-oriented projects, together with creating larger awareness of health promotion behaviours. Here, much attention is paid to the fact that different population groups have different needs and health problems. Related to this, in many cases the health plans focus on different target groups, e.g. youth, elderly, ethnic minorities and families with special needs. The Danish Government Programme on Public Health and Health Promotion 1999-2008 plays a central role in many of the health plans and is referred to a number of times in connection with the local targets.

The health plans are generally characterised by the fact that a specific focus area has been selected, and both specific aims and a more politically oriented purpose and statement of goals have been established. Among the areas mentioned are those in the Healthy City Network's prioritised areas: "Health in the work place", "Accident prevention" and "Dietary habits and physical activity ", together with alcohol-, tobacco- and environmental policies. The latter includes, for example, traffic policies, nature preservation, protection of ground water and "green auditing".

Sustainable development is an essential element in most of the municipality and county plans, – of which the health plans often make up a subset. In eight of the responses, Agenda 21 is referred to. In an understanding of the term, 'sustainable development', the members, once again, operate with a broad approach, including social, cultural and environmental levels. Specifically mentioned is: air pollution, noise, organic food, environmentally friendly products, work environment and traffic.

Local political changes

The cities were asked whether changes in the following six areas had taken place: political, composition of the steering group, structural and organisational, political priorities, goals/-action plans, and in relation to the practical projects. Twelve of the members report such changes. Among nearly one-third of the members there has been some organisational and structural changes, and that among slightly over one-third there has been changes within health policy prioritising. Generally, the changes must be viewed as positive, as it is expressed that health policies have been put on the daily agenda.

The health plans commonly start from political visions with a declaration of intent, and during the development process, they are typically dealt with in various committee and town or city councils. A number of coordinators report that, to a larger extent than previously, there is stronger political support of formulated goals and action plans. An increased focus within the area, e.g. the prioritisation of dialog meetings and goodwill as regards allocation of money and/or resource increments is also reported.

In most of the participating municipalities, multidisciplinary health planning groups are responsible for both setting targets and carrying out action plans to ensure that the plan results in some concrete activities. In some municipalities, it is the health committee that is responsible for the plan's implementation, while in other municipalities the task is delegated to various administrative bodies. In one municipality, the Healthy City Network comprises a self-administrative entity, and here it is the self-administrative entity, that is responsible for the plan's implementation. In other municipalities, various committees, e.g. health- and social committees have Healthy Cities as their responsibility.

Among the participating counties, there is typically an intersectorally comprised council or committee responsible for the implementation and operation of the health plans.

The Network's overall activities

Among the current activities that the Network's members participate in are: annual meetings, plenary meetings, executive committee meetings, summer school and study tours.

Since 1991, summer school has been held once a year in the Network. One of the goals of the summer school is that it should comprise a forum where one, over some days, can immerse oneself in a selected theme. The theme for each year is selected by and discussed in the Network's work groups and at diverse meetings. In 2000 the theme for the summer school was "Diet and physical activity" and Vestsjælland and Storstrøms Counties, together with Holbæk and Vallø Municipalities planned and carried it through. The theme was chosen under inspiration from the government's Public Health Programme's target concerning "nutrition and exercise".

The study tour is also an important activity. During the period from May 21st - May 26th 2000, the Healthy City Network carried out, for the second time, a study tour with the participation of politicians, administrators and coordinators. This time the tour went to Sweden and Finland. In all, 47 persons participated in the study tour. The goals of the study tour were to get inspiration, to introduce politicians to a number of successful initiatives in the area of prevention, and to strengthen the collaboration in the Danish Healthy City Network.

Many of the Network's members took part in different work- and steering groups. In 2000, groups were established within the areas of: accident prevention, the production of the 10th year anniversary publication, summer school, the theme "dietary habits and physical activity", evaluation groups and the National Institute of Public Health's Accident Centre-user group.

A health instructor course has been held, along with meetings in the following thematic areas:

accidents, health promotion at the work place, and also ”the work place's social responsibility” and Agenda 21. Furthermore, a conference has been held on health policies and health at the work place focussing on the prevention of back disorders (”Kan ryggen li` arbejde”), in addition to a conference on ”Sustainable development” – Agenda 21. The Network's activities apply to a large degree to a broad group, and the participants in the different arrangements have included politicians, professionals and administrators.

The collaboration with the international network plays a big role. Nordborg Municipality has arranged a national conference on “Safe Communities” and Vejle and Fyns Counties have jointly supported the planning of the 4th Nordic Safe Community Conference, scheduled to be held from August 21st –24th, 2001. Another of the participating counties will host and arrange WHO's 1st Safe Community- Conference 2001 (Cost Calculation and Cost-effectiveness in Injury Prevention and Safety Promotion), to be held in Viborg from September 30th to October 3rd, 2001. The Healthy City Network is a member of WHO's international Network of Healthy Cities Network (NETWORK) and hosted a Business Meeting in Vejle on June 5th –6th, 2000. In addition, there is a European Healthy City Network, consisting of 40 cities throughout Europe, including Horsens and Copenhagen. Beginning in 2001, the chairman of the Danish Healthy City Network, Gregor Gurevitsch, is also elected chairman for the advisory committee of the network of the European national Healthy City Network.

The Healthy City Network carried out the job in connection with the awarding of the 2nd European health promotion prize 1999-2000. In Denmark, a total of 12 projects were submitted, of which the Danish jury selected three projects to be judged by the international jury. At the conference ”Health pays” on April 5th, 2000, the Danish prize was awarded to health nurse Mette Bill Ladegaard, who submitted the project ”Hygiene and children's illness in day-care institutions”. The Healthy City Network prepared a catalogue of the 12 submitted projects. On behalf of the Healthy City Network, it was Viborg County that took on the task.

Activities among the cities within the prioritised areas

In the year 2000, the Healthy City Network has worked within the three prioritised areas. Since the Network's establishment in 1991, the Network has had ”Health at the work place” and ”Accident prevention” as prioritised areas, while ”Dietary habits and physical activity” is a new area, chosen in 2000.

Health at the work place

The work with ”Health at the work place” means that individual members are obligated to work towards carrying out health policies both at public and at private work places. Among

the targets noted by the members, is the wish to promote the individual's health and well-being at the work place. Therefore, they are working to ensure the promotion of conditions at the work place, including both physical, psychological and mental health, as well as social health and well-being. Three members mention a labour market that respects reduced working capability, prevention of expulsion from the labour market and job maintenance. Three members state that they are working towards fulfilling the goals within this theme, together with the goal as stated in the government's Public Health Programme.

All of the Network's participants have been actively involved in the area "Health at the work place". Some participants have held courses and developed materials and methods to promote the development of health policies at various work places. Others have initiated activities at various work places. Among the specific activities that have been implemented are: cafeteria courses, health instructor courses, smoking cessation activities, preparation of health profiles at various work places, possibilities of physical activity to prevent muscular-skeletal disorders, training of occupational therapists, reducing stress, noise reduction, establishment of the prevention of sick days and welfare talks and counselling, diet courses, courses to prevent back problems for health department employees, education of alcohol resource persons and well-being resource persons, workshops on lifestyle and evaluation of pilot projects. Additionally some of the members report that they have participated in R&D projects, as well as in the different types of policy work both internally in the county or municipality, and externally in connection with the work on the theme "Health at the work place".

In the local projects, the following elements are typically included in the project description: description of goals (all 15 members), materials and methods, budget and financing, organisation (13 members), personnel resources (12 members), scheduling (12 members), evaluation (11 members) and administrative project base (11 members) and milestones (5 members). Furthermore, 7 of the 15 members state that other elements are also typically included in the project descriptions, including: background and target group descriptions, timelines, action plans, external prerequisites, that can influence a project's carry through, eventual partners and implementation.

According to reports from the members, 3-4 members find themselves on a starting level with their work on "Health at the work place", 3-4 members find themselves on a developing level, 3-4 members are working on an established level, and 2-3 find themselves on an advanced level with respect to the work.

The evaluation of fulfilment of the goals related to "Health at the work place" is generally lacking. Some municipalities state that the work groups have been established and personnel resources and economic funding has been allocated. In one municipality where data was collected and analysed, the results showed that the numbers of complaints of inconveniences were reduced and a large number of flex-time jobs were established.

Accident prevention

To work actively with the theme ”Accident prevention” means that members are obligated to undertake a concerted effort as regards the big accident groups, for example: sport-related accidents, accidents among children, accidents among elderly, and traffic accidents. Additionally, the members are obligated to monitor the numbers and types of accidents. The primary goals that members have in connection with the work with the theme “Accident prevention” can be divided into 3 sub-groups.

The first category is prevention of accidents. Throughout the responses, members state that they seek to prevent falling accidents among the elderly[6], accidents among children especially in day-care institutions, at schools and at after school facilities, and last but not least, the prevention of traffic accidents – including the development and approval of a traffic safety plan. The second category concerns goal setting and the work on the attainment of Safe Community enrolment. This is a goal that five of the Network's members (two municipalities and three counties) mention that they have. The third and last category includes various goals and initiatives. For three counties, they relate to establishing an accident registry group, formalising a cross-sectional accident analyses group, and expanding the emergency room register. In addition, the prevention of suicides, firework injuries and job injuries – including farm accidents – were mentioned as topics where goals were put forward.

Among the initiatives that individual members have implemented in relation to the Healthy City Network's work with ”Accident prevention” in 2000 are: holding a conference on Safe Communities, planning a WHO conference in 2001 on the costs associated with accidents, registering falling accident and traffic accidents, carrying out a action- and perspective plan for 2000-2004, participating in the National Institute of Public Health's accident centre users group, and implementing systematic advice in accident prevention.

Specifically in relation to the work with accidents among children and youth, work has been done with: planning and implementing a manual of accidents among children, intersectional collaboration on traffic accidents and firework accidents among youth, examining the play areas at nursery schools, day-care centres and other institutions, and carrying out specific projects (”Tju hej – Sikker Leg” and ”Børn med fut i”) [7]. As regards the prevention of falling accidents among the elderly, various initiatives were implemented and developed. The following can be mentioned: physical activities for the elderly, an exhibition (”Undgå at falde”), assisted walks for the elderly (”Gå-tur”), offers of free hip checks to residents in

[6] It is stated that one wishes to explore the occurrence of falling accidents – including the collection and registration of data, together with the development of registration forms and a corresponding database. Based on this, the next step is to develop an action plan.

[7] In connection to the work with the prevention of accidents among children and youth, the Healthy City Network has published two publications in 2000. Respectively: ”Handbook in the prevention of accidents among children 0-6 years old” and ”Handbook in the prevention of accidents among children 6-15 years old in schools and after school programs”.

nursing homes, offers of courses in primary care to selected groups, and studies of femur fractures. In addition, initiatives can be mentioned concerning the prevention of sports injuries, project ”Bamses Brandskole” and prevention in cooperation with the local traffic safety councils. One of the participating counties has furthermore attained membership in Safe Community in 2000.

According to reports from the members as regards “Accident prevention”, 1-2 members are working on a starting level, 5-6 members are working on a developing level, 3-4 members are working on an established level, and 2-3 members are working on an advanced level.

The members’ responses to, whether they have fulfilled the local targets in connection with ”Accident prevention”, are mixed. Slightly more than half of the members state that the targets have largely been fulfilled. These include establishing work groups, holding conferences, personal education, systematic advising, developing registration material and implementing questionnaire-based studies, implementing accident analyses, initiating physical activity among vulnerable elderly and implementing free hip checks to nursing home residents. Some members state that many activities have become part of day-to-day business. Other members point out that the projects continue while goals have not yet been fulfilled, or that the plans have not yet been adopted and therefore, have not been implemented. Among the materials developed by the Healthy City that have been used, are manuals on the prevention of falling accidents, the Healthy City Network’s action plan for the accident theme 2000 concerning the safety of small children (”Hele børn – hele livet”) and Vejle County’s materials (”Børn med fut i”).

Dietary habits and physical activity

Only a few members have established targets within the theme ”Dietary habits and physical activity” and these primarily include the goals related to diet. Organic food, the possibility to choose healthy food and meal times, and goal oriented information and advice concerning diet is among the fulfilled goals. The goals are largely developed as diet- and nutrition policies for special target groups - 0-6 year olds, school age children and the elderly. As regards physical activity, there is only a single member that provides concrete goals. These include the establishment of physical activity facilities, where they are needed. Otherwise, the goal setting is generally to get a larger proportion of the population to follow the official recommendations concerning physical activity. Two members refer to the Danish Government Programme on Public Health and Health Promotion 1999-2008 and the goals that are stated there. Additionally, there are members that report that they are waiting for direction from the Healthy City Network, or that they have established work groups and enrolled in courses, but have not yet formulated any goals. None of the members have established overall goals in the area of “dietary habits and physical activity”.

On a local level, members have developed policies concerning nutrition, especially for 0-6 year olds, school-age children and the elderly, and in one instance, school food regulations have been implemented with cheap and nutritious food. Some places have implemented changes of diet to include organic products. Additionally, there has been focus on work place food and there has been the establishment of diet classes, with economic contribution, for those employed in the municipalities. Diet courses (”Spis dig slank”) have been held, along with courses for families with overweight children, and diverse offers and courses via the Healthy City shops. Food clubs have been started for single elderly (project “Seniorgryden”). Additionally, members have worked with the theme via preparation of a pilot project, establishment of work groups, participation in steering groups, education of project group members, drawing up a mandate for the steering group, and documentation of local initiatives and the arrangement of lectures on nutrition and diet.

As regards physical activity, some members have provided a 50% reimbursement for cost related to activities at fitness centres. Some of the members have intensively marketed fitness clubs for their own staff, started pre-schools especially emphasising physical activity and participated in a cycle to work campaign (“Cykel på arbejde”). Fitness classes have been established for older persons, a sports council has been created, and at some schools there has been an increase in the number of hours devoted to sports. Additionally, there have been general attempts to increase the focus in the area of “dietary habits and physical activity”.

One of the participating municipalities has already developed materials for use within Healthy Cities. Among other things, a food computer has been developed where one can interactively test his/her eating- and meal habits. A course manual has also been developed for the weight loss courses, in addition to posters on sugar and packed lunches. In collaboration with the Danish Cancer Society, materials have been developed for parents and schools to promote eating fruit and a handbook on school kiosks is forthcoming.

The degree to which the goals are being met differs greatly from member to member. Among some members work groups have been established and in some places concrete projects and discussions have been implemented. One place has employed an ecological consultant in connection with the introduction of organic food into day-care institutions. Some members have initiated dietary policies for both children/youth and elderly. Here the goals were partially met. Offers to children of weight loss course, for example ”Spis dig slank”, have been started, while other offers are still under development.

Five to six of the members find themselves on a starting level as regards their work with the theme ”Dietary habits and physical activity”, 6 are working on a developing level, 2-3 are on an established level, and one member is on an advanced level.

Special themes and assignments

Citizen participation

An essential point in the Accession document is that the participating municipalities and counties should support and seek to strengthen citizen participation, health promotion and the prevention of disease and illness. This could happen by creating visibility of the citizen's channels of influence and by encouraging citizens to be a part of and increase influence on health matters. Twelve of the 15 participating counties and municipalities state that, within the past year, they have implemented special initiatives to inform and involve citizens in the areas of health, disease prevention and health promotion.

The implemented initiatives include: a public hearing on health, a conference on elderly policies – including health and prevention, holding a health month – including the organisation of different arrangements, and a week-long theme about a healthy diet. Also mentioned was an event at town hall where the Healthy City project was presented, the holding of citizen meetings in connection with municipal plans where health was one of the main themes, and the holding of smoking cessation information meetings. In addition, there was the publication of an information folder on the citizen's committee "The Health and prevention area", together with the publication of press releases of diverse activities and initiatives in the work.

The means and resources used in the attempt to stimulate public debate are: developing and publishing pamphlets and brochures, holding conferences and events, advertising and orienting in the local papers and in the daily press, radio and local television spots, publishing newsletters, developing web pages, and making use of advertising boards. The idea is that actual health projects and health efforts, together with presenting a new view of prevention and health promotion, should be disseminated through many different channels. The wish to reach a large part of the population is one of the reasons that there are initiatives implemented in so many different areas on so many levels.

There are big differences as regards the local collaboration between groups handling voluntary social work in relation to health, social work and the area of the environment. Generally, the collaboration can be characterised as existing at two levels. The first level is a non-existing, or a beginning level, which means that there are no concrete activities underway, but that annual meetings can eventually be held. The second level is characterised by collaboration with volunteers in the social and health-related fields. Among the voluntary collaboration partners is an NGO church organisation (Kirkens Korshær). One municipality has carried out a volunteer policy. Of the activities, the following can be mentioned: establishment of network building groups ("anti-egoistgruppe"), instituting a voluntary resource person with a refugee-/-

foreign background, a telephone chain, visiting friends, second-hand shops and planning work around a ”volunteer-fair” to be held in 2001.

Inequality in health

The reduction of social inequality in health – one of the two general targets in the Danish Government Programme on Public Health and Health Promotion 1999-2008 – also plays a role in many of the local health plans and the local goals. Three members state that goals have been established in many areas to reduce social inequality in health. One municipality points out the need for future work with a focus on method development around health in the health care system. Some members report on various concrete initiatives that have been implemented with regards to promoting equality in health among vulnerable groups. Here, can be mentioned the holding of a theme day around the activities for the socially vulnerable: housing-social initiatives and the implementation of food policies in the municipalities' day-care centres and schools, that have as a goal, the creation of favourable conditions, especially for vulnerable children and youth.

Evaluation

One of the conditions that are tied into being a Healthy City member is that the Network's counties and municipalities are obligated to carry out an evaluation of the Network's activities. According to the Accession document, enrolment implies that members should evaluate whether the stated targets are fulfilled both locally and at an overall level.

In the annual report form, members are asked whether a local health profile exists to describe health states, lifestyle, use of the health care system and attitudes. Among 9 of the 15 members (3 counties and 6 municipalities) there is a local health profile to use in the disease prevention and health promotion work. A local health profile is a description of well-being, the determinants of health, as well as the consequences of ill health in a well-defined geographical area. One of the goals in developing local health profiles is the establishment of a “base-line” of the local area's health conditions as a starting point for a possible evaluation.

For most of the members concerned, there is no distinct or formal documentation concerning the Healthy City work. The work is documented through informing the press and putting the Healthy City work on the daily political agenda. Other members implement evaluations on an ad hoc basis. A small number of the members state that some results were collected and presented in a local annual administrative report.

Members were also asked to whom the results of the local Healthy City's work with health promotion and prevention have been disseminated. Fourteen of the Network's members responded to the question. Twelve of the 14 members have reported results at the political and departmental level. Most have also related results to citizens and the press (10 members), as well as to unions, collaboration partners and other relevant organisations (7 members). Additionally, 5 members state that they have disseminated results out to other relevant parties. The Danish Veterinary and Food Administration's food related forum "Mad for mange" are mentioned as examples. In connection with the presentation of results, information-, theme- and collaboration meetings, conferences and events have been held. Thematic binders, newsletters, annual reports and work plans have been published. There have been short notices in the press and the Internet is also being used.

An evaluation steering group consisting of three Healthy City Network members and representatives from the National Institute of Public Health has been established. In supporting the Healthy Cities Network, NIPH provides various evaluation services to the Network. In 1998 the 1st evaluation report, focussing on the history and development of the Network, was published. An evaluation course to be hosted by the National Institute of Public Health is planned for 2001. The course is an offer to the Network's coordinators and other relevant Healthy City Network people and should be viewed as an attempt to strengthen the local resources in the work with evaluating the local initiatives and local work.

The second evaluation report of the overall Healthy City Network was published in January 2000. The goal of the report was to describe and evaluate the Danish Healthy City Network's structure and the activities and processes in this work. The report also contained an evaluation of the degree to which the criteria in the Accession document was met be the members.

Added value

The notion of added value has been used in The Healthy City Network to demonstrate that there may be value in being part of the Network. To measure or document the added value, it is necessary to clarify what is meant by the notion. "Added value" is used here as a measure of the balance between advantages and disadvantages of a given activity, a collaboration, goal setting etc. If the advantages are greater than the disadvantages, the added value is positive. If the opposite occurs, that is, if the disadvantages outweigh the advantages, then there is a value loss.

In an assessment of how the collaboration between members, as well as the work in the Network, results in added value, we must distinguish between process evaluation and results evaluation. Process evaluation concerns how the collaboration process proceeds, while results evaluation measures to what extent the goals are actually fulfilled.

There is agreement among the members that there should be work on developing and implementing more operational goals to make the assessment of goal fulfilment more precise. One participating municipality notes that the goals in the forthcoming health plan are more operational. Among some municipalities, in spite of difficulties, activities have been measured and are described with regards to status or as concrete results. Other members intend to implement specific evaluations in the future.

Looking at the process, it can be concluded that there has been much attention, interest, knowledge and participation. Many of the members are underway with diverse projects of which some are, or are on the way to becoming, part of the daily agenda, others are under development, and yet others are being phased out. Among the Network's members, there is general agreement that they have come a long way with the health promotion work.

At the same time among the members, there is the opinion that membership in the Healthy City Network is important for local prevention and health promotion work. Both as far as political priorities and the number and size of activities are concerned, the membership has had impact. Also, regarding the qualifying of employees, network building, collaborating with partners and the sharing of experience, the Network plays an important role. It is especially emphasized that the Healthy City Network's summer school 2000 and study tour have been a big inspiration and advantage for the local work. Membership is perceived as valuable in that it, among other things, provides possibilities for the sharing of knowledge and it supports the local work with regards to method development and education. In addition, it is noted that membership is important with regards to developing, maintaining and evaluating the health promotion work. Thereby, membership also contributes to an increased focus on the area and helps to ensure that it is part of the daily political agenda. According to members, participation in the Healthy City Network improves the health promotion work – both within the prioritised areas and also overall.

Many members note the political obligation of collaboration in the Network as an advantage. It is also regarded as strength that the network building and collaboration cuts both vertically and horizontally across all administrative levels.

It is stated as a disadvantages that the collaboration is made difficult by the fact that there are big differences among members with regards to size, resources and competence. Some of the members believe that the Network is characterised by too much unnecessary administrative and bureaucratic thinking. In addition, it is sometimes difficult for some of the smaller participating municipalities to implement the decisions that are made, and to live up to the requirements that the collaboration involves. For some of the members, the requirements are occasionally seen as too inflexible. There is not always sufficient room to compromise and to find a way to work together with the prioritisation and flow that characterises the participating counties or municipalities locally. Additionally, it is noted that the collaboration is very time

consuming and the goals and expectations in the Network are sometimes higher than can be lived up to.

Weighing the advantages and disadvantages of the membership, it is clear that the positive aspects outweigh the negative and, that there are many ideas and expectations for the future.

Some publications from the Network in 2000

Sund By Netværket – struktur, indsats- & processevaluering [The Healthy City Network – development, organisation- & achievements]. Copenhagen: The Healthy City Network & the National Institute of Public Health. January 2000.

Den 2. Europæiske sundhedsfremmende pris 1999-2000 [The 2nd European health promotion prize 1999-2000]. Denmark. Healthy City Network. May 2000.

Det Nationale Sund By Netværk. "En fed fidus" – manual med tilhørende video til ansatte i kantiner [The National Healthy City Network. "A good idea"– manual with accompanying video to be used in cafeterias]. The Healthy City Network in Denmark, 2000.

Det Nationale Sund By Netværk. Sund By Netværkets studietur til Sverige og Finland [The National Healthy City Network. Healthy City Network's study tour to Sweden and Finland May 21-26, 2000]. The Healthy City Network in Denmark, 2000.

Det Nationale Sund By Netværk. Tiltrædelsesdokumentet – baggrund, formal og kriterier for Sund By Netværket [The National Healthy City Network. Accession document – background, goals and criteria for the Healthy City Network]. The Healthy City Network in Denmark, 2000.

Det Nationale Sund By Netværk. Sund By Netværktøjskasse [The National Healthy City Network. Toolbox for health promotion at the work place]. www.sund-by-net.dk The Healthy City Network in Denmark, 2000.

Det Nationale Sund By Netværk. Kan ryggen li' arbejde? Hvad vil vi? Hvad ved vi? Hvad virker? [The National Healthy City Network. "Does the back like work? What do we want? What do we know? What works?"]. Report from the conference, May 3, 2000. The Healthy City Network in Denmark, 2000.

Det Nationale Sund By Netværk. Håndbog i forebyggelse af børneulykker 0-6 år [The National Healthy City Network. Handbook in the prevention of accidents among children 0-6 years old]. The Healthy City Network in Denmark, 2000.

Det Nationale Sund By Netværk. Håndbog i forebyggelse af ulykker i skolen og fritidsordninger 6-15 år [The National Healthy City Network. Handbook in the prevention of accidents among children 6-15 years old in schools and after-school programs]. The Healthy City Network in Denmark, 2000.

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Nielsen NS. Denmark's Network of Healthy Cities – A process evaluation. Copenhagen: National Institute of Public Health and Denmark's Network of Healthy Cities, 2000.