

CEE Conference Disseminates Healthy Communities Successes

By Julia Ross

Amid the towering spires of Banska Bystrica, Slovakia, 150 community health experts from across Central and Eastern Europe met last fall to share success stories and identify strategies for making their cities safer and healthier places to live. The November 19-21 Healthy Communities-Healthy Cities Dissemination Conference, a first-of-its-kind event co-sponsored by AIHA and the Association of Healthy Cities of Slovakia, brought together leaders from AIHA's three healthy communities partnerships in Slovakia, partners from Latvia, Hungary and Romania, and representatives from several Slovak cities participating in the World Health Organization's (WHO) Healthy Cities project.

Over three days, participants discussed the building blocks of an effective healthy communities program, touching on issues such as community needs assessment, community leadership, multi-sectoral cooperation, fundraising and city health planning. In addition, partners from Petralka and Turcianske Teplice, Slovakia, who have been working with US colleagues for two years to implement a variety of community health interventions, presented their achievements and offered advice on how to mobilize stakeholders from diverse segments of society--from politicians to schoolteachers to police officers--to identify local health problems and solutions.

At the conference's opening session, US Ambassador to Slovakia Ralph Johnson said he recently attended one of the monthly anti-drug forums organized by the Petralka-Kansas City, Missouri partnership, and was impressed with the community's commitment to seek solutions to drug abuse.

"In Central Europe, the time when central governments assume all responsibility for health care is over," he said. "This means that communities and the people who live in them must now take much more personal responsibility for promoting their own well-being and the well-being of those who live around them."

USAID representative to Slovakia Paula Goddard told participants, "Healthy communities partnerships epitomize the kind of approach the United States likes to use in our assistance programs. These are people-to-people, professional-to-professional activities that create lasting linkages between the US and Slovakia."

"This is the one program that [AIHA] supports that fundamentally addresses the issues of democratization ... it is about mobilizing the entire community," added James P. Smith, AIHA's executive director.

Ivan Rovny, MPH, director of Hygienic Services, Slovak Ministry of Health, stressed that healthy communities and healthy cities can only result from a grass-roots effort that enlists the active participation of all citizens. "This is something we are doing for ourselves, it's not something we are doing for WHO or other international institutions. It is for us, it is about us, it is about our attitudes and responsibility for our own health."

"The healthy community program provides individuals with the tools with which they can take responsibility for their own health and for the development of their communities," added Alena Chlapikova, MD, mayor of Turcianske Teplice and a leader in the Turcianske Teplice-Cleveland, Ohio partnership. "The partnership programs have provided us with access to various models of change at the community level. This is the way toward cooperation within the community aimed at enhancing the community's health."

Keynotes Address Healthy Cities Movement

In one of two conference keynote addresses, Igor Krampac, president of the European Association of the National Networks of Healthy Cities, gave participants a status report on WHO's Healthy Cities

project and outlined its goals for the 21st century. Now entering its third phase, which will span five years from 1998 to 2002, the project includes 40 cities in Europe, and has spawned 25 national Healthy Cities networks throughout Europe.

The goals of the WHO initiative include: developing structures, resources and instruments necessary to change urban health policy; developing a common understanding and philosophy on strategies and implementation of health care policy; and encouraging the exchange of ideas, experiences and applied health promotion concepts to specific situations at the local level.

With more than two-thirds of Europe's population currently living in towns or cities, the healthy cities concept is taking on new importance, Krampac said. "Action at the local level is particularly important ... cities need to develop long-term action plans to ensure sustainability," he noted.

Rovny, who gave the second keynote address, said the current "unfavorable health status of Slovakia" has created a fertile environment for the healthy cities concept to take root. Annually, about 25,000 people die of cardiovascular disease in Slovakia, while 11,000 die of cancer; the average Slovak life expectancy remains substantially shorter than that of other European countries.

"A healthy city is a city whose citizens are fully aware of the importance and value of health," Rovny said. "Healthy cities and healthy communities initiatives are broad-based--they involve the central government, the regional government and the municipal government. I believe, through this cross-sectoral cooperation, we will be able to see positive results in years to come."

Gejza Legen, chairman of the Association of Healthy Cities of Slovakia steering committee, also gave a presentation on WHO's Health For All objectives for the 21st century and how the ten-member Slovak healthy cities network is promoting these objectives. Some of the priorities common to both include: improving health care delivery, improving broader social conditions, managing health care systems through outcomes, creating people-oriented primary care and creating an efficient hospital sector.

Slovakia and Latvia Set An Example

In the two years since AIHA's healthy communities partnerships began in Petržalka and Turčianske Teplice, Slovakia, community leaders in the two cities have effected a number of health interventions based on problems identified by the citizenry at large. In Petržalka, an economically depressed area of the capital city of Bratislava, the Association of Aid to Children at Risk has worked with Truman Medical Center in Kansas City to implement monthly anti-drug forums, a phone "help line" on drug use, a demographic study of alcohol and drug use among local teenagers ([see Spring 1997 CommonHealth](#)) and peer counseling programs for teens.

"People are apathetic, indifferent and afraid, so anything we can do to mobilize healthy behavior in Petržalka is desirable," said Jana Sturova, PhD, president of the Association of Aid to Children at Risk.

The anti-drug forums, which draw students, parents, drug addicts, politicians and police officers, have been particularly well-received in Petržalka, and are now being replicated in the smaller, nearby community of Piestany. "Our most important objective is to change the thinking of people towards the use of drugs," said Jozef Dragula, a Piestany City Council member who spoke at the conference. "People don't see it as their problem, so we are trying to change this attitude."

In Turčianske Teplice, a town of 7,200, partners spearheaded a successful fundraising effort to purchase a badly needed town ambulance, conducted a first-time survey of schoolchildren and their parents on factors related to family stress ([see Fall 1997 CommonHealth](#)), and recently opened a Community Health Advisory and Education Center ([see related article](#)).

"Intervention strategies should be focused on children--the members of our society who can be influenced at the earliest possible age," mayor Chlapikova said of her partnership's goals. She added

that she was particularly proud of her town's new health advisory center. "We are surprised at how we managed to mobilize the citizens for this project ... we will not disappoint them."

Outside of Slovakia, the Riga, Latvia-St. Louis, Missouri partnership has implemented a community health project in the coastal community of Tukums, Latvia. Barbara Bogomolov, RN, MS, manager for Community Health and International Services at Barnes-Jewish Hospital in St. Louis, described the initiative, which centers on a series of health promotion and education "modules" designed and carried out by local middle and high school students ([see Summer 1997 CommonHealth](#)).

"The students have come out in droves ... 6th to 12th graders all focused on how they could use their energies to reach their friends, family and community members," Bogomolov said.

One of the project's components is a skit about sexual health and responsibility, which addresses subjects such as good decisionmaking, pregnancy prevention and sexually transmitted diseases. Digna Ausekle, a 12th grade student at Tukums Rainis Secondary School who is helping to adapt the American skit for a Latvian audience, told conference participants that sexual responsibility is an important health issue to her and her peers, but some parents in the community have expressed concern about discussing such a delicate topic in public.

"I have something to say to the older generation because they grew up in a society that didn't talk about anything--they just read books or got their information from friends," she said. "I think that most of the parents will accept this project. Every parent wants their child to be happy -- how can they be happy without knowing about sexuality?"

Building Blocks for Change

Many of the conference presentations focused on how to make the most of specific strategies for community change, including fundraising, community leadership, multisectoral cooperation and local health planning.

Milan Murgas, PhD, vice president of Matej Bel University in Banska Bystrica, noted that effective community management is derived from rational decision-making, economic prosperity and democratization. "In the Slovak Republic," he noted, "it is not always the case that citizens take responsibility for community management themselves. If it begins and ends with the act of voting, that is not enough."

He said a community interested in improving its health profile must be able to attract people with enthusiasm and expertise from diverse sectors of society, focusing on health services providers, health policymakers and those who pay for health services.

Juraj Nemeč, PhD, associate professor of public economics at Matej Bel, added that efforts to elicit multisectoral cooperation should target state and local governments, the non-profit sector, insurance companies and the citizenry at large. "The role of the client, patient, consumer and citizen--all of these roles should be considered," he said.

Though raising funds for a healthy communities project in many CEE countries can be daunting, a careful plan to approach donors can lead to unexpected pay-offs, Christine Lucas, senior program manager with the Cleveland Council on World Affairs, told conference attendees. For example, creating a concise "mission statement" that explains an organization's purpose and accomplishments while giving potential donors reasons to contribute is essential to launching a fundraising drive. Though most people decide to donate to charity because someone asks them personally, annual member drives and special events can also be lucrative, Lucas said.

"Donors need to know they are making a quality investment that serves the people they care about," she said. "Causes don't raise money. People give to people with causes."

In raising funds to purchase an ambulance in Turcianske Teplice, community leaders first assessed the strengths and weaknesses of potential donors in the town, and then decided to set up a foundation and pursue participation from the town council and local media to generate public interest in the project.

Jozef Turcany, chief of Turcianske Teplice City Hall, said the ambulance foundation even developed its own slogan: "one hand cannot clap." He said the fundraising effort was a success because "we can look in the eyes of the donors and tell them the resources were spent in the way we promised them."

Planning in Banska Bystrica and Martin

Though AIHA's newest community health partnership, which links the cities of Banska Bystrica and Martin, Slovakia with Cleveland's MetroHealth System, is in the process of mobilizing stakeholders and identifying community health priorities, both cities' participation in Slovakia's Healthy Cities network has helped to lay a foundation for sound city health planning.

Renata Dobrova, a member of the "Healthy City Cabinet" in Banska Bystrica, presented to conference participants a health profile of her hometown. She said a number of demographic and scientific studies carried out through the Healthy Cities program had found unfavorable noise levels, unhealthy nitrous oxide and dust levels and a housing shortage in the city. Approximately 37 percent of Banska Bystrica's population exhibits at least one of four major health risk factors (i.e., has hypertension, has high cholesterol, smokes or is overweight). Good water quality and a low unemployment rate, compared to the Slovak national average are among the city's positive indicators, Dobrova said.

Igor Stefko, coordinator for the Healthy City program in Martin, said a public opinion poll of 2,000 Martin schoolchildren and their parents enabled city health planners to pinpoint specific areas for health improvement. One question asked, "What is the biggest health problem in our city?" Adults responded that there were not enough parks and green spaces, traffic congestion was a problem, and wandering dogs needed to be controlled. Children responded with similar concerns, but added that they would like to see graffiti cleaned up and factories located well outside of town to limit pollution.

Spreading the Word

At the close of the conference, participants from Romania and Hungary, who are in the beginning stages of planning their own healthy communities programs, said they found inspiration in the lessons and successes of their Slovak and Latvian counterparts.

Sarbu Vasile, a medical dean and professor of surgery in Constanta, Romania, said he was looking forward to starting a healthy communities initiative in his hometown, which has the highest number of pediatric HIV cases of any city in Romania. "I would like to go home and work with my children on such a project, because it is important to involve not just official people."

Mike Kimmel, administrator of North Carolina's Davie County Hospital and a participant in the Vac, Hungary-Winston-Salem, North Carolina partnership, noted that his hospital started its own community health program several years ago to educate young people about physical fitness, substance abuse, sexually transmitted diseases and nutrition, among other topics. He said the conference "confirms for me that we are all pretty much doing the same thing. We've talked about some valuable tools that health care providers can use to mobilize their communities."

Turcianske Teplice mayor Chlapikova concluded: "The conference was very useful in terms of new ideas and examples that can be replicated elsewhere. It has been a major contributor to making a change."