

Waterford Healthy City



Waterford City
Development Board  An Bord Forbartha
Phort Lairge

Making Health our Business
A picture of health

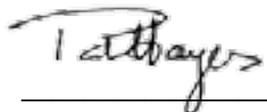
Foreword

Creating a vibrant, healthy and sustainable city is crucial to enhancing the quality of life for everyone living and working in Waterford City. Through our involvement with the WHO European Network of Healthy Cities we recognise that health is created in the places where we live, work and play. This means that all of us can contribute to enhancing and promoting health and well-being in the city. We hope *Making Health our Business* will be useful in helping identify the role you can play by providing an easily understood introduction to the factors that influence health and an overview of health and well-being in the city.

A report of this nature would not be possible without the information and expertise provided by those involved with the Healthy Cities Initiative in Waterford. We would like to express our thanks and appreciation for all involved.



Joe Stokes
Chair,
Healthy Cities
Steering Group



Cllr. Pat Hayes
Waterford City
Mayor



Cllr. Seamus Ryan
Chair,
City Development Board

Acknowledgments

Waterford Healthy Cities Steering Group would like to gratefully acknowledge and thank everyone who gave of their time and resources to support the production of this document.

| | |
|--|---|
| City Health Profile Project Co-ordinator Ms. Sarah O'Brien (HSE) | |
| Profile Advisory Group Mr. Joe Stokes (Chair, Waterford Healthy Cities Steering Group) Mr. Michael Garland (Waterford Chamber) Ms. Catherine Power (WAP) Ms. Susan Scully (HSE) Ms. Bríd Kirby (WCC) Dr. Kieran O'Connor (WIT) | Research Advisory Group Ms. Aileen Scott (HSE) Dr. Kieran O'Connor (WIT) Dr. Aoife Lane (WIT) Ms. Rosie Donnelly (WIT) Ms. Bríd Kirby (City Council) Ms. Claire McNamara (HSE) Students (who contributed during work placements): Suzanne Phelan Siobhán Bracknell Catherine Kirwin Rebecca Power |
| The contents of this summary are drawn from 'Making Health our Business: A City Health Profile for Waterford' and 'People Matters - Intra City and Neighbourhood Profiles' available on www.waterfordhealthycities.ie | |

Published: November 2011

Publisher: Waterford City Development Board

ISBN-13: **978-1-874218-92-0**

Making Health our Business

Introduction

In 2010 Waterford City became a member of the World Health Organisation's Healthy Cities Network. In becoming a member of the WHO Healthy Cities Network the City committed to implementing actions across four main themes:

- Health and health equity in all local policies,
- Caring and supportive environments,
- Healthy living, and
- Healthy urban environments.

Making Health our Business has been developed to meet both the requirements of the WHO Healthy Cities Network and to inform the development of policies and actions to develop Waterford City as a healthy city. It aims to help individuals, groups and organisations in the city set their work in the context of improving the health and well-being by providing an easily understood introduction to the factors that influence health and an overview of health and well-being in Waterford City. The concept of the city as a miniature village of 100 people is used to present the overview of health and well-being.

What is health?

The World Health Organisation⁽¹⁾ defines health as:

“a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity [and] a resource for everyday life”.

Health is created in the places where we live, work and play. This means that all organisations and sectors within Waterford City have a role to play in improving health and well-being.

How is health created?

There are many factors that influence health and well-being; these are known as health determinants. Factors such as age, gender and lifestyle choices are easily recognised as health determinants. However, a wide body of research⁽²⁾ also shows that socio-economic factors such as poverty, education, employment, housing, income and the physical environment also strongly influence health and are important determinants of health. It is estimated that 80% of chronic diseases and cancer could be prevented if major lifestyle and socio-economic risk factors were eliminated⁽³⁾



What causes differences in health status?

Health inequalities (or health inequity) are the differences in health between sections of the population that are caused by factors that can be changed such as social and education opportunities, financial resources, housing conditions or access to health services. The health impact of these can be seen in the differences in life expectancy across the city, there is a difference of 4 years for men and 3 years for women between the most affluent areas of the city and the more deprived areas of the city.

Those who are poorer or are disadvantaged are more likely to face more illness in their lifetime and die younger than those who are better off. This means that the chances of a long and healthy life are not the same for everyone.

Health equity means that everyone in Waterford City should have a fair opportunity to achieve their full health potential, and that no-one should be disadvantaged from achieving this if it can be avoided.

The link between socio-economic factors and health

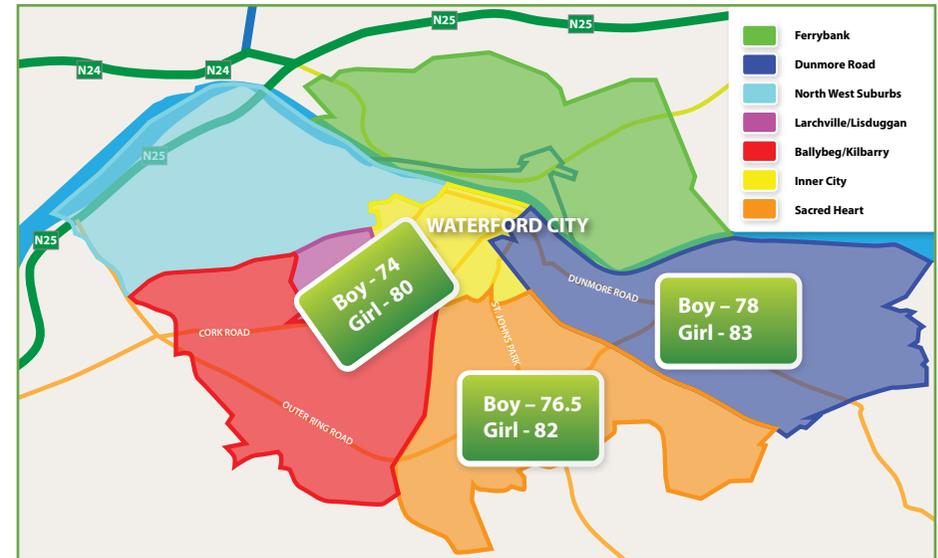
- **Of those who smoke, one in three are from lower socio-economic groups compared with one in five from the highest socio-economic group⁽⁴⁾.**
- **At age 35, having completed his education, a man with a third level qualification can expect to live 2.5 years longer than a man who completed second level only and 5.5 years longer than one who completed primary level only. A similar picture is seen for women⁽⁵⁾.**
- **Babies who are born to unemployed parents are over twice as likely to be a low birth weight compared with those born to parents in professional employment. This puts them at greater risk of dying in the first year of life, poorer developmental, educational, behavioural and socio-economic outcomes in childhood, teenage years and adulthood⁽⁶⁾.**
- **In women with cancer, treatment and survival rates are lowest amongst disadvantaged women⁽⁷⁾.**



Waterford City: Miniature Village

Life expectancy

- A boy born in 2011 can expect to live to 75 years of age.
- A girl born in 2011 can expect to live to 80 years of age.
- A boy living in an affluent area of the city can expect to live 4 years longer than a boy living in a deprived area of the city, for a girl the difference would be 3 years.
- A Traveller boy born in 2011 can expect to live to 62 years of age, and a Traveller girl to 70 years of age.



Within the city there are areas of significant disadvantage and areas of affluence. The impact on health is reflected in differences in life expectancy between neighbourhoods.

Miniature village

The 'miniature village' is a way of presenting population information in a manner that is consistent and easy to understand. It is used to provide a picture of health and well-being in Waterford City.

The information presented is drawn from 'Making Health our Business – A City Health Profile' and 'People Matters' – Intra City and Neighbourhood Profiles.

Total population: 100

General population (aged 15 years +) = 80

Children (aged 14 years & younger) = 20

Sub-populations within the general population:

Working age (aged 15-64) = 70

Older adults (66+) = 10

Where important factors represent less than 0.5% of the 'miniature village' population, the information has been presented for 100 of the specific group.

Waterford City: Miniature Village



Population

- 49 men and 51 women live here.
- 20 are children aged 14 years and under, 70 are aged 15-64 years and 10 are aged 65 and over.
- Almost one is from the Traveller community, one is Asian or Asian/Irish, and almost two are Black/Black Irish.
- Two are from the UK, two from the European Union and four from the rest of the world.
- Almost 2 babies are born each year.
- Between one and two people die each year
- 29 people live in the Dunmore Road neighbourhood,
- 21 in the Inner City neighbourhood,
- 16 in the Sacred Heart neighbourhood,
- Nine in both Ferrybank and Larchville/Lisduggan neighbourhoods, and
- Eight in both Northwest Suburbs and Ballybeg/Kilbarry neighbourhoods.

Of 100 babies born in the city:

- 38 are born to single mothers.
- 6 are born to mothers aged 19 years or less.



Lifestyle

Individuals can directly influence their health through personal lifestyle behaviours such as smoking, use of alcohol and drugs, being physically active and healthy eating. However, an individual's ability to make healthy choices may be affected by wider socio-economic conditions.

Waterford City - Heart age

The health related behaviour of an average 60 year old means that their heart age is closer to 68 years

Waterford City: Miniature Village



Lifestyle

Physical activity

- 20 people are sufficiently physically active for health benefit, 40 are active but not active enough for full health benefits and 20 are considered not active.
- Only one of the ten people aged 65 and over, is sufficiently physically active for health benefit.
- 20 people walk or cycle to work or school.

Weight

- 53 people are overweight or obese, more men than women are overweight.
- Of the 20 children, six girls and four boys are overweight.

Diet

- 53 people eat the recommended amount of fruit and vegetables.
- Only 16 people eat the recommended amount of milk, cheese and yoghurt foods.
- 40 people snack between meals.
- One out of every two babies born is breastfed when leaving hospital.



Waterford City: Miniature Village



Lifestyle (continued)

Smoking

- 20 people smoke tobacco.

Alcohol

- 16 people do not drink alcohol.
- Of the 64 who do drink alcohol, 59 say their weekly alcohol intake is within the recommended low risk guidelines.

Drugs

- Of 100 people treated for problem substance use, 63 are treated for alcohol problems, 13 for heroin use, 9 for cannabis use and 6 for cocaine use.

Waterford City: Miniature Village



- Almost 24 people have a medical card, 38 people have private health insurance and almost 18 people have neither.
- 14 people experience income deprivation.
- Of the 20 children, two live in consistent poverty.

In 2010, of the 70 people of working age

- 13 are unemployed.
- In 2006, 21 were in professional, managerial or technical work, 27 in skilled or non-manual work and 15 in semi-skilled or unskilled work.

Of 100 houses:

- 30 were built before 1960.
- 33 are rented from the local authority, private landlords or voluntary bodies.
- Almost all households are connected to the public water supply and sewage system.
- 90 houses have central heating.
- Most homeowners in the city feel that their homes are in good repair.
- 30 do not have a car.



Health and illness in Waterford City

Life expectancy is high in Waterford City, however, illness and injury can reduce the quality of life for individuals and communities. As the population grows older, levels of chronic diseases are expected to grow unless changes are made to the underlying lifestyle and socio-economic risk factors.

Chronic diseases are diseases that last a long time and gradually cause greater illness and poorer quality of life for individuals and their families, and cause premature death. Chronic diseases such as high blood pressure, heart attack, diabetes, cancer and depression have many common risk factors. By changing or eliminating these risk factors health and well-being can be improved. The risk factors include: smoking, lack of physical activity, being overweight, unhealthy diet, excessive alcohol intake as well as socio-economic factors such as education and employment.

The burden of chronic illness

- Eight out of ten GP visits are a result of chronic diseases and their complications.
- Over six out of ten emergency medical admissions to hospital are a result of chronic diseases and their complications.

Waterford City: Miniature Village



Illness & injury

- 21 people have high blood pressure.
- Three people will have a heart attack.
- One person will have a stroke.
- Four people have diabetes.
- Between two and three people will be diagnosed with cancer.
- Eight people have a mood or anxiety disorder.
- Less than one person will die from suicide.
- Between one and two people will be receiving a social welfare payment for depression.
- One person will be injured in a road traffic accident every two years.
- Of the 38 women invited for a cervical smear test, almost 14 have attended for testing.
- Of the 20 children, almost 19 will have had all their childhood vaccinations.
- Of the 10 people aged 65 and over, six will have the annual 'flu vaccination.
- Since 2005, in the whole population of the city, three people have died in road traffic accidents.



Social and urban environments

Social and community networks include the immediate social environments of individuals, such as families, friends and communities. These play an important role in supporting health, particularly for individuals living in disadvantaged circumstances. Good social relations and supportive networks contribute to health by making people feel cared for and valued.

Since the early 19th century the strong connection between health and urban planning has been evident. In recent years urban planning and transport policies have been identified as having an impact on physical activity at individual and population level, which in turn has an impact on levels of chronic disease, overweight and obesity. Community gardens are an example of how urban planning can have a positive impact on health.

Health benefits of community gardens

Individual

Increased physical activity
Reduced feelings of social isolation
Increased sense of mental well-being & self-esteem
Improved access to affordable, fresh fruit and vegetables

Community

Improved social connections
Improved social capital
Less derelict spaces
Less unsocial behaviour

Waterford City: Miniature Village



Social & community networks

- 51 people feel that people can be trusted.
- 46 people are satisfied with the level of support from their neighbours.
- 11 people are involved in voluntary activities.
- 32 people feel that their accommodation was a real home rather than just a place to live.
- 40 people feel they had some level of choice in selecting their current accommodation.
- 53 people are unhappy with the effect of traffic congestion on their daily lives.
- 32 people are satisfied with the public/private transport mix in the city.
- There are 329 community and voluntary groups active within the city.
- One organisation (Waterford Area Partnership) is charged with delivering the Local and Community Development Programme in the city.



Waterford City: Miniature Village



Urban environment

- Air quality in the city is very good.
- Drinking water quality meets almost 100% of EU regulations.
- River water quality in the River Suir is good, while the water quality in the Johns River is improving.
- 56 people are satisfied with the level of noise in the city.
- There are nine designated playgrounds across the city and two municipal parks. The development of the Kilbarry Nature Park will add a further 20 hectares of parkland to the city.
- There are three horticulture projects with community gardens in the city.
- An average of €57 per person is spent on sport and recreation infrastructure each year.
- There are 95 recreational facilities in the city, 25% of which are owned or leased from City Council.
- There are 17kms of cycle lanes in the city.
- All primary schools in the city are involved in the Green Schools Programme.
- Almost all households have access to three bin waste separation and collection services.

Health is our business

Key issues that emerge as important health challenges for Waterford City include:

- reducing the risk factors for chronic diseases, and
- reducing the risk of deprivation by improving education levels and employment opportunities.

Often initiatives and programmes focus on providing people with more knowledge, motivation and better skills to help them change their behaviour or cope better. However, because the range of factors that influence health are not within the control of any one individual this approach can have limited success. The WHO Healthy Cities Network emphasises the need for individuals, organisations and civic decision makers to work together through policies, plans and actions to create social, community, physical and economic environments that support health.



As a member of the WHO Healthy Cities Network, our response to these health challenges needs to take a lifecycle approach - ensuring that all policies and actions work to reduce the gap between those with the greatest life expectancy and those with the lowest. In particular, consideration should be given to how we can:

- ensure that socio-economic policies and actions address the underlying causes of deprivation and poverty, as well as strengthening individuals and communities;
- engage with the Strategic Policy Committees to ensure the integration of health into all policy decisions in the city; and
- ensure that relevant short, medium and long-term targets are set and monitored for all actions and programmes.

Informed by the process of sourcing, collating and analysing the data and reviewing evidence for *Making Health our Business*, the Research Advisory Group make the following recommendations

1. Develop the 2005 Quality of Life survey as a tool for monitoring the medium term impact of policies and actions.
2. Identify, implement and evaluate evidence based, sustainable programmes that strengthen understanding of and ability to reduce all risk factors for chronic illness and increase positive lifestyle behaviours:

- healthy eating,
 - physical activity,
 - not smoking, and
 - drinking alcohol in moderation.
3. Strengthen neighbourhood identity and social capital through collaborative and integrated neighbourhood planning.
 4. Strengthen city-wide community networks for health to enable all organisations involved in community health:
 - share and learn from each others experience,
 - respond in a co-ordinated and strategic manner to community, neighbourhood and city needs, and
 - engage collectively with statutory partners and the civic decision making structures.
 5. Use health impact assessment methods to ensure that urban planning and development policies and actions contribute to health and well-being, at community and individual level.



References

See 'Making Health our Business – A Health Profile for Waterford City' and 'People Matters' – Intra City and Neighbourhood Profiles, for sources of the miniature village content.

1. World Health Organisation (1986) Ottawa Charter for Health
2. World Health Organisation (2008) Commission on the Social Determinants of Health
3. Health Services Executive (2008) Framework for Action on Obesity
4. Department of Health & Children (2007) Survey of Lifestyles, Attitudes and Nutrition
5. Central Statistics Office (2010) Mortality Differentials in Ireland
6. Institute of Public Health (2006) Unequal at Birth – inequalities in the occurrence of low birth weight in Ireland
7. Health Service Executive (2008) Health Status of the Population of Ireland

Notes

