

Health Equity – 101 postcards!

Closing the gap in a generation!

An IFEH Presentation – (Policy number 10)

Presentation

- Rob Bradbury – Moderator - Canada
- Peter Archer – Co-Presenter - England, Wales, N. Ireland
- Henning Hansen – Co-Presenter - Denmark

Discussion Panel

- Peter Davey - Australia
- Sylvanus Thompson - Canada
- Welford Roberts – USA
- Jerry Chaka – South Africa
- in absentia – Janet Russell OBE



International Federation of Environmental Health

IFEH the Founder!



Eric Foskett was born in Derbyshire England in 1920. He became an environmental health officer retiring as Chief Officer of Manchester. He was a leading member of the Institution of Environmental Health Officers' (IEHO) governing body

Eric Foskett 1920 – 2001

What he did

- He recognised that in the later part of the 20th century it would be important for Environmental Health to transcend international boundaries
- He persuaded the IEH to take a lead on establishing international links
- Between 1982 and 1985 he worked with Environmental Health bodies in Scotland, Republic of Ireland and Australia to be the founders of the International Federation of Environmental Health

What were the outcomes

- In 1985 the IFEH was founded
- By 1989 the number of members had grown across continents and continues to grow today
- 13 World Congresses!



The role of the IFEH

to provide a focal point for national organisations of practitioners, whether in state, local government, or private employment, whose concern is the care of the environment in the interests of the public's health

- 44 Full member organisations
- 23 Academic organisations
- 9 Associate members
- 35 individual members – growing daily!



International Federation of Environmental Health

Regional meetings

- The IFEH has regional meetings where information can be shared and exchanged
- Africa
- Americas
- Asia and Pacific
- European
- Middle East



Congresses – 2016 Malawi!



11th WORLD CONGRESS ON ENVIRONMENTAL HEALTH
VANCOUVER CANADA
2010 SEPTEMBER 5 - 10
WWW.IFEH2010.ORG

please visit the Congress Website:
www.ifeh2010.org

11th World Congress on Environmental Health
The International Federation of Environmental Health (IFEH) together with the Canadian Institute of Public Health Inspectors (CIPHI) invites you to be part of the 11th World Congress on Environmental Health in Vancouver in September 2010!



IFEH
13th World Congress
on Environmental Health
July 7-10, 2014
LAS VEGAS, NEVADA, USA

In partnership with the **NEHA**
78th Annual Educational Conference
& Exhibition



Malawi Environmental Health Association

Promote study and exchange ideas

Hedgerow Bursary

- For members from developing countries to travel to IFEH meetings



Eric Foskett Award

- Awarded to an individual or organisation who has contributed to the aims of the IFEH

IFEH Journal



Editor - kathy.young@dit.ie



International Federation of Environmental Health

IFEH Policy Statements – www.ifeh.org

The IFEH has adopted the following policy statements

[Policy Statement 1](#)

The Declaration of Sydney
23 September 1988

[Policy Statement 2](#)

Environmental Health Management
24 May 1991

[Policy Statement 3](#)

Environmental Health and Trade
Agreements
15 May 1993

[Policy Statement 4](#)

The Declaration of Kuala Lumpur
20 September 1994

[Policy Statement 5](#)

Smoking
June 1998

[Policy Statement 6](#)

Water and Sanitation
June 1998

[Policy Statement 7](#)

Declaration on Environmental Health
June 1999

[Policy Statement 8](#)

Declaration on the use of sustainability
indicators
21 June 2005

[Policy Statement 9](#)

Declaration on Climate Change
June 2006

[Policy Statement 10](#)

**Declaration on Health Equity
August 2012**



Closing the gap in a generation

- In 2008 WHO Commission, led by Professor Sir Michael Marmot, reported that a girl born in some countries could expect to live more than 80 years but in others just 45 years;
- However, the difference is not just restricted to being born in different countries – in parts of the UK life expectancy is 82 years but in others it is just 54;
- Not just a matter of water, sanitation, good nutrition – there is a ‘social gradient’ in health. This is related to social scale & extent of control over one’s life;
- **Marmot concludes ‘social injustice is killing on a grand scale’ & calls on all governments ‘to close the gap in a generation’;**



Closing the gap in a generation

Medicine is failed prevention!

Michael Marmot - 2014



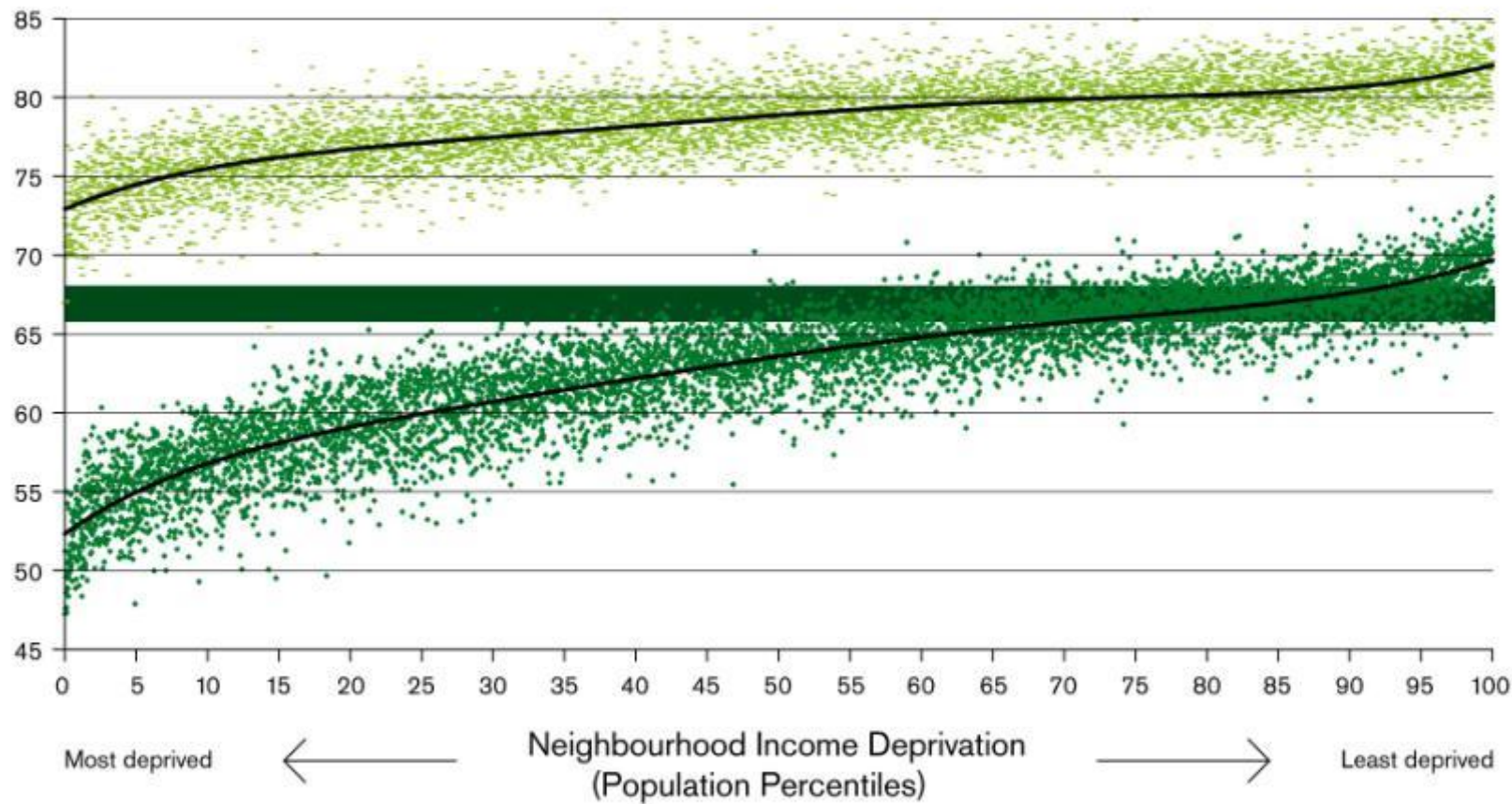
International Federation of Environmental Health

Closing the gap in a generation

The WHO Commission in 2008 argued that *'achieving health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it'*.



Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003



- Life expectancy
- DFLE
- Pension age increase 2026-2046

Source: Office for National Statistics⁵

Closing the gap in a generation

Health equity through action on the social determinants of health



The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation



Strategic Review of Health Inequalities in England:

The Marmot Review – Fair Society Healthy Lives





Health 2020:
a European policy framework
supporting action across government
and society for health and well-being



Review of social determinants and the health divide in the WHO European Region: executive summary



Closing the gap in a generation

Desired action!

- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently;
- To reduce the *steepness* of the social gradient in health, actions must be universal but also 'proportionate' to the level of disadvantage;
- Politics of 'health equity' requires acceptance among holders of power in society;
- Finally it must be noted that the 'economic health of nation directly correlates with the 'health status' of the nation;



Closing the gap in a generation

WHO Commission set 3 principles of action

1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age;
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally;
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health;

All WHO member states are committed to closing the gap in health inequalities a single generation



Closing the gap in a generation

Many issues relevant to environmental health professionals are matters of health equity

- Warm healthy housing
- Safe nutritious food, water & good sanitation
- Absence of harmful emissions & reduction of greenhouse gases
- Safe workplace & healthy schools
- Healthy transport
- Epidemiology & infectious disease control
- Lifestyle diseases (e.g. cancer, obesity, cardio-vascular)
- Environmental determinants of disease etc. etc.



Closing the gap in a generation

WHO Health 2020 A European policy framework supporting action across government and society for health and well-being

- Approved & published in September 2012;
- Governments will achieve real improvements in health if they work across government to fulfil two linked strategic objectives;
 - a) Improving health for ALL and reducing health inequalities;
 - b) Improving leadership and participatory governance for health;
- Following a meeting in June 2013 we understand that WHO Europe is now drawing up a 'health equity outcomes framework' with suitable measurable indicators;



Closing the gap in a generation

Next steps!

- Learn more about health equity issues, analysis & policy;
- In partnership with other health professionals engage in dialogue with appropriate inter & national government departments, regional & local government;
- Improve the level of health equity issues in the education of health & environmental health professionals;
- Develop & adopt a health outcomes framework with well defined indicators to measure progress;



Closing the gap in a generation

Next steps!

- In Ireland they have developed 'Healthy Ireland – a framework for improved health and well-being 2013 – 2025'
- Healthy Ireland has indicator domains and existing targets for Improved Health and Wellbeing

Goal 1 – increase proportion of people who are healthy at all stages in life

Goal 2 – Reduce health inequalities

Goal 3 – Protect public from threats to health & well-being

Goal 4 – Create an environment where every sector of society can play its part



Closing the gap in a generation

Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: Increased healthy life expectancy

Taking account of the health quality as well as the length of life

(Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities

Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences)



Closing the gap in a generation

Next steps!

- In the EFEH decided to await the WHO's 'health equity outcomes framework';
- To support the member states' commitment to closing the health equity gap in a generation, it is essential that all health professionals identify how they will contribute;
- We the need suitable indicators with reliable baseline statistics to measure progress in closing the gap – maybe not in my generation but certainly in **YOURS!**





POSTCARDS FOR HEALTH EQUITY



International Federation of Environmental Health

Environmental Health and Epidemiology



John Snow was born into a labourer's family on 15 March 1813 in York and at 14 was apprenticed to a surgeon. In 1836, he moved to London

John Snow 1813 - 1858

What he did

- It was assumed cholera was airborne – miasma
- Snow argued it entered the body through the mouth but could not demonstrate this
- In 1854 Snow plotted cholera cases in Soho London on a map
- From this Snow identified the water pump in Broad Street as the source
- He had the handle of the pump removed and cases immediately began to diminish
- Snow's 'germ' theory of disease was not widely accepted until the 1860s.

What were the outcomes

A new approach to investigating disease
Epidemiology which has saved millions of
lives worldwide



Water and sanitation

Mukunkiki water and hygiene awareness project



Water for Kids



Contact details:

saraemanuel@hotmail.co.uk

Aim of project

To work with the community in Mukunkiki* to reduce the prevalence of waterborne disease by providing safe water, hygiene education and encouraging families to build latrines, tip-taps and other WASHE (water, sanitation and health education) facilities.

* Mukunkiki is a rural area 12km wide in Kaoma District, Western Province, Zambia.

What we did

- 30 volunteers were trained to become Hygiene Promoters. They sensitise and mobilise each household to use safe water and pit latrines and to practice hand washing; encouraging them to build WASHE facilities.
- Two disused boreholes/pumps were refurbished and four Aquafilters were provided in outlying villages.
- Two village water committees were formed and trained, including two pump-minders who were provided with toolkits.
- 13 groups were trained in the village saving and loan concept; this will contribute to the operation and maintenance costs for the boreholes and ensure improved household income.
- Four artisans were trained to make sanplats (the concrete bases for latrines) this will enable families to upgrade to more durable and hygienic latrines.

What were the outcomes

- The majority of the population have access to a sustainable supply of safe water.
- Within three months of training the health promoters the number of families which had latrines increased from 67 to 114 (36% of all families) and the number with tip-taps increased from 5 to 53.
- Eight sanplats are being used to build improved latrines for vulnerable people, 12 more will be made in June.

(The project is on-going.)

Air Pollution & Public Health

airTEXT: London's air pollution forecasting & alert service



Contact details: paul.clift@islington.gov.uk

Aim of project

- * To actively communicate health warnings to the public on days of elevated levels of air pollution; with a focus on alerting vulnerable individuals, those suffering from respiratory & cardio-vascular medical conditions, to encourage behaviour change.

What we did

- We used European Space Agency (ESA) funding through the Promote I & II programme to pilot & then roll out across London the airTEXT air pollution forecasting & alert service.
- The airTEXT forecasts combine weather data with satellite air pollution information which is then modelled at street level twice a day in London.
- Alerts are then sent out by SMS (text), recorded message or email to service users on days of moderate & high air pollution, based on Defra's (UK Government) Daily Air Quality Index.
- The alert warnings enable people to self-manage their medical symptoms & reduce their exposure to air pollution.
- A health evaluation of airTEXT users revealed those with a medical condition were seen to respond to direct alert messages. Through (1) Increased preparedness:
 - keeping inhalers nearby (27%) or taking an extra dose of medication to prevent symptoms (14%).
- Or (2) by avoiding exposure to air pollution:
 - staying indoors more than usual (19%) or reducing strenuous exercise (15%).

One service user said: "Before airTEXT I regarded my health as matter of fact; when I had symptoms I presumed I was under the weather. Now I remember that the medicines are important to my well being. Thank you for your excellent service'.

Healthy Community Development



Contact: Theresa.Healy@northernhealth.ca
Sabrina.Dosanji@northernhealth.ca

Aim of project

Northern Health faces many health care delivery challenges, including the health inequities that exist between northerners and the rest of the province. Chronic diseases and injury are suffered at higher rates in the north and these inequities can be linked to risk factors such as, but not limited to, smoking, physical inactivity, unhealthy diets, risk taking behaviours, being overweight or obese and problematic substance use. These risk factors are further compounded by the fact that our communities are rural and remote, and by certain socio-economic and environmental factors. Northern Health is committed to addressing these health inequities and recognizes that doing so requires multi-sectoral partnerships.

Northern Health's Partnering for Healthier Communities Approach

What we do:

Local governments play a pivotal role in developing health promoting environments that can address many of the common risk factors that cause chronic disease and injury. Northern Health is moving towards partnering with local governments to further strengthen our relationships and work collaboratively towards building healthier communities through three main objectives:

- Increase communication and partnerships between Northern Health, local governments, and other key stakeholders to support building healthier communities.
- Build the capacity of Northern Health and local government staff and key stakeholders to effectively support building healthier communities.
- Develop and enhance tools and resources to support local governments in the assessment, planning, implementation and evaluation of healthier community strategies

Where we're at:

- Northern Health is partnering with local governments and establishing Partnering for Healthier Community (P4HC) Committees, where committees have a shared agenda to develop action oriented strategies to enhance community health based on locally identified risk factors. Currently, 19 P4HC Committees have been established.
- Northern Health continually provides opportunities to support capacity building with Northern Health and local government staff and key stakeholders. Examples include:
 - Community development institute workshops
 - Facilitation training for Northern Health staff
 - Citizen Series Webinars that address health related issues with a northern lens
 - Partnering with BC Healthy Communities and PlanH to host regional learning and knowledge sharing events on healthy community development
- Northern Health has developed and enhanced the following resources to support local governments:
 - Position statements addressing risk factors
 - The Partnering for Healthier Communities toolkit
 - Community granting opportunities
 - Linkages to expertise within Northern Health
 - Supported development of provincial resources, such as local government action guides on risk factors, community health profiles, and a provincial evaluation plan.

Cardio vascular disease

Healthy eating initiative launched after borough is shamed by its alarming rates of heart disease

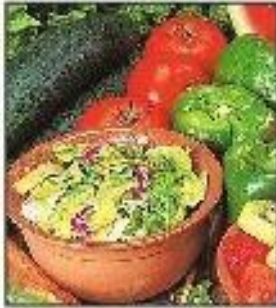
Islington Council has launched a new healthier eating drive – as it seeks to tackle the borough's alarming heart disease death rates.

The Freightliners Farm Cafe in Sheringham Road, Holloway, became the first to sign up to the council's "healthier catering commitment" this week, pledging to take steps such as reducing salt and saturated fat.

The initiative follows news that Islington has the highest rate of heart disease deaths in the capital.

Deaths

Cllr Paul Smith, the council's executive member for environment, said: "Making healthier food available to all people in Islington is an important



Healthy eating can help keep you in shape mentally and physically

part of the council's fairness agenda."

Around 228 people are dying each year from coronary heart

disease in Islington, according to figures released by the charity Heart UK in July.

The mortality rate is around 114 per 100,000 – a staggering 68 per cent higher than the national average.

The council is urging all cafes, restaurants and takeaways to sign up to the scheme, which is funded by a £100,000 grant from the British Heart Foundation (BHF).

Anton Psaila, of the BHF, said: "We are keen to see more businesses serve healthier food across Islington, reducing the salt and fat of people's diets.

"Obesity is a huge problem in today's society and taking steps to reduce the heart health risks like high salt and saturated fats can only be a positive move."

Contact details (michelle.webb@islington.gov.uk)

Aim of project

- Promotion of healthy menu changes in Islington's caterers.
- Raising awareness of healthy eating and heart health through targeted workplace activities in small and medium sized businesses in Islington
- Raising heart health awareness in targeted at risk groups in Islington

Hearty Lives Islington

What we did

- We are in the final year of delivering a three year, £100,000 British Heart Foundation funded project .
- We are implementing Healthy Catering Commitment across the borough
- We are targeting medium sized businesses with mainly male employees for workplace health activity sessions.
- We are making heart health and healthy eating the focus of all our community engagement activities
- We are actively engaging, both internal and external, stakeholders to include British Heart Foundation officers, resources and training in their work.

What were the outcomes

- To date over 100 businesses have signed up to the Healthy Catering Commitment
- To date around 500 Islington employees have participated in our workplace health sessions
- Over 1000 adults and 640 children have participated in an event where we were promoting healthy eating and heart health

Mum's Health Matters



Contact details: shauna.lagan@ballymena.gov.uk

Aim of project

- To improve the physical and mental well-being of post natal mothers with a child under twelve months through improved nutrition, increased physical activity and cognitive behaviour therapy.

Main Objective

- Participants would make a positive change to their lifestyle as a result of attending the programme.

Eight Week Programme

Week 1 – Induction & Health Check

Week 2 – Nutrition

Week 3 – Eat Well Feel Well

Week 4 – Emotional Well-Being

Week 5 – Looking Good Feeling Great

Week 6 – Physical Well-Being

Week 7 – Baby Bonding

Week 8 – Round Up & Feedback

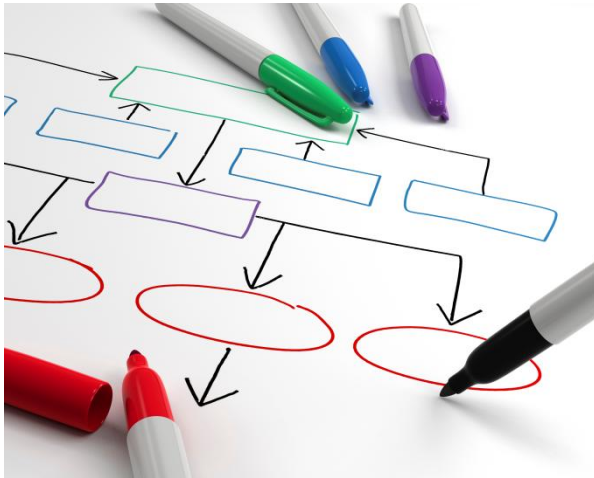
What we did

The Mum's Health Matters Project is an innovative eight week programme which was developed by Shauna Lagan of the Environmental Services Department in Ballymena Borough Council but was adopted by the Local Ballymena Sure Start, a government-led initiative that aims to give all children under the age of four the best start in life through improved education and wellbeing. Sure Start has now taken over the programme and run it on a recurring basis in their schedule due to the high level of demand from Ballymena mums.

What were the outcomes

- All participants reported a change in their lifestyle from attending the eight week programme:
- Healthier Diet 60%
- Increased Exercise 60%
- Improved Mental Wellbeing 100%
- The Project was the winner of the Michael Cole Award in 2012

Environmental Determinants of Disease



Contact details

Elizabeth Landeen, Asst. Manager, R & D

E-mail: elandeen@neha.org

Aim of project

The focus of this project is to provide ongoing workshop and training opportunities to address a variety of factors related to environmental determinants of disease, including:

- Foodborne illness
- Healthy Homes
- Indoor air quality
- Safe Drinking water
- Sanitation

NEHA Workshops

What we did

NEHA established and managed multiple workshops and trainings in cooperation with CDC, EPA, FDA, various universities, and other environmental organizations to address a broad range of issues, including:

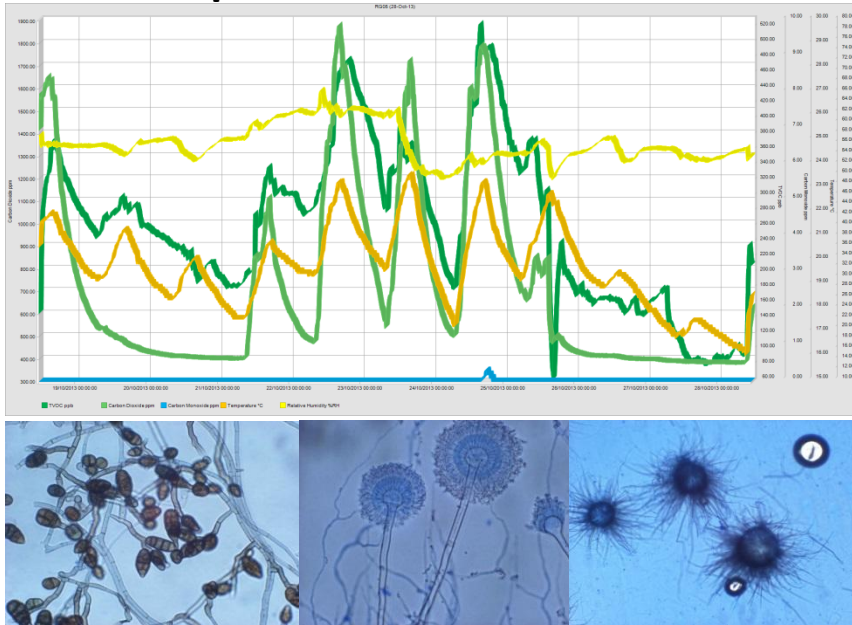
- Food security and safety
- Healthy housing
- Improved sanitation
- Indoor air quality
- Safe drinking water
- Safer environment and clean air

What were the outcomes (partial)

- Since 2005, trained/educated 288 individuals on risk assessment/risk communication of the adverse health effects of radon gas as well as technical information on components of radon resistant new construction.
- Since 2004, trained/educated 212 individuals on asthma triggers related to indoor air quality.
- Since 2013, 220 attendees to CDC and FDA Epi-Ready workshops
- 100 individuals attended State Onsite Regulators Alliance (SORA) educational track
- Between April 2013 – April 2014
 - Over 100 individuals attended Industry Foodborne Illness Investigative Training (I-FIIT) workshops
 - Over 150 individuals attended Vector control workshops

Work place Indoor air quality Perception

Indoor air quality and user perception of a renovated office building



Contact details: h.musa@mmu.ac.uk

Aim of project:

- ❖ To investigate the knowledge of sick building syndrome (SBS) among workers in renovated Victorian building and their satisfaction of the indoor environment they are working.
- ❖ Consider gender sensitivity to prevailing factors at work and the linkage to symptoms of SBS

What we did

- ❖ Setup an online questionnaire survey. Questions considered in the survey were centred around the respondents' sensory perception of the indoor environment sensitivity, control of workstation environment and psychosocial response to factors that impact on their productivity at work.
- ❖ Performed periodical microbial air sampling of work place prior and after staff occupancy with the aim of improving the workplace
- ❖ Carry out real time monitoring of selected environmental parameters (temperature, humidity, VOC, CO₂, CO and Noise) at various locations within the building prior and after staff occupancy. Result was used to help advise on better way to manage the work place

What were the outcomes

- ❖ Suggestion/comment captured was fed back to management team
- ❖ Improved work performance
- ❖ Further readjustment in various work space to accommodate staff concern
- ❖ Ergonomic concerns are being looked into by appointed consultant

Bridging the Competence Gap



Certificate recipients join course organisers Peter Ager of Fife Council, Alan Gow of Healthy Working lives and REHIS representatives to celebrate their success.

Aim of The Project

- Improve Health and Safety knowledge
- Improve compliance with Health & Safety law
- Reduce levels of staff absence
- Motivate and support workforce
- Healthier workers

By providing free support and guidance to small & medium sized businesses, charities and voluntary organisations.

REHIS Elementary Health and Safety Course

What We Did

- Collaboration between Fife Council & Healthy Working Lives
- Offered free REHIS Elementary Health and Safety course for one delegate from each engaged workplace
- One day courses delivered in Fife as part of NHS Fife Health Improvement Training Programme

What were the outcomes

- Positive responses from companies
- Improved Health and safety competencies
- Enforcing authorities happy with compliance
- Links with more companies
- Increased level of understanding
- More workplaces supported
- Healthier working environments created

Results

- A total of 6 courses have been run for 76 successful candidates for 63 different workplaces
- Ongoing relationships with workplaces

Health Inequalities



Contact details (e mail) e.campbell@sgehc.com

Aim of project

Health Improvement Workers and Investing for Health Officers work across the 5 Southern area Councils in NI

- *acting as champions for health and social wellbeing Inequalities.
- *facilitating and delivering programmes to improve health outcomes and life expectancy.
- *building capacity at community level.
- *providing a link between marginalised and excluded individuals and communities and service providers.

Closing the Gap

What we did

Holistic Health Programmes were delivered in disadvantaged areas tackling issues such as:

- *Obesity
- *Nutrition
- *Hydration
- *Cancer
- *Stress
- *Heart health
- *Smoking
- *Mental health
- *Diabetes
- *Drug & alcohol misuse
- *Male Health
- *Sexual Health
- *Lack of community capacity

What were the outcomes

The following are examples of the outcomes of programmes and interventions delivered.

- ***Community Health Programme** The 23 participants lost 5 stone in 6 weeks, with an average reduction in lung age of 17 years. Group exercise equating to 97 marathons.
- ***Male Taxi Driver Programme** The 12 participants lost 3.75 stone in 12 weeks, with 16% body fat lost. The men completed a Cook It programme which taught them to cook healthy food on a budget.
- ***Youth Resource Centre** staff built capacity within the organisation to deliver training to young people to tackle issues relating to: nutrition; sexual health; drugs and alcohol; mental health and suicide prevention.
- * **Stop Smoking Poster Campaign.** Graphic Design students in a local FE College received training in social media and entered a competition to design a poster using local people who were ex smokers as Champions to motivate others in their community to stop smoking.



Closing the Gap is a partnership between Southern Group Environmental Health Committee, the Southern Group of Councils and the Public Health Agency. Funded by the PHA.

HOW TO COOK HEALTHY NUTRITIOUS MEALS ON A LOW BUDGET



What we did

Professional chefs Brian McDermott known as the 'Low Salt Chef' (Resident chef on RTE TV's Today Show, and features weekly on BBC Radio Foyle) and Ian Orr (Head Chef of Browns Restaurant) both hosted the cooking event.

- Focusing on the use of low cost ingredients to produce food for the family, as well as sensible use of left overs and food waste.
- Cooking tips for low incomes groups who want to cut costs while developing a healthy eating plan which moves away from less nutritious fast foods and convenience foods.
- Residents to develop a healthy lifestyle, with the additional help of addressing financial issues in the household.
- Highlighting the importance of low cost essential store cupboard ingredients.
- Transforming cheaper cuts of meat into delicious meals.
- Energy efficient ways of cooking meals through cooking in bulk with the use slow cookers and freezer storage.



The project

“Tasty Nosh for Less Dosh” was a series of 3 free public cooking events designed to showcase the preparation of simple and nutritious low cost meals suitable for everyone.

In addition to a 90min cooking demonstration a number of local charities and public support groups were in attendance to provide information on services that are available to people in need in the local area. Each attendee was given an information pack to take home containing simple to understand health and wellbeing information and a recipe booklet listing the low cost meals that were demonstrated.



Supported by the Causeway Coast & Glens,
Mid & East Antrim, public health agency, Cluster

COLERAINE
BOROUGH COUNCIL

HSC Public Health
Agency

Campaign for hand washing in kindergartens



Contact details: viviann.sandvik@bergen.kommune.no

Aim of project

Reduce spread of disease amongst children, employees and parents of children in kindergartens by improving routines of hand hygiene.

Clean hands in kindergartens

What we did

- Invited 400 kindergartens to become certified as “Clean hand-kindergarten”.
- Requirements to become certified was to improve routines and make hand washing a focal point in the internal control system, doing a simple teaching program with the children and submitting a self-declaration.
- All information about the project where gathered on a web-site where kindergartens could find information about hygiene, a teaching program, a hand washing song, diplomas for the children etc.
- Participating kindergartens where competing over three money prizes and winners where announced on Global Handwashing Day on October 15.
- Absence amongst employees during the 6 month period after the campaign where examined and compared between participating and not participating kindergartens and to previous year.

What were the outcomes

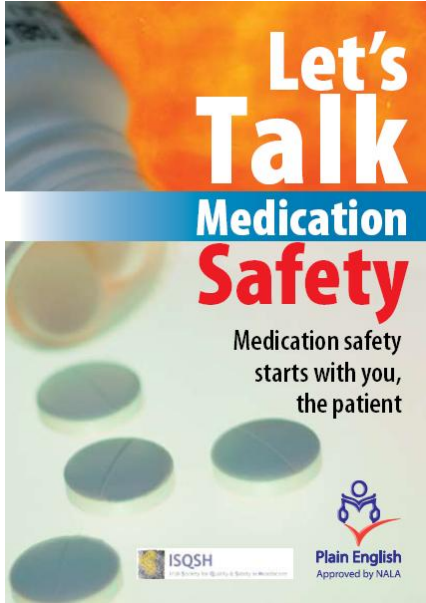
- 87 kindergartens where certified.
- A small decrease in absence amongst employees was observed in participating kindergartens.
- Absence amongst children was not monitored in this project.

Medication Safety



Medication Safety in the Home

- Pharmacy Technician Students from DIT worked in collaboration with the Irish Society for Quality and Safety in Healthcare .
- Students compiled and delivered “Medication Safety Training in the Home” for elderly persons based on ISQSH guidelines.
- Elderly volunteers recruited through ISQSH
- Elderly volunteers spent a day in the Dublin Institute of with Pharmacy technician students.
- Medication handling, storage, disposal, labelling, use by and expiry dates addressed in the safety training.
- Free tablet organisers given to all participants
- **What were the outcomes**
- Increased awareness about medication safety in the home amongst this target group.
- Improved communication skills of Pharmacy Technician students
- Better understanding of the medication challenges facing this group.



Sara Boyd sara.boyd@dit.ie

Aim of project

Overall aim of the project was to increase awareness of medication safety in the home among elderly people



**Social Planning in Housing
Areas – Health Perspectives,
2013 – 2016
Vejle, Denmark**



For more information contact: Peter
Wade, EnviNa Denmark,
pwpolitik@hotmail.com

Aim of project:

Overall goal is through social outreach to improve the health status of citizens in low cost housing areas in two different areas in the city of Vejle (population 55,000). Better health leads to better employment and educational opportunities and thus prevents health inequality later in life.

Secondary goals:

1. “Health Agent” education, with the goal of strengthening health knowledge among volunteers who live in the housing areas.
2. Establishment of Health Café with **qualified help and guidance.**

Social Planning in Low-cost Housing Areas – Health Perspectives

An earlier project in one of Vejle's housing areas identified the success that comes from finding agents of change who live in the target area – in this case a housing area with well defined social and health challenges. The total plan in this example (a housing area with about 2,780 inhabitants and 1,072 housing units/apartments) includes initiatives for promotion of positive recreational activities, improvement of competencies, including digital competencies, strengthening citizen ownership of the development of the area through direct democratic involvement (a housing tradition in Denmark), as well as preventative health initiatives.

The new health initiatives have the purpose of growing the idea of healthy lifestyles in a greater percentage of the inhabitants in the housing area. As with the other focus areas in the plan, health initiatives are to be seen in connection with already existing municipal programs such as the “overweight program” and the weekly health nurse open house (with focus on children and infants).

Health Agents – participating citizens receive a basic preventative health education (40 lessons through 8 months) and take part in creating healthy activities in the housing area. Earlier experience shows that this approach generates new “home grown” initiatives that otherwise would never be taken. Win-win side effects include competency development that can be used in connection with job applications. As well the number of volunteers in the area is expected to increase.

Health Café and Physical Activity- Café open 2 hours once a week, manned by preventative health personnel. 3 exercise groups, eg. Zumba, learn to bicycle, senior gymnastics, etc.

**Seasonal Health
Intervention Network
SHINE**



Contact details : ellis.turner@islington.gov.uk

Aim of project

- Connect vulnerable residents to services that improve health and reduce fuel poverty
- Reduce council expenditure
- Maximise the number of services delivered to individual residents
- Provide a simple way for front line staff to help clients

Single Point Referral System

What we did

- Exploited existing networks of services
- Trained front line staff
- Set up a hub to take referrals from health and housing professionals, council officers , community groups, self-referrals etc.
- Set up system to refer clients to variety of services to benefit health and reduce fuel poverty including
- Provided a telephone helpline
- Targeted key groups susceptible to the cold

What were the outcomes

- Over 6,250 referrals since Dec 2012 (2,830 in 2013/14)
- Around 28,500 seasonal health interventions
- £600,000 annual saving on fuel bills
- Successful in targeting right groups – all clients are older, disabled, long-term ill or low income families with children
 - 52% aged over 65
 - 56% with disabilities
 - 34% with respiratory or cardiovascular illness
 - 15% low income with children under 5



AIM

The aim of the project was:-

- ❖ To improve the hygienic conditions of Kroonstad food hawkers stalls.
- ❖ To improve the knowledge of Kroonstad food hawkers regarding personal hygiene and food safety.
- ❖ To ensure that food stalls complies with Regulation Governing the General Hygiene Requirements for Food Premises and Transport of Food (Regulation No. 962).

What we did was:-

- ❖ To provide health and hygiene education to Kroonstad Food Hawkers.
- ❖ To take surface swabs samples in order to determine the cleanliness of the food hawkers and their stalls.
- ❖ To conduct an inspection programme during the course of the project.
- ❖ To evaluate the project throughout all phases of implementation.
- ❖ To award prizes and Certificates of Acceptability to all participants.
- ❖ To develop a sustainable programme to ensure continuous compliance of the food stalls.

What were the outcomes

- ❖ The hygienic conditions of the food stalls has improved.
- ❖ 73% of the participating food stalls in the project are now complying with Regulation No. 962 standards.
- ❖ 73 % of all participating food stalls that complied are now in possession of a valid Certificate of Acceptability.
- ❖ The knowledge of the food hawkers on personal hygiene and food safety has improved.
- ❖ The top five of the most improved food stalls were awarded with various prizes that included gift vouchers, cooler bags, braai equipments etc.

Illegal pharmaceuticals in food supplements

Food safety and consumer protection



Netherlands Food and Consumer
Product Safety Authority
Ministry of Economic Affairs



Health Care Inspectorate
Ministry of Health, Welfare and Sport

Contact details j.homma@nvwa.nl

Aim of project

- *To reduce the import of counterfeit pharmaceuticals / medicines and food supplements mixed with pharmaceutical substances as hidden ingredients
- *To find out if this is a form of organized crime.
- * To take out individuals that are ordering abroad and sell these products without permit or registration (mainly through internet and social media)

What we did

- Set up a working group of policy officers to set up a protocol to exchange information and use of findings of laboratory results of customs.
- Set up and train a group of specialized inspectors that are able to recognize, search for (mostly through internet) and prosecute possible suspects.
- Training and presentation to dossier responsible colleagues of customs divisions on airport and NL postal and package distribution centers.
- Close contact with the responsible officers at points of entry of goods, and handing over of dossiers after positive analysis.
- Inspections, samplings, research, prosecution and issuing substantial administrative fines. All products were destroyed.
- Publication of findings and warnings through internet and press-releases.

What were the outcomes

Over 6000 kg of food supplements mixed with hidden pharmaceuticals (sibutramine, phenibut, DMAA, phenolphthalein, fluoxetine, enrofloxacin, sildenafil and analogues and chloramphenicol) were intercepted.

2 criminal organizations (Hong Kong/Israel and Turkish) were discovered.

Recalls all over Europe (RASFF system) prevented that thousands of citizens were using the unsafe products!

Over a 100.000 illegal medicines from all over the world were intercepted and destroyed! **The project is ongoing!**

Our Postcards

- Aim to get 101 postcards by the end of this conference
- We want to hear about the good work our global family is doing
- We need you to complete a postcard
- Bring it to the IFEH stand where you will be entered into a prize draw



Project Theme

Project Title

What we did



Contact details (e mail)

Aim of project

What were the outcomes