CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	Commitment, collaboration and continuity: celebrating Cork as a healthy city
Authors	O'Mullane, Monica;Cahill, Denise
Publication date	2023
Original Citation	O'Mullane, M. and Cahill, D. (eds.) (2023) Commitment, collaboration and continuity: celebrating Cork as a healthy city. Cork: Cork City Libraries.
Type of publication	Book
Rights	© 2023, the Authors.
Download date	2026-11-01 23:41:17
Item downloaded from	https://hdl.handle.net/10468/17138



UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh



COMMITMENT, COLLABORATION & CONTINUITY

Celebrating Cork as a Healthy City

Edited by

Monica O'Mullane & Denise Cahill

"For me a healthy city is a place with a strong sense of community. A safe space where you feel uplifted."

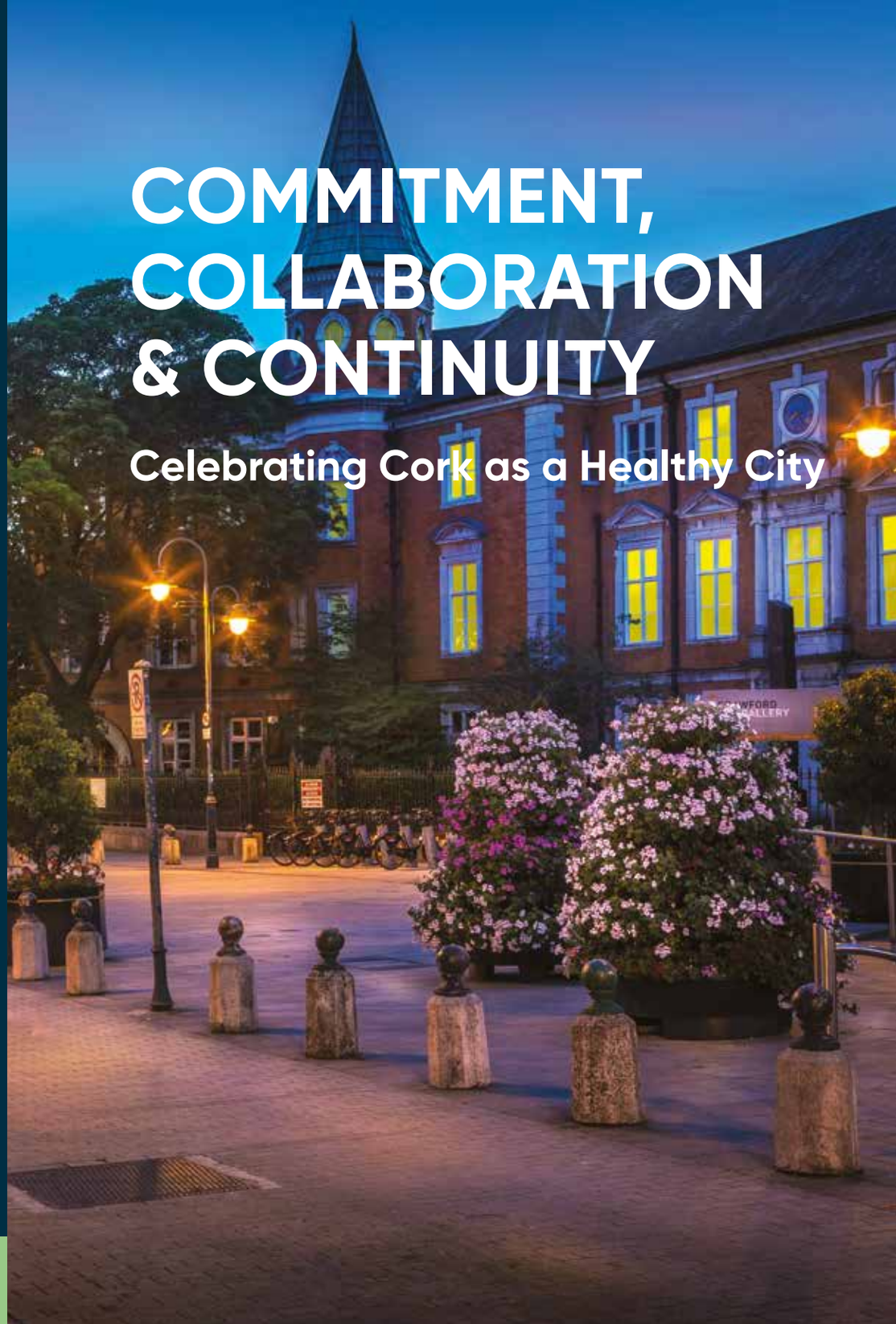
Mandie Rekaby, Togher Community Garden

"For me a healthy city is one with many green spaces where the community have opportunity to interact; chatting in a park bench, children playing freely, people walking about."

Pierre Cousineau Douglas Community Garden

"For me a healthy city is a sustainable city for the people now and for those yet to come. Where people can plant seeds, look after what they've sown and enjoy the result. A city that is healthy for the mind and the body."

Ronan Clarke, Douglas and Grange Men's Shed



COMMITMENT, COLLABORATION & CONTINUITY

Celebrating Cork as a Healthy City

COMMITMENT, COLLABORATION & CONTINUITY

Celebrating Cork as a Healthy City

Edited by

Monica O'Mullane & Denise Cahill

With contributions from

Judy Cronin • Ivan Perry • Colin Sage • Lorcan Griffin

Michelle Syron • Joan Devlin • Kieran McCarthy

Aodh Quinlivan • Daniel Flynn • Katherine Harford

Martha Halbert • Tony Fitzgerald • Janas Harrington

Mary Cronin • Maria Young • Justina Hurley

Martin Davoren • Olivia Teahan • Muire O'Farrell

Christie Godsmark • Jim O'Donovan • John Sheehan

and **Otto Goodwin**

Leabharlanna Libraries
Comhairle Cathrach Chorcaí | Cork City Council

Cork Healthy Cities
a healthier city together

ISS21 Institute for Social Science in the 21st Century

COMMITMENT, COLLABORATION & CONTINUITY
Celebrating Cork as a Healthy City

First published in 2023 by
Cork City Libraries / Leabharlanna Cathrach Chorcaí
57-61 Grand Parade,
Cork

www.corkcitylibraries.ie

Copyright © 2023 the authors

All rights reserved. Without limiting the rights under copyright reserved alone, no part of this publication may be reproduced, stored in or introduced into a retrieval system, or transmitted, in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of both the copyright owner and the above publisher of this book.

ISBN 978-1-9163790-8-4

Cover image: John Corkery is a Cork artist who has had residencies in Cill Rialiag Arts Centre and Annaghmakerrig. An explorer of colour and shade, he has created countless views of Cork City on canvas. The cover image was paired with the poem Cork Sketch by Colm Scully, at an exhibition in St Peter's in 2023, What News of Cork Poems and Landscapes of Cork City by Colm Scully and John Corkery. This image is exhibited in Ballincollig Regional Park as part of the Poetry in the Park initiative of Cork City Libraries in collaboration with Cork City Council's Parks and Recreation Department, which brings poetry to people in their everyday lives, creating a sense of community, awareness and celebration of the vibrant literary life of the Cork City. It provides a platform for Ireland's finest poetry to be seen.
Back cover: Panoramic view of Grand Parade, Cork. Photograph: Darragh Kane

Cover design: edit+ www.stuartcoughlan.com
Design: edit+ www.stuartcoughlan.com

Printed by City Print Ltd, Cork

CONTENTS

Acknowledgements 9

Hodology – A poem by **Otto Goodwin** 10

Forewords
Evelyne De Leeuw (academic scholar; WHO advisor) 12
Ann Doherty (Cork City Council) 14
Siobhán O'Dowd (community worker) 16
Catherine Conlon (Public Health expert Ireland, HSE) 18

Preface – Denise Cahill 22

Contributors 24

1 **Introduction**
O'Mullane, M. and Cahill, D. 34

2 **The Future of Public Health and Cork Healthy Cities**
Perry, I. and Sheehan, J. 52

3 **'Minding the People'**
The Place of Public Health in Cork History
McCarthy, K. and O'Donovan, J. 70

4 **Healthy Cities**
A global movement working locally in Cork City
O'Mullane, M., Devlin, J., Fitzgerald, T. and Quinlivan, A. 98

5 **Cork Healthy Cities - City Profile Work**
The process and lessons learned
Cronin, J. and Griffin, L. 124

6 **More than a seat at the table**
A Community and Voluntary Sector Perspective Development and Activities of Cork Healthy Cities.
Cronin, M., Harford K and Cahill, D. 152

7 **Beyond the Pyramid**
Creating a Food Policy Council in Cork
Sage, C. and Cahill, D. 182

8 **PSYCHED**
A Workplace Mental Health Promotion Initiative in Cork City and County
Flynn, D. and Hurley, J. 202

9 **Ireland's First Sexual Health Network**
Experiences from a Collaborative Effort Across Cork city
O'Farrell, M., Teahan, O. and Davoren, M. 226

10 **Colouring Outside the Lines**
Transforming Cork City Through a Playful Approach
Cahill, D. and Halbert, M. 252

11 **Green Spaces for Health**
Creating Space for Nature in an Urban Context
Young, M., Syron, M and Cahill, D. 278

12 **Health in the Climate Emergency**
with Reflections from Cork, a Healthy City
Godsmark, C., Harrington, J. and Perry, I. 312

13 **Reflections**
Lessons Learned and Future Directions
Cahill, D. and O'Mullane, M. 340

For Eileen Lynch,
a woman of deep personal kindness,
love and integrity, whose lifetime
work has inspired many.

ACKNOWLEDGEMENTS

The work driving the collaborative efforts of Cork as a Healthy City go far beyond the pages and words in this book. We are so grateful to all who strive to improve and promote the health and wellbeing of Cork's people – present, and future generations. It is that celebrated spirit of generosity and kindness, which perseveres in the face of austerity and siloed-thinking, that inspires both our group's efforts and the book that you are holding.

We are grateful to all contributors to this book for sharing your experience and insight so generously.

We are most thankful to the book designer edit+ and to City Print, for their professionalism and patience.

Artwork from children included throughout the book came from the 2021 project 'Freedom of the City,' a creative consultation programme devised by the Glucksman in partnership with Cork City Council and UCC's Centre for Planning Education and Research. 'Freedom of the City' enabled over 2000 young people to participate in the consultation phase of Cork City Development Plan providing primary, second and third level students in Cork city with the opportunity to explore creative approaches to civic life and to express their ideas for a healthier, greener, and more playful city. Find out more, including the list of project team members, at https://www.glucksman.org/projects/freedom-of-the-city.

Our sincerest thanks to the funders of this publication, including Cork Healthy Cities, Cork City Libraries, and the Institute for Social Science in the 21st Century (ISS21), UCC. We appreciate all of the support that we have received as we sought to bring this book from idea to a reality. It's been a journey!

Happy reading!

Monica & Denise

Hodology

We break bread with each other at five thirty in the morning
Emerging wrinkled and harsh at first, under the flickering blue of the kitchen lightbulb we swell
Gentle with the spreading of butter on toast, tired and cold but gilded by honeycomb hexagons
Steam from our tea fogs the future and there is no wicker basket system of tidiness in our kitchen
But the chaos is comforting, although I cannot find the salt.
We leave to go our separate ways, slip into ritual as we shuffle through hodological space:
Those preferred paths we take that serve as a compromise of different domains,
The ancient and known factors our commute must take into consideration:
Security (dark mornings leave you to cling like a moth to the streetlamps)
Minimal work (unspooling shortcuts like neurons from memories passed down)
Maximum experience (wherever you step you can hear the city chatter, millions of voices like wasps on the wind).
The city hums like a hive, and doesn't wait for the dawn
She knows our sound
And knows our call And replies
To my prayers
Are always scratched in clay cursive on the back of the bus seat,
In the electic hum from the streetlights and
If you don't like the music keep walking
Because
Tonight we are stained - digital under flashing lights
And if you don't like the melody keep walking.
Notice:
How buskers sing in time with the sirens and traffic lights and footsteps
And although the grass may be greener on the other side
These alleyways are covered in so much graffitti it feels like a forest
Spraypainted sonnets.
The city knows
That we have outgrown the old gods
And sculpted our own from skeleton prose and cement
To worship when there's nothing left inside (we splinter in the beat)
You can watch as the sun sets, scrawling amber across the skyline
To soak up city-smog and sorrow.
We go about our days like wasps on the wind,
Thrumming softly in quiet collaboration

Otto Goodwin

FOREWORD

Evelyne de Leeuw

Thousands, indeed tens of thousands, of cities and local governments around the world have expressly committed themselves to pursuing health, wellbeing and equity for their populations, institutions and ecosystems. Such commitments go under various monikers, including 'Resilient Cities', 'Sustainable Cities', and even 'Slow Cities'. The first global network to form around an ambition to put health high on social and political agendas came out of the Ottawa Charter for Health Promotion, in 1986. The Charter was the product of careful revolutionary deliberation, and was sponsored by WHO, the Canadian Public Health Association, and Public Health Canada. But its vision was, and remains, universal. It includes a focus on settings – the places where people create meaning for their connectedness and lives. One such place is the city – and hence Healthy Cities formed as a European WHO network in 1988.

Ireland, including the city of Cork, has always played a significant role in setting external and internal agendas for better health at all levels. The strong commitment across sectors, politics, and civil society in Cork toward achieving better and more equitable systems and structures for health has ben palpable for decades now. In this, Cork Healthy Cities is a proud and effective member of national and international networks – of cities, people, organisations, and pursuits.

The compilation and publication of this book, however, should be regarded as a next-level accomplishment. Within the Healthy Cities movement we do not always take time to stop and think – to reflect on what is being done, how it is done, and with what purpose. Yes, over the history of WHO European Healthy Cities there have been significant investments in evaluation, showing the accomplishments of cities, communities, and networks. Healthy Cities, it has been observed, 'work'. They are delightfully messy and dynamic environments. And with a broad conceptualisation of health (always moving far beyond classic health service delivery and sanitary public health efforts which are naturally integral to any urban health effort), many cities either fail to reflect on the broad, holistic, and meaningfully complex nature of the effort, or they regress to unsustainable behaviour change efforts alone.

Congratulations are in place for Cork Healthy Cities, the Healthy Cities team, its leadership and followships, and the editors and authors of this volume to stop and think. The accounts and narratives in this book show, sometimes quite emotively, how 'health' in its broadest sense has become embedded in the tiniest cells of Cork life – and therefore has become a living, thriving entity. As with anything that lives close to you, you can't always be entirely sure what is going to happen – and when and for whom. But that, ultimately, is the charm of this way of doing health promotion with, for, and in a kaleidoscope of communities and networks. There is commendable courage in shaping an account like this book. Some would, perhaps easily and lazily, frame such an effort as megalomaniacal hubris. But this is not the case: by penning this reflexive account of the people, systems, and troubles in Cork Healthy Cities this work, and the local movement, have become humble and better.

Well done, Cork! May you keep reflecting and inspiring. This book is a dynamic benchmark.

Professor Evelyne de Leeuw
Urban Health and Policy,
University of New South Wales Sydney,
Senior Scientific Advisor, WHO Europe Healthy Cities Network

FOREWORD

Ann Doherty

As the CEO of Cork City Council, it is my great pleasure to introduce the *Commitment, Collaboration & Continuity: Celebrating Cork as a Healthy City* book.

It has been Cork City Council's privilege to be a founding member and core funder of Cork Healthy Cites. Since joining the World Health Organization's Healthy Cities Network in 2012, Cork has been committed to creating a city that promotes health and well-being in all aspects of community life.

As a city we are committed to Sustainable Development, and we do this in many ways; for example, we are one of the climate 100 cities, but also by our commitment to a cross sectoral approach and this is evident in our Joint initiative with the Health Service Executive on Social Inclusion and by the role we play as UNESCO Learning City and a WHO Healthy City.

Throughout my career I have seen that one of the best ways to impact health in the community is with planning that encourages positive change, promotes and strengthens society and works from a social determinants' perspective creating the foundation for sustainable projects and initiatives for our communities. Cork Healthy Cities are to be commended for their commitment to strategic planning and developing, in a collaborative manner, programmes such as Green Spaces for Health, Cork Food Policy Council, Playful Paradigm and Cork Cities Clean Air Zone. Cork Healthy Cities continuously highlight that the link between good planning, collaboration, cross sectoral working leading to better health outcomes.

I feel that in Cork City Council we have set our city apart from many other cities and counties with innovative projects such as Cork Healthy Cities and the Joint initiative with the Health Service Executive on Social Inclusion; where there has been a shared social inclusion specialist post in place across both entities for the last 6 years promoting and coordinating collaborative working, avoiding duplication and ensuring value for money and programme delivery.

Leading in the public sector is about bringing the right team together and creating the conditions so that each person can play to their strength and deliver, Cork Healthy Cities steering group has created such an environment but with a diverse range of stakeholders, including government agencies, community groups, healthcare providers, and academic institutions, to collaborate on projects that promote health equity and address the root causes of health disparities.

The collaborative space that is the Cork Healthy Cities steering group, with examples of best practice from the WHO EU Healthy Cities Group, has directly created, or influenced heavily, new and innovative programmes such as Cork Child Friendly Cities, Cork Age Friendly City, The Psyched Workplace Mental Health Initiative, the Dolly Parton imagination Library and Lets Play Cork.

Cork City has strong track record of bringing partnerships together between Statutory, Private sector, and Voluntary & Community Partners, as evidenced in recent years in response to Covid and to the Ukrainian war, as well as our flag ship city wide social inclusion programmes; the UNESCO Cork Learning City, Cork Rainbow City and Cork Healthy Cities show that we are a city of like-minded individuals who work well toward a common a goal of making a city that is more liveable, sustainable, and healthy for all its residents.

This book showcases the many innovative programmes and initiatives that have been implemented or supported in the city by Cork Healthy Cities from promoting physical activity and healthy eating, to improving mental health and reducing social isolation.

I hope that this book serves as an inspiration to other cities and communities, both in Ireland and around the world, to join the Healthy Cities movement and to work together to create a healthier, more sustainable future for all.

I have seen the value in the collaborative nature of the Cork Healthy Cities work, playing its part in delivering programmes in communities across the city.

It is a testament to the dedication and hard work of everyone involved in Cork Healthy Cities Steering Group that we have been able to achieve so much in improving the health and well-being of our citizens under the themes of climate change, workplace mental health, education, and physical activity.

Ann Doherty
Chief Executive, Cork City Council, Cork, Ireland

FOREWORD

Siobhán O'Dowd

Just over a decade ago Cork first received its designation as a Healthy City, this collection of essays is both welcome and timely , providing as it does an opportunity to review some of the initiatives undertaken under the healthy cities banner and to reflect on the learning from these. The contributions demonstrate the breadth and reach of Healthy Cities as an animating idea , the role of the Healthy Cities Steering Group as a supportive and enabling ally , and highlight a clear engagement with the social determinants of health across many domains . Noteworthy too that many of the original champions of the Healthy Cities concept are represented here as contributors, their early commitment has translated into a long term and collaborative advocacy across local government, public service, academia and community/civil society.

As a community worker who is very aware of how health inequities impact communities, especially disadvantaged communities of geography and marginalised communities of identity, the inclusion of community representatives from the outset on the Healthy Cities Steering as equal partners is especially welcome and described here in 'More than a seat at the table' . As has been said elsewhere 'if you're not at the table , then you're very likely on the menu': communities have often found themselves on the menu for whatever new initiative is being rolled out and have often become the objects of new and well-meaning programmes such as this rather than co-collaborators.

The strong commitment to the social determinants of health and health equity as grounding principles allowed a democratization of the health agenda where the perspectives of community representatives were valued alongside those of health professionals and in some instances prioritized such as when persistent negative health outcomes because of minority status had not responded to traditional health interventions. The innovative and combined Health & Social City Profiles ensured that health data was no longer divorced from the social and economic conditions which created such health outcomes. It has become a valued, accessible and reputable source document and increasingly the profiles became an advocacy tool for use by these communities themselves.

Over the past decade the Healthy Cities initiative has facilitated quite an extensive array of interventions to improve community and civic health , as can be seen from the table of contents. The steering group of Healthy Cities has deployed its very limited resources – human and financial - to seed -fund new projects such as the Food Policy Council, Green Spaces for Health, Playful Paradigm and then enabled these to secure funding to put them on a more sustainable funding. It has been open to learning and challenge , and adapting to emerging issues. This was abundantly clear during the Covid pandemic where knowledge and its provenance was under constant challenge but having established credibility with community groups the Healthy Cities team were a trusted and reliable source of information and advice. Some of the initiatives organised under Healthy Cities such as the Early Years Home Activity Packs and the Senior Activity packs drew on these innovative programmes and equally on community collaborations supported under the Healthy Cities banner. WHO Programmes such as Healthy Cities are very invested in the idea of city diplomacy, bringing together the key municipal players who have a key role in relation to health to lead and animate Healthy Cities programmes.

What has been clear from the outset of Cork Healthy Cities is the attention also paid to community diplomacy – the space where many of us experience health impacts and outcomes and from where we can share that learning to most effect.

Siobhán O'Dowd
Community Worker in Cork City



FOREWORD

Dr Catherine Conlon

Covid-19, war, climate disasters, a cost of living crisis, lack of housing and access to healthcare. There is a single word for this – permacrisis. Our culture values convenience, valorises excess, encourages keeping up and hides the true cost of our lifestyles from us – in terms of health, equity and sustainability. Too many use too much, waste too much and have too little. Education, health and childcare are often expensive, but 'stuff' is cheap. The launch of Healthy Cities in Europe over three decades ago was an ambitious attempt to put health high on the agenda of local government. The model is a challenge to free market fundamentalism that believes in the ability of the market to resolve almost all social, economic and political problems. It is becoming increasingly apparent that a model that advocates less state regulation and taxation is in fact at the core of widening socioeconomic determinants of health and wellbeing. The Cork Healthy Cities (CHC) Action Plan 2020-2030 emphasises the importance of addressing social inequalities, early child development, physical activity and diet, social isolation and loneliness, planetary health and the critical role of prevention and primary care in maintaining health and wellbeing in urban settings.

Key to the success of the Healthy Cities approach is the embedding of public health policy at national level. This was realised with the development of *Healthy Ireland: A Framework for Health and Wellbeing* (2013-2025); the first policy in Ireland to endorse a whole of government approach to health improvement, targeting population health at the centre of public policy. A key part of this strategy is to ensure that the policy agenda from within CHC drives the policy agenda in local government – ensuring that Healthy City policy is embedded in the city development plan. Much of the impact of the global economy seems to be invisible to many of its citizens. Much of the freedom to roam for kids and teenagers that is so crucial to building self-confidence and resilience could be achieved by reorganising towns and cities with wide pavements, protected cycle

paths, bus corridors and single lane traffic. Towns and cities where cars move from being the protagonist in the landscape to one part of a shared space. CHC have been central to progress in promoting active travel, public transport and green spaces for biodiversity, physical activity and play in the city, collaborating closely with its partners in local government and academia to keep the health and wellbeing as well as climate benefits of this strategy front and centre.

Cork Healthy Cities through the Cork Food Policy Council have been central to efforts to foster more sustainable and resilient food systems in the city. A key part of this strategy is the role that local government can play in devising food policies that create positive and synergistic relationships between food producers and consumers as well as between cities and their surrounding rural hinterland. Critical to the success of the Cork Healthy Cities (CHC) approach is good data. CHC have worked collaboratively with stakeholders to evolve the development of this approach with City Profiles published in 2012, 2014 and 2018. This data continues to evolve and has become a key resource for action planning, community health planning, service planning and supporting community and voluntary sector-funding submissions. This is a vital resource at a time of increasing global conflict and planetary, housing and cost of living crises that are stretching the abilities of low- income groups and migrants to thrive. The more recent focus on developing infographics – 'if Cork was a City of 100 people,' makes this data relatable to stakeholders from all backgrounds – graphically demonstrating the depth of socioeconomic, ethnic, demographic, lifestyle/ work and health service determinants that impact on health and wellbeing.

We got a taste for the impact of these factors on health outcomes during the Covid pandemic. Having lost the ability to commute and rush from one consumer activity to the next, we appreciated more the value of uninterrupted family time, adequate housing, green spaces and close community bonds as we faced unprecedented challenges together. Within a decade we might just look back and wonder why we resisted so hard, doubted so much and too so long to adopt in a way that enabled us all to thrive.

This book is a comprehensive overview of the value that Cork Healthy Cities has delivered over the last decade by enriching the health and wellbeing of all its citizens. In doing so, it has provided a



template for other cities to enhance the lives of city dwellers living in communities that prioritise health, diversity, equity, active travel, green spaces, the hinterland that surrounds them and the rich heritage that preceded them.

Dr Catherine Conlon
Public Health Specialist
HSE Ireland

PREFACE

Denise Cahill

Coordination of Cork as a Healthy City since 2010 has afforded me the opportunity to lead an innovative approach to health promotion practice in Ireland. The WHO framework enabled us to work across various sectors in Cork city, developing the skills and knowledge to lever innovative and responsive community led actions. Thanks to the vision of Andy Walker (HSE South Health Promotion Manager in 2010), Jim O'Donovan (Director of Services Cork City Council in 2010), Katherine Harford (Manager at NICHE in 2010), Professors Ivan Perry and Colin Bradley (University College Cork), a collaborative structure was established to realise the designation of Cork as a WHO Healthy City.

As outlined in the forthcoming chapters, the designation of Cork City set the scene for the city to embrace and support, in a tangible way, the evidence that health is influenced by education, where we live, our income, our culture and access to public services. In relative terms, Cork is a small city but the unique character of the city has led to a capacity for strong and effective partnerships, moderate enough for meaningful engagement, yet large enough to create impact with a sizeable population. Residing in a port city, Corkonians, Corkonians have developed an openness to the novel, diverse and exotic features of the Western World and an aspiration for global and innovative ideas. The spirit and culture of our small city has been integral to a good quality of life, but inequality prevails, with the negative health consequences most visible among marginalised communities and in particular areas of the city, as set in the Cork City Profile. In the context of global turbulence and inequality, the depletion of natural systems, conflict on the continent of Europe, emerging from a pandemic and unsustainable consumption, Cork, like many cities, is challenged to develop a just and sustainable society, with equal opportunities for everyone to thrive, where 'nobody is left behind'.

This book discusses the perceived future priorities for global public health at a local level in Cork City (Chapter 2), the historical context into which the public health of the city has grown and developed (Chapter 3), the political vision and commitment of Cork City Council (Chapter 4) and the measures taken to document and report on the context of health inequalities (Chapter 5). In the Cork City Profile, we have sought to not only report on the epidemiology and vital statistics of life in our city, but also to flesh out and discuss the social complexities that exist within the gaps, to better tell the story of health in Cork City. This book also outlines the key role of community (Chapter 6) on our journey. Designation as a Healthy City and the development of an interagency structure to support the delivery of an Action Plan has led to a number of innovative projects, which are outlined in the book (Cork Food Policy Council, Green Spaces for Health, PSYCHED, the Sexual Health Network and Lets Play Cork).

As you will see throughout the chapters in this book, our journey has not been linear; it has required flexibility and agility to respond to our changing context. Small actions are frequently considered inconsequential, yet the truth is that major systemic change has only ever been achieved by the compounding force of local action. Investment in relationships and building consensus have driven a movement of solidarity across our partners in Cork City. The publication of this book is a testament to the relationships that have developed and evolved on our journey since 2010 and is a reflection of the energy, commitment and flexibility of all those involved in this innovative movement in Cork City.

The vision for this book germinated like a seed from the imagination of Dr. Monica O'Mullane and it found fertile land to grow, develop and thrive within the interagency partnership with contributions from many active partners. Thank you to all who have contributed, not only to the book, but also to the development of Cork as a Healthy, vibrant and diverse 21st Century city.

Denise Cahill
February 2023
Cork city, Ireland



CONTRIBUTORS

Monica O'Mullane is a Research Fellow working in the School of Public Health, University College Cork (UCC). Monica is passionate about improving public health and tacking health inequalities through policy-informing approaches such as Health Impact Assessment (HIA). Monica is currently leading an HRB-funded project entitled *Developing a Health Impact Assessment Implementation Model: Enhancing Intersectoral Approaches in Tackling Health Inequalities* (HIA-IM).

Denise Cahill is the Healthy Cities Coordinator for Cork City and Adjunct Lecturer in the School of Public Health in University College Cork. Denise has practiced in the field of Public Health and Health Promotion for over 20 years in the Health Service in Ireland. Denise also has a strong personal and professional interest the social determinants of health, the reduction of health inequalities, climate justice and environmental sustainability.

Judy Cronin is the Health Informatics Manager, Public Health Area D (Cork & Kerry), Health Service Executive and is the current Chair of Cork Healthy Cities. Judy has been a steering group member of Cork Healthy Cities since 2010 and has worked in the Health Service Executives Public Health Department for 25 years. With a background in sociology, information science and health informatics, areas of professional interest include public health informatics, information governance, health intelligence and health improvement with a focus on reducing health inequalities and population health and wellbeing.

Ivan Perry is an Emeritus Professor of Public Health and former Dean at the School of Public Health, University College Cork. Professor Perry's research interests have been primarily focused on chronic disease epidemiology, public health nutrition and public mental health with a specific focus on cardiovascular disease, Type

2 Diabetes, self-harm, and suicide. He has over 300 publications in peer reviewed journals, and chapters in international textbooks of cardiology, hypertension, and life-course epidemiology. In April 2019 Professor Perry was elected to membership of the Royal Irish Academy (MRIA) and in June 2022 he received a Research Career Achievement Award from University College Cork.

Colin Sage is a research scholar who works on the interconnections of food systems, agriculture, environment, and human wellbeing. Colin was the co-founding Chair of the Cork Food Policy Council in 2013. He is currently Affiliated Professor in the Faculty of Nutrition and Food Science, University of Porto, Visiting Professor at the American University of Rome and at the University of Gastronomic Sciences, Italy and has held visiting research positions at the Universities of Tasmania and Bergamo. He is the author of Environment and Food (2012); co-editor of five books; and editor of A Research Agenda for Food Systems (2022).

Lorcan Griffin *MRUP, MSc (Urban design), MIPI* Senior Executive Planner, Cork City Council, Ireland Lorcan is an Urban Planner and Urban Designer, who has worked with Cork City Council since 2015. He is currently a member of the Planning Policy Team, tasked with managing and fostering Cork City as the "healthy heart" of the wider Metropolitan Area. As a team lead for the *Cork City Development Plan 2022-2028* he primarily worked on delivering the Core Strategy and Cork City's first Green and Blue Infrastructure Strategy (2022). He has previously led the delivery of *Pure Cork – An Economic and Community Action Plan for the City* (*2015-2021)*. Lorcan is a current member of the *Cork Age Friendly City* Steering Group and the *Let's Play Cork/Playful Paradigm ULG*.

Michelle Syron is Programmes Manager at UCC's School of Public Health. Michelle has a BSc in Public Health & Health Promotion (UCC), MSc in International Human Resource Management (UL) and a PG Certificate in Sustainable Urban Management (Heriot-Watt University). Michelle has a keen interest in how the built environment influences health and wellbeing; and particularly, how green spaces provide opportunities to foster a sense of shared purpose and learning for communities, as well as promoting biodiversity.

Joan Devlin is Chief Executive Officer of Belfast Healthy Cities. She has extensive experience of working locally with communities and engaging other sectors to develop innovative projects on new and emerging public health issues, to promote health and wellbeing and reduce inequalities. Joan was Head of the WHO European Healthy Cities Secretariat from 2008 – 2018, has worked with many cities in Ireland, UK and across WHO Europe, acting as a WHO consultant in various roles to support the development of Healthy Cities in other WHO Global Regions and European countries.

Kieran McCarthy is an Independent member of Cork City Council. Since 1999, he has penned a weekly local history column for the Cork Independent. He is the author of 28 books and regularly runs walking tours of Cork City. At the time of publication, Kieran is Lord Mayor of Cork City Council. For more on Kieran's heritage work, view www.corkheritage.ie.

Aodh Quinlivan is a lecturer in the Department of Government and Politics at University College Cork, where he is the Director of the Centre for Local and Regional Governance (CLRG). He is the author of eight books on different aspects of local government, the most recent of which, *Vindicating Dublin* (Four Courts Press, 2021), tells the story of the dissolution of Dublin Corporation in 1924. His newest book is due to be published in late 2023, chronicling the political life of Cork's longest-serving Lord Mayor, Seán French. In 2022, Aodh served as a member of the Expert Advisory Group supporting the Dublin Citizens' Assembly.

Daniel Flynn is a Chartered Clinical Psychologist with the Psychological Society of Ireland and Principal Psychology Manager co-ordinating Adult and Child and Adolescent Mental Health Psychology Services in the Health Service Executive (HSE) across counties Cork and Kerry, Ireland. He is an Adjunct Professor at the School of Applied Psychology University College Cork (UCC), Ireland. He is the originator of the PSYCHED Initiative working with Cork Health Cities and partner agencies to promote mental health and wellbeing in workplaces and communities across the city and county.

Katherine Harford is the Executive Director of the charity Let's Grow Together! Infant & Childhood Partnerships CLG located in Cork. This is an organisation working to ensure all children have the best start in life and is innovative in the areas of Infant Mental Health, relationships, and environments that support child development. Katherine has long been interested in equity, inclusion, and community. All of which hold the key to healthy, prosperous societies. Katherine has been involved since the beginning of Cork Healthy Cities.

Martha Halbert is a member of the Community Team in Cork City Council, with a focus on social inclusion, the RAPID programme, integration and policy development. An partner in the original URBACT Playful Paradigm Project, Martha continues to contribute to the Let's Play Cork group, and is collaborating with City Council colleagues on broadening the understanding and use of Placemaking as a tool for community development and the cultivation of playful spaces in all communities.

Tony Fitzgerald is a member of Cork City Council since 2004 and was Lord Mayor of Cork in 2017-2018. Since his appointment as the political representative for Cork Healthy Cities he has developed the political agenda at Cork City Council, the Network of Healthy Cities and Counties in Ireland and the WHO European Healthy Cities Network European Political committee. Over many years he developed crime prevention programmes, health and wellbeing projects for youth and older adults, long term unemployed training programmes and has a keen interest in child development and early intervention.

Janas Harrington is a Senior Lecturer in Public Health Nutrition and programme Director of the BSc Public Health Sciences, University College Cork. She leads the Food Policy Research team in the Centre for Health and Diet Research, School of Public Health, UCC. Her research is focussed on studying the upstream determinants of population diets. She is currently focusing on the impact of Government food policies on the healthiness of food environments and identification of best practice for developing sustainable food-based dietary guidelines.

Mary Cronin is a College Lecturer in the School of Public Health, University College Cork where she is the academic lead for the discipline of Health Promotion. She is a College of Medicine and Health nominee to UCC's Civic and Community Engagement Committee and is actively involved in engaged research with the Traveller community in Cork. She worked as a community development worker for seven years, and with academic qualifications in Community and Youth Work, Social Policy, and Nursing, along with 15 years of professional practice, Mary brings a critical and interdisciplinary perspective to her research, teaching, and inter-sectoral engagement activities, with a strong commitment to reducing health inequities.

Maria Young is co-ordinator of Green Spaces for Health, and also works with the Cork Food Policy Council and SHEP (Social, Health and Education Project). The combined work involves connecting community with nature through projects that seek to support and protect biodiversity in the city. Another aspect of her work is growing food in urban spaces. The post-COVID 19 time period saw the establishment of several community gardens in public parks and spaces in Cork city, and Maria was instrumental in setting up many of these spaces. Bringing communities together to work with the earth and observing the endless wonder of nature all around us is her passion.

Justina Hurley MA, MPH spent many years working in Corporate Communications management in the UK and Ireland. She has written extensively for various business publications over the years and continues a freelance consultancy role in success skills coaching and media training at SuccessSkillsCoaching.com. Her interest in health-related communications led back to UCC in 2014 to undertake a Masters in Epidemiology and Public Health (MPH). Currently, Justina is an Associate Lecturer in Health Communications and an occasional tutor on Risk Assessment and the Management of Psychosocial Risks in the School of Public Health, UCC.

Martin Davoren joined the Sexual Health Centre in September 2017 as executive director responsible for strategic direction and management of service provision. He also holds an adjunct lecturer position with the School of Public Health, University College Cork. Previously, Martin worked as a lecturer and researcher in the School of Public Health, University College Cork.

Olivia Teahan was Communications and Engagement Lead with the Sexual Health Centre. In this role, Olivia advocated against sexual health stigma, promoted sexual wellbeing and targeted sexual health messages to those most vulnerable in our society. To this end, Olivia led on the implementation of the Sexual Health Networks campaigns. Olivia was central to the development of SHIFT (Sexual Health Information for Teens) which she authored and published. This has now been distributed to over 5,000 young people across Cork and Kerry, ensuring they have adequate, holistic sexual health education.

Muire O'Farrell is Senior Health Promotion Officer with responsibility for communications and HIV support with the Sexual Health Centre. Muire joined the Sexual Health Centre in September 2019 in a dual role as Research Officer and Health Promotion Officer. She has since been promoted with Senior Health Promotion Officer with responsibility for HIV Support and Communications. Muire holds a Masters in Applied Psychology (Mental Health) from UCC.

Christie Godsmark is a Lecturer in Occupational Health and Academic Director of the MSc in Occupational Health (online) programme in the School of Public Health, University College Cork. Christie completed her PhD at the University of Portsmouth (UK) in human thermoregulation. Christie has published in the field of climate change and health, is affiliated with the Environmental Research Institute at UCC, and has an active role as one of the School of Public Health's representatives to the Irish Climate and Health Alliance.

Jim O'Donovan is a retired Director of Services with Cork City Council. He has a strong interest in Inter Agency working and an integrated approach to problems and opportunities. He was the first Chair of the Cork Healthy Cities group and is currently Chair of The Cork Volunteer Centre. He is a member of the Board of Meitheal Mara ,a community boat building company and O Connell Court which provides housing for older people .He is also a member of Douglas Frankfield Men's Shed which he enjoys very much.

John Sheehan is a graduate of Medicine from UCC (1991) and subsequently trained in the Cork GP Training Scheme, where he received his MICGP and MRCGP. John is a local GP based out of Blackpool since 2003. He is also an Assistant Programme Director in the UCC General Practice Training programme. He is interested in Medical Education, Deprivation and Cardiovascular Disease. He sits on the Board of the South Infirmary Victoria Hospital and the HSE Regional Health Forum. One of the highlights of his career was serving as Lord Mayor of Cork for 2019 to 2020, an experience that he states has given him a whole new appreciation for his beloved city.

Otto Goodwin is a Tralee-based poet and performer. Their poetry is inspired by the living world and the ways in which we exist within landscapes. Recently they were awarded the Eavan Boland Emerging Poet award.





Cork city achieving WHO Healthy Cities status for Phase 7 of the European Healthy Cities Framework. From left to right: Denise Cahill, Judy Cronin, Michéal Martin, Lord Mayor of Cork city Colm Kelleher, Tony Fitzgerald and Adrienne Rodgers (2022)

Chapter 1
INTRODUCTION

Monica O'Mullane and Denise Cahill

It is commonly accepted that health is determined beyond lifestyle and biological factors, given what we know about the wider determinants - influences - of health. Health is determined within the context of our lives, by a wide range of social, environmental, commercial, cultural and political influences. The purpose of this book is to bring together a unique collection of experiences in building one city (Cork, Ireland) as a Healthy City, informed by this understanding around the determinants of health. This volume is co-written by a diversity of individuals working to support and develop Cork as a Healthy City. It is written with a necessary balance of critical reflexivity with passion and optimism. Our book describes and explores the co-design and implementation of innovative approaches to enhancing health and wellbeing within an Irish urban context. Drawing on our collective experience, we argue for the meaningful use of holistic and *whole-of* approaches (namely, whole-of-government, whole-of-system, whole-of-city, whole-of-society), in order to successfully break away from acting in silos to work collectively, across sectors, organisations, and communities for public health improvement.

This collaborative way of working within our cities is crucial, even more so going forward as by 2050 it is estimated that two thirds of the planet's citizens will live in cities (UN, 2018). This presents an enormous challenge to us all. This change in city demographics will bring many opportunities for health, social, environmental, political and climate action. We subscribe to the WHO's (2022: 8) call for strong urban policies in order to address the challenges of city living, because we have seen in Cork that health and wellbeing is necessary for nurturing positive urban livelihoods, protecting vulnerable populations, maintaining a productive workforce, creating resilient communities, enabling mobility, and enhancing social interaction. The impact of climate change is all too present in Cork city as it is across the globe. This challenge requires us to work together across

the sectors of public health, planning, environmental protection, education, economic development and community.

The Healthy Cities movement shows us all the health improvement and promotion potential in working collaboratively through the broader Health in All Policy lens, which is "an approach to public policy that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity" (WHO, 2013). We can see from the experience of other Healthy Cities around the world, and from our own experience in Cork, that forging our own path in creating a healthy political, social, cultural and environmental architecture across inter-agency collaborations leads to greater urban health and wellbeing.

Our book frames the argument for 'Health in All Policies' (WHO, 1986, de Leeuw and Clavier, 2011) collaborative approaches in the context of political commitment to healthy urban planning and action through the framework of Healthy Cities (Milio 1990, Ashton, 2002b, de Leeuw, 2017b, de Leeuw, 2017a). The rationale for the book is two-fold. Firstly, through chapters 2 to 12 it tells the story of the innovative, contextualised approaches that have been formalised across the inter-agency partnerships in our Cork city. These chapters culminate in this much-needed volume that encapsulates shared and generic learnings for the benefit of the public, practitioners, scholars, community groups and policy-makers.

The generic learnings at the conclusion of the chapters helpfully capture the main points of relevance, mirroring a similar approach adopted in a previous edited volume on Health Impact Assessment (HIA) (O'Mullane, 2013). Our book describes the qualitative trajectory of the Healthy Cities work in Cork city, with an emphasis always on the **process** of engaging, co-design and working collaboratively across a range of issues, as opposed to focusing on metrics as the path to an outcome. Secondly, underlying this book's rationale is that it conceptualises a roadmap for action for the future of Cork's people and environment. It highlights how best to tackle the social justice issues of our time, including climate change, health emergencies and undeterred health inequalities, based on our experience within the framework of Healthy Cities. Indeed, never before has the Latin aphorism CARPE DIEM been more relevant and urgent than now, in seizing the opportunities presented to us in working together for our society. Our book also points to the the future directions for the city's planning and health promotion and protection, throughout the book and specifically in chapter 13.

Broadly speaking, the book brings together leaders and activists who work across sectors in creating Cork as a Healthy City. The book is a product of a continuous, iterative process whereby we are constantly learning from our successes, synergies, modes of good practice, as well as (in equal measure), evolving from the missed opportunities, failures, dead ends, and bruises often acquired from the reality of intersectoral working.

The following section describes the Ottawa Charter, the determinants of our health, health inequalities, health equity, and Health in All Policies (HiAP), which are referred to throughout the book and upon which the work of Cork Healthy Cities is firmly grounded.

CORE CONCEPTS UNDERPINNING THE DEVELOPMENT OF CORK AS A HEALTHY CITY

The Ottawa Charter for Health Promotion

The Ottawa Charter (WHO, 1986) was developed at the first international conference on health promotion. Health promotion is defined in the Charter as "the process of enabling people to increase control over and to improve their health." The Charter was developed following an appraisal of the evidence of effectiveness of health education, which concluded that health education strategies, when used in isolation, were of limited effectiveness (Anderson, 1984). From these proceedings, the conceptualisation of health promotion practice evolved beyond individual behaviour change to systems and policy level actions (Kickbusch, 1986).

The Charter espouses values of equity, participation and empowerment and proposes a framework of three strategies; advocacy for favourable conditions for health, enabling all people to reach their full health potential and mediating between different interests in society for the pursuit of health.

The WHO Ottawa Charter (1986) highlights five priority areas for action in public health to facilitate disease prevention and control:

1. building healthy public policy,
2. creating supportive environments,
3. strengthening community action,
4. developing personal skills,
5. reorienting health care services toward the promotion of health

The Ottawa Charter continues to guide practitioners and scholars with conceptual clarity and applicability to contemporary issues (Fry and Zask, 2017). It prevails as a workable framework from which international health promotion practice operates, and to which the Healthy Cities framework is aligned.

The determinants of health, health equity and health inequalities

As already mentioned, our individual and collective lives, and our experience of wellbeing, are determined and shaped by a number of social, environmental, commercial, cultural and political factors, is now an undisputed fact (Marmot, 2015, Burke and Pentony, 2011). These factors have come to be known as **the determinants of health**, underpinned by a broad understanding of health and wellbeing (Figure 1). Such factors determine the direction and breadth our lives take, influencing where we live, work, play; how the society where we live takes care of our health, and minds us when we are sick and/or in a precarious living situation. It has been shown time and again that our health is incredibly sensitive to the social world around us (Marmot and Wilkinson, 2006). Because of the complex interchange of the many social factors that determine our health, such as housing, education, employment, poverty, community networks and social exclusion, addressing health inequalities is a challenge. Indeed we know that the determinants of health are "fundamental drivers to inequalities in health" (Marmot, 2016).

In 2005 the Commission on Social Determinants of Health was set up by the WHO to support countries and global health partners in addressing the social factors leading to ill health and health inequalities. The Commission concluded that social inequalities in health emerge out of inequalities in the circumstances of daily life (WHO, 2008), inequities in power, money and resources (Burke and Pentony, 2011). Therefore, to address health inequality we must begin with an understanding that the improvement of health lies outside of the health services with our cultural and individual characteristics as well as the structures, services, and activities we engage with on a daily basis, such as our schools, workplaces, local authorities, communities, and services. Traditionally in Ireland, it is perceived that health is the sole responsibility of the health services. In reality, the health service is the structure that responds to the consequences of poor health and illness, making it more accurately described as an ill-health service. What is required in order to holistically improve population health and wellbeing across all sectors of policy action and society, is an intersectoral approach to health improvement.

Research affirms time and again, that the more affluent and educated people are in our society, the longer they will live, and the longer they will enjoy a quality of life free from disease or illness. This has been shown across the globe (Wilkinson and Marmot, 2003, Braveman and Gottlieb, 2014), and in Ireland also, as is highlighted by research into nutrition behaviours (Harrington et al., 2020), local food environments (Andrea Fuentes et al., 2018) and financial access to healthy food choices for all, despite national income wealth (Friel et al., 2006). Rates of illness and shorter life expectancies are significantly higher amongst the most excluded and poorest population groups in our cities. Indeed, **health inequalities** exist across the social gradient in Ireland (Duffy et al. 2022) as in other countries. This means that across all population groups in our society, people suffer unequal health status and outcomes. However, it is the most marginalised and vulnerable groups who endure shortest life expectancy, poorest health status and outcomes.

The compilation of the Cork City Profile (chapter 5) shows us that despite targeted action on the determinants of health in addressing health inequalities, continued local collaborative action is needed to sustain momentum in battling the scourge of inequalities (Bentley, 2007, Tsouros, 2013). The Marmot Review (2010) argues that the majority of health inequalities are avoidable, are unfair and therefore constitute a **social justice issue**. This has been the motivation for the establishment of the Cork Healthy Cities movement since the initial meeting of the group in 2009, and continues to drive all of the work

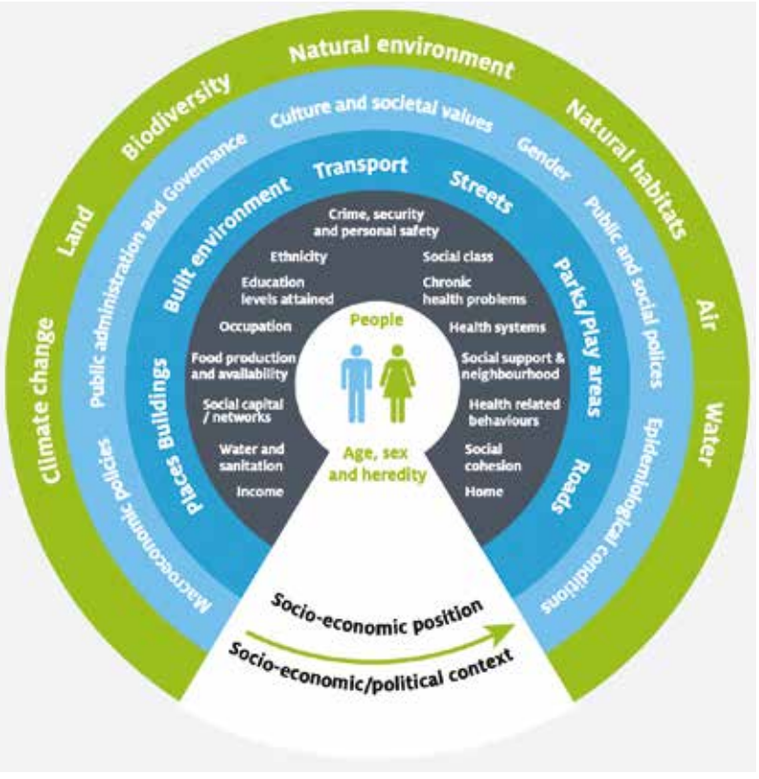


Figure 1: Social Determinants of Health diagram, adapted from Dahlgren and Whitehead (1991) and Grant and Barton (2006), reproduced from *Healthy Ireland- A Framework for Improved Health and Wellbeing 2013-2025,* Department of Health, Ireland (2013: 43)

carried out by the inter-agency steering group and collaborating partners. The chapters in this book outline the work led by the Cork Healthy Cities Steering Group in enhancing health and wellbeing by addressing the determinants of health. The chapters in this book outline a variety of interagency interventions to this end. The breadth of interventions include - community and voluntary perspective and actions in working within Cork Healthy Cities (Chapter 6), the creation of Cork's Food Policy Council (Chapter 7), PSYCHED: a mental health promotion programme (Chapter 8), creating Ireland's first sexual health network (Chapter 9), transforming Cork city with a playful approach (Chapter 10), a city-wide partnership for action in creating green spaces for health (Chapter 11) and reflections and actions for health in the climate emergency (Chapter 12).

Health equity is defined as "having the personal agency and fair access to resources and opportunities to achieve the best possible physical, emotional, and social well-being" (Peterson et al., 2021: 742). Criticism continues in the literature, and practice, that public health strategies fail to reduce inequalities in health because they do not take account of systematic origins of health inequity (Hogan et al., 2018). Health equity approaches, such as the Healthy Cities framework, are necessary to work collaboratively across policy sectors in addressing the determinants of health (WHO, 2008), so as to reduce health inequalities, promote health equity, population health and planetary health (Grant et al., 2022)

Health in All Policies with the Healthy Cities Framework

The key to responding to the gaps in health is to put it high on the agenda of decision-makers and to mobilize action for health and health equity in all local policies. Inter-agency collaboration is critical in addressing health inequalities and a Healthy Cities approach can facilitate this approach. In other words, Healthy Cities is a political movement, grounded in intersectoral and interdisciplinary collaboration (Tsouros, 2019) while working towards Health in All Policies. As was outlined in the most recent Cork Healthy Cities Action Plan (2020-2030) (Cork Healthy Cities, 2021), the movement is based on explicit political commitment, strong leadership and institutional change, intersectoral partnerships, and continued innovative action addressing all aspects of health and living conditions, including issues relating to vulnerable groups, lifestyles and urban planning.

Healthy urban planning is central to the work of building a city as a healthy, vibrant space. De Leeuw et al (2021: 22) explore the continued search for balance when creating healthy urban planning, when fostering private investment "into collectively defined impactful activities that benefit health and health equity." A never-ending struggle for communities, practitioners, policy actors, academics and activists from all engaged professions is to think and plan in innovative and impactful ways in order to

tackle urban health inequities. We know this struggle in Cork too well. We have created our most recent Action Plan (2020-2030) to create locally impactful actions that foster healthy urban planning around tackling systemic health inequities and inequalities, within the frame of the WHO framework, based on a city health profile (chapter 5).

Cork city has been a member of the WHO Network of European Cities since 2012, working within five-year phases of this Network. The content and priorities of each phase are shaped by key WHO strategies and are framed by public health issues of relevance and concern at the urban and local levels at that time, lessons learned from the previous phases, new scientific evidence on the determinants of health, and the social and political European context (WHO, 2009).

The Cork City Development Board, a partnership between the local authority and local state agencies, committed to the process of becoming a Healthy City in 2009, and endorsed the development of a City Health Profile. Cork successfully applied and was designated WHO Healthy City status in 2012 during the latter stages of Phase V Zagreb Declaration for Healthy Cities in the European Region. The first city health profile provided the basis for the development of the Cork City Health Plan.

At the time of writing, Cork Healthy Cities is designated in Phase VII guided by the six themes (figure 2), identified through the Copenhagen Consensus of Mayors (often referred to at the six P's). These are:

1. Investing in **People** who make up our cities
2. Designing urban **Places** that improve health and well-being
3. Greater **Participation** and partnerships for health and well-being
4. Improving community **Prosperity** and access to common goods and services
5. Promoting **Peace** and security through inclusive societies
6. Protecting the **Planet** from degradation including through sustainable consumption and production.

The Cork Healthy Cities Action Plan (2020- 2030) aims to strengthen the impact of Cork as a Healthy City under these six key themes. In doing so Cork has developed a list of actions, placing a strong



Figure 2: The European EHO Healthy Cities Network Phase VII themes

emphasis on collaboration, health inequalities and actions linked to evidence (Cork City Profile 2018, as described in chapter 5).

The Cork Healthy Cities Action Plan (2020-2030) is further strengthened by the inclusion of the 2030 United Nations Agenda for Sustainable Development, which places renewed emphasis on the interconnected nature of our social, economic, and environmental actions. A healthy cities approach which catalyses political leadership and participatory governance can be transformational for health and health equity, and can help mitigate the impacts of environmental degradation, climate change, ageing, migration, growing inequalities and social isolation. Healthy City actions

contribute to achieving the Sustainable Development Goals (SDGs), including Sustainable Development Goal # 11- **make cities and human settlements inclusive, safe, resilient, and sustainable**. The WHO One Health agenda, which is "an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems" (WHO, 2022: 2) synergises with the call of the SDGs. It presents all WHO Healthy Cities with guidance on future priorities in working in an ecological way to a greater extent into the future.

The work of Cork as a Healthy City is framed by these global ideas, as discussed also in chapter 4, however the collaborative work of the inter-agency partnership that is Cork Healthy Cities has contextualised these broader ideas into local action.

THE PLAN OF THE BOOK

De Leeuw et al. (2021) call for attention and action dedicated to the assessment of work carried out across all Healthy Cities. This book is our response to the need for an assessment of work and reflexive examination of the processes, challenges, and successes for future development. In particular, the generic learnings at the conclusion of chapters in this book provide learnings we have consciously developed from our experience, which will inform our future direction. We also hope the learnings will be relevant and useful to other cities in other national and local contexts. We have written this book with a focus on the unique process of building Cork city as a Healthy City, as is our focus in all the work that we do.

In writing the chapters we have been critically focused on the process and the journey that we have taken to advancing ideas and initiatives in sustainable ways. The collection of chapters in this book elaborates on the ways in which Cork city, through the framework of Healthy Cities, has localised broader, global WHO Healthy Cities ideas and concepts, through action guided by the priorities of each Phase.

This book starts off by describing the context for the book, which is to provide greater detail and critical discussion of the future of public health and the healthy cities concept (chapter 2), the historical climate of public health in Cork city (Crowley et al., 2005) (chapter 3), situated within the context of the evolution of Cork Healthy Cities (CHC) local movement framed by a global idea (chapter 4); the lessons learned from the Cork Healthy Cities City Profile data collection and analysis (chapter 5); and the centrality of the community pillar within the work of Cork Healthy Cities (chapter 6). Following this contextualised background, the chapter authors describe programmes that have come to fruition over the past ten years, namely, Creating a Food Policy Council in Cork (chapter 7); the development of a workplace mental health promotion initiative in Cork city and county (chapter 8); the collaborative experiences of setting up Ireland's first sexual health network, in Cork city (chapter 9); transforming Cork city through playful approaches (chapter 10) and creating and sustaining green spaces for health in Cork city through community engagement (chapter 11). These chapters present real-life experiences of public health action. They highlight the challenges and opportunities faced by those leading these endeavours. The chapters describe useful learning for scholars, practitioners, and policy-makers, particularly with the 'generic learnings' section at the end of each chapter. The book concludes with a necessary critical discussion of public health challenges in a climate emergency (chapter 12). Chapter 13 wraps up the book with our reflection of work done to date, alongside a call to action for the future of the city.

THE BOOK'S INTENDED AUDIENCE

This collection of experiences and stories of hope and resilience in the face of setbacks for continued public health action will be of most interest to three primary groups: community advocates, mediators and activists; scholars; policy actors and those involved in decision-making in statutory bodies; practitioners, including but not exclusively, from urban planning, public health, social work, community development and environmental health. However, the book has a wider appeal to individuals and groups who have an interest in topics such as meaningful public health action and engagement, implementing the principles of health promotion, and participative democracy. The book is sure to spark the interest of any interested social historian, social geographer, and active citizen.

THE THREE Cs: COMMITMENT, COLLABORATION AND CONTINUITY

The ethos of public health and health promotion practice can be narrowed down to three key concepts, in order to implement public health actions. Firstly, political and institutional ***commitment*** to public health is required at local, national and international levels. Secondly, meaningful and sustainable ***collaboration*** between, across and with a variety of partners in any endeavour that requires inter-sectoral and inter-disciplinary teamwork. Thirdly, with a pledge to pursuing public health goals a view to prioritise a ***continuity*** of action at the heart of all the collaborative work, beyond any dictate of funding promises and timeframes. In effect, placing health at the heart of city planning processes and making health everybody's business. The three Cs are enshrined within literature on health cities (Ashton et al., 1986, Ashton, 2002a, Bentley, 2007, de Leeuw, 2012, de Leeuw et al., 2015, de Leeuw, 2017a) and within the WHO Healthy Cities declarations and guidelines (Tsouros, 2013, Tsouros, 2015, WHO, 2019). These concepts are also core to the work of Cork Healthy Cities and will be discussed in chapter 13 in light of future directions.

REFERENCES

ANDERSON, R. 1984. *Health Promotion: An Overview*, Scotland, Scottish Health Education Group.

ANDREA FUENTES, P., GABRIELA CARRILLO, B., ARCHIBALD, D., GRANT, E. & SKAFIDA, V. 2018. Exploring the relationship between local food environments and obesity in UK, Ireland, Australia and New Zealand: a systematic review protocol. *BMJ Open,* 8.

ASHTON, J., GREY, P. & BARNARD, K. 1986. Healthy cities — WHO's New Public Health initiative. *Health Promotion* 1**,** 319-324

ASHTON, J. R. 2002a. Healthy cities and healthy settings. *Promotion & education,* 1**,** 12-14.

ASHTON, J. R. 2002b. Healthy cities and healthy settings. *Promotion & Education***,** 12-4.

BENTLEY, M. 2007. Healthy Cities, local environmental action and climate change. *Health Promotion International,* 22**,** 246-253.

BRAVEMAN, P. & GOTTLIEB, L. 2014. The Social Determinants of Health: It's Time to Consider the Causes of the Causes. *Public health reports (1974),* 129**,** 19-31.

BURKE, S. & PENTONY, S. 2011. Eliminating Health Inequalities- A Matter of Life and Death. *In:* TASC (ed.). Dublin: TASC- Think tank for action on social change.

CORK HEALTHY CITIES 2021. Cork Healthy Cities Action Plan, Phase VII. 2020-2030. Cork: Cork Healthy Cities.

CROWLEY, J., DEVOY, R., LINEHAN, C., O'FLANAGAN, P. & MURPHY, M. 2005. *Atlas of Cork City* Cork, Cork University Press.

DE LEEUW, E. 2012. Do Healthy Cities Work? A Logic of Method for Assessing Impact and Outcome of Healthy Cities. *Journal of Urban Health,* 89**,** 217-231.

DE LEEUW, E. 2017a. Cities and Health from the Neolithic to the Anthropocene. *In:* DE LEEUW, E. & SIMOS, J. (eds.) *Healthy Cities: The Theory, Policy, and Practice of Value-Based Urban Planning.* New York: Springer-Verlag

DE LEEUW, E. 2017b. Healthy Cities are back! (They were never gone). *Health Promotion International,* 32**,** 606-609.

DE LEEUW, E. & CLAVIER, C. 2011. Healthy public in all policies. *Health Promotion International,* 26**,** ii237-ii244.

DE LEEUW, E., HARRIS, P., KIM, J. & YASHADHANA, A. 2021. A health political science for health promotion. *Global health promotion,* 28**,** 17-25.

DE LEEUW, E., KICKBUSCH, I., PALMER, N. & SPANSWICK, L. 2015. European Healthy Cities come to terms with health network governance. *Health Promotion International,* 30**,** i32-i44.

DOH 2013. Healthy Ireland, A Framework for Improved Health and Wellbeing, 2013 – 2025. Dublin: Department of Health, Ireland.

FRIEL, S., WALSH, O. & MCCARTHY, D. 2006. The irony of a rich country: issues of financial access to and availability of healthy food in

the Republic of Ireland. *Journal of Epidemiology and Community Health,* 60**,** 1013-1019.
FRY, D. & ZASK, A. 2017. Applying the Ottawa Charter to inform health promotion programme design. *Health Promotion International,* 32**,** 901-912.
GRANT, M., SIRI, J., GATZWEILER, F., DORA, C., AERTS, J., NANDUDU, S., CLAESON, A., CARBAJAL, P., ROEBBEL, N., PETRELLA, L. & DE SÁ, T. H. 2022. Supporting a Healthy Planet, Healthy People and Health Equity through Urban and Territorial Planning. *Planning, practice & research,* 37**,** 111-130.
HARRINGTON, J. M., PERRY, C., KEANE, E. & PERRY, I. J. 2020. Sugar-sweetened beverage consumption and association with weight status in Irish children: a cross-sectional study prior to the introduction of a government tax on sugar-sweetened beverages. *Public health nutrition,* 23**,** 1-2244.
HOGAN, V., ROWLEY, D. L., WHITE, S. B. & FAUSTIN, Y. 2018. Dimensionality and R4P: A Health Equity Framework for Research Planning and Evaluation in African American Populations. *Maternal and Child Health Journal,* 22**,** 147-153.
KICKBUSCH, I. 1986. Issues in Health Promotion. *Health Promotion International,* 1**,** 437–442.
MARMOT, M. 2015. *The health gap: the challenge of an unequal world,* London;New York;, Bloomsbury Press.
MARMOT, M. 2016. Sir Michael Marmot and the Social Determinants of Health. APHA.
MARMOT, M., ALLEN, J., GOLDBLATT, P., BOYCE, T., MCNEISH, D., GRADY, M. & GEDDES, I. 2010. Fair Society, Healthy Lives - The Marmot Review England The Marmot Review
MARMOT, M. & WILKINSON, R. 2006. *Social determinants of health,* Oxford Oxford University Press.
MILIO, N. 1990. Healthy Cities: the new public health and supportive research. *Health Promotion International,* 5**,** 291-297.
O'MULLANE, M. E. 2013. *Integrating Health Impact Assessment with the Policy Process: Lessons and experiences from around the world,* Oxford, UK, Oxford University Press.
PETERSON, A., CHARLES, V., YEUNG, D. & COYLE, K. 2021. The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners. *Health promotion practice,* 22**,** 741-746.
TSOUROS, A. 2013. City Leadership for Health and Well-being: Back to the Future. *Journal of Urban Health,* 90**,** 4-13.
TSOUROS, A. D. 2015. Twenty-seven years of the WHO European Healthy Cities movement: a sustainable movement for change and innovation at the local level. *Health Promotion International,* 30**,** i3-i7.
UN 2018. 2018 Revision of World Urbanization Prospects. Geneva, Switzerland: Department of Economic and Social Affairs, United Nations.
WHO 1986. Ottawa Charter for Health Promotion: First International Conference on Health Promotion. Ottawa, Canada.
WHO 2008. Closing the gap in a generation: Health equity through action on the social determinants of health. Denmark: World Health Organization
WHO 2013. Helsinki Statement on Health in All Policies. Finnish Presidency, European Commission: World Health Organization.
WHO 2022. Bending the trends to promote health and well-being: a strategic foresight on the future of health promotion. Geneva, Switzerland: World Health Organization.
WHO 1986. Ottawa Charter for Health Promotion: First International Conference on Health Promotion. Ottawa, Canada.
WHO 2008. Closing the gap in a generation: Health equity through action on the social determinants of health. Denmark: World Health Organization
WHO 2009. Phase V (2009–2013) of the WHO European Healthy Cities Network: goals and requirements. Geneva, Switzerland: WHO Regional Office for Europe.
WHO 2019. *Implementation Framework for Phase VII (2019-2024) of the WHO European Healthy Cities Network: Goals, Requirements and Strategic Approaches* Denmark, WHO Regional Office for Europe.
WHO 2022. Local-level policy recommendations: operationalizing a One Health approach Political statement of the WHO European Healthy Cities Network. Geneva: WHO.
WILKINSON, R. & MARMOT, M. 2003. *Social Determinants of Health- Solid Facts,* Denmark, WHO Publications Office



"I think Cork would be a healthier city for me and everyone else if there were more walks and greenery so people would come outside."

Tara, age 11, Rathpeacon NS



Chapter 2
Cork Healthy Cities and the future of Public Health

Ivan Perry and John Sheehan

INTRODUCTION

Healthy Cities in Europe was launched in 1987–88 with the ambitious aim to put health high on the social, economic and political agenda of city governments. Its evolution over three decades reflects our growing appreciation of the significance of the social, economic, environmental, cultural, commercial and political determinants of health and wellbeing. The now global Healthy Cities movement strives to translate global and national aspirations for health and wellbeing into action at the local level based on recognition of three core issues: the importance of local knowledge and action in all that we do to protect and promote health and wellbeing in the population; the specificity and importance of urban settings for health and well-being; and the key role of local governments in creating the conditions and supportive environments for health and wellbeing for all.

As highlighted in the current Cork Healthy Cities Phase VII Action Plan 2020-2030, and in the previous plan, the future of public health is inextricably linked to healthy cities – the promotion of health, wellbeing, and human flourishing in urban settings, with an estimated 70 percent of the world's population expected to live in cities by 2050.

What will be the state of public health in general and our cities in particular in 2050? It is tempting to draw on the quote attributed with some uncertainty to Niels Bohr, the Nobel laureate in Physics: "Prediction is very difficult, especially if it's about the future!" The issue of course is not primarily about predicting the future. It is about what we need to do to prepare for it. What are the key challenges and priorities now and how best can we develop the capacity, especially the human capacity, the flexibility, the resilience, and the shared sense of purpose that will be needed to respond to these challenges over the next three decades and beyond?

IMPROVEMENTS IN HEALTH AND WELLBEING OVER THE PAST CENTURY

Before we address the challenges of the future it may be helpful and perhaps encouraging to reflect on how far we have come in the promotion of health and wellbeing since the foundation of the state in 1922. Over the past century we have seen marked improvements in longevity, health and wellbeing in Ireland as in other developed, high-income countries worldwide with increasing wealth and profound improvements in social and economic conditions. In Ireland, we have seen the virtual eradication of major causes of death from infectious disease in childhood, massive improvements in maternal and child health, significant reductions in deaths and injuries from road traffic accidents and substantial declines in death rates from stroke and coronary heart disease, especially in young and middle-aged adults. We spend more on our health service than ever before and we can now treat many conditions that in the past would have led to death or enduring misery. Ireland is currently ranked 3rd in the UN's Human Development Index, a composite index of life expectancy, education, and per capita income indicators. There is also evidence of positive cultural changes in recent decades in our understanding and tolerance for diversity and human frailty. In particular, a more subtle appreciation of the psychological vulnerability of children and adolescents and a greater capacity than heretofore to address difficult social, emotional and psychological issues is evident in our public discourse.

CURRENT PUBLIC HEALTH CHALLENGES AND PRIORITIES

Alongside these positive indicators of population health and wellbeing, there are of course many issues of concern and there is broad agreement on core priorities that we face here in Cork, nationally and globally:

1. persistent social inequalities in health, wellbeing and human flourishing, reflecting social and educational injustice and deeply embedded inequalities in our economic structures;

2. a growing understanding of the critical importance of early child development and the avoidance of adverse childhood experiences (ACE's) in the promotion of physical and mental health and wellbeing over the entire life course;

3. persistently high levels of overweight and obesity and of preventable heart disease, lung disease, diabetes and cancer;

4. increasing levels of social isolation, loneliness, alcohol, other drug misuse, mental distress and mental illness,

5. the ongoing management of the COVID-19 pandemic and our level of preparedness for the next pandemic and similar disruptive events;

6. the climate crisis and related threats to critical planetary boundaries;

7. and finally, the need to reorient our health service toward prevention and primary care while maintaining the resources and infrastructure required to care for an ageing population with high levels of chronic disease and complex health care needs.

These inter-related challenges to health and wellbeing arise within a broad cultural context characterised by economism, materialism and consumerism and an over-emphasis on individualism. The notion of economism refers to the tendency to view the world primarily through the lens of economics and to prioritise short term

economic considerations above our long-term interests and wider human values.

CORK HEALTHY CITIES AS A KEY DRIVER OF HEALTH AND WELLBEING IN THE 21ST CENTURY

The Cork Healthy Cities (CHC) Action plan 2020 to 2030 addresses these core contemporary issues and priorities for public health. Since its designation in 2012, CHC has been anchored in the "Health in All Policies" (HiAP) approach defined as "an approach to public policies across sectors that systematically take into account the health implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity" (WHO, 2013). In its strategy and action plan for the next decade, CHC draws on the six themes, identified through the 2018 Copenhagen Consensus of Mayors - the six P's of People, Places, Participation, Prosperity, Peace and Planet.

The plan is coherent, visionary, ambitious and deeply collaborative reflecting the HiAP approach, while at the same time grounded insofar as possible in local data viewed through the lens of social inequalities in health and in national and international evidence with specific and actionable targets. CHC is focused on place, and wellbeing and is increasingly drawing on an asset-based as opposed to a need-based approach to tackling the social determinants of health. Asset based community development focuses on honing and leveraging existing strengths within the community, based on the assumption that the solutions for many problems already exist within a community's assets. The current CHC action plan builds on an impressive body of work over the past decade by a small core team, led by Denise Cahill (co-editor of this volume) with increasing buy in from local political representatives, engagement of key personnel across diverse agencies with capacity to champion the Healthy Cities agenda (regardless of whether health forms part of the agency's core brief), co-leadership with the health sector and academic partners and democratisation of the health agenda with increasing community representation. Thus, CHC has developed an exciting and dynamic public health strategy with significant impacts on health and wellbeing to date and enormous potential for the future as outlined in other Chapters of this book. While it is difficult to do justice to the scope and potential of Cork Healthy Cities in the context of the future of public health, in this short overview we would like to focus briefly on the following three issues: the need to frame health issues predominately at the system as opposed to the individual level; what we have learned as a Healthy City from our experience to date with the COVID-19 pandemic; and the importance of good stories or meaningful narratives to achieve the shift of consciousness and radical system level change that will be required to tackle major public health challenges such as those posed by climate change. Finally, we will reflect briefly on the core challenge facing CHC over the next decade and beyond, that of defining and working towards a more "inclusive economy" that protects and sustains overall health and wellbeing while reducing social inequalities in health.

PUBLIC HEALTH AND SYSTEM LEVEL CHANGE

Public health is primarily concerned with system level as opposed to individual level interventions and one of the noteworthy aspects of the Cork Healthy Cities Action plan 2020-2030 is that the word "lifestyle" does not appear even once in the document. It is long past time for us to move beyond what has been described as the "Lazy language of lifestyle" that emerged toward the latter end of the 20th century and was adopted uncritically by health professionals, policy makers, the media, and the general public (de Gruchy, 2019). The term "lifestyle" frames health and wellbeing at an individual level – effectively blaming individuals for making irrational decisions that are detrimental to their health. As we face a series of interconnected challenges that literally imperil life on earth and demand profound system level change at government and inter-governmental level, the language of lifestyle perpetuates a disproportionate focus on the need for individuals to make different choices and change their 'unhealthy lifestyle'. To take climate change as an example, it would be good if we could all minimise energy use in in our homes and offices insofar as possible, drive an electric car and eat less meat. However, it is now too late for measures that rely on individual action and "personal responsibility". It is clear that meaningful progress

toward reducing our greenhouse gas emissions requires profound system level changes led by government. Engagement is essential from relevant stakeholders across the entire public, private and NGO sectors with significant policy change, investment and incentives to achieve a rapid shift to renewable sources of energy, increased uptake of active and public transport and a societal level transition away from meat and dairy products towards plant-based diets. As discussed in Chapter 12, Cork Healthy Cities will play a critical role in the system level response to climate change and related health issues including the promotion of active transport and of healthy and sustainable diets.

CORK HEALTHY CITIES AND COVID-19 PANDEMIC

In Ireland as elsewhere, we are now considering the lessons to be learned from the COVID-19 pandemic. While this may be somewhat premature, as the pandemic is clearly not yet over, it is necessary and reasonable to begin the process of reckoning with a public health catastrophe that has claimed almost 8,000 lives in the Republic of Ireland and an estimated figure close to 15 million worldwide over two years, with an additional incalculable burden of suffering and economic hardship. There are many lessons to be learned from the pandemic, not least the importance of humility in the face of newly emergent pathogens, the need to manage the tensions between science, politics and media in responding to a outbreaks of infectious disease and the importance of sustained investment in our public health infrastructure. The pandemic has also highlighted the extent to which we need to consider infectious disease outbreaks within the broader context of the societal level determinants of health. As we look at the impact of the pandemic in our own communities and across the world, we see huge variations in death and suffering that are largely driven by differences in these societal level determinants of health. In particular, the profound effects of the inequitable distribution of power, status, income, and resources both within and between countries are abundantly clear. The late Paul Farmer, a physician, anthropologist and global public health leader spoke of the "social arrangements that put individuals and populations in harm's way" (Farmer et al., 2006: 1686). COVID-19, like all infectious disease is woven from and woven into the fabric of these social arrangements that put individuals and populations in harm's way. Therefore, in learning the lessons from this pandemic, we cannot and must not avoid grappling with the core issues and principles of social justice at local, national and global level.

In the context of Cork Healthy Cities the pandemic has also highlighted the critical importance of a HiAP approach at the local city level in responding to a public health crisis on this scale.

The COVID 19 Pandemic started at the end of 2019 and the beginning of 2020. The pandemic reached Ireland in March 2020. This was the biggest Public Health Crisis to occur in Ireland since the Flu pandemic of 1918. Cork also suffered for a significant outbreak of polio in the 1950s which had far reaching and long term consequences for many of its citizens.

The overwhelming emotion was one of fear. People had seen the COVID pandemic spread across Europe with some of its devastating consequences and the sense of fear and anxiety only increased as the pandemic reached the city. This anxiety was evident by the planning that started to occur for field hospitals, temporary morgues and mass fatalities that might occur.



Cork City was in the unique and indeed fortunate position to have a Local Authority Chief Executive with a Nursing and Health Management background and a Lord Mayor as a Medical Doctor. Below is an account of the first two years of pandemic from the perspective of **Cllr. John Sheehan,** Lord Mayor of Cork City (2019-2020) and a General Practitioner in the same time period.

> In my role as Lord Mayor and GP I had a 'birds-eye' view of how the response unfolded and how the people of Cork responded magnificently to the pandemic challenge. Going through a City at night and not seeing one single person and the city eerily quiet, was an image I will never forget.
>
> Dr John Sheehan
> Lord Mayor at the time the pandemic hit Cork city

"My qualification as a General Practitioner working in partnership with a Chief Executive with a Health background generated credibility in our decision to stress the seriousness and urgency of the challenge ahead and helped in getting buy in from the General Public and other Public representatives.

The response to COVID suddenly dominated every decision. Everything that we did was done through the lens of the response to the COVID Pandemic. A meeting was held between me and the Ann Doherty, Chief Executive of Cork City Council at which the holding of the St Patrick's Day Parade in the city centre was cancelled. In the context of the evolving circumstances around COVID-19 virus on March 9th 2020 the decision to cancel St Patricks Day Parade was taken based on the welfare of attendees and participants being our primary concern. Cork was the first city to take this difficult decision. With some criticism, the decision was ultimately welcomed, and a national decision taken to cancel all other parades in the Ireland that year (and the following year in fact).

This was swiftly followed by the cancellation of many other civic, sporting, and cultural events including the Lifelong Learning Festival, Seafest and the Cork City Marathon. March 2020 was due to be a special year in the life of Cork City as there were over 13 commemoration events (including a visit from the President of Ireland) planned commemorating former Lord Mayors Thomas McCurtain and Terence McSweeney over St. Patricks Weekend, all of which had to be cancelled. The cancellations of so many events drove home the seriousness of the pandemic and the measures needed to contain same.

Following the Irish Government's announcement in March 2020 of the enhanced Public Health measures, part of Cork City Council's response to the new measures was to redirect staff to many new functions such as Community Response Teams, Park Rangers, to monitor social distancing and call support centre to name just a few.

Communication and getting the COVID message across was a key challenge and a role I took extremely seriously in my role as Lord Mayor. The message had to be clear and complement the national guidelines. There was a particular challenge in the continual messaging change as the pandemic changed. It was far easier closing things down than opening them up again. Internally with our fellow Councillors and then externally with the general population we needed clear concise messaging.

In my role as Lord Mayor, I visited many groups, such as community support services, hospitals, and others working on the COVID Frontline (while observing social distancing). Following the announcement of the lockdown nearly all events were cancelled. As a Lord Mayor and a General Practitioner, I observed that the psychological impact on the city and its citizens was enormous and something that perhaps was underestimated at the start of the pandemic.

In my role as a GP, I was conscious of the need to follow the Public Health Guidelines at all times and went back working in the practice and in the COVID Assessment Hub during my term as Lord Mayor. Again, part of this work was to help reduce the fear and anxiety that people felt. People were anxious to be involved and keep busy during

the lockdown. There were a significant number of people with no defined role which caused a level of frustration, borne out of a desire to contribute.

There also was a challenge for older adults of becoming isolated in 'over-cocooning' (a term used in Ireland to protect our elderly by recommending that they remain at home and avoid face to face contact). This became apparent as restrictions were lifted in the slow return to activities of so many elderly people who had lost the confidence to leave home and become very isolated.

The value of the partnerships formed in Cork came to the fore during the COVID 19 pandemic. Cork has a long established strong interagency approach to partnership which has strengthened over the past ten years building on the Healthy City Concept. This was reflected in a joint appointment at senior management level between the Health Service Executive and Cork City Council. As the pandemic took hold there was a need for a national and local response in terms of public health measures but also in terms of supporting the citizens of the city especially the vulnerable groups, many of whom were self-isolating or cut off from their usual supports. Indeed, one of the many challenges that the community sector faced was that so many volunteers, such as Meals on Wheels volunteers were themselves cocooning due to being in the high-risk group.

A strong and effective interagency collaboration convened (virtually) in the city once the public health measures were in force in order to have a co-ordinated community response. The Community Response Taskforce was formed within 48 hours of the announcement of the COVID restrictions being put in place. It comprised many diverse agencies from both the state and community sector, including such bodies as Cork City Council, The Health Service Executive, Garda, Defences Forces, the ETB (Educational and Training Body), Civil Defence Community representatives, religious organisations, Sporting bodies such as the GAA (Gaelic Athletic Association).

The task force, focused on practical solutions to the differing needs at different stages of the pandemic. The city was divided into 16 different areas, with each area having a Health Service Executive community worker along with a Cork City Council community worker. The role of the Community response team was to work with local groups to identify vulnerable individuals who may be cocooning and require practical supports. This initially focussed on older people but quickly spread to other vulnerable groups such as the Homeless, Traveller and Migrant groups.

The response teams provided practical supports such as helping those living alone to access vital grocery, medicines, fuel deliveries along with social supports. A single point of contact was set up using the existing City Council call service and this allowed help and support to be directed to each area as the need arose. In the first week of operation the Helpline received over 300 calls requesting assistance. The response teams carried out diverse tasks such as walking dogs for those who were cocooning to painting an older man's steps to reduce his falls risks. This had the effect of supporting people in complying with the Public Health measures in place but also in reducing the sense of isolation many felt during the pandemic.

A weekly bulletin was sent to all agencies involved and the general public detailing supports available and guidance on managing isolation. As the pandemic continued the Community Response Forum and teams evolved to provide linkage with different groups and organisations, such as the library service, to provide educational materials for children and mental health and wellness supports that focused on managing isolation during the pandemic. It sent out the clear message that people were not alone and that help and support was available.

Now that the urgency of the pandemic has receded the attention and focus for Cork Healthy Cities is shifting towards strengthening and future proofing the city for future health challenges; be it infectious diseases, or the supports required for an ageing population with high rates of chronic disease. In drafting the new City Development Plan which outlines the development of the city over the next eight years, each aspect of the plan, including housing, transport, education and amenities was considered from a public health point of view and built on the concept of a '15 min City' where core aspect of a person's daily live (including school, work, leisure) can be accessed within 15 mins from their home, via walking cycling or public transport. By integrating this vision into the next development plan, the healthy cities framework will continue to enhance the health and wellbeing of the citizens of the city by enabling them to work and live in a healthy environment".

THE IMPORTANCE OF MEANINGFUL NARRATIVES IN SYSTEM-LEVEL CHANGE

As discussed in detail in Chapter 12, the climate crisis will exacerbate social inequalities in health and wellbeing, increase our susceptibility to further pandemics while placing enormous and potentially unsustainable demands on our health system. It is increasingly evident that the core challenges we face in responding to the climate crisis are not primarily scientific or technical but social and political. In particular, we need to consider how can public health work with other disciplines and groups in the social sciences, arts and humanities as a catalyst for the shared sense of purpose (evident during the COVID-19 pandemic) that will be needed at the city, national and global level if we are to confront this existential crisis.

In his book "Future Public Health", Phil Hanlon, a public health physician who spent his working life addressing the health and wellbeing of the people of Glasgow, has argued (drawing on Plato) that in our current efforts to promote the health and wellbeing of populations we tend to focus too much on science (the true) at the expense of the beautiful (aesthetics) and the good (ethics) (Hanlon, 2012). This is not an argument that diminishes the importance of reason and science. Indeed, in the current era of science denialism and shameless propaganda from corporate interests on a wide range of issues, including climate change, we need to defend the values of the enlightenment – the need to separate (insofar as possible) fact from opinion and science from ideology.

Unfortunately, however, science and reason will not be enough if we are to successfully engage with the climate crisis and with related "wicked" problems that imperil health, wellbeing and sustainability in the 21st century. In the case of climate change, it is clear that the detailed and scientifically rigorous reports from the Inter-Governmental Panel on Climate Change have not been enough to move hearts and minds on the need for radical change to reduce greenhouse gas emissions. For example, in an Irish Times/ Ipsos MRBI opinion poll published in Autumn 2021, not one of nine potential, planned or suggested climate action measures was supported by a majority of respondents. While public opinion may now have shifted somewhat in response to the heatwaves, wildfires and storms of 2022, we are still far from grasping the urgency and scale of the societal changes required to avert catastrophic climate breakdown.

It is now abundantly clear that if we are to limit the harms from climate change and promote health, wellbeing and human flourishing, we need a broadly-based movement that is grounded in science but with the capacity to engage individuals and communities at the level of the beautiful and the good. Public health needs to be the catalyst at the forefront of a movement that seeks to celebrate and acknowledge the beauty and fragility of our planet and cultivate a popular narrative and moral consensus focused on the promotion of wellbeing, the protection of dignity, interconnectedness and interdependence within and across generations and with all life on earth.

The notion of a popular narrative or story is critical. The writer and Guardian columnist George Monbiot has highlighted the fact that when we encounter a complex issue and try to understand it, what we generally look for is not a consistent and reliable set of facts but a consistent and comprehensible story. A string of facts, however well attested, will not correct or dislodge a powerful story. People tend to deny facts that clash with the narrative "truth" established in their minds. The only thing that can displace a story is a story. As Monbiot puts it, "Those who tell the stories run the world" (Monbiot, 2017).

Alex Evans, a contemporary climate change and development policy analyst who has worked at intergovernmental G8 level makes a similar point in his book "The Myth Gap". Evans reminds us that evidence and arguments are much less important than values in determining our approach to social and political issues such as those posed by climate change and that values are in turn shaped by stories or myths. As humans we have a deep hunger for grand narratives, stories or myths that explain "where we are, how we got here, where we might be trying to get to, and underneath it all who we are" (Evans, 2017: 21).

Evans argues that in the context of the climate crisis, we now need an overarching story with "a larger us", that takes us beyond our national and cultural boundaries, "a longer now" that shifts our focus from the short term political cycle to generational timespans and "a different version of the good life", based on a model of progress in

which growth is less a story of increasing material consumption and more about us finally growing up as a species (Evans, 2017).

In public health we are increasingly focused on what are described as "syndemics". A syndemic describes "two or more diseases" that synergise to make each other worse and include societal as well as biological drivers. For example, over the past two years, COVID-19 infection has occurred in synergy with an array of non-communicable diseases such as heart disease and diabetes, all heavily clustered within social groups linked to patterns of inequality deeply embedded in our societies. Syndemics, simply highlight the extent to which in public health, as in life in general, everything is connected to everything else. This is not a novel or an especially profound observation. Unfortunately however, we are deeply resistant to the notion of our interconnectedness and interdependence with each other and with all life on earth. What should be a core, anchoring value or ethical stance as we confront the climate emergency is widely seen as esoteric or spiritual, and certainly beyond the realm of scientific or public health discourse.

We would suggest that the notion of interconnectedness and interdependence linked with the promotion of wellbeing and the protection of dignity provide the basis for a collective narrative that can carry us forward to 2050 and beyond. In co-creating this narrative, we need to acknowledge the collective greed and delusion (including the delusion of endless economic growth on a planet with finite resources) that has brought us to the current climate precipice. We also need to reconnect with nature and expand our circle of compassion and moral concern to include animals, plants and the wider environment. The core values that animate Cork Healthy Cities and were so evident in the community and interagency collaborative response to the COVID-19 pandemic, including "Solidarity and friendship: working in the spirit of peace, friendship and solidarity through networking and showing respect and appreciation of the social and cultural diversity of the cities of the Healthy Cities movement" (WHO, 2014: 1) resonate with the need for a collective narrative that will engage and motivate us to confront the public health challenges of our time.

CORE CHALLENGE FACING CORK HEALTHY CITIES

Deborah Shipton from Public Health Scotland with other colleagues has recently argued that the dominant economic approaches being pursued in most countries have not only failed to address, but have exacerbated the major public health threats of high and sustained health inequalities and climate change. Specifically, they suggest that reliance on redistributive measures and policies such as progressive taxation and strengthening the social safety net have failed to reduce inequalities and that our economies should be "hard-wired" for equity. In essence they make the case for an inclusive economy, Box 1 (Shipton et al., 2021).

Box 1: Attributes of an inclusive economy
(Shipton et al., 2021)

The economy is designed to be equitable: the institutions, governance mechanisms and goals of the economy are designed to deliver equity for the population.

Equitable distribution of the benefits from the economy: including

(A) essential goods and services produced

(B) economic participation (eg, income, networks)

(C) assets (eg, wealth, capital)

(D) value ascribed (eg, to female dominated sectors, the non-monetary economy)

Equitable access to the resources needed to participate in the economy: more equitable access to the resources (eg, education) that allow people to participate in the economy.

The economy operates within planetary boundaries.

This concept of an inclusive economy resonates with Cork Healthy Cities. However, it clearly represents a broad and ambitious agenda that will require radical change, led at the level of national government and involving all sectors of society – an agenda that is well beyond the remit of Cork Healthy Cities. This is a critical challenge for CHC, how (with limited resources) to navigate the interplay between local and nation centres of power and influence. The issue of limited resources is also critical. In the health in all policies (HiAP) framework, which Cork Health cities epitomises, there is an ever-present risk that the rhetoric of radical change is not adequately resourced and becomes disconnected from the reality of incremental change on the ground. In the worst case scenario, the rhetoric on tackling the broad social determinants of health can be a substitute for significant policy change addressing entrenched structural inequalities in the economy and wider society (Cairney et al., 2021). There are no easy answers to these dilemmas. However, we are confident that Cork Healthy Cities will continue to successfully challenge reductionist views of health and its determinants and thereby continue to make a significant contribution to the health and wellbeing of the people of Cork.

REFERENCES

Cork Healthy Cities Action Plan, Phase VII 2020 – 2030 (2021) https://corkhealthycities.com/wp-content/uploads/2021/02/CHC-Action-Plan-Report-FINAL.pdf

Cairney P, St Denny E and Mitchell H. The future of public health policymaking after COVID-19: a qualitative systematic review of lessons from Health in All Policies [version 2; peer review: 2 approved] Open Research Europe 2021, 1:23 https://doi.org/10.12688/openreseurope.13178.2

de Gruchy Jeanelle. The lazy language of 'lifestyles' – let's rid this from our talk about prevention. April 17, 2019 The Association of Directors of Public Health (ADPH) President›s Blog. Adph.org.uk

Evans Alex (2017). *The Myth gap: What happens when evidence and arguments aren't enough?* Transworld Digital. ISBN: 9781473543249

FARMER, P. E., NIZEYE, B., STULAC, S. & KESHAVJEE, S. 2006. Structural Violence and Clinical Medicine. *PLoS Medicine,* 3**,** e449.

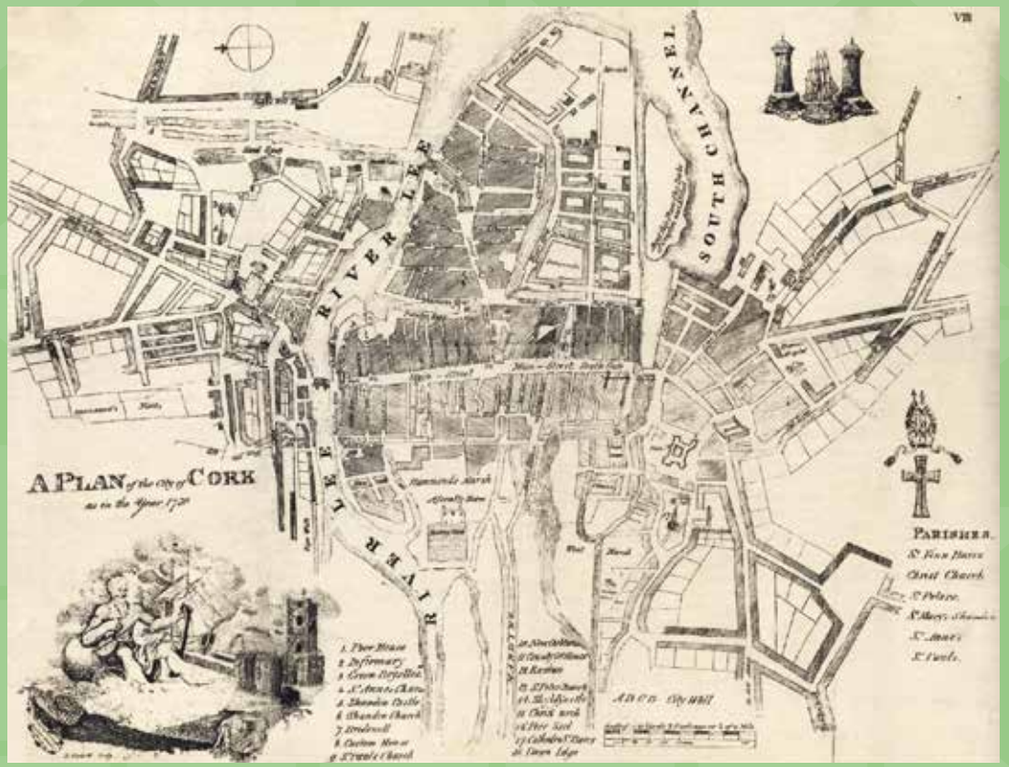
Monbiot G (2017)**.** *How Do We Get Out of This Mess?* Here are my proposals for a new politics, designed for the 21st Century. Adapted from *Out of the Wreckage: a new politics for an age of crisis*, *The Guardian*, 9th September 2017

Hanlon Phil, Carlisle Sandra, Lyon Andrew B, Hannah Margaret (2012). The Future Public Health Open University Press/McGraw Hill. ISBN-13:9780335243556

Shipton D, Sarica S, Craig N, et al (2021). Knowing the goal: an inclusive economy that can address the public health challenges of our time J Epidemiol Community Health 2021;75:1129–1132.

WHO 2013. Helsinki Statement on Health in All Policies. Finnish Presidency, European Commission: World Health Organization.

WHO 2014. Athens Declaration for Healthy Cities. *Health and the City: Urban Living in the 21st Century*. Geneva: World Health Organization.



A Plan of the City of Cork as in the year 1750
by Charles Smith
Courtesy of Cork City Library

Chapter 3
'MINDING THE PEOPLE'
The Place of Public Health in Cork History

Kieran McCarthy and Jim O'Donovan

INTRODUCTION

As a settlement on the very edge of Western Europe, and as a port city, Cork has always been open to influences from Europe and the world at large. The amalgamation of these influences has created a vibrant but historic twenty first century city. It has also created a rich historic record with a particular focus on politics, physical and economic development throughout the centuries.

The sub narratives of defence, residential, trade, a politics ,society and culture dominate the narratives of mainstream history books telling Cork's story right throughout the ages. Narratives such as the common good and nods to aspects such as public health and well-being are present but are secondary stories and are less nuanced through being scattered more so than primary stories. This chapter outlines Cork city's foci over many centuries in improving the city population's health and wellbeing as well as at its very heart being a recognition of the resilience of Cork, community life and togetherness in the evolution of public health measures.

The people of Cork endured wars, plagues, famines, outbreaks of all kinds of diseases, dreadful housing conditions and the absence of medical services, clean water and sewerage facilities with consequent effects on the health and wellbeing of families and children down through the centuries. Real improvements did not begin to happen until the middle of the nineteenth century.

EARLY ERAS

Cork's earliest historical records, earliest maps and in particular the rich archaeological excavations conducted over the past forty

years reveal plenty of data or nods to survival and resilience within a settlement, which evolved on a marshland on the lowest crossing point of the River Lee as it meets its estuary. Invasions by Vikings and subsequently Anglo-Normans and both their descendent families respectively continued their strong focus on reclaiming the swampland for their defence, residential, trading and political use.

Between the years 1185 and 1900, Cork received no less than seventeen charters – all reflecting Cork's importance as a key marketplace and port in Ireland. In medieval times, charters encompassed ideas of controlling those who lived within fortresses and walled towns such as Cork. Cork charters influenced laws to improve the town walls, augment powers of mayors, carve up living space within the town, influence commerce, make new trading laws and establish new taxation laws (O'Sullivan, 1937).

No historic records have survived on the nature of public health within the almost 500-year duration of the walled town, c.1200-c.1690. However, it is through archaeological research work that scholars of Cork's development can get an insight into life within the walled town. Exciting finds were unearthed in 1993 during the placing of foundations for the Crosses Green Apartment Complex. Excavated foundational remains of buildings belonging to the medieval Dominican Abbey on St Marie's of the Isle were discovered associated with the abbey especially the church, cloister or central walking area and other attached domestic buildings. It was also here that a total of two hundred graves with partial skeletal remains were found.

Archaeologist Cathyrn Power in her report (1993) describes that three-quarters of the individual skeletons were adults – the largest number being aged in their twenties. There seemed to be slightly more males than females excavated, and the mortality rate was found to be low due to diet and living standards of the time. Just less than half were found to have degenerative joint disease or some form of arthritis. In several individual skeletons, nutritional deficiencies, tumours, dental diseases were noted along with infections. All these can be detected due to their changing effect on the shape and strength of the bone (Power, 1993).

Poor living conditions in the nearby walled town and the abbey were breeding grounds for rats and infectious diseases. Overcrowding was common in poorly ventilated dwellings with thatched roofs that had a clay floor which was an attraction to rats and fleas. The water supply was always subject to contamination from sewage and rubbish. Household waste was thrown onto the streets and laneways. Even dead animals were left to decay where they fell. Clothing and hair provided shelter for fleas and lice. Life was tough in medieval Cork (McCarthy, 2003).

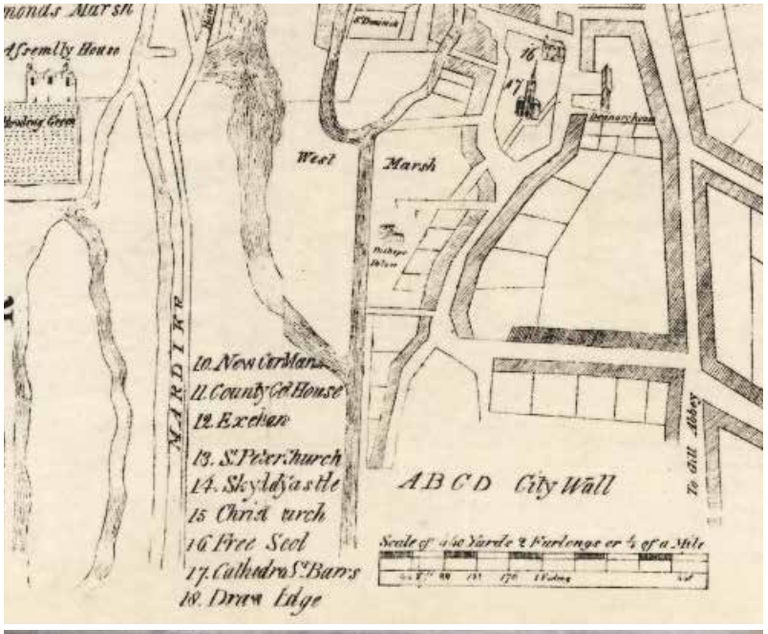
As the town walls of the city were taken down in the eighteenth century and the city's economic weight in the beef and butter trade grew in Ireland – which provided provisions for the expanding British empire and its colonies - so did the city's population as people flocked to Cork to be part of the economic boom. In 1700 Cork City is recorded as having a population of 20,000 but by the year 1750, Cork boasted a population of 75,000 (O'Sullivan, 1937).

Charles Smith in his book, *The Ancient and Present State of the City of Cork (1750: 370)* reiterates that public health matters were not being addressed describing the unhealthy and unsightly state of the city. He mentions a report by a Dr Rogers who outlines that great quantities of filth and animal entrails spread over the streets:

> "The great quantities of filth, animal offals, that defile the streets, render it unwholesome. The inhabitants during the summer months, are necessitated to use unwholesome, fould and corrupted water. During the slaughtering season, the meaner sort live mostly upon animal offals, which occasions much mischief by a sudden transition from a diet of another kind…in the space of twenty-four years, an epidemic fever has appeared several time, in a very singular manner".

Charles Smith does highlight the work of various charity foundations in the city; the Blue Coat Hospital which looked after homeless children and the Green Coat Hospital which provided schooling; Bertridges Alms House for the poor; the charitable infirmary; Captain Thomas Deane's foundation; Archdeacon Pomroy's school just east of St Finbarre's Church (Smith, 1750).

Among the most pressing needs in mid eighteenth century Cork was access to a water supply for its growing population. Such was the demand for water for industrial and domestic uses at the time that a proposal was made in 1761 for an organised water supply





From top: '16. Free Scol' Archdeacon Pomroy's school just east of St Finbarre's Church – one of the various charity foundations highlighted on Charles Smith's 1750 Plan of the City of Cork. Courtesy of Cork City Library

North Gate Bridge by artist Nathaniel Grogan c.1790 depicts a busy location with several indications of poor public health. Courtesy of Cork City Library

system for Cork. As a result, in 1762, an Act of Parliament was passed to establish the Cork Pipe Water Company (Rynne, 1999). In 1768, Nicholas Fitton was appointed to carry out the construction work needed for the new water supply plan.

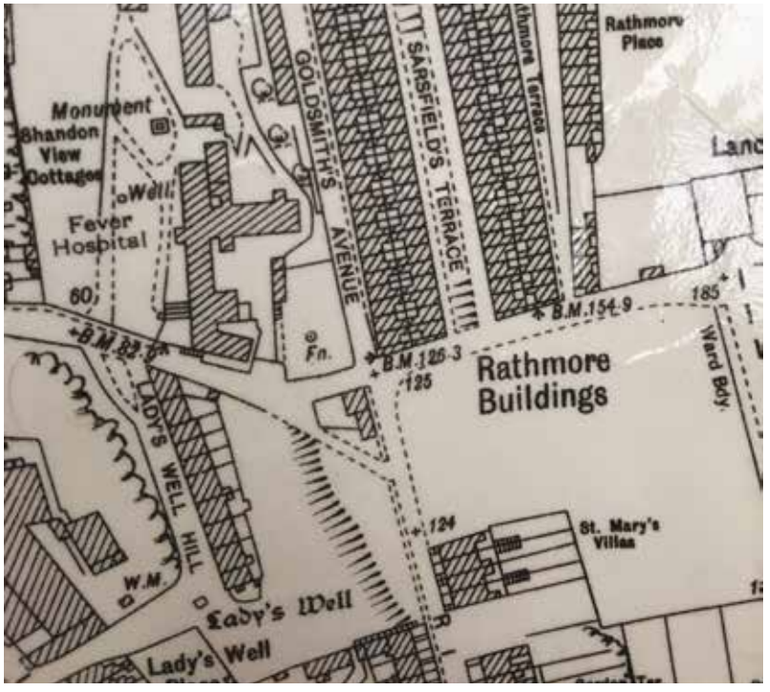
PERILS AND PUBLIC HEALTH IN THE NINETEENTH CENTURY

A late eighteenth century and well-known painting from c.1790 detailing North Gate Bridge by artist Nathaniel Grogan shows a busy location with several indications of poor public health. In the background is the overbearing Cork City Gaol whilst in the foreground is the muddy ground of the public street, a broken-down quay wall and a Corporation[1] employed scavenger – an employed collector and dumper of manure. *Tuckey's County and City of Cork Remembrancer* (1837), which is an almanac of happenings and events from the eighteenth and nineteenth centuries records that on 18 May 1786 fevers raged in the city, which was attributed to the heaps of manure in the public streets. On 19 August 1804, Tuckey's Cork Remembrancer (1837) records that Mayor Thomas Wagget sought proposals for scavengers for the different parishes, over whom he intended to place a superintendent in each parish.

On 10 July 1787 it is recorded that a public dispensary for supplying the sick poor of this city with medical advice and medicines gratis, was established by benefactions and voluntary contributions. In the late eighteenth century religious groups, such as Nano Nagle and her Ursuline Sisters waited on the poor providing alms and food and offering advice on public welfare to the people. Such enthusiasm led by the turn of the nineteenth century to the construction and fitting out of Cork's famous North Infirmary, South Infirmary, and Fever Hospital.

But the stigma of being one of the dirtiest in the empire afflicted the city. Tuckey subsequently details that on 3 April 1805 a damming paragraph appeared in the newspaper called the *Cork Mercantile Chronicle* condemning manure on streets, sewage blockages and the dangers within the public realm:

1 Cork City Council was formerly known as Cork Corporation or, the Corporation.



Map of site of Fever Hospital from the 10. Ordnance Survey Map Courtesy of Cork City Library

> "Our total indifference, in this city, to everything which concerns our public accommodation and credit, has become a subject of wonder. Our nuisances seem to have a procreative power, and every day seems to show some vexatious instance of their abominable fecundity. The day traveller runs the risk of being blinded from the screening of lime; he is often intercepted in his way by the lagoons of water, which the obstruction of the public sewers retain in the streets, and if he be not rode over by the gallopers, who charge along the streets, or run over by the cars, which are whirled along with no less rapidity, he may felicitate himself, on his return home, upon the cheap terms of such injury as he may receive in tumbling over a few of the many heaps of rubbish, which principally occupy our public ways. If the traveller by night escapes drowning, he has no right to complain, for what, with the darkness of the lamps, and the naked and unfenced state of the quays, to survive a night walk is become a matter of family thanksgiving. Every stranger, who approaches this, the third city in his Majesty's dominions, does it at the peril of his life" (Tuckey, 1837, p.226).

General summaries published in the *Cork Mercantile Chronicle* across January 1817 describe that poverty in the city was rampant. To alleviate part of the situation, a centralised relief committee was established in late 1816. Arising out of the work of this group, soup kitchens were set up. Public meetings were organised along with fund-raising events, which aimed to heighten awareness of the need to solve large parts of the poverty problem (O' Mahony 1997).

In early 1817, the *Cork Mercantile Chronicle* records appeals from the municipal relief committee which revolved around the problem of food shortages in the city. Calls were made to stop the export of food and to be more concerned with the feeding of the people in the city. For example, demands were made to retain potatoes and grain. Part of the food shortage problem was solved through several large farmers in the city's surrounding countryside and county donating large amounts of food. Any food received especially soup and biscuits were distributed among the six parochial soup houses in the city.

Another pressing condition in the city was the state of the dwellings of the poor in the city. Many of the impoverished homes were located in narrow lanes. The various habitations varied from cabins to cellars. Bad winters such as that of 1817 when flooding was common in the city added to the terrible state of accommodation. To counter the ever-growing filth of small habitations, the Cork Committee for the Relief of the Poor gave money to parochial committees to whitewash cabins and lanes. In addition, finance was given to purchase fresh straw and to replace old and infected material used by the poor themselves (O' Mahony 1997).

The advent of religious orders in the early nineteenth century such as the Sisters of Charity, Sisters of Mercy and the Presentation Brothers placed public health at the core of their work and provided cross-cutting initiatives with education and the provision of food to the masses. Such latter missionary work inspired secular community

work through the establishment of the Sick Poor Society in 1820 and the St Vincent de Paul in 1844. Both were much needed as the Irish Great Famine swept through the City in 1846 and 1847 and daily referrals were given by them by the City's Poor Law Union Hospital on Douglas Road. Communities and neighbourhoods coming together to tackle the city's public health problems were key as was educating the masses in formal and informal ways of the importance of public health.

A survey of the city parishes at the same time revealed in the summer of 1832 that 21,000 people were destitute in Cork. One of the most destitute parishes was that of St Nicholas (Barrack Street area). Of a population of 17,000, 12,000 were in distress. In St. Peters Parish (North main Street area), of a population of 7,943, 2,016 people were in distress. In St. Paul's Parish, out of a population of 5,060, 3,440 were in distress. The latter three examples show a high presence of destitution (O' Mahony 1997).

When the Irish poor Relief Act was passed on 31 July 1838, the assistant Poor Law commissioner, William J. Volules came to Cork in September 1838 to organise the implementation of the new Act itself. He chose the House of Industry as the site of the new Cork workhouse. Voules noted that there was a large problem of migration into the city whereby many rural people were being driven into the settlement by poverty. He also argued that the new workhouse needed much funds and restructuring regarding the set of workhouse rules. However, twenty Guardians were elected, and funds were advanced from the city's Provincial Bank and several governors. Inmates from outside the Cork area were sent to their home places. In February 1840, the House of Industry was formally taken over by guardians and became known as Cork Union Workhouse (O' Mahony 1997).

Henry Biggs in his *Annals of the City of Cork*, published in 1843, outlines that the number of houses supplied with water, exclusive of public supplies and shipping, amounted to 811. He highlighted that the number of houses that should be connected to water was four time the latter amount. In addition, he estimated that one hundred public water fountains were needed across the city's streets.

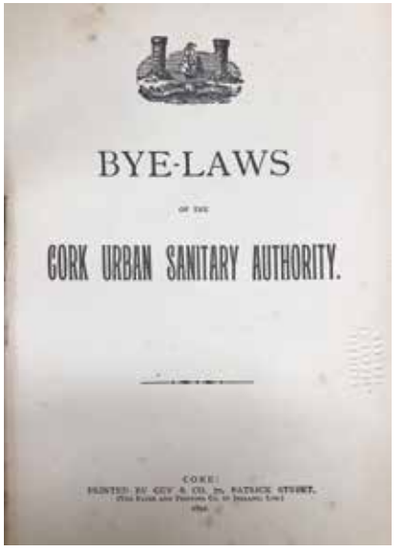
By the autumn of 1845, the poverty situation was to escalate to a new level. At this time, reports of potato blight could be heard in many parts of the country and were soon found in crops near the city. As the majority of poor depended largely on this crop as a staple diet, large scale worry began to set in (McCarthy, 2003). The Great Famine in Cork compounded the severe problems of public health. A survey of the lodgings of Cork City along with the census of Ireland, both completed in 1851 revealed deplorable conditions. Both detail overcrowded city parishes, with a total municipal population of 85,732, in 1852 (O'Mahony, 1997). The increase in population was due to the Pauper Removal Act, which enforced the return of hundreds of emigrant Irish impoverished people from England, Scotland and Wales. The census revealed that seventy per cent of families in Cork were living in very poor housing conditions (O'Mahony, 1997). This percentage remained the same for decades to come. The *Cork Examiner* in January 1851 records that the three most overcrowded parishes included Holy Trinity, St. Paul's and St. Peters. On average, ten people lived in each house in these areas. One third of those aged between five and fourteen attended Cork schools and one third of the population in that year were unable to read or write, according to the census of 1851 (O'Mahony, 1997).

RESOLUTIONS OF THE LATE NINETEENTH CENTURY

A myriad of Public Health Acts in the nineteenth century from the Westminster Parliament were also influential in providing funding to the Corporation of Cork for much needed housing schemes for those impoverished seeking accommodation. In 1875 an Act named the Artisans and Labourers Dwellings Improvements Acts and later the Housing of the Working Classes Act of 1890 detailed the importance of eradicating tenement or slum housing. In 1886, 76 new houses were built in Blackpool on the site of an old cattle market. Named the Madden's Buildings, these new houses were to set the scene for a further three housing schemes before the turn of the twentieth century (McCarthy, 2003).

In 1874 and 1878 the Public Health Act (Ireland) Act was passed in London's Westminster Parliament, which meant Cork Corporation became an urban sanitary authority. Subsequently, in the late 1870s, the Corporation of Cork undertook a survey on the sanitary condition of eleven of the city centre's principal streets, to include the South Mall, Grand Parade and St Patrick's Street within the city centre and an estimate of the probable cost of solving issues. A





Above:
The warren of laneways in the Shandon area from Beauford's Map of Cork 1801.
Courtesy of Cork City Library

Left:
Front cover of Bye-Laws of the Cork Urban Sanitary Authority 1891.
Courtesy of National Library Dublin

number of large scale municipal initiatives were initiated to improve the overall appearance of the 54 miles of roads, streets, and lanes, and the sanitary conditions of the city. In addition, a new more active Sanitary Department was created within the Corporation of Cork. Extensive city-wide repairs were executed on paving, flagging, and sewers. Breaking stones were necessary to facilitate the laying down of macadamised roads in the city (Cork Corporation, 1882).

Old main sewers, which had not been cleaned or attended to for many years, and were constantly complained of, were opened, some for their entire length. At the end of 1882, 7,000 tons of blocked raw sewage was removed from municipal sewers. Another source of expenditure was made through the 1878 Public Health Act, owners and occupiers of city houses had to provide proper sanitary accommodation and to connect residential sewers to the municipal sewers. In all cases, where persons complied with the act, and where junction pipes did not exist, men from the sanitary department were sent out to fix pipes and make proper connections. Similar works were carried out where new houses were erected (Cork Corporation, 1882).

During 1887, there were just over 1,800 inspections of common lodging houses including nearly 100 spot inspections at night. A register of tenement houses existed and notices were served on the owners of tenement houses to register their dwellings. Nine hundred inspections were made of city slaughterhouses along with inspections on 48 bakeries (Cork Corporation, 1887). During 1887, nearly 16,000 pounds of unsound food were detected and destroyed by city sanitary officers. Topping the list for destruction were out of date mackerel, sprat, herring and beef (Cork Corporation, 1887).

The public health committee gave a good deal of attention to the quality of the water supply. Frequent analyses proved that the pipe water was free from pollution, and it was conclusively shown that the gravel bed of the stream from Carrigrohane to the waterworks acted as a natural filter.There were three swimming baths in the city that were regularly tested. During the summer of 1887, just over 23,000 male Corkonians and approximately 6,000 females swam at the Municipal Free Baths in the city centre. Male bathers to the amount of 4,500 made use of the paying baths on western Road and nearly 13,000 male bathers availed of Baths at the Marina (Cork Corporation, 1890).

As a result of the 'clean up operation', in the closing years of the 1800s, the Corporation of Cork could boast a decrease in the number of infectious cases from 2,000 cases in 1881 to circa 450 in 1890. One third of all cases in 1890 were that from measles. Other diseases present were generated and spread through the filth. Scarlatina and typhus fever were present along with typhoid fever. The Corporation of Cork aspired to curb all of the latter.

In the closing decade of the nineteenth century, the general public health of the city gradually improved with the serious work carried out in the preceding fifteen years. The Corporation's health

committee reported in 1894, over £2000 spent on repairing and installing citywide sewers. A new system of domestic scavenging, which began in 1889, resulted in regular removal of rubbish heaps in all areas of the city (Cork Corporation, 1894).

In 1891, the Corporation of Cork could report the demolition of 1,726 dwellings. In the city's north-west ward 689 houses were removed and only 100 new premises were constructed. In general, demolishing of dwellings outstripped the number of new houses built, creating even further overcrowding in the tenements and lanes of the city centre. There were also periodic outbreaks of diseases such as typhus, which continued to cause death and shake the strong community spirit, which also existed. In 1896, a local report had counted approximately 12,300 houses in Cork, of which 1,800 were let as tenements. Many were in a terrible physical state and the absence of investment into their improvement was obvious (O'Mahony, 1997).

The *Cork Examiner* on 2 March 1900 (p.8) gave an excellent description of a typical Cork tenement:

> "As you enter one of these rookeries, the door is always open, the hall is dark, damp and dirty; in some of those halls, there is a water closet, generally out of repair; the staircase is dark and dangerous to ascend; and at night, the foulness of the air is abominable. In the rooms, the close, heavy smell is apparent, and the floors are broken and filthy. It does not require much knowledge of the laws of health to appreciate that people so situated can not be healthy; or in a condition to resist the attacks of epidemic or other disease".

In a report in 1896 by Dr D Donovan, the medical Superintendent-Officer of Health to the Cork Corporation on the housing of the labouring classes, he stated that building new tenement housing in the city centre was a bad idea. Overcrowded houses would again be created which would not be in the interest of the health of their occupants. Donavan argued that any:

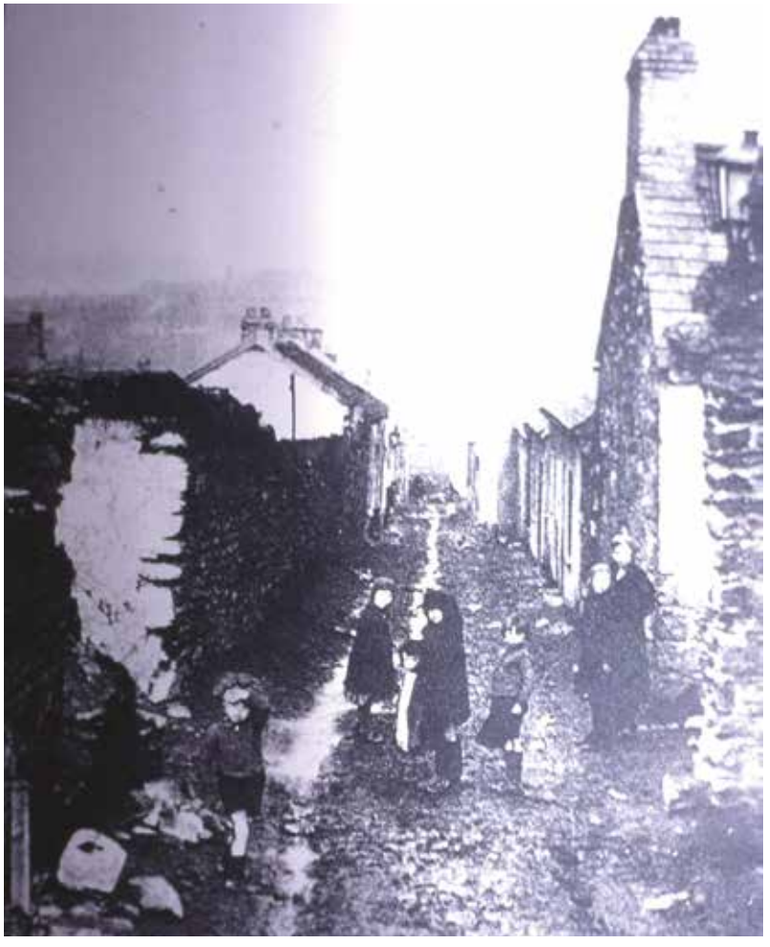
> "new dwellings should be constructed on virgin ground where children will have the opportunity of availing themselves of healthy playgrounds instead of squatting in confined narrow streets and lanes, where a gleam of sunshine or a breath of pure air is unknown" (Cork Corporation, 1896).

Only part of Dr Donovan's advice was heeded. In April 1898, the passing of a Local Government Act gave Cork Corporation new powers in city planning, especially to deal with the state of houses, roads and the water supply. New residential developments were constructed and additions to the new housing stock near the Evergreen Buildings were seen off Barrack Street, extending into the Greenmount area. Contrasting these new sites, eleven new houses were constructed in the city centre in Harpur's Lane off Cornmarket Street. Each house comprised three flats of three. The contractors were E & P O'Flynn, (O'Mahony, 1997).

The Lord Mayor, Sir Daniel J. Hegarty, laid the foundation stone for the Cornmarket Street housing scheme on the 21 November 1900. On that day also, he laid the foundation stone of a new public baths at Eglinton Street. The Lord Mayor officially opened the pool on 20 August 1901 and within days the *Cork Examiner* reported a

Map of Slums, c.1910, north west ward of Cork City.
Courtesy of Cork City Library





Slums around Shandon c.1910. Courtesy of Cork City Library

daily attendance of 300 people. Dr. D. 'Donovan could boast to the Corporation:

> "The city was "in a fairly clean and healthy condition. The old dilapidated and filthy lanes and privies that infected some of the worst districts have been swept away, and the heaps of filth which were found formerly festering in the slums and back yards no longer exists".

TWENTIETH CENTURY INTERVENTIONS

In the first week of December 1917, Mr D J Coakley, Principal of the Cork School of Commerce, delivered a lecture entitled *General Principles of Housing and Town Planning*, with a specific focus on Cork. His public lecture was delivered with the Cork Municipal School of Commerce in the lecture theatre of the School of Art. It was published in the *Cork Examiner* on 1 December 1917 (p.4) and in pamphlet form. He outlined that from the reports of the Medical Superintendent Officer of Health, the Corporation of Cork had during the previous thirty years expended £81,200 in clearing unhealthy and dilapidated areas and providing some 532 houses and 11 houses of 33 flats for the "labouring classes".

Mr Coakley painted a stark picture of housing stock in the city. There was a very large proportion of unsanitary houses as he described "not quite suitable for human beings to live in". Overcrowding was a large challenge. There were several instances of where the father and mother, and sons and daughters over 20 years of age, all slept in the same small apartment. Lack of space rendered it impossible to keep even the smallest stock of commodities. Coal, oil, and other fuels were usually stored under the bed. Mr Coakley spoke about endless drudgery and breeding places of mental deterioration:

> "Endless drudgery, such as taking water up four or five flights of stairs uses up all the energy of the mother who has neither time nor strength to give to the care of her children; from these breeding places of mental, moral, and physical deterioration emerge the work-shys and unemployables, born and bred in insanitary slums, with the gutter for a play-ground".

Coakley also called for a joint housing and town planning committee to consider the housing question in its different aspects-social, economic, engineering and legal and to make surveys. True to his proposals, Coakley worked with others especially the technical education committees in Cork in delivering a series of public lectures dealing in greater detail with the different aspects of the problem as applied to Cork. The lectures were delivered under the auspices of the Cork Literary and Scientific Society and the Cork Incorporated

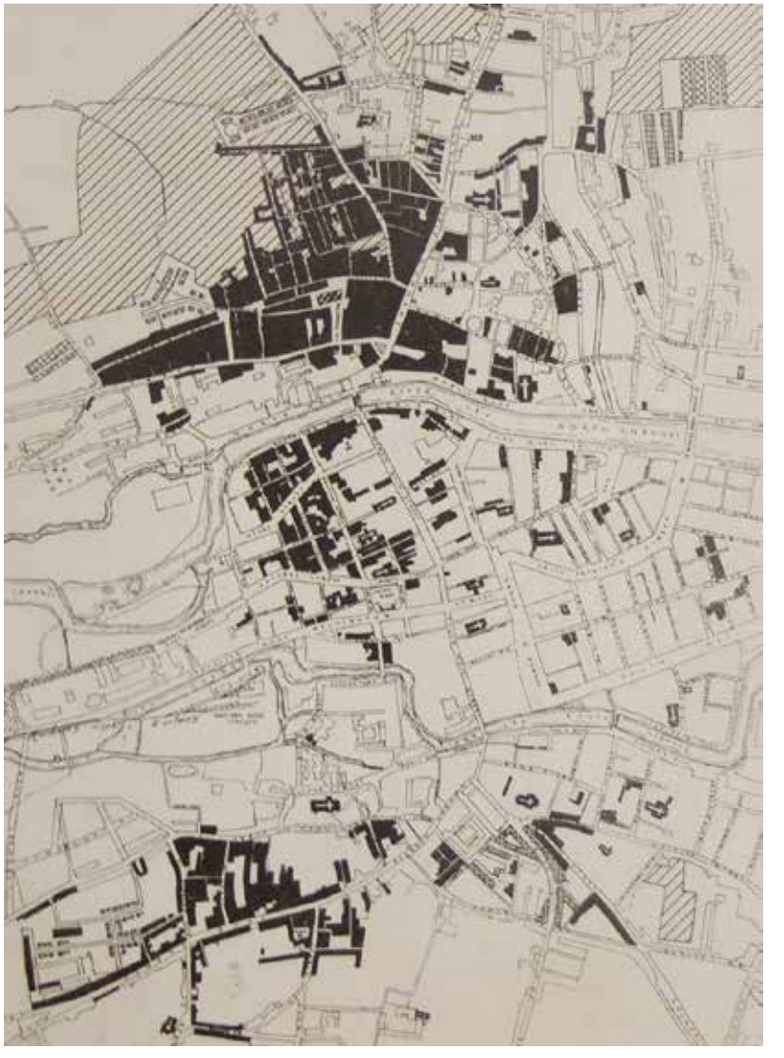
Chamber of Commerce, and shipping, and by eminent UK planner Professor Patrick Abercrombie. At a conference of the principal citizens, held at the Cork School of Art, in March 1922, the Cork Town Planning Association was formed, and subsequently Professor Abercrombie, and Sydney Kelly were invited and agreed to act as special advisors to the Association.

Under the direction of Professor Abercrombie, D J Coakley organised a survey of Cork City, a report which was published as *Cork: A Civic Survey* in 1926. This work was built on the back of a booklet for the Cork Incorporated Chamber of Commerce & Shipping under the title *Cork, Its Trade and Commerce* (1919), which is said to have achieved an international circulation.

In the city there were 12,850 houses inhabited by 15,469 families, with five persons in a family and an average of six persons per house. A large proportion of the population was crowded into tenements and small houses. The number of tenements was 719 with 2,928 families. The tenement population was around 8,675. Nearly one-ninth of the total population lived in tenements and on average 12 families could live in a house meant for one family.

Clearly direct intervention was needed to lessen the public health challenges. However, the Irish War of Independence, Irish Civil War and the politics of Cork's Corporation,s political chamber delayed the prompt delivery of any type of improvements. With the dissolution of the Council in 1924, the young Irish Free State government appointed a city commissioner in the form of City Administrator Philip Monahan.

Philip Monahan was appointed in November 1924. In the early 1920s, he had been Mayor of Drogheda and a member of Louth County Council. He was also a commissioner in Kerry by 26 years of age. Finding his feet quickly in Cork, by the following March 1925, he was talking to the press such as the *Cork Examiner* and setting out his goals. Using some of Westminster's compensation package for the burning of the city, he side-lined the rebuilding of City Hall, not all of it, he did set about getting new designs. He set aside £25,000 for the installation of a new filtration plant at the waterworks, invested £50,000 for asphalting 68,000 square yards of streets, pushing for the completion of St. Patrick's Street, the re-building of Parnell Bridge, the purification of the city's sewage schemes, the replacement of the eighteenth-century culverts under St. Patrick's Street to create



Cork A Civic Survey map of heavy slum areas in Cork.
Courtesy of Cork City Library

new sewers. Monahan strove to create a new cattle market for the city and took over management of what the press called the 'Mental Hospital' in Sunday's Well.

Invited to lecture on aspects of democracy and local government in the new Irish Free State, Philip Monahan called for the adoption of *Cork: A Civic Survey*. In March 1925, Monahan pitched that he would



The New and the Old Gurranabraher housing scheme, 18 March 1934. Courtesy of *Cork Examiner*

invest £70,000 for the provision of 200 houses in Turners Cross in the immediate interim. In Philip Monahan's reconfiguration of local government in Cork, in 1929, Cork born Dr John C Saunders was appointed to the post of the Corporation's first Medical Officer, which he held for 30 years. During his time in office, he produced an annual medical report, which was much sought after by his counterparts in England. For most of his career as well he was a Professor of Hygiene and Public Health at University College Cork.

Dr Saunders set about re-organising how the Corporation of Cork approached public health. He brought the city ahead of its counterparts in Ireland and the UK. He recruited qualified staff and pioneered the establishment of several activities. They all aimed to bring professional knowledge to the fore and to draw on existing community models as well as the funding made available to develop services from the Irish Free State. In Cork, provision was made for public health inspections, education of recipients of public health measures, supporting the marginalised of the city. Dr Saunders was the first person to use inoculation in Cork.

In an age of a non-welfare state, it is also interesting to read of the work of his Corporation colleague – the Schools Medical Officer Dr Annie O'Sullivan. By 1930 arrangements had been put in place for the treatment of ear diseases and defects and diseases of the eye, nose and throat. In 1933, 8,139 children had been checked at clinics at city schools. School meals were given of hot cocoa with bread and butter or jam or currant buns with milk in some schools. The Cork Children's Fresh Air Fund, established in 1932, helped 500 children annually for several years. In 1933, 442 children, 229 girls, 213 boys (5 to 14 years of age) were sent to Rostellan, Rathcormac, Ringaskiddy and Youghal and housed there for a fortnight. The initiative was funded by concerts, flag days and garden fetes.

The Public Health report for 1944 published in a Cork Corporation municipal yearbook reveals the extent of the work Dr J C Saunders and his public health department. They were catering for the health of a population of 80,000 people. The various activities of the public health staff include food inspection, water purification, epidemic disease prevention and treatment, healthy housing, factory inspection, maternity and child welfare, school dental clinic, markets, shops, slaughterhouses and cowsheds inspection, health examination of ships arriving in the port, welfare of blind persons and many other functions relating to the general health of the people.

By 1952 Dr John Saunders was able to record some remarkable improvements in his annual report. He could claim that the year's statistics gave a better account of public health than in any year since the first records were taken in 1878. The number of deaths from all causes has only once been so low; and the most striking improvements have been in the reduction of deaths from tuberculosis and in infant mortality. The death rate due to tuberculosis was now considerably less than half what it was even a few years previously (Saunders, 1952).

Dr John C Saunder's retirement in 1957 left a large legacy of cross-cutting activities to maintain and further enhance. National consolidation across 1960/1961 in public health measures led to the creation of health authorities. The process of Cork Corporation as an independent health authority was stood down and a single body called the Cork Health Authority was set up under the Health Authorities Bill to administer the health, mental hospital and public assistance services for Cork City and County. The estimates book for the Corporation for 1960 records that the health expenditure of the Corporation was a staggering 37 per cent of the Corporation's net

expenditure of £1.74m. of the latter, 52 per cent of the budget was to meet statutory demands (Cork Corporation, 1960).

Box 1 describes a fascinating project that collects, archives and shares stories of infectious disease and public health initiatives, making space for the voices of those directly involved, as medical professionals, patients and families. The Cork Folklore Project, a community-based folklore centre, is proud to host this online resource and to safeguard the interviews in its audio archives, with support from Science Foundation Ireland.

Box 1: Catching Stories Project, Cork

CATCHING STORIES: Why collect stories of infectious disease?

In the mid-1940s around **1,000** children died in Ireland each year from diseases such as whooping cough, measles, diphtheria, polio, and tuberculosis. With the success of public immunisation programmes introduced in the 1950s, deaths from these diseases dropped to zero. It is now hard to appreciate the severe impact that such diseases had on communities in the first half of the 20th century. A contributing factor to the recent return of certain infectious diseases is the fact that community memory of those diseases is fading. Additionally, people's everyday experience of infectious disease existed in tension with officialdom and was formed by complex interactions involving power, compassion or lack thereof, stigma, violence, loss and rupture. The Cork Folklore Project's Catching Stories project gives people's voices, memories and emotions a platform as we attend to past experiences.

Catching Stories has collected memories of a range of diseases from 20th and 21st century Ireland. It brings them together with biomedical commentary in an online resource, www.catchingstories.org, to explore how the experience of these diseases and related public health measures have affected Irish society. The material opens a window on what it was like to lose a classmate to measles; to manually ventilate a child throughout the night; or to face vaccination by the dreaded 'Branding Iron'.

Catching Stories is undertaken by University College Cork's Department of Folklore & Ethnology (Clíona O'Carroll and James Furey), Department of Pathology (Elizabeth Brint) and the Cork Folklore Project, and funded by the Science Foundation Ireland Discover Programme.

'I can still see her little wee face'
testimony from Catching Stories

And we must have been in Low Babies, we had a high stool and a low stool and there were the High Infants and the Low Infants[2]. And the two of us got the measles. And I can still see this little one, Kitty O'Brien, she had straight hair and a fringe, and a little bow on top of her head.

And when I went back after the measles, she was dead, she had died from the measles.

I can still see her little wee face. And I got measles, and I didn't die, but she died. So, you know, things like that. You'd say: 'I can't remember a bit of before or after but I remember that.'

Sister Marie Collins was born around 1920 in Limerick, to farming parents, and became a Presentation Sister and a teacher. She attended primary school in Monaleen, near where the University of Limerick is currently situated. Sister Collins was interviewed in 2000 by the Cork Folklore Project, and during the interview she reflected on the way in which certain memories from her early childhood stand out in isolation. She recounted one such vivid memory, of a girl who had been in Low Babies (Junior Infants, the youngest primary school class) with her.

There was one little girl called Margo, she had to be manually ventilated to keep her alive.

When Paul O'Brien was in his final year of secondary school in Cork City in 1954, the school was visited by a mobile x-ray unit. Paul's x-ray showed shadows on his lungs. Tuberculosis was the diagnosis. Paul's parents admitted him to Heatherside sanatorium in north Co. Cork, where he stayed for four months. During his stay in Heatherside, Paul decided that he would study medicine. Later, while he was undertaking his medical degree, Cork City experienced a polio epidemic. The 1956 polio epidemic saw the city's health service stretched to its limits. Paul and a few other

2 Low Babies/ Low Infants (called Junior Infants at the time of writing) refers to the first and youngest class in primary school in Ireland; High Infants are the second class (called Senior Infants at the time of writing).

students volunteered to assist the St Finbarr's respiratory intensive care unit medical staff, and were asked to take the night shift manually ventilating a small child. Margo survived to return to her family, but died as a result of the effects of the polio infection at the age of seventeen. Paul emigrated to Canada in the late 1960s where he settled in Toronto. Even after more than 70 years, the memory of those nights is still vivid for him.

Scan the QR code, on page 95, and scroll down through our polio section to hear the full story of medical students being evicted from their lodgings during the polio epidemic, of how they worked through the night to keep Margo alive, and of how Paul came into contact with Margo's family years later.

What about COVID-19?

At the onset of COVID-19, the Cork Folklore Project carried out a rapid-response questionnaire collection project on people's early experiences of the pandemic. At that time, many people's thoughts turned to past experiences and family memories of infectious disease. You can access our 'Chronicles of COVID-19' archives, using the QR code on page 95, to read the respondents' reflections from April and May 2020.

The Cork Health Authority comprised twenty-eight members appointed by the council of the county of Cork and twelve members appointed by the Cork Corporation. Many members were city and county councillors, which kept the link to local communities and neighbourhoods. The emerging Cork Health Authority aimed to recruit more public health staff and to encourage central government investment into regional hospitals – Cork City it was present day St Finbarr's Hospital. In its 1963 annual report the authority recorded that the provisional estimate for the year ending 31 March provides for a gross expenditure of £3,525,975, representing an increase of £409,725 on the amount that was adopted for the previous year (Cork Corporation, 1963).

The projects that Cork Corporation had created thirty years previously were still as active as ever – payments went to extern institutions, maintenance and rehabilitation of disabled persons. Increased running costs of the Authority's institutions, medical care for mothers and infants and payments to mental patients. Such work was accelerated by the establishment of the Health Boards in 1970 especially in the development of the public health nursing systems, which continued to bring health measures into the local community (Cork Corporation, 1970).

The emergence of new hospitals such as Cork Regional Hospital in 1979, now Cork University Hospital, gathered many services together in one place. In more recent decades, the connection with University College Cork has served the work of the latter hospital well. The connection to the members of the local city and county councils is still present, but with fewer members - such as four of 31 members in the case of Cork City Council in the present day being present on the Regional Health Forum.

Since 2012, the voices of the Regional Health Forum and other members in the past decade has encouraged and led executive and political members to link once more to emerging thinking by the World Health Organisation and the local Health Service Executive in approaches to environmental, social and educational policies.

The World Health Organization (WHO) was founded in 1948 with responsibility for international public health under the United Nations and with an ambitious objective – 'the attainment by all peoples of the highest possible levels of health'. Its Constitution defined 22 wide-ranging functions, of which the first was 'to act as the directing and co-ordinating authority on international health work' focussing initially on the control of diseases in mid 20th century of malaria, tuberculosis, sexually transmitted infections, improvement in maternal and infants health, nutrition and environmental hygiene. The WHO remains active today and is perhaps best known, in recent times, for the role it has played in monitoring and controlling the worldwide outbreak of the COVID-19 pandemic.

Cork's designation as a WHO Healthy Cities emerged from a partnership of the Health Service Executive Health Promotion Department, Cork City Council, University College Cork and Northside Initiative for Community Health Education (NICHE). The partnership has expanded in the past ten years to include representation from the Cork Community Health Network, the Sexual Health Centre, An Garda Siochána, Cork Local Sports Partnership, the Public Participation Network and political representation. Cork's designation has also been accompanied by the nomination of the

political representative to the WHO Political Vision Group for the Phase VII Copenhagen Consensus. The Copenhagen Consensus which guides the current Phase VII of the WHO European Healthy Cities Network was launched in 2018 by Lord Mayor of Cork City Cllr. Tony Fitzgerald in Copenhagen among 100 Mayors and political representatives from across Europe.

Cork Healthy Cities has been active over the years and has been instrumental in the development of interagency partnerships for health in the city. Cork is unique in Ireland in having a dedicated Healthy Cities Coordinator, employed by the Health Service Executive, and working in partnership with the local authority, Cork City Council (formerly known as Cork Corporation).
The various Cork Healthy Cities projects are outlined in more detail in the other chapters of this book.

CONCLUSIONS

Cork City's history in public health provision shows it has really been only in the past 90 years that it began to address the challenges of public health provision in a community driven and collaborative way. One can only imagine the horrible conditions endured by the majority of the citizens of the city up to the late nineteenth century when all the various social, economic and environmental determinants of health started to be addressed.

The late twentieth and early twenty-first centuries continue to be marked by the essence of 'meitheal' or working together, which as a core element continuously tried to resolve the public health challenges of the city.

The importance of community life is no stranger to any Irish neighbourhood but the essence of togetherness in Cork at any time in its history is impressive and more impressive that it has survived against the onslaught of mass globalisation and technological development. In truth, the Cork Healthy Cities movement is a legacy of over 800 years – at the heart of which is a story of building hands-on experience in resolving some of the city's and region's largest social and health problems.

Scan the QR code and scroll down through our polio section, left, and our Chronicles of COVID-19 archive, right.

REFERENCES

Biggs, H., (1843), *Annals of the City of Cork* (Cork, Savage & Son, Cork, 1843).

Coakley, D.J. (1917), *General Principles of Housing and Town Planning* (Cork: Cork School of Commerce, 1917)

Corporation of Cork, *Sanitary Reports, 1882-1887* (Cork, Cork Corporation, 1882-1887).

Corporation of Cork, 1960, *Annual Report* (Cork, Cork Corporation, 1960).

Corporation of Cork, 1963, *Annual Report*, (Cork, Cork Corporation, 1963).

Corporation of Cork, 1970, *Annual Report*, (Cork, Cork Corporation, 1970).

Crowley, J. R. Devoy, D. Linehan, P. O'Flanagan (eds) (2005), *The Atlas of Cork City* (Cork: Cork University Press, 2005).

Kelly, M.J. (1970), "Wooden Water Mains at South Terrace, Cork", *Journal of the Cork Historical and Archaeological Society*, Vol. 75, pages 125-128.

Power, C., "Skeletal Remains", in Hurley, M F. Sheehan, C (1995), *Excavations at the Dominican Priory, St Mary's of the Isle, Crosse's Green, Cork* (Cork: Corporation, 2005), pages 222-240.

McCarthy, K. (2003), *Discover Cork* (Dublin: O'Brien Press, 2003).

O'Mahony, C. (1997), *In the Shadows, Life in Cork-1930* (Cork: Tower Books, 1997).

Rynne, C., 1999, *The Industrial Archaeology of Cork City and its Environs*, Government of Ireland (Dublin, Stationary Office, 1999).

O' Sullivan, W. (1937), *The Economic History of Cork City, From Earliest Times to the Act of Union* (Cork: Cork University Press, 1937).

Saunders, J. (1952), *Medical Report for the City of Cork, Annual Report, 1952* (Cork: Cork Corporation, 1952).

Tuckey, F.H. (1837), *The County and City of Cork Remembrancer* (Cork: Savage & Son, 1837).



“I think more friendly schools, parks and playgrounds would make Cork a better place to learn and play.”

Antoni, age 11, St Marie’s of the Isle



“I would build more parks and benches for the kids and adults to sit down and for the kids to play. I would have school classes outside because it would be fun.”

Jack, age 9, Blarney Street CBS



City Hall by night. Cork City Council, Cork, Ireland

Chapter 4
HEALTHY CITIES
A global movement working locally in Cork City

Monica O'Mullane, Joan Devlin,
Tony Fitzgerald and Aodh Quinlivan

Acknowledgement: Our many thanks to Denise Cahill for her comments and insight while reviewing our chapter. We are so grateful for her generous contributions and feedback.

INTRODUCTION

As was already outlined in the introductory chapter, the work of Cork as a Healthy City is essentially about creating a meaningful and sustainable living environment within an urban space, which enables its people to flourish and connect socially with one another and their physical environment. Cork as a Healthy City leads by example in delivering healthier places for all, in tackling health inequalities, advocating good governance and leadership for health and wellbeing. Innovation, sharing of knowledge and health diplomacy are valued in healthy cities (WHO, 2023).

The purpose of this chapter is to describe and explore the broader context, which situates the work of Cork as a Healthy City. This context refers to the World Health Organization (WHO)



Children of Cork painting in Cork City Council. From left to right, Petra O'Mullane and Aoíbh Guthrie (2019)

endorsed healthy cities movement, Irish national policy, and local policy and action in Ireland. We will explore how the healthy cities' idea and movement has evolved to become the global public health phenomenon it is today, and how and why it has been embraced by local government authorities, public health services, and community and voluntary sectors. By exploring the evolution of the healthy cities framework through the lens and journey of the inter-agency Cork Healthy Cities Action Plans, this chapter will explore how then this global initiative has been contextually adapted for Cork city and the ethos of collaboration it seeks to emulate.

"What we're trying to do here is improve society to create the conditions for people to lead flourishing lives and hence, promote health equity and reduce health inequalities."

Interview with Sir Michael Marmot, Institute of Health Equity, 16th September 2014 https://www.youtube.com/watch?v=W7ywf16_Fq0

A GLOBAL MOVEMENT – HEALTHY CITIES

The Healthy Cities movement seeks to embed a whole-of-system approach to enable structural, community and individual change for health and wellbeing improvement. Healthy Cities emerged in large part due to the health promotion agenda in the 1980s, whereby the focus of public health professionals, activists, and academics with the WHO has been to create a healthy systems approach in enhancing public health and wellbeing (de Leeuw et al., 2021). This approach is underpinned by a salutogenic focus on factors supporting health and wellbeing rather than a more traditional 'pathogenic' focus on disease and risk factors. Healthy Cities is a movement that captures and motivates action within WHO European region member states, starting in 1988, as a pathway for the implementation of the WHO Health for All by the Year 2000 to local level. It was established first and foremost as a "political, cross-cutting and intersectoral project" (Tsouros, 2016) that would frame direct collaboration with cities, and it continues as a primarily political movement seeking to improve health through intersectoral action at the policy level. Research concurs with this emphasis on the movement as a political endeavour. As we are working to evolve the system of city planning towards creating equitable, healthier and sustainable spaces for future living, then creating pathways and nurturing platforms for policy-driven, upstream measures to achieve healthier public policy, is necessary (O'Mullane, 2015b, Black et al., 2019, de Leeuw et al., 2021, Pineo, 2022).

"Health in All Policies (HiAP) is an approach to public policy that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity." (WHO, 2013)

The healthy cities movement is grounded in a whole-of-society and whole-of-government approach to public health, by integrating inter-disciplinary actions across the determinants of health. It is a tangible way to collaboratively implement the ideologies of a Health in All Policies (HiAP) approach at the local level. During the

1980s it became clear to public health professionals, activists and academics with the WHO that the healthy cities movement was emerging as a synergising way for embedding a health-lens across all areas of societal partnership, wellbeing and government policy. The main principles of a healthy cities approach include community participation, partnership working, empowerment and equity. The framework of healthy cities are a good example of a wider systems approach to improving public health and wellbeing and in tackling health inequalities (WHO, 2020, WHO, 2022a).

Since the 1980s the healthy cities movement has spread around the world like a healthy pandemic (Ashton, 2002), "becoming a vibrant and thriving global movement" (Tsouros, 2019: 391). Today, thousands of cities across the globe are part of the Healthy Cities Network and are present in all WHO regions. In Europe, the WHO European Healthy Cities Network was established in 1987 in order to enable the implementation of the WHO Strategy Health for All (WHO, 1981) within national contexts (Tsouros, 2015). The strategy, which was seminal at the time, was based on the acknowledgement of three issues (*ibid*: i3):

1. **The importance of local action in all aspects of developing health.**

2. **The specificity and importance of urban settings for health and well-being.**

3. **The key role of local governments in creating conditions and supportive environments for healthy living for all.**

At the time of writing, the WHO European Healthy Cities Network has brought together over 100 flagship cities and approximately 30 national networks (WHO, 2022b) , which is a testament to the positive experience cities have had in successfully embedding intersectoral action for health. Such healthy city collaborations have driven change in political, socio-economic and urban design policy agendas. The network of cities designated by the WHO with Healthy City status is supported and coordinated by the WHO. WHO Europe designs and implements 4 to 5 year framework programmes (Phases) reflecting the priorities of current WHO health policy. The WHO offers official 'Healthy City' designation to cities, specifically, city municipalities - including Cork City Council in 2012, 2014 and 2019 upon successful completion of the application process. What sets the healthy cities movement apart from other urban health initiatives is an unequivocal commitment to a set of values – political leadership, community development, equity, social inclusion, intersectoral management, and policy development- that govern health development in the urban context to become everyone's business (de Leeuw, 2012). The since evolved slogan 'Health for all and All for Health' captures the commitment to leave no one behind and to involve all actors in a new global partnership to achieve this transformative agenda," (Cork Healthy Cities, 2018: 4) as has been the motivation for action in Cork city since 2010. Since the Health For All (1981) strategy, numerous WHO conferences have advocated a core message of creating supportive environments within which people are facilitated to make the healthier choice, the easier choice. This message needs to be driven locally by the stewardship of local and national government structures. In particular, the 9th Global Conference on Health Promotion (2016) 'Health Promotion and Sustainable Development Goals,' which took place in Shanghai, was a necessary push for policy cohesion to provide strategic vision in driving the Health in All Policies agenda. The conference was attended by both the political representative and cooridinator of the Cork Healthy Citites Steering Group, relfecting the political role Cork plays in the Healthy Cities movement at an international level.

The United Nations 2030 Agenda for Sustainable Development is the world's ambitious and universal 'plan of action for people, planet and prosperity', includes 17 Goals, 169 targets and 231 initial indicators. The Agenda offers a new opportunity to involve multiple stakeholders to ensure that all people can fulfil their potential to live in good health, with dignity and equality, which is being actioned in Cork city as evidenced by the Cork Healthy Cities Action Plan (2020-2030) (Cork Healthy Cities, 2021). Learning from evaluations of the WHO Healthy Cities Phases have revealed the evolution of the healthy cities movement from focusing on small-scale short-term lifestyle-centred programmes to longer term and sustainable movements (de Leeuw et al., 2015). This has been the priority for Cork Healthy Cities and its experience so far, as is illustrated by the work demonstrated in chapters 5 to 12. The following section

describes the healthy cities experience on the island of Ireland before then exploring the trajectory of Cork as a Healthy City, which first received WHO designation in 2012 and maintained it ever since.

NATIONAL POLICY CONTEXT
THE HEALTHY CITIES MOVEMENT

At the time of writing, on the island of Ireland the cities of Belfast, Derry and Cork have WHO designation. In achieving this status, these cities have demonstrated to the WHO that health is a core value for the city council in local government, and "that the vision, values and strategy for the city are translated into action for health planning" (HSE, 2023).

As part of the implementation of the national public health policy *Healthy Ireland: A Framework for Improved Health and Wellbeing (2013-2025)* (Department of Health, 2013) in the Republic of Ireland, every local authority has a coordinator to coordinate a Healthy City / County Action Plan. It is important to emphasise here that comparatively, this move is very unique to any country within the WHO European Healthy Cities Network. The Department (Government Ministry) of Health (DOH) in Ireland funds the coordination the National Healthy Cities Network. *Healthy Ireland* was the first public health policy in the Republic to endorse a Health in All Policies 'whole-of-government' approach to health improvement, building on the previous strategy's goal to ensure "health of the population is at the centre of public policy" (DOH, 2001: Objective 1). The Healthy Cities approach is also endorsed in the public health strategy for Northern Ireland, *Making Life Better, 2013-2023* (DHSSPS, 2013).



Photo 2: Government Ministers in 2013 show interdepartmental commitment to *Healthy Ireland* (2013-2025), the national public health policy, which endorsed a whole-of-government approach to improving public health and wellbeing (Credit: Peter Farry)

As photo 2 shows, although the ministerial commitment to improved health and wellbeing through intersectoral policy development was promising, the reality is that the remit for public health policy lies with the DOH and public delivery with the HSE. Cross governmental collaboration at policy level in Ireland is strongly influenced in terms of delivery by the allocation of financial resources. When funding is allocated to individual ministerial departments in a siloed manner, then genuine cross governmental partnership and policy delivery remains a pipedream. One encouraging development in driving intersectoral policy action in Ireland has been the launch of the *Sláintecare Implementation Strategy & Action Plan 2021*-2023 (DOH, 2021), which introduces the Sláintecare Healthy Communities programme, as a "concerted focus on addressing health inequalities" in communities in Ireland (*ibid*: 40).

To summarise: the collective workforce from the health services (HSE) and local authorities comprising the appointment of Healthy Cities and Counties Coordinators in every local authority in Ireland, the Network of Healthy Cities, and the Sláintecare Healthy Communities team is the most significant opportunity in Irish policy history for advancing health and wellbeing across all sectors of policy. This is as good a time as any to synergise actions and resources in making Health in All Policies a reality for improved health and wellbeing in Ireland. The following section will outline the local political context within which Cork as a Healthy City operates.

LOCAL POLICY CONTEXT IN CORK
CORK CITY COUNCIL AND CORK HEALTHY CITIES

With local authority engagement, the work of healthy cities focuses on improving societal health and wellbeing though political commitment and leadership, to support local projects and enhance intersectoral ways of working for health. Local authorities work to protect and promote citizen's health and wellbeing through economic and urban design and development, regeneration, and climate action, as well as providing the necessary political leadership for advancing priorities for societal health and wellbeing. WHO

designation crucially demonstrates the political commitment and endorsement of the local authority to the ideals of creating a healthy and inclusive urban environment. Cork Healthy Cities also works closely with cities across Europe through the European Healthy Cities Network.

The healthy cities movement seeks to "put health high on the social, economic and political agenda of city governments" (WHO, 2022b). Mayors from a diverse group of locally elected city municipalities openly committed to being Healthy Cities at the Shanghai 9th Global Conference on Health promotion in November 2016 (WHO, 2017, De Leeuw, 2017). Healthy Cities has been embraced fervently at the local level in countries as a meaningful way to collectively, in an intersectoral way, work to improve and promote health and wellbeing. The political represenative of Cork Healthy Cities Steering Group has demonstrated tremendous political leadership for the Cork Healthy Cities Steering Group, as well as political representative on the Network of Healthy Cities in Ireland and the European WHO Healthy Cities Political Committee. Membership at all three political levels paves the way for pioneering work and for all

Photo 3- Councillor Tony Fitzgerald of Cork City Council, political representative on the Cork Healthy Cities Steering Group, at the WHO Mayor Summit in Copenhagen in February 2018.



locally elected representatives to seize their democratic mandate in pushing the health and wellbeing agenda across all areas of policy action so that policy is developed in a necessarily holistic and health-responsive manner.

The key lessons outlined below are key reflections by Cork city during its early period of time following initial WHO designation in 2012. These lessons continue to guide the work of Cork as a Healthy City, as are evidenced in chapters 5 to 12, highlighting the need to continue optimising the intersectoral approach to tackling health inequalities by garnering buy-in from key champions for health across all sectors, a raising of awareness of health and wellbeing research and practice, and ensuring meaningful intersectoral engagement, particularly by increasing community participation.

Key lessons learned from the earlier time of Cork Healthy Cities (2012-2019)

(Cork Healthy Cities Action Plan 2020-2030: 5)

- **Buy-in**, not solely from the local authority's political representatives, but also from key personnel who have the capacity to champion the Healthy Cities agenda within an agency not normally used to considering health as part of its brief, making Health Everybody's Business.

- **Co-leadership of knowledge**: With health partners, combining health knowledge and information with the various roles and functions of interagency partners towards a common goal of 'making health everybody's business'

- **Democratisation** of the health agenda and Healthy Cities in Cork city from the start by including and increasing community representation and ensuring that health equity becomes a driving principle.

The following section outlines the rationale, purpose, and role of the political representatives in the work of healthy cities and on the steering group, as is the case in Cork city, within the context of local government structures in Ireland.

Local government structures and functions in Ireland

Local government in the Republic of Ireland is organised around 31 local authorities of equal status. This has been the situation since 2014 when a Local Government Reform Act reduced the number of local authorities from 114. Accordingly, there are now three categories of local authorities in Ireland as follows:

- **City Councils (3)**
  Cork, Dublin, Galway.
- **County Councils (26)**
  Carlow, Cavan, Clare, Cork, Donegal, Dún Laoghaire-Rathdown, Fingal, Galway, Kerry, Kildare, Kilkenny, Laois, Leitrim, Longford, Louth, Mayo, Meath, Monaghan, Offaly, Roscommon, Sligo, South Dublin, Tipperary, Westmeath, Wexford, Wicklow.
- **Combined City & County Councils (2)**
  Limerick, Waterford

With Ireland having a population of 5.1 million people (Census 2022) and 31 local authorities, the average population per council is 164,500. This places Ireland in the 'very large' category alongside the United Kingdom (166,000) and Northern Ireland (164,500). This contrasts starkly with the Czech Republic (1,500), France (2,000), Hungary (3,000) and Switzerland (3,500).

Historically, local authorities in Ireland are responsible for a narrow range of functions. Irish local authorities have only minor responsibilities in education, primary healthcare, transport, and policing. The committee system in Irish local authorities is complex. While the elected council is the primary decision-making body, Strategic Policy Committees (SPCs) were introduced in 1998/1999 to assist the council in policy formulation, development, and review. This committee system has ensured Cork city councillors are directly informed and involved in the embedding of the instrumental work of Cork Healthy Cites, including the implementation of the action plans, which is then ratified by the council assembly.

Cork City Council has six SPCs mirroring its principal functional areas (Figure 1).

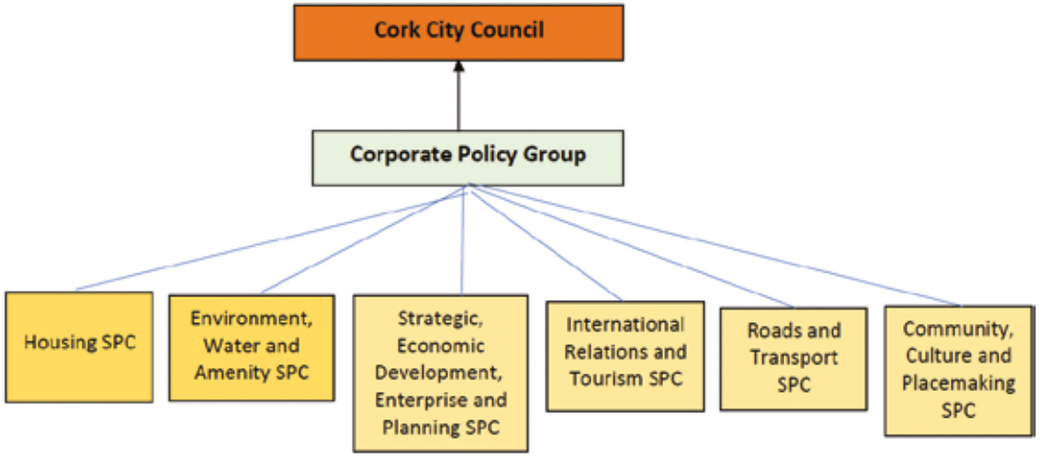


Figure 1: Cork City Council and its six Strategic Policy Committees

- Housing
- Environment, Water and Amenity
- Strategic, Economic Development, Enterprise and Planning
- International Relations and Tourism
- Roads and Transportation
- Community, Culture and Placemaking

Each SPC has nine members, six of whom are councillors with the remaining three drawn from 'sectoral interests', i.e. representatives from community and voluntary organisations, environmental groups, trade unions and local business associations. SPCs allow for the discussion of new policies between public representatives and involved interests and they reflect a localised version of national social partnership. Ultimately the SPCs have an advisory role only, as policies have to be ratified by the elected council.

Between the City Council and the SPCs is the Corporate Policy Group (CPG) which consists of the Chairs of the SPCs and the Lord Mayor. The CPG is supported by the Chief Executive and the role of the committee is to co-ordinate the work of the SPCs before final policy recommendations are presented to full council.

The elephant in the room – in terms of the restricted nature of policymaking in local government – continues to be centralisation and the parental approach of central government through the

Department of Housing, Local Government and Heritage which is responsible for putting forward most of the legislative agenda for local authorities. As Callanan (2018: 370) concludes, 'There is not much point taking part in local decision-making if local government operates in a straitjacket and all the key decisions have already been taken at the national level.' It also has to be recognised that local authorities have relationships with a myriad of public agencies, government departments, community groups and representative associations, and not just with the Department of Housing, Planning and Local Government.

A good example of this intersectoral partnership collaboration is through the work of Cork Healthy Cities. Working within the constrained structures of local government, intersectoral collaboration in central to the Healthy Cities Action Plan. This enables innovative policy emerging which is informed by Cork City Council, the Health Service Executive (HSE), higher education institutions (University College Cork at the time of writing), and various voluntary and community bodies. Policy emerges through a complex multilevel governance network, comprised of many actors. The political representative on the steering group ensures that the SPCs are informed and have a chance to feedback on the work of the group and on its ten-year action plan implementation. This is an excellent opportunity for policy development process in the local authority to blend the work into evolving policy agendas. In fact, at the time of writing, two additional political representatives from Cork City Council have joined the Steering Group, which means that there are three political representatives from Cork City Council on the Steering Group. This increase in political representative membership is a testament to the work and reputation of the group since its inception in 2008. New structures have also been introduced in recent years to enhance local democracy and participation in policymaking. These include Public Participation Networks (PPNs), Local Community Development Committees (LCDCs), Fora for Young People and the Elderly, and Joint Policing Committees (JPCs). As advocated in the latest action plan for Cork Healthy Cities (Cork Healthy Cities, 2021), Cork as a healthy city seeks to build on the political leadership and participatory governance arrangements with Cork City Council.

Local government in Ireland is more complex than might first appear to be the case. There are enormous weaknesses within the system including lack of constitutional protection; low autonomy; few functions; political, administrative, functional, and financial centralisation; increased managerialism; and the rationalisation of councils. Yet, in an individual, often uncoordinated, way local councils are playing innovative roles in economic development and policy formulation. Local authorities are also pushing the boundaries with a variety of democratic reforms aimed at enhancing participation in policymaking and policy analysis. The integral involvement of Cork City Council in hosting WHO designation in Cork city, on the Steering Group, its role in informing and implementing the Cork Healthy Cities Action Plan, is an important way we can see how this local authority in Cork optimises its role in partnership approaches to policy development. Indeed, in spite of the centralised nature of local government in Ireland, research has shown that local government structures play an integral role in instrumentally contributing to public health and wellbeing, with healthy cities a vital platform in driving the Health in All Policies (HiAP) agenda (O'Mullane and Quinlivan, 2012, O'Mullane, 2015a).

"Discussing and approving the latest Cork Healthy Cities Action Plan is a great example of a public health action engaging with locally elected political representatives. The plan was launched, then it went to consultation at Council, then to the six SPCs, then back to Council for approval. It was informative consultation because it raised conversations about the work of Healthy Cities and the value of health in Cork city. The work of Cork Healthy Cities shows the importance of local actions in shaping health and wellbeing, such as the green spaces initiative (chapter 8). This engagement also ensured that health is at the centre of our current Cork City Development Plan (2022-2028) and future iterations. Because of Cork Healthy Cities, health is at the heart of every policy decision making and every decision made under each of the priorities."

Councillor Tony Fitzgerald, Cork City Council elected representative and political representative on the Cork Healthy Cities Steering Group, 15th November 2022

In order for the work of healthy cities to be transformational and equitably sustainable, the WHO calls for political leaders to emphasise health as a core value in city council statements, policies and strategies, as well as "acknowledging that they are well-placed to influence the conditions that determine – or undermine – the health and well-being of citizens" (WHO, 2020: 5). The work of political representatives is envisaged to advocate for actioning links between health, sustainable development, and climate action, as the local authority plays a central role in optimising action across these policy areas, as outlined in chapter 12 of this book also. Political leaders also have a role to play in cohering links across the local authority between health and sustainable development, in the implementation of Agenda 2030 (UN, 2015), and most recently in centring the principles of WHO One Health agenda, an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems (WHO, 2023), at the core of council work.

"A healthy cities approach which catalyses political leadership and participatory governance can be transformational for health and health equity, and can help mitigate the impacts of environmental degradation, climate change, ageing, migration, growing inequalities and social isolation"

(Cork Healthy Cities Action Plan (2020-2030), 2021: 10).

The following section outlines the evolution of Cork Healthy Cities as a transformational movement for health improvement.

THE STORY OF CORK HEALTHY CITIES

Inspired by the work of Galway and Belfast Healthy Cities, a synchronistic meeting in late 2008 of like-minded people working in the health services (HSE), Cork City Council, University College Cork and NICHE (community health project) took place. In 2009 a more



Photo 4- The Healthy Cities team when Cork achieved WHO Healthy City status in 2012- (left to right)- Judy Cronin, Denise Cahill, Stephen Murphy, Rebecca Loughrey, Professor Colin Bradley, Lord Mayor Councillor Terry Shannon, Councillor Tony Fitzgerald, Anne Fitzpatrick, Con O'Donovan, Katherine Harford, Paul McGuirk, Professor Ivan Perry, Jim O'Donovan, Andy Walker

formal - albeit embryonic and without resources or funding- Cork Healthy Cities steering group was established, led by the HSE and Cork City Council with UCC and NICHE. This group committed to applying for WHO Healthy Cities designation. In 2010 the Health Promotion Department of the Heath Services Executive committed to funding a part-time Healthy Cities coordinator to develop a City Health Profile and to oversee the application process on behalf of the steering group. The vision and commitment of the Health Promotion Manager and the allocation of a part-time Senior Health Promotion Officer post, at the time, were key ingredients in the early success of this interagency steering group.

Driven by a tenacious passion for health improvement through intersectoral collaboration, and supported by the HSE Coordinator, the steering group took up the challenge to apply for WHO Healthy Cities designation. This occurred in the pre-Healthy Ireland policy era, when actioning a Health in All Policies approach to policy development was largely not done in reality. The group produced

the first Cork city health profile and the formal application for designation was submitted in 2011. The application was successful and WHO Healthy Cities designation was awarded to Cork City in 2012, again in 2014 and most recently in 2019. Photo 4 shows the people who worked tirelessly for WHO designation and in formally setting up the Cork Healthy Cities steering group. Designation was a significant move for Cork as a Healthy City as it formalised the intersectoral collaboration necessary for developing the ten-year action plan, as required by designated cities, based on Phase V (2009-2013) of the WHO European Healthy Cities Network.

"Designation as a Healthy city is an acknowledgement by the WHO and a recognition of the city's political commitment to health. Reflecting now 10 years later, I realise that Healthy Cities is a lifelong journey and designation is just the first step. We celebrated with officials, colleagues, friends and family in Council Chambers the effort and energy to have achieved a commitment to health in all policies approach at city level. We were seeking to be innovative and progressive and we were to the fore of this approach in Ireland. This commitment to innovation has never ceased and is even stronger today in the context of the Copenhagen Consensus at European level, the Healthy Ireland Framework at national level and the Cork City Development Plan at local level."

Denise Cahill, Coordinator of Cork Healthy Cities since 2010

Achieving WHO designation in 2012 was a significant catalyst for action. Since then, there have been major advancements made in the work. There exists a highly functioning inter-agency Cork Healthy Cities steering group and a collaborative inter-agency approach to implementing and embedding all actions, with a rotating position of Chairperson across all representative organisations on the steering group. The inter-agency City profile (described in more detail in chapter 5) and the decade long inter-agency Cork Healthy Cities Action Plan advocates and realises intersectoral action on the social determinants of health in tackling health inequalities across the city. The development of Cork as a Healthy City is listed as a key strategic objective of the most recent Cork City Development Plan (2022-2028) (Cork City Council (CCC), 2022). This marks significant progress at city level and has been made possible by the quality of the inter-agency work that has evolved to date, as well as the formalised structure of WHO designated health city status. Health Impact Assessment (HIA), which is an established tool and approach for analysing potentially detrimental health outcomes of policies, will be implemented across local urban planning, housing and transport policies as outlined in the Cork Healthy Cities Action Plan (2020-2030), synergising with the objectives of the Cork City Development Plan (2022-2028). An Irish Health Research Board (HRB) funded HIA project (HIA-IM), led by Dr Monica O'Mullane in University College Cork, will provide evidence on the practical implementation of HIA at local and national policy development levels.

"In 2017 Cork City Council & the HSE came together to create the opportunity for closer and more integrated collaboration between both organisations. A Joint Initiative was developed which involves a number of key elements including: (a) a Social Inclusion Specialist post is shared and joint funded by both agencies. The Social Inclusion Specialist manages Social Inclusion Services in the HSE and Community Services in Cork City Council and facilitates enhanced collaboration between both teams. (b) shared collaboration on core business (c) shared projects are undertaken between both organisations (d) joint funding of key initiatives aimed at enhancing the social determinants of health approach across the city. This joint initiative has created a strong working link between the two organisations, has improved mutual understanding and has created a trusting relationship where focus can be given to maximise the effectiveness of resources and effort

in working to a common agenda. The joint initiative has supported developments in Healthy Ireland, Slaintecare, Age Friendly Service, Traveller Health, Migrant Support Initiative, Hospital Initiative, Lifelong Learning projects , LGBTQI+ projects, Ukrainian Response etc to name a few. The strength of the joint initiative was evidenced during the Cork city Covid Community Response when staff from the HSE and Cork City Council co-lead 16 area response teams in the city. This unique model is the only one of its kind in the country."

Rebecca Loughry, Social Inclusion, Cork City Council

As already outlined, Healthy Cities is a formal part of the Order of Business in Cork City Council, it remains on the agenda of Cork City Council SPCs with currently three inter-party political representatives on the steering group at the moment. Political membership of the Network of Healthy Cities in Ireland and the European WHO Healthy Cities Political committee reinforces the importance of strong political leadership and commitment. The Coordinator of Cork Healthy Cities was elected to the WHO Europe Healthy Cities Advisory Committee at the 2022 Annual Business Meeting of European Network of Healthy Cities, reaffirming the significance and recognition, by European cities, of the work being done in Cork city . Cork has taken a leadership role in Ireland and in Europe inspiring other cities and towns to persevere in the drive to place health on the political agenda and in collaborating for health and wellbeing across intersectoral partnerships.

When looking to other research that explored characteristics of a meaningful and effective healthy cities movement (Tsouros, 1990, Hall et al., 2009, Lee and Nakamura, 2021), there is much evidence that the work of Heathy Cities has an impact on the work across the city and on the lives of people of Cork. This edited collection is a testament to this somewhat bold statement, as is the colour and warmth pulsating from the photos, quotations and creative drawings included in this book, altogether weaving the story and life of Cork as a healthy city, now and into the future.

CONCLUSION

One of the "main strengths of the global healthy cities movement is the diversity of political, social and organizational contexts" within which it is being implemented within and across different countries and regions (WHO 2020: 4). This diversity and range of experiences and contexts in the movement illustrates the localising effect and success of the global theorising idea that is Healthy Cities, spanning more than 30 years. Cork city is no different with its unique political, social and organisational context. We have described in this chapter the background within which Cork as a Healthy City spawned and evolved since 2008. An inter-agency collaborative approach has always been at the heart of the movement in Cork city. Ensuring that political leadership from within Cork Healthy Cities drives the policy agenda in the local authority, synergising the movement's actions with the city development plan, has been crucial in the work of the movement in Cork and will continue to be so going forward.

GENERIC LEARNINGS

1. The driving force underpinning the work of Cork Healthy Cities has been the passion of those involved, their openness and ability to work in a collaborative way – their power to act- has meant that all the work since 2009 has crystallized into genuine action, as is illuminated across the pages of this book. Therefore, **Commitment + Passion + Power = Genuine Action**

2. Employing a person in the **role of Cork Healthy Cities Coordinator** who has the freedom to operate between the local authority and the health services is a key strength of the experience of Cork.

3. **Practitioners, community groups and collaborators** are facilitated to come together to at inter-agency level under the platform of Cork as a Healthy Cities. This brings with it countless opportunities for intersectoral partnership and collaboration.

4. It is vital for **scholars in higher education** to engage in local public health action such as Cork Healthy Cities. It is by bringing together the diversity of knowledge, expertise and experience that genuine intersectoral action for health can become a reality.

5. All **policy actors** working in national and local government are vital partners in creating, driving and embedding intersectoral action for health and wellbeing.

6. **Locally elected representatives** must be involved in the work and stewardship of any local action movement such as Cork Healthy Cities. The democratic mandate local politicians have and their role in driving policy in the local authority means their involvement in such movements is necessary and legitimising.

REFERENCES

ASHTON, J. R. 2002. Healthy cities and healthy settings. Promotion & Education, 12-4.

BLACK, D., SCALLY, G., ORME, J., HUNT, A., PILKINGTON, P., LAWRENCE, R. & EBI, K. 2019. Moving Health Upstream in Urban Development: Reflections on the Operationalization of a Transdisciplinary Case Study. Global challenges, 3, 1700103-n/a.

CCC 2022. Cork City Development Plan (2022-2028). Cork City Council.

CORK HEALTHY CITIES 2018. Cork Healthy Cities Action Plan, Phase VII. 2020-2030 Cork: Cork Healthy Cities

DE LEEUW, E. 2012. Healthy Cities deserve better. The Lancet, 380, 1306-1307.

DE LEEUW, E. 2017. Healthy Cities are back! (They were never gone). Health Promotion International, 32, 606-609.

DE LEEUW, E., GREEN, G., TSOUROS, A., DYAKOVA, M., FARRINGTON, J., FASKUNGER, J., GRANT, M., ISON, E., JACKISCH, J., LAFOND, L. J., LEASE, H., MACKIEWICZ, K., ÖSTERGREN, P.-O., PALMER, N., RITSATAKIS, A., SIMOS, J., SPANSWICK, L., WEBSTER, P., ZAMARO, G., CROWN, J., KICKBUSCH, I., RASMUSSEN, N., SCALLY, G., BIDDLE, M., EARL, S., PETERSEN, C., DEVLIN, J. & NETWORK, O. B. O. T. W. H. O. E. H. C. 2015. Healthy Cities Phase V evaluation: further synthesizing realism. Health Promotion International, 30, i118-i125.

DE LEEUW, E., HARRIS, P., KIM, J. & YASHADHANA, A. 2021. A health political science for health promotion. Global health promotion, 28, 17-25.

DHSSPS 2013. Making Life Better- A Whole System Strategic Framework for Public Health, 2013-2023. Belfast: Department of Health, Social Services and Public Safety.

DOH 2013. Healthy Ireland, A Framework for Improved Health and Wellbeing, 2013 – 2025. Dublin: Department of Health, Ireland.

DOH&C 2001. Quality and Fairness- A Health System for you. In: CHILDREN, D. O. H. A. (ed.). Dublin: DoH&C.

GOVERNMENT_OF_IRELAND 2021. Sláintecare Implementation Strategy & Action Plan 2021—2023. Dublin, Ireland: Government of Ireland.

HALL, C., DAVIES, J. & SHERRIFF, N. 2009. Health in the Urban Environment: A Qualitative Review of the Brighton and Hove WHO Healthy City Program. Journal of urban health : bulletin of the New York Academy of Medicine, 87, 8-28.

HSE. 2023. WHO Healthy Cities (Ireland) [Online]. Dublin, Ireland: Health Services Executive Ireland. Available: https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/howweimprovehealth/who-healthy-cities.html [Accessed].

LEE, A. & NAKAMURA, K. 2021. Engaging Diverse Community Groups to Promote Population

Health through Healthy City Approach: Analysis of Successful Cases in Western Pacific Region. International Journal of Environmental Research and Public Health, 18, 6617.
O'MULLANE, M. 2015a. Health Impact Assessment and policy development: The Republic of Ireland and Northern Ireland, Manchester, Manchester University Press.
O'MULLANE, M. 2015b. Making a difference: informing local policy. In: O'MULLANE, M. (ed.) Health Impact Assessment and policy development The Republic of Ireland and Northern Ireland. Manchester: Manchester University Press.
O'MULLANE, M. & QUINLIVAN, A. 2012. Health Impact Assessment (HIA) in Ireland and the role of local government. Environmental Impact Assessment Review, 32, 181-186.
PINEO, H. 2022. Towards healthy urbanism: inclusive, equitable and sustainable (THRIVES) – an urban design and planning framework from theory to praxis. Cities & Health, 6, 974-992.
TSOUROS, A. 1990. World Health Organisation Healthy Cities Project: a project becomes a movement (review of progress 1987 to 1990). . Copenhagen: World Health Organization/ FADL.
TSOUROS, A. 2016. Strategic Outlook of Healthy Cities in Europe Geneva: Division on Policy and Governance for Health and Wellbeing at the WHO Regional Office for Europe. .
TSOUROS, A. 2019. City Leadership for Health, Equity, and Sustainable Development. Urban Health. Oxford University Press.
TSOUROS, A. D. 2015. Twenty-seven years of the WHO European Healthy Cities movement: a sustainable movement for change and innovation at the local level. Health Promotion International, 30, i3-i7.
UN 2015. Transforming our World: The 2030 Agenda for Sustainable Development. Geneva, Switzerland: United Nations, Department of Economic, Social Affairs and Sustainable Development.
WHO 1981. Global Strategy for Health for All by the Year 2000. Geneva World Health Organization
WHO 2013. Helsinki Statement on Health in All Policies. Finnish Presidency, European Commission: World Health Organization.
WHO 2017. Shanghai Consensus on Healthy Cities 2016. Health Promotion International, 32, 603 – 605 .
WHO 2020. Healthy cities effective approach to a rapidly changing world. Geneva, Switzerland: World Health Organization.
WHO 2022a. Bending the trends to promote health and well-being: a strategic foresight on the future of health promotion. Geneva, Switzerland: World Health Organization.
WHO 2022b. WHO European Healthy Cities Network [Online]. Available: https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network [Accessed 4.4.2022].
WHO 2023. One Health. Geneva: World Health Organization.
WHO. 2023. What is a healthy city? [Online]. Geneva, Switzerland: World Health Organization. Available: https://www.who.int/europe/groups/who-european-healthy-cities-network/what-is-a-health-city [Accessed].



"To make Cork a healthier city, I would make more pedestrian only streets and plant plants all the way down the streets. That way the air would be cleaner with no cars."

Giorgia, age 13, Cork Educate Together Secondary School



"I would like to see more skate parks around the city. Another big playground with slides and swings."

Julie, age 8, Cork Educate Together NS



Front cover of the Cork City Profile (2014)

With thanks to the following for their contributions:
Denise Cahill, Cork Healthy Cities Coordinator; Eoin MacCuirc former Assistant Principal, IT Systems User Support, Central Statistics Office; Deirdre Lee, Founder Derilinx; Ronan Gingles, EU Affairs Coordinator, Cork City Council Sandra O'Meara, RAPID Coordinator, Cork City Council; Stephen Murphy, Social Inclusion Specialist with responsibility for health activity Cork City Council; Adrienne Rodgers, Director of Services, Cork City Council; Rebecca Loughry, Social Inclusion Specialist Cork City Council and HSE; Many thanks to Marian O'Reilly for proofing the chapter's references.

Chapter 5
Cork Healthy Cities City – Profile Work: The process and lessons learned

Judy Cronin and Lorcan Griffin

INTRODUCTION

Health can be improved or harmed by social policy, transport policy, education policy and the built environment and has a particular impact on vulnerable groups in society. Extensive research has shown that differences in social and economic circumstances lead to deep inequalities in health outcomes (Elwell-Sutton *et al.*, 2019). Most people live in or near cities and urbanisation remains a significant challenge for city development and for the creation of healthy and liveable cities with equitable health and wellbeing for all its citizens.

The development of a City Profile is a prerequisite in the designation of cities to the World Health Organisation European Network of Healthy Cities (WHO-EHCN). According to the WHO-EHCN, a city health profile provides the evidence base for health planning at city level (Webster and Lipp, 2009). A City Profile is designed to translate the WHO principle of '*health for all*' into local level practice at city level by measuring urban health (taking a regular temperature per se) over time to analyse emerging health trends and patterns. City Profiles provide the evidence base for healthy urban planning, bringing together key pieces of information on health and its determinants in the city, interpreting and analysing the information, informing the City Development Plan while setting out strategies and programmes of intervention to improve the health of a city's population (Webster and Lipp, 2009). The City Profile is central to the work of Cork Healthy Cities, we have developed an innovative inter-agency approach in identifying, sourcing, publishing and reporting on key local data. Cork has championed the importance of identifying inequalities within the city and has actively sought electoral district level data on the social determinants of health for small area and local health planning.

In the last decade, we have worked collaboratively with our stakeholders to evolve, develop and publish three City Profiles in 2011 (Cork Healthy Cities, 2012), 2014 (Cork Healthy Cities, 2014) and 2018 (Cork Healthy Cities, 2018).







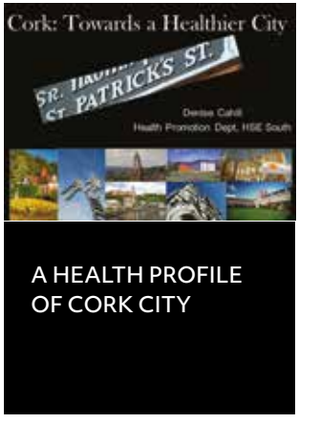
The Cork City Profile underpins the development of the Cork Healthy Cities Action Plan with data presented through a social determinants of health lens providing a snapshot of our city every four years and a regular review on how we are doing in terms of health in the broadest sense. Cork Healthy Cities is a key strategic principle in the Cork City Development Plan 2022 – 2028 (Cork City Council, 2022) and with this there is a requirement for regular and up-to-date data on health and its determinants. Primarily, Cork City Profile has become a resource for action planning/research, community health planning, area planning, service planning, supporting community & voluntary sector funding submissions and as an educational tool on the social determinants of health and urban health inequalities. This chapter will outline that exciting and evolving journey and the multiple opportunities that it has offered to utilise the data to advocate for systemic change in urban health planning at local and national level.

BACKGROUND

City Profiles are a key tool in measuring urban health and mapping data at a local level. By bringing together a wide range of key data stakeholders in Cork City and analysing a wide range of local data, an opportunity was created to look at the current picture and reflect on how health can be improved when agencies work together in partnership. The process of developing an inter-agency profile became an important catalyst for a change in mind set when stakeholders understand that urban health & wellbeing is not just the responsibility of the Health Service alone but is intrinsically influenced by decisions made by all sectors at city level. Cork City Profile is a key enabler in providing the evidence base for local health action. Accessing data at city administrative level remains a challenge and Cork Healthy Cities has been highlighting the need for local data that identifies inequalities within the city. The aim of a city profile is to improve the health of its city population and monitor progress over time. A partnership approach initiated by Cork Healthy Cities provided an opportunity in utilising Cork City Profiles as a planning resource to support locally funded action in tackling factors leading to poor/unequal health outcomes and positively influencing local city development plans.

THE PROCESS OF CREATING & DELIVERING THE CORK HEALTHY CITY PROFILE

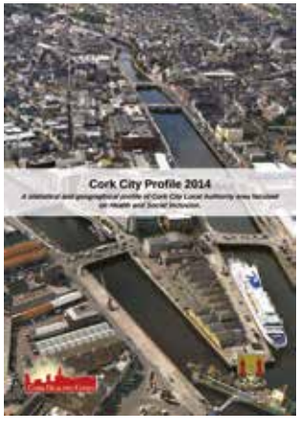
Cork Healthy Cities brings key data providers together to enhance City Profile information and data sharing



Agencies, businesses, educational institutions, organisations and communities develop policies and plan services across Cork city based on need. Access to relevant and up to date data is essential to support these planning processes. To be effective, a city profile needs to be useful in different settings and for different agencies, organisations and communities. Practical application of data from

the Census and other sources requires analysis at local and city level in a way that is accessible to everyone.

The first Cork City Health Profile in 2011 was a brief document summarising key data from the Irish Census and local public health reports of the time. The profile was compiled by a City Profile Coordinator employed by the Heath Service Executive for application to Phase V of the WHO-EHCN. In 2012 a decision was made at steering group level, to develop an inter-agency approach to the development of the second Cork City Health Profile. The realisation that a number of agencies across the city were replicating the development of similar (if not identical) profiles of data in Cork City stimulated a desire to reduce duplication and to pool resources to develop a larger and more comprehensive all-encompassing City Profile.



In April 2014, Cork Healthy Cities collaborated for the first time with relevant stakeholders across the city to produce the first inter-agency Cork City Profile 2014 – a statistical and geographical profile of Cork City Local Authority (Cork Healthy Cities, 2014). Cork Healthy Cities partnered with the Social Inclusion Unit at Cork City Council to co-fund the Cork City Profile as a joint and unique initiative. A broader inter-agency steering group was then established to support the development of the City Profile. The steering group comprised of members with knowledge and access to health data who oversaw the structure, content and final presentation of the profile working directly with the profile researcher.

Members of the Steering Group included representatives from:

- Social Inclusion Unit, Cork City Council
- Housing / Knocknaheeny Regeneration, Cork City Council
- Planning Unit, Cork City Council
- Traffic Department, Cork City Council
- Environment, Cork City Council
- Healthy Cities, HSE
- Public Health Department, HSE
- Applied Social Studies Department, Univesity College Cork
- Health Representative, University College Cork
- Cork City Partnership
- The Public Participatory Network
- Cork Environmental Forum
- An Garda Síochána
- Cork Fire Brigade

Funding was allocated to employ a researcher with dedicated time to engage with data stakeholders, oversee and ultimately compile local analysis of the data for the profile. While the relevant expertise was available across the Cork City profile steering group, the presence of an independent researcher to focus on the task at hand and engage with multiple city wide data sources was essential.

In joining forces, a collaboration was established with colleagues with a shared agenda, opening up the opportunity to explore what data was available, pooling resources/effort and sharing local and institutional data to effectively improve the final report. Terms of reference were agreed and the purpose of the steering group was as follows:

- To guide, with expertise and knowledge, the development of a comprehensive and inclusive Cork City profile.
- To determine the parameters of the Cork City profile and to support the development of the final report through a working group of representatives.
- To ensure that the development of the Cork City profile is accessible and useful to statutory services, voluntary organisations, and communities, across the city enabling them to prioritise their objectives, service delivery and inform planning into the future.

Taking this collaborative approach in partnership with the Social Inclusion Unit at Cork City Council generated a mutually beneficial and resource efficient process for the development of the Cork City Profile that has stood the test of time.

In partnership and with the agreement of the Cork City profile Steering group the researcher created a report structure that incorporated dedicated chapters that told the story of Cork city through the lens of the social determinants of Health;

- Demographics
- Economy
- Employment
- Education
- Migration
- Diversity
- Families and living arrangements
- Housing
- Crime
- Alcohol, drug use
- Homelessness
- Transport, Mobility, Communications, Environment, Climate
- Recreation
- Social Class
- Affluence
- Poverty and Deprivation

Data compares Cork City to the national context for each of the above social determinants of health indicators and is mapped to visually demonstrate geographical differences. Patterns of inequality emerged through these maps with maps for low educational attainment, high unemployment, deprivation and low levels of self reported health status practically identical.

Based on the needs of the community organisations at the steering group level the inclusion of supplementary small area data at Electoral Division was agreed and tables were created for each electoral district comparing the social determinants of health in that area to national and city wide data. Two pages are allocated to each of the 74 EDs in Cork City and the EDs are organised alphabetically. The first page contains a satellite image and street map of the



Image 1: The Cork City Profile 2014 was officially launched in 2015 with invited media and guest speakers maximising its impact and key messaging around health inequalities.

ED and its boundaries, along with an overall analysis of its socio-economic characteristics.A summary paragprah on each Electral district was also generated – see example of one ED in Cork City – Ballinlough A (Cork City Council, 2014).

'The process of the engagement was as important as the finished product of the Cork City Profile. By working together in this way we created a space to consider and explore the social determinants of health in Cork City, present geographic differences and include data on communities of interest and marginalised groups that are frequently overlooked. We effectively produced a snapshot of our city's health profile, a resource for city planning, a strong partnership for action on the social determinants of health and a teaching tool for students'

Denise Cahill, Healthy Cities Coordinator

Following the publication and launch of the Cork City Profile 2014 (Cork Healthy Cities, 2014) the interagency steering group reconvened in 2016 to reflect on the process and troubleshoot suggestions for improvements for the next iteration in 2018. A survey was circulated to key agencies across the city seeking feedback on the content and their use of the profile.

A number of key stakeholders included;

Cork Local Sports Partnership reported use of the profile in applying for funding for projects targeting specific disadvantaged populations (targeting those with low level educational achievement and people with disabilities) in regions across the city.

Cork City Council reported utilising the City Profile for the development of Cork Cities Local Economic and Community Baseline Report Plans. Using a comparative analysis approach of different indicators at city, sub-city and state level, the profile was utilised in providing a context for how the city can implement the best actions most efficiently and effectively.

Age Friendly Cities have utilised the City Profile in seeking and acquiring WHO Age Friendly City status.

The research team at **University College Cork** (UCC) reported utilising the City Profile to assist in the evaluation of the Regeneration of Knocknaheeny. According to the TRUTZ - HAASE Deprivation score used in the CSO 2016 Census, Knocknaheeny is (one of 5 Electoral Districts (ED's) alongside Fairhill B, Farranferris B, Mayfield and Gurranabraher A with the lowest (Most Deprived) Deprivation Index Scores in Cork City TRUTZ HAASEE (Cork Healthy Cities, 2018). Teaching staff in UCC have used the City Profile as a tool to teach students about the social determinants of health and the presentation of data in a user-friendly manner to highlight areas of affluence and deprivation across the City.

The **Health Service Executive** has utilised the profile to plan social inclusion measures in areas of the city and many community groups have utilised Section II of the profile to plan services for their geographical areas.

There was positive feedback on the usefulness of the Cork City Profile from a range of statutory, voluntary and community organisations across the city. Agencies reported highest satisfaction with the mapping and analysis of the electoral division geographical level.

See responses to the survey from a sample of respondents below.

"The maps and their analysis were particularly useful and created a greater understanding of the City Profile on a macro level, the analysis of the small area data was excellent, it highlighted thematic areas which were of significance and allowed the organisation to focus research resources to explore these areas in depth."
Togher Family Centre, Cork

"The specific area information is very helpful for geographic based groups."
Ballyphehane/Togher Community Development Project

"The excellent visual representations were used to explicate and visualise the position of (our area) in relation to other areas and to trigger a deeper analysis of these issues"
Togher Family Centre, Cork

The review also asked agencies for any suggestions for improvement that could be taken into account for the planning of the 2018 profile. Of significance was a requirement that any future city profile provide data in a more accessible format for agencies to download with the inclusion of interactive maps and greater use of infographics. Agencies felt that the 2014 profile, while highly useful to them, was restrictive when they tried to interrogate and extrapolate the data for their own purposes. Respondents were looking for;

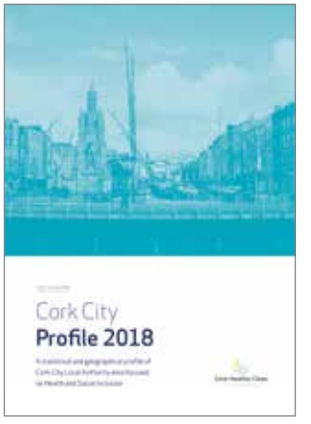
"More interactive maps please – downloadable data perhaps"
Irish Cancer Society Development Officer

"We are currently looking at the use of infographics – maybe it would be worth considering presenting the info for different sections in this way? The full document is not as accessible to use if you just want to pick out specific stats."
Physical Activity Co-Ordinator Health Service Executive

"Make the profile available online in responsive design so it can be read on handheld devices and that the data can be accessed in open data format and bulk download."
Central Statistics Office, Cork

"A move away from text heavy sections and towards a more graphic content with key facts highlighted would make it more accessible for the non-statisticians and adaptable for use by different stakeholders."
Planning Department, Cork City Council

In 2018, the funding collaboration with the Social Inclusion Unit at Cork City Council was re-established due to the success of the partnership in 2014 and was extended to engagement with the Central Statistics Office (CSO) and other partners. Keen to address issues raised by the survey and explore options that could improve data accessibility for our stakeholders, the steering group was keen to explore the successful methodology employed from the previous Cork City Profile (2014) (Cork Healthy Cities, 2014) while exploring the development of a national online profile to allow for online interrogation and extrapolation of the data. Engaging with the CSO was hugely beneficial in progressing this agenda.



"The Cork City Profile is a fantastic use of data, informing people making decisions at a local level to benefit their communities."

Eoin MacCuirc
Assistant Principal, IT Systems User Support, Central Statistics Office

In 2018, two City Profile inter-agency steering groups were established. One that focused on the production of a City Profile Report (Cork Healthy Cities, 2018) based on the latest census 2016 data and another group that focused on development of the mapping element of the profile at ED level to include a unique proposal to explore options for extending the mapped ED data beyond census data to include open source data from other agencies (e.g. HSE, Local Authority, National Cancer data and National Suicide Research data). The plan was to produce this part of the profile in an electronic and online format for Cork City with the intention that it be scaled up for all electoral districts nationally in partnership with the CSO and Ordnance Survey Ireland. This unique proposal was part of a broader EU linked open data project and UN linked international partnership to produce a Sustainable Development Goals (SDGs) data hub where emphasis is placed on visualising data spatially with interactive maps utilising local, national and international data. The Cork City Profile with its emphasis on SDG indicators for health, education, environment and cities was seen as the ideal local pilot site for this project.

This has proved to be an exciting and innovative approach facilitating a greater multi-sectoral, collaborative endeavour that aimed to provide citizens and policy makers with access to insightful, accessible and visually appealing information at a local level across multiple sources, informing the future. A key objective was a shared approach to enhance information and data sharing aimed at tackling health inequalities with an emphasis on improved data

visualisation. While this project is a work in progress, Cork Healthy Cites Profile continues to influence work in this area within the CSO and other open data driven initiatives where we can.

Cork Healthy Cities remains engaged with the CSO and other key open data partners in exploring options for facilitating the use of linked open data that would allow the general public and our stakeholders to explore statistics about their area interactively online through available user-friendly mapping and data visualisation interfaces.

The CSO in 2022 launched their PxStat SAPMAP (Central Statistics Office, 2022) interactive mapping application which will greatly enhance the technological ability to interrogate CSO data and other open data sources at a lower geography (where the data is publicly available and in the correct format) providing more graphic content presented in a user-friendly format. The potential for future Healthy City and county profiles will be greatly enhanced through use of widget code from the PxStat SAPMAP CSO site facilitating the potential (on publication of census 2022 data) for the creation of our own City and County Profile dashboards within our website that will automatically update content as it is refreshed on the CSO website. There also includes the facility to download as a PDF document. Through PxStat the data is available as an application programming interface (API) and as full file downloads to facilitate any further development work.

Similarly, access and training on the Health Service Executive – Health Atlas Finder (a health intelligence platform that supports better health through research, available data, area profiling and mapping tool) is now more widely available to research colleagues and those working across local authorities following training and licensing request.

In parallel, the EU Open Data Directive is driving an agenda to address how public organisations share and publish their data. Cork Healthy Cities has also been engaging with the Department of Public Expenditure and Reforms (DPER) Data.Gov.ie - Hale and Hearty (2022) EU funded project that aims to make health and wellbeing information more easily accessible to the public. This initiative gathers health and wellbeing open data from a wide range of organisations, including the CSO, HSE, Sport Ireland and Local Authorities, which at a granular level provide citizens with mapped local data in a number of contexts.

"The engagement of Cork Healthy Cities in the Hale and Hearty project has been invaluable. Their feedback and collaboration helps us to understand real user needs, focus on key user groups and requirements, and develop a solution that will deliver practical value to people and communities."

Deirdre Lee Founder, Derilinx

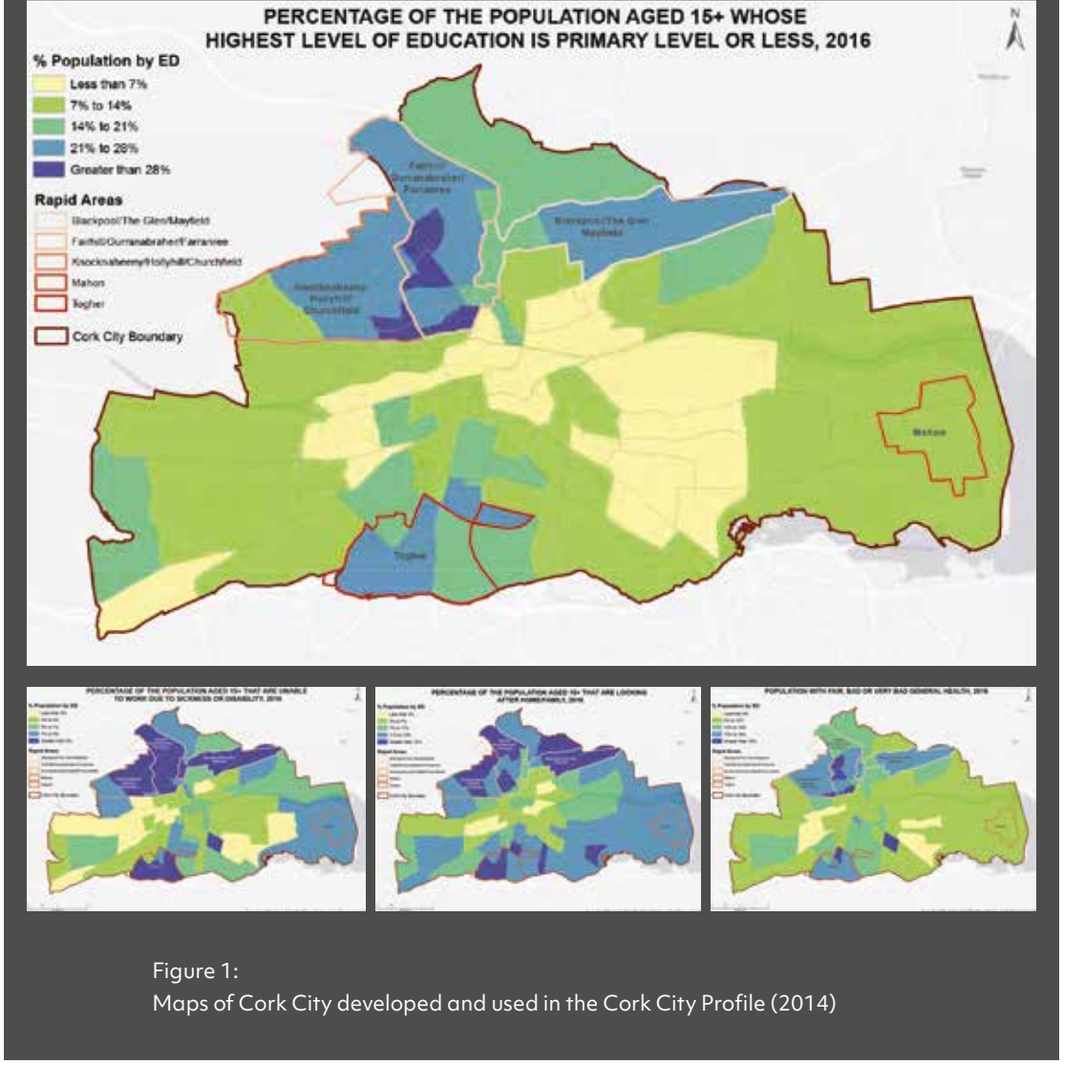


Figure 1:
Maps of Cork City developed and used in the Cork City Profile (2014)

"Maintaining a strong focus on social inclusion has been a guiding ethos of Cork City Council over the last number of years and the Cork City Profile is at the centre of this work. The Profile been used by Cork City Council to inform our decision making in relation to service provision and it has been a key resource to several large funding applications including national and European funding. I have no doubt that the City Profile has contributed to the city's success in securing significant additional funding to respond to the needs that analysis of the profile has highlighted. Funding applications for targeted & innovative health programmes are among those successfully made by Cork City Council, and our inter-agency partner groups."

Adrienne Rodgers – Director of Services Community culture & Placemaking, Cork City Council

The Cork Healthy Cities Profile has allowed for the dovetailing of planning and delivery services to reduce duplication and enabled the leveraging of both local and national funding. Recognising the key role played by the social determinants of health, Cork City Council employs the Cork City Profile in its annual planning process across the organisation. The Directorate of Community Culture & Placemaking utilises the data for area-based planning and the targeted delivery of services with a particular focus on RAPID (Revitalising Areas through Planning Investment and Development) areas in the city. RAPID works with communities across Cork City focusing on areas designated as disadvantaged. The focus is on communities, the voluntary sector and agencies working together in partnership.

The Cork City Profile facilitates drilling down to the small areas in terms of analysing and anticipating future needs of communities. Cork City Profile is used on an annual basis in the development of the Social Economic and Environmental Plan (SEEP) as part of the City Northwest Regeneration. The specific data contained in the Profile in relation to the northwest of Cork City is beneficial in setting out a needs-based approach to this targeted funding stream. Cork City Council collaborates on several initiatives with the HSE, Cork Education Training Board (CETB), Cork Learning Cities, RAPID, and Healthy Cities.

During the COVID pandemic an inter-agency Community Response Network led by Cork City Council was established. The city was divided virtually into 16 areas, allowing for the provision of emergency response, through local multi-disciplinary teams in the community. Each team used the City Profile to review their area to gain a base line understanding of the population break down and determine the various needs that might arise during the pandemic.

"What sets the Cork City Profile apart from other sources is the specificity to the City and the fact that it goes beyond the census data making other information sources accessible and using them to reflect the local experience of what it is like to live in a diverse and expanding city. The city profile names several challenges set in the frame of the Social Determinants of Health but it also highlights all the hard work that has been done to create strong cross sector collaborations, innovative solutions and the sharing of best practice across all sectors in the city."

Rebecca Loughry (Specialist Social Inclusion, Community, Culture and Placemaking) Cork City Council & HSE

Looking to Europe – the significance of the Cork City Profile from the perspective of Cork City Council

Over the last 5 years, an increasingly outward-looking Cork City Council has been consciously seeking to inform and add value to the delivery of its strategic objectives by collaborating in-depth with organisations across Europe, including peer cities facing comparable challenges and recognised experts in specific fields. In doing so, Cork City Council has contributed to numerous partnership applications to EU-supported initiatives of which 25 have won approval, and some funding, to implement multiannual projects.

These opportunities allow Cork an inside track on addressing given issues as part of structures where collective knowledge is pooled in search of groundbreaking solutions. This provides a range of learning benefits such as comparative performance benchmarking on shared concerns; exposure to different perspectives from elsewhere and to how responses are delivered (e.g., stakeholders' input); access to specialist insight and tailored advice; incorporating innovative technologies; and locally trialling the deployment of new approaches on the ground. The topics covered by Cork City Councils portfolio range across the entire organisation, with examples including the integration of play into social inclusion and placemaking (*Playful Paradigm*, coordinated locally by Cork Healthy Cities); deploying nature-based solutions to inform compact city development in the Docklands (*Urban Agenda Partnership for Sustainable Land Use*); and co-creating climate action at community level (*INTENSIFY* and *REACHOUT*).

"In the competitive world of EU funding, being able to point to a credible evidence-base to justify your credentials provides an applicant with a distinct advantage to build upon. The Cork City Profile has served Cork City well in that regard. The whole-of-city outlook underpinning its data has contributed to being able to formulate rounded, bottom-up and place-based responses to some of the complex contemporary issues where EU initiatives are required to make a pronounced contribution. Increasingly, solutions are recognised as needing to be of a multifaceted nature and the Profile's treatment of health not in isolation but as a barometer of the wider socio-economic, and environmental, picture of the city is advantageous in this sense also."

Ronan Gingles, EU Affairs Coordinator, Cork City Council

With the 7-year EU funding period gradually renewing as of late 2021, and with the post-COVID recovery to the forefront of policy thinking in Brussels as everywhere, public health has stepped out of the shadows in the design of the emerging set of programmes. This has dovetailed with the dominant green agenda of these times to give well-being concerns a prominence as never before. Nowhere is this more evident than in relation to making the resilience of our cities contingent on their attractiveness, including the presence of nature, and on the quality of life they provide to all their inhabitants, regardless of means. With health as a key consideration in this equation, this is a niche that Cork City Council, working in tandem with local partners, can target on the European stage over the coming years through programmes such as Horizon Europe and the various INTERREG schemes.

IDEAS, PRACTICAL SOLUTIONS LEARNED IN DOING THE CORK CITY PROFILE

- Bringing **multiple city-wide stakeholders** together to create an inter-agency profile project team with a strong commitment in providing their time and expertise has been the key in successfully producing Cork Healthy Cities City Profiles in the last decade.

- Joining forces with the Social Inclusion Unit at Cork City Council to **co-fund** the Cork City Profile has been mutually beneficial in developing a more comprehensive Cork City Profile.

- Setting funding aside to contract a **researcher** with dedicated time to engage with data stakeholders, oversee and compile local analysis of the data for the profile was essential. While the relevant expertise is available across our City Profile Steering Group having an independent researcher that can focus on the task at hand and engage with multiple city wide data sources has worked well.

- Creating a report structure that incorporates elements and sections that have dedicated chapters that address the **social determinants of health** such as Economy, Employment, Education, Migration, Diversity, Families and living arrangements, Housing, Crime, alcohol, drug use

and homelessness, Transport, Mobility, Communications, Environment, Climate, Recreation, Social Class, Affluence, Poverty and Deprivation as well as the demographics in the City are important elements to a City Profile report. The inclusion of supplementary small area data at Electoral Division enhances the use of the data by many community and voluntary groups.

- Officially **launching the report** with invited media and guest speakers to maximise its impact and key message particularly those around health inequalities is important in raising awareness of the report and its key messages.

- Creating an **infographic** (figure 2)– if "Cork was a City of 100 people". A key suggestion for improvement from our agencies for future profile development work was the inclusion of infographics. This info graphic has been widely used in presentations and provides a very relatable snap-shot of the city to non-statisticians.

- Taking the Profile on a **"road-show"** and using it as a tool to inform local communities and others - it is important to share learning's from City Profile work with the broader community. Opportunities to engage the public with the profile. Presentations in city libraries during the Cork Lifelong Learning Festival have encouraged the public to learn about the social, economic and cultural make-up of their city and help inform public participation in reviews, initiatives and policy developments or actions in Cork City.

- Seeking feedback from stakeholders on the profile, its value to their organisations and suggestions for improvements.

- Presenting the profile to the Local **Authority Corporate Management Team** within the City and ensuring that the Healthy City Plan informs the City Development Plan.

- Using any opportunity to **present** the report to stakeholder organisations across the City.

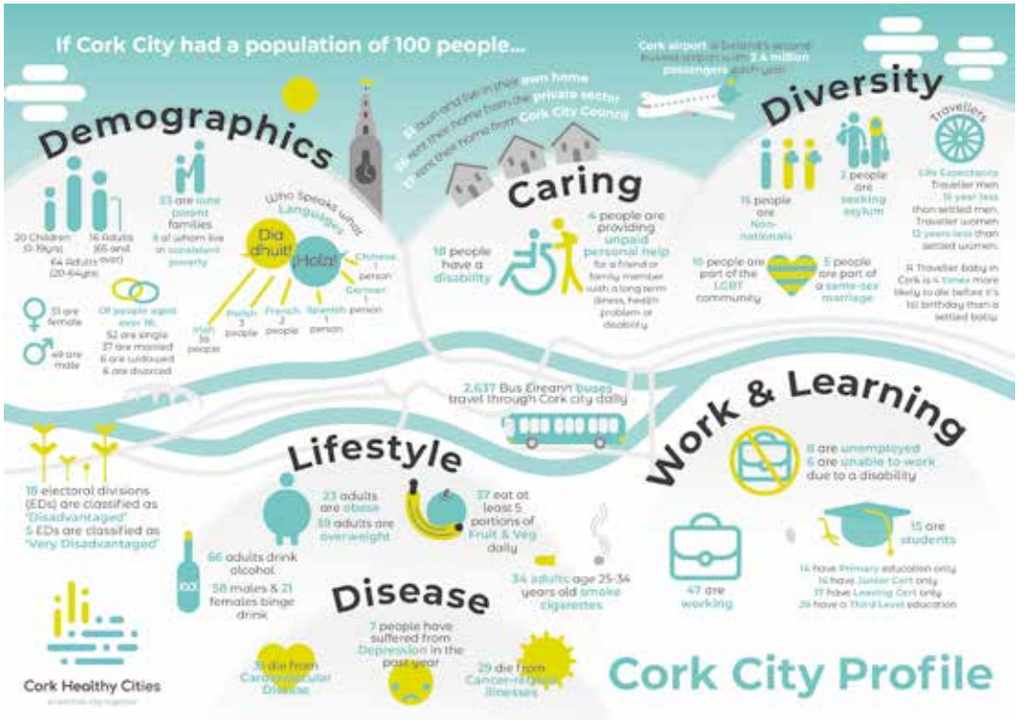


Figure 2: Infographic created, based on Central Statistics Office 2016 Census data

CONCLUSIONS

> "To address inequalities in health in Europe, our first step must be to address the inequalities in health information. All too commonly where health is poorest, health information tends to be poorest. Health information is absent or incomplete just where we need it most. Health information is crucial in all countries, rich or poor"
> – Sir Michael Marmot (WHO, (2017a).

In Ireland, there is a lack of data at a local level, limited sources of health outcome data available at a small area level, data not routinely published below county-level, a lack of comparable data relating to healthcare and limited cross-sectoral collaboration (Sheehan and Casey, 2016; Teljeur *et al.*, 2016; Connolly *et*

al., 2022). According to the ESRI, "consistent harmonisation in demographic and socio-economic indicator methodologies would allow for comparison across demographics and the availability of multiple sources of linked data would enable researchers to examine inequalities." (Duffy, K et. al, 2022). By addressing, the deficit of data at a lower geography will help us understand what is happening at a local level and help highlight health inequalities. One such measure of inequality is Life Expectancy. Life expectancy is the primary identifier of health inequalities. Currently we do not have this data publicly available at a small geography in Ireland. Life expectancy is a long established and internationally recognised best summary measure of health outcome. Cork Healthy Cities in collaboration with its stakeholder's is striving to ensure data at administrative level that more readily identifies inequalities is available and actioned – a necessary measure in targeting services.

Cork City Profiles play an integral role in local decision making and planning. Our Profiles are actively used by multiple agencies to inform action on local projects and targeting specific areas of deprivation in the city. Co-production is at the root of all Healthy City projects – communities are an integral part of any local initiatives. Over the last decade, our profiles have informed the City Development Plans and the creation of a Healthy City. According to the WHO-EHCN "it is not sufficient to produce glossy reports on the problems faced by communities; what is vital is to use the information to campaign on behalf of the community, involving people in their own local initiatives to improve health. It is essential that profiles feed into plans and that the information gathered is reflected in the city development plan" (Webster and Lipp, 2009).

GENERIC LEARNINGS

Practitioners/state officials/private sector businesses

- City Health Profile is a significantly important **tool** for practitioners, state officials (in particular Local Authorities) and those working in the private sector. They provide the evidence base to support service planning and resource allocation. Cork City Profiles have actively informed the City Development Plans for the City over the last decade.
- Cork Healthy Cities has always taken a **social determinants of health** approach to the development of its City Profiles. We have actively encouraged a focus on deprivation and ill-health in all our reports and prioritised the connection between health and how it can be influenced by social policy, transport policy, education policy and the built environment.
- We use the Health Profiles as our **platform to engage** practitioners, state officials, our local authority and the private sector in making the connection between inequality and health and actively encourage initiatives to address these locally where we can.
- However, we are limited in what we can do, particularly by our funding and resources.

Academics/researchers/students

Partnerships with **University and academic/research institutions and students** is significantly important to City Profile work and to the overall work of Cork Healthy Cities. We will continue to work in close partnership with University College Cork and Munster Technological College Cork for the combined expertise in supporting a wide range of research, evaluations, literature reviews and engaged research partnerships to support the on-going work of Cork Healthy Cities in providing insight into how best we can influence equitable health and wellbeing in our city.

Policy-makers (Local, National, European)

- Collaboration at **local, national and European level** policy-making is key in building on work already under-taken across various departments in ensuring that we continue to work at making bespoke data that improves population health available.
- The Government of Ireland, *First Report on a Well-Being Framework for Ireland (*the Government of Ireland, 2021*)* (in

response to the *OECD How's Life? 2020 Measuring Well-Being* report (OECD, 2020)), in working with the CSO has created a **Well-Being Information Hub** (Central Statistics Office, 2022)/ dashboard with measures focussed on Person, Place and Society measuring life and progress in Ireland, through a cohesive set of high-level inequality indicators that facilitate international comparability. This is a welcome initiative where data gaps particularly around inequalities and well-being within the Irish context are acknowledged and recognised in the report with the CSO taking a phased approach to closing these data gaps.

- According to the report – "the CSO have identified several stages to progressing the availability, access and usability of relevant data for the Well-Being Framework. The first stage is identifying data gaps, with an intention to reduce these gaps progressively across future iterations of the Framework. Three types of data gaps are outlined in the report
  1. Data that exists, but the CSO does not have ownership of the data for the purpose of the dashboard;
  2. Data that exists, but is collected infrequently or on an ad-hoc basis and prevents thorough analysis of trends and changes over time, or that does not provide sufficient disaggregation to explore certain inequalities;
  3. Data that does not exist, or is not collected in an appropriate way, or to a sufficient standard."(The Government of Ireland, 2021).

- At European level, it is acknowledged that **comprehensive health information systems** are required to identify trends in health inequalities, health outcomes and in the identification of risk exposure in vulnerable groups (EuroHealthNet, 2018). The European Health Information Initiative (EHII) vision is for integrated, harmonised health information systems that exchange expertise, build capacity and harmonise data collection that address the following underlying values:
  - Maintaining compatibility with existing monitoring frameworks, including global ones
  - Applying the life-course perspective
  - Aiming to reduce inequalities
  - Enhancing interagency collaboration
  - Enhancing inter-sectoral collaboration (WHO, 2017a).

The on-going inter-agency City Profile work in Cork is contributing to this set of values at a local level in an effort to provide the local evidence base for planning, influencing the city development plans and identifying initiatives and programmes of intervention to help improve and reduce health inequalities. In doing so, we continue to explore innovative ways of providing access to data relevant for measuring health equity. However, difficulties have arisen and remain in accessing suitable data both at a local level and in the open format required to make it accessible and responsive with data gaps impacting availability of data on health inequalities.

Significant challenges still need to be addressed at local, national and European level in ensuring comparability of data across sectors in use of consistent geographies, classifications, standardisation methodologies and adhering to a common code of practice for producing data. In Ireland, we are now seeing our policy makers and key data providers making the first steps in addressing this deficit and opening up discussions to allow for the next important steps to standardise the collection of national datasets, (i.e., inclusion of ethnic identifiers), make data available at a lower geography and structure our data in a consistent classification scheme that facilitates a more open and accessible format. We can do this by working more collaboratively, engaging with stakeholders, and more efficiently using existing resources and new emerging technologies. Cork Healthy Cities Profile work can be a key enabler to this agenda.

REFERENCES

Central Statistics Office. (2022). *PxStat SAPMAP Census Interactive Mapping Tool*. Available at https://visual.cso.ie/?body=entity/ima/cop/2016 (Accessed March 2022)

Central Statistics Office. (2022). *Well-Being Information Hub/dashboard*. Available at https://www.cso.ie/en/releasesandpublications/ep/p-wbhub/well-beinginformationhub/ (accessed March 2022)

Connolly, S., Brick A., O'Neill, C., O'Callaghan, M. (2022).*An Analysis of the Primary Care Systems of Ireland and Northern Ireland, ESRI Research Series* No 137. Available at https://www.esri.ie/publications/an-analysis-of-the-primary-care-systems-of-ireland-and-northern-ireland (accessed March 2022).

Cork Healthy Cities; Cork – Towards a Healthier City – A Health Profile of Cork City, January 2012

Cork Healthy Cities (2014). *Cork Healthy Cities, Cork City Profile 2014 – A Statistical and Geographical Profile of Cork City Local Authority Area focussed on Health & Social Inclusion*. Cork Healthy Cities and Social Inclusion Unit, Cork City Council. Available at https://corkhealthycities.com/wp-content/uploads/2018/10/CORK-CITY-PROFILE-FINAL_COMPRESSED.pdf (accessed 1 March 2023)

Cork Healthy Cities (2018). *Cork Healthy Cities, Cork City Profile 2018 - A Statistical and Geographical Profile of Cork City Local Authority area focused on Health and Social Inclusion*. Cork Healthy Cities and Social Inclusion Unit, Cork City Council. Available at https://corkhealthycities.com/publications/cork-city-profile-2018/ (accessed 1 March 2023)

Cork City Council. (2022). *Cork City Development Plan 2022 – 2028, Cork City Council*. Available at https://www.corkcity.ie/en/cork-city-development-plan/ (Accessed 1 March 2023)

Duffy, K., Connolly, S., Nolan, A., Maitre, B., (2002), Unequal Chances? Inequalities in Mortality in Ireland, Research Series 145, September 2022, Economic and Social Research Institute. Available at https://www.esri.ie/system/files/publications/RS145_3.pdf (accessed March 01 2023)

Elwell-Sutton, T., Marshall, L., Volment, B. J., Volment, A. (2019). *Briefing: Reframing the conversation on the social determinants of health*. The Health Foundation. Available at https://www.health.org.uk/sites/default/files/upload/publications/2019/Reframing-the-conversation-on-social-determinants.pdf (accessed 1 March 2023)

EuroHealthNet (2018). *Policy Precis, Making the link: Using Health and Social Data to monitor Health Inequalities*. Available at https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/PP_%20Health_Inequalities_07_WEB.pdf (accessed Dec 08th 2020)

Hale and Hearty. (2022). *Open Data for Health Wealth and Wisdom*. Available at https://haleandhearty.ie/open-data-for-health-wealth-and-wisdom/ (Accessed 29th Sept 2022)

Organization for Economic Cooperation and Development. (2020). *OECD How's Life? 2020 Measuring Well-Being*. Available at https://www.oecd.org/statistics/how-s-life-23089679.htm (accessed 02nd March 2023)

Sheridan. A, Casey, M. (2016). *Existing local Health Data Systems: a summary of the pre-event survey of participants*. Available at https://www.slideshare.net/IPHIreland/6-existing-local-health-data-systems-a-summary-of-the-preevent-survey-of-participants (accessed Dec 08th 2020)

Teljeur, C., Darker, C., Barry, J., O'Dowd, T. (2016). *The Trinity National Deprivation Index for Health and Health Services Research*. Available at https://www.tcd.ie/medicine/public_health_primary_care/assets/pdf/Trinity-deprivation-report-11-2019.pdf (Accessed Nov 2016).

The Government of Ireland. (2021). *First Report on a Well-Being Framework for Ireland.* Available at https://www.gov.ie/en/press-release/fb19a-first-report-on-well-being-framework-for-ireland-july-2021/ (accessed July 2021)

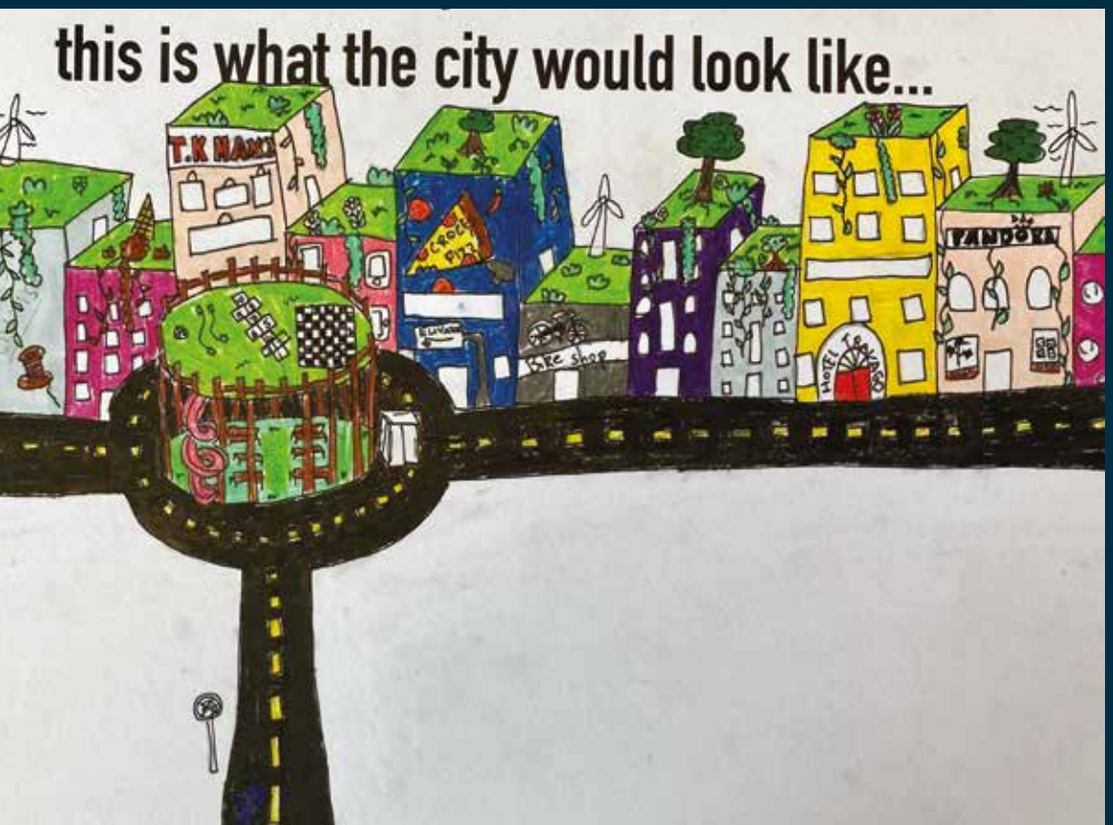
Webster, P., Lipp, A. (2009). '*The evolution of the WHO city health profiles: a content review'. Health Promotion International*, 24(S1), pp i56-i63. Available at https://pubmed.ncbi.nlm.nih.gov/19914989/ (Accessed 1 March)

World Health Organisation. (2017a). *European Health Information Initiative*. Copenhagen: World Health Organization Regional Office for Europe. Available at http://www.euro.who.int/__data/assets/pdf_file/0004/287275/EHII_Booklet_EN_rev1.pdf?ua=1. (accessed Dec 08th 2020)



“Cork would be a healthier city if people planted more plants, and if they started using electric cars and if they started using solar panels and wind mills.”

Alex, age 11, Blarney Street CBS



“In my picture, I have changed the city to have roof top gardens and wind power. I have banned all cars so everyone walks or cycles and there won’t be much traffic.”

Isabella, age 10, Cloghroe NS



Photo 1: Inter Agency Partners and Supports at the launch of the Rainbow Crossing on Patrick Street Cork City

With thanks to
Jim Sheehan, Siobhan O'Dowd, Cathy Buchanan, Aoife Ní Chonchuir, Grace Walsh, and John O'Sullivan for their generous contributions

Chapter 6
"MORE THAN A SEAT AT THE TABLE"
A Community and Voluntary Sector perspective on the development and activities of Cork as a Healthy City

Mary Cronin, Katherine Harford and Denise Cahill

Introduction

Cork city's strong tradition of community and voluntary sector partnership and activity has helped to shape the city's character by empowering those who live there, building on their aspirations for their families, communities, and the city as a whole. In recent years this vibrant sector was central to the designation of Cork as a World Health Organisation (WHO) Healthy City in 2012. This chapter presents a perspective from community and voluntary representatives reflecting on what participation in ten years of Cork as a Healthy City has meant for the sector, the health of the communities which they represent, successes and challenges, and importantly, looking to the future and asking 'what next'? Focusing on the ethos and practice of community development, representation, and participation, it documents how since Cork became a WHO Healthy City the involvement of the community and voluntary sector has gone beyond traditional consultation or just having a 'seat at the table', to being an active partner in planning, actions, and evaluation.

The chapter begins with an introduction to the key role of a community development approach within Health Promotion and how it has informed the role and contributions of the community and voluntary sector within the Cork Healthy City Steering Group. Three case studies are presented which illustrate and reflect on the opportunities created for a range of community and voluntary organisations to participate equally in, and benefit from, Cork's Healthy City designation. The fourth case study describes and reflects on an initiative developed over many years through a

partnership approach but which, to date, has not been implemented. We continue with discussion on the opportunities provided through Cork as a Healthy City to improve the social determinants of health, focusing on the structural determinants of health and social capital. The chapter concludes by considering emerging areas and models of practice for the future and the need for enhanced representation by, participation of, and actions with communities and marginalised groups in the city.

Community Development and Health Promotion

The seminal Ottawa Charter[1] for Health Promotion, developed and published by the WHO, defined Health Promotion as *"the process of enabling people to increase control over, and to improve, their health"* (WHO, 1986); in doing so it identified 'ordinary' people, as key actors in the creation and promotion of health.

An important mechanism through which people can and do act is collectively through communities, whether these be communities based on location, identity, shared concerns, or interests. This central role for communities was emphasised in the Ottawa Charter when it declared *"strengthening of community actions"* to be one of the five action areas of Health Promotion (WHO, 1986). The charter envisaged a role for communities in "*setting priorities, making decisions, planning strategies and implementing them to achieve better health*". It emphasised how empowerment of communities is at the heart of this process and identified community development as a means of working to strengthen community actions, describing how it *"draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters*". The Ottawa Charter also notes how the empowerment of communities needs ongoing access to information and funding (*ibid*).

A definition of community development in the Irish context which still holds strong in terms of relevance today, was developed by the Combat Poverty Agency describing it as *"A long-term process whereby people who are marginalised or living in poverty work together to identify their needs, create change, exert more influence in the decisions which affect their lives and work to improve the quality of their lives, the community in which they live and the society of which they are a part"* (2002 p.39). Both definitions inform us as to what characterises community development as a distinct way of working, along with what this approach aims to achieve.

The terms 'community development' and 'community work' are commonly used interchangeably in Ireland (Mc Ardle, 2020) and McArdle, in her in-depth study with experienced community development workers, reported how challenged by macro and global issues of inequality, community workers seek structures and partnerships between local, national, and global networks (2020, p. 20). *'Root causes are difficult to reach from a local base, so community work, even if practised locally, needs structural and infrastructural mechanisms to connect local with global issues'* (*ibid*, p. 17).

It is for this reason community and voluntary sector representatives have engaged with the Cork Healthy Cities steering group as it provides a means to work through a community development process to address local issues of social exclusion and inequality, whilst also connecting with wider networks such as the European Healthy Cities movement.

Role of the Community and Voluntary sector in the establishment of Cork as a Healthy City

Representatives of the community sector had advocated for Cork to become a Healthy City in the late 1990's and some years later the formative Cork Healthy City Steering Group was established in 2008 as a partnership comprised of representation from four sectors:

1 More than 200 participants from 38 countries met in November 1986 at the first international Health Promotion Conference, organised by the World Health Organisation, in Ottawa, Canada to exchange experiences and share knowledge to develop a new direction for the promotion of population health. The conference culminated in the publication of the **Ottawa Charter** for Health Promotion, reflecting participants' commitment to the common goal of 'Health for All by the Year 2000' and beyond. To view the Ottawa Charter go to https://www.who.int/teams/health-promotion/enhanced-well-being/first-global-conference

- The community and voluntary sector (represented by the Northside Community Health Initiative (Cork) Ltd now known as NICHE Community Health Project (NICHE)
- The statutory health sector (represented by the HSE Health Promotion department)
- The local authority sector (represented by Cork City Council)
- Academia (represented by the Dept. of Epidemiology and Public Health, now the School of Public Health, UCC).

From the outset all partners in the steering group had an equal role and status which enabled agreement to rotate the role of Chairperson across the four 'pillars' of the Community, Health, Local Authority and Academic sectors, a balance which has been considered, reviewed, and supported on an ongoing basis by its membership. The steering group members developed a shared understanding of the social determinants of health, and of the contribution which all sectors collectively make to the generation of health outcomes and the promotion of health equity. The role of NICHE, in particular, was helpful to this process as it brought to the table its experiences of local, inter-sectoral partnerships collectively identifying and addressing health inequalities.

In a separate development, the Cork Community Health Network (CCHN) was founded in April 2012. CCHN comprises community and voluntary sector organisations seeking to contribute to and understand more about the community health elements of their work and how a community health agenda aligns with the work of their respective organisations. CCHN has functioned successfully as an informal and open network. It has created an important space for personnel from community and voluntary organisations to come together to reflect on and share their experience of working from a community development for health perspective. Since CCHN's establishment it has interfaced with Cork Healthy City based on a common understanding of the social model of health and a shared commitment to health equity.

In 2012, having represented the community and voluntary sector for some years on the steering group, NICHE recommended that greater representation from the community sector was needed to successfully represent the breath of the sector. Concerned that an equity imbalance between representatives was emerging and seeking participation from more diverse voices in the sector, a formal decision was made to expand community and voluntary membership of the Healthy City steering group. CCHN was asked to facilitate a nominations process to identify two further member organisations to represent CCHN members on the steering group; through this process Ballyphehane-Togher Community Development Project and the Sexual Health Centre were co-opted onto the steering group. The formal link between the Cork Healthy City Steering Group and the CCHN was then established and over the past ten years, CCHN has contributed to the evolution of the Cork Healthy Cities steering group.

In summary, the community and voluntary sector has been central to the establishment and development of Cork as a Healthy City alongside the other three pillars and in 2021, community sector representatives on the steering group were actively involved when the priorities and actions of the ten-year Cork Healthy City Action Plan 2020-2030 (Cork Healthy Cities, 2021), were decided.

Introduction to Community and Voluntary Sector Case Studies

Four case studies are presented here as exemplars of the impact of the sector on some social determinants of health in the city, including at policy level. Each example has sought to reduce health inequities, has been overseen and co-ordinated by multisectoral partnership groups and used a community development approach to delivery. Work on each of these initiatives commenced prior to the development of the Healthy City Action Plan 2020-2030 and ongoing work is presented as an action within the Plan.

The first case study describes the growing involvement and impact of the LGBTI+ community within Cork city, since the first Cork City Profile 2010-2012 (Cork Healthy Cities, 2012). The second presents developments in inter-agency collaboration related to the cultural heritage and social inclusion activities of Meitheal Mara. The third describes the partnership created to introduce Dolly Parton's Imagination Library as a resource for early childhood education and literacy in a number of communities across the city. The fourth case study describes work undertaken over a five-year period to establish a Traveller Horse Project, but which has not yet reached the implementation phase.

When the first Cork City Profile 2010-2012 (Cork Healthy Cities, 2012) was developed by Cork Healthy Cities no reference was made to the LGBTI+ community, and the 'miniature city' within the city profile had "no gay in the village" even though many other minority communities were represented. This omission of the LGBTI communities was not unusual for the time but given Cork Healthy Cities broader understanding of health as heavily influenced by social determinants, and its focus on health equity, it was, perhaps, surprising. The LGBTI Inter-Agency group in Cork challenged this exclusion, which was readily acknowledged by the Steering Group and quickly addressed through discussion, information sharing and consultation with two LGBTI+ members of Cork's LGBTI Inter-Agency. This led to the prompt revision of the city profile to include the community, followed by ongoing, focused efforts by the LGBTI Inter-Agency Group, Cork Healthy City and Cork City Council to name and address LGBTI+ exclusion in Cork.

The Cork City Profile 2014 (Kelly and Hayes, 2014), which took a combined health and social exclusion focus, reflected the progress made in these early interactions with Cork Healthy Cities. It included a significant entry on LGBTI+ communities in a city policy and planning document and was likely the first Cork City Council policy document since 2002 to directly address LGBTI+ issues. The Profile highlighted the difficulty of enumerating the size of LGBTI+ communities given that census returns do not include data on sexual orientation/gender identity. It detailed advances made in public policy and legislation, for example the introduction of Civil Partnership for same sex couple, but also noted matters not addressed by this legislation, for example parenting/guardianship and inheritance. There was quite a strong focus on the lack of recognition and appropriate health services for transgender people which was a prescient inclusion. Lastly, the Profile detailed the discrimination experienced by LGBTI+ communities and noted the health impacts of such exclusion across the community. These issues, detailed in the body of the Cork City Profile 2014, were also named in the report's conclusion. The



Photo 1: Inter Agency Partners and Supports at the launch of the Rainbow Crossing on Patrick Street Cork City

section on LGBTI+ communities in the Cork City Profile 2018 (Cork Healthy Cities, 2018) built further on the 2014 document, named the advances made since 2014 and highlighted areas of concern raised in the 2016 LGBT Ireland Report (Higgins et al, 2016), and the NFX Burning Issues report (Ó hUltacháin, Matthews-McKay and Urain, 2016), as well as their impacts on the health and wellbeing of members of LGBTI+ communities.

Collectively, Cork City Profiles from 2010 to 2018 demonstrate the growing awareness and commitment to inclusion of LGBTI+ issues across the steering group membership. Since those early days the LGBTI Inter-Agency group has had access to and built constructive relationships with a range of decision makers in Cork City Council, thus increasing the visibility of the community and facilitating greater participation by community members in the social, cultural, and economic life of the city. In 2014, Cork City Hall was the first civic building in Ireland to raise the Rainbow Flag and two years later, with municipal authorities in San Francisco, USA, it commenced a collaboration to achieve greater LGBTI+ inclusion in both cities. In 2017, the LGBTI Inter-Agency's aspiration to join Rainbow Cities Network was supported by the Healthy Cities Steering Group, the chair of which wrote to the city's Lord Mayor and Chief Executive in support of this goal.

The inclusion of LGBTI+ issues in various policy and planning documents such as the Cork City Profiles and Cork Healthy City Action Plans provided an important starting point for LGBTI advocacy. By 2022, representations could be found not only in policy documents but also in the public realm of the city with two Rainbow Crossings installed and a Rainbow Balustrade at the entrance to the Civic Offices. Each rainbow incorporates the traditional six rainbow colours along with representation of people of colour, transgender, and intersex identities via the progressive 'chevron' of black, brown, pink, pale blue, and white stripes, providing visible indicators of the city's aspiration to be a welcoming place for all.

Cork City formally became a member of the international Rainbow Cities Network in 2020, the first city on the island of Ireland to do so and by 2022, it had been elected to the board of the network. It participated in an EU-funded policy initiative drafting LGBTI+ Good Practice Guidelines for cities, and in early 2023 as part of this initiative, Cork hosted a two-day policy workshop with delegates from 20 European cities. Building on the All-Ireland Network model of Heathy Cities and Learning Cities, Cork invited the other Irish cities to a briefing on Rainbow Cities at the conclusion of this conference, playing a leadership role within the network and on the island.

Reflections on Promoting LGBTI + Equality in Cork

"Enormous progress has been made especially in the most recent decade to advance LGBTI rights via Non-Governmental Organisation (NGO) campaigning but also through mainstreaming partnerships such as that developed within the LGBTI+ Inter-Agency Group itself and linking supportively with Cork Healthy Cities. Through the relationships developed in Cork being a designated Healthy City, the leadership of the LGBTI+ Inter-Agency Group has had an explicit, positive impact on the social and cultural values and policies of Cork city and Cork City Council. This has contributed in part to a reduction in social exclusion and discrimination based on LGBTI+ identity, improvements in social inclusion among members of the community living, working, or visiting the city, as well as the symbolism of Cork now being a designated Rainbow City. Difficult as they are to quantify, advances in civil, legal, and societal inclusion of LGBTI+ communities come into sharpest focus when these are threatened; advances secured in recent years cannot be taken for granted and in the third decade of this century, require ongoing active support in light of an increase in polarised discourse in Ireland and Europe (International Lesbian, Gay, Bisexual and Intersex Association Europe Report, 2023)."

Siobhán O'Dowd,
on behalf of the LGBTI Inter-Agency Group, Cork.

Case Study 2:
Meitheal Mara
Promoting Cork's maritime heritage and social inclusion.
Healthy Cities Action Plan Priority Area:
'Healthy Places and Settings' – Actions 2.3 & 2.4

Meitheal Mara is a community boatyard, registered charity and training centre located beside the River Lee in Cork city centre; its Irish language name means *'community / workers of the sea'*. Founded in 1993, Meitheal Mara promotes and fosters maritime culture and traditional skills, using boatbuilding, woodcraft, and seamanship as the means to help both groups and individuals to learn, progress and develop, employing inclusive and mutually respectful approaches. Through its community work and training programmes, and partnerships with many statutory and voluntary agencies, it fosters social inclusion for early school leavers, young people out of home, "people with physical challenges or mental health difficulties" and those experiencing long-term unemployment (Meitheal Mara).

With the resource constraints in which community-based specific interest organisations such as Meitheal Mara operate, there is a risk of silos of work developing. Fostering interagency collaboration has been a key action for Cork as a Healthy City. Buoyed by an increased understanding of the benefits of allyship for health, collaboration was actively fostered for water-based programmes and policies in Cork City through the Healthy Ireland Fund process. Partnerships forged through Cork Healthy Cities and Cork Local Sports

Partnership helped to broaden the scope and ambition of Meitheal Mara's reach and its search for an alternative premises. Cork City Council has always been supportive of Meitheal Mara and these additional agency partnerships, facilitated through the Healthy Cities connection, brought it additional funding and resources. Cork Healthy Cities facilitated the *River Lee Placemaking Network*, a new structure which informed discussions on maritime recreation and play on and alongside the river. The involvement of agency and community partners in the network brought together a constructive range of perspectives helping to identify areas of common interest and possibilities for collaboration, including the potential of a shared Maritime Recreation Hub with access to the water. This Hub is now identified as an action in the Cork City Development Plan 2022 – 2028 (Cork City Council, 2022).

Reflections on promoting Cork's maritime heritage and social inclusion

"Meitheal Mara management believes that these achievements in promoting maritime recreation and play, as well as social inclusion, through Cork's designation as a Healthy City have complemented and gone far beyond any results that Meitheal Mara could have produced alone, and it looks forward to continuing to strengthen and enlarge this collaboration in years to come".

Cathy Buchanan,
Manager, Meitheal Mara



Case Study 3:
Dolly Parton's Imagination Library
Healthy Cities Action Plan Priority Area:
'Healthy Early Years' - Action 1.12

Dolly Parton's Imagination Library is an international book gifting programme which has seen over 197 million children's books gifted to young children from birth up to 5 years since its inception in 1995. Children registered with the Imagination Library receive free, developmentally appropriate books monthly in participating communities in the United States of America, United Kingdom, Canada, Australia, and Ireland.

Books in the home make a difference beyond literacy. Research indicates (Sikora, Evans and Kelley, 2019), that having books available within the home builds vocabulary, increases awareness and comprehension, and expands horizons — all benefiting the health, social and educational opportunities for children into adulthood. Once a baby is registered with the programme at birth, they will receive a collection of 60 books by the time they turn five and graduate from the programme. It creates a gifting experience, making books exciting and accessible, and shows children that someone is thinking of them.

The Dolly Parton Imagination Library was first introduced to Ireland in early 2019 by the Childhood Development Initiative (CDI) in Tallaght, Dublin. Following its success there, in June 2019 Let's Grow Together! Infant & Childhood Partnerships CLG, a community-based prevention, promotion, and early intervention programme on the northside of Cork city, (formerly the Young Knocknaheeny ABC Programme), invited all interested parties in Cork city to a presentation from CDI Tallaght to explore bringing this programme to Cork. A working group was subsequently established comprising interagency partners including Let's Grow Together, HSE, Cork Healthy Cities, Cork City Partnership, Cork City Childcare, Cork City Council, Cork Education and Training Board, Children's Libraries, Carrigtwohill Family Resource Centre, Cork Learning Neighbourhoods, East Cork Traveller Association and Children and Young People's Services Committees. 'Let's Grow Together!' leads and co-ordinates the programme and is the Cork Imagination Library affiliate.

Dolly Parton's Imagination Library (DPIL) Cork was formally launched in November 2020. Its objectives align strongly with the objectives of Cork as a Healthy City and the life-course approach to health by:

- Improving the quality of the home learning environment for children and families of Knocknaheeny, Hollyhill, Gurranabraher, Churchfield, Farranree, Fairhill, Mahon, Carrigtwohill, Ashbourne House and Kinsale Road Direct Provision Centres.
- Supporting and enhancing parent-child relationships and interactions
- Enhancing the level of family reading
- Provision of opportunities for access to and ownership of books for children
- Increasing parent's involvement in their child's learning and improving parental confidence levels in sharing books with their children
- Improving child language and literacy outcomes

Each month, through DPIL Cork, a high-quality book is addressed and posted to all registered children, at no cost to the child's family as local fundraising pays for the books and An Post sponsors delivery. Books are selected by the UK and Ireland Imagination Library Book Selection Committee with each title chosen to meet the growing needs of the child at the pivotal stages of development. By early 2023 over 23,590 books have been delivered in Cork. Positive feedback has been received from parents and caregivers, highlighting how the book has been a special gift each month with children eagerly awaiting their arrival in the post.

The Dollywood Foundation initiated a review of over 20 years of research conducted on Imagination Library programmes in the U.S. and internationally, the findings of which indicate the programme is *"extremely popular in communities where it's implemented and shows promise in promoting changes in home literacy environments, children's attitudes toward reading, and early literacy skills"* (Dollywood Foundation Imagination Library Review).

Reflections on the Dolly Parton's Imagination Library programme in Cork

Early childhood is known to be a critical period in the development of long-term health outcomes (Center on the Developing Child, Harvard University) and DPIL was supported by Cork Healthy Cities from the outset because it is an early childhood programme promoting health through improving the key determinants of education and social inclusion, along with nurturing a positive home environment. Naming it as an action in the Healthy Cities 10-year action plan 2020-2030 (Cork Healthy Cities, 2021), ensures there is a strategic policy position at city level which commits to the programme.

On a very practical level, Cork Healthy Cities identifies and resources funding for its operations locally and provides administrative support to the interagency working group. Along with Let's Grow Together, Cork Healthy Cities is working with local communities to enable and empower those communities to own, lead and shape the future direction of the work. It is that meaningful engagement at a local level which will ensure the future of the programme and realise the goal that all children born in Cork City can register with Dolly Parton's Imagination Library."

Aoife Ní Chonchuir,HSE, Health Promotion and Improvement and **Grace Walsh**, Let's Grow Together!

Dissemination of Dolly Partons Imagination Library books by An Post in Cork City during COVID Restrictions



In early 2013 a seminar on Traveller horse ownership was organised by the Traveller Health Unit and hosted in Cork City Hall during which the cultural importance to the community of horse ownership was acknowledged, and it's benefits for cultural identity, positive mental and emotional health, social, recreation and economic activities, inter-generational connections and positive parenting were recognised. Horse ownership also provides for contact on an equitable basis between Travellers and members of the settled community who are also interested in horses (Crowley and Irwin, 2018). The seminar concluded that a Traveller Horse Project was needed in Cork city to support and sustain traditional Traveller cultural and economic activities, with a particular focus on these as determinants of health and wellbeing for Traveller men who experience a rate of suicide six times that of the general population (All Ireland Traveller Health Study, 2010).

Travellers believe the structure and routine of caring for horses is good for their wellbeing and not being able to maintain these practices is regarded as having negative consequences for mental health (Crowley and Irwin, 2018). Additionally, research by the world-renowned APC Microbiome Ireland research institute at UCC (Keohane et al, 2020), established that Travellers have a unique, non-industrialised, microbiome which is protective against certain diseases, and contact with animals, including horses, is considered to be a factor in the maintenance of this unique, positive, health factor.

Horse ownership in Ireland is governed primarily by the Control of Horses Act (Government of Ireland, 1996), which was introduced to licence horses, reduce the instance of stray horses and damage to property, as well promoting horse welfare; it stipulates that a certain amount of land is required for the grazing of each horse. However, the governmental advisory group for this legislation did not include any Traveller members, nor, apparently, take account of the needs of Traveller horse owners (Rowland et al., 2019), who, typically, are not landowners. Lack of land ownership, poor accommodation



status and discrimination (Irish Traveller Movement, 2002), along with difficulties leasing land for grazing (Lynam and Dowdall, 2008), mean Travellers face significant difficulties in complying with aspects of the legislation. The findings of a study on Traveller horse ownership by Rowland et al. (2019), suggested that Travellers equine management practices and attitudes are positive, but because they have limited resources to meet some requirements of the law, they require assistance to secure capacity and land.

Enforcement of the Act, including the prevention and management of stray horses, is the responsibility of local authorities who often contract a private company to impound stray horses, leading to significant costs for local councils, and for horse owners wishing to retrieve impounded horses. A Traveller Horse Project in Cork could, arguably, significantly increase legislative compliance among to the Traveller community, improve mental health among Traveller men and boys, support horse welfare, as well as reducing expenditure on the impounding of horses for both the city council and horse owners.

To research and develop a proposal for a Traveller Horse Project in Cork an inter-sectoral steering group was established in 2013, with representation from Cork City Council, the Traveller Visibility Group (TVG), the HSE South Traveller Health Unit, the ISPCA, Cork

Education and Training Board, the Department of Agriculture, Fisheries and the Marine, and chaired by the Cork Healthy Cities co-ordinator. Between 2013 and 2015 the inter-agency group undertook a significant amount research on successful Traveller horse projects in other parts of Ireland. Research was also undertaken with Travellers around the city, and horse ownership was emphatically identified as an important factor in promoting positive mental health among Travellers, especially Traveller men and boys.

A substantial body of preparatory work for the Traveller Horse Project was undertaken by the TVG with funding from the HSE South Traveller Health Unit, the Department of Agriculture, Fisheries and the Marine, and Cork City Council. This included visits to the Traveller horse project in Tralee and other urban horse projects such as those in Fettercairn and Cherry Orchard in Dublin. Through the TVG, Travellers liaised with veterinary practitioners, the Irish Horse Welfare Trust and attended clinics for the microchipping of their horses. They visited the ISPCA equine rescue centre near Mallow, Co. Cork, while young Travellers participated in horse welfare education programmes and visited commercial stables.

The inter-sectoral steering group had potential sites professionally assessed and then submitted a proposal to the Department of Agriculture, Fisheries and the Marine; this proposal received a commitment of support, pending confirmation of a suitable site. In 2016, however, the site which had been identified was deemed unsuitable due to the risk of flooding. In 2017 a revised proposal was developed, another site identified, and efforts were made to establish a community consultation process with local residents; however, these efforts did not succeed.

Two residents' groups contacted Cork City Council advising that they represented people living in the area and the inter-agency group commenced communication with these groups seeking to determine how to successfully consult with all local residents. In response to a local residents group request, the inter-agency group prepared a submission to Cork County Council to determine if the proposed horse project was exempt from planning requirements, while continuing to communicate with residents' groups in an effort to facilitate consultations. This proved to be challenging as one resident's group stated it believed it premature to progress any meaningful conversation, and subsequent offers of discussions from the inter-agency group were not availed of.

Cork County Council deemed the horse project proposal was not exempt from planning permission and so a full planning application was prepared and submitted. In 2017 local residents lodged an appeal against the planning application; this was subsequently withdrawn. The identified site was on a proposed route for the North Ring Road and Cork County Council considered the application to be premature, pending the determination of the final determination of the route. Accordingly, it was considered that to permit the proposed development would be contrary to the proper planning and sustainable development of the area. Since then, the Traveller Horse Project group has continued to meet but development of a project has not been successful to date.

Reflections on the Traveller Horse Project

"Horse ownership is the one of the last, and most tangible, parts of Travellers nomadic heritage. A lot of work was done by the steering group and by the TVG, Traveller horse owners and young Travellers in preparation for the development of a Traveller Horse Project in the Cork city area. Travellers were very invested in supporting the establishment and success of this project and very disappointed when it wasn't set up in 2017. The fact that nothing concrete has happened since then is also frustrating, but the TVG is open to other ways of moving forward because it believes that an urban horse project in Cork city would be an important amenity and opportunity for not only Travellers but also for people with a disability, as the benefits of equine therapy are well known, and for young people and youth projects.

TVG knows that a Traveller horse project has been included in the Cork City Development Plan 2022-2028, (Cork City Council, 2022, action 3.68), and that gives us some hope. Financial support could be got from the Department of Agriculture, Fisheries, and the Marine. The city council already owns some leisure amenities such as sports facilities in Bishopstown and the Glen, and it could follow this model or the example of other local authorities around the country that have developed urban horse projects or Traveller

horse projects. A lot of investment has already been made in a horse project and since Cork is a healthy city and it wants to reduce health inequalities, a horse project would be a positive way of delivering real support and improving the health of groups including Travellers, people with a disability and young people."

John O'Sullivan,
Men's Development Worker, Traveller Visibility Group

Reflections on the Community and Voluntary Sector's involvement with Cork Health Cities - working to improve the Social Determinants of Health

The community and voluntary sector's role as an equal partner in the Cork Healthy City steering group has secured it a position and opportunities to develop and strengthen relationships among organisations within the sector (horizontal relationships), as well as with statutory agencies (vertical relationships), as it seeks to influence improvements in the determinants of health inequities through advocacy on policy change and development; in particular the sector seeks to improve the *structural determinants of health inequities* within the social determinants of health.

The *structural determinants of health inequities* were identified based on evidence produced by the WHO's three-year global Commission for the Social Determinants of Health (who.int) and are illustrated in the WHO's *Conceptual Framework for Action on the Social Determinants of Health* (Solar and Irwin, 2010) (figure 1). Structural determinants include *governance, macroeconomic policies, social policies, public policies, cultural and societal values, social class, gender, ethnicity, education, occupation, and income;* they are depicted in the two columns on the left of the conceptual framework and recognised as critical influences on health outcomes. The *structural* determinants are distinguished from the *intermediate* health determinants (depicted to the right in the conceptual framework) and must be improved in order that intermediate determinants such as better material circumstances, health behaviours and mental health, can be achieved; these in turn create greater equity in health and wellbeing outcomes, as illustrated.

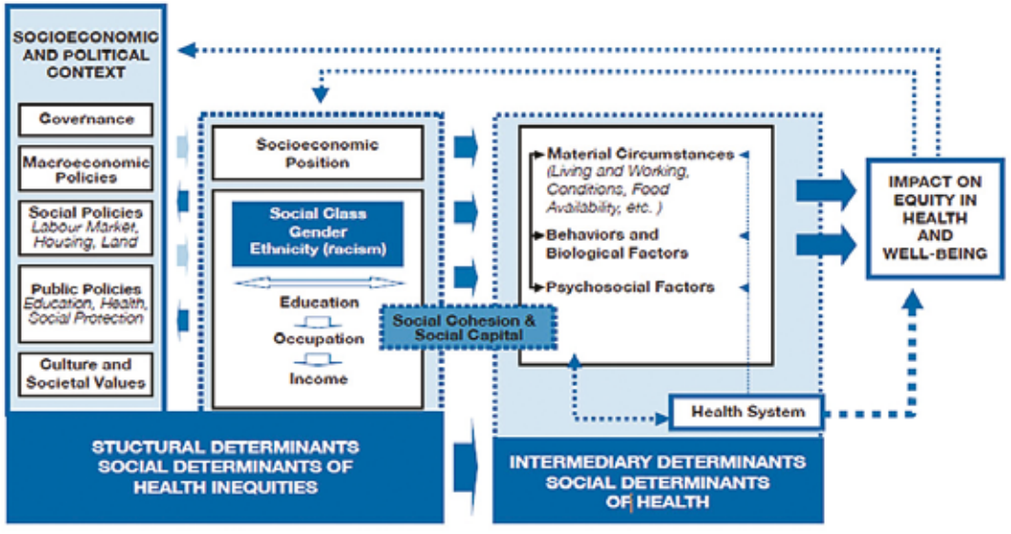


Figure 1: WHO Conceptual Framework for Action on the Social Determinants of Health_Source: Solar and Irwin, (2010: 35)

This WHO Conceptual Framework highlights the importance of *governance, policies, culture and societal values* as major structural determinants of health and health inequities. In the context of local government and relating it to the role and work of Cork City Council, it flags how the decision making and policy making of the local authority are central to the creation and promotion of health, health equity and wellbeing in Cork city.

Within the steering group, the community and voluntary sector members bring attention to both structural and intermediate determinants of health, based on their theoretical and community practice-based understanding of health determinants and the causes of ill-health and health inequities; thus, they provide greater insights and understanding on how health and wellbeing are created, along with the types of policies and actions needed to successfully address ill-health and inequities. They represent the perspectives of those who could directly benefit from solutions, making actions based on this knowledge more meaningful, inclusive, and empowering. In addition to contributing to the steering group, community and voluntary sector members also seek to share their

knowledge with city council staff and elected representatives, with the intention of positively influencing the broad ranging actions undertaken by the local authority which directly impact the lives of all living and working in Cork city.

This leads us to consideration of the importance of inter-agency working relationships and influence as determinants of health, in and of themselves. Social capital is a concept and term used to describe social relations between groups or networks in a society, and applied to the context of this discussion, in Cork city. Three different forms of social capital have been distinguished by Szreter and Woolcock (2004). First, *'bonding'* social capital which describes *"trusting and co-operative social relations"* between people who perceive themselves to have a shared identity (for example solidarity and co-operation between community and voluntary sector organisations which represent those experiencing health inequities and social exclusion). Second, *'bridging'* social capital which refers to development of mutual and respectful social relations between people who do not consider themselves to be alike in terms of their demographic characteristics or identity. And third, *'linking'* social capital which Szreter and Woolcock define as *"norms of respect and trusting relationships between people who are interacting across explicit, formal or institutionalised power or authority gradients in society"* (2004, p. 654-5); for example, positive working relationships between representatives of marginalised communities with city council elected representatives or senior decision makers.

In the WHO Conceptual Framework for Action on the Social Determinants of Health (Solar and Irwin, 2010) (figure 1), *social capital* is depicted as a central health determinant playing a role in determining intermediate determinants of health and health outcomes. All forms of social capital have the potential to benefit health and wellbeing outcomes with *linking social capital,* arguably, being particularly positive for poorer or more marginalised communities who commonly lack access to and influence over decision making entities (Szreter and Woolcock, 2004).

The case studies in this chapter illustrate how community and voluntary sector involvement in Cork as a Healthy City has led to growth in social capital for many of the organisations involved; constructive and engaging intersectoral relationships have developed within steering group itself and also through the collaborative and community-based nature of the Healthy City Action Plans. Through the work of building Cork as a Healthy City, individual representatives and community groups have been facilitated to engage at a range of levels; for example, they have been supported to represent the Cork Healthy Cities Steering Group in local/city platforms and events, as well as participating in national and European Healthy Cities Networks. These networking activities have provided opportunities to connect, share and learn with and from sectoral colleagues working in a range of cities, facilitated community and voluntary sector partners to raise the profile of their work, and crucially, to amplify the voices of those they represent and influence decision making. Community and voluntary sector representatives have also progressed to presenting at international conferences, making policy submissions, and engaging more substantially with the democratic process at local government level in Cork City Council. These activities have the potential to achieve real impact on structural and intermediate health determinants to the benefit of those who traditionally lack such solidarity and political influence.

Cork Healthy Cities and Cork City Council have also benefited from community and voluntary sector involvement, as perspectives have broadened across all sectors. Consensus-building and mutual understanding related to community health concerns have developed, and consequently the Steering Group and partners in the action plan are able to move away from silo-based approaches both at the decision-making table and in the delivery of the work. The culture and practices of the independent, vibrant community sector have brought experience and expertise in collaboration, strength of critical analysis and direct community experience to strengthen Cork as a Healthy City.

Looking Ahead

It is evident that the community and voluntary sector can describe considerable progress in representation and visibility, however there is scope and need for further progress. It is imperative that community sector representation at inter-agency level is subject to ongoing review regarding its role and function to ensure greater

representation from diverse groups and communities. Rotation of steering group membership and review of the capacity of representatives is essential, along with the provision of supports which may be needed in recognition of the demands of community representation.

While community development continues to provide the core principles and approaches to taking action, concepts within this area of work have evolved to put more emphasis on the importance of amplifying and listening to the direct voice of those with lived experience of key issues. The phrase *"nothing about me without me"* encapsulates the critical importance of including those with lived experience, particularly those most marginalised in society, to be involved and empowered at every step in the process of initiatives which may be developed and implemented by Cork as a Healthy City.

It is essential that involvement of marginalised communities who experience the greatest health inequities is expanded whether they be geographical communities or communities of identity or interest. Cork Healthy Cities could share and build on its existing participatory and inclusive practices by finding further ways to hear and incorporate the voices of the most marginalised in our city in the implementation and review of its action plan, including people with a disability, adults and children living in poverty, the Traveller community, newer ethnic minorities, and other marginalised groups.

The above communities require support from their sectoral peers, as well as other steering group partners, to ensure they are facilitated to engage more deeply with Cork Healthy Cities and can reap the benefits of such involvement, as many communities already have. For example, the Healthy City steering group is revisiting and advocating with Cork City Council for the development of the Traveller Horse Project which is an action in both the Cork Healthy Cities Action Plan (Cork Healthy Cities, 2021) and the Cork City Development Plan 2022-2028 (Cork City Council, 2022). Implementation of this initiative would be symbolically and practically valuable to the Traveller community and would demonstrate the city council's, Cork Healthy Cities' and the community and voluntary sector's active support for Travellers cultural heritage and social inclusion. In turn this could contribute positively to the mental and physical health of this indigenous ethnic minority which experiences the most severe health inequities of all population subgroups in Ireland (Watson, Kenny and Mc Ginnety, 2017).

Conclusion

Cork as a Healthy City, with its equal footing for community interests on its steering group, has created a space and processes through which multiple sectors hear, learn, and are informed by representatives of communities which otherwise might be excluded. For the community and voluntary sector in Cork City, the Healthy Cities Action Plan and ethos of Cork as a Healthy City facilitate community health advocates' involvement in the early design and development of partnerships for health, as well as the opportunity to witness the completion of projects through to fruition and growth beyond the steering group.

Along with community-level initiatives, Cork as a Healthy City provides opportunities and means to influence and change pre-existing understandings and normative ways of working in Cork City Council's policy and decision-making systems; it provides a space and opportunities to explore different ways of thinking and acting to achieve better health outcomes for all. While its partnership approach has achieved certain successes, it has also experienced limitations in the face of challenging structural determinants of health, and in future, the community and voluntary sector must strive to achieve more involvement of the most marginalised communities in the Healthy Cities process and greater emphasis on structural determinants of health inequities which can be addressed at city level. Looking ahead, Cork as a Healthy City can work to achieve its potential through facilitating different sectors to develop shared understandings and common goals, based on a deep understanding of the structural and intermediate social determinants of health, and of the important role of the city council in the promotion of health and the reduction of health inequities in Cork.

Generic Learnings

- Cork Healthy Cities has much to share in terms of its relationship with, and inclusion of the Community and Voluntary sector, and the positive impacts which this has generated.

- Cork Healthy Cities Steering Group facilitates an inter-sectoral partnership which allows us to prevent, promote and respond to the challenges of our time, and to work towards creating a more healthy, equitable, accessible, inclusive, welcoming, and vibrant city for all.

- The involvement of the Cork Community Health Network in the provision of sectoral representatives to the Healthy City Steering Group lends legitimacy and support to those representing the sector.

- Community Development continues to provide an important ethos for Cork Healthy Cities and nurtures opportunities for impactful engagement with communities experiencing health inequities. Along with a continued and growing awareness of the social determinants of health, the community development approach will support the Community and Voluntary sector to have 'more than a seat at the table' through its commitment to critical analysis and effective actions to reduce health inequities and increase social inclusion.

- Three of the case studies show that when particular communities, as well as community and voluntary sector representatives, are involved through all stages of an initiative, the impact is greater, more effective and sustainable. However, as the fourth case study illustrates, not all projects come to fruition at the first attempt. It is important that Cork as a Healthy City learns both from projects which have been implemented and those which haven't yet been fully realised. Initiatives addressing structural health determinants and health inequities are likely to be more challenging to deliver and the Healthy Cities Steering Group has a responsibility to keep them on their agenda and facilitate space and time to revisit and pursue them again. It is through this type of commitment and persistence that Cork as a Healthy City can have a positive impact on the health of all in the city.

- A continuing seat at the table for the Community and Voluntary sector will need to be resourced by all partners on the Cork Healthy City Steering Group. Effective representation will also require more direct inclusion of those most affected by health inequities and health challenges in both the steering group and the actions of Cork Healthy Cities and Cork City Council.

REFERENCES

All Ireland Traveller Health Study: Our Geels (2010). Summary of Findings. Dublin: University College Dublin https://www.gov.ie/en/publication/b9c48a-all-ireland-traveller-health-study/

Center on the Developing Child Harvard University https://developingchild.harvard.edu/science/deep-dives/lifelong-health/

Combat Poverty Agency (2002). *Combating Poverty in a Changing Ireland – Combat Poverty Agency Strategic Plan 2002-2004*. Dublin: Combat Poverty Agency.

Cork City Council (2022). *Cork City Development Plan 2022-2028 https://www.corkcity.ie/en/cork-city-development-plan/*

Cork Healthy Cities (2012) *Cork City Profile 2010-2012*

Cork Healthy Cities (2018). *Cork City Profile 2018* https://corkhealthycities.com/publications/cork-city-profile-2018/

Cork Healthy Cities (2021). *Cork Healthy Cities Action Plan Phase VII* https://corkhealthycities.com/wp-content/uploads/2021/02/CHC-Action-Plan-Report-FINAL.pdf

Crowley, N. and Irwin, A. (2018) *Traveller Horse Ownership – Research Report.* Dublin: Pavee Point.

Dollywood Foundation Imagination Library Review Research - Dolly Parton's Imagination Library

Government of Ireland (1996) *Control of Horses Act,* Dublin: Government of Ireland.

Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F. and Smyth, S. (2016). *The LGBT Ireland Report – national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland.* Dublin: GLEN and BeLonG To.

International Lesbian, Gay, Bisexual and Intersex Association Europe (2023). *ILGA Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Transgender and Intersex*. https://www.ilga-europe.org/report/annual-review-2023

Irish Traveller Movement (2002). *Report on the Socio-Economic Consequences of the Control of Horses Act 1996 on the Traveller Community.* Dublin: Irish Traveller Movement.

Kelly, T. and Hayes P. (2014). *Cork City Profile 2014*. Cork: Cork Healthy Cities and Social Inclusion Unit, Cork City Council. https://corkhealthycities.com/wp-content/uploads/2018/10/CORK-CITY-PROFILE-FINAL_COMPRESSED.pdf

Keohane, D.M., Shankar Ghosh, T., Jeffrey, I.B., Molloy, M.G., O'Toole, P.W. and Shanahan, F. (2020) 'Microbiome and health implications for ethnic minorities after enforced lifestyle changes', *Nature Medicine*, 26, pp.1089-1095.

Lynam, S. and Dowdall, B. (2008) *Feasibility Study Regarding the Establishment of a Horse Care Project in Carlow. Carlow: St. Catherines Community Services Centre.*

McArdle, O. (2020) 'Rocking the boat while staying in it – connecting ends and means in radical community work', *Community Development Journal,* 56(4), pp.714-733.

Meitheal Mara - https://meithealmara.ie/community-work-training/ Ó hUltacháin, C., Matthews-McKay, R. and Urain, B. (2016) Burning Issues 2 Report. Ireland: National LGBT Federation. https://nxf.ie/wp-content/uploads/2016/06/Burning-Issue-2-Report-by-NXF.pdf

Rowland, M., Coombs, T. and Connor, M. (2019) 'A Study of Traveller Horse Owners' Attitudes to Horse Care and Welfare Using an Equine Body Condition Scoring System', animals, 9, pp. 162-181.

Sikora, J., Evans, M.D.R. and Kelley, J. (2019) 'Scholarly culture: How books in adolescence enhance adult literacy, numeracy and technology skills in 31 societies', *Social Science Research*, 77, pp. 1-15.

Solar, O. and Irwin, A. (2010) *A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion, Paper 2 (Policy and Practice).* World Health Organisation https://www.who.int/publications/i/item/9789241500852

Szreter, S. and Woolcock, M. (2004) 'Health by association? Social capital, social theory, and the political economy of public health', *International Journal of Epidemiology*, 33(4), pp. 650-667.

Watson, D., Kenny, O. and Mc Ginnety, F. (2017) *A Social Portrait of Travellers in Ireland, Research Series Number 56.* Dublin: ESRI

WHO (1986). Ottawa Charter for Health Promotion *https://www.who.int/teams/health-promotion/enhanced-well-being/first-global-conference*



"We should build more nature centres to support the learning of nature and the environment."

Christine, age 12, Scoil an Spioraid Naoimh Cailini



"Our County Cork is the biggest in Ireland, let's use that to add parks and plant trees. We should do a daily clean up and make it more nice and colourful!"

Jessica, age 9, Clogheen/Kerry Pike NS



Chapter 7
Beyond the Pyramid: Creating a Food Policy Council in Cork

Colin Sage & Denise Cahill

INTRODUCTION

While there is much pride in the way agricultural production in Ireland has grown over the past couple of decades, it remains somewhat paradoxical that the food system here remains a relatively neglected source of concern to many. To differentiate the food system from agriculture is to pay attention to the many different elements and activities that relate to the production, processing, distribution, preparation and consumption of food (HLPE, 2017; Sage 2022a). In this respect it brings dietary practices – and their consequences – into sharper relief and asks questions about what different groups of people are eating and why. Invariably this causes us to recognise the existence of sharp social inequalites which are demonstrated not only by the types of foods consumed but by their consequences in dietary health terms. With rising levels of overweight and obesity, Type II diabetes and a range of cardio-vascular disease all tied to patterns of food consumption that are high in saturated fats, sugar and salt, there has been a gradual recognition amongst public health professionals to address the food system. Yet top-down messaging urging people to eat in line with the Food Pyramid, and to ensure they get their Five-a-Day has had limited success. Besides, such messages fail to acknowledge that individual decisions about what to eat are shaped by advertising, social norms and the pressures (time, money, commitments and responsibilities) of daily life.

Food systems, then, have come under increasing scrutiny and not only for their failure to deliver healthy nutritious diets. Despite the evident technological achievements of boosting productivity and dietary energy supply, almost one-third of the global population suffer from a degree of food insecurity while the contribution of agriculture to climate and ecological breakdown is widely recognised (Sage 2022b). Indeed, the complex and interconnected

ways in which food systems can undermine human wellbeing (eg zoonotic spillover events such as Covid-19, antimicrobial resistance) demonstrates why a more holistic One Health approach to life o earth is becoming so necessary.

> "One Health' is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes. The 'One Health' approach is critical to addressing health threats in the animal, human and environment interface" (WHO, 2023).

At a more local and regional level such concerns have been translated into a range of different initiatives: some driven by progressive municipalities pursuing a longer-term vision, and some emerging from bottom-up, civil society efforts. While such initiatives may have very varied goals, capabilities, degrees of public recognition and legitimacy, most demonstrate a desire to build a different kind of food system, one that is sustainable, healthier and more socially just. Moreover, a common feature of many is to claim engagement with food policy, thereby demonstrating a commitment to elaborate a more integrated and actionable programme of proposed change. While food policy councils first emerged in North America over 25 years ago, their spread across Europe, the UK and parts of the Majority World reveals how widespread is the interest in reshaping food systems at city-regional level for the benefit of local citizens. This chapter explores the development of Ireland's first Food Policy Council which was founded and launched in Cork City.

Background

The economic confidence of Cork has been influenced by our trading history as a city with an export driven food economy – we had the largest butter market in the world in the 19th Century and specialised in the production and exportation of cured beef all over the world. While Cork has long regarded itself as 'the food capital of Ireland', this claim has rather overshadowed the extent of food poverty and malconsumption across the city (Kenny and Sage 2019). While there have been a number of interventions to address these issues over the years, one of the more successful projects was a community food initiative (CFI) led by the Northside Community Health Initiative (NICHE) that began in 2010. Established in an area confronted by intersecting social challenges, the CFI generated a high level of local engagement and led to the establishment of a very successful community garden. Seeking to build on the action and good will of this project, during the summer of 2013 a public meeting to gauge interest in a city-wide sustainable food approach was convened by the three key players at this stage: the coordinator of Cork Healthy Cities, the Manager of NICHE who had managed the CFI, and an academic with an expertise in the food policy field. Given that the public response was so positive, a steering committee was assembled by invitation, principally to ensure representation from across the key sectors of the food system locally. Those who accepted the invitation to participate included representatives from the English Market, the independent food service sector, Musgraves, social enterprise, farming, and civil society organisations. In addition to staff from the HSE, the City Council was also represented both by the Director of Environment and Recreation and by a member of the Planning Department.

The first task of this group was to agree on the formation of the CFPC, and then to create a 'food charter' elaborating five core values that would represent its aspirations. These were designed to be non-controversial but also illustrate the range of inter-connected issues that would be involved in achieving a healthy and sustainable food system for Cork [Figure 1: Food Charter]. With some limited financial support from Environment and Recreation Services at the City Council, work then proceeded to design a logo, a leaflet and establish a social network presence as a way of making the CFPC visible.

One of the cornerstones of the CFPC was – and remains - close collaboration with Cork Healthy Cities. The CFPC provided an active mechanism for supporting the WHO designation of Cork and the local authority as a Healthy City, and helped to bring about a commitment to a process and structure of working towards good urban health. The Healthy Cities approach is holistic in nature requiring 'One Health' joined-up thinking that places importance on inter-agency collaboration, dialogue, and action across sectors.



Photo 1: Food Harvest Festival. Left to right: Aoíbh Guthrie, former Lord Mazor of Cork Tony Fitzgerald and Finn Guthrie

Recognising the role of food consumption practices in shaping health outcomes, as well as the socio-economic inequalities that exist at community level, there was a natural synergy for Cork Healthy Cities to work alongside the emergent CFPC.

It was agreed by the Steering Committee that the public launch of the CFPC would be held over St Patrick's weekend, 2014, as a 'Feed the City' event. The centrepiece was the distribution of 5,000 bowls of curry cooked from one tonne of vegetables that were destined for landfill as surplus to retail requirements. However, besides the distribution of a free lunch – involving other items of perfectly good 'surplus' food donated by wholesalers – there was music performance, live cooking demonstrations and a variety of stalls providing seeds and composting information. Creating 'spectacle' is an important part of capturing the public imagination and offering ideas for alternative practices was critical and, indeed, has remained a vital part of the CFPC's programme. The event proved a huge success: there was a significant publicity impact with national and local television, radio, and newspaper coverage on the event itself and on the reasons for creating the CFPC. The issue of food waste – and how we can play our part in reducing it – was a non-controversial topic and resonated widely with the public attending the event. However, in a subsequent media interview the matter of fast-food outlets being located close to school gates was raised and this made a far bigger – if briefer – impact in the political realm. Local and national media coverage of this topic led to a response from the then Minister of Children that "the matter was being looked at" and highlighted the potential window of opportunity for policy entrepreneurship at local level to raise an issue of wider national public interest.

STRATEGIC AND CREATIVE PRACTICES

Food Growing

From the very early stages of the CFPC, food growing became a strategic focus of interest as it provided an important and generally non-divisive way of bringing people together. One of the first documents that the Steering Committee prepared was a submission to Cork City Council as part of a public consultation exercise in advance of the 2015-21 Cork Development Plan. Several

recommendations were made in that submission, but the only one to survive intact was a call to increase the area of food growing space across the city. We believe that it has encouraged the City Council to make public green space more accessible for community food growing, as recent projects across the city would demonstrate. While this can be welcomed at an aesthetic level ('greening the city') it is also important to note the potentially subversive and emancipatory potential of food growing, which offers political agency to participants to contest, transform and re-signify the urban landscape. This is best illustrated by a public meeting held in March 2015 in Elizabeth Fort that was called largely to publicise the existence of the CFPC and invite ideas for activities. Around 80 people attended and in an entirely unanticipated way it quickly turned into a strategic planning event to identify and design planting activities in different parts of the city.

Over the following six or seven weeks a central axis crossing the historic core of the city witnessed the appearance of many planter boxes filled with salad plants and the invitation to 'help yourself' – the Incredible Edible Todmorden model. These efforts of the CFPC in coordinating a guerrilla planting campaign revealed a widespread if buried enthusiasm for growing. It also encouraged Cork City Council to venture, cautiously, a little further with an emerging collaboration by offering the CFPC an abandoned open-air basketball court long shuttered because of anti-social behaviour. This site now hosts the Sustainable Food Lab, a growing space managed by a cooperative of around 25 people, and which has served as something of a hub for a series of edible greening initiatives across the South Parish of the city.

With a robust and active steering group in place, investment from the Healthy Ireland fund was successfully sought to employ a part-time Coordinator for the CFPC in a shared role that would also coordinate the Green Spaces for Health initiative. This post has supported community food growing across the city for the last four years, with the coordinator acting as an honest broker in the negotiation of public green spaces, helping new and emerging community growing groups, and building capacity and understanding across the city about a sustainable and healthy food system for all. Details of the broad range of community food growing projects that have emerged from this process in Cork City can be seen in Chapter 11.

"The outstanding range of local Artisan producers in Cork is what makes it the food capital of Ireland. The English Market in the heart of the city houses fishmongers, butchers, cheese makers, bakeries, veg suppliers, and many artisanal foods suppliers. This indoor market and the Coal Quay farmers market, alongside the artisan producers in Cork, offer restaurants locally sourced, quality-driven, seasonal ingredients enabling chefs to be creative and resourceful in their cooking, adding variety to the restaurant menus. The close proximity of the producers to the city makes it easy for restaurants to buy directly from them, building solid reliable relationships that can last the lifetime of the business.

As a food business we are passionate about food and sustainability and have worked hard to implement many sustainable practices to create food businesses we are proud of. We endeavour to have zero waste, so what is not used in the restaurant will be used in the cafes, keeping a close eye on portion sizes that see empty plates return to the kitchen. We only use compostable packaging for our takeaway and corporate food orders which are delivered on our fleet of cargo bikes. We return packaging to the suppliers to reuse and compost all our prep food waste. We are constantly updating the equipment to be more energy efficient. We create menus with plant-based options, working with the seasons, and using locally sourced ingredients all of which appeal to a wider customer base.

Rising food and energy costs have made us all look at the business holistically. Reducing the unnecessary use of lighting, heating, kitchen equipment, and water is essential to remain in business. Employing the right team who share the same values and educating staff on sustainable practices is important for promoting a sustainable food system and reducing environmental impacts. These key staff share their knowledge outside the workplace, influencing the behaviour of those at home.

Energy costs have risen considerably, and it would be beneficial to have easily attainable grants made available to small businesses to encourage them to go green. Commercial waste contractors make little effort to encourage food businesses to manage waste properly. Brown bin pick-ups need to be more frequent and are expensive. I would like to see a three-tier bin system in the city centre to include a compost bin. Compostable packaging is used widely but not



Photo 2: Cllr Tony Fitzgerald, former Lord Mayor of Cork with Keelin Tobin, CFPC Coordinator 2016 - 2018, Lucy O'Connor Musgraves and Aoíbh Guthrie

disposed of properly. City councils could do more to educate and encourage proper waste management within the city."

Ms. Marianne Delaney,
Food Business Owner Cork City and
steering group member CFPC 2013-2019

Sustainable and Healthy Food Events

From 2015 until the onset of COVID, the CFPC ran an annual Sustainable and Healthy Food Awards Scheme. The scheme is one based on acknowledging the efforts of the key players delivering sustainable and healthy food at local level by inviting actors in the Education, Community and Business sectors to propose and highlight their actions for acknowledgement and certification. Connecting these actions to the business and political structures in Cork City, the Lord Mayor awards the applicants at a Civic Reception in the Council Chamber and the business sector provides financial prizes for those who are deemed to excel in each of the three categories. To



Photo 3: Cork Food Policy Council Awards Night 2017. From left to right: Colin Sage, Louise Harrington and former Lord Mayor of Cork, Des Cahill

date some 150 schools, colleges, businesses, and community groups have received certificates.

The CFPC also organised an annual Food Harvest Festival, in partnership with Cork City Council, over a weekend in October. The objective of the event has been to showcase and celebrate community, public sector and businesses contributing to a sustainable and healthy food system in Cork. Participating organisations invite the public to witness their operation by opening their premises to visitors on the Saturday. The following day centres around activities in Fitzgerald's Park where stalls, talks, and workshops are accompanied by entertainment and free food prepared by volunteers from donated retail and community garden surpluses and donations. Again, the event serves to encourage conviviality around food, offering a sense of community while facilitating creative dialogue, the sharing of innovative practices and the sense of what systemic change might mean.

There have been a number of other activities in which the CFPC

has played a role as facilitator. These have included support for the development of a food map for the city; a photographic competition and exhibition (in the Central Library); various workshops and seminars; cooking events with refugees and asylum seekers living in Cork and with restricted access to cooking facilities in the direct provision centres in which they reside. In 2019 a creative collaboration emerged with the Cork Midsummer Festival and a partnership was formed with the Chilean theatre group, Cocina Publica, during their week-long residence. In leading by example, members of the CFPC steering group have been personally and directly involved in the promotion and delivery of many activities that have sought to inspire and motivate people encouraging a rethinking of food and the current arrangements by which we eat (Giambartolomei et al. 2021).

Photo 4: Feed the City launch. Left to right: Colin Sage, Denise Cahill, Katherine Harford and Mercy Fenton former Chef Jacobs on the Mall, Cork City.



"When I give food to the poor, they call me a saint. When I ask why they are poor, they call me a communist"
- Hélder Câmara

"Despite declining rates of both poverty and food poverty at the national level, food banks and other forms of food charity have increased exponentially in recent years. This growth can be attributed to the fallout from the economic crisis of 2008-10, the rise of corporate social responsibility efforts and an increasing awareness of the issue of food waste.

My research in this field (e.g., Kenny and Sage 2019) has demonstrated that the advent of FoodCloud – Ireland's first national food banking system - along with simplistic narratives have played key roles in this growth and in normalizing and, indeed, celebrating the use of surplus food as a 'win-win' solution to food poverty and food waste. The COVID-19 pandemic has further cemented food banks as a solution to the structural issues of poverty and, in 2020, even MacDonalds, the world's largest fast-food chain, became a surplus food provider to Ireland's national food banking system.

A central factor contributing to poverty, and thus to food poverty, is low income which reduces the accessibility of healthier diets. Tastes are developed over time and require repeated exposures. For some low-income families, the risk of food waste associated with introducing new foods to children is unaffordable. Surplus food redistribution could minimise this risk, making otherwise less affordable food more accessible, however, if nutritional health concerns are considered outside the remit of charitable services, these arrangements can also reinforce existing dietary inequalities.

Evidence from my research in Cork suggests that there are tangible benefits stemming from making surplus food available to charities who then distribute this food to those relying on it to make ends meet. It has increased the availability of perishable foods flowing through the charitable food system and it does reduce the food bill of many receiving organisations. However, nutritional health concerns are considered to be outside the remit of most charitable food providers and the focus on reducing food waste leads to food, and often highly processed food, being distributed in response to food waste rather than food poverty.

Large volumes of baked goods, snack food, treats, and individually and heavily packaged food are a staple within surplus food streams, and this contributes to keeping cheap, highly processed food the most accessible, or only option, for low-income communities. In this regard, there are questions around the role of food charity in reinforcing an already high health burden carried by those likely to be reliant on food charity. Moreover, food surplus redistribution falls into the food waste management rather than prevention category and despite efforts to redistribute as much surplus food as possible, food waste still occurs.

Efforts are ongoing to improve food environments elsewhere through healthy food policies in educational settings, workplace settings and hospitals, yet the charitable food environment - upon which thousands rely daily - remains outside the scope of this work. The growing role of the charitable sector as a key food waste reduction strategy means that surplus food redistribution is influencing the diets, the health, and food cultures of current and future generations. While these services cannot address the issue of poverty or food waste, nor should they be expected to, efforts can be made to ensure that the food banking system does not deepen Ireland's health inequalities or distract from the growing gap between the wealthy and the poor. Positive first steps in this regard would be the implementation of a healthy food policy for the charitable food sector along with stronger advocacy to remind people that food charity is only ever a band-aid response to a much deeper problem".

Dr. Tara Kenny,
School of Public Health University College Cork

Food as a Lever for Health

We believe that a consequence of the Cork Food Policy Council's efforts to bring together a range of issues and perspectives related to the sustainability of the urban food system and thereby reconfigure conventional problem-framing has helped to produce a series of new place-based narratives. For example, the promotion of wellbeing through healthier diets has become more widely recognised as a public health issue in Cork and one around which to potentially build a persuasive narrative for change. The connection of food to health and well-being through the Cork Food Charter rendered it less divisive and overtly 'top-down'. With the successful experience of the initial community food initiative on the north-side of the city, there was legitimacy and credibility of such work in the eyes of individuals and grassroots organisations. From a Healthy Cities perspective, food is an ideal tool to bring people together and acts as a lever for change to the co-benefit of health and the environment.

A particular success has been to achieve 'buy-in', not just from local political representatives, but from key personnel in other sectors and agencies who may not have regarded health as a priority within their brief, but who have come to champion the Healthy City agenda. To create a narrative attuned to the social and political milieu of the time and place, different approaches have been interwoven by many actors. Pivotal in the enactment of this tactic was the role of the CFPC Chair, an academic with an appreciation for the multifaceted role of food. With a clear vision around the need to create institutions to drive and nudge systemic change towards sustainability, a cross pollination of ideas and transdisciplinary capacity was built across all of the stakeholders involved. This transdisciplinary approach has brought innovative thinking and action across sectors and has created opportunities to establish ground-breaking changes at local level such as the provision of public space for community food growing.

The CFPC experience underscores the importance of looking at policy entrepreneurship as a collective agency, one that builds on earlier as well as concurrent initiatives. The linkage of issues and concerns occurred together with the building of networks and connections of various actors (Giambartolomei et al 2021). The first activities of bonding and bridging across groups and individuals from different backgrounds stemmed from the collective effort of the initiators who reached out to individuals within their own very different networks and effectively allocated the initial seating at the table of the CFPC. It is important to recognise the influential role played by all stakeholders including representatives of the Cork Environmental Forum, the Local Agenda 21 organisation established in the mid-1990s, NICHE, and the food redistribution charity, 'Bia Food Initiative', among others. These organisations

brought considerable experience and an extensive network of contacts with people from across the city and with whom they had already built relations of trust. People who "wear many different hats" and who have a proven track record within the community are clearly most likely to play the role of policy entrepreneurs.

As noted earlier, in the early stages of establishing the CFPC steering committee, invitations to join were extended to two key staff at Cork City Council: the Director of Environment and Recreation Services and to a member of the Planning Department with a strong personal interest and identification with the goals of the CFPC. Yet the multidisciplinary and cross-sectoral aims of creating a sustainable healthy food policy is a challenge in the context of local government organisations generally hampered by siloed structures and bureaucratic municipal procedures. Cross-departmental, cross-disciplinary, and cross-sectorial collaboration creates multiple challenges and requires considerable investment of time and energy in re-imagining the possibilities for local policymaking.

Yet in 2022 Cork City Council approved the signing of the Glasgow Food and Climate Declaration by the Lord Mayor, upon the recommendation of the Environment Strategic Policy Committee, and commits Cork to putting into practice integrated food policies to tackle the climate emergency. The actions connected with this policy commitment will be agreed by the Cork Food Policy Council and will be embedded in the Cork City Local Economic and Community Plan 2023. Such international agreements can provide encouragement and support for deepening local efforts to achieving a more sustainable food system in Cork.

CONCLUSIONS

Cork Food Policy Council has been at the forefront of several practical interventions at local level:

1. The employment of a part time Coordinator through the national Healthy Ireland Fund
2. The development and support for community food growing projects and urban greening.
3. An annual Sustainable Food Awards Scheme for the business, community, and educational sectors
4. An annual Sustainable Food Harvest Festival
5. The development of the Cork Food Map to profile the food system in Cork to identify and address food-related issues affecting the people living in the region.

The Cork Food Policy Council has shown the importance of adding value to existing efforts by building relationships with key players in the food system and finding areas of mutual interest and benefit. The Cork Food Policy Council has successfully merged the public health and food sustainability agendas by identifying overlapping objectives and seizing opportunities for action, building a credible reputation while simultaneously advocating for policy shifts at local, national, and European level toward a sustainable and healthy food system for all.

In Cork, food has become a lever for health promotion, community development, community food growing and greening the city, promoting biodiversity and environmental sustainability. CFPC has enabled a process of defining the key challenges, linking the key issues, and seeking opportunities for innovative good practice. Finance has been sought predominantly in the health domain but also at local authority level, to merge objectives and pool resources and the networks that have emerged in Cork have strengthened the role, credibility, and visibility of the work. With investment in health at community level the national Sláintecare Healthy Community model fund will support the employment of a Community Nutrition Worker in the city. With the groundwork laid out to date by the CFPC and Green Spaces for Health the aspiration is that this role will complement the overall objectives of the CFPC and provide targeted support in the areas of the city in most need and with higher levels of food poverty. Efforts are also underway to develop a Food Innovation Hub in Cork City, a cooperative and commercial space that will facilitate growers to learn from each other, to supply healthy and organically grown food while contributing to a sustainable and viable local economy.

In the current global context of food shortages, increased food insecurity, rising food prices, the climate emergency, and rising public health anxieties associated with food consumption practices, local

action becomes an indispensable imperative to positively influence the food system. Having laid a strong foundation in community food growing, Cork is now well placed to continue to challenge the prevailing model of food provisioning, offering alternatives and shedding light on sustainable and healthy ways forward in line with the One Health policy objectives of the WHO European Healthy Cities framework.

GENERIC LEARNINGS

- The success of the CFPC is credited to the **broad commitment** and membership of the steering group. All stakeholders brought considerable experience and an extensive network of contacts with whom they had already built relations of trust.
- People who "**wear many different hats"** and who have a proven track record within the community are clearly most likely to play the role of policy entrepreneurs.
- CFPC has demonstrated the need to **balance policy with action** to build credibility, visibility and impact at local level
- Food is a great **lever** for building health, community and environmental sustainability
- **Collaborative action** is essential for a sustainable and healthy local food system and is an evolving process, one shaped by robust and sometimes challenging relationships between statutory, voluntary, business, and community organisations.
- As policy entrepreneurs we have sought to **navigate a path** forward by drawing the actions outlined above: from defining problems and linking issues to recognising and creating windows of opportunity for sustainable and healthy food policy shifts.

REFERENCES

Department of Agriculture Food and the Marine (2015). Food Wise 2015: Local Roots, Global Reach. Dublin.

Giambartolomei, G., Forno, F., Sage, C. (2021) How food policies emerge: The pivotal role of policy entrepreneurs as brokers and bridges of people and ideas. *Food Policy* doi.org/10.1016/j.foodpol.2021.102038

High Level Panel of Experts on Food Security and Nutrition (HLPE) (2017). Nutrition and Food Systems. HLPE, FAO, Rome.

Kenny, T., Sage, C. (2019) Food surplus as charitable provision: Obstacles to re-introducing food as a commons. In *Routledge Handbook of Food as a Commons* (Vivero-Pol, JL., Ferrando, T., de Schutter, O., and Mattei, U., editors). Abingdon, Oxon, UK : Routledge, pp.281-295.

Sage, C. (2022a). Introduction: A Research Agenda for Food Systems. In Sage, C. (ed) *A Research Agenda for Food Systems*. Edward Elgar, pp.3-37.

Sage, C. (2022b). The Food System, planetary boundaries and eating for 1.5C: The case for mutualism and commensality within a safe and just operating space for humankind. In Sage, C. (ed) *A Research Agenda for Food Systems*. Edward Elgar, pp.67-88.

Verheijden M.W. & Kok, F.J. (2005) Public health impact of community-based nutrition and lifestyle interventions *European Journal of Clinical Nutrition* 59: S66–S76.

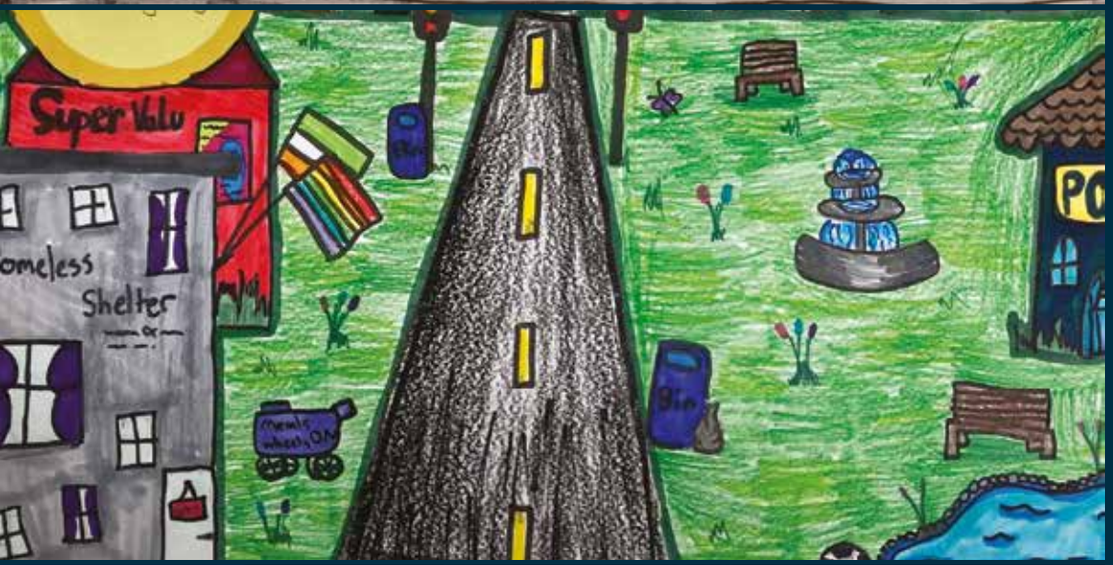
Willett W, Rockström J, Loken B, Springmann M, Lang T, Vermeulen S, et al. 2019. Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems. *The Lancet*. 393 (10170):447-92.

WHO 2023. One Health. Geneva: World Health Organization.



“We need more bicycles and bicycle lanes. And we need more trees!”

Gabb, age 8, Holy Cross NS, Mahon



“No littering, no polluting, recycle and be kind to everyone.”

Jaga, age 11, Sundays Well GNS



“I’d like to see a bigger, more futuristic city with palm trees on every street.”

Max, age 14, Douglas Community School



Photograph taken at a PSYCHED award ceremony

Acknowledgements:
Many thanks to Aoife Ní Chonchuir (HSE) for her valuable contribution to this chapter, the work of PSYCHED, and for making available the testamonials (quotations) from participants, included in this chapter.

Chapter 8
PSYCHED
A Workplace Mental Health Promotion Initiative in Cork City and County

Daniel Flynn and Justina Hurley

Introduction to PSYCHED

PSYCHED is a workplace mental health promotion initiative that originated from identified need observed in mental health based clinical practice. Its objectives are supported by Irish government policy, as outlined in *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* and *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020,* both of which aim to improve health and wellbeing outcomes at a general population level and at specific target group levels.

This chapter will provide an overview of how the need for PSYCHED was identified, the evidence underpinning this mental health promotion approach, development and roll out of the initiative and a summary of the impact to date. The chapter includes quotations in text boxes from participants of PSYCHED and highlights the range of benefits offered by such a mental health promotion initiative. The chapter concludes with generic learnings and reflections on the initiative.

Background – Cork Healthy Cities and PSYCHED

In Ireland, there is a growing awareness at both a political and societal level of the importance of the mental health and wellbeing of our communities. Health, both mental and physical, impacts greatly on overall wellbeing, and the potential socioeconomic consequences of poor health become an added burden. Not only is the individual's immediate support network impacted by poor health, "adverse trends in the health of the community and the

population impact on the whole of society," (Department of Health and Children, 2013, p.6).

As a clinical psychologist, the Area Principal Psychology Manager for Cork Kerry Community Healthcare, had first-hand experience of working with people whose family, social, vocational, and educational lives were adversely impacted by poor mental health. Clinical experience indicated that clients were reticent to speak about mental ill health or to share their experience with others. Returning to work or education and explaining absences were significant sources of anxiety. *How do you tell people you have been mentally unwell and how will this impact on their treatment of you?* were issues commonly discussed as part of the person's recovery.

Having participated in *Common Purpose*, a programme focused on bringing people together from the public, private and not for profit sectors to consider how they could improve the community in which they live, the Area Principal Psychology Manager sought participants' views on mental health issues and how these issues may be communicated with peers (Common Purpose, 1989). Through consultation, it became apparent that one of the most significant challenges for the community in Cork city and county was the continued stigma in relation to mental illness. All aspects of discussion in relation to mental health (synonymous with mental illness) were considered taboo and thus unlikely to be discussed by the typical working adult, regardless of employment setting. Despite this, there was a significant interest in the topic and broad support for anything that might support attitudinal change. *Common Purpose* challenged participants to become champions for change.

The main questions were: how to champion attitudinal change in relation to mental health and wellbeing in the community; how to maximise attitudinal change and how to access a collective to champion this change? Considering the question *Where do adults gather?* The idea was to begin with workplaces, armed with the knowledge that "*the failure to prevent, recognise and treat mental health problems in the workplace has an impact on employers, employees and their families, and the community generally*." (Funk, M., & World Health Organization 2005: 19). The aspiration therefore was to identify champions in workplaces that could foster a change in workplace culture, people who were open to new learning and to showing an understanding of mental health with an aim of reducing stigma towards mental illness in the wider community (Robinson et al, 2013). The initiative to support this plan was called PSYCHED, operating as a backronym, a meaningful word, as well as an acronym. PSYCHED as an adjective means to be "mentally prepared" or to "be excited and emotional" about something, while the acronym stands for **Positive Support You Can Have Every Day**. The initiative hoped to help individuals become more alert to mental wellbeing and to promote this thinking in their workplaces; in essence, to get people PSYCHED about mental health and, by degrees, build a positive support network of people that would make mental health a natural part of work and community life.

Health promotion initiatives should aim to be empowering, participatory, holistic, intersectoral, equitable and sustainable to employ a multi-strategy approach (World Health Organization, 1986). The World Health Organisation (WHO) defines a healthy city as "one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential" (WHO 1998: 13). Within this healthy city framework, health promotion programmes aim to encourage awareness and understanding and ideally should be suitable for inclusion in policy and decision making within the context of local health city initiatives. More specifically, Cork Healthy Cities aims to create "a city that connects to improve the health and well-being of all its people and reduce health inequalities - supporting, validating, enabling and strengthening," (Cork Healthy Cities, 2020). As a targeted health promotion initiative in a work setting, PSYCHED was aligned to both the WHO and the Cork Healthy Cities objectives. For PSYCHED to advance and succeed, it was important to develop strategic partnerships with key stakeholders that could assist with promoting mental health awareness in the city and beyond. To this end, presenting the concept to the Cork Healthy Cities steering group offered an opportunity both to validate the need for such an initiative and to offer support, guidance, and direction on moving from concept to action.

Westgate Foundation

"It has been very beneficial to Westgate Foundation to have forged a working connection with the PSYCHED team. We have benefited from the awareness raising workshops that PSYCHED has delivered and the resources that have been provided. Cultivating a workplace environment grounded in an ethos of holistic Well-Being is win-win for employer and employee and it requires support, tools, expertise, and encouragement - all of which we have been able to draw on through our engagement with PSYCHED.

Receiving PSYCHED Recognition Certificates on two occasions has also provided recognition and motivation to our team to continue to promote positive support in the workplace every day."

Project Initiation

In 2017 an interagency steering group was formed and comprised key Healthy City stakeholders in Cork that were interested in advancing the PSYCHED agenda. These included the Health Services Executive, Cork City Council, University College Cork, the National Suicide Research Foundation, and community workplace partners. Cork County Council joined in 2019 thus expanding PSYCHED to include both Cork City and County. All those involved contributed their time as part of their current employment roles or on a voluntary basis and the ethos was to develop PSYCHED as a non-profit community-based initiative. The part-time Coordinator of PSYCHED is a Health Promotion Officer who assigned to and working with Cork Healthy Cities.

The steering group assisted with reviewing and refining the PSYCHED concept. Consultation and partnership led to clarity on key aims and objectives and on how best to encourage workplaces to champion the mental health agenda. The aims were developed against a background of awareness of stigma surrounding mental health, particularly in the workplace, and research on interventions that help to reduce stigma. It was realised that to be effective, a health promotion model was required which would include a combination of training, education, policy development, marketing, advocacy, and evaluation underpinned by a research evidence base.

Programme and Policy Development – Assessing the evidence.

Workplace stigma relating to mental health. According to the WHO "many people have misconceptions about mental health problems," which include:

- The belief that mental health problems cannot be treated.
- The belief that personal deficiencies can lead to mental health problems.
- The belief that those diagnosed with mental health disorders are unable to run their own lives or make decisions pertaining to their lives.

(Funk, M., & WHO 2005: 13).

These misconceptions ultimately translate into stigma and subtle discrimination, which have been found to have more negative consequences than the experience of mental illness itself and can lead to delayed or absence of help-seeking (Thornicroft et al, 2016).

A 2016 report by the Irish Economic and Social Research Institute (ESRI) on Work-related Musculoskeletal Disorders and Stress, Anxiety and Depression in Ireland looked at data collected from 2002-2013. They found stigma to be an issue where mental health related illnesses were concerned. Women were more likely to report stress, anxiety and depression and the risk was higher for workers in the service sector, particularly in education, shift and night work and those working long hours. Average absence from work was also longer for those who experienced stress, anxiety, and depression, however 43% of those reporting stress, anxiety and depression did not take leave from work due to one of these illnesses. They noted that underreporting for mental health related illness occurred if mental health was not specifically included (Russell et al., 2016).

The 2018 VHI Health Insights report focused on mental health in the corporate workplace and found 50% of those surveyed believed that career prospects would be harmed if they did not hide their stress at work while one in five had missed work in the previous year due to stress, anxiety, or depression. Worrying levels of unhappiness, dissatisfaction and stress were found amongst a significant proportion of the working population with women, those under 34 and people in the tech sector most concerned about

their mental health. Resilience amongst workers under 34 years emerged as a significant issue with high levels of dissatisfaction cited. (VHI,2018)

The 2020 Annual Attitudes to Mental Health Survey, commissioned by St Patrick's Mental Health Services, showed that mental health stigma remains a problem in Irish society. Twenty-nine percent of those surveyed reported that they would not feel comfortable requesting time off due to a mental health difficulty, while 73% believed someone who was hospitalised to treat a mental health issue would be accepted but viewed differently. Self-stigma was more prevalent with 63% of adults believing that treatment for a mental health difficulty is still seen as a sign of personal failure. There was less stigma towards others however, where only 39% of those surveyed believed that people with a mental health problem would not be treated equally and 70% said they would willingly accept someone who has received outpatient treatment (St Patrick's Mental Health Services, 2020).

In addition to personal and social cost, mental ill health has a significant financial and lost productivity cost to the workplace. For example, the Small Firms Association Absenteeism Report (2014) found that absence costs small business over €490 million per annum. The main mental health related costs reported included anxiety and depression (13% or €63.7 million), stress (7% or €34.3 million), nervous debility/ bereavement (4% or €19.6 million) and post-natal depression (2% or €9.8 million).

Chubb

"Chubb is fully committed to the ongoing promotion of positive mental health and wellbeing of their employees. We are delighted to have engaged with 'Psyched' and availed of the vast information and support services available from their resident experts. The workshops allow key representatives to share good practice and learn strategies to promote inclusion and positive mental health and wellbeing within the workplace. Chubb is proud to have used the tools and resources available from 'Psyched' to implement our own wellbeing strategy."

Psychosocial risk in the workplace

Job stress amongst employees in Ireland doubled from 8% in 2010 to 17% in 2015 with the main workplace stressors listed as: emotional demands; time pressure; bullying, harassment, violence, discrimination, and long working hours (Russell et al., 2016). The 2019 European Survey of Enterprises on New and Emerging Risks identified psychosocial risk and musculoskeletal disorders as the main issues that European workplaces are most concerned about (ESENER, 2020). Work stressors or psychosocial risks arise from poor work design and poor organisation and management, as well as a poor social context of work. Work stressors may result in negative psychological, physical, and social outcomes such as work-related stress, burnout, or depression. The working environment can positively or negatively affect an employees' mental wellbeing, and, in the same way, employees can positively or negatively affect the workplace (Maslach et al., 2001; Mellor et al., 2015).

The Evidence for Interventions

According to Bos et al. (2013: 1) "most definitions of stigma comprise two fundamental components, namely, the recognition of difference and devaluation." While stigma and prejudice can overlap, the functions of stigma, from a social psychological viewpoint, can lie in the exercise of power, social norm enforcement and disease avoidance. Mental health related stigma appears to stem mainly from disease avoidance, largely relating to fear. It is unfortunate that extremes of mental illness often receive considerable media attention and form the backdrop to many literary and cinematic works. While such conditions affect only a very small percentage of the population, their over representation in dramatic works and criminal reports skews the perception and in the public mind links mental illness with the extreme and rare presentation rather than the norm.

According to Weiss et al. (2006: 283)

> "Interventions for the general public try to correct misinformation and unfounded fears about the risks

and dangers of people with stigmatized conditions. Interventions also aim to enhance empathy with affected person by emphasizing the fact that health status is not the only relevant feature of the identity of a person with a stigmatized condition."

Any intervention needs to be cognisant of the fact that stigma relating to mental health issues can include self-stigma. Self-stigma reflects how the person having had a period of mental ill-health can have negative feelings about the illness and thinking that they must conceal their illness to avoid stigma. Structural stigma compounds this where there is an organisational or social silence around mental health issues and perceived or actual lack of support at an organisational level.

While there is much research on stigma, there is limited data on interventions to reduce stigma. However, the evidence to date does imply that to be effective an intervention needs to be multi-targeted and oriented at individual, interpersonal, organisational and community levels, and thus should include a combination of counselling, education, and interpersonal contact (Heijnders & Van Der Meij, 2006). Interpersonal contact is most effective where there is equal status and common goals, long term initiatives have more effect than short term initiatives and initiatives directed at employer and community level are desirable (Thornicroft et al., 2016).

The need for a model of wellbeing

Promoting mental health and wellbeing by necessity requires understanding of drivers of wellbeing, and guidance on how to foster wellbeing at individual and organisational levels. In 2008 the Centre for Wellbeing at the New Economics Foundation in London was commissioned to develop a set of evidence-based actions to improve personal well-being. Research and evidence from five identified challenge areas was collated and, from this, five key actions were developed around the themes of social relationships, physical activity, awareness, learning, and giving. Their research found that strong social relationships, physical activity, and ongoing learning were important influencers of both wellbeing and illness, while the act of giving and a heightened awareness both of self and of external experience in the present were shown to specifically influence wellbeing in a positive way. The goal was to use a social marketing approach and offer concrete actions that encouraged and enhanced understanding of existing behaviours rather than introduce a novel set of behaviours (Aked et al., 2008). They noted that at a work level, cooperation, and management buy-in was necessary if these actions were to take effect at individual and group levels. These actions became the *Five Ways to Wellbeing*, namely: Connect, Take Notice, Be Active, Learn Something New, Give. This model has been widely adopted globally.

Mayfield CDP

"Being a PSYCHED workplace has allowed the project to place focus on the mental health and wellbeing of its staff team in a purposeful way through the development of a mental health and wellbeing policy and strategies, however big or small. The needs of the community that we work with come first on a daily basis, however it is crucial that the wellbeing needs of team members are supported and promoted in the first instance so the community needs can be met in the best way possible. The project also recognises that is it important that what we learn from being a PSYCHED workplace can be applied to the community through the provision of mental health supports and courses."

Practical Solutions: The PSYCHED Approach
Refining the message

As a mental health promotion initiative, PSYCHED aims to address inequalities arising from mental health related stigma and to focus on the work environment and work culture as two important determinants of health. The evidence was clear that a blend of interpersonal interaction, education and skills building would have the most potential to foster empathy and lead to new learning at an individual level as well as to build communication, new workplace practices and peer relationships at group level. The PSYCHED group



Figure 1: Change goals (PSYCHED, 2017)

To communicate this information, education and intrapersonal model, the PSYCHED steering group identified three key objectives:

were also keen to explore, through future evaluations, how workers might then take these new skills home, thus indirectly impacting on and benefiting the wider community (figure 1).

- To stimulate conversations in the workplace leading to a better understanding of mental.
- To encourage employers to engage with staff to promote and foster mental health in the workplace by setting goals for positive improvement.
- To celebrate commitment, good practice, and innovation in mental health promotion in the workplace through participation in an annual PSYCHED celebration event.

The *Five Ways to Wellbeing* was adopted as a framework around which conversations on mental health and wellbeing could be structured.

In 2019, a more formal PSYCHED policy document was launched, providing information for workplaces by helping to identify support pathways, presenting the benefits and evidence-based practices in more detail and signposting to relevant employment legislation



Figure 2: PSYCHED Policy Document (PSYCHED,2018 a) and Workplace Checklist (PSYCHED,2018b)

and government supports (PSYCHED, 2018a). This also facilitated a more succinct way of presenting the objectives of PSYCHED and an overview of the benefits of participation to both employees and management. Accompanying this, to help workplaces translate ideas into workable policies and activities, a PSYCHED Workplace Checklist of activities relating the areas of promotion, protection and support was developed. This helps workplaces assess whether these areas are being given equal weight and helps identify areas that require attention. It is also a means of recognising and acknowledging what might already be in place, and what might be working well (PSYCHED, 2018b) (figure 2).



Figure 3: PSYCHED Promotional Materials (PSYCHED, 2017)

Marketing and Advocacy

A website, YouTube channel and series of information fliers and posters were developed to promote and invite individuals and workplaces to become PSYCHED champions (PSYCHED,2018 a). A graphic artist was commissioned to illustrate the promotional materials and informational posters were produced to promote *Five Ways to Wellbeing at Work* in the context of PSYCHED (figure 3). All materials were distributed at workshops and are available as downloadable resources from the website. The initiative was launched and promoted in local print media.

Funding

In 2017, funding was secured from Healthy Cities and the Health Service Executive (HSE) Health and Wellbeing and Mental Health divisions to support the initial set up of PSYCHED. The fund was used to pay for promotional materials and to contract a part-time project worker to support promotion of PSYCHED in workplaces and to plan the inaugural PSYCHED annual celebration event. This event was hosted in 2018 by the Lord Major in City Hall and in 2019 in County Hall co-hosted by the County and City Mayors. In 2019 Healthy Ireland funding was secured under Cork Healthy Cities and Cork Healthy Counties to continue to expand PSYCHED. In addition, since 2018, a Health Promotion Officer from Cork Healthy Cities is assigned to PSYCHED to co-ordinate workplace engagement and to facilitate and plan workshops and events. Further, the members of the steering group volunteer their time when participating in workshops and contribute a wide and varied skill set to PSYCHED that has enabled to programme to offer expert speakers and marketing consultancy at no cost.

PSYCHED IN ACTION

Workshop Delivery

Once the communication materials were in circulation and a dialogue had been initiated with many of the local Cork companies, a series of introductory workshops was launched which aimed to inform, educate, and provide opportunities for interpersonal contact and conversation. The introductory workshop has the following components:

- Information and education about mental health.
- Information about the role of the workplace in mental health and the benefits of being a mental health promoting workplace.
- Skills building through introduction to mindful practices and other resilience building tools.
- Interpersonal connection via group conversation structured on the Five Ways to Wellbeing model to encourage open sharing of ideas, issues, and concerns.

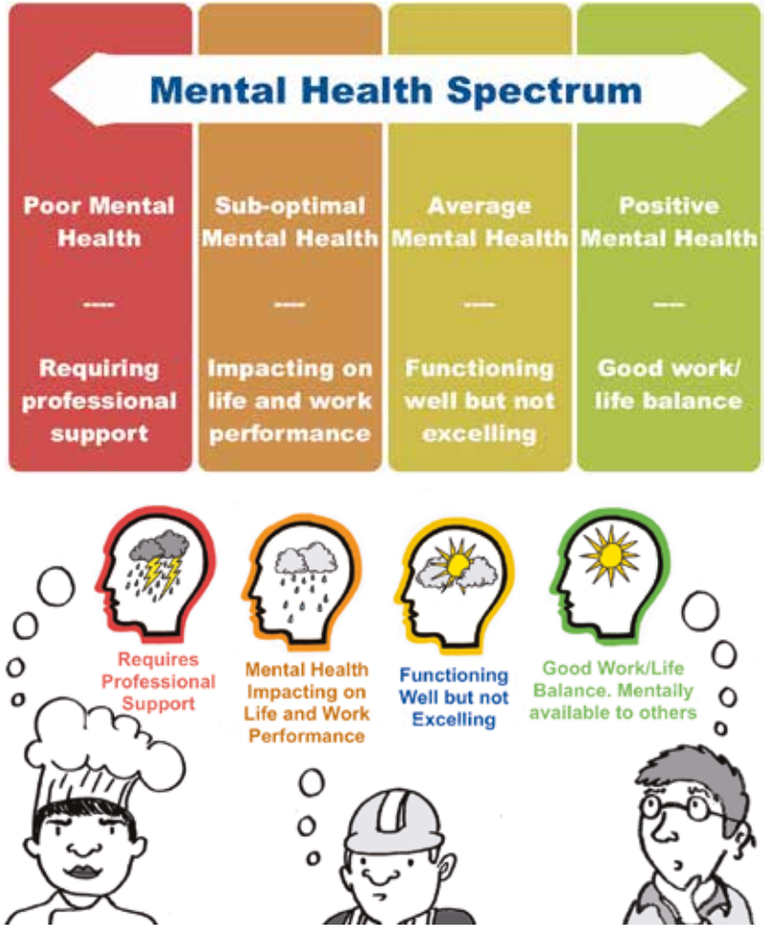


Figure 4: Mental Health Spectrum

Information and education

The information and education arm had two objectives. The first was to normalise the concept of mental health so that it would be viewed in the same way as physical health. It outlined through research and evidence how mental health is comprised of emotional, psychological, and social wellbeing and just like our physical health, mental health exists on a continuum ranging from poor mental health to positive mental health and can vary from day-to-day (Keyes, C. L. M., 2002) (figure 4).

The second was to encourage buy-in for employers by showing, through evidenced based research, that a workplace that values mental health and wellbeing can be more productive. The concept of psychosocial stress and workplace stressors are outlined, and practical resources are signposted.

Skills building

Each workshop had a practice component, using various mindfulness exercises to encourage self-care and impart tools for building resilience. This component also explores the Five Ways to Wellbeing model in more depth and outlines practices that can be incorporated personally and in the workplace.

In 2020, as COVID-19 impacted business and society in Ireland, workplaces indicated that staff mental health was at an all-time low. Staff absences due to illness was increased and workplaces were very unsure as to how to respond. PSYCHED adapted quickly and moved to online training. Resource material and a workshop on Working from Home during COVID were offered. In addition, PSYCHED commissioned Heart of Frontline Practice to deliver a series of reflection-based workshops for businesses and community groups looking at the difficult impacts that COVID has on each of these sectors. These four-week Reflect and Engage courses provided participants with a supportive space to pause, connect and reset. Feedback has been positive on these courses with waiting lists permanently in place.

Interpersonal Connection

This component offered time for discussion both in break out groups and collectively. The conversation is themed around the *Five Ways to Wellbeing* model to encourage solution focused discussion, sharing of ideas and space to voice concerns.

Evaluation

Each workshop participant is encouraged to complete a satisfaction survey on their workshop experience and to offer suggestions on any areas they feel would be of benefit in the future. Suggestions are incorporated in subsequent introductory workshops or can be offered, where possible, as separate follow up workshops. Feedback is an integral part of the growth and development of PSYCHED. We have sought feedback on all events that have been offered to date. Responses have been very positive with 100% of those who have participated thus far wanting to remain involved with PSYCHED. While many felt that breaking down barriers and stigma is still the biggest hurdle, they felt that the initiative got people talking and led to a greater sense of community in their workplaces.

Validation
Celebration Events

As identified, one of the key aims of PSYCHED is to celebrate and acknowledge change in practice and mental health promotion initiatives in workplaces in Cork City and County. PSYCHED has hosted 2 annual celebration events acknowledging the work of PSYCHED workplaces. The celebration events were promoted at each PSYCHED Introduction workshop, via promotional materials and online on the PSYCHED website.

In addition to acknowledging individual organisational change, the events give workplaces a chance to meet and to share examples of efforts they have made in their workplace to foster mental health promotion activities, and through PSYCHED there is an opportunity to emphasise the benefits and desired attributes of a mental health







Facing page: Figure 5: PSYCHED Logo provided to all PSYCHED workplaces at the annual PSYCHED AwardsMental Health Spectrum
Above: Photographs taken at PSYCHED awards ceremonies.

promoting workplace to both employees and employers (figure 6).

Workplaces are required to share examples of a mental health promoting activity, an overview of which is shared with the audience when workplaces are awarded their PSYCHED certificates of recognition. Videos of speakers and examples from some of the workplaces that took part are available on the PSYCHED website and YouTube channel (PSYCHED, 2020).

MW Safety Services

"At MW Health & Safety services we are thrilled to be recognised as a Psyched workplace! From the outset it's been our priority to develop a working environment that nurtures and encourages employee wellbeing. When we discovered the Psyched initiative, we were excited to adapt our strategies to embrace the Psyched approach. It was a starting point that opened the floor to discuss what's already in place and what's missing. We discovered that we needed to implement flexible working patterns which has resulted in an increase in productivity and engagement across the board. We've always believed that when we trust our employees to deliver, in return they trust us to open up if they are struggling – this drives expansion and growth within the business in the best way possible. We continue to learn and expand when it comes to Workplace Wellness and in that process, we recently extended our service offering to include Mental Health Awareness training for our clients and their employees. The results have been incredible, humbling, educational and thought provoking. Thanks to the flexible working system, we were able to facilitate management and employees returning to education to complete workplace wellness training such as Occupational Health, Leadership in Workplace Wellbeing, Managing Stress and Banter vs Bullying. It's turned into a "pay it forward" system where we educate ourselves and then educate our clients and their employees. We are absolutely Psyched about the expansion of our health services and how much we have learned and continue to learn."

In place of the annual celebration event, in November 2020 PSYCHED held a webinar –5 Ways to a Happy Work Culture: Building Resilience. Challenging Stigma – with two high profile speakers, Nic



Figure 6: Employer and employee benefits of a mental health promotion workplace (PSYCHED, 2017)

Marks, who was the originator of the Five Ways to Wellbeing for the New Economics Foundation and Dr Tony Bates, a leading clinical psychologist with expertise on resilience and stigma. The webinar attracted almost 500 participants via zoom and YouTube livestream. A poll conducted during the webinar found that 55% of participating workplaces had an active mental health and wellbeing promotion policy, 41% of participants felt that their workplaces prioritised their mental health and wellbeing and 93% felt workplaces should introduce a happiness KPI to measure workplace happiness. Therefore, even this snapshot demonstrates that a disconnect still exists between what employees want and what workplaces are providing with regard to mental health and wellbeing promotion in the workplace.

Conclusions

With minimal funding PSYCHED has continued to grow and develop since its inception in late 2017. The interagency collaboration within the steering group has been vital to the success and growth of the initiative to date. The steering group comprises experts in clinical psychology, health promotion, occupational health and public health, work and organisational psychology and community programme managers from Cork city and county councils. This varied knowledge base was instrumental in being able to produce the PSYCHED materials and in being able to offer a wide range of expert seminar content. Having a dedicated Cork Healthy Cities Health Promotion Officer to coordinate PSYCHED has also been critical to its continued growth and development. The commitment of HSE, Cork Healthy Cities and both Cork County and City Councils under Healthy Ireland has been equally important, as without their funding and support it would have been difficult to advance and sustain the PSYCHED initiative. Their commitment also helps PSYCHED to plan and to develop and expand the conversation around mental health in the workplace recognising that mental wellbeing is a societal priority for our city and county.

PSYCHED continues to develop and support employees and workplaces to improve mental health and wellbeing in their environment. Ideas for workshops and training have been noted and actioned. To date PSYCHED has facilitated ten Introduction workshops, engaging over 250 PSYCHED champions from public, private, and not for profit workplaces in Cork city and county. In addition, and based on feedback, PSYCHED has facilitated additional training and other events for PSYCHED Champions–from introduction events to workshops on Kindness, Mindfulness and Promoting Mental Health and Wellbeing in the Workplace which directly engaged with multiple workplaces across Cork City and County.

Feedback and engagement to date shows that PSYCHED is already having positive effects in our community. By breaking the silence and starting a conversation that fosters empathy and leads to new learning about mental health, individual workers are already feeling more empowered to ask for help and to use appropriate self-care. Employees and employers who have taken part in PSYCHED have demonstrated greater awareness of all aspects of mental health and have put a variety of programmes and practices in place to encourage wellbeing and open dialogue as well as signposting clear support pathways. Further, they have continued to engage with PSYCHED activities. As PSYCHED grows it is hoped that future evaluations will assess its impact on mental health and wellbeing in the workplace and whether learning from the workplace is impacting people's wider community.

Generic Learnings

We have developed generic learnings relevant across a range of groups including policy makers/ actors, community, voluntary and statutory groups, and academic scholars.

- **Interagency working** can promote mental health awareness once there is collective will and clarity around shared objectives (5 ways to wellbeing framework).
- **Pooling of a diverse range of skills, training and experience and expertise** enriches interagency collaboration.
- Diverse mental health perspectives are informative and interesting for project participants thus fostering individual commitment to becoming **PSYCHED change champions.**
- **International mental health policy and best practice** can be promoted and supported through interagency working with minimal overheads.
- Evaluating population-based programmes and **measuring their impact is challenging**; what to measure, how to do this reliably and over what period does this need to be considered.
- While face to face in-person engagement is preferable, material and trainings were easily **adapted to an online format** with equally positive feedback.
- Having a **website presence** from an early stage to enable access to materials is essential to support engagement of participants as the project develops.

REFERENCES

Aked, J., Marks, N., & Cordon, C. (2008). *Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people's well-being*. (p.13).

Bos, A. E. R., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in Theory and Research. *Basic and Applied Social Psychology*, *35*(1), 1–9.

Common Purpose. (1989). *Common Purpose*. Common Purpose. Retrieved November 2020 from: http://commonpurpose.org/about-us/common-purpose/

Cork Healthy Cities. (2020) Cork Healthy Cities. Retrieved 1 December 2020, from https://corkhealthycities.com/

Department of Health. (2015). *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* (p. 152). Government of Ireland.

Department of Health and Children. (2013). *Healthy Ireland: A framework for improved health and wellbeing 2013-2025.* Department of Health and Children.

ESENER. (2020). *European Survey of Enterprises on New and Emerging Risks (ESENER 2019)—Background briefing—Safety and health at work—EU-OSHA* (p. 64) [Policy Brief]. Publications Office of the European Union.

Funk, M., & World Health Organization (Eds.). (2005). *Mental health policies and programmes in the workplace*. World Health Organization.

Heijnders, M., & Van Der Meij, S. (2006). The fight against stigma: An overview of stigma-reduction strategies and interventions. *Psychology, Health & Medicine*, *11*(3), 353–363.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, *43*(2), 207–222.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*, 397–422.

Mellor, D., Moore, K. A., & Siong, Z. M. B. (2015). The role of general and specific stressors in the health and well-being of call centre operators. *Work (Reading, Mass.)*, *52*(1), 31–43.

PSYCHED. (2017). PSYCHED promotional materials. *PSYCHED*. Retrieved November 2020 from: https://corkhealthycities.com/psyched-2/

PSYCHED. (2018a). *PSYCHED Background and Policy Document*. PSYCHED. Retrieved November 2020 from: https://corkhealthycities.com/wp-content/uploads/2019/05/PSYCHED-FRAMEWORK.pdf

PSYCHED. (2018b). *PSYCHED Checklist—How PSYCHED is your workplace?* PSYCHED. Retrieved November 2020 from: https://corkhealthycities.com/wp-content/uploads/2019/05/Psyched-Checklist-2019.pdf

PSYCHED. (2019). *PSYCHED Survey Infographic*. PSYCHED. Retrieved November 2020 from: https://corkhealthycities.com/wp-content/uploads/2019/01/Psyched-survey-infographic.pdf

PSYCHED. (2020). *PSYCHED Cork Project—YouTube*. PSYCHED Cork. Retrieved November 2020 from: https://www.youtube.com/channel/UCL74EgMgnfuaZfhsK4N0xuw

Robinson, M., Tilford, S., Branney, P., & Kinsella, K. (2014). Championing mental health at work: Emerging practice from innovative projects in the UK. *Health Promotion International*, *29*(3), 583–595.

Russell, H., Maître, B., & Watson, D. (2016). *Work-related Musculoskeletal Disorders and Stress, Anxiety and Depression in Ireland: Evidence from the QNHS 2002–2013* [Report]. ESRI.

Small Firms Association. (2014). *Absenteeism Report 2014*.

St Patricks Mental Health Services. (2020). *Attitudes to Mental Health. Annual Survey 2020 Findings* Retrieved 6 October 2020, from https://www.stpatricks.ie/media/2941/attitudes-to-mental-health-survey-findings-2020-st-patricks-mental-health-services.pdf

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke, M., Shidhaye, R., O'Reilly, C., & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, *387*(10023), 1123–1132.

VHI. (2018). *VHI Health Insights Report*. Retrieved November 2020 from: https://www.vhi.ie/about/press-release/2018/7

Weiss, M. G., Ramakrishna, J., & Somma, D. (2006). Health-related stigma: Rethinking concepts and interventions. *Psychology, Health & Medicine*, *11*(3), 277–287.

World Health Organisation. (1986). *Ottawa Charter for Health Promotion: First International Conference on Health Promotion Ottawa, 21 November 1986.* Retrieved 6 October 2020 from: https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference

World Health Organisation. (1998). *Health Promotion Glossary*. World Health Organisation. https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf



Sexual Health Network- an Inter-agency website

Chapter 9
Ireland's first sexual health network: Experiences from a collaborative effort across Cork city

Muire O'Farrell, Olivia Teahan and Martin P. Davoren

BACKGROUND

Positive sexual health and sexuality are integral aspects of every person's overall health and wellbeing. The World Health Organisation (WHO) defines sexual health as "...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity" (World Health Organisation, 2006). In Ireland, the Health Service Executive (HSE) notes that sexual health is "..an important part of overall health. It means the absence of disease and infections but also covers well-being, the ability to control fertility and to have children and the ability to enjoy fulfilling relationships free from discrimination" (HSE, 2022). Globally, sexually transmitted infections (STIs) have a major impact on sexual and reproductive health such as discomfort, infertility, ectopic pregnancies, and genital cancers (Rowley et al., 2016). The WHO estimates that more than one million STIs are acquired daily (Carmona-Gutierrez et al.,2016). In 2016, 376 million new STI infections were identified by the WHO, with one out of four diagnoses involving chlamydia, gonorrhoea, syphilis, and trichomoniasis (Rowley et al., 2016). In Ireland, an increase in sexually transmitted infections and HIV has been noted in recent years (Davoren et al., 2014). Those disconnected from society are disproportionately burdened with the negative health outcomes associated with sexual health (Kinghorn et al., 2018). These groups include but are not limited to young people, asylum seekers living in direct provision, migrants, men who have sex with men (MSM), sex workers, the LGBTI+ community, homeless people, people in residential care services, traveller groups, Roma groups, single mothers and people in addiction services (HSE, 2022). Studies have suggested that in recent years drug use has become more common

among the general population in Ireland aged 15-64 years, while alcohol remains a prominent public health concern. Compounding this, available data highlights the association between alcohol and drug use and unintended and/or unprotected sexual encounters (Rundel et al., 2004).

Despite its significant role in every person's life, sexual health has only recently been prioritised at state level in Ireland (Department of Health, 2013 – 2025). The country's first national sexual health strategy, published in 2015, was implemented "to remove the stigma around sexual health and promote a more mature and open attitude to sexual health" (Department of Health, 2013 – 2025). Stigma surrounding sexual and reproductive health services has been well documented. Research notes that stigma occurring in the context of adolescent sexual behaviour, pregnancy, early childbearing, abortion, and sexually transmitted infections (STIs) may lead to adverse health and social consequences, including shame, social marginalisation, violence and mental health morbidity. In addition, people's knowledge of testing and support services is low due to the embarrassment, privacy and assertions associated with sexual health (HSE Sexual Health and Crisis Pregnancy Programme, 2018).

In high, middle and low-income countries alike, a significant proportion of global health problems stem from a lack of sexual health facilities and treatment. The WHO advises that individuals need access to high-quality, accurate sexual and reproductive information and sexual health services in order to achieve optimal sexual health and well-being (WHO, 2022). The Irish Government's National Sexual Health Strategy 2015-2020 focuses on delivering sexual health promotion, education, testing and support services to people throughout the country. This strategy is paramount to ensuring Healthy Ireland achieves its goal to "increase the proportion of people who are healthy at all stages of life". In order to do so, it is important that perceived and actual barriers to sexual health services, both nationally and internationally are recognised (Nolan, 2018; Cassidy et al., 2018). These include service access (i.e., location, hours, confidentiality), service entry (i.e., waiting time, waiting environment, fear of being seen), quality of services (i.e., health care provider characteristics) and personal factors (i.e., stress associated with seeking sexual health services) (Cassidy et al., 2018). Research has identified that lack of information,





Sexual Health Network partners from- Sexual Health Centre, LINC, Gay Project Ireland, Sexual Assault Treatment Unit (SATU), Sexual Violence Centre, Cork City Council, and the GUM clinic at South Infirmary Victoria Hospital.

social stigma, policy restrictions and confidentiality issues are key contributing factors to the delays associated with receiving sexual health advice Sexual health human rights and the law (Reproductive Health Matters, 2015). This leaves vulnerable groups, who are most at risk of contracting an STI, as the least likely to access mainstream services.

In a bid to address this, sexual health organisations now provide a wide range of health care resources in the community (National Sexual Health Strategy, 2015- 2020). Applying a public health framework, sexual health organisations deliver health promotion (education, counselling, and the provision of specialised services for high-risk populations), prevention (provision of contraception) and protection (screening for diseases such as genital chlamydia and medical treatment for individuals with STIs) opportunities (HSE Sexual Health and Crisis Pregnancy Programme, 2018). While organisations are regularly focused on different aspects of public healthcare, the concept of a localised sexual health network allows for inter-organisational collaboration to achieve joint goals that benefit the community. This inspired the creation of the Cork Sexual Health Network, a sub-group of Cork Healthy Cities. The network consists of localised sexual health specific organisations offering tailored, accessible services and pathways to the local community.



Sexual Health Centre Cork
Information Stand

INTRODUCTION

Sexual health services are synonymous with sexual health clinics, family planning clinics, general practice, hospital settings and non-governmental organisations (Bender et al., 2013). Sexual health organisations focus on delivering competent, accessible services due to the well acknowledged stigma surrounding accessing sexual health services, yet barriers to access continue to exist (Bender et al., 2013; Regmi et al., 2010; Thongmixay et al., 2019; Nyblade, 2017). The collaboration between clinical and support services facilitates important cross-sector knowledge exchange, which benefits both service providers and service users.

Previous research continuously highlights that positive sexual health outcomes are related to the timely use of services according to the need (Campbell et al., 2000). There are four dimensions to the issue: geographic accessibility, the availability of care, financial affordability, and the acceptability of the services (Peters et al., 2008). Timely and quality health care should be considered as a basic human right (Waidmann et al., 2005). However, inequities in access to health care persist, with marginalised and stigmatised populations facing particular difficulties with gaining access (Wadman et al., 2000; Burns et al., 2007; Hatzenbuehler et al., 2013). Combatting this, interagency working and collaborative models have been proposed as best practice in the area of health care service provision and support (Strathem et al., 2011). Previous research notes the positive impact of interagency, collaborative working on improved access to services, less service duplication and greater efficiency from service providers as well as reported enhanced knowledge and skills among professionals (Stratham et al., 2011; Oliver et al., 2010; Parker et al., 2017).

Founded on the work of Cork Healthy Cities, *"A city that connects to improve the health and well-being of all its people and reduce health inequalities."* Cork commenced a joint sexual health network in 2018 to focus our joint mission to improve sexual health outcomes across the city. The network is the first Sexual Health Network in Ireland and it aims to:

- Provide a forum for knowledge sharing in relation to services and supports for sexual health, healthy relationships, sexuality and wellbeing
- Develop and enhance collaborative working relationships so that referral between services can be streamlined
- Raise awareness of sexual health services and supports available in Cork city and county
- Share information with other partners outside of the network as appropriate

As the first of its kind in Ireland, the network provides a framework to other interagency collaborators endeavouring to facilitate joint working and ensure efficient, effective service delivery is central to the community. The participating organisations include the Sexual Health Centre, GUM / STI clinic, Youth Health Services, Gay Project, LINC, Sexual Violence Centre Cork, Sexual Assault Treatment Unit and Cork HIV Treatment Clinic. In 2019, the group expanded to include HSE Health Promotion and Improvement (HSE South) and the Department of Public Health (HSE South). The network aims to provide a forum for knowledge and information sharing, capacity building, awareness raising and referral opportunities between services in matters of sexual health, healthy relationships and wellbeing in Cork city. The network is a sub-committee of Cork Healthy Cities with a focus on supporting the creation of the city as a setting which supports every aspect of health and wellbeing. The network campaigns and events are funded by Healthy Ireland via Cork City Council.

DEVELOPING/ CREATING A SEXUAL HEALTH NETWORK

In order to create a Sexual Health Network, a number of steps were taken to ensure it would practically address the needs of the local community in Cork. This case study outlines how the network was developed, the policies that the network supports, the framework is has formed as well as the network's key achievements to date.

Policy linkages- Local & National

As an activity of daily living, sexual health should be interwoven across health, economic and societal policy framework at both a national and a local level. Often, sexual health is overlooked, and the stigma associated with this topic is observed through policy frameworks as well as in society.

Initially, the Network mapped it's goals with that of the Healthy Ireland framework, the National Sexual Health Strategy (2015-2020), the Local Economic and Community Plan (LECP), and COMPASS: Healthy Ireland Implementation Plan 2018 - 2022 (Cork Kerry Community Healthcare). This mapping was utilised to introduce structures and mechanisms that facilitated an integrated approach to sexual health and enabled the provision of high quality, equitable sexual health services designed to improve the health and wellbeing of the population.

Nationally, the sexual health of Irish society is supported by Healthy Ireland and the National Sexual Health Strategy. The Healthy Ireland framework, A Framework for Improved Health and Wellbeing 2013–2025 was launched in March 2013 with the goal to "increase the proportion of people who are healthy at all stages of life by 2025" (Healthy Ireland Framework, 2013-2025). The framework outlines several guiding principles for implementation, including better governance and leadership, better partnerships, better use of people and resources and better measurement and evaluation.

The network is guided by the Healthy Ireland Framework in addressing both health and social inequalities, adopting a targeted and collaborative approach among sexual health service providers in Cork city. Specifically, the network responds to the Healthy Ireland Framework by feeding into its themes, in particular themes 1,2,3,4.

Theme 1 – Governance and Policy (The network is now a subgroup of Cork Healthy Cities)

Theme 2 – Partnership and Cross-Sectorial Work (made up of statutory and non-statutory agencies)

Theme 3 – Empowering People and Communities (Campaigning, Awareness and Information role)

Theme 4 – Health and Health Reform (Advocates for change)

Theme 5 – Research and Evidence

Theme 6 – Monitoring, Reporting and Evaluations

The National Sexual Health Strategy 2015-2020 was among the first national strategies to be produced within the Healthy Ireland Framework and is the basis of the aims addressed by the Sexual Health Network. The strategy signals that "equitable, accessible and high-quality sexual health services, which are targeted and tailored to need, will be available to everyone" addressing the sexual health and wellbeing of the Irish population (National Health Strategy, 2015-2020). The Sexual Health Network as a collaborative model of service delivery answers these particular points of Sexual Health Strategy 2015-2020:

3.1 Promote an environment of openness to reduce the negative impact of stigma relating to sexual health and wellbeing

3.4 Ensure that young people will have continued access, and knowledge of how to access, age appropriate sources of trustworthy and accurate information and support on relationships and sexual health.

3.15 Include broader sexual health information in public health campaigns and information resources.

3.17 Ensure that all campaigns and interventions targeting those most at risk of negative sexual health outcomes will be inclusive

with regard to diversity or sexual experiences and identities.

4.1 Provide universal access to sexual health services for all service users and prospective service users.

4.3 Ensure service users (and prospective service users) are aware of how, when and where to access sexual health services.

In order to respond appropriately at a local level, the Healthy Ireland initiative is implemented through the COMPASS: Healthy Ireland Implementation Plan 2018 – 2022, developed by Cork Kerry Community Healthcare. COMPASS represents an integrated, holistic approach focussing on improving health and wellbeing and reducing health inequalities to prevent chronic disease at a network level. The Sexual Health Network understood that organising and developing services through this implementation framework would enhance outcomes for service users, help to develop an infrastructure to implement action plans and address local priorities. The Chair of the Sexual Health Network also chairs the Sexual Health Action area for COMPASS, utilising the network forum to discuss progress and areas for growth within COMPASS.

The Sexual Health Network also takes direction from the Cork City Local Economic & Community Plan (LECP) 2016-2021 "Pure Cork - An Action Plan for the City". This is an integrated plan to guide the development of Cork City from an Economic, Community, Cultural, Sporting and Recreation perspective. The LECP was developed by Cork City Local Community Development Committee (LCDC) and Cork City Council's Strategic, Planning and Economic Development Strategic Policy Committee (SPED SPC) over a two-year period. This involved the engagement of business, community and voluntary organisations, public agencies and social partners operating in the city. Of note to the network, were the actions set out, which guide the economic and community development of Cork City over six years from 2016 to 2021. This plan was used to focus the objectives of The Sexual Health Network and in particular its ability to address two important actions:

Action 3.8: Develop more accessible services through web-based applications and other Smart City initiatives (such as community television) in tandem with traditional methods of communications (newspapers, newsletters, etc.)."

Action 8.3: Support programmes and initiatives that seek to improve the emotional and mental wellbeing of children and young people in the city.

Finally, the Sexual Health Network is a sub-group of Cork Healthy Cities, supporting the implementation of the Cork Healthy Cities Strategic Plan and reporting to it's steering committee on a quarterly basis. A member of the Sexual Health Network is also a member of the Cork Healthy Cities steering committee facilitating information sharing and knowledge exchange between both groups.

The network was established to support the implementation of these strategies and is unique in its co-operative approach to service delivery in the area of sexual health, in Ireland. The leadership, collaboration, implementation and coordination required to deliver the overarching goals for sexual health set out in all of these frameworks are at the core of the Sexual Health Network.This association of local partners creates a unique service delivery model and performance framework. Drawing on existing policies enables the network to respond effectively and co-ordinate their efforts. In doing so, this empowers the network, the first of its kind in Ireland, to deliver high quality, equitable sexual health services.

Social Determinants of Health Model

In line with the Healthy Cities approach and as outlined also in chapter one of this book, the Sexual Health Network seeks to put sexual health on the political and social agenda of Cork city in order to build capacity and pathways around sexual health at a local level. This approach assumes the determinants of health model recognising the need to work in collaboration across public, private, voluntary and community sector organisations.

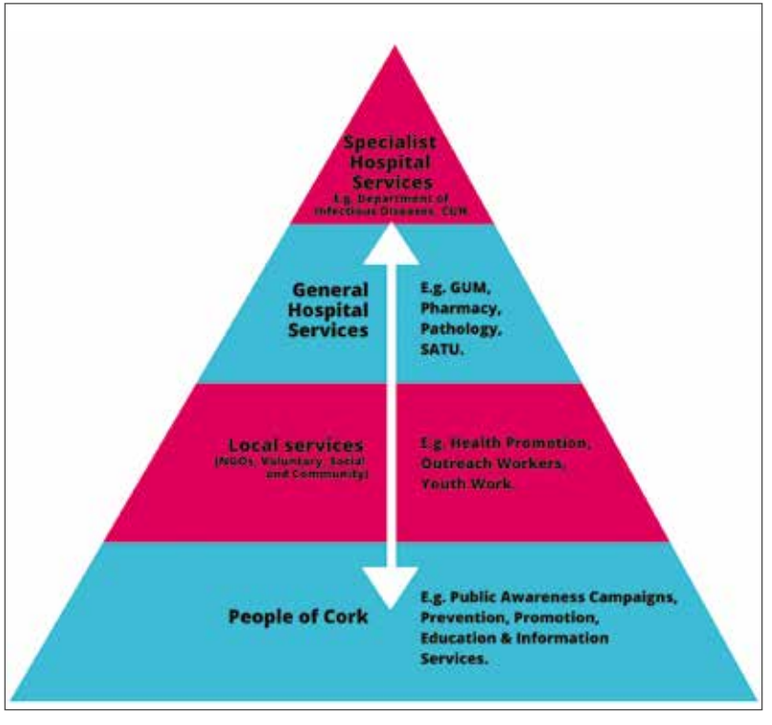
The social determinants of health are the circumstances in which people live their lives, where they are born, grow up, work and age, and the systems put in place to deal with illness (Wilkinson & Marmot, 2003). The WHO recognises that social determinants of

health impact on sexual health and that these can create health inequalities (WHO, 2015). These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics (Marcher, 2010). As such, the Sexual Health Network considered how sexual health determinants can act as enablers and barriers to sexual health and wellbeing in its formation. The network focuses on addressing the sexual health needs of the city's population, recognising that an individual's sexual health can be adversely affected by personal circumstances and identity as well as by their economic, social and cultural circumstances. The Sexual Health Network also acknowledges the diversity of sexual identity and sexual health needs within the city's population and seeks to support these through positive sexual health and wellbeing outcomes.

This model of working and thinking, requires the network to work collaboratively, involving local people in decision-making, generating political commitment and focusing on organisational and community development. To create successful implementation of this approach, the network took innovative action in creating targeted, tailored, social campaigns, the distribution of sexual health specific information, and access to sexual health services (outreach and treatment) to link sexual health to the daily lives and relevant needs of the city's citizens.

The network operates on the principle that by working collaboratively, this creates a clear pathway for service users to transfer between services, escalating and de-escalating need as required (See Figure 1). The network hopes that through educational interventions such as targeted social marketing campaigns and training initiatives, the numbers of people needing to access specialist sexual health services can be reduced.

Figure 1. The Sexual Health Network Care Pathway



Co-ordination of the Network

Recognising the need for governance, the network currently sits as a sub-committee of Cork Healthy Cities and reports to the committee annually. The chair of the Sexual Health Network is also Deputy Chair of the Healthy Cities initiative.

The Sexual Health Network has a steering committee with a membership of eleven. Each of the ten organisations involved, the Sexual Health Centre, GUM / STI clinic, Youth Health Services, Gay Project, LINC, Sexual Violence Centre Cork, Sexual Assault Treatment Unit, Cork HIV Treatment Clinic, HSE Health Promotion and Improvement (HSE South) and the Department of Public Health (HSE South) have a representative. A final representative is invited from the Union of Students in Ireland due to the large student population in Cork.

The network's steering committee meets quarterly. It is chaired by one stakeholder and guided by a Terms of Reference. An agenda is democratically set via e-mail and circulated in advance of the meeting. Originally meetings were be held in the offices of the network organisations on rotation however post Covid-19 they were all held via online platforms. The steering group officer positions as well as the Terms of References are reviewed annually.

The network is currently supported by a number of individuals with a focused belief in its mission. In addition, one of the member

organisations, the Sexual Health Centre offers its communications team to provide support in relation to the communications needs of the network, as well as managing the MySexualHealth.ie website free of charge. The network requires further investment, including the Human Resource requirements to co-ordinate the development and enhancement of this initiative.

Strategy and Delivery

The strategy of the network encompasses the need to work collaboratively and coherently to create a greater profile and presence for all sexual health services, due to the disparate nature of health promotion, prevention and treatment. In doing so, the network aims to improve outcomes, client experience and equality of access to all sexual health services.

The Sexual Health Network serves a population of over 190 thousand people in Cork City alone. Funded by Healthy Ireland, the network is inclusive of clinical, support and capacity building services.

Clinical services: STI/GUM Clinic, HIV Clinic, and the Sexual Assault Treatment Unit

Support services: The Sexual Health Centre, Cork Sexual Violence Centre, LINC, the Gay Project, and the Youth Health Service

Capacity Building: HSE Public Health, HSE Health Promotion & Improvement, and the Union of Students in Ireland

Key Performance Aims

The Sexual Health Network aims to respond to the evolving sexual health needs of a growing Cork city Community through the following actions.

In developing the aims of the network, the member organisations held a structured deliberative dialogue where the joint working of the network, it's potential mission and aims were discussed. The information was synthesis and the network aims which resulted from this dialogue are to:

- Provide a forum for knowledge sharing in relation to services and supports for sexual health, healthy relationships, sexuality and well being
- Develop and enhance the collaborative working relationships between organisations in Cork so that referral between services between these services can be streamlined
- Raise awareness of sexual health services and supports available in Cork city and county
- Share information with other partners outside of the network as appropriate

In achieving these aims the network focuses on:

- Working in accordance with National Policies, Guidance and Strategy develop a shared vision and strategy for Sexual Health Services across Cork, ensuring compatibility and collaboration between all agencies involved in the Network.
- Ensuring a coordinated and integrated approach to the provision of Sexual Health Services that encourages the active involvement and participation of all key organisations, in line with their individual strategic plans.
- Creating tailored, targeted social media and billboard campaigns to increase awareness of the sexual health specific services and supports available in Cork.
- Developing contacts and networks on a broader scale, beyond the Cork Sexual Health Network, to work collaboratively on a National scale where appropriate.

KEY ACHIEVEMENTS AND AMBITIONS

The network has accomplished a number of key achievements since its establishment in 2018. These cover a range of areas from training and capacity building, to future policy submissions at local and national level, and social marketing campaigns to raise awareness.

1. An interagency website (www.mysexualhealth.ie)

An interagency website was created as a resource for professionals and service users. Mysexualhealth.ie is an informational portal that represents the Cork network organisations and details their provision of a wide range of sexual health, sexuality and wellbeing services.

This encompasses dedicated counselling services, exhaustive information, as well as screening and testing. The website allows the network to highlight the organisations and supports available to ensure that people of Cork have access to and support in all matters of sexual health. To date the website has seen over 13,000 visits. (See Image 1)

2. The First Sexual Health Network Conference (2019)

The Sexual Health Network focused on supporting the most marginalised in our community by delivering a capacity building conference in Cork City Hall, in February 2019. This gave individuals and professionals from youth, health and education sectors a unique opportunity to network, collaborate and share best practice in the area of sexual health and wellbeing. Funded by Healthy Ireland, the conference showcased the services available to communities across Cork city and highlighted the interagency website (www.mysexualhealth.ie) as a resource for all. The conference presentations centred on how services can effectively respond to client, service user and population need.

The aim was to build capacity in youth work, social care, community development, medical, healthcare and education professionals in relation to Sexual Health & Internet Safety. It was an opportunity to both showcase local services and the network, as well as respond to professional queries in the area. The conference was of great significance as it was the first sexual health network conference in Ireland, but was also the first time all of the services came together to create an event.



Above: Conference Exhibition area.

Left: Conference Audience

3. Sexual Health Network Signposting Materials and Business Cards

The Sexual Health Network designed promotional material and business cards to share among professionals and service users. The rationale behind business cards being to promote the different sexual health services and their contact details in a handy pocket-sized resource. This enables each network member to supply not only their individual organisation's details, but all of the local sexual health services which may also be of benefit to an individual.

These cards have been a very beneficial and well utilised resource. To date 2000 business cards have been printed and distributed.

4. Sexual Health Network Campaigns

Since its inception, the Sexual Health Network has delivered an awareness raising campaign via billboards and bus shelters across Cork city. This campaign focused on highlighting the new joint web portal MySexualHealth.ie, as well as the range of services and supports available to the community through the Sexual Health Network. By making sexual health a part our everyday in billboards or bus shelters, the network aimed to tackle the inherent stigma which continues to exist in the area of sexual health and ensured the public narrative included knowledge on access to services.

Over the next number of years, the Sexual Health Network aims to build on this foundation of public knowledge and deliver social marketing campaigns directly into the community. These campaigns will utilise localised data available through network partners, to highlight and tackle sexual health myths relating across the community. Further training, capacity building and networking opportunities will also be delivered. (See Figure 2).

IDEAS AND PRACTICAL SOLUTIONS FOR THE FUTURE DIRCTION OF THE NETWORK

The Sexual Health Network has accomplished a lot in the two years since its inception and continues to formulate new ideas and solutions to address the sexual health needs of Cork city. A number of proposals are currently under consideration with regard to the future direction of the network. These include:

Joint training

Joint training is where organisations pool skills, experience and/or resources for the joint development and implementation of patient-centred projects and share a commitment to successful delivery. The collaborative work of the network has the possibility to extend beyond interagency co-operation to the development and delivery of targeted training and intervention for professionals. The design and delivery of joint training programmes offers a unique opportunity to address sexual health across disciplines and modalities, to create a unique, comprehensive and diversified training model.

The collaboration of services with regard to sexual health training in Cork city would enable the organisations to share best practice and look at how they can build upon and develop existing and future functioning of the services as a whole. This creates opportunities to improve the way services operate, including creating new referral pathways, and methods of assessment and treatment.

Collaboration on training is also cost-effective, allowing for savings for individual services and public money, as services join together to deliver more comprehensive training to peer groups preventing the need for individualised training for each organisation. It is hoped the collaboration with regard to joint training will result in a number of positive outcomes such as:

- improved client/patient experience
- provision of effective pathways of care
- improved quality of care for clients/patients
- reductions in unnecessary appointments and hospital visits
- effective self care, health promotion and disease prevention
- optimising the cost effectiveness of services
- provide a positive client/ patient experience
- ensure good professional and patient understanding of sexual health servicess in Cork and their suitability

Map current sexual health services

Cork is the biggest county in Ireland with over 190,000 residents. This large population's sexual health needs are served by the organisations encompassed in the Sexual Health Network. Such sexual health services to the public include: clinical services for the diagnosis and management of STIs; contraception services/family planning services; counselling; information and support services; community outreach services for sexual health promotion; education and information; support; and crisis pregnancy management.

The Network recognises the need to map the current sexual health organisations, inclusive of their services and staffing, pressures and concerns, strengths and weaknesses, and any gaps in

service provision.This will provide a clear picture of the array, quality, efficiency, accessibility and availability of clinical services and enable any gaps in service provision to be highlighted and therefore rectified.

Further develop communications strategy for the network

Over the years various public health initiatives have been introduced into society to try to reduce or eliminate adverse health outcomes. Some well-known successful public health interventions include water sanitation, smoking cessation campaigns, and condom distribution to lower the spread of sexually transmitted infections (STIs) and reduce unplanned pregnancies. Many of these public health initiatives utilise social marketing campaigns to "sell" these various interventions to a reluctant or uniformed public. The Sexual Health Network plans to replicate such campaigns on a micro scale within the city of Cork, to address the sexual health specific issues of the southern region, pertinent to each of the Sexual Health Network services.

These campaigns will be social marketing campaigns with a specific methodology applying 'nudge' theory. Nudge theory, a concept created by Richard Thaler and Cass Sunstein in their book *Nudge* (2008) is about making it easier for people to make certain decisions which are considered to be in their broad self interest. They wrote "by knowing how people think, we can make it easier for them to choose what is best for them, their families and society" (Thaler et al., 2008).

The network proposes that its campaigns will be displayed on bus shelters, buses, notice boards etc. around Cork city, running concurrently with paper and social media campaigns. It is believed that through the use of this form of marketing both sexual health specific information and the profile of the Sexual Health Network can be cultivated. It aims to normalise sexual health care, increasing STI prevention and testing, and create awareness of STI specific services such as Rapid HIV testing and U=U (Undetectable=Untransmittable) messaging. It is important to note that the success of such campaigns can only be achieved via interagency collaboration, whereby messages are collated and targeted, and desired outcomes pre-determined.

To secure additional funding for the Sexual Health Network

The Sexual Health Network currently operates with funding from the Healthy Ireland Initiative. In order to develop the capacity of the network and grow the services provided through the network, additional funding would be beneficial. Such funding would enable the network to develop ongoing targeted sexual health campaigns, and hire dedicated staff for roles within the network such as a co-ordinator, communications officers and research staff.

In its current configuration, the network is directed by the Chairperson, who is a staff member of one of the Network's organisations. Appointing a co-ordinator for the network would establish the network as an independent entity, and provide a dedicated professional to oversee the day to day running of the network, organise events, co-ordinate services and ensure competency and commitment to the sexual health needs of the city. Further funding would also enable the network to hire a dedicated communication team to promote the network, run awareness campaigns and address the sexual health needs/trends of the local population.

In order to better understand the efficacy of the network, funding could also be utilised for research on the role of the network, the impact of its campaigns and interventions, and the benefit of the network to the local population in terms of a reduction in adverse sexual health outcomes. Such research could help to establish a basis for best practice in the area of localised sexual health provision in a network setting. This would further the growth of the network, its ability to develop new initiatives and strategies and address more effectively the sexual health needs of the city of Cork.

CONCLUSIONS

Previous research notes the positive impact that networks have on community health due to their facilitation of interagency, collaborative working. Networks can improve access to services, ensure less service duplication and deliver greater efficiency from service providers (WHO, 2022; Nolan, 2018; Cassidy et al., 2018). However, frameworks for network development are lacking. The

current chapter highlights a framework for developing a topic specific network within Healthy Cities. In doing so, the network responds to the call for a Healthy City as well as community need. The network builds the capacity of a city to make informed decisions in relation to their sexual health, enables positive health outcomes across our cities through signposting web-portals, campaigns and service highlights. In addition, the network member organisations learn from each other so that they can continue to evolve, innovate and effectively respond to the community. Through collaboration, co-operation and an understanding of a shared purpose, the network represents a unique opportunity to improve service provision and create better sexual health outcomes for the population it serves.

GENERIC LEARNINGS

We have developed generic learnings relevant across a range of groups including policy makers/ actors, community, voluntary and statutory groups, and academic scholars.

- **Joining the efforts of statutory and non-statutory agencies** has proven to be highly beneficial for service providers and users alike. One example of this is the increase in referral opportunities between services. The diversity of members allows for a crossover of clinical and support service provision, which enhanced the learning opportunities and information exchange between Network members.

- **Participation at local government level** is crucial to the structure and growth of the Network. As a member of the Cork City Council's Subcommittee on Healthy Cities, the Sexual Health Network is consulted regarding any proposals made by the Healthy Cities programme to the Council. This membership affords the Network's member organisations a chance to use their combined expertise and experience to make a valuable contribution to local health strategy.

- A **rotational chairperson position** who is a representative of one of the Network's member organisations would be elected annually to take on the role of Coordinator. An annual changeover would be useful to ensure that fresh ideas and new contacts are created regularly, and that the *different* priorities of the various organisations would be highlighted each year.

REFERENCES

Bender SS, Fulbright YK. Content analysis: A review of perceived barriers to sexual and reproductive health services by young people. Eur J Contracept Reprod Heal Care [Internet]. 2013 Jun 26 [cited 2020 Mar 2];18(3):159–67. Available from: http://www.tandfonline.com/doi/full/10.3109/13625187.2013.776672

Burns F, Imrie JY, Nazroo J, Johnson AM, Fenton KA. Why the(y) wait? Key informant understandings of factors contributing to late presentation and poor utilisation of HIV health and social care services by African migrants in Britain. AIDS Care. 2007;19(1):102–8.

Carmona-Gutierrez D, Kainz K, Madeo F. Sexually transmitted infections: old foes on the rise. Microb Cell. 2016;3(9):361-362. Published 2016 Sep 5. doi:10.15698/mic2016.09.522

Campbell SM, Roland MO, Buetow SA. Defining quality of care. Soc Sci Med. 2000;51(11):1611–25.

Cassidy C, Bishop A, Steenbeek A,

Langille D, Martin-Misener R, Curran J. Barriers and enablers to sexual health service use among university students: a qualitative descriptive study using the Theoretical Domains Framework and COM-B model. BMC Health Services Research. 2018;18(1). doi:10.1186/s12913-018-3379-0.

Davoren MP, Hayes K, Horgan M, Shiely F. Sexually transmitted infection incidence among adolescents in Ireland. J Fam Plann Reprod Health Care. 2014;40(4):276-282. doi:10.1136/jfprhc-2013-100596.

Hatzenbuehler ML, Phelan JC, Link BG. Stigma as a fundamental cause of population health inequalities. Am J Public Health. 2013;103(5):813–21.

HSE.ie [Internet]. Available from: www.hse.ie/eng/health/hl/yoursexualhealth/

HSE.ie [Internet]. Available from: www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/

HSE Sexual Health and Crisis Pregnancy Programme, 2018, Sexual Health in Ireland: What Do We Know?

HSE Sexual Health and Crisis Pregnancy Programme, Sexual Health Services in Ireland: A Survey of STI and Contraception Services, June 2018.

Kinghorn G. A sexual health and HIV strategy for England. BMJ. 2001;323(7307):243-244. doi:10.1136/bmj.323.7307.243 Cassidy et al, 2018.

Malarcher, S. Social Determinants of sexual and reproductive health: Informing future research and programme implementation, World Health Organization, Geneva, 2010. available at http://whqlibdoc.who.int/publications/2010/9789241599528_eng.pdf

Naanyu V, editor. PLoS One [Internet]. 2019 Oct 29 [cited 2020 Feb 29];14(10):e0218296. Available from: http://dx.plos.org/10.1371/journal.pone.0218296

Nolan A, Oireachtas Library & Research Service. Sexual and Reproductive Health and Rights (SRHR): A framework for the introduction of abortion services in Ireland, 2018.

Nyblade L, Stockton M, Nyato D, Wamoyi J. Perceived, anticipated and experienced stigma: exploring manifestations and implications for young people's sexual and reproductive health and access to care in North-Western Tanzania. Cult Heal Sex. 2017 Oct 3;19(10):1092–107.

Oliver C, Mooney A, Statham J. Integrated working: a review of the evidence. London: University of London, 2010.

Parker A, Scantlebury A, Booth A, et al. Interagency collaboration models for people with mental ill health in contact with the police: a systematic scoping review. BMJ Open 2018;8:e019312. doi:10.1136/bmjopen-2017-019312

Peters DH, Garg A, Bloom G, Walker DG, Brieger WR, Hafizur Rahman M. Poverty and access to health care in developing countries. Ann N Y Acad Sci. 2008;1136(1):161–71.

Regmi PR, van Teijlingen E, Simkhada P, Acharya DR. Barriers to sexual health services for young people in Nepal. J Heal Popul Nutr. 2010;28(6):619–27.

Sexual health, human rights and the law. Reproductive Health Matters. 2015;23(46):193-195. doi:10.1016/j.rhm.2015.11.013

Rowley J, Vander Hoorn S, Korenromp E, et al. Chlamydia, gonorrhoea, trichomoniasis and syphilis: global prevalence and incidence estimates, 2016. Bull World Health Organ. 2019;97(8):548-562P. doi:10.2471/BLT.18.228486

Rundle K, Leigh C, McGee H, Layte R. Irish Contraception and Crisis Pregnancy [ICCP] Study. A Survey of the General Population.. September 2004. doi:10.25419/rcsi.10770179.v1

Statham, June [et. al]. A review of international evidence on interagency working, to inform the development of children's services committees in Ireland. Dublin. Department of Children and Youth Affairs. 2011

The Government of Ireland, Department of Health, Healthy Ireland Framework 2013-2025

The Government of Ireland, Department of Health, NATIONAL SEXUAL HEALTH STRATEGY 2015 – 2020.

The Government of Ireland, Department of Health, NATIONAL SEXUAL HEALTH STRATEGY 2015 – 2020.

Thaler, R. H., & Sunstein, C. R. Nudge: Improving Decisions about Health, Wealth, and Happiness. New Haven: Yale University Press, 2008.

Thongmixay S, Essink DR, Greeuw T de, Vongxay V, Sychareun V, Broerse JEW. Perceived barriers in accessing sexual and reproductive health services for youth in Lao People's Democratic Republic.

Waidmann TA, Rajan S. Race and ethnic disparities in health care access and utilisation: an examination of state variation. Med Care Res Rev. 2000;57(4 suppl):55–84.

World Health Organisation, working definition 2006a. Available from: www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

WHO.int [Internet]. Available from: www.who.int/health-topics/sexual-health

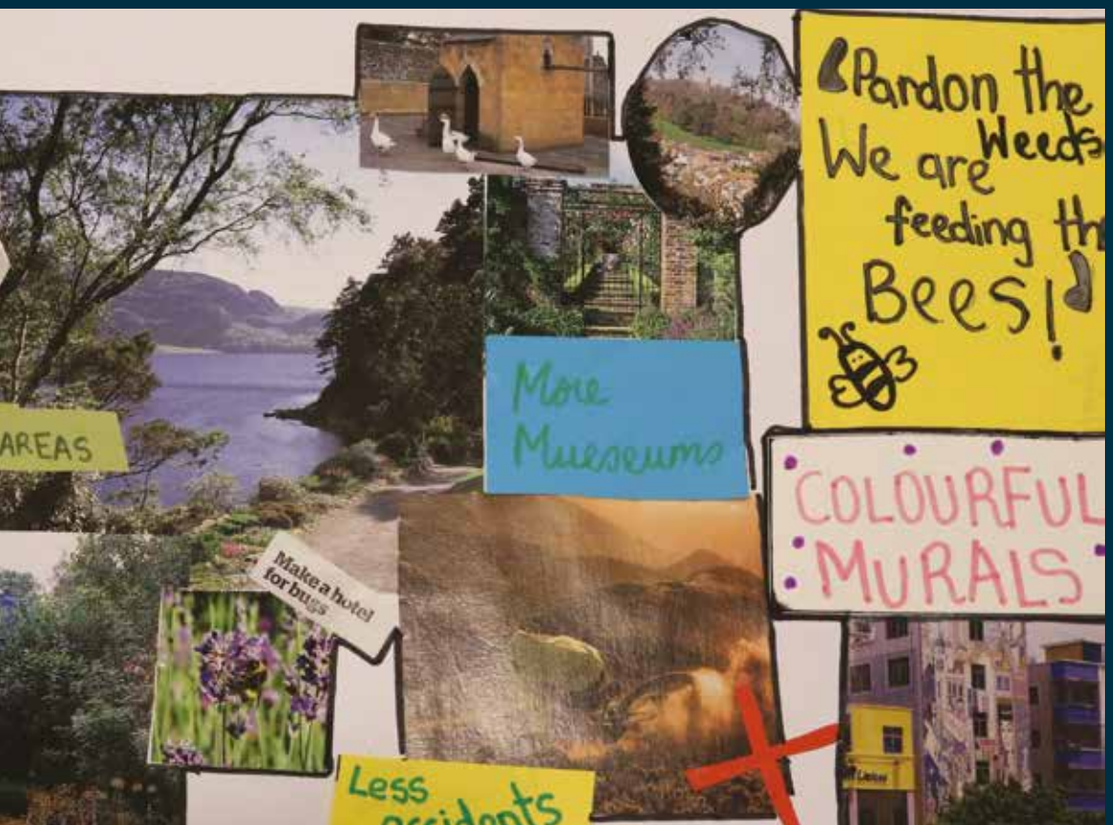
WHO. What are social determinants of health? Geneva: WHO; 2015. http://www.who.int/social_determinants/sdh_definition/en/

Wilkinson R, & Marmot M. Social determinants of health: the solid facts. 2nd ed Copenhagen: WHO Regional Office for Europe. Copenhagen, 2003.



"This picture is full of colour and represents the impact that youth programmes could have on Cork city. Youth programmes could help make Cork a better place to learn, example gathering the youth of Cork to brighten up the city, they can showcase their artistic talents in painting the city and dedicating areas to graffiti."

Leah & Sara, age 16, St. Aloysius Girls Secondary School



"I'd like to see more cycling lanes, pedestrian lanes and footpaths to avoid accidents."

Riya, age 11, North Presentation Primary School



Let's Play Cork, designed by Martin O'Donoghue

Acknowledgement:
Many thanks to Emma Booth for proof-reading the chapter.

Chapter 10
Colouring Outside the Lines
Developing a playful approach in Cork City

Denise Cahill and Martha Halbert

INTRODUCTION

"Play is the universal language of childhood. It is through play that children understand each other and make sense of the world around them." Play Scotland (2023)

Play, if analysed, may seem 'pointless' but is in fact integral in facilitating overall child physical, emotional, cognitive, and social development and wellbeing. Play is generally highly rewarding and abundant in children in particular. Play allows us to develop motor skills, experiment and develop social and emotional competence, problem solving and creativity, explore alternative scenarios, address the various positive and negative consequences of behaviour, build resilience, in a safe and engaging context (Nijhof et al, 2018).

In the spring of 2018, an opportunity arose for Cork City to become a part of an URBACT project entitled 'Playful Paradigm' led by another the city of Udine in Italy also a member of the WHO European Network. URBACT is a European Union Programme, which encourages cities across the union to explore innovative and sustainable methods to tackle shared challenges. The Playful Paradigm was a learning transfer model, whereby a 'Lead City' models a behaviour, methodology or policy approach, and invites partner cities to learn from them by transferring the good practise to their own municipality.

Cork's URBACT Local Group (ULG), led by Cork Healthy Cities was comprised of representatives from Cork City Council, Let's Grow Together Knocknaheeny, the Cork Sports Partnership, Cork Learning Cities, Foróige and Cork City Library Service. The ULG members were determined to build on the strong tradition of inter-agency work in the city, to seek opportunities to promote play within

each of the organisations and ultimately to develop Cork as a playful city.

Indeed, a theme across project stakeholders in Cork was – how do we employ play as a unique tool to help us deliver for our service users, citizens, and broader communities? What does play offer us as practitioners of health promotion, social inclusion, placemaking and learning, and crucially for the robust sense of self amongst Corkonians, what makes Cork play significant, special, and important?

What began as an interest in engaging marginalised communities and a new perspective on urban public space and regeneration, grew into a high profile and ambitious placemaking and regeneration experiment, which has been embedded into the psyche of the city and its agencies, and whose lasting impact continuously grows and evolves.

In this chapter, we will outline the headline initiatives which were borne out of our engagement with the Playful Paradigm, reflect on how this work changed the methodology of working, both outward facing and on a structural and inter agency level. The chapter will also envision what the long-term legacy of Playful Paradigm will be on the city of Cork and its residents.

BACKGROUND

Play and Early Development

Play is deemed of such importance to childhood that it is embedded in the rights necessary for the full and harmonious development of the child's personality and inherent to their dignity in the UN Convention on the Rights of the Child Article 31:

> *"the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts"* (p. 29)

According to the Centre on the Developing Child Harvard University, the science of child development has **three core principles** that can guide what society needs to do to help children and families thrive:

1. Supporting responsive relationships,
2. Strengthening core life skills and
3. Reducing sources of stress.

Play in early childhood is an effective way of supporting all three of these principles.

"Young children are completely dependent on their caregivers to provide these meaningful and high-quality experiences to support their early development, through the most powerful medium of play! Play is only possible if we know how to play, and parents may need culturally sensitive guidance, modelling and coaching to build their own capacity to enable them to build their babies' capacity through playful interactions. In addition to their parents, young children spend quality time with their Early Years Professionals and teachers through creche, preschool and school years, and within these settings children need opportunities to engage in, participate in and take the lead in play every day. Due to the powerful impact of play on all areas of child development and wellbeing, it is essential to facilitate play across every setting and within every relationship that children engage with.

Ms. Grace Walsh
Speech & Language Therapist, Lets Grow Together
and member of the ULG

Globally by 2050, 2 out of 3 people will be living in a city. Play is the foundation of healthy early childhood, yet cities are not designed for play, evolving in ways that are affecting the development of children. Young children and their families residing in cities are impacted by a lack of accessibility to play in all its forms. These impacts are especially problematic for those with limited resources, from marginalised communities and living in poverty or homelessness. The key role of play in society was observed by historian Johan Huizinga, in his 1938 publication '*Homo Ludens: A study of the play element of culture*' where he outlined that play was one of the most

central activities in 'flourishing societies'. Cities, therefore, offer great opportunities to activate play for all ages, in its many different forms; quiet play, sensory play, active play, indoor play, outdoor play, informal play, formal play. A wide variety of inviting and engaging places, spaces and accessible buildings are needed to allow cities to promote play and provide opportunity for play for all ages.

URBACT PLAYFUL PARADIGM

The city of Udine has been using play in policies across its social and political spectrum for more than 20 years under the umbrella of the city's designation as a WHO Healthy City (designated by the WHO since 1995). Cork joined six other cities to learn and explore how playful practices might be adapted from Udine and incorporated within local cultural and structural contexts.

Figure 1: URBACT Playful Paradigm Partners
Lead City Udine, Italy, Klaipėda in Lithuania, Larissa in Greece, Katowice in Poland, Cork in Ireland, Esplugues de Llobregat in Spain, Novigrad-Cittanova in Croatia, and Viana do Castelo in Portugal



The Playful Paradigm URBACT partnership centred on the concept that play and games offer novel approaches to address the challenges European cities face, such as urbanisation, ageing populations, social exclusion, and climate change. With the support of the Cork Healthy Cities Coordinator, Cork City Council was accepted as an URBACT Playful Paradigm partner to explore the concept of mobilising play as a conduit for health promotion, social inclusion and placemaking.

Practitioners from Udine shared their city's experience in making play central to the experience of city life for all citizens, through a distinctive playful approach, which culminated in a legacy of:

- A state-of-the-art Toy Library, publicly available for users of all ages to avail of play resources, facilitation and a safe space to play and explore,
- A network of Ludobuses (toy buses) which held pop up play events in public spaces, deployed for placemaking and consultation exercises in and around the city,
- Random games and gameification of streets through Play Streets and Schools streets, encouraging citizens to engage with tactical urbanism and to feel a sense of ownership of the city's streets and residential areas,
- An annual programme of Fun Filled Festivals, centring play in people's enjoyment of their neighbourhoods and once again emphasising play for all ages with focus on older adults.

"The Cork team that partnered in the Playful Paradigm Transfer Network (2018 – 2021), were fully engaged with play, boosting an innovative play approach at city level to make Cork a more liveable city through play.

What Cork did at local level in only three years, through the Playful Paradigm approach, was incredible! The city launched the motto "Let's Play Cork" to invite citizens to participate in play initiatives. Urban public spaces have been transformed into places for experimenting with play: areas in front of the schools, neighbourhood streets and in the Marina along the river were closed to cars and "open for play". Training for the enrolment of

"Play Leaders" were organised to bring play initiatives in the city's neighbourhoods. Thanks to the involvement of Play leaders, play has been spreading around Cork: Play was further encouraged with the Public Libraries, "play packs" were delivered to people at home during the COVID-19 lockdown, playful activities for children, families and older people were organised in public spaces.

Throughout the implementation of Playful Paradigm, Cork became a lead city in experimenting with play, drawing in also the other project partners in doing similar play actions in their cities. In 2020 during the difficult lockdown period due to the COVID-19 Pandemic, Cork promoted the initiative "Play at home" by involving the other six EU cities of Playful Paradigm in developing play initiatives to support families, children, elderly people.

Denise Cahill, project coordinator of Playful Paradigm in Cork, during a speech telling the Cork experience, said "Don't try to direct Play, just make the Space Playful". Indeed, the lesson we learnt from the Playful Paradigm experience in Cork (and in the other EU cities of Playful Paradigm) is that people don't need explanation about where and how to play. They just need more public spaces- car free and open for play. They need colours, nature, safety and comfortable spaces where staying together for playing, sharing ideas and keeping alive the creativity to imagine (and co-create) a better city to live in."

Ms. Ileana Toscano
lead expert of Playful Paradigm Transfer Network

Cork's participation with the European Playful Paradigm was deemed so successful that the city became a model (lead city) for an URBACT National Practice Transfer Initiative (NPTI) with towns in Ireland. Funded by URBACT and administered by Eastern and Midland Regional Assembly, it was a similar collaboration to the partnership at European level outlined above at a national level in Ireland. Cork City led the towns of Donegal Town, Portlaoise, Rathdrum, Rush and Sligo Town to implement actions to make their towns more playful.

According to the final report of the Lead Expert for the Ireland NPTI Mr. Wessel Badenhorst, the national partnership was very successful for the following reasons:

- An enthusiasm among the local leaders in each partner town exemplified by those working together in their ULGs who are also prepared to try new things.
- The excellent communication of practical play practices by the transfer 'giving city' (Cork City).
- A can-do mentality – which meant that no-one wanted to wait to establish whether, or which actions would be funded, rather they just 'climbed in' and started with small 'pop-up' events to see what works.
- In each partner town the public have been very positive and responsive to the play actions.
- Partners encouraging each other, especially on their WhatsApp Group.
- Most actions had a strong community participation component, which bodes well for more similar actions.
- The hands-on approach and support provided by EMRA, the NPTI Coordinator.

NPTI Ireland Lead Expert Final Report December 2022

BUILDING CAPACITY AND PLAY LITERACY IN CORK CITY

To build consensus of a common understanding and approach to play in Cork City the ULG organised a launch event in the Millennium Hall of Cork City Council hosted by the Lord Mayor of Cork City. Embracing the idea of 'play' as a mechanism to stimulate dialogue in the city, this event was the public announcement of the proposed ambition of the Playful Paradigm in Cork. More than 100 participants attended Cork's first Play-themed Seminar in the Autumn of 2018 focused on the question: "If Cork was playful, what would it look like?" and media coverage was strong.

Centring Play in this forum encouraged practitioners across diverse fields (planners, engineers, community workers, teachers, health professionals and play facilitators) to consider their own

understanding of play, equipping themselves to pursue previously unexplored concepts. The role of play in city life evolved from playground provision to that of the city itself as a playground, infusing playful opportunities in all aspects of city living. An afternoon session led by Playboard Northern Ireland guided a smaller group of participants who work with children and young people through an eye-opening session designed to equip participants to influence their own organisations, networks, and schools towards creating children-centred environments for play. This day set the ball rolling towards evolving Play Literacy as a professional skillset and a valuable capacity within organisations and communities in Cork City.

The Play seminar and subsequent training session was not to be the last capacity building the project afforded the city. In late 2019, Cork Local Sports Partnership (CLSP) ran a series of Play Leader Trainings, designed to build confidence among community leaders to convene and support play in their localities across the city. This programme was doubly advantageous-not alone did it encourage locally knowledgeable and interested Play leaders, but it brought certified participants within the coverage of CLSP's insurance.

Acknowledging and tapping into the existing expertise in Cork City, the ULG also partnered with the P4Play, a Marie Skłodowska-Curie Innovative Training Network in a European Joint Doctorate (EJD) programme in Occupational Science Project Coordinator at University College Cork, to host 2 further play seminars on Inclusive Play and Risky Play. Partnering with P4Play has been mutually beneficial in terms of sharing resources, personnel, expertise, networks, and available budgets. Partnership of this nature also facilitates the development of a long-term and sustainable approach to developing playful opportunities by developing networks of common interest beyond the lifespan of a given funded project by building local relationships and action plans.

PLAYFUL PLACEMAKING

In line with the objectives of URBACT, and through the transnational meetings, Cork partners were afforded the opportunity to examine other approaches to play that could be piloted in our city. A session on *playful placemaking in the city of Viana di Castello in Portugal* stimulated the team to hold a similar session in Cork focusing on the River Lee. Place-making as a process is defined by (Akbar & Edelenbos, 2021: 3) as "an activity of integrating various actors' viewpoints and functions in order to transform urban spaces; by not only viewing place as static spatial aspect and designing the physical form but also taking into consideration the social processes that construct places."

Early research on place making (which commenced in the 1960s) focused on changes to a physical space as the outcome of a design project the focus. Today there is a greater focus on the process involved in the evolution and development of public spaces by many actors (including outside the planning profession) in terms of the physical and social elements. Placemaking is a way to improve the built environment of a community - streets, sidewalks, parks, buildings, and other public spaces – to invite greater interaction between people and foster healthier, more social, and more economically viable communities. Cresswell (2004) argues that urban spaces are embedded in the build environment and come into being as places through repeated social practices that are made and remade daily. Beyond just the promotion of better urban design, place making facilitates creative use, paying particular attention to the physical, cultural, and social identities that define a public space and support its ongoing evolution into a place that people want to spend time.

Children are rarely the primary focus of planners and according to Gill (2021: 4*)* "arguably suffer the most from poor planning – particularly those in low-income contexts." Enrique Penalos (former Mayor of Bogota) referred to children as an indicator species with their visibility being the evidence of a healthy, thriving, and liveable city. There is recognition that the design of cities for children ultimately benefits everyone in society (Gill 2021). In this context, play was an excellent tool and lever to implement place making across Cork City and to explore the development of child friendly practice with benefits to all.

The Placemaking training (which had to be adapted to an online format in line with COVID restrictions in August 2020) provided both practical information as well as inspiration to council members, local leaders, and community stakeholders, who want to improve the

public environment in their city, town, or region. This training taught participants to look at their projects and spaces through the eyes of the user and the community. The ambition of the training was to change the perspective of planning and design professionals and local decision-makers looking at a space and applying Placemaking principles. This approach, accompanied by intentional and effective community involvement, results in livelier, successful public spaces that support both physical and mental health, resulting in a better overall community sense of place. The learning methodology incorporated three specific components, namely – weekly online presentations followed by online moderated discussions; and small group online and offline activities.

Using actual sites as study areas, the facilitators guided participants in utilising a "place audit" to evaluate how effectively a place is working for the community, and to identify short and longer terms changes that can be made. At the end of the five-week training programme, participants had the opportunity to gain knowledge and confidence in applying fundamental placemaking principles and replicable tools to use in the development and management of public spaces. Participants also worked in partnership with community residents, stakeholders, and their local authority, and learned a set of proven placemaking techniques to the degree that they will be able to train others in their use and application. A **Cork City River Lee Placemaking Network** was established because of the training and remains in place since.

The Placemaking Training Programme for Cork City was co-created by the key Playful Paradigm partners and the trainers and based on three premises namely:

1. The collective knowledge and experience of participants is always more than the inputs of a few individuals. Therefore, the training programme was structured to elicit optimum sharing of experience and knowledge among participants.
2. The guidance provided by trainers was influenced by their personal engagement with placemaking processes and by their participation in the knowledge sharing of a global placemaking movement.
3. Placemaking theory is essentially informed by the trial and error of practice.

The breadth of impact of playful placemaking as a medium for community development can also be seen in Cork City Council's current involvement in a burgeoning network of European cities mainstreaming placemaking in their service design and provision. As a direct result of the Playful Paradigm's participation in Placemaking Week Europe, a conference held in Pontevedra, Spain in September 2022, Cork City has secured a place on Placemaking Europe's inaugural 'Cities in Placemaking' Programme. A multi-disciplinary local authority team will lead a 2-year initiative of peer learning, pilot, and trial placemaking initiatives, with the ultimate goal of centring the ethos and tools of placemaking in the work of the Council as a whole. Play as a practitioner's tool to engage communities and professionals has directly led to the potential to evolve and improve the municipalities way of working with places, spaces, and service users.

KEY ACTIONS

Pop Up Play and School Streets

Cork City took every opportunity to support 'Pop Up Play Events' during the course of this project. A great example of a Random Play Event was the OPEN FOR PLAY event on the Marina which was trialled with great success during the month of October 2018. The success of this project, and the overwhelmingly warm reception it

Photo 1 and 2: Children from St Catherines School, Bishopstown taking part in the School Street Pilot Event in 2019





received by all who engaged in the events smoothed the way for the permanent pedestrianisation of the thoroughfare in 2020.

Communities and schools were encouraged to reclaim spaces in their neighbourhoods for play and games. This draws on examples from across the country and particularly in the United Kingdom where local authorities have supported the practice. A School Streets approach was trialled in 2019 by a local primary school in the city, to coincide with Car Free Day. Photos 1 and 2 were taken at that event. The school designated the area outside the school gate to remain entirely traffic free with the opportunity to play with a variety of pop-up play equipment in the free space for the 30 minutes prior to the start of the school day. This had the additional benefit of improving air quality around schools, where young children are particularly vulnerable.

LudoBus /PlayBus & Toys in the Library

The Udine LudoBus is a minibus or van stocked with toys, games and books and is available to visit communities, groups or events which will benefit from a playful input. A purpose-built Toy Library was another corner stone of Udine's Play project. In Cork the decision was made to combine these two actions into Toy Bags for the Library to make play resources available to communities.



Photo 3:
An image of the play bag available at all libraries across Cork City

Cork City Libraries and Cork Local Sports Partnership were keen to play a role in making Cork more Playful. The Playful Paradigm in Cork City has been successful in accessing the Healthy Ireland Fund which is designed to support health promoting activity at local level, to employ a part time Play Development Officer and to fund the provision of play bags in all 10 Libraries across the city. The Play Development Officer is employed by a key partner in the URBACT Local Group, Cork Local Sports Partnership.

A few outcomes emerged from actions in this area:

- Toy resources were in the 10 libraries across the city, including street-play packs to be 'checked out' by local communities who want to bring play to their neighbourhoods (photo 3).
- The hosting of playful events in library spaces, including throughout a programme of city-wide festivals

"Building on the strong connection between story and play, Cork City Libraries provides access to play for all through playful collection development and programming. Involvement in the URBACT Playful Paradigm initiative has put a fresh focus on the play aspect of our programming. Whether it is our long-established Chess clubs or our new adult Scrabble club and Lego clubs our local libraries provide a space for people to come together and play. Storytime events for young children have play at their core, using it as a tool to build and develop early literacy skills and a love of the library.

Our new library Toy Collection supports the objectives of Let's Play! Cork and provides access to play for people of all ages, young and old. The collection aligns with the Sustainable Development Goal of responsible consumption as members can borrow rather than buy toys. Borrowing toys and play equipment from the library offers a solution for individuals and families in short-term accommodation scenarios and those who have limited space. Elements of the collection will enhance the library service's resources for adults living with dementia. Community Play Bags, funded by Cork Sports Partnership, can be borrowed from the

library by community groups. This initiative, which grew directly out of the work of Let's Play! Cork not only provides free access to play equipment to community groups, it also provides the library with a way to reach groups that may not have previously used the library service.

Play is not new to Cork City Libraries, but the Playful Paradigm has provided a new momentum and focus on play, and has created opportunities for us to build new, and strengthen, existing partnerships. It also provides an opportunity for other stakeholders in the city to re-evaluate their perception of the library service and what we can offer as a partner."

Eibhlín Cassidy, Executive Librarian | Children's & Young People's Services | Cork City Libraries

Photo 4: Catherina Lane, Let's Play Cork, David O'Brien, Cork City Librarian with children from Ballyphehane at the launch of the Play Bag in the Libraries



Annual programme of games events & activities (Fun-filled Festivals)

Udine elected to run a standalone Day of Play (Play Festival del Gioco) in the city, but Cork City, conscious of the busy calendar of festivals and events across the city, anticipated that greater impact would be secured by mainstreaming Play into existing events. During 2019, established festivals took on a distinctly playful theme, including.

- The opening day of Cork's Lifelong Learning Festival was dedicated to play, and event organisers throughout the week were encouraged to consider how they might incorporate playfulness or games into their offerings.
- Culture Night was themed on the play with all cultural activities offered encouraged to incorporate a playful element.
- National Communities Weekend was marked in the city centre by a Fun Day on Cornmarket Street, and in a disused park on the Marina where play for all was a central theme.
- The Food Harvest Festival, the Carnival of Science, Cork on A Fork Festival all included Pop Up Play areas.

Cultural Play Trail

The Playful Paradigm was appealing to broader stakeholders also and prompted many to think about play as a tool to deliver their objectives, rather than an additional burden or obligation. The project prompted others to investigate where play and games can add value to their work and operate as a lever to carry out their tasks in a different way. The International Relations and Tourism Strategic Policy Committee (SPC) of Cork City Council, for example, was keen to embrace a playful approach to their efforts at promoting cultural venues in Cork City. Following the initial lockdown period of the COVID pandemic in 2021, the SPC members approached the ULG to support a proposal to explore *opportunities to embed fun and play in the cultural venues of the city. A Cultural Play Trail was developed and* each attraction on the trail had a unique activity pack for children on arrival.

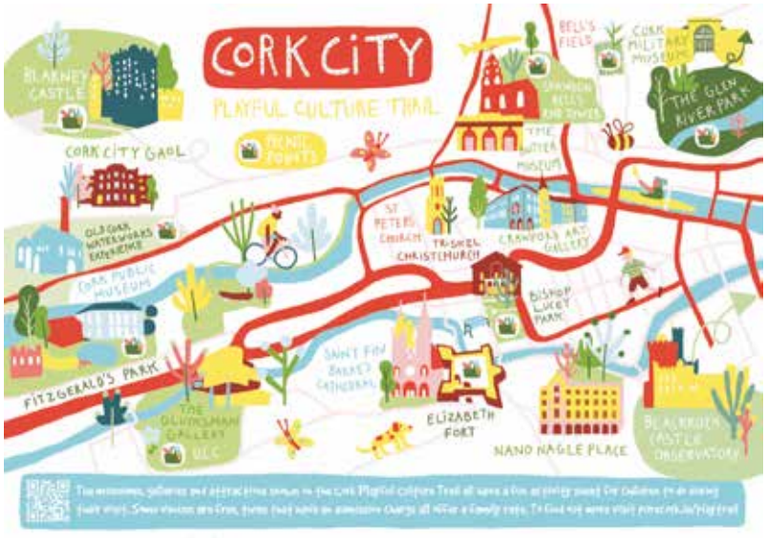


Figure 1: The Cork City Playful Culture Trail 2021

"During the summers of 2021 and 2022 all 15 museums, galleries and attractions in Cork City joined together to present the Playful Culture Trail with generous support from Cork City Council and Let's Play Cork. The trails were designed to open heritage and cultural spaces to families, inviting them to explore cultural sites and green spaces throughout the city through play. Inspired by Cork's involvement in the URBACT Playful Cities initiative, the playful culture trails included a map of all the cultural and heritage spaces in the city, along with green spaces and great picnic spots. The map also included suggestions of playful things to do. In 2021, each museum, gallery or attraction had a kids activity booklet to help them explore the site through play, presented in a very cute bag! In 2022 a bigger Playful Pirate Culture Trail map was produced, which challenged younger visitors to discover the treasure housed in our cultural spaces, along with suggestions of even more playful things to do. The initiative was met with enthusiasm by children and parents alike. As part of our assessment of the 2021 Playful Culture Trail, we discovered that the trail could be more inclusive. Thanks to Heritage Council Community Grant funding we have invested in child centric furniture for cultural spaces and have also created inclusive 'social stories' that allows neurodiverse visitors to plan their visits to our museums, galleries, and attractions. With support from UCC Occupational Therapy department we have been working toward making Cork City 'OPEN FOR PLAY' for everyone."

Dr. Danielle O'Donovan,
Programme Manager, Nano Nagle Place

PLAY IN A PANDEMIC

The advent of the COVID-19 pandemic challenged the ULG to mobilise around a creative resource, which could provide support and opportunities for play for children and their families in their own homes. In the spring and summer of 2020, the group designed and delivered 600 Family Play Packs for children in the early years (under 5 years) settings. The Family Play Pack contained a Play Book, materials, and prompts, as well as a series of online video tutorials on arts and crafts, games and challenges. In this time, the ULG borrowed heavily from the expertise of partners in the early child development sphere, and recognized the unique role that families and caregivers could play in enhancing the play experience of children and young people.

The Play Packs were distributed by a well-established network of family resource centres, community childcare facilities, community development projects and organisations, to families with young children. All materials and videos were also available online and continue to be accessible in perpetuity.

As the winter of 2020 drew near, the group were keen to support the needs and interests of Cork's older adults and commissioned research with the School of Applied Psychology, University College Cork. The results pointed to a clear desire for resources which would encourage and support older people to maintain connection with the outside world in spite of public health restrictions of the time. On foot of this, the ULG once again innovated to develop a 'Let's Play Cork Older Adult Play Pack'. Such was the warmth of reception for this initiative that a second round of these packs was commissioned

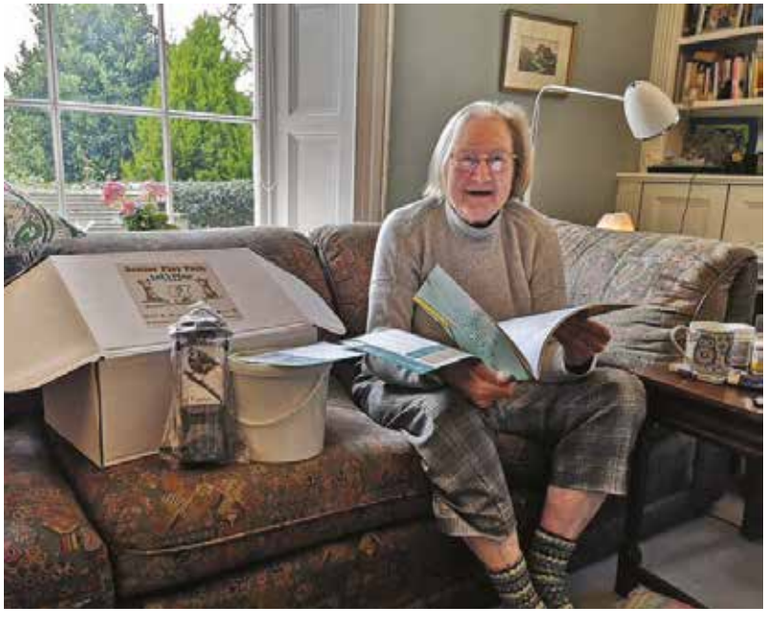


Photo 5: Ann Hall, recipient of the Play Packs for Older Adults in February 2022

for distribution in the spring of 2021, with a total of more than 6,000 packs finally distributed across the lifetime of the initiative. The packs contained a Play Book with puzzles, trivia, colouring, information on nature and song lyrics, as well as playing cards, colouring pencils, a bird feeder, wildflower seeds and other materials. The deep desire for connection despite distance was sated with a 'getting to know you' style quiz designed to encourage conversations over the phone with younger generations. Play as a lever for human connection was clearly evidenced in the process of distributing these packs, and in the feedback received, and the materials spawned follow on 'Sing Along' events with the recipients of the packs.

Feedback from Parents

'Thank you so much for the Summer Play Packs for ... me. They are filled with so many things to keep us fully occupied.'



Photo 6: Emma and Rhys O'Callaghan, at the launch of the Family Play Pack in Ballyphehane Togher CDP 2020

'Thanks a million for getting us in contact ... about the play packs. Our members are having a ball with the activities, in particular they have formed a book club around the 'Voices' novel and accompanying work book.

'The quality of the pack contents is really amazing and I would highly recommend the packs to other groups'

THE MARINA- OPEN FOR PLAY

The Marina is a 19th century Victorian recreation space, developed in 1761 because of a massive engineering project by Cork Harbour Commission to deepen the river Lee and make the Port of Cork more accessible for the larger steamships. The retaining wall was backfilled with mud from the riverbed to become the large flat promenade that connects the city quays with Blackrock. Modern traffic had transformed this leafy walkway into a transit corridor,

used by cars and largely devoid of people.

The Playful Paradigm, in association with Cork Lifelong Learning Festival chose to experiment with this space as a potential playground and demonstrate the positive impact that temporary pedestrianisation could have.

Using the learnings from site visits to Udine and our transnational workshops Playful Paradigm ULG chose to promote the Marina as a place 'Open for Play' - rather than closed to cars. For four Sundays coinciding with Urban October 2018, the Marina was pedestrianised, facilitators from Cork Sports Partnership brought games and equipment, local community groups were invited, and the space was transformed into a multi-generational playground. As a flat, hard surface it was also ideal for wheelchair users and people with reduced mobility, enabling an inclusive play space. Over the course of the four Sundays, crowds increased as word of mouth and photos circulated on social media. The community began to appreciate the space in new ways. With the advent of social distancing measures after the 'lockdown' in 2020, the Marina was the first new public realm in Cork to be pedestrianised for three months during the summer of that year.

The growing numbers of people using the Marina for recreation and its potential for more development has been formally recognised by City Council and it was designated as a permanent pedestrian zone in September 2020. By demonstrating potential and reframing how a place can be used, an appetite for permanent positive change was created in the local community and within Cork City Council.

CONCLUSION

Play is perceived as an add-on, optional, non-integral aspect of urban development. Cities are developed through adult and vehicle centric policies, processes, and systems, within siloed services and institutions. This erodes young children's visibility, voice, and opportunities, infringing their rights. Housing developments that have not incorporated play lead to 'play deserts', further entrenching poverty of play. The Playful Paradigm in Cork City has demonstrated the variety of opportunities and importance of a city activating play for all ages, in its many different forms.

Play has been segregated from learning and is often forgotten or removed, when in fact the opposite is true: play facilitates learning and development. Young children's lives, their challenges and opportunities are not segregated; they are intersectoral, multidisciplinary, complex, and interconnected, and are better serviced upstream through prevention, promotion and early intervention.

For greatest impact, play will be integrated and embedded in the culture of the city through city development planning, utilising and uniting community-based services to design, create playful opportunities.

To foster a wide variety of inviting and engaging places requires an agreed vision with long term commitment. The Playful Paradigm URBACT Local Group in Cork City developed a submission to Cork City Council to adopt the following core objective as part of the delivery and implementation of the for the current City Development Plan:

> Cork City aims to be a Playful City where people of all ages can enjoy access to play in a wide range of different settings that offer variety, adventure, and challenge to play freely and safely while creating excitement and freedom of choice about where, how and when to play.

The submission made an impact with the following strategic objective (Objective 2: Delivering Homes & Sustainable Neighbourhoods) outlined in the City Development Plan 2022-2028

"To achieve a higher quality of life for Cork City's communities, promoting healthy living, wellbeing, and active lifestyles. To ensure that placemaking is at the heart of all development to create attractive, accessible, liveable, well-designed, child-friendly, playful, healthy, safe, secure, and welcoming, high-quality urban places" (Cork City Development Plan 2022-2028: 93)

Drawing from the learnings of the Playful Paradigm, the following five strategic objectives and associated policies and actions to help to increase playfulness in the city underwrite the future of ambitions of this interagency group:

1. Adopt the Playful City approach into the new growth strategy for Cork City

2. Increase permanent opportunities for playfulness in Cork City

3. Support the use of existing public spaces and buildings as multi-purpose spaces for play.

4. Prioritise areas for Play within Cork City

5. Develop greater opportunities for play on and around the River Lee and Cork Harbour.

Cork City's participation in the URBACT Playful Paradigm project provided a 'jumping off' point into the dynamic and engaging world of Play as a mechanism to lever social inclusion, public discourse, tactical urbanism, and community development. While the transfer model allowed Cork to draw on the practitioner and strategic experience of a lead city, it was the extent to which Cork City embraced the play ethos which allowed the project to flourish in the way it did.

Relationships and inter agency structures are a fundamental cornerstone of the projects impact and will continue to underpin the longevity of play to leverage funding, project opportunities and research. The URBACT Local Group continues to signal its ambition to position Cork at the vanguard of play and has benefitted now from collaboration with academia, occupational health practitioners, the European-funded project sector as well colleagues from across the city and across the Irish public sector. Ultimately, the long-term success of this work will be represented by play being embedded across our city and being valued as the multi-dimensional tool it can be, as well as a worthwhile pursuit. Playful Paradigm's legacy should, it is hoped, be for 'Let's Play Cork' to become a clarion call for all Corkonians.

Through a series of city visits, workshops, and practical interventions, engaging experts, communication and strong local networks, Cork has managed a true paradigm shift. A shift from viewing play as something structured that children do in playgrounds, to demonstrating how play can be a powerful tool that has had real impact on shaping our city and the lives of those who live here.

GENERIC LEARNINGS
from our work around embedding a Play approach in Cork City

1 Play as a Tool for engagement

Play as a practitioner's tool to engage communities and professionals has evolved a meaningful way of working with places, spaces, and citizens in Cork City. Play has supported the development of creative inter-agency place-based activities, broadening perspectives of all those involved and serving as a lever for genuine inter-agency collaboration with partners that seldom meet.

2. Play for Inclusion

A playful approach is an inclusive approach, it is based on openness to experimentation in a safe and fun way. It encourages inclusive cooperation and sharing of resources and ideas. Play as a methodology did not close streets, it opened them up to the possibilities as new urban playgrounds, where the local community can come together.

3. Building on our Assets

Given the richness of assets, events and networks already active in the city, Cork ULG were committed to avoiding duplication at all costs, and especially to adding value to existing resources where possible. The decision was taken to work in tandem with a few initiatives where, once again, it was thought Play would add value to what had already been put in place.

4. Open for and to Play

The culture of inter-agency work in the city was a huge boon to the new endeavour here. There was an openness to and an understanding of the value of Interagency work, and after initial explanations were made to various partners and stakeholders, most took the idea of play and ran with it, making it their own in a short time.

5. Harnessing Resources

In Cork City we have sought the development of a sustainable approach to the URBACT Playful Paradigm. Cognisant that

the URBACT programme is funded for just 2 years, we have continually sought seed funding from alternative sources. The fact that the URBACT project did not offer capital funding only served to encourage creativity in sourcing diverse funding opportunities.

6. Alliances and Opportunities

Cork City evolved into a lead city for an URBACT National Network of 5 other playful towns across Ireland. These towns have learned from the good practice in Cork while encouraged to develop their own unique approaches to playfulness in their local areas. The Cork City ULG continuously engages with other towns and cities who reach out to learn more about the Playful Approach. Furthermore, Cork's ULG continues to explore opportunities to build on the commitment to sustainable and inclusive placemaking through future projects, both internationally and domestically.

REFERENCES

Centre on the Developing child, Harvard University *https://developingchild.harvard.edu/resources/play-in-early-childhood-the-role-of-play-in-any-setting/*

City Development Plan 2022 – 2028 https://www.corkcity.ie/en/cork-city-development-plan/

Cresswell, T. (2004). Place: A Short Introduction. 1. United States: Wiley-Blackwell

Gill, Tim (2021) Urban Playground: How child-friendly planning can design can save cities RIBA Publishing

Huizinga, J., 1938. Homo Ludens: a Study of the Play-element in Culture. Routledge, Switzerland.

Poeti Nazura Gulfira Akbar & Jurian Edelenbos | (2021) Positioning place- making as a social process: A systematic literature review, Cogent Social Sciences, 7:1, 1905920, DOI: 10.1080/23311886.2021.1905920

Play Scotland (2023) What is Play? https://www.playscotland.org/learn/what-is-play/#:~:text=Play%20is%20the%20way%20children,and%20people%20they%20are%20with (Accessed on 18.7.2023)

Sanne L. Nijhof, Christiaan H. Vinkers, Stefan M. van Geelen, Sasja N. Duijff, E.J. Marijke Achterberg, Janjaap van der Net, Remco C. Veltkamp, Martha A. Grootenhuis, Elise M. van de Putte, Manon H.J. Hillegers, Anneke W. van der Brug, Corette J. Wierenga, Manon J.N.L. Benders, Rutger C.M.E.

Engels, C. Kors van der Ent, Louk J.M.J. Vanderschuren, Heidi M.B. Lesscher, 'Healthy play, better coping: The importance of play for the development of children in health and disease' Neuroscience & Biobehavioral Reviews, Vol 95, 2018, P. 421-429, https://doi.org/10.1016/j.neubiorev.2018.09.024

United Nations Convention on the Rights of the Child November 1989, General Assembly Resolution 44/25 https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child



Claire Hatcher in Park Eoin, Cork City. Photo taken by Eoin Murphy

Chapter 11
Green Spaces for Health
Creating Space for Nature in an Urban Context

Maria Young, Michelle Syron, and Denise Cahill

INTRODUCTION

> "The evidence shows that urban green space has health benefits ... While details of urban green space design and management have to be sensitive to local geographical and cultural conditions, the need for green space and its value for health and well-being is universal"
> WHO (2016: 40).

More than half the world's population live in urban areas, and this is projected to increase to 68% by 2050, by which time the global population is estimated to have reached 9.7 billion (United Nations, 2021, World Health Organization, 2016). At a national level, according to the Central Statistics Office (CSO), 64% of Ireland's estimated population of 5.1 million people live in urban areas; and these figures are projected to increase significantly by 2050 (The World Bank, 2018, CSO, 2021, Eurostat, 2021). As urban populations continue to grow, availability of and accessibility to, green spaces offer opportunities to protect and promote healthy and sustainable places, for people and planet.

There is mounting evidence of the positive impact of access to urban green space on mental, physical and social health throughout the lifespan. The design of urban space affects public health and human behaviour by enabling or limiting, healthy day-to-day activities and interactions that influence physical, mental and social health (WHO 2022). The design of urban space must therefore meet the day-to-day health and well-being needs of everyone to create healthy and sustainable urban liveability.

Population growth, and increased migration, is increasing the size and scale of the urban built environment. Air, water and noise pollution, caused by poor quality housing; inadequate sewage

services; poor public transport systems; and insufficient green infrastructure & green spaces, is resulting in increasing levels of infectious, non-communicable and respiratory diseases in urban areas (World Health Organization, 2021b); as well as environmental degradation caused by pollution, reduced biodiversity and loss of natural habitats (World Health Organization, 2021a).

Access to neighbourhood green spaces is associated with a range of positive mental (Alcock et al, 2014) and physical health benefits (Astell-Burt and Feng, 2019), as well as positive social, environmental and economic benefits particularly for people living in areas of deprivation (World Health Organization, 2017). Opportunities for increased social interaction and participation in green spaces projects is associated with improved quality of life (*ibid*).

Markevych et al (2017) provide a framework of potential pathways connecting the health benefits of greenspace in three domains:

1. Reducing harm (e.g. reducing exposure to air pollution, noise and heat),
2. Restoring capacity (e.g. attention restoration and physiological stress recovery) and
3. Building capacity (e.g. encouraging physical activity and facilitating social cohesion).

This study concluded that while the existing evidence affirms beneficial impacts of green space on health, an interdisciplinary approach is required to learn about the relationships between context, population groups and health outcomes.

As part of the broader concept of green infrastructure, green space includes a wide range of public and private outdoor open spaces, such as; recreational and sports parks, urban gardens and farms, roof gardens, trees and forestry (World Health Organization, 2016). Green space projects are aligned with, and can deliver on, the World Health Organization's (WHO) Healthy Cities vision for cities to be healthy places for people and planet, encouraging community participation, inclusion and engagement (World Health Organization, 2020).

Cork city's Green Spaces for Health project is guided by the principles of permaculture; a holistic approach to land management, protecting and promoting biodiversity and ecosystems and access to natural systems, with conscientious use of natural resources (All Ireland Permaculture, 2020). To our best knowledge this is the only permaculture approach to community growing in public spaces in an urban context that is taking place in Ireland at present. The work is designed to have positive impact on the natural environment and public health.

The overall work of Green Spaces for Health is immense and too detailed to fully overview in this chapter. This chapter will focus on the background to Cork's Green Spaces for Health (GSFH); it describes the evolution of the community growing projects in Cork City and provides a policy context for urban green space projects in a health and community development context. The chapter will document valuable insights and reflections from stakeholders involved in the projects, from inception through to delivery of community-based green space initiatives.

The information provided is intended to be reflective, to highlight the unique elements of this approach and to support individuals and groups seeking to deliver similar projects in an urban context. This chapter will provide details of 4 key GSFH projects in various geographical locations across the city and will outline the approach and processes that were undertaken as well as the impacts that emerged.

BACKGROUND: CORK HEALTHY CITIES AND GREEN SPACES FOR HEALTH

Guided by European Healthy Cities Framework and by the six themes of the 2018 World Health Organization European Healthy Cities Network Copenhagen Consensus of Mayors (outlined in the Introduction Chapter) Cork Healthy Cities Action Plan (2020-2030), identifies Green Spaces for Health as a priority action area under the theme 'Planet' (figure 1). The Action Plan is committed to building collaborations with stakeholders across the city to mitigate against, and build resilience to, climate change. 'Planet' Actions are focussed on improving the health and wellbeing of citizens and improving the quality of the city's green spaces to ensure a sustainable environment.

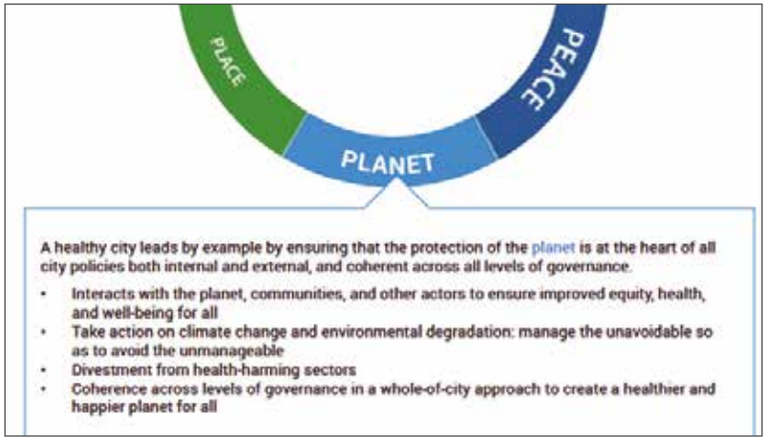


Figure 1. Cork Healthy Cities Action Plan 2020-2030 (Cork Healthy Cities, 2021: 32)

Established in 2018, and supported by Cork Healthy Cities, the Lantern Project, Nano Nagle Place and Cork Environmental Forum, GSFH is a community-led initiative, initiating and supporting a broad spectrum of practical greening projects across Cork City. Green Spaces for Health is committed to enabling the development of resilient, sustainable and inclusive communities by supporting community members to connect with nature, to grow food together, to enhance and promote biodiversity and to build social momentum.

Incorporating the principles of permaculture, GSFH facilitates local communities to develop and manage greening initiatives that are responsive to the context of their natural environment and ecosystems, while creating opportunities to learn from, and through, nature. As illustrated in the case studies, GSFH supports best permaculture practice of building systems and approaches that are ethical and sustainable (Waddington, 2022).

Cork's GSFH co-ordinator, Maria Young (chapter co-editor) facilitates a range of practical, educational and pilot programmes to encourage participation, experimentation and engagement in greening projects. The role of the co-ordinator is multi-dimensional and varies from project to project; however, a core element is the ability to connect communities with appropriate stakeholders across the city who can support and enable the delivery of proposed greening initiatives.



Photo 1: Community members creating their garden at Murphy's Farm, Bishopstown. Photo credit: Maria Young

The co-ordinator works with groups and individuals who are interested in establishing or maintaining public green space within their community, learning together the processes and approaches in bringing projects to fruition. The co-ordinator understands that each project – its location, site and community – are unique and therefore, encourages each group to establish its own structures and processes to meet the desired outcomes of the project, encouraging community ownership of the project. In a movement away from hierarchical approaches, the movement is generally a flat structure where everyone is encouraged to learn and contribute to a collective knowledge base, with the guidance of permaculture practice, particularly at the design and inception phase.

The coordinator works to connect schools; third-level educational and training institutions; statutory agencies; arts groups, community groups and social care workers across the city, to those with the authority, knowledge, and skills to transform vacant green spaces into thriving community hubs for enhanced biodiversity. The coordinator activates the process and seeks to navigate the multiple systems to secure public space for community growing. In a movement away from outsourcing and guided by the principle of looking for the expertise that often resides within the communities themselves, the coordinator provides encouragement, empowering local people to build and share their expertise in the process. Led by

demand and need, the coordinator simultaneously builds capacity among evolving growing communities to access space, expertise, support and resources (financial and natural) where possible.

The work of Green Spaces for Health is respectfully overseen and supported by an inter-agency steering group, guided by the principle that the expertise lies among the members of each community garden. The steering group is responsible to seek funding for the project and to support the activities identified by the various projects in place. This approach has allowed the projects to develop and flourish in a manner that is responsive and effective for those involved at local level. The steering group members actively partner with a range of statutory, educational, and voluntary organisations across the city to support the work (see table 1).

Table 1. Green Spaces steering committee and partnerships

Cork Green Spaces for Health: Steering Committee
Cork Healthy Cities
The Lantern Project
Cork Environmental Forum
Nano Nagle Place
Cork Green Space for Health: Partners
Cork Nature Network,
Kinsale Permaculture College,
Community Academic Research Links initiative (CARL), UCC,
The Lough Community Centre,
Community Gardaí,
School of Biological, Earth & Environmental Sciences, UCC,
St John's Central College Eco Congregations Ireland,
Men's Shed Ballyphehane,
Learning Neighbourhoods Network South Parish,
Bus Eireann,
Creativity & Change, Crawford College of Art, Cathedral Quarter,
Cork Food Policy Council

POLICY CONTEXT FOR GREEN SPACES

National, regional and local planning policy objectives are guided by European and National legislation, directives and policies. The Government's National Planning Framework (NPF) supports the creation of green spaces to ensure sustainable development and to tackle climate change. National Policy Objective 62, states that Green Infrastructure Planning will inform regional and city level development plans.

At a regional level, the Southern Regional Assembly's Metropolitan Area Strategic Plans (MASPs) for Cork City, includes:

Policy Objective 17: Sustainable development, including green spaces;

Policy objective 21: Support Healthy Cities, Healthy Environment and Health infrastructure; and

Policy objective 22: Social Inclusion – to support the delivery of initiatives to promote social inclusion for all communities in the city (Southern Regional Assembly, 2020)

Cork City Council's Development plan 2022-2028, sets a vision for the strategic planning of Green and Blue Infrastructure (GBI), Open Space and Biodiversity, to support the reduction of the city's carbon footprint and mitigate against climate change. Its proposed plan aims to contribute to four of the UN Sustainable Goals (figure 2.). The development plan states that population growth will be:

> "... facilitated through the creation of a more compact city with a varied network of neighbourhoods, a diverse, vibrant and thriving biodiversity and an accessible, multi-faceted network of high-quality green spaces and water bodies that yield a range of social, economic and environmental benefits"
> (Cork City Council Development Plan, 2021: 164)



Figure 2. Cork City Council's vision for Green and Blue Infrastructure, Open Space and Biodiversity, aligned with UN's Sustainable Goals (Cork City Council Development Plan 2022-2028)

At a community-level, Cork City Council's Local Economic and Community Plan, Pure Cork – An Action Plan for the City, 2016-2021, is committed to ensuring Cork is a safe and green city, that promotes social inclusion and equality; community participation, quality of place, and is a healthy city.

The work of Green Spaces for Health supports the delivery of strategic national, regional and local-level health & wellbeing and environmental policies. Since commencing in 2018, year-on-year the number, and range, of green space initiatives is expanding, (table 2) and includes educational, research and practical projects, across Cork city (figure 3).

"There is a lot of diversity amongst the gardens. I can't think of anywhere else where you get such a confluence of people of all ages, cultures, nationalities, abilities and backgrounds working together, their hands in the soil side-by-side growing food"

Maria Young, Green Spaces for Health Coordinator,
Cork Healthy Cities 2022 review & presentation,
City Hall, Cork, 7th December 2022



Table 2. Green Spaces for Health projects
(at the time pf publication)

Project	Com-menced	Purpose (research, education, practical)
Páirc Eoin	2019	Revitalizing a public park
Deerpark	2020	Community food growing in residential housing estate
The Lough down garden	2020	Food growing community garden on the property of a local community centre, adjacent to a neighbourhood road
Beehives	2019	Setting up beehives on the roof top of St John's Central College
Reconnecting with nature workshops	2020-23	Delivering 2 annual 6-week course
Paper recycling	2019	Working with local businesses on paper recycling initiative. Paper gathered is converted into green insulation.
South Parish Tree Audit	2021	Working with School of BEES, UCC to map number and type of trees across public spaces and institutions, leading to a published paper https://www.ucc.ie/en/media/research/carl/SOUTHPARISH-TREEAUDITFINALREPORT.pdf
St Luke's community garden	2021	Community garden with several raised beds, an orchard, hedgerow and hosting regular community events, including yoga classes.
Togher community garden, Clashduv Park	2021	Large Community Garden in a public park. Includes a polytunnel, 18 raised beds, fruit, nut & native trees, a pond the installation of which was led by An Taisce as a community learning opportunity, tree nursery and an outdoor classroom.
Curraheen, Bishopstown community garden	2021	Polytunnel, fruit trees, raised vegetable beds, picnic benches and community workshops & events
Douglas Community Park Garden	2022	Raised vegetable beds
Elizabeth Fort, Barrack Street	Pending	Biodiversity Garden
Ardfoyle International Solidarity Garden	2022	Set up in 2022 by the Cork Migrant Centre with the assistance of GSFH and a donation of land by the OLA Sisters. This garden hosts gardeners from migrant centres across Cork City. A horticultural school is also located at this complex.
Army Barracks	2022	A community garden for veterans and local community, with a focus on mental health
Seed Library	2022	Established a seed library at Hollyhill Public Library with Cork Food Policy Council to highlight seed provenance, harvesting, collection, sharing, etc
Colaiste Éamon Ris, Terace Mac Swiney School, Educate Together, Bishopstown Community School	2021 /22	Running projects for Transition Year students both at the community and school gardens. Implementing some ideas that worked well such as the planting of hedgerows, raised beds etc.
St. Finbarrs Hospital Campus	2022	Installation of Dunmann Box (built by Douglas Mens Shed) and planting of 100 acorn seeds with plans in 2023 to establish a tree nursery on the campus to replace lost trees through building development works.
Installation of Sand Martin wall	2023	With Glounthaune Men's Shed, a local ornithologist and Cork City Council who between them built and installed a Sand Martin wall in the Lough Island in Cork City.

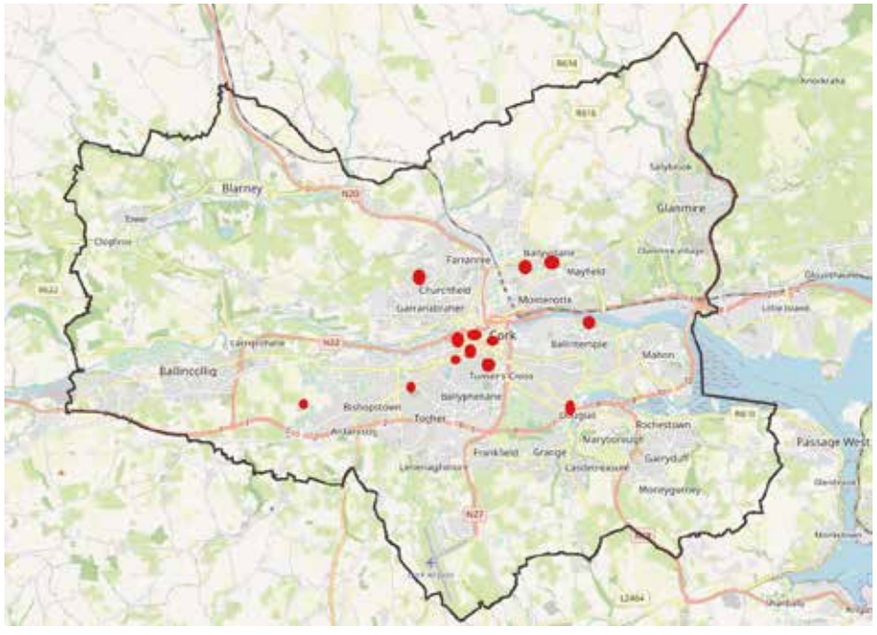


Figure 3. Approximate location of Green Spaces for Health projects in Cork city, shown as the red dots. Map source: (Cork City Council, 2022)



Photo 2: Togher Community garden at Clashduv Park Togher (Credit: Maria Young)

GREEN SPACES FOR HEALTH PROJECTS

"I very much feel this is our time, and what an extraordinary time it is to be alive. We have huge opportunity to make the change. I believe we will dream and do. When I think of the future, what is important for Green Spaces for Health is to keep our joy and excitement alive; to never get complacent about the miracle of our beautiful world and to keep doing everything we can to protect her at this time".

Maria Young, Green Spaces for Health Coordinator,
Cork Healthy Cities 2022 review & presentation,
City Hall, Cork, 7th December 2022

The following section will outline four Green Spaces for Health led projects in detail. Each project varies in terms of size, scale, participation, and outcomes. **Páirc Eoin** was a large derelict green space adjacent to a housing estate; **Deerpark** was a narrow strip of green lawn within a housing estate; The "**Lough-down" garden** was a very narrow strip of green grass, to the side of a community hall and adjacent to a road and **Togher Community Gardens** was a large green space within a public park. Each of these areas have been transformed into productive green spaces, promoting social inclusion and biodiversity through community participation and educational activities.

The chapter ends with a reflection on lessons learnt, that may be useful for practitioners, research, and policy makers.

PROJECT 1: Páirc Eoin

Located in the South Parish of Cork City, Páirc Eoin is an elevated green space – formerly a cemetery – with panoramic views of Cork city. It is located north of Páirc Eoin housing estate; a high wall divides the two areas, and it is accessed by road and footpath through the estate. Up until 2019, the park had pedestrian access from Douglas Street, by a steep and narrow lane.

Photo 3. Páirc Eoin Cork City (Google, 2022c)



Due to complaints of ongoing anti-social behaviours – drinking, drug-taking, litter and noise, the park had become a no-go area for the neighbouring community. To curb anti-social behaviour, Cork City Council closed pedestrian access from a busy Douglas Street to the park. A local community Garda approached the steering group to propose a plan to clean up and revitalise the park by creating a space that is safe and welcoming for communities and supports wildlife and biodiversity.

Páirc Eoin Project

The overall aim of the project was to provide the local community and volunteers with an opportunity to turn a derelict overgrown green space – that, due to anti-social behaviour, had become a no-go area – into a green space that promotes and protects biodiversity and natural wildlife habitats, and is a safe and welcoming space for the local community to enjoy.

Activities

- Planting of native hedgerows
- Planting of wildflower and herbaceous beds and borders
- Rewilding a section of the green area
- Installation of a wooden composter
- Weekly clean-up of rubbish
- Maintenance of pathway by herbaceous and wildflower borders
- Outdoor workshops (herbalist, dying fabric using ancient techniques utilising colours from plants, botany, art installations with willow and stone)
- Established a medicinal plot
- Tai Chi classes
- Seed collection
- Establishing a tree nursery of approximately 130 trees
- Keeping a diary of what is planted
- The natural dye project – growing flowers to dye fabric
- Establishing a 'mini world' plot for children

Community Engagement – to encourage participation

- The Green Spaces coordinator went door-to-door with a community Garda to deliver a flyer and speak with residents about the project and encourage participation

- A public meeting at the local St John's College was organised to outline the project, seek input and to involve the wider community

Community Participation and Engagement as the project has developed

Local residents were in support of the project, and it commenced with 4-5 volunteers. This volunteer group has since grown to approximately 35 people, who come from across the city. Communicating through WhatsApp, between 5-9 people from the group meet every Tuesday evening and spend several hours planting, pruning, weeding, providing general maintenance and gathering rubbish. The work usually ends with tea and cake and this is an important part of the process, this is where ideas are formed and decisions are made

Many of the residents in the area are elderly or have young families and, therefore, don't regularly volunteer to maintain the space. However, as the park has gradually transformed into a more attractive space, they are using it more frequently and are engaging with the volunteers and have developed a greater sense of ownership and pride in the area. In 2020, the 2-km restriction during thefirst COVID-19 lockdown was a catalyst for residents to use the park, as they realised the benefits of having such an amenity on their doorstep.

Prior to 2020's lockdown, a city resident gave several Tai Chi classes in the park to a group of people, aged from 4 to 82 years. The park is also used to host regular workshops. People donate plants and a neighbour built a composting box for the park's green cuttings.

The first GSFH Tree Nursery was successfully piloted in Páirc Eoin, growing 130 saplings in a space of 1 metre^2

Inter-agency collaboration

CCC are responsible for the upkeep of the park. Prior to commencing the project there was no regular maintenance of the area; however, since the project commenced CCC regularly cut the grass and provide waste collection. At the request of the Green Spaces for Health co-ordinator, CCC has stopped using herbicides in the area and it was agreed that the volunteers would take over responsibility for weeding and the maintenance of the pathway through the park.

On occasion, homeless people use the space to pitch a tent. The park is now considered a safer space and the community liaise with CCC to work with local housing charities in supporting individuals to find more suitable, and safe, accommodation, in a timely manner.

Reflections

From a derelict green space, Páirc Eoin has been transformed into a flourishing green space. Extensive planting of native trees and wildflowers is attracting bees, butterflies, caterpillars and birds, thus contributing to the protection and promotion of biodiversity in the area. As the community engage with, and contribute to, the park's development, the space is used for healthy social, recreational and educational activities on a regular basis. There is a marked decrease in anti-social behaviour in the area.

Furthermore, this project established a positive and productive working relationship between CCC and the Green Spaces Project. The Coordinator has liaised with CCC in partnership with the community, to agree weekly cleaning of the area and to stop using chemical weedkillers – on the agreement that volunteers would weed and maintain the space.

PROJECT 2: Deerpark

The vision for a community food growing project in a residential estate was inspired by the film 'Inhabit' presented by the Cork Environmental Forum and SHEP Earth Aware. Deerpark is a residential housing estate in the South Parish of Cork city. A strip of green area, adjacent to a cul-de-sac road and overlooked by homes, was identified as a suitable space for a community food growing project.



Photo 4: Deerpark, Cork City (Google, 2022a). Within this residential estate, residents were allocated a small piece (4m x 1.5m) of green space opposite homes in Deerpark, to establish a small community garden.

Deerpark project

This project commenced in Autumn 2020. While homes in the area have private green spaces, a community garden project was sought to foster a sense of community and to share knowledge and skills of growing food. A core group of eight residents established the project.

Collaborations

Deerpark has a residents' association with green areas maintained by a contractor. Approval to use the space was negotiated and agreed between the residents' association, and the group. The group also gained agreement from the residents association that the contractors would not to spray the specific area with herbicides.

Green Spaces for Health negotiated a mutually beneficial agreement to partner with a permaculture college to provide space for students to implement practical training on growing vegetables. In return, the permaculture college provided a workshop for local adults and children when setting up the garden together.

Activities

- Installation of two raised vegetable beds
- Planting of vegetables and fruit bushes
- Planting of fruit and nut trees

Outcomes

This is a small and specific project. Many residential estates in Cork City have under-utilised green space. This project demonstrated an alternative use of these spaces and allowed children and adults to come together, on their own doorsteps, for the shared purpose of learning how to grow food. This project has attracted the keen interest of local children; having participated in the workshop and planting of the space, great pride has been developed in providing residents and visitors with guided tours and explaining the work that they have done.

Reflections

Providing children and families with community spaces that create opportunities to learn, and to teach others about nature is sowing the seeds for future generations to build respect, understanding and appreciation for their natural environment.

Opportunities exist in residential areas to transform pockets of green space into low-maintenance productive spaces that can support biodiversity, provide neighbours with a community space to get to know each other, and foster children's understanding and appreciation of their natural environment.



Photo 5: The Lough-down community garden (Google, 2022b) Location of four raised vegetable beds and herbaceous borders

PROJECT 3: The Lough-Down Garden

This project is located on a narrow strip of land belonging to the Lough Community centre, adjacent to a neighbourhood road, and opposite a row of terraced houses.

The Lough-Down project

A collaboration between Green Spaces for Health and a local resident, who, in Autumn 2020, invited neighbours to engage with this project of turning a narrow strip of grass into a wheel-chair accessible community garden. There are ten houses opposite this community garden and each household is contributing towards the upkeep of the garden – weeding, watering, planting and harvesting.

Collaborations

The Lough Community Association was happy to provide permission for the space to develop into a community garden. CCC provided funding towards the cost of materials to build the raised beds and the Douglas / Grange Men's Shed built the raised beds for the group.

Outcomes

Successful planting of these raised beds, led to a fruitful harvest over the last two years. The project has fostered a sense of community amongst residents who share responsibilities for growing and maintaining the garden.

PROJECT 4: Togher Community Garden, Clashduv Park, Togher

Clashduv Park is a large public park, with a playground and tennis courts, on the south side of Cork city. The idea for establishing a community garden within the park was initiated by a health and wellbeing community referral link worker ('Social Prescriber Link Worker'), based at the local Ballyphehane Togher Community Development Project. Health professionals (General Practitioners predominantly) refer patients to the Social Prescribing Link Worker who then seeks opportunities for people to connect and engage with others in their community through a range of health and wellbeing activities.

Togher Community Garden has become a hub of creativity and a living lab trialling many projects. The biodiversity plan led to the planting of 350 native Irish trees. This work was completed by means of a day long 'meitheal', an Irish word for the coming together of many people to plant native and edible trees for the local community.

In collaboration with An Taisce, an Irish charity working to conserve Ireland's natural environment and built heritage, the community are developing a pond and will forego a mechanised approach, choosing instead to come together to dig the structure.

Cookery classes ran during the month of August 2022 for children aged 8 to 12 years of age. This work resulted in the creation of a cookery book written and illustrated by the volunteers, connected

Photo 6: Togher Community Garden, Clashduv Park, (Google, 2022d) Togher community garden



to the produce of the garden and distributed across the city via libraries, schools and institutions.

The garden hosts workshops on seed collecting, compost making, local botany and bat detection and contribute events to the annual Cork City Lifelong Learning Festival. In April 2023 on Earth Day they hosted a bio blitz that included an insect safari, mammal trapping, moth trapping, bird identification and guided nature walks in collaboration with LAWPRO and the newly appointed biodiversity officer.



Photo 7: Togher community garden: Delivery of 80 Tonnes of topsoil, November 2021 (Photo: Maria Young)

The Togher community garden project

The overall aim of this project was to create a large-scale community garden, within a public park, with a polytunnel and raised vegetable beds.

Collaborations

The local health and wellbeing community referral link worker contacted Green Spaces for Health to seek approval for the proposal. Due to the success of the Páirc Eoin project outlined above, CCC were fully supportive of a new complimentary proposal for another community. Funding of €3,000 was secured for the construction of a polytunnel and €4,000 for the building of the raised beds and purchase of soil.

The community's project

Togher Community Garden has a core group of fifteen people who meet monthly, and there are a range of regular weekly activities taking place at the gardens. The core group volunteers comprises of local people who are retired of all ages, some caring for family members and who have an interest in, or study, horticulture. Most members do not have gardening experience.

At the initial stages of planning the garden, there was scepticism amongst the community that the polytunnels and raised beds would survive because of vandalism. However, a turning point in peoples' belief in, and support of, the project was on the day of the delivery of 80 tonnes of soil for the raised beds. Prior to the delivery, organisers rallied support from the local community, through social media, a door-to-door campaign and use of flyers requesting help to move the soil to the beds.

On a cold winter's morning over 70 people turned up, with wheelbarrows and shovels, to move the soil. A great sense of jubilation was observed amongst the community and this was noted as a turning point in local belief in the project. A sense of ownership for the community garden was established among locals. It is not something that is done for them, or to them, rather it is something that they are actively creating – it is theirs. The preservation of the polytunnel and garden from vandalism has been attributed to the community's direct involvement with the garden; those who may have been inclined to vandalise the area are deterred, as they may know the people involved in the project.

Activities:

- Local primary schools bring pupils to work in the gardens. The pupils set seeds and designed the location and layout of a hedgerow comprising of 350 native plants.
- Water Harvesting: Rainwater is harvested from the polytunnel. An inventive volunteer, connected a car battery to a pump, which is powered by solar panels to pressurise the water hose.
- University College Cork (UCC) workshop on water quality: Investigation of options to use water from a tributary of the nearby Glasheen river, led to a workshop on water quality



Photo 8: Togher Community Garden – spreading 80 tonnes of soil, November 2021 (Photo: Maria Young)



Photo 9: Lunchtime at Togher Community Garden (Photo: Maria Young)

monitoring and this in turn has led to the local Togher Boys primary school undertaking a water quality monitoring project, facilitated through UCC. Thus, the garden has become a catalyst for the community to explore and learn about biodiversity in their locality.

- A local mens' shed group installed shelving and beds in the polytunnel.
- Eight male secondary school pupils from the local Coláiste Éamonn Rís Ballypheane, Technical School, visited weekly over a 6 week period, to learn gardening skills. For the next academic year the Principal, is seeking to redesign the school timetable to facilitate pupils to attend the garden for 2 hours each week to gain hands-on experience of gardening and its possibilities as a further career option.
- 'Creativity for Change' a programme of Crawford College of Art hosts 'planting for art' sessions on Saturday mornings
- The garden hosts two Open Mornings per week. Organised by volunteers, tasks include planting, tidying, planning, and organising and the morning finishes with tea, scones and lemonade.
- One morning per week 10 -15 service users of COPE foundation (a non-profit organisation that supports people with intellectual disabilities and autism) are supported to work in the garden.
- Cookery demonstrations for children have been held the summer and autumn months.

Reflections

Togher community garden is flourishing as a community hub. From a derelict green space within a public park, the gardens are alive with recreational and educational activities. With support from CCC, HSE and UCC, the local community comprising of individuals, schools and local groups, have been facilitated by the Green Spaces for Health co-ordinator to reimagine and create, for themselves, a green space that is thriving and a centre for social, educational and healthy activities.

This project illustrates how communities can be supported and facilitated to take ownership of derelict green spaces and transform them into green spaces that can become the centre and heart of their locality.

CONCLUSION

The four case studies presented in this chapter demonstrate how international, national, regional and city-level policies can be translated into community-led projects. These projects are delivering the co-benefits of health and wellbeing, protecting biodiversity and the natural environment, while improving the quality of urban spaces. The projects illustrate the benefit of co-creation at local level and partnership with the local authority to create meaningful community engagement using public green spaces for growing food and building capacity to support biodiversity.

As the number and range of Green Spaces for Health projects continues to grow across the city, Cork Healthy Cities is strengthening and reinforcing its commitment to deliver on its Action Plan 2020-2030 and specifically, its 'Planet' action commitments – to improve the health and wellbeing of citizens and improving the quality of the city's green spaces to ensure a sustainable environment.

Green Spaces for Health growing projects are providing communities with opportunities for social interaction and participation. Communities have developed a sense of ownership and pride in the transformation of derelict, under-utilised sites, or transit corridors, into flourishing green spaces that are social, educational and environmental hubs.

Centred on a respectful and inclusive approach to each community, facilitating and guiding, yet careful not to dominate individual projects, the role of the coordinator has been pivotal. Facilitating a co-planning and design process for each project has been essential, from delineating the plot's boundary, to exploring and agreeing details of each proposed project. Everyone is afforded the opportunity to contribute and raise concerns and empowered to create, build, and nurture their green space through experiential learning. Local knowledge is central with an ethos of learning through doing in the development of shared skills and experiences within the community. Goals and aims of each project are co-created with methods of communication designed not to isolate members who are less digitally connected.

The coordinator works with local people, the local authority and local organisations in a process that has garnered the trust and support of the local authority to develop community stewardship of



Aoíbh and Finn Guthrie at Knocknaheeny / Hollyhill Community Garden

these spaces. Where available, GSFH has drawn on the expertise of an urban designer/horticulturalist (student or college), or members of the community with the relevant experience.

While each of the projects described in this chapter is unique in approach, scale and membership; nonetheless, each provides opportunities for learning to guide, support and improve similar projects in the future, for individuals and communities, providers of community services and researchers. The challenge remains for a meaningful account of the broad range of impacts of Green Spaces for Health due to the unique approach adopted in each community. Governance of each project varies depending on the make-up of each community and work is now underway to develop structures to support the delivery and sustainability of all the projects.

These four projects provide an overview of urban green space projects that communities can instigate and engage with. These case studies illustrate how green space projects are meeting the objectives of Cork Healthy Cities, as they each create opportunities for social interactions; knowledge sharing; increasing biodiversity and improving natural environments, across the city.

At the time of writing developments are underway to partner with the Social and Health Education Project in Cork City to develop a network of all the community gardens in Cork to discuss, learn,

share methodologies of common interest, and explore methods of governing and sustaining community gardens in the city in a manner that allows each to develop in a unique and locally responsive way.

GENERIC LEARNINGS

- To deliver meaningful and accessible public green spaces for health, it is essential to consider the significant role of a Green Space for Health **Co-ordinator**. Strong communication and networking skills are essential, as well as an understanding of the principles of ecology & biodiversity and an appreciation and commitment to community-led approaches to bring people together to achieve project success.

- Strong working relationships with key members of local authorities and Municipalities is essential. Responsibilities vary across departments and sectors. Building respectful and reciprocal **working relationships** with strong two-way communication has enhanced capacity for all parties to adapt to the changing environment in which the project develops.

- Process focused **trial and error** with an acceptance of less than perfect have allowed space for learning, development, and improvement in each project. Patience with the process has allowed time for projects to develop based on the needs and resources of each host community.

- **Funding** allocations and resources are required to employ a Coordinator for all projects. With an increased allocation in government funding for climate action and biodiversity development the potential for multiple sources of funding is immense.

- Each project is individual, and a prescriptive approach should be avoided, nevertheless, templates and / or toolkits may help guide the processes. Each community should be encouraged to seek **expertise which resides locally** and to develop a governance structure that works best for those involved.

- Measurement of the broad level of impact of community growing projects is a challenge that requires expert involvement. Charged with the development of community growing spaces, it is challenging to also meet the evaluation requirements of funders. At the time of writing an evaluation framework for GSFH is being developed in partnership with the Social and Heath Education Project to network all the community gardens in Cork to discuss, learn, impart and share topics pertinent to all.

REFERENCES

Alcock I, White MP, Wheeler BW, Fleming LE, Depledge MH. Longitudinal effects on mental health of moving to greener and less green urban areas. *Environ Sci Technol*. 2014;48(2):1247-1255. doi:10.1021/es403688w

ALL IRELAND PERMACULTURE. 2020. *What is permaculture* [Online]. Available: https://permaculture.ie/what-is-permaculture/ [Accessed 21st October 2022].

CENTRAL STATISTICS OFFICE. 2021. *Population and Migration Estimates, April 2021* [Online]. Available: https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2021/mainresults/ [Accessed].

COMMISSION FOR ARCHITECTURE AND THE BUILT ENVIRONMENT 2010. Urban green nation: Building the evidence base.

CORK CITY COUNCIL. 2021. *Cork City Draft Development Plan 2022-2028* [Online]. Available: https://www.corkcity.ie/en/proposed-cork-city-development-plan-2022-2028/draft-plan-documents/phase-2-draft-development-plan-2022-2028/volume-1-written-statement/ [Accessed].

CORK CITY COUNCIL. 2022. *Cork City Boundary Map*.

CORK HEALTHY CITIES 2021. Cork Healthy Cities Action Plan Phase VII 2020-2030.

EUROSTAT. 2021. *Population projections: urban growth, rural decline* [Online]. Available: https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210520-1 [Accessed].

GOOGLE. 2022a. *Deerpark*.

GOOGLE 2022b. The Lough Community Centre.

GOOGLE. 2022c. *Páirc Eoin, Cork City*.

GOOGLE 2022d. Togher Community Garden.

Markevych I, Schoierer J, Hartig T, et al. Exploring pathways linking greenspace to health: theoretical and methodological guidance. Environ Res. 2017;158:301-317. doi:10.1016/j.envres.2017.06.028)

SOUTHERN REGIONAL ASSEMBLY 2020. Cork Metropolitan Area Strategic Plan.

THE WORLD BANK 2018. Urban population (% of total population) - Ireland.

Thomas Astell-Burt, PhD; Xiaoqi Feng, PhD *(2019) JAMA Network Open.* 2019;2(7):e198209. doi:10.1001/jamanetworkopen.2019.8209

UNITED NATIONS. 2021. *World Population Day 11 July* [Online]. Available: https://www.un.org/en/observances/world-population-day [Accessed].

WADDINGTON, E. 2022. *The 12 Principles of Permaculture: A Way Forward* [Online]. Available: https://earth.fm/updates/permaculture-principles/ [Accessed].

WORLD HEALTH ORGANIZATION 2016. Urban Green Spaces and Health: A review of the evidence.

WORLD HEALTH ORGANIZATION 2017. Urban Green Space Interventions and Health: A review of impacts and effectiveness.

WORLD HEALTH ORGANIZATION. 2020. *Healthy Cities Vision* [Online]. Available: https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/healthy-cities-vision#:~:text=Healthy%20cities%20are%20places%20that,pursuit%20of%20peace%20and%20prosperity. [Accessed].

WORLD HEALTH ORGANIZATION. 2021a. *Nature and biodiversity play a vital role in protecting human health* [Online]. Available: https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/news/news/2021/5/nature-and-biodiversity-play-a-vital-role-in-protecting-human-health [Accessed].

WHO Regional Office for Europe (2016). Urban green spaces and health: a review of evidence. Copenhagen: WHO Regional Office for Europe (https://www.euro.who.int/en/health-topics/ environment-and-health/urban-health/publications/2016/urban-green-spaces-and-health-areview-of-evidence-2016

WORLD HEALTH ORGANIZATION. 2021b. *Urban Health* [Online]. Available: https://www.who.int/health-topics/urban-health [Accessed 2021].

WHO 2022 Urban design for health: inspiration for the use of urban design to promote physical activity and healthy diets in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO

World Health Organization European Healthy Cities Network (2018). Copenhagen Consensus of Mayors. Healthier and happier cities for all. A transformative approach for safe, inclusive, sustainable and resilient cities. 2018. Available at: http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2018/copenhagen-consensus-of-mayors.-healthier-and-happier-cities-for-all-2018



"Cork should be greener, with more gardens. I'd like to see school outside, and more work and play being done outside. Less buildings and more forests and trees."

Evelyn, age 8, St. Finbarre's NS



" More homeless shelters and more free food places. A better place for everyone."

Lucas, age 9, Morning Star NS



Gathering for climate action at University College Cork campus in 2019.
Credit: Daragh Mc Sweeney/Provision/UCC

Chapter 12
HEALTH IN THE CLIMATE EMERGENCY WITH REFLECTIONS FROM CORK, A HEALTHY CITY

Christie Nicole Godsmark, Janas Harrington, and Ivan J Perry

INTRODUCTION

Planetary Health and Cork Healthy Cities
A Global Perspective Framing Policy and Action at Local Level

In these early decades of the 21st century we face a series of interlinked problems that pose both profound threats to the health and wellbeing of populations and fundamental challenges to the existing political and economic world order. We are stretching critical planetary boundaries that define the earth's safe operating space with accelerating greenhouse gas (GHG) emissions and climate change, species extinction and loss of biodiversity and the profligate abuse of finite resources including freshwater and croplands, all driven by an increasing global population that is projected to reach 10 billion by the year 2050. Climate change in particular threatens to undermine the last half century of gains in development and global health. While the impacts of climate change will bear most heavily on lower- and middle-income countries, all countries and regions are vulnerable. In Ireland, as in other developed countries, the adverse effects of climate change will be heavily concentrated among those who are most marginalised and socially disadvantaged and will tend to exacerbate existing social inequities and inequalities in health. These interlinked global, national, and local challenges form the context that frames Cork Healthy Cities' focus on planetary health in the Cork Healthy Cities Action Plan Phase VII 2020 – 2030. Planetis one of six P's or guiding Healthy Cities' themes identified through the 2018 Copenhagen Consensus of Mayors, together with people, places, participation, prosperity, and peace, all underpinned by core principles and values of equity, community participation and development, partnership working across all sectors of society,

solidarity and friendship, and sustainable development. With 75% of the population of Europe now living in urban centres, the role of the city in the protection of the planet is pivotal.

"Cork Healthy Cities provides a forum, a template, and space for inter-agency collaboration that is required for addressing the complex issues emerging from climate change"

Denise Cahill, Cork Healthy Cities Co-ordinator

Toward the end of 2019, the European Parliament declared a climate and environmental emergency. Finally, and belatedly, a sense of urgency and momentum to tackle the climate emergency is emerging globally, within Europe, and in Ireland. Ireland's Environmental Protection Agency released provisional estimates of the nation's GHG emissions for 2022 being 60.76 million tonnes carbon dioxide equivalent (Mt CO2eq) which is only 1.9% lower than emissions from the previous year. Whilst targets aim to decrease emissions, the latest data indicate that Ireland's GHG emissions have actually increased overall by 9.2% from 1990-2022.. The energy, transport and agriculture sectors accounted for 74% of total GHG emissions in 2022 with agriculture being the single largest contributor to the overall emissions, at 38%. With the passage of the Climate Action and Low Carbon Development Act 2021, Ireland is now on a legally binding path to net-zero GHG emissions no later than 2050, and to a 50% reduction in emissions by the end of this decade. Diverse sectors of society are now mobilizing on a local, national, and global scale. Mass public gatherings, increasingly led by young people, suggest growing awareness of climate change as an existential threat (see cover page image). In 2019 Cork Healthy Cities co-hosted their first conference on intergenerational climate justice. This conference is planned to take place annually and provides a platform for bringing together generational knowledge, approaches, and discussions. President Michael D Higgins spoke at the event and stated that "We must urgently do everything we can as a gesture towards intergenerational solidarity to safeguard a benign future existence on this planet" (cited in an article published by the Irish Examiner by Eoin English, on the 14th November 2019).

Whilst this is a positive step, in Cork and in cities around the world, challenges remain at many levels to engaging in strong and decisive climate action. In particular, the political system and associated discourse has not yet fully grasped the urgency and scale of the changes required to avert catastrophic climate breakdown.

OVERVIEW

In this reflection on climate change and health from the perspective of Cork, a World Health Organization (WHO) Healthy City, we will summarise the major impacts of climate change on health, with a particular focus on groups within the population who are highly vulnerable to climate-related hazards, risks, or impacts. We will focus on the issue of flooding - one of the key climate-related risks highlighted in Cork City Council's Climate Change Adaptation Strategy 2019 – 2024.

We will discuss opportunities for climate action, including mitigation (measures that we can take to reduce GHG emissions) and adaptation (measure taken in response to the current and/or anticipated effects of climate change). We will also address the critical issue of the health co-benefits from climate action, such as reduced risk of heart disease and cancer from a shift to more plant-based diets and the potential to increase physical activity levels in the population and reduce air pollution, by encouraging active travel and use of public transport. Finally, we will make the clear and obvious case for a cross-sectoral approach to the climate crisis, and we will conclude with some shared generic learnings focused on the potential to use the health co-benefits from climate action to galvanise public and political support required to achieve a 50% reduction in GHG emissions by the end of this decade in the face of powerful and deeply entrenched commercial vested interests.

HEALTH IMPACTS OF CLIMATE CHANGE

The WHO have stated that "climate change is the greatest challenge of the 21st century, threatening all aspects of the society in which we live and the continuing delay in addressing the scale of the challenge increases the risks to human lives and health" (World Health Organization, 2018). Broadly, climate change can impact human physical and mental health and wellbeing either directly, for example due to increased temperatures or higher frequency and intensity of many extreme weather events, or indirectly through disruptions to natural, human, or socio-economic systems, resulting in death, disease, illness, disabilities, or injuries (Cissé et al., 2021). It is important to acknowledge at the outset of this discussion that the way in which climate change impacts human health differs between regions and people due to variations in the extent of exposure to its different manifestations (such as extreme heat), differing levels of vulnerability to these exposures, differing geography, environmental and socio-economic conditions, individual variations linked to age, gender and health status and differences between public health systems and capacities across countries and regions (Watts et al., 2018; World Health Organization, 2018; Cissé et al., 2021)

Figure 1 from the US Centers for Disease Control and Prevention provides a simplified overview of the major impacts of climate change on human health, including core mediating factors/exposures and major health outcomes. From a global perspective, the rising levels of CO_2 in the atmosphere and in the oceans and the rise in average temperatures and sea levels are associated with an increasing frequency of many extreme weather events such as heat waves, storms and flooding, increasing transmission of infectious diseases such as dengue fever, worsening air pollution and environmental degradation, and negative impacts on water and food quality and supply including fish stocks. These effects in concert increase the risk of infectious disease outbreaks, respiratory disease, malnutrition and the risks of civil conflict and mass displacement of populations. In Cork we are aware of the impact of major storms and flooding on physical and mental health and the strain that these major weather events place on the health system and the wider economy. We are now (as Summer 2023) increasingly conscious of the threat posed by major heatwaves with associated heat island effects in urban centres,



Figure 1: An overview of potential impacts of climate change on human health and wellbeing (Centers for Disease Control and Prevention).

droughts, and wildfires. The 12-day heatwave in Europe in August 2003 (20 years ago) provides an insight into what we can expect with increasing frequency of heatwaves in the decades to come. It is estimated that during this short 12-day period, there were over 30,000 deaths in Europe more than what would have been expected, with those aged over 75 years and living alone at particularly high risk. Aside from heatwaves, there are significant health effects from relatively small average increases in temperature on transmission rates of infectious disease such as malaria and gastrointestinal infections.

While the direct weather-related effects of climate change on health – the floods, heatwaves, droughts, and fires are now obvious, we must also contend with the effects of rising GHGs on ocean acidification and fish stocks, the effects of heat on agricultural productivity and loss of biodiversity, and the effects of the other forms of air pollution that arise from burning fossil fuels. The impacts of all these factors are magnified in low- and middle-income countries that are already struggling with poverty, migration, conflict, and fragile health systems – an issue that cannot, and should not, be ignored in a wealthy developed country such as Ireland.

The impacts of climate change on mental health are now emerging as an additional major issue of concern. With natural disasters such as floods and wildfires there is the turmoil and grief from loss of loved ones, homes, damage to property and loss of possessions, with the implications for insurance and fear of recurrence. For many sectors of the economy such as agriculture there are direct threats to livelihoods and incomes from droughts and storms and in Ireland, as we know, there is also the challenge of restructuring the agriculture industry in response to the GHG emissions targets now set for 2030 and 2050 – a challenge compounded by polarised debate and largely spurious controversy between scientists, farmers, the wider agri-food sector and politicians on the urgency and feasibility of the proposed GHG emissions reductions. For increasing numbers of individuals, especially young people, there is anxiety and uncertainty in relation to projected climate change trends and impacts, and in parts of the world such as Greenland where the effects of climate change are already evident and impacting on day-to-day life, we now have evidence from population studies that due to the climate-related losses of species, ecosystems and landscapes, people are feeling intense grief.

Vulnerability to Climate Change

As discussed above, it is likely that in some way, everyone will be affected by climate change, yet some individuals will be at greater risk than others; in other words, some people are more vulnerable. This concept of vulnerability is critical to our understanding of the effects of climate change on health and is of particular importance in thinking about climate change in the context of Cork Healthy Cities. There are different frameworks used to conceptualise vulnerability. One framework considered within the context of climate change comes from the Intergovernmental Panel on Climate Change (IPCC), who define vulnerability as "the propensity or predisposition to be adversely affected. Vulnerability encompasses a variety of concepts and elements including sensitivity or susceptibility to harm and lack of capacity to cope and adapt" (IPCC, 2014). It is not only the poor and marginalized who are vulnerable to the impacts and risks brought

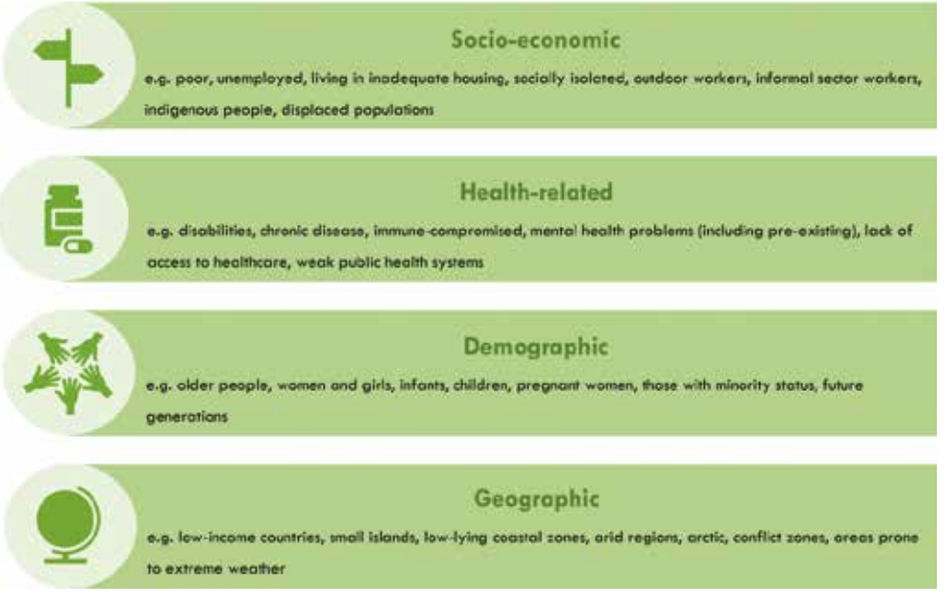


Figure 2: Summary of various groups, from a global perspective, potentially vulnerable to climate-related hazards, risks, or impacts (not comprehensive).

about by a changing climate. There are additional vulnerable groups to extreme heat and other climate-related hazards, such as pregnant women, children, older adults, those who are chronically ill including those with mental ill-health, and those taking medications. Similarly, from an occupational perspective, the health of varying groups of workers can be impacted by climate-related hazards and risks such as heat-related ill-health for many outdoor workers, or wildfire-related injuries for responders for example. Figure 2 provides a non-comprehensive summary of various populations potentially climate-vulnerable from a global perspective which, for the purposes of this chapter, we have classified into four groups: socio-economic, health-related, demographic, and geographic.

The Cork City Profile presented in Chapter 5, provides a broad indication of some vulnerability to climate change in the community. For example, 16% of the population of Cork City are aged 65 years or older and 18% of the population have a disability. Older people are vulnerable to climate-related hazards putting them at

increased risk of heat exhaustion and heat stroke, cardiovascular disease, exacerbation of other pre-existing chronic diseases and death for example (Benmarhnia et al., 2015; Leyva, Beaman and Davidson, 2017). Disabled people are vulnerable to climate change risks linked to reduced mobility and greater reliance on carers (who may be vulnerable also), and their needs are sometimes forgotten in planning policies (Gaskin et al., 2017). Among other climate vulnerable groups highlighted in the Cork City Profile are those who are obese (23% of the Cork City population), unemployed (8%), and seeking asylum (2%). It is also noted that 18 electoral divisions are classified as 'disadvantaged' and 5 as 'very disadvantaged'.

It is not difficult to see how individual and area-level factors associated with socio-economic deprivation will tend to increase vulnerability to climate-related hazards. For example, during a heatwave, poorer communities will not have access to the resources and infrastructure required to cool their homes or workplaces and are likely to have limited access to green and blue spaces[1]. The latter will be a critical issue for Cork City in mitigating vulnerability to climate change in the community. In recent research highlighted by the European Environment Agency, it was found that the most deprived regions (grouping of several, neighbouring counties) in Ireland with the lowest self-reported health were those regions with the least urban green space per km^2 (European Environment Agency, 2020).

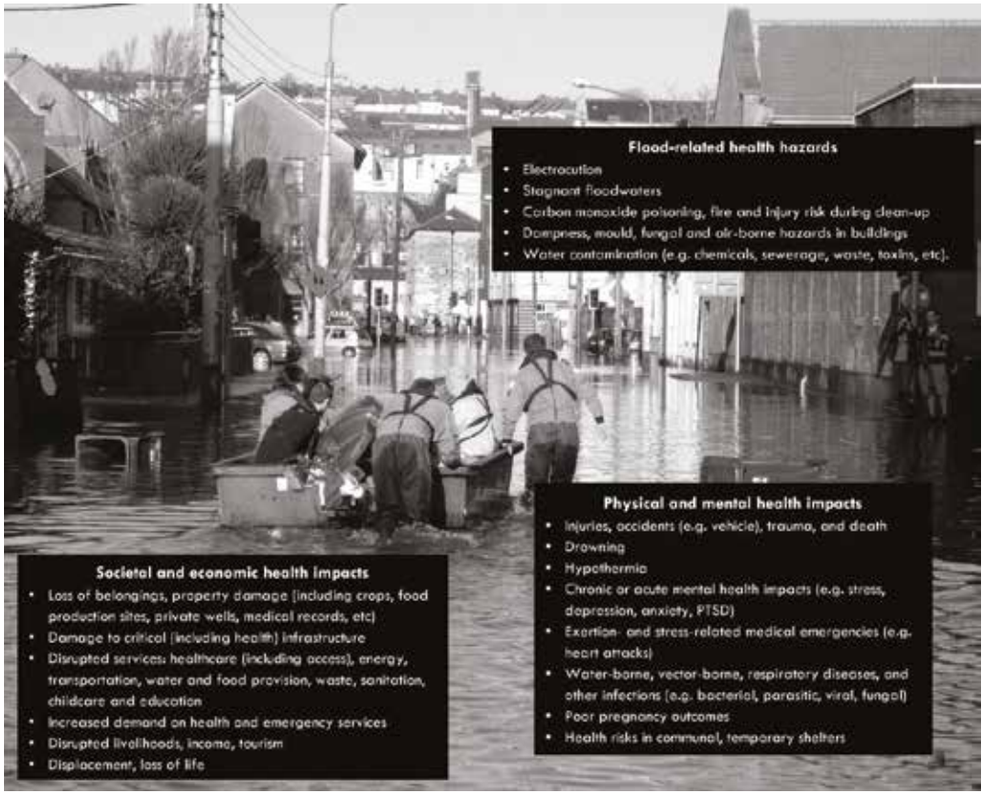
It is increasingly clear that protecting and promoting highquality green and blue spaces, especially in urban areas, can offer a 'triple win' through environmental benefits such as reducing exposure to environmental pollution and supporting biodiversity; public health benefits through promoting exercise, relaxation, improving health and well-being; and social benefits by fostering social cohesion and encouraging integration. Thus, high quality-natural environments can be a tool for disease prevention, health promotion and social interaction ultimately supporting good health and wellbeing.

1 Blue spaces are 'outdoor environments–either natural or manmade–that prominently feature water and are accessible to people'. In short - the collective term for rivers, lakes, or the sea.

Flooding

As Cork city is prone to flooding, it is unsurprising that this issue was prioritised in the City Council's Climate Change Adaptation Strategy. Flooding and high levels of precipitation can affect human health and wellbeing in several ways, directly and indirectly. By way of an overview, the Government of Ireland's Health Climate Change Sectoral Adaptation Plan 2019 - 2024 and the European Climate and Health Observatory outline some of the major potential impacts of flooding, many of which are indicated in Figure 3. The health impacts associated with flooding and increased precipitation can be immediate or long-term and can result in severe disruptions to the environment, health, and society.

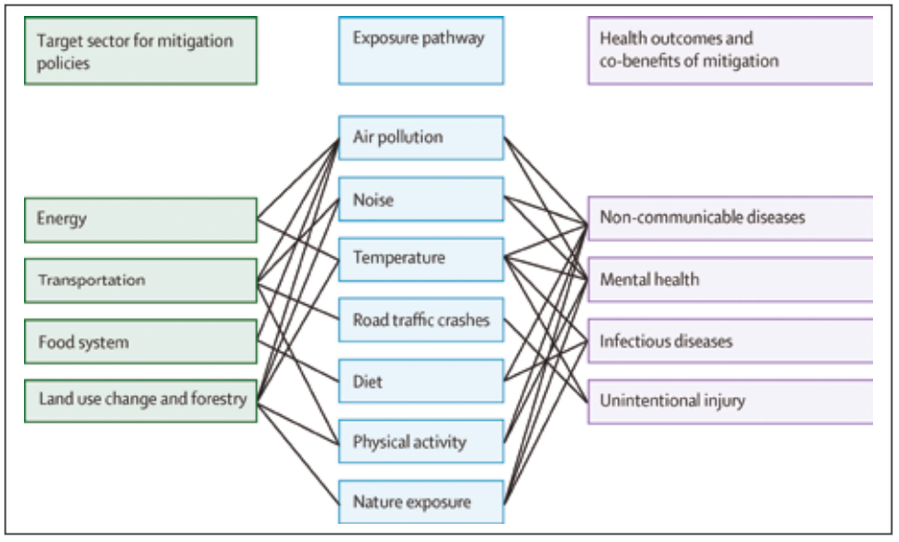
Figure 3: Direct and indirect health impacts associated with flooding (non-comprehensive). Background image: Flooding in Cork City 2009 (Courtesy of *Irish Examiner* Archive).

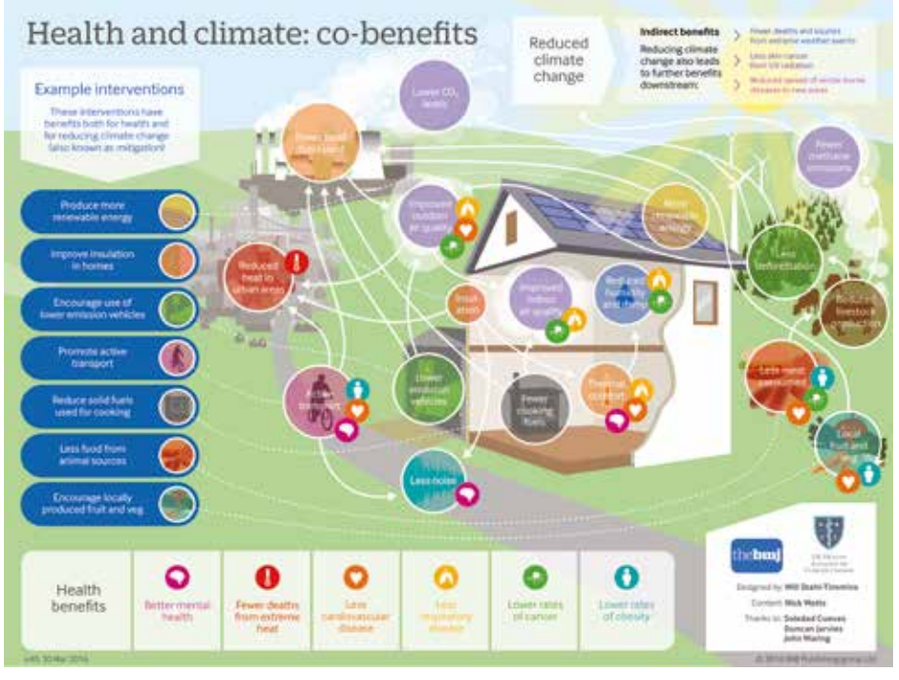


CLIMATE ACTION

As eloquently described by a Scientific Expert Group Report on Climate Change and Sustainable Development in 2007, confronting climate change requires efforts to avoid the unmanageable (mitigation) and manage the unavoidable (adaptation) (Bierbaum *et al.*, 2007). Simply put, mitigation refers to measures taken to decrease the sources of GHGs that drive climate change by reducing the use of fossil fuels and other measures such as reducing methane emissions from agriculture and/or enhancing GHG sinks via increased forest cover and other methods of carbon sequestration. The overall priorities and strategies for mitigation are defined at national level, informed by data on the major sources of GHG emissions, issues of technical feasibility and a range of other social, economic, and cultural factors. Figure 4 provides a simple conceptual model linking sectors targeted by mitigation policy, exposure pathways, and it highlights the critical issue of health co-benefits. It is increasingly clear that mitigation in various sectors, including agriculture, housing, transportation, and energy, has significant co-benefits through health gains and reduced health risks, Figure 5. Indeed, the authors of the second Lancet Commission on Health and Climate Change, published in 2015 suggested that "tackling climate change could be the greatest global health opportunity of the 21st century" (Watts *et al.*, 2015).

Adaptation refers to measures taken to address the current and/or anticipated effects of climate change to avoid or lessen its adverse impacts or to capitalise on beneficial opportunities. Adaptation actions can be grouped into three broad categories: i) structural, physical and technological adaptation (e.g. infrastructure defences against sea-level rise, increasing green spaces in urban areas or early warning systems for heatwaves, floods and other disasters); ii) social adaptation (including educational, informational, and behavioural initiatives); and iii) institutional adaptation (changes in governance and accountability, economic organizations, laws and regulation, government policies and programmes). The priorities for climate change adaptation measures are heavily influenced by local factors such as risk of storm surges and flooding. Some measures such as those involving changes to building regulations are relevant to both mitigation and adaptation.





From top: Figure 4: Conceptual model linking sectors targeted by mitigation policy, exposure pathways, and health co-benefits (Romanello et al., 2021).

Figure 5: Examples of health and climate co-benefits (BMJ, 2016). [Credit: https://www.bmj.com/content/352/bmj.i1781/infographic]

Climate Action and Public Health

It is clear that in responding to the climate crisis, we need integrated, intersectoral strategies involving both adaptation and mitigation within an overarching framework and ethos of sustainable development, justice, and equity (Cissé *et al.*, 2021). In the context of the current and anticipated health impacts of the climate emergency, the IPCC have highlighted the need to strengthen public health at local, national, and global level. The WHO defines public health as "*the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals*". In this discussion it is important to distinguish public health from public health services delivered in hospitals, primary care, and community health settings. While the latter are clearly critical elements in our response to climate change, public health is primarily focused on intersectoral work addressing the broad, multi-layered societal determinants of health – work that is critical to climate change mitigation, adaptation and the protection of vulnerable groups and communities. This is a broad and challenging agenda that will require investment in the people and systems required to monitor the health and wellbeing of the population, identify settings and scenarios of high climate-related risk, improve disaster preparedness and response, and build climate-resilient health systems. Public health practitioners and activists also need to work with others to address core environmental, social, economic, and political determinants of health, including but not limited to poverty, inadequate housing, social injustice and deprivation, racism, environmental degradation, migration, and conflict.

Climate Action within Cork Healthy Cities

Cork Healthy Cities is committed to advancing public health in a context of climate action. The Cork Healthy Cities Action Plan Phase VII 2020 – 2030, identifies climate change mitigation and adaptation as one of the priority areas under the 'Planet' theme. A wide range of actions are proposed under this theme. However, there is a particular focus on health co-benefits, Figure 5. Specifically, the Cork Healthy Cities Action Plan highlights co-benefits associated with initiatives in three major areas: i) the promotion of health-related and active travel within the city, ii) work to develop more green spaces and iii) work with Cork's Food Policy Council on the promotion of healthy and sustainable diets and a healthy food environment (under the theme of 'People'). Additionally, in 2019 Cork Healthy Cities held an EcCoWell event on *Cork: A Healthy City in a Changing Climate*. In an attempt for a joined-up thinking approach to climate and health actions, the event brought together climate experts, local authority, planners, engineers, various social groups, representatives from the community sector, the environment sector and health professionals to facilitate a space for discussion and brainstorming for action planning for the city. Cork Healthy Cities needs to deliver on its action plan and push beyond it if it is to become a model of best practice on a European stage.

Health-related and Active Travel

Active mobility such as walking or cycling as a means of travel, in place of using polluting vehicles, is a form of climate action that can also deliver benefits for health, primarily through improvements in air quality and the promotion of physical activity. Vehicles that run on fossil fuels are a major cause of air pollution. Vehicle-related emissions such as nitrogen oxides and particulate matter reduce life expectancy by increasing the risk of stroke, heart disease, and lung disease. Cars and other vehicles are also associated with noise and heat in urban areas.Anticipated health benefits from higher levels of physical activity include reduced levels of obesity, improved cardiovascular health and better mental health (Figure 5). Based on review of the available evidence, the IPCC suggests that the health benefits from active travel through increased physical activity and reduced chronic diseases outweighs possible harms from a risk of road traffic injuries (Cissé *et al.*, 2021). The promotion of active travel throughout Cork City is a key element of the Cork Healthy Cities Action Plan working in partnership with the Transport Mobility Forum. Active travel is also supported within Cork City Council's Climate Change Adaptation Strategy. Photo 1 shows an example of some cycling infrastructure at the southern side of South Mall

Street in Cork City. Whilst this infrastructure indicates progress towards promoting cycling within the city, quality developments and improvements are needed city-wide, as safe, and adequate cycling infrastructure and accessibility are lacking in many parts of the city.

Photo 1: An example of cycling infrastructure in Cork City on the southern side of South Mall Street. [Credit: Cork City Council. https://www.corkcity.ie/en/council-services/services/roads-and-traffic-management/sustainable-transport-schemes/projects-completed/interim-cycle-infrastructure.html]



Green Spaces

Increasing high-quality green spaces, especially in urban areas, is another climate action that can elicit significant health co-benefits. Trees, for example, help mitigate climate change through capturing and storing carbon dioxide. They also contribute to climate adaptation and overall health and wellbeing through a variety of mechanisms, including air cooling and shade provision, improved air quality and groundwater quality, better management of excess water, provision of food and resources, and support various livelihoods.

Research has also highlighted associations between exposure to trees, forests, or green spaces with a range of positive physical and mental health outcomes, including stress reduction (Park *et al.*, 2009), improvements in blood pressure (Ideno *et al.*, 2017), and immune function (Li *et al.*, 2007). A seminal study on the benefits of the environment to public health calculated that an additional 21,193 deaths related to cardiovascular and lower-respiratory tract illness over a 5-year period measured in 15 US states was associated with a pest infestation which destroyed millions of ash trees (Donovan *et al.*, 2013). The protective health benefits of living near green spaces have also been associated with reduced risk of type 2 diabetes mellitus (Astell-Burt, Feng and Kolt, 2013) and improved birth outcomes such as foetal growth (Dadvand *et al.*, 2012). Green spaces also provide areas to socialise, exercise, relax, spaces for play and offer habitats for plants and animals. In this way, protecting and promoting high-quality green spaces in our communities can deliver benefits for the environment (including climate and biodiversity), human health, wellbeing, and society at large, especially when there is equitable access and when associated with concomitant improvements in air quality.

In a project led by University College Cork academic and Environmental Research Institute affiliate, Dr Christie Godsmark, an animation was produced to help communicate climate change, health and co-benefits which can be viewed here: https://youtu.be/Zf8XQ5cPMA4 (figure 6). The animation was produced as part of the Irish Research Council New Foundations CATCH Project which stands for Communication and Action through Tree-planting for Climate-Health.



Figure 6: A screenshot from the Irish Research Council New Foundations CATCH Project animation on climate change, health, and co-benefits.

Promoting green spaces and the protection of biodiversity are supported within the Cork Healthy Cities Action Plan and the Cork City Council Climate Change Adaptation Strategy which also includes the promotion of nature-based solutions and green infrastructure. As outlined in Chapter 11, Cork Healthy Cities also supports Green Spaces for Health, a community-led initiative promoting increased greening and respect for nature in Cork City. What will be important for Cork City in the future is implementing in practice the commitments made so that the existing greenery of Cork City is protected, and further greening is expanded city-wide.

Promotion of Healthy and Sustainable Diets and a Healthy Food Environment

While CO2 emissions from the burning of fossil fuels for industry, electricity production and transport are the major sources of GHG emissions globally, in Ireland the agricultural sector accounts for one third of our emissions which include (in addition to CO2), methane and nitrous oxide emissions from beef and dairy production and fertiliser use. Within agriculture, beef and dairy production are major sources of GHGs. As we confront the challenge of feeding a population of 10 billion people on the planet by 2050, the wasteful practice of growing crops which we feed to cattle for slaughter, will not be sustainable anywhere on earth, including Ireland and it will become increasingly unacceptable as the animal welfare issues associated with intensive beef and dairy production are more fully appreciated. Over the past decade, scientists from diverse disciplines have identified and begun to quantify a set of nine planetary boundaries that define a safe operating system for humanity. These boundaries include climate change, freshwater use, land use, biodiversity and the nitrogen and phosphorus cycles. Our current system of food production with its heavy reliance on meat and dairy is unsustainable not just because of its effects on climate change, but because it places a strain on many of these other boundaries as well. This concept of a safe operating space for humanity guided the work of the EAT-Lancet commission on healthy diets from sustainable food systems The EAT Lancet published in 2019 (Willett *et al.*, 2019) was drafted by 37 leading scientists from 16 countries in various disciplines including human health, agriculture, political sciences, and environmental sustainability. The EAT Lancet commission (Willet, 2019) highlighted the environmental and health impact of various dietary behaviours. It promotes a transition to a diet pattern which emphasises plant-based whole foods with fewer animal sourced foods for the co-benefit of both population and planetary health. However, the challenge we now face is how to re-engineer current models of food production so that we can sustainably feed a global population of 10 billion people by 2050.

Attaining a population-based diet consistent with the EAT-Lancet 'reference diet' will require major population-level changes, however a move in this direction is essential given that unsustainable food systems producing unhealthy diets are the global norm and inflict the double burden of being bad for human health and bad for the environment. In Ireland, there is a commitment to reduce GHG emissions by 51% by 2030 and to achieve net-zero emissions by 2050. However, to achieve this, it is urgent and non-negotiable that the Government, supported by local councils acts to address the unsustainable food practices driven by policy in Ireland.

Food environments, as defined by Swinburn *et al.* (2013) are "*the collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status*". Food environments operate

as a component of a wider complex food system which incorporates every element from farm of flush, or production to consumption (Ericksen 2008). To effect change in the food environment a whole systems approach is needed. This systems approach considers the direct and indirect effects and unintended consequences (both positive and negative) of actions (e.g. policies) on each domain of the food system (Lee *et al.*, 2017). Evidence indicates that most research and research funding and consequently research outputs is focussed on downstream actions and individual interventions which are politically 'easy' but often require high levels of individual agency (Rutter *et al.*, 2017). To fix our broken food system, there is now a need to refocus efforts on upstream policy actions which may be politically more challenging. However, these upstream actions have the potential to have higher population-level effects, with less individual agency required. (Swinburn *et al.*, 2013).

Thinking Globally, Acting Locally

The spatial pattern of the world's population has changed in recent decades. There has been a shift from rural to urban dwelling. Currently, over half of the world's population now resides in urban centres and this is set to increase in the coming decades (HLPE, 2014). This increasing urbanisation coupled with the global food system challenges poses a challenge for cities. However, it has also been recognised that cities globally can be part of the solution (Fanzo, 2019). In this regard, effective urban food strategies can create climate-resilient food systems at a local level that promote healthy populations. Internationally, there is increased interest from local governments to develop and implement local food policies which encourage and enable synergistic relationships between food producers and consumers and between urban areas and their surrounding rural hinterlands (Sonnino, 2016). More recently, local governments and city leaders have been urged to sign and adopt the Glasgow Food and Climate Declaration. This is a call to action for all levels of government to tackle climate change through integrated sustainable food policies with '*pledges to accelerate the development of integrated food policies as a key tool in the fight against climate change with co-benefits for biodiversity, ecosystem regeneration, circularity, access to sustainable and healthy diets for all, and the creation of resilient livelihoods for farm and food workers*'. The Glasgow Food and Climate Declaration encourages cities to develop their own food strategies and provides them with the tools to guide them. To date no Irish city or municipality has created or implemented a food strategy.

The Food System, Society, and Inequalities

As also discussed in Chapter 7, food systems have contributed to persistent health inequalities across the EU. Food deserts and food poverty are prevalent across all regions with the most vulnerable groups in society having differential access to and ability to choose healthy and sustainable food that can help them maintain their health, prevent disease and contribute to a healthier environment (Jani, 2022). The economic crises resulting from the COVID-19 pandemic exacerbated the existing issues in the food system, in particular the nutrition and food security at the regional, country, and global levels. However, prior to the COVID-19 pandemic the global food system was insufficient at reaching a significant proportion of the international population. There were over 820 million people living with insufficient quantities of nutritious food (Willett *et al.*, 2019; Erokhin and Gao, 2020). Further, the UN Secretary General highlighted that action to improve the healthfulness of the global food systems has the potential to deliver progress on all 17 UN Sustainable Development Goals (SDGs). On the island of Ireland, the restrictions triggered by COVID-19 highlighted the fragile nature of people's access to essential goods and services. Access to fresh food produce, especially for those most vulnerable in our society was a particular challenge. Food insecurity levels increased, and huge demands were placed on the charitable food sector.

While national policy and international trade agreements have a vast capacity to improve population diets and diet-related health outcomes through increasing access to, and availability of, food commodities that are integral to national dietary guidelines such as vegetables, fruits, dairy, nuts, seed, legumes, seafood, lean meats, and poultry in recent years such policies have resulted in increased quantities of food available, while not necessarily ensuring the

quality of the available foods. Greater availability of cheap calories has not translated into better availability of nutritious foods (FAO *et al.*, 2020). These food policies together with food industry practices and shifting consumer preferences are driving the 'consumptagenic society' in which we live. Currently, many highly traded food products are ultra-processed including snack foods and sugar-sweetened beverages that often contain added fats, sugars, and salt (Monsivais and Drewnowski, 2009; Moodie *et al.*, 2013; MacDonald *et al.*, 2015). These foods and beverages, which have high calorific value with little nutritious value, are highly palatable and easily transportable. With their low production costs and the additional value-added marketing on-pack and through media channels, these products are highly profitable commodities for Transnational Food Corporations (TFCs). Such international agreements and investments can negatively impact the health of populations and do not protect national food supplies in the interest of enabling populations to select diets consistent with national dietary guidelines. Further, the availability of these cheap foods with low nutritional value contribute to exasperating existing dietary and health inequalities and has the potential to increase levels of food insecurity.

"Through a public health equity and food sustainability lens the Cork Food Policy Council are advocating for a co-creation approach to develop a food strategy for Cork City to foster a more sustainable and more resilient food system in the city with the potential to impact both positively on human health, environmental health, economic health, and societal health."

Dr Janas Harrington,
Cork Food Policy Council Chair

CLIMATE CHANGE: A CROSS-CUTTING CHALLENGE

Although the focus of this chapter has been on climate change and health, it is clear that in addition to the issues of health and wellbeing climate change has profound implications for a host of natural systems, sectors and aspects of the economy and society, including biodiversity, ocean, coastal and water systems, food systems, human settlement options, physical infrastructure, human security, conflict and migration, livelihoods, poverty, wealth distribution, human rights, models of economic growth, social and economic conditions. In turn, specific sectors themselves can influence the climate system through impacting (positively or negatively) on emissions.

The Health Sector and Climate Change Mitigation

While climate change clearly impacts on human health and wellbeing, it is also the case that the health sector is a source of GHGs through day-to-day functioning, thereby contributing to global warming and the climate crisis. In a Green Paper produced by Health Care Without Harm (an international NGO) and collaborators in 2019 (Health Care Without Harm and ARUP, 2019), it was estimated that globally, the healthcare sector accounts for approximately 4.4% of global net emissions. Although not considered a healthcare "top emitter" country per capita (such as the USA), Ireland was classified as a "major emitter" from healthcare per capita. Various activities within healthcare contribute to GHG emissions either directly or indirectly, such as energy consumption, manufacturing, use of anaesthetic gases, disposal of waste, procurement, and transportation. Whilst certain activities are necessary for the functioning of the sector, the challenge now is to reduce the climate footprint as much as possible and strive for net zero emissions from the sector. Cork University Hospital (CUH) is a member of Health Care Without Harm in Europe and the Global Green and Healthy Hospitals Network and CUH management have committed to implementing more sustainable practices.

Health in All Policies Approaches and the Discourse on Climate Change

Given that climate change impacts, and is impacted by, multiple sectors and systems within our society, a multi-stakeholder approach with good co-operation are important ingredients to tackling the

challenge. Lessons may be learnt from the 'Health in All Policies' (HiAP) approach, which has been endorsed by Cork Healthy Cities. HiAP is defined in the Helsinki statement as "*an approach to public policies across sectors that systematically take into account the health implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity*" (World Health Organization, 2014). Given that policies made in any sector can potentially impact on health and equity and acknowledging the cross-cutting challenge of climate change; we advocate, along with others before us, that an extension of the HiAP approach, to include climate change, should be considered in contemporary decision-making. In other words, when decisions are made, both health and climate change considerations should be addressed.

As discussed in Chapter 2 (Cork Healthy Cities and the Future of Public Health), the major challenges that we face in addressing the climate emergency are not primarily scientific or technical but societal in terms of values, priorities, and the agility of democratic institutions. In particular, we need to work at all levels of society towards consensus on the difficult decisions that we need to make in the short-term to avert catastrophic climate impacts in the medium and long-term. Around the world, success in responding to the challenges of climate change will depend critically on bottom-up engagement and activism and responsive policy measures in cities like Cork. Climate change highlights the need for strong and vibrant democratic structures at city level and the importance of civic engagement, community development and social enterprise. In the dialogue with wider society on the climate emergency and in framing an appropriate narrative to guide our mitigation and adaptation strategies, we need to thread a path between complacency and inertia and a sense of futility and hopelessness.

While the current situation is bleak, it is not necessarily hopeless. In March 2021, Dagomar Degroot and colleagues wrote in *Nature* of five overlapping interdisciplinary pathways that have historically been shared by societies and populations that were resilient to past climate events (Degroot *et al.*, 2021). These pathways are exploiting new opportunities, developing resilient energy systems, utilising trade and resources, forging political and institutional adaptations, and migration and transformation. Degroot and colleagues' work presents a novel, rigorous, and multidisciplinary means of understanding climate change in the context of human history that does not focus solely on isolated disaster and collapse. This approach—learning from examples of societies that have survived, and even thrived, during climate catastrophes—is potentially revolutionary. The key message is that the world needs a new era of research and a societal discourse that is less focused on forecasts for climate change, and more on predictions of the societal consequences of future warming and how to weather them. Succumbing to the climate emergency is not inevitable.

CONCLUSIONS

We are living in a time of climate emergency that not only has adverse impacts on the environment, but human health and society as well, particularly for the vulnerable. This cross-cutting threat requires a collaborative response spanning all sectors of society and reaching from the global to the personal level. It is clear that climate change can adversely affect our health and wellbeing. Within this chapter, we have also highlighted the opportunity to improve health through climate action. It is our duty and responsibility to be part of the solution, supporting local climate action within Cork City and positively participating in global efforts. Indeed, the WHO stated that "*the Paris Agreement on climate change is therefore potentially the strongest health agreement of this century*". Taking action on climate change is imperative to safeguarding health and will help to promote sustainable development for all.

GENERIC LEARNINGS

Climate-related risks and the magnitude to which climate change will impact regions varies worldwide, yet there is the opportunity, and indeed an ethical responsibility, for shared learning and collaborative action across spatial scales of local to global. We believe that the following generic learnings may be useful for practitioners, community groups, researchers, policy actors, and other stakeholders:

- Understanding that climate change impacts our **physical and mental health** and wellbeing.
- Awareness that **vulnerabilities** exist and that these are not distributed equally.
- Realisation that there are opportunities for **health co-benefits from** climate action such as through participation in active travel, protecting and promoting green spaces, and consuming sustainable diets.
- Appreciation that climate action needs an **integrated, multi-sector approach**.
- **Advocating** on the urgency of climate action now to protect health and wellbeing.

REFERENCES

Astell-Burt, T., Feng, X. and Kolt, G.S. (2013) 'Is Neighborhood Green Space Associated With a Lower Risk of Type 2 Diabetes? Evidence From 267,072 Australians', *Diabetes Care*, 37(1), pp. 197–201. Available at: https://doi.org/10.2337/dc13-1325.

Benmarhnia, T. *et al.* (2015) 'Vulnerability to heat-related mortality: A systematic review, meta-analysis, and meta-regression analysis', *Epidemiology*. Lippincott Williams and Wilkins, pp. 781–793. Available at: https://doi.org/10.1097/EDE.0000000000000375.

Bierbaum, R. *et al.* (2007) 'Confronting climate change: Avoiding the unmanageable and managing the unavoidable.', *American Scientist*, 95(3), pp. 1–5. Available at: https://www.jstor.org/stable/27858977.

BMJ (2016) *Health and climate: co-benefits*.

Cissé, G. *et al.* (2021) *Chapter 7: Health, Wellbeing, and the Changing Structure of Communities in Intergovernmental Panel on Climate Change Working Group II Sixth Assessment Report*.

Dadvand, P. *et al.* (2012) 'Surrounding greenness and pregnancy outcomes in four Spanish birth cohorts', *Environmental Health Perspectives*, 120(10), pp. 1481–1487. Available at: https://doi.org/10.1289/ehp.1205244.

Degroot, D. *et al.* (2021) 'Towards a rigorous understanding of societal responses to climate change', *Nature*, 591(7851), pp. 539–550. Available at: https://doi.org/10.1038/s41586-021-03190-2.

Donovan, G.H. *et al.* (2013) 'The Relationship Between Trees and Human Health: Evidence from the Spread of the Emerald Ash Borer', *American Journal of Preventive Medicine*, 44(2), pp. 139–145. Available at: https://doi.org/10.1016/j.amepre.2012.09.066.

English, E. (2019) 'President Higgins: All of us must act now on climate catastrophe,' Irish Examiner. 14 November 2019.

Ericksen, P. J. 2008. Conceptualizing food systems for global environmental change research. *Global Environmental Change*, 18, 234–245

Erokhin, V. and Gao, T. (2020) 'Impacts of COVID-19 on Trade and Economic Aspects of Food Security: Evidence from 45 Developing Countries', *International Journal of Environmental Research and Public Health*, 17(16). Available at: https://doi.org/10.3390/ijerph17165775.

European Environment Agency (2020) *Healthy environment, healthy lives: how the environment influences health and well-being in Europe*. Available at: https://doi.org/10.2800/53670.

Fanzo, J. (2019) 'Healthy and Sustainable Diets and Food Systems: the Key to Achieving Sustainable Development Goal 2?', *Food Ethics*, 4(2), pp. 159–174. Available at: https://doi.org/10.1007/s41055-019-00052-6.

FAO *et al.* (2020) *The State of Food Security and Nutrition in the World 2020*.

Gaskin, C.J. *et al.* (2017) 'Factors associated with the climate change vulnerability and the adaptive capacity of people with disability: A systematic review', *Weather, Climate, and Society*, 9(4), pp. 801–814. Available at: https://doi.org/10.1175/WCAS-D-16-0126.1.

Health Care Without Harm and ARUP (2019) *Health care's climate footprint. How the health sector contributes to the global climate crisis and opportunities for action.*

HLPE (2014) *Food losses and waste in the context of sustainable food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome 2014.* Available at: www.fao.org/cfs/cfs-hlpe.

Ideno, Y. *et al.* (2017) 'Blood pressure-lowering effect of Shinrin-yoku (Forest bathing): a systematic review and meta-analysis', *BMC Complementary and Alternative Medicine*, 17(1), p. 409. Available at: https://doi.org/10.1186/s12906-017-1912-z.

IPCC (2014) 'Annex II: Glossary', in K.J. Mach, S. Planton, and C. von Stechow (eds) *Climate Change 2014: Synthesis Report. Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change [Core Writing Team, R.K. Pachauri and L.A. Meyer (eds.)]*. Geneva: IPCC, pp. 117–130.

Lee, B.Y. *et al.* (2017) 'A systems approach to obesity', *Nutrition Reviews*, 75(suppl_1), pp. 94–106. Available at: https://doi.org/10.1093/nutrit/nuw049.

Leyva, E.W.A., Beaman, A. and Davidson, P.M. (2017) 'Health Impact of Climate Change in Older People: An Integrative Review and Implications for Nursing', *Journal of Nursing Scholarship*, 49(6), pp. 670–678. Available at: https://doi.org/10.1111/jnu.12346.

Li, Q. *et al.* (2007) 'Forest Bathing Enhances Human Natural Killer Activity and Expression of Anti-Cancer Proteins', *International Journal of Immunopathology and Pharmacology*, 20(2_suppl), pp. 3–8. Available at: https://doi.org/10.1177/03946320070200S202

MacDonald, G.K. *et al.* (2015) 'Rethinking Agricultural Trade Relationships in an Era of Globalization', *Bioscience*, 65(3), pp. 275–289. Available at: https://doi.org/10.1093/biosci/biu225.

Monsivais, P. and Drewnowski, A. (2009) 'Lower-Energy-Density Diets Are Associated with Higher Monetary Costs per Kilocalorie and Are Consumed by Women of Higher Socioeconomic Status', *Journal of the American Dietetic Association*, 109(5), pp. 814–822. Available at: https://doi.org/https://doi.org/10.1016/j.jada.2009.02.002.

Moodie, R. *et al.* (2013) 'Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries', *The Lancet*, 381(9867), pp. 670–679. Available at: https://doi.org/https://doi.org/10.1016/S0140-6736(12)62089-3.

Park, B.J. *et al.* (2009) 'The physiological effects of Shinrin-yoku (taking in the forest atmosphere or forest bathing): evidence from field experiments in 24 forests across Japan', *Environmental Health and Preventive Medicine*, 15(1), p. 18. Available at: https://doi.org/10.1007/s12199-009-0086-9.

Romanello, M. *et al.* (2021) 'Tracking progress on health and climate change in Europe', *The Lancet Public Health*. Elsevier Ltd, pp. e858–e865. Available at: https://doi.org/10.1016/S2468-2667(21)00207-3.

Rutter, H. *et al.* (2017) 'The need for a complex systems model of evidence for public health', *The Lancet*, 390(10112), pp. 2602–2604. Available at: https://doi.org/https://doi.org/10.1016/S0140-6736(17)31267-9.

Sonnino, R. (2016) 'The new geography of food security: exploring the potential of urban food strategies', *The Geographical Journal*, 182(2), pp. 190–200. Available at: http://www.jstor.org/stable/43868699.

Swinburn, B. *et al.* (2013) 'INFORMAS (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support): Overview and key principles', *Obesity Reviews*, pp. 1–12. Available at: https://doi.org/10.1111/obr.12087.

Watts, N. *et al.* (2015) 'Health and climate change: policy responses to protect public health', *The Lancet*, 386(10006), pp. 1861–1914. Available at: https://doi.org/https://doi.org/10.1016/S0140-6736(15)60854-6.

Watts, N. *et al.* (2018) 'The 2018 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come', *The Lancet*. Lancet Publishing Group, pp. 2479–2514. Available at: https://doi.org/10.1016/S0140-6736(18)32594-7.

Willett, W. *et al.* (2019) 'Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems', *The Lancet*. Lancet Publishing Group, pp. 447–492. Available at: https://doi.org/10.1016/S0140-6736(18)31788-4.

World Health Organization (2014) 'Health in all policies: Helsinki statement. Framework for country action'.

World Health Organization (2018) *COP24 Special Report: Health and Climate Change*. Available at: https://apps.who.int/iris/handle/10665/276405 (Accessed: 17 September 2021).



Chapter 13
REFLECTIONS- LESSONS LEARNED AND FUTURE DIRECTIONS

Denise Cahill and Monica O'Mullane

INTRODUCTION

Cork city has embraced the Healthy Cities approach, valuing and nurturing the development of this leadership role since designation by the World Health Organisation in 2012. This book further consolidates this commitment to the Healthy Cities evidence-base. The Ottawa Charter advocates a settings approach to health promotion – recognising as de Leeuw (2022: 154) reflects that health is not created in central government but in the 'streets, corridors, schools and marketplaces of localities'. This book provides a detailed account of partnerships navigating the theoretical landscape with strategic vision to create tangible and effective action at local level. The journey of Cork in becoming a designated WHO Healthy City since 2012 is laid out in the chapters of this book. Each chapter provides an insight into key inter-agency partnerships from inception through development; including the difficulties, challenges, opportunities and rewards along the way. Having reached this conclusion chapter, we can now reflect that the great **bonds** that have developed with key allies and partners have nourished the work and are the key ingredient for sustaining action for meaningful public health in an urban context. True partnership, like any relationship, is not about the individual but indeed the collective new entity forging ahead on new paths and projects together, speaking unpopular truths that do not always align with the thinking and actions of others. The bonds that have developed have sustained partnerships through challenges of funding, competing interests and power.

When breaking new ground with new projects and initiatives **courage** is warranted. All too often fear of failure can predominate and stifle the innovation and creativity needed to break the mould and status quo. The greatest leap of faith was the initial commitment

between the HSE, Cork City Council, University College Cork and the community sector in 2009 when representatives gathered for the first time to consider the development of Cork as a Healthy City. The settings approach to health promotion was embedded in health promotion practice in the Health service in Ireland in 2012 through the Health Promotion Framework and the commitment from the HSE to a coordinator role for Healthy Cites in Cork City was the required spark to ignite our journey.

Since these initial steps, we have worked by the old adage, working with enough 'courage to change the things we can' and with some wisdom, leave the rest for another day. Based on the principles of the Ottawa Charter, flanked by the WHO Healthy Cities and with the support of the key partners and individuals that came together in 2012 the ambitious objective of Cork as a Healthy City was to steer our actions to make health everybody's business. Guided by the WHO framework of Healthy Cities, Cork City has navigated a journey since 2012 of developing strong inter agency partnerships to influence urban planning and advocate for strong healthy policy development. Cork Healthy Cities has developed an action plan (2020 – 2030) of local practice based on the Copenhagen Consensus of Healthy Cities and seeks to build an evidence base and good practice to share and implement on a wider scale. One of the key actions in this ten year plan is to conduct Health Impact Assessments (HIAs) on key council policies and initiatives in city development, urban planning and transport. The evidence generated from these HIAs will contribute to healthier local public policies. In line with the norm among European Healthy Cities, Cork as a Healthy City has built on the 'ambitious value system (including equity, solidarity, sustainability, empowerment; and so on)' (de Leuw 2022 p. 160) and also followed a unique and locally relevant path.

Working from these principles has facilitated an **openness** to alternative, new and non-traditional approaches and partners; effectively working outside the box of our profession and organisation to find the point of coalescence for public health. Seeking to challenge a siloed approach to public health, opening doors and breaking down barriers between professional boundaries, facilitating diversity, social inclusion and creativity with complex and messy challenges. This chapter will reflect on the generic learning since 2012 and attempt to map out the next steps in terms of what can be realistically achieved in the next ten years and beyond, in the context of both the climate and migration crises, and dealing with the aftermath of a global pandemic.

THE BEDROCK OF PUBLIC HEALTH- COMMITMENT, COLLABORATION AND CONTINUITY

As outlined in Chapter 3 Cork's location as a port city on the edge of western Europe open to influences of the world has enhanced and improved public health over the centuries building community resilience in the process. The city and its residents endured wars, plagues, famines, infectious diseases, poor housing and medical services, clean water and sewerage facilities with improvements emerging only in the middle of the nineteenth century and continuing to this day. A variety of interagency partnerships have developed and been stimulated by the designation of Cork as a Healthy City. The development of these partnerships has been outlined in detail in the preceding chapters; from the identification of a need or gap through to engagement with key stakeholders and the development of inter-agency partnerships for collaboration. Worthwhile collaborations are challenging and the product of these efforts has far-reaching impact, including the following:

- Cork Food Policy Council challenging food waste at national level while supporting food sovereignty at a local level (Chapter 7);
- PSYCHED seeking to reduce the stigma associated with mental illness by supporting positive mental health in the workplace (Chapter 8);
- Let's Play Cork using play as a tool for placemaking and social inclusion while influencing city development planning (Chapter 10).
- Green Spaces for Health building community through local food growing (Chapter 11);

The first decade of Cork as a Healthy City has focussed on building a secure foundation for strong, sustainable, and meaningful partnerships through open and honest relationships. The challenge is set to remain flexible, adaptable, resilient and responsive as we enter this second decade in the context of emerging from a pandemic with a growing urgency to address the climate and biodiversity crises, conflict on the island of Europe with mass migration, inequity, aging populations, lack of housing availability, global health insecurity and over consumption. The need for solidarity, creativity and courage has never been greater.

Public health data in the form of City Profiles and epidemiological studies of disease provides a temperature check to monitor progress (Chapter 5). Data alone cannot challenge the status quo. Our public, community, educational and private institutions of power are made up of structures, actors, ideas, processes and dynamics, which over time shapes where the system goes (Chapter 2). In this time of uncertainty and fluctuation, inter-sectoral collaboration brings balance to the system with values and principles of equity and inclusion while shifting the lens of disease towards the wider determinants of health. As a member of the European Network of Healthy Cities, Cork, has sought to contribute to the pool of knowledge sharing through Annual Business meetings, conferences, European funded projects, WHO Healthy City Advisory and Political Committees. At a national level Cork actively participates on the national network of Healthy Cities and national play network as well as the Age Friendly, Sláintecare Healthy Communities and Healthy Ireland programmes. At local level, inspiration has been drawn in developing new actions in response to profiling and local needs and gaps, and are adapted and delivered in a local context.

Meaningful intersectoral action has been the currency of Cork as a Healthy City and this book is our modest effort to strengthen the evidence base for integrated public health action. The chapters of this book present an overview of successful and challenged projects, partnerships and case studies. This concluding chapter will attempt to analyse the processes and key learnings to provide insight to the role of policy entrepreneurs and actors and local health actions in building coninuity and momentum towards sustainable urban health. We set ourselves the challenge to collate the work into this compilation to share our knowledge with others. The surprise element of this process has been the opportunity it afforded us for reflection on our practice on what it is we are doing, how there is in fact no formula or one direction, there are many paths that can be taken to the ultimate destination. The journeys on these paths have been fruitful and challenging and have taught us many lessons. In the following section we present lessons learned since the beginning of Cork Healthy Cities. In writing this section, the themes that we have elicited are drawn from the learning inherent within the chapters so far in this book, an analysis of generic learnings from the chapters, and from our own experience with working in Healthy Cities since 2009 with a view to the continual evolution of our actions.

LESSONS LEARNED SINCE THE BEGINNING OF CORK HEALTHY CITIES

Commitment

Commitment is everything and the people around the table are the key asset to progressing urban health. Inter-agency working is a messy, challenging and yet ultimately a rewarding undertaking. Meaningful interagency practice involved healthy, honest and respectful relationships. Working together is about sharing expertise, ideas, approaches and methodologies that can challenge us all to question the status quo and to create a new narrative collectively. Cork Food Policy Council (Chapter 7) presented actions that were led and developed by committed individuals, who happened to come together at the right time, to develop a vision that emerged through time and action into a reality. At the heart of every successful undertaking and initiative were proactive policy entrepreneurs, seeking to contribute to a better present and future.

Collaboration

With limited resources across many social and public sector groups, the development of allyship has facilitated the development of skills for supporting, amplifying and advocating with others striving for social inclusion and equality. Becoming an ally for the Traveller Horse

Project (Chapter 6) has stretched our understanding of the multiple barriers in place for this marginalised group in society, strengthening a resolve to challenge the social norms, the systems and the services that exclude this group. Our inter-agency has been unsuccessful to date in achieving a Horse Project for Travellers in Cork City but we remain committed to the process despite the challenges.

Continuity

Healthy Cities has limited financial resources. What we lack in finance we make up for with passion and commitment, arguably the most important resource. Building capacity is the only approach to build a long term and sustainable approach to all of what we do. We are mindful to build our own capacity at partnership level by exchanging ideas and experiences but we are also mindful of exchanging the benefits and capacity that emerges in the work. The traditional approach to building capacity for health promotion has been to offer training. With Green Spaces for Health (chapter 11), we have focussed on learning by doing and at times failing in the green spaces adopted. This has helped to build our capacity to be creative and to explore new terrain in community growing and to build the confidence of the community we engage with to learn for themselves to contribute to the collective knowledge and skill base.

Balancing Action and Policy

Policy impact is the panacea for public health practice. While there are multiple levers (greening, play, climate action, food, active transport, and so on) for health promotion in an urban context the ultimate challenge and goal is to shift to a health in all policy approach where the impact on health is measurable and to the fore. Cork Healthy Cities has sought to demonstrate and celebrate good practice with a view to advocating for health in all policies. The most recent Cork City Development Plan (2022 – 2028) clearly commits to the ongoing development of Cork as a Healthy City as a key strategic objective.



Children enjoying 'Open for Play' on the Marina.

... for health promotion in an urban context the ultimate challenge and goal is to shift to a health in all policy approach ...

Measurement

Measurement is the instrument for funding at an institutional and national level and is an essential ingredient in the development of evidence of effectiveness. Yet we are challenged on many levels in measuring and evaluating our work. Evaluation is a key skillset and requires time and resources, a challenge in the field of practice. Key Performance Indicators are the currency of large institutions and public sector organisations yet they frequently fall short of the mark in terms of measuring true impact. It is imperative to measure all levels of impact with interagency approaches – by planning from multiple perspectives we deliver action at multiple levels and ultimately measure multiple impacts. To this end, Cork Healthy Cities has sought to engage our academic partners in a mutually beneficial partnership approach of informed action based analysis, where everyone contributes and everyone becomes enriched by the learning. This undertaking is challenging due to the differing measurement needs of practice and academia and remains a work in progress.

Equity

Placing equity at the heart of Healthy Cities work provides a safe and solid framework for action and indeed a calling-out of inaction and structural inertia. The equity lens allows us to consider the real impacts of local policies across societal health in Cork city. Health equity is a fundamental value guiding WHO endorsed healthy cities policies. This is no different for Cork Healthy Cities, which was founded on the premise that in order to tackle social injustice and systemic health inequalities endured by too many communities in Cork, health equity needed to be an overarching goal guiding all action. This is evident within each of the 36 priorities (actions) as outlined in the current action plan (2020-2030). Working towards the aspirational yet fundamental goal of health equity within Cork city continues to motivate us in our work going forward.

Leadership

Leadership is essential. Leadership from the top down, from the bottom up, and in fact, the middle out. Seeking to have influence at a social level in achieving our goals, the measure of true leadership is the degree of following and interest that emerges from the new ideas that are proposed and energised in our collaborative spaces. Somewhat like a honeybee, a good leader will navigate the garden, pollinating a variety of projects and share the seeds where there is little growing. Cork Healthy Cities has led the Playful Paradigm (Let's Play Cork) URBACT project at city level, as a neutral intermediary with the scope and capacity to bring multiple agencies together.

Process versus Outcome

The process has always been more important than the outcome. The journey of a Healthy City is far more important than the destination because along that journey, we learn and we share, we build relationships and find allies, we challenge our thinking and our actions, and collectively, we find new answers – not always 100% correct, but answers that nudge us forward, on our endeavours as a Healthy City.

Resources

Limited resources inspire creativity. The least financially resourced projects are generally built on existing relationships, small funding pots, and an overwhelming commitment to action. The need determines the strength of the supply. Cork Child Friendly Cities, for example, has delivered and generated a range of activities in the city with no budget from goodwill and joint commitment to including the voice of children in city activities.

LOOKING TO THE FUTURE

By 2050 two thirds of the world's population will live in cities. If we are to succeed in our goal of achieving optimal health for all, we cannot take the ecosystem and connection between animals, humans, plants and their shared environment for granted (WHO, 2022). There is an urgent need now to acknowledge our planetary boundaries, to prevent the further collapse of our natural systems and sustain and enhance what remains to build a better future.

At a global level, cities are faced with many challenges – climate change, growing inequality, migration, poverty, and aging populations. Each of these challenges are exacerbated by the complexity of the interchange of the many social factors that impact on our health such as housing, education, employment, poverty, community networks and social exclusion. Well-considered, comprehensive responses are required to the cultural and individual characteristics as well as the structures, services, and activities of our daily lives, such as our schools, local authorities, and community services.

This book adds its voice to the global call for action on public health and wellbeing. It highlights how best to tackle the societal issues of our time (climate change, health emergencies and the continued scourge of health inequalities), based on experience and shared learnings within the useful settings frame of a global public health initiative (WHO Healthy Cities), the future directions for the city's planning and health promotion and protection. Never before as the Latin aphorism 'Carpe Diem' been more relevant, urgent, and motivating in terms of coming together to mind ourselves, essentially.

Broadly speaking, the book brings together leaders and activists for public health in Cork city, capturing essentially the love and passion Cork's advocates and leaders have always displayed for their city by the Lee.

RECOMMENDATIONS FOR CONTINUED HEALTHY CITIES WORKING APPROACH

1. **Greater emphasis on the co-benefits of health and climate action will strengthen the effort and resourcing for greater impact and efficiency**. Health is a lever for climate action, and health promotion experience of societal behaviour change can be utilised to inform climate action strategies.

2. **Early intervention** – inter-generational poverty and inequality is a key challenge and requires action on the causes (Education, Employment, Income) and not just the symptoms (Unhealthy lifestyle)

3. **Greater need for inter-agency practice to address complexity of issues of the future** – to share skills, knowledge and networks for better impact health and well-being in a positive way.

4. **Strengthen knowledge and understanding of local policy and health service development processes, enhance strong advocacy skills for partners** across statutory, educational and community organisations and professions – within the educational and training institutes, as well as in practice.

5. **Place health firmly in our daily lives** – challenge the perspective and view that health is the business of just the health service and health professionals but is, in fact, the business of all. Health Impact Assessment (HIA) is one approach and set of tools that can bring relevant stakeholders together to assess health sector and non-health sector policies, programmes, and projects, thus demonstrating the wider impacts of determinants on health.

CONCLUSIONS

The future is bright and the commitment to the process is evident in each of the chapters outlined in this book. In Phase VII the vision for Cork as a Healthy City is that of a place that delivers in a holistic way for people and the planet, engaging the whole of society, encouraging the participation of all communities in the pursuit of peace and prosperity. Aligning with the 2030 United Nations Sustainable Development Agenda, WHO Healthy Cites builds on the legacy and experience of the European Network to date and the values and principles enshrined in the Health for All Alma Ata (1978) policy framework, the Ottawa Charter for Health Promotion (1986) and the Tallinn Charter for Health Systems for Health and Wealth (2008). Key to these policies is the recognition of the importance of action at a local level and the central role local government plays in promoting health and wellbeing, as this book highlights.

If we want to see changes for the future, we cannot sit back and wait for progress to develop; we must act now together for the health of our planet. This book illustrates ways in which we can make this change a reality.

REFERENCES

Copenhagen Consensus of Mayors. Healthier and happier cities for all (2018)

The Health for All policy framework for the WHO European Region. 2005 update. Copenhagen: WHO Regional Office for Europe; 2005 (http://www.euro.who.int/__data/assets/pdf_file/0008/98387/E87861.pdf

Ottawa Charter for Health Promotion. Ottawa: World Health Organization; 1986 (https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/populationhealth/ottawa-charter-health-promotion-international-conference-on-health-promotion/charter.pdf

Tallinn Charter: Health Systems for Health and Wealth. Tallinn, WHO Regional Office for Europe; 2008 (http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf?ua=1

WHO 2022. Local-level policy recommendations: operationalizing a One Health approach Political statement of the WHO European Healthy Cities Network. Geneva: WHO.

"At the moment it's NICHE (community heath project) that makes Cork a healthy city for me. There's so much in NICHE, you wouldn't need to go anywhere else. It's on your doorstep, and everyone is so nice and welcoming."

Anne Linehan, Knocknaheeny

"I love Knocknaheeny, NICHE and Sister Frances. The nuns were very good here in the community. I learned so much from the community, there's great support, I've a lifetime of friendship here."

Rose Broderick, Knocknaheeny



Reflecting on the story of Cork as a Healthy City, this book shares the hard-earned experiences of individuals and groups who engage with World Health Organisation (WHO) designated Cork Healthy Cities, in order to improve population health and wellbeing in the city.

The book includes chapters on projects partnered with Cork Healthy Cities. Contributors reflect on the future of public health, as well as look to the past at the historical context for public health in Cork. Chapters explore critical topics, such as involving communities within Cork Healthy Cities and promoting health in the climate emergency.

This unique and eclectic volume is an indispensable and inspiring guide to promoting a city's health for a wide readership. *Commitment, Collaboration & Continuity: Celebrating Cork as a Healthy City* explores the journey of Cork Healthy Cities, reflecting on future directions, as we continue to promote population health and wellbeing in our beautiful city by the River Lee.

Leabharlanna Libraries
Comhairle Cathrach Chorcaí | Cork City Council

Cork Healthy Cities
a healthier city together

ISS21 Institute for Social Science in the 21st Century

ISBN: 978 1 916379 08 4

Cover Image: John Corkery © 2023
Back cover photograph: Darragh Kane