



Urban HEART aids decision-makers in planning action on inequities in health. The tool guides users through a process to identify health inequities in their city by assessing indicators on health outcomes and health determinants, and then developing actions based on the evidence generated.

Urban HEART



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Urban Health Equity Assessment and Response Tool

USER MANUAL

ISBN 978 92 4 150078 4



9 789241 500784



World Health Organization

WHO Library Cataloguing-in-Publication Data

Urban HEART: Urban Health Equity Assessment and Response Tool: user manual.

1. Health services accessibility.
2. Outcome and process assessment (Health care).
3. Consumer participation.
4. Socioeconomic factors.
5. National health programs.
6. Urban health.
7. Manuals. I. World Health Organization.

ISBN 978 92 4 150078 4

(NLM classification: W 84.4)

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Development, Kobe, 2010

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TABLE OF CONTENTS

»»	ACKNOWLEDGEMENTS	2
	INTRODUCTION.....	3
	SIX STEPS TO IMPLEMENTING URBAN HEART: AN OVERVIEW.....	4
»»	SUMMARY OF THE STEPS.....	5
	STEP 1: BUILD AN INCLUSIVE TEAM.....	6
	STEP 2: DEFINE YOUR LOCAL INDICATOR SET AND BENCHMARKS.....	12
	STEP 3: ASSEMBLE RELEVANT AND VALID DATA.....	16
	STEP 4: GENERATE EVIDENCE.....	22
	STEP 5: ASSESS AND PRIORITIZE HEALTH EQUITY GAPS AND GRADIENTS.....	26
	STEP 6: IDENTIFY THE BEST RESPONSE.....	30
»»	NEXT STEPS: INTEGRATE URBAN HEART IN THE POLICY DEVELOPMENT CYCLE.....	36
	ANNEX I: ATTAINING URBAN HEALTH EQUITY – A POLICY BRIEF.....	38
	ANNEX II: URBAN HEART TEAM TERMS OF REFERENCE TEMPLATE.....	44
	ANNEX III: URBAN HEART INDICATORS.....	45
	ANNEX IV: PRODUCING THE URBAN HEART MATRIX – TECHNICAL ADVICE.....	68
	ANNEX V: PRODUCING THE URBAN HEART MONITOR – TECHNICAL ADVICE.....	70
	ANNEX VI: INTERPRETING THE URBAN HEART MATRIX AND MONITOR – EXAMPLES AND SCENARIOS.....	75
	ANNEX VII: URBAN HEART EQUITY RESPONSE STRATEGIES.....	78
	ANNEX VIII: EVALUATING POTENTIAL INTERVENTIONS – SAMPLE SCORING TABLE.....	101
	ANNEX IX: GLOSSARY.....	109

The Urban Health Equity Assessment and Response Tool (Urban HEART) User Manual is a collective effort and has been jointly developed by the World Health Organization (WHO) Centre for Health Development, Kobe (Japan), in collaboration with regional offices of WHO, and city and national officials from across the world. Inputs from the teams in cities who pilot-tested the tool have been critical in the development of the Urban HEART User Manual:

- Guarulhos (Brazil)
- Jakarta, Denpasar (Indonesia)
- Tehran (Islamic Republic of Iran)
- Nakuru (Kenya)
- State of Sarawak (Malaysia)
- Mexico City (Mexico)
- Ulaanbaatar (Mongolia)
- Davao, Naga, Olongapo, Parañaque, Tacloban, Taguig, Zamboanga (Philippines)
- Colombo (Sri Lanka)
- Ho Chi Minh City (Viet Nam).

In particular, we would like to acknowledge the role of community groups in various pilot sites for their enthusiasm and leadership in building broad-based support for applying the tool to address health inequities in their cities. Their inputs and emphasis on a participatory approach is a key building block of Urban HEART.

Acknowledgement is also due to the Centre for Research on Inner City Health (Toronto, Canada) for their contribution in writing the User Manual based on inputs from various stakeholders.

WHAT IS URBAN HEART?

The Urban Health Equity Assessment and Response Tool (Urban HEART) is a decision-support tool to identify and reduce health inequities in cities. Urban HEART enables local communities, programme managers, and municipal and national authorities to:

- better understand the unequal health determinants, unequal health risks and unequal health outcomes faced by people belonging to different socioeconomic groups within a city (or across cities);
- use evidence when advocating and planning health equity interventions;
- participate in intersectoral collaborative action for health equity;
- apply a health equity lens in policy-making and resource allocation decisions.



WHAT IS IN THIS MANUAL?

This Manual is a companion volume to Urban HEART. It is intended to lead you through the six steps of the Urban HEART process. The Manual provides guidance based on research evidence, best practices and past experience from cities that have already used Urban HEART.



WHO SHOULD USE THIS MANUAL?

This Manual is for teams and individuals who will play a front-line role in launching, coordinating and managing the Urban HEART process in their home cities. It may also be of interest to stakeholders and collaborators who seek an overview of the Urban HEART process. This is not a technical manual for collecting or interpreting population health data or for evaluating interventions. Data specialists, population health experts and programme evaluators should be consulted by, or included in, your Urban HEART team.



SHARE YOUR EXPERIENCE

This Manual is based on the experiences of Urban HEART pilot cities around the world. In every city that uses Urban HEART, the process will be unique, and new learning will emerge. It is important to collect and share these new learnings, and to update the Manual regularly. An online Urban HEART resource centre is being developed at <http://www.who.or.jp/urbanheart>. The site will provide information and advice related to implementing Urban HEART. To share your Urban HEART experience, or if you have questions, write to urbanheart@wkc.who.int.

SIX STEPS TO IMPLEMENTING URBAN HEART: AN OVERVIEW

There are six steps to follow in the Urban HEART process. The steps are designed to be followed in order. However, some steps may need to be revisited and repeated in the course of an Urban HEART cycle. The cycle itself should be repeated and is intended to expand cumulatively – Urban HEART is a continuous process.

In this Manual, each step is organized under the following headings:

Why do it?

What to do?

Who should be involved?

What resources are needed?

What knowledge and skills are needed?

How much time will it take?

What are the outcomes?

Tips and advice.

Checklist (use the checklist provided at the end of each step to keep track of your progress. If you have not achieved all of your goals for this step, use the checklist as a reminder to address these outstanding goals in subsequent steps, or to return to this step later).

SUMMARY OF THE STEPS

<p>STEP 1</p> <p>Build an inclusive team</p>	<ul style="list-style-type: none"> • The goal is to build political commitment to pursue a health equity agenda for your city. Building an inclusive team may be the most time-consuming step in the Urban HEART process, yet it may also be the most important step. Core activities include partnership building, education and advocacy. • Obtain buy-in from influential champions. • Raise awareness in other sectors about the importance and relevance of Urban HEART. • Form a core team of individuals who will have dedicated time to implement Urban HEART. Promote the sustainability of the use of the tool by integrating Urban HEART into existing structures and responsibilities.
<p>STEP 2</p> <p>Define your local indicator set and benchmarks</p>	<ul style="list-style-type: none"> • A health equity indicator set will enable the team to effectively and efficiently collect information on the major health equity issues facing your city. • Adopt the Urban HEART core indicators. These have been vetted as valid and reliable health equity indicators. You can also select other indicators to address special issues in your city. Make these choices in consultation with stakeholders. • Identify the best disaggregation variables to assess inequities. • Determine benchmarks and targets for evaluating performance on the indicators. • Find a data source for each indicator. You will need data from a range of policy sectors.
<p>STEP 3</p> <p>Assemble relevant and valid data</p>	<ul style="list-style-type: none"> • Urban HEART should rely as much as possible on use of available datasets and should not require extensive new data collection or surveys. Data sharing may be politically sensitive. Use contacts on your intersectoral team to support the process. • Assess the quality and validity of available datasets, in consultation with data experts and communities. Take steps to choose the best quality data and to manage data quality problems. • Negotiate formal data-sharing agreements with data custodians and set up a repository or server to hold the collected datasets. You may need legal and IT advice. Prepare the data for analysis.
<p>STEP 4</p> <p>Generate evidence</p>	<ul style="list-style-type: none"> • Using your indicator set, the data you have assembled and simple charting and graphing software, the team can produce easy-to-read charts (the MATRIX and the MONITOR) to illustrate health inequities in your city. • Start by developing the MATRIX. Use the MATRIX to identify priority indicators that should also be reviewed through the MONITOR. • Be sure to register numeric results for each indicator, in addition to using colour codes. This will help stakeholders to understand the relative urgency of different problems.
<p>STEP 5</p> <p>Assess and prioritize health equity gaps and gradients</p>	<ul style="list-style-type: none"> • This is a highly critical stage whereby all stakeholders participate in identifying priority issues by assessing the Urban HEART evidence. Although the MATRIX and MONITOR provide quantitative results, this phase should include qualitative assessment as well. • Ensure that stakeholders can interpret the charts. Focus on numeric results as well as the colour codes. • Facilitate careful and deliberative discussion. There are several strategies for reviewing the charts, depending on stakeholders' concerns. Focus on trends and pockets of deep inequities, understanding the causes and consequences of inequities (using qualitative approaches). • Prioritize key equity problems.
<p>STEP 6</p> <p>Identify the best response</p>	<ul style="list-style-type: none"> • Once you have identified the equity issues needing attention, the next step is to identify the appropriate response. This step should be highly consultative, involving relevant policy sectors and communities. The goal is to develop an evidence-based plan for action that will be persuasive to decision-makers and can be adopted and implemented. • Draw upon the Urban HEART menu of strategy packages and interventions for ideas. These have been tested in other cities for their effectiveness. • Assess the relative strengths of potential interventions. Consider a wide range of factors, including potential impacts on equity, community preferences, available resources and alignment with existing government priorities. • Finalize your response plan. The Urban HEART process will help you ensure that the plan is evidence based, feasible, relevant and broadly supported.

STEP 1: BUILD AN INCLUSIVE TEAM

»» WHY DO IT?

Urban HEART requires (and fosters) strong coordination among diverse policy sectors, levels of government and communities to address health inequities. Although it is likely that a health agency may first become interested in using Urban HEART (or may become the focal point for the process), it is essential to build partnerships with others as early as possible. Getting an early start on inclusive team building during this pre-assessment phase is both practical and strategic. In the practical sense, you will need data from a wide range of sectors and levels of government to analyse health inequities in your city. Strategically, an inclusive approach helps build political commitment. It is more likely that agencies and communities will take ownership for *responding* to problems if they have participated throughout the process and have played a key role in *identifying* problems. While team building may be the most time-consuming step in the process, it may also be your most important step. Creating an inclusive team sets the foundation for the productive implementation of Urban HEART.

WHAT TO DO?

Draw a “network map”. Getting started and knowing who to engage can be a challenge. You may need to begin by conducting an environmental scan or stakeholder analysis to identify people who should join the team. In Parañaque City, Philippines, the start-up group held brainstorming sessions to identify potential stakeholders. The result was a network map of the many agencies, departments and communities relevant for Urban HEART, and a plan for contacting these groups.

Mobilize influential champions. Communicate with, and meet as often as needed with, influential decision-makers (and “gatekeepers”) to secure their support and to prepare them to receive the results of data analysis later on. When national and local executives (e.g. city mayor, town clerk, district council chiefs or other types of officials) become champions for Urban HEART, they can encourage or mandate their agencies to get involved. City council adoption of Urban HEART has been an important milestone in pilot cities and stimulated more activity. Use the Urban HEART policy brief (Annex I) and other educational materials that are available at <http://www.who.or.jp/urbanheart>.

Educate. Many groups will be unfamiliar with concepts such as the “social determinants of health” or “health equity”. The first step in cultivating champions and a team is to ensure that potential stakeholders understand the issues. Emphasize opportunities for collaboration. It is important not to alienate groups whose participation may be needed. Educational materials are available at the Urban HEART website. You can tailor these materials for different groups and offer learning workshops and consultations.

Look for synergies to promote sustainability. Competing responsibilities is one of the biggest challenges to starting and sustaining Urban HEART. Pilot cities recommend integrating Urban HEART within established programmes, policy agendas, timelines, workplaces and job descriptions. Be explicit with all potential stakeholders that Urban HEART is a planning tool that can be adopted by existing organizations and programmes. It is not intended to be a new programme requiring substantial new resources.

Use informal networks. In addition to the formal route, team builders in pilot cities used their personal contacts to identify participants for Urban HEART. In some cities, third-party agencies or centralized statistics organizations have provided access to relevant datasets, when an individual policy contact is not available.

Create terms of reference. Writing this document together will be an important way to build commitment and knowledge in the team. It will also help to identify potential synergies with existing roles and responsibilities. Clearly describe the Urban HEART plan, and define concrete measures of success, timelines and the roles and goals for working together. Ensure that roles for affected communities are expressed in the terms of reference, including the strategies you will pursue to ensure their meaningful participation.

Organize the team efficiently. You may decide to establish small subteams to focus on particular issues or policy domains. This approach can speed up your activity and ensure that you are using the expertise of team members efficiently. A steering committee can coordinate the activities of the subteams.

Document your process. You can use this information for evaluation and monitoring, and to advise future Urban HEART cities about how to get started.

»» WHO SHOULD BE INVOLVED?

Social, economic and health policy stakeholders who have authority to share data. Try to engage education, police and law enforcement, sanitation and waste removal, roads and traffic management, housing and finance agencies as well as centralized agencies that have access to diverse datasets. If you expect that new funding will be required for response strategies, it is important to engage the finance departments early on.

All relevant levels of government planning, e.g. national, provincial, municipal and local district authorities.

Community leaders, including elected officials, grass-roots organizations and nongovernmental organizations (NGOs) (particularly those representing citizens groups, women's organizations, environmental organizations and literacy or education organizations, and advocacy agencies for marginalized or vulnerable populations in the city, in addition to health groups). Recruit participants who can promote community empowerment.

People who have experience analysing large datasets. These individuals may come from participating agencies or universities.

»» WHAT RESOURCES ARE NEEDED?

A realistic budget. Include costs for meeting spaces, travel, meals, stipends, materials and personnel. Aim to integrate most costs of Urban HEART within existing programmes. You may need to cover costs for new data analysis. Seek out funding from government agencies, NGOs and foundations.

Debriefing documents and educational materials. A policy brief is included in Annex I. You can tailor it to your context and translate it. You can also use the final report of the Commission on Social Determinants of Health.¹

Access to relevant stakeholders.

Terms of reference template. A sample is included in Annex II.

Time to meet with diverse individuals and groups to explain Urban HEART and encourage their participation.

»» HOW MUCH TIME WILL IT TAKE?

A committed Urban HEART team may take a long time to develop. Some cities have required 6–12 months to build a team. It is also important to recognize that team building is a continuous process. Sustain and support the team. The guidelines in this section should provide you with ideas. Review your terms of reference regularly, and refresh them if required. Review the membership of the team. When people leave, take efforts to refill their positions carefully, so that the team remains relevant and effective.

»» WHAT KNOWLEDGE AND SKILLS ARE NEEDED?

Knowledge of the health equity issues likely to be affecting residents in your city.

Strong knowledge about how to implement Urban HEART. To learn more about Urban HEART, read the Tool and Manual carefully, consult with your local WHO office, and get in touch with individuals who have led the Urban HEART process in other cities. Visit Urban HEART online for more information: <http://www.who.or.jp/urbanheart>.

Presentation skills. You will need these skills to explain the Urban HEART process and its relevance to potential stakeholders.

Strategic communication skills, to show links between Urban HEART and stakeholders' current priorities.

Leadership, facilitation and community-organizing skills. Use these skills to coordinate diverse groups and to foster a shared vision among groups with different priorities, or a history of unproductive relationships.

Documentation skills, to record your process and develop terms of reference for the team.

WHAT ARE THE OUTCOMES?

A network of agencies and individuals who are informed and ready to participate in Urban HEART (in varying capacities).

Data-sharing commitment and authorizations from at least some of the relevant stakeholder groups, agencies and communities to begin data sharing.

Agreements to consider resource sharing or resource allocations.

Endorsement of Urban HEART by one or more influential champions.

Terms of reference or similar document.

Momentum to proceed.

¹ *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization, 2008 (http://www.who.int/social_determinants/thecommission/finalreport/en/index.html).

TIPS

Look for synergies. A relevant, intersectoral team may already exist, which could adopt the Urban HEART process. In Ulaanbaatar, Mongolia, Urban HEART was launched by the WHO Healthy Cities Committee. This helped raise the profile of Urban HEART and encouraged central government participation.

Be prepared for resistance. The causes of health inequities in cities are complex. It may be difficult for organizations that do not have a direct health care mandate, such as labour, utilities or police, to see a role for themselves in Urban HEART. Engaging groups that do not see the relevance of health equity to their work may take longer than any of the other steps in the Urban HEART process, but it is essential.

Be credible. When you meet with senior decision-makers, bring along prominent officials from your regional WHO office, or other influential advocates who can convey the importance and credibility of Urban HEART.

Translate and tailor debriefing materials to the needs of your stakeholders.

Think about the size of the team. The exact size and composition of the team will depend on your unique context and cannot be prescribed in advance. As a rule of thumb, the team should be as broad as necessary to achieve your goals, but not so broad as to become irrelevant or difficult to coordinate. A team that is well connected to the range of relevant stakeholders is optimal. In some cases, it may be appropriate for an agency to share data, without participating actively on the team. Aim to build a team of 10–20 participants.

Cultivate demand. Urban HEART works best when representatives from affected communities and relevant sectors want the process and believe that Urban HEART is needed. You can help cultivate demand early on by explaining the social determinants of health to stakeholders. Later, you can use Urban HEART data analyses to demonstrate health inequities faced by particular communities and equip them to advocate change.

Prepare for succession. Over time, you may lose individual participants and champions (for example, due to staff turnover or elections). Work to integrate Urban HEART into organizational systems and formal job descriptions to minimize the effects of personnel changes. Be prepared to continue to advocate Urban HEART with political incumbents. The demand you have cultivated among other participants, communities and the media can influence incoming officials to support Urban HEART.

Remember that team building is an ongoing process. The team does not need to have everyone on board in order to get started. Pilot cities, such as Ho Chi Minh City, Viet Nam, and Nakuru, Kenya, attracted new participants by sharing interim Urban HEART results.

Keep stakeholders informed. Ideally the team will include representatives from all relevant stakeholder groups. Use these contacts to ensure that stakeholders are regularly updated about your activities throughout the Urban HEART process. This will ensure that stakeholders do not forget about Urban HEART and will prepare them to participate in steps

WHO IS ON THE TEAM?

Pilot cities recommend that teams prioritize three types of inclusion:

Intersectoral inclusion. Urban HEART emphasizes the social determinants of health. Many Urban HEART policy domains (e.g. social and human development, economic issues and physical infrastructure) are not the direct responsibility of health agencies. A successful Urban HEART initiative needs to engage sectors beyond health in order to understand the issues and plan effective responses.

Intergovernmental inclusion. Urban HEART focuses on city-level and district-level health inequities. Yet, many of these inequities are the consequence of policies and programmes managed by higher levels of government. Engaging decision-makers from national or provincial government will make it easier to access relevant data and to advocate effective responses. Cities in Brazil, Kenya, Mongolia and the Philippines have all benefited from central government support for Urban HEART.

Community inclusion. The core principles of Urban HEART are to redress the effects of social exclusion and empower local communities to claim their rights to good health. Every step of the Urban HEART process requires the active participation of affected communities. Ensure the team is well connected to citizen's groups and other types of groups that represent marginalized and vulnerable populations in the city, including women, those living in informal or slum settlements, migrant workers and homeless people. Avoid token inclusion. Community engagement with Urban HEART must be real and meaningful. Empower community groups to participate, by providing relevant education and resources. Write your principles and strategies for supporting community involvement directly into your terms of reference.

MAKE THE MOST OF LEARNING WORKSHOPS

Here are some tips from Urban HEART pilot cities:

Involve local community leaders and decision-makers in workshop facilitation.

Be sure to explain the social determinants of health, and emphasize that health inequities are systematic and unjust. Use educational materials, tailored to your audience and local context.

Explain the inclusive approach and goals of the Urban HEART process.

Discuss why stakeholders' participation is needed and how Urban HEART will help them achieve their own goals. This is particularly important when engaging sectors outside health.

The setting for workshops can be important. Bring the workshop to your stakeholders. An outreach approach will help show stakeholders that Urban HEART is designed for them.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_29105

