



the **EURO-URHIS**  
*project*

User friendly report for  
health information experts

OCTOBER 2008

**EURO-URHIS**  
European Urban Health Indicators System



# General objectives

The General objectives of the EURO-URHIS project were to develop a comprehensive urban health information and knowledge system to:

1. Help to identify and prioritise urban health problems
2. Enable the monitoring of the effects of actions taken to address them
3. Ensure timely access to information
4. Contribute in building advocacy, communication and education strategies
5. Use standardized methodology for data collection, processing and dissemination, allowing transnational comparisons and time trend analysis

Initial literature reviews, summarising previous work on identifying urban health indicators as well as on how to define urban areas and populations, provided excellent information. Urban health appeared from the literature to be an important problem, with a number of Public Health issues specific to the urban setting in addition to those confronting populations everywhere. Urban health can be defined as public health specific to cities. Despite a number of initiatives on the development of health indicators on which this project could build, no indicators for urban health were found to exist previously. The definition of an Urban Area was very variable in the literature, and our conclusion was that we had to use whatever definition was current according to each local setting. Based on the literature review, a draft list of 45 urban health indicators was created, and questionnaires were developed and sent to those responsible for health data collection or analysis in each country of the EU, to assess availability of these **indicators**. **Responses were retrieved from 60 European Urban Areas in 30 countries**. A large majority of Urban Areas returned questionnaires of near 100 pages filled with invaluable information about local health indicator availability, definitions and sources. The local respondents were painstaking, conscientious and hard-working. An amazing variety of comparable health indicators are available in the 30 countries. No clear patterns of indicator availability emerged – availability does not seem to depend on country size, location or EU status.

The responses to the questionnaires were transferred to a database, and country reports fed back to each country. A further detailed examination of each of the proposed indicators was made, leading to the proposed final set of indicators to be used. **This has produced a set of 39 Urban Health Indicators, together with their definitions**, which can form the basis of an Urban Health Indicator system. In addition, a number of gaps were identified with the need for the development work required to produce further indicators of relevance to urban health. A close study of the process of urban health data collection was also performed. This highlighted a number of issues involved with the identification

of data sources, many of which were common across European countries and are therefore likely to relate to other research on comparable topics. However, despite the existence of these barriers, and some problems with the international comparability of questions to elicit information, data collection was completed for many of the indicators. Therefore the project has succeeded in identifying both the utility of using some Urban Health Indicators and the availability of data, and has gained an enhanced knowledge of how urban health data are used and routinely collected across Europe. In addition, through the work of a separate part of the project, we identified a number of ways in which health indicators may be presented to enhance their usefulness to health policymakers. A web site and three newsletters have been produced to assist in the dissemination of the results of the project.

## **EURO-URHIS Conference**

A final conference for peer reviewers and policy makers, was attended by more than 100 people. The conference identified ways in which the indicators might be incorporated into an EU wide system of urban health indicators. Feedback from the conference showed that all delegates felt the conference had increased awareness of urban health indicators, 89% felt the findings of the EURO-URHIS project would be helpful to policy makers and 86% felt that there was now enough evidence to support inclusion of urban health in all policies. The EURO-URHIS indicators were deemed by all delegates to be useful and not requiring revision despite the need for further development work on additional indicators and methods of implementation. Many different strategies for the implementation of UHIs were discussed through future projects including EURO-URHIS 2, continuing the EURO-URHIS network and formation of a sub-national working group.

## **In conclusion,**

the work has demonstrated that urban health and its measurement is of major relevance and importance for Public Health across Europe. The current study has constructed an initial system of European Urban Health Indicators to meet the objectives of the project, but has also clearly demonstrated that further development work is required. The importance and value of examining urban health indicators has been confirmed, and the scene has been set for further studies on this topic.

The final list of Urban Health Indicators (URHIS 39) and their definitions, is presented below.

# Final recommended list of Urban Health Indicators and their definitions: the EURO-URHIS 39

Urban health indicator no.	Urban health indicator name	Urban health indicator definition
<b>1</b>	<b>Population by age and gender</b>	population in numbers and %, as derived either from registered populations or from census data, presented by gender, and age bands: 0-4, 5-14, 15-19, 20-24, 25-54, 55-64, 65-74, 75+ years
<b>2</b>	<b>Population by nationality</b>	population in numbers and %, by citizenship
<b>3</b>	<b>Birth rate</b>	number of live births per 1,000 persons
<b>4</b>	<b>Population per square km</b>	average population density per square km
<b>5</b>	<b>Migration by non-EU nationals to the EURO-URHIS urban area</b>	non-EU nationals, by country of origin, that have moved to the urban area during the last two years as a % of the total population of the urban area
<b>6</b>	<b>Household composition</b>	% of persons by gender, and age in 5 classes, defined as: (i) 1 person living alone, (ii) one parent with children, (iii) couples without children, (iv) couples with children, and (v) other
<b>7</b>	<b>Population by education</b>	% in 4 classes: (i) elementary, (ii) lower secondary, (iii) upper secondary, and (iv) tertiary according to the International Standard Classification of Education
<b>8</b>	<b>Unemployment rate</b>	% unemployed in the active population; long-term in 3 categories: (i) long-term, (ii) >12 months, (iii) (for 15-24 years) > 6 months (N/B include only people who are active, and both available and eligible for employment)
<b>9</b>	<b>Population living below the poverty line</b>	% of population with a household income below 60% of the national median income
<b>10</b>	<b>Estimated number of homeless people</b>	number of people having no housing for at least 1 month over a year, not including people who live in mobile homes. Include both people who are: (i) homeless and living in hostels and shelters provided for homeless people and (ii) homeless people who are living on the streets. If possible, please provide separate figures for each category.
<b>11</b>	<b>Life expectancy</b>	mean number of years still to be lived by a person who has reached a certain exact age, if subjected throughout the rest of his or her life to the current mortality conditions (age-specific probabilities of dying).
<b>12</b>	<b>Infant mortality</b>	ratio consisting of the number of deaths of children under one year of age during the year, to the number of live births in that year. The value is expressed per 1,000 live births.
<b>13</b>	<b>Perinatal mortality</b>	ratio consisting of the number of fetal deaths (over 500g) and early neonatal deaths (0-6 days) during the year, to the number of births in that year (including stillbirths). The value is expressed per 1,000 births.

<b>14</b>	<b>Low birth weight</b>	number of live births weighing less than 2,500g as a % of total number of live births.
<b>15</b>	<b>Mothers` age distribution</b>	number of births per 1,000 women presented by age band: under 15, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50 and over. The age of the mother is defined as the age reached in the year the event took place.
<b>16</b>	<b>Causes of death</b>	the most frequent causes of death (COD) including each of the ICD chapters in the tables below as a whole. Presented for age groups 0-64 and 65+ separately.
<b>17</b>	<b>Prevalence of any chronic illness</b>	<p><b>12-month prevalence of chronic illnesses in the following categories:</b></p> <ul style="list-style-type: none"> <li>• Cardiovascular diseases (I10-I15, I20-I25, I60-I69)</li> <li>• Mental disorders (F00-F99)</li> <li>• Endocrine disorders (E00-E39, E35-E65-E68, E70-E90)</li> <li>• Malignancies (C00-C97)</li> <li>• Chronic Pulmonary Diseases (J40-J47)</li> <li>• Gastrointestinal disorders (K20-K31)</li> <li>• Chronic liver diseases and cirrhosis (K70-K76)</li> <li>• Neurological disorders (G20-G41, G70-G71, G81-G82)</li> <li>• Musculo-skeletal disorders (M15-M19, M30-M32, M40-M45, M47, M60, M65, M80-M81)</li> <li>• 10. Other conditions, including allergic conditions (L20-L54, J45-J46)</li> </ul>
<b>18</b>	<b>HIV / AIDS incidence</b>	annual incidence of diagnosis of new cases of HIV per 100,000 persons
<b>19</b>	<b>Lung cancer incidence</b>	number of new cases per 100,000 persons
<b>20</b>	<b>Breast cancer incidence</b>	number of new cases per 100,000 persons
<b>21</b>	<b>Diabetes prevalence</b>	prevalence of all types of diabetes mellitus
<b>22</b>	<b>Asthma prevalence</b>	point prevalence rate of diagnosed cases of asthma per 100,000 population
<b>23</b>	<b>Chronic obstructive pulmonary disease (COPD) prevalence</b>	point prevalence rate of the number of known cases of COPD per 100,000 population
<b>24</b>	<b>Perceived general health</b>	% of responses to the WHO question: "How is your health in general? Very good / Good / Fair / Bad / Very bad
<b>25</b>	<b>Health related limitations of usual activities</b>	% up to 3 response categories from EU-SILC question: "For at least the last six months to what extent have you been limited because of a health problem in activities people usually do? Would you say that you have been: Severely limited / Limited / Limited but not severely / Not limited?"
<b>26</b>	<b>Road traffic injuries</b>	number of people injured in road traffic accidents within the EURO-URHIS urban area, who have presented to a hospital or a health centre, per 100,000 persons; data would be provided for age groups: 0-6, 7-14, 15+.
<b>27</b>	<b>Injuries in the workplace</b>	number of accidents or deaths at work per 100,000 workers
<b>28</b>	<b>Regular cigarette smokers</b>	% daily cigarette tobacco use by age groups 0-15 and 16+.
<b>29</b>	<b>Alcohol consumption</b>	% adolescents and adults consuming more than 3 alcoholic drinks per day (men) or more than 2 alcoholic units (each containing 10ml of alcohol) per day (women); data should be collected for the age groups 0-15 and 16+. N/B a "drink" is here defined as a recognised standard measure of spirits, or beer, or wine.

<b>30</b>	<b>Use of cannabis</b>	% of people in the age group 11-16 reporting use of cannabis at any time
<b>31</b>	<b>Breastfeeding</b>	% of babies breastfed (i) during the first 48 hours and (ii) by 6 months of age, expressed as a proportion of all newborn babies
<b>32</b>	<b>Fruit and vegetables consumption</b>	% population eating less than 5 portions of fruit and vegetables per day
<b>33</b>	<b>Height and weight</b>	collection of height and weight data for Body Mass Index (BMI) calculation. The BMI is a single number that evaluates an individual's weight status in relation to height (weight / height <sup>2</sup> ) with weight (without clothes and shoes) in kilograms, and height (without shoes) in meters
<b>34</b>	<b>Public access to green space</b>	surface area of green spaces such as parks (calculated in hectares) that is open to the public, per inhabitant
<b>35</b>	<b>PM 10 exposure</b>	number of days during a calendar year in which any part of the urban population is exposed to concentrations exceeding limit value (50 ug/m <sup>3</sup> , 24 h average)
<b>36</b>	<b>Noise nuisance</b>	<ul style="list-style-type: none"> <li>• % population with annual average exposure to noise annoyance levels (<math>L_{\text{den}}</math>)* above limit value in the urban area,</li> <li>• % population with annual average exposure to noise-related sleep disturbance levels (<math>L_{\text{night}}</math>)* above limit value in the urban area</li> </ul>
<b>37</b>	<b>Vaccination of young people</b>	% of children who complete courses of immunisation against diphtheria, pertussis, poliomyelitis, tetanus, haemophilus influenzae B, hepatitis B, measles, mumps, rubella, meningococcus C
<b>38</b>	<b>Breast cancer screening</b>	% of women in the following age groups receiving systematic mammography screening over the last three years: 45-49, 50-54, 55-59, 60-64, 65-69
<b>39</b>	<b>Cervical cancer screening for women</b>	% of women in the following age groups receiving cervical cancer screening within the last three years: 15-24, 25-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69



