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# Innovation for Urban Social Resilience – Preventing Disparities in Health and Social Conditions in the Metropolises of the Baltic Sea Region

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# Real life challenges/trends/processes, common for a wider territory

- The fast-growing innovative cities of the BSR are the main engines of its development, encountering the most severe social and economic inequalities between their inhabitants. **Urban spatial polarisation** in BSR between neighbourhoods
- Complex and inevitable **global changes** and the social dimension of urban sustainability are becoming more significant due to growing disparities between rich and poor regions, **ageing** societies, and increasing refugee flows.
- Low levels of social exclusion are vital for BSR-based companies **to stay competitive**.
- Urban regions become increasingly central in receiving and **integrating residents** into society.
- the sense of **powerlessness** and loss of control created by urban globalization. Trust.
- **Boostin HiAP** by enhancing the societal role, responsibility and participation of innovation actors (business, cities/regional metropolitan/innovation actors) in urban health promotion and in building urban social resilience with civil society

# General patterns

- Life style is very significant for people's health and wellbeing. Particularly **obesity, physical inactivity, smoking and problem drinking** are linked with morbidity and reduced work ability.
- Differences in morbidity between people of **different educational backgrounds** are partly explained by their health behaviour: the low-educated drink more alcohol, exercise less and eat more unhealthily. People's life style is very significant for their health and wellbeing and for reducing health and wellbeing differences.
- Physical inactivity is more general **among elderly** an less educated.
- the rapid increase of **migrant inflows** also calls for more cooperation between the national, regional and local authorities, organisations and civil society entrusted with the responsibility of integrating refugees. Complementary to, and supporting already existing initiatives, an effective system of collecting and making good practice available is also needed. Besides mutual learning there is also much to gain from developing new methods and new organisations together with others, across borders.
- Patterns of (inter)generational transmission of disadvantage in health.
- People's **self-rated poor health correlates** with their proneness to civic participation, their self-perceived loneliness and how discontented they are with services received.
- BSR: prevalence of excessive **drinking**



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## PA Health

4. Reduce impact of non-communicable diseases (NCDs)
  - b. better implementation of Health-in-All Policies at the local level for more effective prevention of non-communicable diseases;
  - c. strengthened stakeholder involvement in preventing overweight and obesity among school age children

# Target groups

- Neighbourhoods/Suburbs with lower income and education level than the average with **unequal distribution of key social determinants of health** affecting conditions of life and opportunities to make and sustain healthy choices
- Integration of Migrants, Preventing obesity among school age children, exercise of the elderly, excessive drinking of working age people, the NEETs
- By reducing the differences between suburbs and individual in Alcohol consumption, smoking, obesity and exercise, we can achieve the goals of narrowing the differences in morbidity and health between demographic groups. (Mäki-Opas ja Vaarama 2017, Mäki & Martikainen 2016).
- Building forerunners' networks: NGOs, Volunteer sport /cultural association, congregations, schools, corporate social responsibility, innovation actors

- Prevent disparities in health and social conditions and build social resilience in the Metropolises of the Baltic Sea Region, by preventing NCDs through influencing the determinants of health
- Promote health and well-being and build socially rewarding urban lifestyles by enhancing health literacy and self-efficacy of individuals and communities
- create social resilience with innovative and agile tools for health promotion in urban context
  
- “Social innovations are innovations that are social in both their ends and their means.” (Young Foundation 2010) Social capital is both a pre-condition and an outcome of social innovation, which strengthens the community’s capacity to respond to future challenges.

## Solved locally, in joint international action

- Making the region **forerunner** in urban sustainable social innovation policies and practices. The project will further strengthen the **innovation development performance** in Baltic Sea region by supporting more healthy, inclusive urban areas, resulting in more socially resilient urban Metropolises in Baltic Sea Region.
- Power and autonomy on local levels. Exchange of best practices.
- Mainstreaming **the HiAP** and social innovations in health promotion, by local forerunner networks consisting of social innovation intermediaries
- People centered solutions to **wicked problems**
- **Scaling out** (replicate), **Scaling up** (policy frameworks), **Scaling deep** (diversifying response to community needs)
- **Evaluation & Learning** by doing
- **NGOs and civil society organizations** can develop credible standards, decipher local issues, and create the environment that supports sustainable urban growth.
- **Business** can deploy systems that address real social and environmental challenges—along with the partnership of government and civil society—rather than having to settle for incremental improvement and shorter-term sustainability gains.

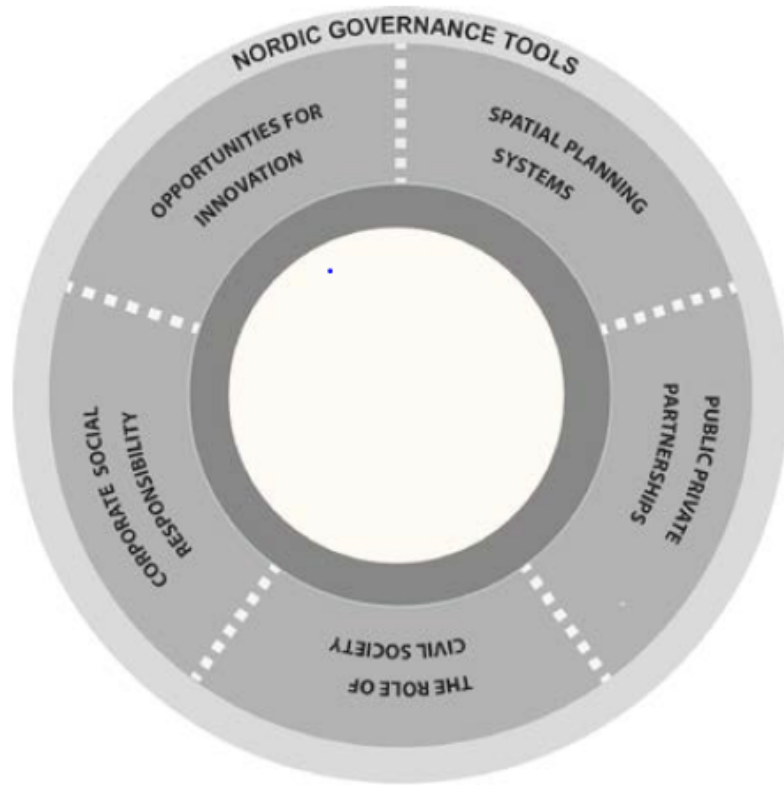


Figure 2: Nordic Governance Tools



# Sister initiatives

- BaltCityPrevention
- Sempre

# The Change

- Supporting the capability of urban individuals self-efficacy in a communal, joint manner has a strong safety impact against the sense of powerlessness and loss of control created by urban globalization.
- Individuals' perception of their own health and wellbeing influences their own resources and is reflected on, among other things, their social relations and social activities, and on how they cope in everyday life and feel about their **quality of life**. (Finnish Regional Health and Wellbeing Study (ATH) collected by the National Institute for Health and Welfare (THL) 2017)
- Increased local capacities for local social innovations in Health promotion and Health Literacy

“The voluntary sector personifies personal freedom, social community and the fight for human rights, is the fertile soil for self-help, empowerment and integration, and functions as a school for democracy” (Habermann & Ibsen, 2005: 6).

# Results

- Piloted Toolbox of social innovations which prevent NCDs by building health literacy, self-efficacy and promote social resilience in urban context
- Seminars, workshops and masterclasses in BSR; methods **to promote socially rewarding urban lifestyles** by enhancing health literacy and self-efficacy of individuals and communities in innovative, local co-creation processes by creating forerunner networks
- Policy level impact: enhanced understanding of the importance of urban health and local social resilience for innovation policies and economic development in metropolitan areas in the BSR

What is the estimated budget and the target funding source (programme/donor) of this proposal?

- Max 3 milj. Eur, BSR 3<sup>rd</sup> Call, DL 9.4.2018
- Non technological innovation 1.3
- (Idea concept DL 15.1.)

# Partners

- Ongoing negotiations: Regional Council of Helsinki-Uusimaa region, City of Helsinki, participatory model development
- Network of NGOs, Finnish Association for the Welfare of Older People
- Neighbourhood associations, THL, KELA, SOCCA, Sosiaalitalo ry,
  
- Partner search in Riga 6.-7.12., and Stockholm 13.-14.12.
- Partners from ongoing BSR projects in Metropolia
- NDPHS

Does this proposal have already any earmarked/guaranteed co-funding by the committed partners?

- **Metropolia 25 %**
- Every partner is expected to cover their own share of Cofinance (15 or 25 % in accordance with national requirements)



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