

Together in the quarter – shaping diversity



Health and health inequalities

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Mit finanzieller Unterstützung des Landes Nordrhein-Westfalen und des Europäischen Sozialfonds / REACT-EU als Teil der Reaktion der Union auf die COVID-19-Pandemie









Together in the quarter - shaping diversity

Input-Outline

- Facts about the funding program
- Health and health inequalities
- A look at the practical project work









Situations in life of children and young people in NRW

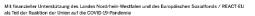
Statistical view:

- About 18 million people living in NRW, near by 3 million under the age of 18
- Material poverty:

 The at-risk-of-poverty rate for minors in NRW was 23% in 2018, higher than that of the entire population (17%).
- Around 570.000 minors were receiving minimum security benefits (social care)







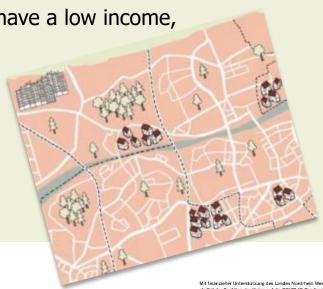






Situations in life of children and young people in NRW

- Within NRW there are clear differences in the minimum income protection quotes for minors:
 - in Gelsenkirchen (City) 40.5%; in Borken 8.4%.
- Children and young people showed an above-average risk of poverty:
 - whose parents are low-skilled,
 - whose parents are both unemployed or have a low income,
 - who grow up with a single parent,
 - who come from a large family and/or
 - have a migration background.













"Together in the quarter" – program backround



- With the ESF/REACT financed program, the Ministry of Labor, Health and Social Affairs NRW particular break new grounds against social exclusion and poverty in disadvantaged quarters
- Target Group: from poverty threatened children, young people and their families
- Start in 2018: today around 110 projects work low-treshhold and outreach (social)work in disadvantaged quarters and areas
- Focusing small-scale distribution of poverty: "the average is nowhere"
- Big Challenge: Corona pandemic Situation



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"Together in the quarter" – program backround

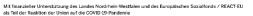
The implementation takes place in two modules:

- Modul 1: "active neighborhood reference persons in the neighborhood"
 - implemented "neighborhood caretakers" who act as central contact persons in the quarters for both local actors and the target groups.

Task of the caretakers is:

- ... to get an overview of existing social offers and network with local institutions (NGOs, city administration, employment agency, schools, sports clubs etc.).
- ... use outreach (social)work and consultation to address children and their families who have not yet been able to be reached through participation and activation processes.











"Together in the quarter" - program backround

- Modul 2: "growing up healthy"
 - focuses on the healthy growth of children and young people.
 - projects promote skills to increase the social participation of poverty-affected and disadvantaged groups
 - low-threshold offers in the field of
 - healthy nutrion
 - self awareness trainings
 - movement exercise etc.
 - setting: school, kindergarten, outdoor etc.







"Corona acted as a ,burning glass' ...⊗"

- ... and further increased the disadvantages of children, young people and their families who were threatened or affected by poverty
- □ Children from families with few socio-economic resources have more often mental problems, developing anxiety disorders or depression as other.

Some reasons:

- ☐ Isolation/missing social contacts, no physical activity (physical and psychological abnormalities)
- ☐ Live in a confined space (... often with problematic family situations)
- Homeschooling (digital revolution without equipment)
- Fear of infecting yourself and/or infecting others (lost self-confidence)







health - a definition

"Health is a state of complete physical, mental and social well-being and not the absence of disease or infirmity" (WHO 1994)

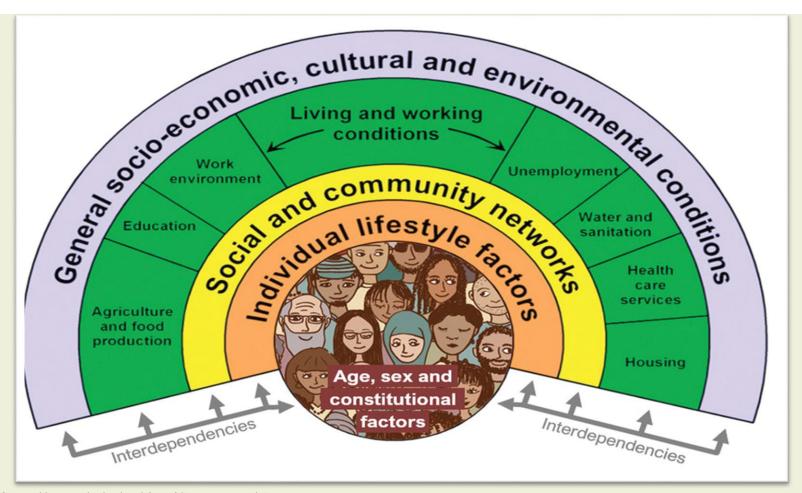
- With this holistic understanding, not only curative approaches are relevant, but also
 - disease prevention and
 - health promotion and health care

Although health is often perceived as an individual good, it is strongly influenced by external conditions





health determinants (Dahlgren/Whitehead 1991)



Adapted from Dahlgren and Whitehead (1991)/Source ResearchGate:

https://www.researchgate.net/figure/The-main-determinants-of-health-Adapted-from-Dahlgren-and-Whitehead-1991_fig4_327955458



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Health inequalities – general

- On average, the population in Germany, like in most western industrial nations, is considered healthy
- But: Health and life expectancy are not equally "distributed"
- Poverty groups are more vulnerable to disease and have a higher risk of early death
- With regard to the spatial level, there are quarters with poorer health conditions than the urban average





Health inequalities – general



Disadvantaged quarters are often characterized by...

- High density of households with social problematic situations
- Urban deficiencies and cramped living conditions
- Environmental pollution such as noise and/or air pollutants
- Arrival and transit areas for new immigrants
- Restricted access to educational and health services

So we see...







Health inequalities – general

- ... the determinants of income, job and education have a strong influence on the place of residence and the personal health situation
- ☐ If someone is disadvantaged in these areas, there is also a high risk of being disadvantaged in terms of health and early death
- In some cities, socio-spatial inequalities in children's health can be demonstrated by showing that quarters with high social stress factors often have poor results from school entrance examinations (obesity, abnormalities in body coordination, visual perception and attention) as well as low utilization of preventive examinations and below-average Vaccination status available







Health inequalities – "You are what you eat"

- There is a connection between nutritional behavior and social circumstances
- People with low income and low educational level have less favorable dietary patterns than groups of people with higher income and educational level
- Studies show this, in the consumption of fast food and energy drinks, in overweight and diabetic children and adults





Healthy eating policy

- Germany has some catching up to do when it comes to creating healthy eating environments
- Based on studies and recommendations (LI/LMU), five concrete measures have been developed:
 - high-quality, free school and daycare catering
 - health-promoting VAT reform
 - a manufacturer levy on soft drinks
 - regulation of children's food marketing
 - healthy eating in public institutions

Source: Microsoft Word - Food-EPI PolicyBrief V5 (jpi-pen.eu)









Summary and connecting points

- As the rainbow model figures, individual behavior determines the personal state of health in addition to the relationship-related influences.
- ☐ Prevention and support offers can educate, support and motivate people to take responsibility for their own well-being.



Health promotion is about enabling people to develop strategies with which to strengthen their health resources and potential can.



Summary and connecting points

There is a strong need for:

- "Health in all policies": considered as a task for the whole society
- It is about behavioral prevention and also about situational prevention
- This requires knowledge of spatial differences in the health situation
- This knowledge can be recorded on the basis of small-scale health data (quarter/block level)
- → Provides the basis for local governments in cooperation with local actors to develop strategies and target group-specific measures to promote health and reduce precarious living conditions!



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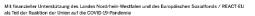


Growing up healthy in the quarter ...

... so, now let's take a practice look on social space-oriented funding offer ©













"Children's Cooking Club" Solingen — Easy Education and Family Center e. V.

Backround Facts:

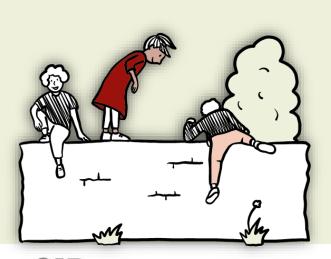
- In "downtown of Solingen" almost 60 percent of children and young people under the age of 15 receive basic security (social care)
- Trigger to implement the "cooking club project" was, that children came there hungry
- It quickly became clear: "a loaf of bread would not be enough!" There was the need to provide low-threshold information about nutrition, including for the parents that was the birth hour of the cooking club project!
- The project focuses on learning a healthy lifestyle and promoting active gatherness



"Children's Cooking Club" Solingen – Easy Education and Family Center e. V.

Backround Facts:

- Implementation carrier is the education and family center (Easy), which is already known to the families in the quarter as a contact point.
- Open from monday to friday, from 3:00 p.m. to 7:00 p.m., attractive offerings for playing, cooking and eating together.



- With success: currently 60 children registrated and participated from the offering (side-note: parents overload during the Corona lockdowns!)
- Participants: children of primary school age with Bulgarian, Persian, Kurdish, Turkish, Moroccan, Chinese and Ukrainian roots meet in the kitchen of the family center.







"Children's Cooking Club" Solingen — Easy Education and Family Center e. V.

Backround Facts:

- In addition to cooking, there is also help with homework, handicrafts and herb gardening
- Aim of the Project was also to involve the parents that was tricky!
- Trust building to the mothers took more than 1 year access via the children
- Cooperation health insurance company: prof. nutritionist informs how to prepare "school break bread" etc.









Healthy overview from other projects in the program...

Wide low-threshold offers in the program:

- cooking and eating together
- experiencing adventures in the nearby forest
- gardening in the city
- planting vegetable beds in former parking lots
- getting to know herbs on hikes in the district
- Trendy sports: hip-hop dancing, outdoor power sport
- building stalls and romping around in the sports hall at the Open Sunday....
- ... and the anchoring of trust work, low-threshold advice and networking in the quarters!!!





Thank you for your attention!



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