

HEALTH AND WELL-BEING FOR ALL:

*Celebrating 35 Years of the
Healthy Cities Movement*



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**Health and Well-being for All:
Celebrating 35 years of the Healthy Cities Movement**

Book of Abstracts

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Wednesday, 22 November 2023

Parallel sessions – block 1: 15:00–16:15

Abstract presentations 1.1. Learning from experience: fostering resilient cities in the face of emergencies

Abstract 13, Poland

(AP 1.1.1) Association of Healthy Polish Cities in the face of the refugee crisis

Bożena Lewicka & Joanna Nyczak

For more than one year, there has been a war in Ukraine forcing people to emigrate to Poland and other countries to save their lives and the lives of their families. Thousands of refugees and migrants arriving in Polish cities need immediate help. Representatives of local governments are forced to react quickly to meet these needs and to adjust applicable procedures. The prolonged refugee and migrant crisis has demonstrated the need for public institutions to develop and implement long-term strategies to support the health and living needs of refugees and migrants for the years to come. At the local level, the Association of Healthy Polish Cities joined the efforts to help. The exchange of experiences between the cities, to optimize the assistance provided to refugees and migrants, resulted in an initiative to carry out a questionnaire survey to inform the development of pro-health interventions tailored to meet the needs of refugees and migrants and the organizational capabilities of cities. From May to June 2023, questionnaires were sent to the representatives of all 36 institutions within the Association of Healthy Polish Cities. The aim of the survey was (1) to determine the health and social issues faced by refugees and migrants; (2) the actions that were taken to support refugees and migrants; and (3) the scope of knowledge and skills acquired by the representatives of institutions because of the crisis. The results showed that the types of conditions experienced by refugees and migrants that Polish cities helped to support included: chronic diseases, addiction, violence, stress disorders and epidemic threats. Further results showed that Polish cities were able to learn more about the types of activities that were undertaken by cities for refugees and migrants, including providing psychological and legal assistance, preparing websites in Ukrainian and helping to ensure adequate living conditions. The results enable a preliminary assessment of the functioning of public institutions in the situation of the crisis. The results also provide information about the health and social problems faced by refugees and migrants arriving from Ukraine and the types of assistance provided by public institutions associated with the Association of Healthy Polish Cities. Further, information was provided about the ability of cities to manage the arrival of refugees and migrants. Activities that were shown to be critical include the activities focusing on social solidarity such as volunteering.

Abstract 53, Cardiff, Wales, United Kingdom

(AP 1.1.3) City led trauma-informed communities: a North Wales case study

Joanne Hopkins, Samia Addis, Catrin Lyddon & Emma Sheeran

This paper discusses the Trauma and ACE (TrACE) community in North Wales, the aim of which is to create systemic change with a collective vision, tackling avoidable health and housing inequalities through an approach that gives people the opportunity to grow while promoting well-being, healing and recovery. This paper focuses on the social movement and collective approach of a range of organizations in North Wales: the 2025 Social Movement, which brings together leaders and communities across North Wales with a common purpose; a housing organization, ClwydAlyn Housing, which is committed to taking a TrACE approach as an organization; and Wrexham Glyndŵr University. This work has been initiated, informed, and shaped by an innovative partnership between ACE Hub Wales, Wrexham

Glyndŵr University and their co-created civic mission to develop, test and explore a community-wide approach to TrACE-informed practice. This partnership has developed a governance structure that is making an impact with learning for wider partners on their approach, knowledge development and implementation. Organizations, individuals and communities in North Wales are piloting a complex and collaborative programme for creating trauma-informed communities across the region. This mission is centred on the belief that no single organization or group has the knowledge to do this alone. The approach to building it is founded in systems leadership and social movements, resulting in transformational change in the way they work, think and deliver across the region as a whole-systems approach. Wrexham Glyndŵr University has a co-produced civic mission that has been shaped with partners and communities to end social inequality by 2030 across North Wales in three priority areas, all focused on enabling outcomes to support and enable the Wellbeing of Future Generations (Wales) Act 2015. At the strategic level, collaboration has enabled integrated and shared learning from the development of a community of practice. Significant success factors are leadership and whole-systems working, building community resilience and keeping well. Using the most significant change technique, Wrexham Glyndŵr University has captured people's stories of change and what changes they have seen and felt, including improved well-being, morale and confidence at the organizational and systems level through the community of practice, which addresses the challenge of knowledge sharing and embedding and sustaining cultural change. This paper shows the strength of a collective, regional approach to trauma-informed communities led by partners in Wrexham city. It is an example of co-creation, co-production and the power of collective ambition and passion to make a difference at the societal and community levels and how it can enable responses to the global emergency of structural inequalities.

Abstract 128, Croatia

(AP 1.1.4) Where has the vision gone?

Selma Šogorić

In 2019, the Croatian National Development Strategy 2030 was adopted, explicitly stating “Make cities and settlements inclusive, safe, adaptable and sustainable”. But with the earthquake, COVID-19 pandemic and period of protracted crisis (2020–2022), the vision somehow disappeared. With the opening of the European University of Post-Industrial Cities project that has been implemented by the University of Zagreb in cooperation with seven other European universities since 2020, an opportunity arose to assess Zagreb's resilience in the period 2020–2022. An essential component of the project was the launch of a city laboratory as a virtual place of discussion to identify key challenges and generate potential solutions. Through a dozen thematic workshops, City Laboratory 2021: Resilient Zagreb gathered 200 participants (students, academics, politicians, city officers, practitioners and citizens). Through introductory presentations and discussions, the strengths were mapped, weaknesses detected and problems to be addressed formulated. From the discussions, it was concluded that crisis management in the City of Zagreb had more elements of survival and improvisation than proactive, pre-prepared scenario leadership. There was no proactive creation of a vision or even clear determination of the direction of action. There were numerous obstacles to improving resource utilization, including the absence of guidelines, incompatibility of regulations and insufficient cooperation at all levels. The problems that can arise during interdisciplinary cooperation were not foreseen. Experience of good practice and the opinions of the frontline workers were not compiled to learn how to improve practice in the future. Public health institutions were under unprecedented pressure and underfunded. The consensus of the laboratory participants was that the city was not prepared for crisis. In crisis management, it is necessary to use an integrative approach, to ensure the speed of action but also to take care of the bigger picture and leave room for evaluation (learn and change, if necessary on the fly). Continual investment and improvement of

the quality of health, social and other relevant sectors, development of procedures and guidelines will improve the readiness to respond to unexpected situations. But it can be different. During the business meeting of the Croatian Healthy Cities Network (October 2023), participants heard from local champions about how they manage to implement their ongoing programmes and policies and how to act proactively and innovatively to positively change the reality of their communities. It was demonstrated that there are brilliant examples of resilient cities that, despite adversity, not only survive but grow and develop. These are cities where the growth and development of the community encourages the development of social capital, which in turn encourages and serves as a support for the growth and development of the community, even in difficult conditions. No matter what topics are addressed, such as revitalization of urban heritage, use of green energy, homelessness, citizens' physical activity and young children and their family's needs, the emphasis is on a proactive approach, cooperation among stakeholders, innovative solutions, long-term strategic planning and local political support that is willing to sacrifice immediate populist successes for a better future in the long term.

Abstract presentations 1.2. Leaving no one behind: advancing health in a digital era

Abstract 95, Göteborg, Sweden

(AP 1.2.1) Student health database for monitoring the development and diversity in health among schoolchildren and adolescents in Västra Götaland, Sweden

Charlotta Sundin Andersson

EHDV is a newly developed database for self-reported health data, with the aim of monitoring the development and diversity in health among schoolchildren and adolescents. The database facilitates knowledge-based political decision-making concerning children's health and living conditions and also acknowledges young people's views on their own health. It has been a participatory process where both the target group (schoolchildren and adolescents) and the school nurses have co-created from the beginning. There was a joint need from school health care, specialist care, scientists and policy-makers to find out more about the health and well-being of schoolchildren. Analysis of registry data combined with survey data had been carried out for all other ages except schoolchildren and young students. There was a perception that there are health gaps due to socioeconomic situations and that this generation could differ in health and well-being outcomes from the previous generations, but data had not been retrieved and analysed. Registry data was available within the health system (a regional responsibility), but survey data on self-rated health combined with socioeconomic situations was only available in school nurses' local records (a municipal responsibility). To comply with the United Nations Convention of the Rights of the Child and get a better understanding of the health and well-being situation of young people, Region Västra Götaland decided to develop a common database between the regional organization and the 49 municipal organizations as well as the 100 private schools. The innovation was initiated by those closest to the young people: the school health care, since they had no means of keeping and comparing their data. The process became transparent for the main users (the target group for the results). A political decision was made by the Regional Committee, which has dedicated financial resources throughout the process. The overarching challenge has been the jurisdiction: 90% of the resources have been dedicated to getting legal advice related to the GDPR and the fact that there was a need to transfer survey data from various statutory organizations.

Abstract 129, Budapest, Hungary

(AP 1.2.2) Digital health as a tool to integrate health and social care in homeless shelters

Sándor Békási & Zsuzsa Györffy

Although urban settings usually offer better accessibility to health-care services, people experiencing homelessness struggle to get appropriate help in managing chronic conditions in most cities around the world. Digital health technologies have relevant potential to cover the recurrent needs of people with chronic diseases but vulnerable populations lacking devices and digital literacy experience serious barriers to harnessing these innovations. In our research programme, the main objective was the establishment of digital health technologies among people experiencing homelessness to support an evidence-based systematic approach in accordance with the Health for All initiative. A series of digital health studies were completed in homeless shelters in Budapest, Hungary. As a first step in 2020, openness towards telemedicine was measured using a self-reporting questionnaire developed by the research team. In 2021, a telemedicine pilot offering live, online video consultations was established in social institutions. 75 individuals experiencing homelessness were recruited from four shelters and invited to a course of six online visits biweekly. The parameters of feasibility, sustainability, client satisfaction and medical relevance were measured on the originating (patient) and remote (physician) sites as well. A client follow-up study after 4–6 months of the pilot closure was also completed to estimate the receptivity to a regular telecare service. 79% of the pilot clients (59 of 75) participated in this survey. The openness of people experiencing homelessness towards telecare focusing on improving the management of chronic conditions was equal to that of the general population. In the telemedicine pilot, 73% of the clients (55 of 75) completed the full programme of six visits, and more than 90% of the initially planned appointments (415 of 450) were attended. Satisfaction among patients and physicians was similarly high (4.52 and 4.79, respectively, on a five-point Likert scale), and therapy modification was applied in 24% of the visits. Technical problems occurred only during 7% of the visits. The follow-up survey showed that previous participants were still willing to continue to receive this type of care (4.34). Based on the positive results of our collaborative initiative, telemedicine services became the regular component of the health portfolio at the Hungarian Charity Service of the Order of Malta in 2022. As a rapid and direct influence, the DocRoom Health Research Program led to a hybrid primary care model combining the advantages of both in-person and online health care. On-site social workers in homeless shelters as trusted intermediaries play a key role in the successful implementation of telehealth. According to our experiences, careful application of digital health tools can compensate for the shortcomings of vulnerable populations.

Abstract 34, Palaio Faliro, Greece

(AP 1.2.3) Healthy ageing

Ioannis Arkoumanis & Lilian Fanidaki

The Municipality of Palaio Faliro is developing a series of social programmes and actions aimed at promoting mental and physical health. The health of Palaio Faliro residents, including healthy ageing, are of primary importance for the Municipality, and it is recognized that the ability to be healthy into older age is based on multiple factors including environmental, mental and diet. To address physical activity, exercise programmes are offered in various cultural centres so that it is convenient for residents to attend near their home. An Aqua Pilates programme that mainly includes older people was recently created along with a personalized therapeutic gymnastics programme, which is combined with dietary support offered by specialists. To address culture combined with physical activity utilizing an intergenerational

approach, “bibliowalks” have been organized that involve younger and older people. This programme combines gymnastics, culture and rest. Additionally, the Walks in the City programme promotes physical activity by offering group walks that stop at famous city landmarks, including museums. These walks also include intergenerational actions where older people teach and share their experiences with younger people. Palácio Faliro also offers the European Union–funded SMART BEAR programme, a 24-hour care programme for residents 67 years and older that offers innovative methods for managing the quality of life for 700 older people with health problems. Additionally, the Municipality is giving priority to digitalizing health information to include the personalized needs of residents in a personal profile to support information sharing. The Municipality is also giving priority to promoting sustainable mobility standards, which includes aiming to reduce traffic congestion, using new technologies such as telematics and geographical information systems to manage urban mobility and creating a cycling route along the coastal road. Further, the Municipality has introduced smart city and mobility applications, new fuel types and new vehicles and transport systems, resulting in a 3% reduction in energy consumption for transport and a reduction in greenhouse-gas emissions. Participation in Phase VII of the WHO European Healthy Cities Network is supporting the Municipality to implement innovative approaches, programmes, strategies and policies that address various determinants of health.

Abstract 60, Portugal

(AP 1.2.4) Healthy Cities health atlas

Mirieme Ferreira¹, Paula Santana², Ângela Freitas² & Rita Silva¹

¹Portuguese Healthy Cities Network, ²University Of Coimbra

The Atlas of Healthy Municipalities (Atlas dos Municípios Saudáveis) is an interactive public web platform based on geographical information systems, available in Portuguese and English, that characterizes the Portuguese Healthy Cities Network municipalities through a broad set of health dimensions and indicators. Its development results from a protocol established between the Portuguese Healthy Cities Network and the Research Team in Health Geography from the Center for Studies in Geography and Spatial Planning at the University of Coimbra (CEGOT-UC). This platform presents statistical information disaggregated at the municipal level, providing an evidence base on population health status and the contextual factors that influence their health and well-being, including social, economic and environmental conditions. Additionally, the Atlas offers a database of more than 600 ongoing local actions and projects in the Portuguese Healthy Cities Network municipalities, associated with health indicators and with the potential to positively contribute to health promotion. The Portuguese Healthy Cities Network municipalities have made a clear political commitment to a local governance for health framework, sustained around the six fundamental pillars of Phase VII of the WHO European Healthy Cities Network, and aligned with the goals of the 2030 Agenda for Sustainable Development. Therefore, the Atlas of Healthy Municipalities was developed with the goals of: projecting the Portuguese Healthy Cities Network at the national and international levels; providing a reference framework for evaluating population health in an integrated, multidimensional and systematized manner; being a support tool in defining strategic priorities and in designing, implementing monitoring and evaluating local health policies, strategies and plans; and becoming a platform for learning and dissemination of knowledge. The structure of the Atlas follows a multidimensional evaluation model of population health, based on the geographical approach to health and the intersectoral approach health in all policies. The health of the population in each municipality is evaluated in nine dimensions – two health outcome dimensions and seven determinants of health dimensions – which are further broken down into 94 indicators (54 priority and 40 complementary indicators). Additionally, it includes a healthy municipality multidimensional index aiming to enable an integrated and comprehensive understanding of determinants of health, considering their contribution to population health and capacity for municipal intervention. The Atlas

development went through various stages between 2020 and 2023, with the active involvement of member municipalities through participatory processes to obtain consensus in the selection of indicators (Web-Delphi) as well as evaluating the weight of dimensions and indicators used in the multidimensional index. Underlying the Atlas of Healthy Municipalities project are the guiding principles of WHO Healthy Cities and its broad vision of health, recognizing the importance of the conditions of place and community in health promotion, namely social determinants and economic and environmental health. Municipalities play a fundamental role in promoting and creating healthy spaces for their population through the life cycle, implementing measures, actions and projects that can influence – positively or negatively – the health of communities. The Atlas of Healthy Municipalities platform thus emerges as a useful tool for developing local policies in response to the dimensions with the greatest need for intervention.

Abstract presentations 1.3. One Health, one future: moving towards planetary well-being

Abstract 70, Jerusalem, Israel

(AP 1.3.2) Jerusalem's Gazelle Valley urban nature site: community building and preservation through nature-based solutions

Lora Mednick, Miri Reiss, Ruth Meir & Maya Starr

Jerusalem's Gazelle Valley is the largest urban nature park in Israel and home to more than 65 endangered species, including a herd of native wild gazelles. Since the early 1990s, the area has been under significant threat by plans to build a highway and luxury housing project, putting the local ecosystem and biodiversity at risk, and restricting public access. The social and ecological significance of the area compelled residents and local government officials to work together to fulfil the following objectives: advocate to protect the park from building and development, employ nature-based solutions and ensure that the site remains a vibrant, inclusive and sustainable natural urban environment. The project's method consisted of an intersectoral approach involving community participation and engagement to ensure that the needs and aspirations of residents were reflected in decision-making and strategy formation to protect the natural area, increase accessibility and offer amenities. Nature-based solutions implemented include preserving ecological corridors to restore and protect plant and animal sites and managing rainwater runoff through streams, lakes and winter ponds to mitigate flooding and reduce groundwater pollution. Specific plant species and treatment reduce air pollution and support the health of the local ecosystem. Rehabilitation and growth of local plants and trees have an essential role in building resilience to extreme heat. As an open natural space, the Valley helps to reduce the urban heat island effect by cooling outdoor temperatures in the park and surrounding neighbourhoods. To ensure that the area remains adaptive to the changing climate and social needs of the community, the Municipality of Jerusalem granted the management of the Valley to the Society for the Protection of Nature, an independent non-profit organization with proven expertise in sustainable preservation of landscapes and ecosystems. Key achievements include the successful mitigation of seasonal flooding in adjacent neighbourhoods, despite heavy rain events in recent years. The herd of gazelles is thriving. The park is visited by residents and tourists of all ages and abilities. A field school, day care centre for young children and visitor education centre operate inside the park, and local volunteers assist with maintenance, providing opportunities for community building. Areas of the park are designated for social gatherings, with plentiful shade and benches. The entrance to the park is free of charge and easily accessible by public transport. A recently established bike path and pedestrian promenade promote both walkability and sustainable transport by granting city residents and visitors access to natural spaces. The International Union for the Conservation of Nature has recognized the Gazelle Valley for successful implementation of

nature-based solutions to mitigate environmental and social crises. In conclusion, the preservation of the park has been established and protected by the Municipality. The successful implementation of nature-based solutions, public and social services make the park a valuable public asset. The city maintains and invests resources to sustainably protect the area from damage and support the health of local ecosystems and the population of gazelles. The Valley serves and promotes environmental and community well-being for future generations in the face of climate change.

Abstract 139, Ardahan, Türkiye

(AP 1.3.3) Data visualization experience on European air quality and health outcomes

Damla Özyürek

Air quality is an important factor in health outcomes for everyone living on the planet. Increasing air pollution negatively affects nature and human life. Poor air quality is an important cause of morbidity and mortality. Although chronic lung diseases are the most common symptomatic area, air quality plays an important role in the evaluation of people's health. To minimize these effects, programmes are carried out in collaboration with various institutions. Visualization of air quality and health output data with map-based data visualization techniques can offer good support for rapid decision-making processes and targeted solutions. In this visualization application, it is aimed to reveal the close relationship of the 2021 air quality data in the European Region with the map-based visualization by evaluating the data of the Eurostat health statistics reports. World Air Quality and Eurostat open access reports are used in this application. Air quality was evaluated by taking PM_{2.5} values from the World Air Quality 2021 report. Deaths related to health status, chronic disease status and respiratory diseases were derived from Eurostat 2019 data. The relevant variables were brought together in the Excel database and arranged at the country level. The binary representations of the variables were presented on the map by using the Tableau data visualization program. With this visualization, it has been determined that deaths related to respiratory diseases are concentrated in countries with poor air quality. Also, asthma prevalence is higher in the countries with higher PM_{2.5} levels. Data visualization with Tableau enables to illustrate two variables in a map-based content effectively. It is considered that demonstrating this relationship with the data visualization technique will be positive for the collaborating partners, institutions, and decision-makers. Air quality is an important part of health on the planet and one of the important determinants of health. With the developing information technologies, it is important for applications to present the data rapidly, accurately and succinctly. Enhancing capability to illustrate the air quality at the city and district levels would enable the local organizations to advocacy for the air quality and related unwanted health outcomes. Revealing relations with the contribution of data visualization from various corporate collaborations and information technologies can contribute to solutions.

Abstract 96, Delft, Netherlands (Kingdom of the)

(AP 1.3.4) Assessing universal access to urban green spaces: what indicators should be used when?

Roos Teeuwen, Vasileios Miliadis & Achilleas Psyllidis

Urban green space plays an essential role in public health, warranting cities to ensure that this is universally accessible for activities by all demographic groups. But the effects may differ by group. For children, having routine access to urban green space promotes their physical activity, interaction with peers and cognitive development. When assessing how environments provide access and planning for interventions, researchers and professionals use a variety of methods, data sources and indicators, such as the presence of vegetation around people's homes shown in satellite imagery, distance to land categorized as green space, surveys of residents' perceptions of greenery and field audits and observations. Although

indicators are often used interchangeably, research suggests they all capture different aspects, and instead, indicators should be selected based on the aim and case at hand. This research focused on access to green space by children about 6–12 years old. The objective was to explore what measures are meaningful when assessing access to green space by these children. Qualitative studies identify many factors affecting children’s access to green space, such as their own preferences, parental perceptions of safety and their limited independent mobility. Quantitative studies, however, typically treat them as any other group by selecting indicators that are not tailored to the children’s group or applying only limited adaptations. In a series of interactive workshops, 27 European experts on children’s healthy environments were consulted on which indicators they find relevant for measuring children’s access to urban green space. The experts were provided with a paper-based card deck, with each card exemplifying data sources potentially meaningful according to literature, including land-use categories, satellite imagery, locations of schools and playgrounds, traffic infrastructure, children’s opinions and an empty card for anything else deemed relevant. The participants were asked what they would like to see measured, with which purpose or aim (when), and comprising which data sources (how), without restricting themselves to what they perceive feasible. Finally, they were presented several recently developed measures for children’s access to green space and critically discussed their strengths, limitations and meaningful use cases. The initial results show that, although some participants’ ideas aligned with the recently developed measures shown, many ideas extend beyond. The participants generally selected many different data sources, suggesting that they value multidimensional approaches. The participants stressed the value of complementing automated indicators with collecting children’s thoughts, and interestingly, only a few participants selected widely used satellite imagery or expert audit data as relevant sources. Our card-deck approach was perceived as enjoyable and supported participants to be specific. The workshops enabled us and our participants to critically reflect on how various indicators live up to what they promise to represent. Our approach can be adapted to explore more use cases, such as access by other demographic groups. Future work remains to integrate our findings with literature in an insightful manner, aiming to support researchers and professionals from multiple disciplines to make informed decisions on what indicators to use when measuring access to urban green space for a particular case and aim at hand.

Abstract presentations 1.4. Power of cities: delivering an inclusive mental health agenda

Abstract 7, Cork, Ireland

(AP 1.4.1) What do we want? Change! When do we want it? Now!

Fionnuala O’Connell, Tanya O’Sullivan & Tracey Holt

In the wake of the murder of George Floyd and the global Black Lives Matter movement, the realities of racism and discrimination became ever more apparent in Ireland, motivating young individuals to engage in efforts to address this pervasive issue. A group of motivated young people collaborated with the Cork Children and Young People’s Services Committee (CYPSC) to confront racism through a webinar with policy-makers and offices of influence. In our journey for racial equality, a representative group attended the Anti-Racism Summit Cumbria, which inspired us to bring this approach to Cork City. Our objective was clear: to use a creative approach to actively dismantle racism by hosting our own Youth-Led Anti-Racist Summit, sharing lived experience of racism and discrimination to advocate for change. The impact of racism has left indelible scars, both physical and mental, on the lives of marginalized individuals. To realize their vision, these young activists were supported and funded from multistakeholder partners via CYPSC Anti-Racist Subgroup interagency committee. The creative compositions encompassed a diverse range of media, including spoken word, drama, music and poetry. The creative process enabled them to

build their capacity and showcase their creative expressions at the Summit. Collaborating with organizations like CMC, TVG and CDYS, they empowered young people to share their lived experiences and articulate the changes they sought in Cork City. In May 2023, the Youth-Led Anti-Racist Summit in Cork City brought together more than 150 professionals from various sectors, including policy-makers, representatives from the community and voluntary organizations and the statutory sector. Among the participants were young Black and Brown individuals, members of the Traveller & Roma Community, LGBTQ+ representatives and global youth advocates. The energy and passion in the room attracted the attention of current and future politicians, who listened to the lived experiences of these young activists and continued the vital dialogue on effecting change to combat racism. Throughout the summit, these young activists engaged with professionals, raising their awareness about the harsh realities of racism and its profound impact. They aimed to educate these stakeholders about the lasting effects of discrimination and called upon them to take meaningful action. Young mentors played a pivotal role in facilitating table discussions, fostering a shared vision that all attendees could work toward. Professionals were urged to be proactive and commit to bringing about change and acting as allies within their spheres of influence. The Youth-Led Anti-Racist Summit was empowering with the buzz of the summit drawing a crowd. These young activists also fostered a sense of belonging and connection within Cork City, since it strengthened the network of allies committed to eradicating racism from the community. As they expand their network of allies, their collective chant resonates: “What do we want? Change! When do we want it? Now!” This summit serves as a beacon of hope and a catalyst for the ongoing struggle against racism, uniting individuals from diverse backgrounds to work together for a more inclusive and equitable society.

Abstract 24, Reykjavik, Iceland

(AP 1.4.2) Data collection and youth participation

Harpa Thorsteinsdottir & Ragnar Hardarson

Reykjavík City’s public health policy is a data-driven policy. One of the aims is that high-quality data are collected and utilized efficiently in policy development, planning and operations. City authorities carry out risk prevention activities for all stages of life to combat high-risk behaviour, diseases, violence and other risks. Cooperation between key parties in the immediate environment, such as schools, leisure centres, service centres, parent associations, the police, health-care services and sports clubs, are key factors. All preventive actions are based on a community-centred approach, harm reduction and wide-ranging cooperation between various entities. With the data that are collected, we aim to create opportunities for consultation and a user-oriented approach to servicing marginalized groups and reaching vulnerable and marginalized groups through all city activities. In this project, we are specifically targeting young people and the challenges in their lives. Staff in the local environment of young people are key players in achieving interest and a productive conversation with the young people with the aim of achieving both the situation through both qualitative and quantitative methods, and thus can take actions that address the main challenges in their daily lives. Increasingly inviting young people into the conversation about their well-being in terms of what the data have shown, for example in terms of poorer mental health, caffeine and nicotine use, increased violence and social media challenges, increases both their awareness and validation of interventions and actions and produces better information about what we can do to meet these challenges. Our presentation will showcase a forum for youth with focus on youth participation and the results from that forum in relation to what the data is telling us. This effective method will continue to be utilized to prevent high-risk behaviour among children and adolescents, based on research data, and it will continue to be developed and strengthened in accordance with the ever-changing challenges of these delicate formative years.

Abstract 108, Copenhagen, Denmark

(AP 1.4.3) Improving health and well-being in Copenhagen's therapy garden

Oliver Asbjørn Fick

One of three people living in Copenhagen show symptoms of stress or other mental health problems, imposing great costs on both the individual and society. This calls for innovative interventions in mental health promotion. In 2018, the Copenhagen City Council decided to establish a therapy garden in Copenhagen to promote mental health by offering nature-based programmes and giving public access to a green area for contemplative purposes. The therapy garden thus supports mental health at both the individual and structural levels. Since the therapy garden opened in 2021, the City of Copenhagen and several NGOs have offered programmes to people with stress or depression, COPD and diabetes and to traumatized refugees and victims of domestic violence. The Presence in Nature programme is the most widespread, with 198 people in sessions for stress, anxiety and/or depression in 2022. The therapy garden is built on evidence-based insights that show that being in nature has a restorative effect and can reduce stress levels. Unlike wild nature, the therapy garden is a deliberately designed environment with the aim of actively and positively supporting participants in their recovery process and health. The therapy garden is thus an integral part of the therapeutic process, since experiences and sensations in the garden are used as tools in the nature-based therapy alongside activities such as mindfulness, relaxation, conversations and self-contemplation. An evaluation of Presence in Nature shows that the programme's effect on the participants' score on the Perceived Stress Scale and Major Depression Inventory is comparable to that of the City's standard stress prevention programmes. Further, the evaluation suggests that nature-based therapy attracts citizens for whom it is more conducive to work with their symptoms outdoors. The therapy garden has enabled the City of Copenhagen to diversify its interventions offered to people with stress or mental health problems caused by chronic diseases. It can contribute to public health promotion and to reducing health inequality since it appeals to people who may not have participated in or completed indoor programmes.

Abstract 110, Israel

(AP 1.4.4) Community mental well-being – the role of the municipalities

Sima Lissa Wetzler & Milka Donchin

Mental health is one of the fundamental pillars of health and well-being. The COVID-19 pandemic and social media were among the catalysts to increase the burden of mental health in Israel and worldwide. In Israel, community mental health services are provided by health maintenance organizations (since 2015). Prevention programmes on specific issues are provided by several ministries and several NGOs, but not all providers are aware of each other, causing duplicates in services and omitting others. As the demand for mental health services increases while the availability decreases, the Israel Healthy Cities Network decided to put this issue high on its agenda, starting with learning more about the issues and formulating, with all its relevant partners, the role and responsibility of the municipalities. In March 2022, representatives of relevant government, municipalities, national health maintenance organizations and NGOs were invited to the first meeting of a round-table discussion with the mission of figuring out the role of municipalities in mental well-being. They agreed to (1) use the definition of mental well-being instead of mental health; (2) accept the vision and objectives of the WHO mental health action plan 2013–2030; and (3) map mental health services and programmes in the Israel Healthy Cities Network municipalities. A questionnaire was compiled and distributed to all Israel Healthy Cities Network city coordinators; 90% could not respond because of lack of information in the municipality. As a result, a decision was made to continue working together towards formulating guidelines for the municipalities.

Most participants of the round-table discussion agreed that municipalities are responsible for promoting mental well-being and for providing information on residents' rights and availability of mental health services. Three of the Israel Healthy Cities Network municipalities initiated a comprehensive process by setting up local round-table discussions. Their work serves as the basis for formulating guidelines for additional municipalities. In the coming months there will be a first draft of this report. Municipalities and health coordinators have a major role in and responsibility for the mental well-being of the citizens. Defining their role and providing guidelines of this responsibility is crucial.

Abstract presentations 1.5. Thriving together: navigating health in the well-being economy

Abstract 78, Sweden

(AP 1.5.1) The movie Thank You

Åsa Ranung & Lina Helgerud

Region Värmland has a goal to develop quality and accuracy in the work for good and equal health in Värmland (county). This includes focusing on building the capacity of the county's various public health actors. It is an aim for more people to understand that public health is primarily built within the existing welfare system in Sweden and not through short-term projects. Within this work, there is often a risk that the issue is reduced and simplified, and there is a need to communicate that the most important actors are not within health care or at the gym but among all kinds of society builders. Good and equal public health is built by a multitude of actors throughout society and is more about many doing a little than a few doing a lot. The film *Thank You* pays tribute to several lesser-known public health heroes. The film highlights the value of not only having public health scientific knowledge but also involving the feeling – the presence of being affected can be the key between insight and action. By seeing the activity of these actors, an understanding is created that is difficult to reach with words alone. *Thank You* has been shown in several contexts, both in smaller and larger groups, training and conferences and has also quickly spread to several other municipalities and regions around Sweden. The response has been positive, and many people say that the film contributes to creating an understanding for the foundation of public health. It has sometimes worked as an introduction to deeper conversations about how to achieve equal public health for all and how various activities with increased awareness can reduce differences in health and strengthen public health. Within public health, it is often challenging to communicate how effective public health work is done and which actors have the best opportunity to contribute to a positive development, and the film contributes to lifting perspectives and contexts in this matter.

Abstract 100, Spain

(AP 1.5.2) Developing and sustaining a healthy Madrid: a coordinated strategy

Javier Calatrava Sánchez, María Del Carmen Berlinches Zapero, Ana Casla Puig, Fátima Cortés Fernández, María Rosa Domínguez Escallada, Gema Dorado Ruiz, Ana González Espejo, Javier Jiménez Segura, Elisa Lillo López, Purificación Llorente Blach, María Isabel Marquina Alonso, José Javier Moreno Arnedillo, Darío Ochoa Esteban, Carmen Ramos Martín, María José Zomeño Schoendorff, Pla Naranjo Antonio, Marisa Palomino Díez & María Mercedes Rodríguez Pérez

This is an introduction to an analysis of the actions carried out by the Subdirector General for Prevention and Health Promotion of Madrid Salud, inspired by the three-phase cycle recommended by WHO in how to develop and sustain healthy cities in 20 steps. The 2022 Health Survey of the City of Madrid found that 28% of the population rated their health status as average, poor or very poor, while

71% rated it as being good or very good. The perception of good health was higher among men, decreased with age and correlated with the socioeconomic level of the districts. The main problems were violence, frailty, chronic diseases (overweight and obesity affecting almost half of the population), mental health, poor lifestyles social determinants and vulnerability. General opinion has not changed significantly since the last survey in 2017. The Health Survey is repeated every four years. Madrid Salud is a local government department. Based on the identified health problems it has developed a Strategy for Madrid, a Healthy City 2021–2024 with other city government agents. Two transversal programmes have been developed: Social Inequalities in Health and Mental Health Promotion. The strategy also includes three programmes aimed at specific areas: nutrition and physical activity, smoking prevention and sexual and reproductive health. In addition, three more programmes target various moments of the life cycle: maternal and child health, health in education and active and healthy ageing. Responding to new health problems, three strategic projects have been developed as well: loneliness prevention, prevention of complicated grief and suicide prevention. Throughout 2022, 628 community projects were accomplished with 86 349 participants (53 612 women and 32 782 men), and 2184 group activities that involved 78 621 people (48 688 women and 29 933 men). In all activities, vulnerable people are the main target. The aim is to engage people in community action, create networks of support and act on the context to achieve healthier neighbourhoods. Community networks in the districts include schools, youth centres, social services, NGOs, neighbourhood associations, health centres, libraries and other cultural centres. There is also intersectoral collaboration with other sectors or directorates within the municipality, such as families and equality, services for older people, citizen participation, urban development and culture and sports. Outside the municipality, alliances have been established and maintained with universities, professional associations, the Spanish Network of Healthy Cities and the WHO Regional Office for Europe. The degree of compliance with indicators for the Action Plan in 2021 was 92%. The coordination of the strategic plan is enabling the return to pre-pandemic levels of community action. The interrelation between the various programmes and their implementation in municipal community health centres is creating networks of meeting spaces in the districts to improve the health of the neighbourhoods.

Abstract 45, Utrecht, Netherlands (Kingdom of the)

(AP 1.5.3) How Public Health Monitor Utrecht contributes to targeted policy interventions and activities

Ilse Swinkels, Mariëlle Beijersbergen, Sietske Jonkers, Miriam Weber & Renske Verstege

More than 80% of Utrecht's youth and adults report feeling healthy. But health disparities in Utrecht remain large and persistent. Moreover, Utrecht faces several challenges, including a rapidly growing and ageing demographic, a challenging labour market, and challenges to overall public confidence. The Municipality of Utrecht is committed to increasing health for all and reducing health disparities. With limited resources, this requires focused efforts and setting priorities by policy-makers and professionals. Informing the development of municipal policies and interventions requires understanding which groups to target and which themes require efforts to improve the health and well-being for residents. The Public Health Monitor Utrecht (VMU) contributes to this understanding. VMU is based on the Utrecht Health Model. This model combines several theoretical models to show the relation between health and its determinants. VMU offers a broad view of the health status of Utrecht residents, lifestyle, social and physical environment, health care, participation, education, income and housing. It represents all residents from all ages and indicates associated levels of vulnerability. Methods include health questionnaires, registration data, interviews and focus groups. Researchers continually collect data, independently or in close collaboration with knowledge institutes and organizations that have access to Utrecht data. Data are

then interpreted in collaboration with social partners and residents. The result is a comprehensive picture of the health of Utrecht residents, and the results are published on a website. Every four years, the Utrecht Health Profile is published, a comprehensive report that includes changes in the health status of citizens. Further reports on specific topics or target groups included in the Utrecht Health Profile are regularly published. VMU is used to choose themes new public health policies should target, but it is also used in neighbourhood discussions to determine what efforts are needed locally. Associated challenges with VMU is developing implementable actions to target identified issues and engaging meaningfully with vulnerable residents. VMU provides direction for joint approaches to priority setting. Additional benefits that VMU supports are knowledge exchange, determining behavioural insights and promoting community connectedness.

Abstract 86, Kuopio, Finland

(AP 1.5.4) SOLA Calculator for assessing well-being

Tanja Tilles-Tirkkonen¹, Miikka Vuorinen², Andra Aldea-Löppönen³, Natalie Joubert⁴ & Tomi Mäki-Opas⁴

¹City of Kuopio, ²Sosped Center, ³Well-being Services of Central Finland, ⁴University of Eastern Finland

The sustainability of citizens' well-being and the city's economy are strongly intertwined. Politicians and senior officials require reliable information for the long term regarding well-being to inform decision-making. The OECD endorses data-driven dashboards to support the economy of well-being. Social problems are more complex than city budgets. The current dashboards and knowledge-management tools compile registry data or summary variables. Investment thinking is critical to sustainable well-being. Data tools need to aggregate the economic and long-term impact that individual phenomena, such as weekly exercise, have on various sectors and stakeholders. With this, effective investments and interventions can be comparably designed in a sustainable manner. The SOLA project aims to refine the tool for measuring social quality using the SOLA Calculator. Finland's Ministry of Social Affairs and Health funds the SOLA Project, supporting SOLA Calculator development for and with Finnish municipalities and well-being services in the counties, based on the social quality model theoretical framework. The SOLA Calculator is based on phenomenon-based data management. The societal social quality model has indicators or phenomena grouped in the social quality framework's four dimensions: social security, social empowerment, social inclusion and cohesion. The estimation method combines registry, survey and city-specific data. The tool has been piloted in and developed with various municipalities and health-care districts. The SOLA Calculator evaluates 23 well-being indicators in a systemic manner, assigning their price tag in the short and long term. The SOLA Calculator is replicable, adaptable and open to all. Instead of evaluating and valuing interventions, we are also evaluating and valuing social phenomena. The SOLA Calculator is an evaluation dashboard, producing cost evaluations for 1, 5 and 10 years as well as estimating impact for individuals, close network and the community and their correspondingly estimated costs. The SOLA Calculator measuring societal social quality is also used for well-being reporting. Insights produced by the SOLA Calculator are useable for knowledge-based well-being management. The City of Kuopio is one of the cities that has used the SOLA Calculator assessments in preparing an annual well-being report: pointing out the long-term savings resulting from regular physical exercise. In addition, the calculations have been presented to the city council. Further, other cities and municipalities as well as various NGOs are aware of and involved with the SOLA Calculator assessments. The digitalization of the SOLA Calculator has been co-developed together with pilot municipalities and counties. The SOLA Calculator has attracted strong interest from ministries. The calculation models have been found to be replicable for the smallest and largest municipalities and ministries in Finland. The calculation models and evaluation logic can also be transferred to the WHO Healthy Cities partner cities by using OECD statistics, World Bank datasets and national coefficients. The SOLA Calculator has the capacity to value

registry-based indicators with the possibility to produce information that supports long-term investment in well-being. The ability to make social valuation more scalable, credible and useful is essential.

Abstract presentations 1.6. Urban futures: co-creating sustainable places for all generations

Abstract 58, Czechia

(AP 1.6.1) Engaging children and youth – participatory tools and methods, system of support for Healthy Cities in the Czech Republic

Jitka Bouskova

Young generation should have a strong voice in city development, but not always this it is so. The national network in Czechia, Healthy Cities in the Czech Republic, has worked for 30 years on an effective public engagement in decision-making processes. In the last years has focused on and offers to its member cities several types of participative methods and tools especially for involving children and youth. The purpose is to enhance interest in public matters in connection with the goals of sustainable development, health, and quality of life, especially in the generation of children and students. On a regular base, we as a national network provide to our member cities, towns and regions (130+ members) methodological and realization support for planning events with children and youth. Concretely:

- Methodological guidance: how, when to organize such an event, what specifically, methods how to prepare it etc. – we have online and in-house consultations and also written methodological guidance and training with city coordinators and politicians.
- Financial support – mainly for facilitating the events (plus in cooperation with cities and regions, support for financial subsidies for realizing the planned projects).
- Public relations and promotion of the events all over the country (media, social networks etc.).

The following are the main types of events.

Youth and children forums

- Students in groups discuss about possible improvements in the school and municipality and write the suggestions on a flip-chart.
- The Top 10P – 10 priorities for the school and the city – is created, and these results are verified by a survey and handed over to the city management.
- Plan for adapting the Place Standard tool for young participatory events.

Participatory budgeting in schools

- Determined budget, suggestions are gathered, participants vote for those that are consequently passed to the school or local authority.
- Campaign and voting (offline and online) for the projects.
- Realization, evaluation and billing of the winning projects.

Project incubators and training

- With the support of regional authorities, supporting and training students for preparing, realizing and managing their own projects coming from planning events.

Geo-participatory tools (safe route to school, innovations etc.)

- Emotional mapping – questions (for example: Where do you not feel safe? Where do you find problems walking or cycling etc.) and the scope of the area for the map are defined.
- online or offline mapping, processing data in geographical information systems and handed over to the city.
- Plan for interconnection with other international geographical information systems and planning tools for urban development.

As from all other participatory events, these outputs are passed to city representatives, and the young people learn not only how to how to plan but also how to defend their views and take responsibility for own decisions. Cities use the results as supporting materials for a wide range of strategic decisions, such as planning investment projects and creating transport concepts.

Abstract 130, Agii Anargyri Kamatero, Greece

(AP 1.6.2) Creating a resilient, cohesive and peaceful city for everyone: the example of the Municipality of Agii Anargyri Kamatero

Oikonomopoulou Angeliki¹

¹Municipality of Agii Anargyri Kamatero

In a period with a health and energy crisis, multidimensional poverty and corruption of social institutions as a result the increase of violence in our daily lives, the Municipality of Agii Anargyri Kamatero gave priority in its policies the prosperity of its citizens and the creation of a more resilient, cohesive, and peaceful city for all. The Municipality implements a series of holistic and collaborative services and interventions, connected to the six Ps of the Copenhagen Consensus of Mayors that aim at preventing the phenomenon of violence from growing between students at school and between citizens, creating a broad shield of protection against violence. The Municipality's innovation is that, in addition to services of personal counselling support to manage violence, the Municipality has implemented specialized activities (2022–2023) in the school community. An example of an activity is Experiential Workshop – Parenting Schools. These workshops are programmes with interactive techniques such as role play, puppetry, drama and diaries implemented with the collaboration of professionals from social services and professionals from the projects Care and Expand. These workshops target parents, students, teachers and other population groups to raise awareness and prevent and effectively manage the phenomenon of violence. More than 4000 students, teachers and parents participated in the programme. The project Friendly Schools for All is about an intervention in schools aimed at creating a group of students as positive messengers. Through interactive training on conflict management, they take up an active advisory role in the school community. About 130 students from primary and secondary schools were trained in this programme. Implementation of the first Interactive Student Conference “My strength is my voice... I break the cycle of violence” where through the active participation of students, teachers, parents and mental health professionals, the city becomes a shield for the prevention and treatment of violence. The conference was attended by over 600 students, parents and teachers and health and welfare professionals. This is a multidimensional awareness-raising project in the local community that comes to fill the gap of the central government. Through cross-sectoral cooperation, utilization of human resources, without financial costs, anti-violence cells are created throughout the city. More than 60 experiential actions were implemented in schools and other structures, with more than 5000 beneficiaries, and a protective shield against violence was created since almost all school units (40) of the Municipality participated. The aim of the Municipality is to empower the population by intervening in the factors that affect health. Through

a network of prevention and treatment of violence at multiple levels, contributions are made to the creation of an inclusive, cohesive, peaceful and friendly city for all.

Abstract 48, Germany

(AP 1.6.3) Climate change and heat: implementation of the climate change action plan of the City of Frankfurt am Main to support climate-resilient urban development

Anette Christ, Antje Sauer, Katrin Steul, Ursel Heudorf, Peter Tinnemann & Hans-Georg Dannert

Cities are facing major challenges due to climate change. Extreme weather events such as heat waves are becoming a significant problem for human health. Heat can affect people's overall physical and cognitive performance and well-being. Vulnerable groups are often those most affected and include older people, people living alone, those with pre-existing conditions, children, pregnant women and people who cannot protect themselves sufficiently. This highlights the need for evidence-based measures and strategies to implement heat protection. Since 2003, heat-waves have significantly increased mortality and morbidity, and the Frankfurt Public Health Authority is increasingly concerned about heat-related health problems in the Frankfurt metropolitan area. Based on municipal data, the City of Frankfurt, in cooperation with the German Weather Service, has developed various information, warning and surveillance systems to protect the city's population from extreme heat. These systems serve as evidence for the recent development of an all-encompassing climate change action plan. Temperature data are provided by the Hessian State Agency for Nature Conservation, Environment and Geology, and mortality data are provided by the Hessian State Office of Public Health. The registration of hospital admissions by the ambulance service provided an overview of admissions for heat-associated illnesses (morbidity analysis). Statistical analyses were executed using SPSS, and bivariate correlations were estimated using Spearman's ratio. The resulting data formed the basis for the conceptual development and implementation of a package of measures in the context of the action plan. Heat monitoring data indicate that overall mortality and hospital admissions increase on heat-wave days with temperatures exceeding 32°C. People 80 years and older are most severely affected by heat. Based on these findings, the Health Department introduced an initiative to create an overarching heat action plan for the City of Frankfurt. Most recently, heat action planning measures were compiled under the umbrella term action plan. The key objectives of the action plan are to protect the public, sensitive facilities, critical infrastructure, and nature from the acute impacts of climate change. Among other things, the following protection measures are included: information events to raise awareness among the population, advice for sensitive facilities such as schools, retirement homes and nursing homes, the installation of public drinking fountains provided by the Municipality, and the shading of public places. A long-term goal is to develop a climate communication strategy for the City of Frankfurt that will make it possible to raise awareness among vulnerable groups in their living environments at the municipal level through training and a buddy system. The action plan's protection and adaptation measures are designed to protect the urban population from extreme heat. Prospectively, it will be important to analyse the effectiveness of the measures, mainly regarding the health of the population of Frankfurt. Ideally, recommendations for action should be derived that can also be applied in other cities.

Abstract 6, Valongo, Portugal

(AP 1.6.4) The Market – can a local policy change eating behaviour?

Elisa Santos, Helena Oliveira & Marcelo Vieira

Valongo has about 100 000 inhabitants and a prevalence of overweight and obesity of 40% for both sexes according to health service data. A study conducted during the 2017/2018 school year on the municipality's school population 6–10 years old revealed that 38% of the assessed children were overweight or obese. Obesity and overweight are priorities of the Municipal Health Plan 2019–2025, and interventions are being implemented to promote healthy lifestyles, such as adopting the Mediterranean diet and increasing the consumption of fruits and vegetables. The Market is a municipal initiative to increase the consumption of locally sourced seasonal fresh food while simultaneously addressing price barriers for disadvantaged people. Every week, two baskets of fresh foods are posted online. These baskets contain basic, affordable products that support a healthy diet. Also included are suggestions on how to cook the food. The baskets are publicized on social media, ordered online and picked up at strategic points after working hours. This project is the result of a partnership between the Cooperative of Local Agricultural Producers, which is responsible for the sales and logistics, and the Municipality, which provides the dissemination and monitoring of the project and the production of the culinary suggestions. The project started in November 2020, and since February 2023, the Municipality has co-financed the basket's price. Adherence, preferences and behaviour change are evaluated through a survey at six-month intervals. The data collected include information related to sociodemographic factors, lifestyle, dietary intake, physical activity, shopping and environmental protection. After two years of implementation, the consumption of vegetables increased for 39% of the respondents and food diversification increased for 46% of the respondents. At least 1699 people ordered the basket at least once. On average, 600 baskets per month were sold in 2022. The co-financing of the basket resulted in a 40% increase in the number of clients during the first eight months of 2023, with a 200% rise in baskets sold compared with 2022. About 50% of the households that have participated in the project have at least one child or teenager younger than 18 years. In addition, the data indicate a change in the sociodemographic profile of clients and now include households with lower levels of education and higher economic vulnerability. This finding suggests that the project has achieved greater equity in providing access to basic goods. Findings from the second year of the project onwards show that the most effective form of marketing for the project is through recommendations from family and friends. This assessment demonstrates the quality of the products and the suitability of the project. The Market is a municipal health policy that aims to improve equity in access to healthy and sustainable food. The project has shown positive results and potential for replication. In the long term, adherence to the project by a population with lower literacy and economic vulnerability may contribute to improving the population's health. Changing eating habits in households with children and adolescents may help to amplify the effects in future generations.

Thursday 23 November 2023

Parallel sessions – block 2: 13:00–14:30

Abstract presentations 2.1. Learning from experience: fostering resilient cities in the face of emergencies

Abstract 29, Türkiye

(AP 2.1.1) Sectoral priorities for urban resistance after the earthquake in Türkiye

Nalan Fidan

Coordinator, Turkish Healthy Cities Association and Coordinator, Bursa Healthy Cities

The surge in the occurrence of natural disasters in recent years is associated with an increase in loss and damage, which negatively affects the lives of those impacted. In Türkiye, the incidence and severity of disasters has increased. As a result, the focus of disaster management practices has shifted from response-based practices to risk reduction and risk management. The earthquake experienced by Türkiye in February 2023 affected all of Türkiye, beyond the earthquake area. Building upon a One Health, One Planet, One Society approach, urban resilience became a priority for the Turkish Healthy Cities Association. To support this priority, the need was determined to further investigate what is required to develop disaster-resistant cities in cities affected both directly, and indirectly by earthquakes. As part of the investigative and efforts, the Turkish Healthy Cities Association visited the earthquake effected area and identified problems and needs. The main aim of the Turkish Healthy Cities Association was to provide aid and support to all those suffering. One of the first actions taken by the Turkish Healthy Cities Association was to establish a disaster coordination centre with associated container cities. The Turkish Healthy Cities Association team was assigned to the disaster coordination centre. Just hours after the earthquake, the Turkish Healthy Cities Association held an emergency meeting with members of its Advisory Board to receive guidance on how to proceed. The Advisory Board consisted of scientists and academics from different universities from the disciplines of public health, city planning, environment, architecture, landscape architecture, ecology, disaster risk management, communication and international relations. The next steps included sharing the following guides with Turkish Healthy Cities Association member municipalities: disaster communication management guide, environmental effects of the earthquake, early recovery guide for disasters, and the ecological improvements guide. In addition, meetings were held with project coordinators from Turkish Healthy Cities Association member municipalities on providing urban resilience after the earthquake to develop a roadmap on how to further address the disaster. Preparing cities for future disasters is critical since resilient cities form the basis of a healthy city. Through its experience, the Turkish Healthy Cities Association learned that to support cities to be resilient, there must be an understanding of the purpose and importance of post-disaster recovery, principles of disaster management planning, the importance of keeping plans simple and flexible and the need to have those responsible for implementing the plan engaged in its development. Further, it was recognized that disaster recovery is a process that includes physical, institutional, social and economic activities. These activities must meet the needs of people affected by disasters, support these people to return to normal life as soon as possible, improve the likelihood that people are able to cope with the disaster and create a safer environment that will prevent further harm. Additionally, disaster response practices should be based on the recognition that disaster can bring opportunity, such as strengthening the spatial or physical environments affected by disasters, improving risk reduction through activities that will create safer living environments, creating sustainable urbanization and resilient cities and planning for green spaces that can have a positive impact on climate change.

Abstract 39, Netherlands (Kingdom of the)

(AP 2.1.2) Barriers and drivers towards uptake: acceptance and adherence to COVID-19 public health and social measures among underserved groups in the Netherlands (Kingdom of the)

Valérie Eijrond, Nora Bünemann & Anja Schreijer

Pandemic and Disaster Preparedness Center, Delft, Netherlands (Kingdom of the)

The disease burden of COVID-19 infection, morbidity and mortality was unevenly distributed across population subgroups, suggesting that a one-size-fits-all approach may not reach all population groups. Identifying barriers and drivers that influence behaviour towards COVID-19 public health and social measures is an important step when designing tailored interventions. Using the WHO Tailoring Health Programmes approach, a situation analysis was performed. The objectives of the analysis were to identify population subgroups, obtain an overview of barriers and drivers to COVID-19 public health and social measures among subgroups and support interventions and research initiated in the Netherlands (Kingdom of the). A literature scan was conducted along with interviews and meetings with experts. Results were categorized according to the capability, opportunity and motivation to understand COVID-19 public health and social measures behaviour. Various population subgroups were investigated, such as older migrant communities, to determine the barriers and drivers for uptake and adherence to COVID-19 public health and social measures. The results showed that the barriers included language barriers, mis- and disinformation and distrust. The drivers included the need to protect others and oneself. Network ties were demonstrated to play a role as a barrier and driver. Overall, 45 interventions and research projects were identified, with several revealing the importance of involving key figures. A lack of monitoring and evaluation of interventions during the pandemic was acknowledged by experts. This situation analysis reveals that knowledge of the most prevalent barriers and drivers between underserved groups and how to address them with targeted, cost-effective interventions is lacking. Given the results of this project, the aim is to develop new or improved interventions that address behaviour towards public health and social measures among priority population groups that are informed by evidence-based, behavioural insights.

Abstract 77, Reus, Spain

(AP 2.1.3) Spatial distribution of the COVID-19 cases in Reus and estimating the risk at the small-area level

Pau Gallés, Albert Espelt, Marc Marí Dell'olmo & Cándido Álvarez

Reus is a medium city of 106 000 inhabitants located in Catalonia, Spain, 100 km south of Barcelona. Together with the City of Tarragona, Reus is part of the second metropolitan area of Catalonia. Reus has 61 neighbourhoods with a very dense city centre. Geographical information systems are a mainstream tool used in outbreak investigations. During the first stages of the COVID-19 pandemic, the Public Health Department of Reus, as a local health authority, built up a geographical information system for COVID-19 from the reported cases of the primary health care centres of the city. The objectives were to observe the spatial distribution of the cumulative incidence by sex for each neighbourhood of the city between September 2020 and August 2021 and the estimated risk at the small-area level (neighbourhood) and the comparison between epidemic waves. An ecological cross-sectional study was conducted. The COVID-19 cases reported in the primary health care centres of Reus were the study population from September 2020 until August 2021. The geocoding was automatic for Reus with manual revision using the city official cartography. The dependent variable is the cumulative incidence by neighbourhood and the independent ones are the age and sex of the cases. The standard incidence ratio (SIR) was calculated for

each neighbourhood by the epidemic waves (from second to fifth), the relative risk (RR) (that is, the smoothed SIR) and the posterior probability using hierarchical Bayesian models. 10 097 cases were reported, with a geocoding success of 95% (9642 cases). The mean age of the cases was 37 years (standard deviation ± 21), and 4899 cases were women (53%). The spatial distribution of the COVID-19 cases by neighbourhoods showed an unequal distribution, probably related to the social determinants of health, with those with a higher socioeconomic deprivation level having a higher cumulative incidence. Consequently, the SIR and RR (or smoothed SIR) showed the same scenario throughout the epidemic waves considered (from second to fifth). The third wave was an exception because affluent neighbourhoods also had high RR. The cumulative incidence and SIR also showed some high outlier values because of the dependence of the low population in some peripheral neighbourhoods. This effect has been smoothed by using the Bayesian models. Also, using probabilities from the Bayesian methods is an easier way to understand the risk and therefore to much more effectively communicate with the general public in emergency situations. The findings include that spatial distribution of COVID-19 is unequal and associated with the social determinants of health. More research on social health inequalities at the small-area level is needed. In addition, it is very important to consider people unduly registered and understand the role of the population mobility within neighbourhoods in the city and the surrounding cities and their causes (work, leisure etc.) to prevent infection and to minimize study bias to strengthen cities to face emergencies.

Abstract 117, Kuopio, Finland

(AP 2.1.4) Urban planning for better-prepared, pandemic-resilient and healthy cities

Emilia Rönkkö, Helka-Liisa Hentilä, Aale Luusua, Eevi Juuti & Piia Markkanen

As the world is muddling through a permacrisis that stretches beyond the COVID-19 pandemic, climate change, biodiversity loss and geopolitical insecurity, cities must invest in strategic foresight and informed preparedness for making long-term solutions for resilient and healthier cities. Thus, transdisciplinary and integrative policies across government, society and science that promote social justice and planetary health are urgently needed. Even though health is considered an important element of urban resilience and sustainable urban development, it is continually challenged by rapid, uncontrolled and unhealthy urbanization patterns. Despite many previous and recent pandemic outbreaks in cities, consideration of infectious disease prevention in urban planning has largely been neglected. An improved urban planning and evaluation framework is needed that captures the urban diversity of the settings in which we live and what we are exposed to (pathogenic and salutogenic view). To address this gap, the RECIPE research project (Resistant Cities: Urban Planning as Means of Pandemic Prevention) funded by the Strategic Research Council of the Academy of Finland explores pathways to pandemic-proof and resilient cities. It specifically focused on the role of evidence-based urban planning strategies in anticipating and preventing pandemic outbreaks and generally creating health-supportive living environments. Since these problems are complex and systemic in nature, no single measure, discipline or policy domain alone can resolve them. The RECIPE project fosters a comprehensive, interdisciplinary and systemic approach, combining expertise from the fields of environmental research, environmental health, history, information studies, public health and urban planning. Methods and materials include vegetation-based field data and biodiversity data from soil samples, cohorts and registry data on population health factors compiled as georeferenced data sets, historical archive data on previous pandemics, public participation geographical information system questionnaires on citizens' perceptions of preferred green space types for daily activity, interviews with city officers and co-designed workshops that engage citizens, small and medium-sized enterprises, planners and health professionals, institutions and decision makers in five Finnish cities. A social-ecological systems approach and One Health perspective are considered fundamental

frameworks of the study. This means that the primary goal of urban planning is thereby negotiating the boundaries between humans, animals and the environment and finding a sustainable ground for appreciative coexistence. The results will provide new scientific knowledge on the interconnections between the built environment, physical activity and biodiversity and immunological health. Additionally, the project deepens societal understanding of governance and knowledge structures fostering the implementation of the urban health perspective in decision-making, research and practical work, develops innovative tools and methods for resistant, resilient and responsive urban planning and encourages cross-sectoral discussions and integrative policies between the technical and health sectors. If one urban planning recipe were to be given to cities, it is to seek mutually beneficial solutions that contribute to urban resilience and provide co-benefits for planetary health.

Abstract presentations 2.2. Leaving no one behind: advancing health in a digital era

Abstract 42, Łódź, Poland

(AP 2.2.1) Microgrants for seniors as a tool to reduce social and digital exclusion of older people

Iwona Iwanicka & Katarzyna Jarosińska

Łódź is the most rapidly ageing city in Poland, with almost 200 000 residents who are 60 years or older, accounting for 29% of the city's population. Developing projects to support older people is a priority of the Integrated Development Strategy for Łódź 2030+ and the Health Policy for the City of Łódź 2030+. Increasing digital advances from which older people can often feel excluded is a motivation for city authorities to implement projects for older people with an aim to reduce isolation and social exclusion and the associated negative health consequences. Microgrants for seniors is an example of one of these projects. With financial support from the City of Łódź, this project motivates older people to participate in activities that will enable them to enjoy mental and physical health for as long as possible. Through an application process, microgrants for seniors provides non-refundable financial support of up to PLN 5000 (about €1100) for activities dedicated to people 60 years or older. NGOs and informal groups are eligible to apply for the funding. Examples of the categories of projects that have been funded include promoting volunteering, raising awareness about the needs of older people, educating about health and digital skills, promoting intergenerational activities and supporting mental and physical health. 80 projects were implemented throughout four cycles of funding from 2017 to 2022, with about 1700 people participating both directly and indirectly. Examples of the implemented projects include: Full of Grace contemporary dance classes for older people, intergenerational sewing classes for high school students and older people, therapeutic meetings on coping with bereavement, climbing lessons for older people, bridge tournaments, tree planting and numerous art, health and digital skills workshops. Microgrants for seniors have received a lot of interest from Łódź residents. The funds available from the City financed one third of the projects submitted. The interest in the microgrants demonstrates that this form of support from the City can support social inclusion and reduce isolation for older people.

Abstract 79, Cork, Ireland

(AP 2.2.2) Ireland's first sexual health network – supporting communities and professionals

Martin Davoren, Ailsa Spindler, Kate Moynihan, Mary Crilly, Margo Noonan, Aileen Harte, Elizabeth Murphy, Daniel Quealey, Martin Davoren, Olga Jackson, Catherine D'arcy Walsh, Peter Barrett, Michael Hanrahan, Catherine Byrne, Geraldine Gannon, Triona Healy, Caroline Doyle & Sarah Hickey

In 2018, eight sexual health charities and organizations in Cork launched a joint network: the Sexual Health Network. The participating organizations include the Sexual Health Centre, GUM/STI clinic,

Youth Health Service, Gay Project, LINC, Sexual Violence Centre Cork, Sexual Assault Treatment Unit and Cork HIV Treatment Clinic. In 2019, the Sexual Health Network expanded to include HSE Health Promotion and Improvement (Area D) and Public Health Area D (Cork & Kerry) and the Union of Students in Ireland. In 2022, the Sexual Health Network expanded to include the pre-exposure prophylaxis (PrEP) clinic and welfare officers from Cork-based third-level institutions. In 2023, community work departments from the Health Service Executive and clinical members from local third-level institutions joined. The Sexual Health Network is a subcommittee of Cork Healthy Cities. The healthy cities forum provides an avenue for reporting, advocating and delivering on sexual health needs within the community. The Sexual Health 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 well-being in southern Ireland. Since its inception, the Sexual Health Network has delivered many outputs, including: the launch of a website and a public campaign to promote it (March 2019); a conference on sexual health, well-being and Internet safety with more than 200 participants (February 2020); a public campaign on sexual health facts (January 2021); and a website review, sexual health resource development and social marketing campaign (September 2023). Ongoing deliverables of the Sexual Health Network include maintenance of promotional material and joint training and a second conference on sexual health planned to take place in spring 2024. The website reported 20 000 unique visits in the first two years of delivery. The Sexual Health Network has expanded to cover southern Ireland and now signposts individual service needs, delivers professional training opportunities and shares knowledge and insight between agencies to better support southern Ireland in relation to sexual health. Sexual health is an activity of daily living and an aspect of each person's life. Supporting it effectively enhances communities and fosters inclusion.

Abstract 93, Finland

(AP 2.2.3) National concept for well-being and health promotion – developing operating models and digital solutions

Tasala Tanja, Hakamäki Pia & Savolainen Nella
Finnish Institute for Health and Welfare

The national concept for well-being and health promotion describes guidelines that enable residents and professionals in the well-being services counties to easily find services and activities for health promotion. The municipalities, NGOs and the well-being services counties are together responsible for promoting well-being, work and functional ability, health and the participation of the adult population. The ongoing project has started the development of operating models, digital solutions, services, and activities that support well-being and health promotion approaches in Finland (2022–2025, Next Generation EU). The aim is that activities that support well-being are easy to find regardless of the place of residence. The goal is that customer and service guidance for services that promote well-being and health will improve in all 22 well-being services counties. These services are multidisciplinary, including social and health-care services as well as cultural, sports and nature-related services. There is a need to develop new operating models and digital solutions for well-being and health promotion. All Finland's well-being services counties should start implementing operating models and digital solutions by the end of 2024. Together with municipalities, NGOs and national actors, the participants of the project are defining the well-being and health promotion activities and services in their counties. The evaluation of the process and development of the new digital solutions started in 2023. The progress of the project is being evaluated regularly. The Finnish Institute for Health and Welfare monitors the progress through surveys sent to each area. The Finnish Healthy Cities Network has played an important role during the

development and research work. The evaluation monitors the development work in well-being services counties. A survey was sent to each well-being services county in summer 2023. According to the results of the survey, development work has started in all counties, and a wide range of actors from the areas of nature, sports and culture are involved. Customer and service guidance for services that promote health and well-being is not yet systematic. The development of digital service platforms has started in all counties. Referrals are being developed in all counties. In the Finnish Service Catalogue, the initial situation is more than 5000 service descriptions that fit the minimum criteria of the concept. There is a need for easy access to services and activities that support well-being and health promotion approaches. Using evaluation data, it is possible to support the development of customer and service guidance for services to promote health and prevent disease in regions.

Abstract 99, Spain

(AP 2.2.4) Innovative solutions for loneliness among teenagers and young adults: a community project in Madrid

Elena Díaz Zubiaur, Alba Moreno Alba, Javier Calatrava Sánchez & Elisa Lillo López

The 2021 Health Survey of the City of Madrid estimated that 19% of people 15–29 years old feel lonely frequently. Loneliness manifests itself at all ages, with a special incidence among women, and unequally in the 21 districts of Madrid, where the average rate of loneliness is 14%. The sustained absence of connections increases the risks of worsening physical and mental health and quality of life. The Subdirector General for Prevention and Health Promotion of Madrid Salud is developing a Strategic Project for the Prevention of Loneliness through its 16 municipal community health centres in the 21 districts of Madrid. The Project, aimed at the general population of Madrid (3.3 million inhabitants), promotes interpersonal links in neighbourhoods and well-being under the paradigm of social determinants of health at the community level. Despite the wide range of activities offered, we found that teenagers and young people did not have the expected access according to the prevalence of loneliness in this age group. With the aim of improving the engagement of teenagers and young adults, Madrid Salud collaborated in designing a pilot project focused on identifying innovative solutions for loneliness. A participatory action research approach based on design thinking was used that combined face-to-face and online sessions from April to June 2023. The project was led by the Directorate General of Citizen Participation and involved practitioners and key informants from the city government, public universities and researchers as well as teenagers and young people. The sessions were led by a social innovation company. As a result, a proposal was built based on creating a community that would enable teenagers and young people to transition from a safe virtual environment to a face-to-face one using their language and communication channels. This encourages them to lead the change towards well-being, accompanied by sensitized professionals. The design contemplates giving priority to people experiencing greater social vulnerability. To guarantee its development, alliances will be established with the main actors of the municipal government within the Social Council of the City. It is expected that this proposal, together with the actions already initiated by the Madrid Salud Strategic Project for the Prevention of Loneliness through its network of municipal community health centres in coordination with the rest of the collaborating public and private entities, will address the identified factors and improve access and adherence of adolescents and young people to activities to prevent loneliness. Once the proposal is implemented, the adjust–plan–do cycle will continue to make Madrid a healthier city.

Abstract 17, Rijeka, Croatia

(AP 2.2.5) Strit.Fitness – fitness for free (with the help of information technology)

Jadran Mandekic & Kristina Dankic

Within the framework of the Youth Programme of the City of Rijeka 2018 - 2022, a portal called stRIt.fitness was developed to encourage young people to engage in regular physical activity in various public spaces. The project was started at the initiative of young people who participated in the development of the programme. Promotion of physical activity in public spaces is one of the key priorities of Rijeka's Health Development Plan 2019 – 2024. A research project indicated that 70% of young people do not engage in regular physical activity. They most often cite lack of time, lack of money or giving priority to other interests as reasons for their lack of physical activity. The stRIt.fitness project was designed considering existing resources, as well as young people's inclination towards digital technologies, but also all the barriers that prevent them from exercising regularly. The website stRIt.fitness promotes easily accessible physical activity for everyone on 22 outdoor public exercise grounds that the City of Rijeka has been systematically equipping for the last 10 years. The exercise grounds are open 24/7 and can be used for free. A total of about a hundred exercise machines have been installed. On each device there is a sticker with a QR code that leads to a specific page on the website where you can watch a video with a demonstration of the correct performance of the exercises. The website also includes a training plan for each location. For those who have a problem with motivation, a sports psychologist can be contacted through the website. The website was launched in September of 2021, and by the end of that year more than 6,000 visits were recorded. The mid-to-long-term impact of the website is yet to be evaluated. Modern technologies can be utilised to reduce real and perceived barriers that prevent young people, and other citizens, from engaging in regular physical activity, and can make it easier for them to engage in regular and proper exercise, with the aim of long-term health protection.

Abstract presentations 2.3. One Health, one future: moving towards planetary well-being

Abstract 112, Türkiye

(AP 2.3.1) Interdisciplinary sectoral view of One Health awareness

Dilara Şahin¹, Aylin Sönmez Gün² & Emine Didem Evcı Kiraz^{1,3}

¹Aydın Adnan Menderes University, Faculty of Medicine, Public Health Department, Türkiye

²İğdır Provincial Health Directorate, Türkiye

³Adviser of Turkish Healthy Cities Association, Türkiye

The One Health approach has gained prominence to better understand the health problems of today. This approach promotes collaborative efforts among multiple disciplines working at the local, national and global levels to achieve health for humans, animals and our environment. This study aims to reveal the level of awareness of One Health among research assistants from various disciplines, such as the Faculty of Medicine, Faculty of Veterinary Medicine, Faculty of Nursing, Faculty of Dentistry, Faculty of Health Sciences, Faculty of Science – Department of Biology and Faculty of Agriculture. The research method is cross-sectional descriptive. The participants comprised research assistants from the mentioned faculties. The data collection form was revised based on the questionnaire form of the thesis study entitled *Determination of Awareness Levels and Approaches of Medical and Veterinary Doctors Regarding the One Health Concept* conducted in 2020, and it was sent to six experts in the field of One Health. Feedback was obtained from three experts, and the data collection form was improved according to their suggestions. The final version of the form was sent to the study participants via email. 76 individuals

participated: 71% ($n = 54$) were women and 29% ($n = 22$) were men, with an average age of 32 years for the entire group. The majority (83%) worked in medicine, 5% ($n = 4$) in nursing, 3% ($n = 2$) in veterinary medicine, 3% ($n = 2$) in dentistry, 3% ($n = 2$) in the health sciences, 3% ($n = 2$) in the natural sciences and 1% ($n = 1$) in agricultural faculties. When participants were asked whether they were familiar with the concept of One Health, 63% ($n = 48$) said “I have never heard of it,” 16% ($n = 12$) said “I know the meaning of the concept,” 12% ($n = 9$) said “I have heard of it before” and 9% ($n = 7$) said, “I am knowledgeable about the subject.” Those who had never received any education on One Health accounted for 79% ($n = 60$) of the participants. When asked whether they had incorporated the One Health approach into their professional practices and/or educational processes, 68% ($n = 52$) of the participants said they had never thought about it, 22% ($n = 17$) said they had never incorporated it, 4% ($n = 3$) said they had rarely incorporated it and 5% ($n = 4$) said they had frequently incorporated it. Statistically significant differences were observed in terms of knowing the One Health concept based on the discipline in which participants worked. 68% of those working in medicine reported “never having heard of the One Health concept” versus 38% for other disciplines. Observations include that research assistants in academic disciplines have a low level of knowledge and education regarding One Health. However, academia is one of the most suitable environments for developing and implementing this approach.

Abstract 142, Cork, Ireland

(AP 2.3.2) Togher Community Garden – a One Health approach in an urban setting

Maria Young

One Health is a cross-disciplinary approach to improve human health at the interface between humans, animals and the environment. Togher Community Garden is a newly established garden (October 2021) in a southside suburb of Cork City that takes a holistic One Health approach at the community level. Animals, humans and nature have from the beginning been equally supported. The garden development incorporates insider nature for the garden’s development and personal development. Many of the environmental problems confronting humanity today are related to modern industrial agriculture, with large-scale cultivation of monocultures using heavy machinery and agricultural chemicals. Togher Community Garden has a permaculture design. Permaculture is a design system based on design principles and a framework for the methods of ecosystem mimicry and complex system optimization. It emphasizes a conscious design of agroecosystems. Earth care, people care and fair share are the three ethics of permaculture that are adapted in Togher Community Garden. Earth care means regenerating the natural capital around us – soil, forests, clean air and water and biodiversity. People care – physical, emotional, spiritual – yourself, your family, community, culture and humanity. Fair share of surpluses and limits to consumption, equality, peaceful cohabitation and creating abundance within a finite environment. Togher Community Garden contains the following elements:

- Soil and water – improves understanding of the benefit of good soil and how to regenerate it with an immersion of hands safely in the earth connecting with something fundamental to our health.
- A pond (excellent carbon sink) – was developed and dug manually by over 50 volunteers focusing on a cultural memory (*meitheal* – an Irish word to describe how neighbours come together to achieve a task) while developing community in creating a physical structure.
- Plants – investing in the full cycle from seed, to harvesting, consumption and waste enables the relationship with food to change.
- Outdoor classroom – a variety of outdoor educational events have taken place, including cookery workshops, seed saving, foraging, the biodiversity blitz and global and local citizenship classes and volunteers at the garden developing a cookbook.

Working with and for nature enriches the experience and abates for a time the sadness over the fate of the natural world. This space, once empty, is now full of voice and story. Story is the most important thing! The story of us, each one of us, our time, this world, this river, this place, this nature.

Abstract 143, Amaroussion, Greece

(AP 2.3.3) Empowering communities for healthier environments: the SOCIO-BEE project's innovative approach to monitoring air pollution through citizen engagement

Melina Vassiliadou

In an era of rapid urbanization and rising industrialization, innovative approaches to safeguard public health and tackle environmental threats have become of paramount importance for urban areas. The SOCIO-BEE project, embracing the One Health perspective, aims to leverage citizen engagement and community-driven solutions in addressing one of the most severe environmental issues in cities – air pollution. At the core of SOCIO-BEE lies a multi-layered approach that blends cutting-edge technologies, social innovation, citizen science and emerging methods into a dynamic, interactive online platform. The project aims to cultivate a deeper understanding of air pollution problems and the impact on public health and the environment while cultivating sustainable behavioural change by encouraging active citizen participation in measuring air quality. The metaphor of the beehive serves as a powerful storytelling for SOCIO-BEE, in which citizens play various roles, including queen bees, worker bees and drone bees, each contributing to the collective effort of collecting air pollution data, which is the honey. The main technological achievements of SOCIO-BEE project so far include prototype wearable air quality sensor nodes embedding PM_{2.5}, NO₂, O₃, thermal and humidity sensors, the online academic platform for co-designing citizen science campaigns and monitoring volunteers' activities and experimental results and the mobile application empowering citizens to collect real-time air quality data alongside with their interoperability. These technological components together with engagement strategies comprise the SOCIO-BEE toolkit, fostering a participatory approach that encourages citizens to take an active role in creating and executing air pollution monitoring campaigns in areas and regions of their interest. Further, the SOCIO-BEE toolkit has been tested and implemented during the first pilot iteration in the three pilot cities of the project: Amaroussion (Athens), Greece, Ancona, Italy and Zaragoza, Spain. The target population groups of the three pilots were respectively commuters, older people and young people. For Amaroussion, the first results encompass the successful creation of four beehives, the enrolment of 25 unique bees, the co-creation of 13 experimental campaigns and the collection of 483 air quality measurements acquired over a period of 1.5 months. Given the well-known challenges of involving citizens in such projects, the participation of the bees in pilot 1 exceeded expectations, exhibiting an unexpectedly high degree of commitment and enthusiasm. The synergy between the wearable sensor nodes, the online web platform and the mobile app was demonstrated, proving that the SOCIO-BEE technological foundation was functioning properly, regardless of some technical issues, which are currently being addressed for the upcoming second pilot iteration. In conclusion, the SOCIO-BEE project is not only advancing urban air quality monitoring but also empowering communities to take an active role in environmental stewardship, fostering a path towards healthier, more sustainable cities and a harmonious coexistence of humans, animals and ecosystems.

Abstract 144, Lyon, France

(AP 2.3.4) One Health 4 Cities: cities in action for human, animal and environmental health

Marlène Dussauge

The One Health 4 Cities network aims to promote the integration of the One Health approach into urban policy strategies and projects. With partners from Finland, France, Germany, Greece, Portugal, Romania and Spain, the intention is to develop tools that will enable decision-makers and operational teams to increase the positive impact of urban public policies on the well-being and health of people, animals, and the environment. The project will run from June 2023 to December 2025. The City of Lyon is the lead partner of the One Health 4 Cities network: it is responsible for coordinating the activities of the partners and for the results and products of the network. The Lyon One Health policy aims to develop research, comprehensive public actions and advocacy to increase the interest and engagement of the local administration, partners, stakeholders and the population into the One Health approach. This strategy also aims to promote this approach as a key element of future local public policies. To achieve such a goal, it is essential to provide policy-makers and technical teams with guidance, methods and tools that have been tested and proven effective. The EU's URBACT programme has been identified as a great opportunity to achieve the necessary milestones in the production of resources to promote and apply this integrated approach in urban areas. The programme provides the framework within which such a set of documents can be produced: There is a two-year period to test, learn, share and exchange with all nine partners to find the best way to implement One Health in all policies and projects in urban areas. The project is being implemented through a network of nine cities in Europe, representing a variety of European urban areas: different sizes, different levels of development and different countries. Having this panel of cities will enable us to produce resources that can be applied to any kind of urban area. For two years, within the URBACT framed method and programme, the nine cities of the network will gather technical teams, decision-makers, experts in different fields (sociologists, veterinarians, environmental scientists and doctors) to design and test methods and tools to integrate the One Health approach within their cities' political strategies and project. Cities identify a policy challenge they want to address at the local level and commit to develop a long-term integrated action plan. Each city will test and experiment with small-scale actions within the project duration to address this challenge using a participatory approach. Cities will work on different themes and policies to identify how to integrate One Health into public policies: the themes will be diverse and include sport and education projects and urban planning. The network will structure an organized process of exchange and learning among peers within the network cities. In December 2025, lessons learned from various experiments will be shared along with a formalized set of tools and methods.

Abstract 154, Germany

(AP 2.3.5) The investment case for One Health: a scoping review

Sinaia Netanyahu

Measuring the efficacy of the One Health approach has been the goal of recent efforts to move theory and qualitative evidence of beneficial impact into objective evidence and best practices. Since many actors still do not independently implement One Health approaches and interventions, it is important to have proven evidence of the economic benefit of the One Health approach to encourage and optimize future investments. Economic arguments are often powerful in stimulating investments, especially if the investments needed are substantial. The implementation of the One Health approach entails tackling diverse and complex sets of considerations, sectors, disciplines, interventions and consequences. The aim of this review is to identify and analyse available evidence in the economics of One Health. Specifically,

the work presents (1) estimates of the costs of inaction and the economic burden of not applying the One Health approach; (2) estimates of the costs of actions and financial resource allocation of applying the One Health approach; and (3) the impact of applying the One Health approach in terms of health improvement and social and economic benefits. The study used relevant keywords such as “One Health”, “One Health approach”, “zoonoses” and others to search for relevant studies: trials, meta-analyses and systematic reviews in selected academic databases. Sources of budget data were identified, and the data collected were integrated into a large database. The data were disaggregated by disease and by type of service (animal, human and wildlife health services). The scoping review found clear evidence of the benefits of One Health in terms of the number of human and animal lives saved and financial savings resulting from close cooperation among sectors across a range of hazards and operational functions. Nevertheless, no one universal method can capture all aspects of an integrated approach and cross-effects. But in general, the cost of inaction is measured in the monetized losses of people’s health (costs of health care and disability-adjusted life-years and life (disability-adjusted life-years of life-years lost) and compensation for the livestock industry. The effectiveness of implementing One Health is usually estimated using the direct effects, such as the costs of avoided hospitalizations due to zoonoses and avoided compensation for livestock. The costs of inaction on One Health issues are rather high in the WHO European Region. Several dimensions of One Health are associated with a substantial economic burden to the Region: zoonoses, antimicrobial resistance and environmental contamination. Such zoonoses as salmonellosis, brucellosis, rabies and Lyme disease are associated with substantial health-care costs and economic losses due to premature deaths. Clear evidence exists of the benefits of One Health in terms of the number of human and animal lives saved and financial savings resulting from close cooperation among sectors across a range of hazards and operational functions. Implementing the One Health approach provides incremental benefits. However, realizing the full potential of the One Health approach requires substantial efforts and financing across the sectors, which requires strong arguments based on solid methods, including economics.

Abstract presentations 2.4. Power of cities: delivering an inclusive mental health agenda

Abstract 81, Matosinhos, Portugal

(AP 2.4.1) Ativa’mente – programme aimed at promoting mental health in Matosinhos

Carlos Mouta, Lília Pinto, Catarina Pires, Ana Fernandes, Maria João Nascimento & Mariana Ferreira

WHO estimates in 2008 indicated that one in four people will be affected by a mental disorder in their lifetime and 20% of children and adolescents have at least one mental disorder before 18 years. In Portugal, after the COVID-19 pandemic, mental health problems increased: 27% have moderate or severe anxiety, 26% have moderate to severe depression and 25% have burnout. One in five people in Portugal (23%) have a mental disorder, and 43% have a mental disorder in their lifetime (Portugal Mental Health Survey, 2013). The Matosinhos Health Profile and Matosinhos Municipal Health Plan (2019–2021) affirmed mental health as a priority area for intervention, and prevention was seen as the main strategy for action. Therefore, Ativa’mente was created. Ativa’mente has the following objectives: to promote literacy regarding mental health, to reduce stigma concerning mental illness and to promote the adoption of healthy lifestyles. Ativa’mente is for the general community, throughout the life cycle, has several local and national partnerships and aims to make Matosinhos an increasingly healthy city. Ativa’mente has a communication campaign and several events. The campaign includes identity creation, creation and promotion of two social networks, communication through the Municipality’s and partners’ communication channels and advertising (billboards). Events include: Matosinhos Silent Party, sunset talk, quizzes, stand-up comedy show, movie presentation and workshops. It was implemented during

2022, and each month a specific theme was addressed – sleep, bipolar disorder, anxiety, addiction, obsessive-compulsive disorder, schizophrenia, burnout, depression and healthy lifestyles. For each theme, an initiative was created. For example: sleep and burnout quizzes, questionnaires to determine a person’s sleep characteristics and receive feedback and to determine the risk each person has of burnout and the strategies to prevent it; Matosinhos Silent Party, in which people listen to music, played by DJs, with headphones and dance, contributing to reduce anxiety; stand-up comedy show about obsessive-compulsive disorder, making it easier to identify this disorder; and Ativa’mente 360°: brain day workshops aimed at understanding the relationship between brain and happiness and brain and leadership; movie presentation and commentary – *My Thoughts Suddenly Stopped*, a film that aims to reduce the stigma of mental illness; exhibition of Ativa’mente highlights, which included immersive sensory activities; and a talk entitled *We Are All Crazy* with a comedian and psychologists. Ativa’mente results can be translated into the following numbers: 1700 followers on Facebook and 1140 on Instagram, 700 000 interactions on social networks and more than 2900 people involved in the events: 700 participants in Matosinhos Silent Party, 739 participants in the sleep quiz and 845 in the burnout quiz, 350 in Ativa’mente 360°, 155 in the stand-up comedy show, among other events. The results indicate that Ativa’mente is necessary and significant in people’s lives, responds to the needs identified and has made it possible to channel investment into new mental health responses in our community. European Union funding has been secured to continue Ativa’mente until the end of 2025.

Abstract 113, Kaunas, Lithuania

(AP 2.4.2) Implementing measures for reducing the number of suicides in the City of Kaunas

Kristina Navickienė

Suicide is a complex problem that affects many people and is a reminder that it is a problem for the whole society. Lithuania has one of the highest suicide rates in the world. Nevertheless, in the past 10 years, the suicide rate in the country has declined from 37 (2013) to 19 (2022) per 100 000 population, but this is still the highest suicide rate in Europe. The Municipality of Kaunas therefore initiated the development of a suicide prevention model in 2017. Experts and specialists from different institutions had analysed suicide prevention practices, research and case studies of other countries and assessed Kaunas City’s situation. The vision of the Kaunas City suicide prevention model is to reduce the number of suicides and attempted suicides among Kaunas residents through effective and continuous intersectoral cooperation, early identification of suicide risk and timely provision of necessary help. The main goal is to strengthen the system of effective and permanent intersectoral cooperation, to ensure any person living in the City of Kaunas has access to high-quality mental health services and to provide these services to anyone experiencing a mental crisis, who has attempted suicide and/or has a relative who has died by suicide. Since 2018, the Kaunas City suicide prevention model has been successfully implemented to ensure high-quality mental health services for those who have suicidal thoughts, tried to die by suicide or have lost a relative because of suicide. The main activities of the model that has been implemented from 2018 and are planned until the end of 2025 are: monitoring and evaluating the effectiveness of the suicide prevention model; implementing case management services in the City of Kaunas for people in suicide crisis; ensuring urgent psychological assistance to residents free of charge and without prior registration, by organizing the provision of such services in institutions providing mental health services; providing continuous mental health care services that meet the needs of city residents and their families in crisis while organizing psychological support groups; organizing special training for specialists and a community of suicide risk recognition, assessment and assistance provision; public education and introducing residents to a support system via media: showing the availability of social and psychological

assistance, encouraging citizens to seek psychological counselling and sharing real inspiring stories. Since the implementation of the model, the suicide rate has decreased by 36% in the City of Kaunas, from 24.4 (2017) to 15.6 (2021) per 100 000 population. Also, recent studies showed that the model's activities are effective and need to be continued in other municipalities.

Abstract 120, Helsinki, Finland

(AP 2.4.3) Exercise coaching as a path to inclusive mental health agenda

Tiina Gustafsson & Elmeri Vasamies

Improving the physical, social and mental health of upper-secondary students in Helsinki by means of physical activity and exercise was a priority after global turmoil. Physical activity coaches have been part of student welfare services in the City of Helsinki since February 2022. The results have been very promising. Every two years, all Finnish students take part in the School Health Promotion study. In 2021, the study indicated that anxiety and depression symptoms had increased among students. Many students had concerns about the COVID-19 pandemic and other global threats. Several studies show the positive impact that physical activity can have on overall well-being. In addition, physical activity levels decrease drastically when students transition to upper-secondary education. Physical activity and exercise can be a low-threshold way to reach students regardless of their social, economic and cultural backgrounds. In February 2022, student welfare services in Helsinki hired four physical activity coaches who were integrated into upper-secondary schools in Helsinki. The results were so promising that seven more coaches were added to the team a year later. The coaches concentrate on strengthening the communal well-being in schools. They aim to make exercising more accessible and create opportunities for students to be active during school days. They also organize a variety of group activities and help students to become members of organized sports clubs. A vital part of their work is providing individual help to students who need extra support. The physical activity coaches have become valued professionals in student welfare services in addition to school social workers, psychologists and school nurses. Thousands of students have taken part in activities provided by physical activity coaches. Feedback has been collected regularly from the students by using questionnaires, and the results are very promising. The questionnaire includes questions about the approachability, safety, inspiration and meaningfulness of the activities. On a scale of 1 to 5 (5 being the highest grade), the average was 4.60–4.68. A significant 43% of the surveyed students did not exercise regularly at a sports club or a service provided by another actor in the exercise sector. More data about the impact of the physical activity coach model will be analysed in early 2024. A key recommendation from the findings is that physical activity professionals should be acknowledged as part of improving students' overall well-being among health-care and social service professionals.

Abstract 124, Horsens, Denmark

(AP 2.4.4) Senior Cool – from burden to resource

Kristina Rahbek & Ingunn Jacobsen

The 55+ generation is growing fast. In Denmark, the media and debates often refer to the “burden of older people”. The Senior Council in Horsens wants to fight against this approach to ensure a shift in the rationale from imposing a burden to providing resources. With inspiration from a life-course perspective, the Senior Council does not regard seniors as detached from their previous lives. Instead, seniors reflect the life lived and the social and cultural conditions of which every senior has been a part. The well-being of seniors is regarded as a high priority in the Municipality of Horsens, and the Senior Council works

hard to make Senior Cool become the new agenda. The Senior Council consists of nine directly elected members, and elections are held every four years. Members of the Senior Council are elected by direct election, and candidates and voters must be at least 60 years old and have permanent residence in the Municipality of Horsens. The purpose of the Senior Council is to advise the Municipal Council on issues relating to older people and to convey views between citizens and the Municipal Council on local political issues affecting older people, such as leisure facilities, traffic conditions, food service, housing, and social conditions. Horsens Senior Council and the Healthy City Office has been co-creating the 2023 Senior Cool movement. The following are elements of the shared development. (1) Idealism – desire for a new agenda: Senior Cool was very well received by the participants of the Senior Cool activity day in June 2023. 45 NGOs and more than 100 volunteers joined the preparations and the activity day, and 800 seniors participated on the actual day. (2) A life-course perspective: being a senior is a part of a long and active life. (3) Design thinking methods: designing a day focusing on Senior Cool involves those in the target group – the seniors, who thus co-create the whole process. (4) From pre-COVID-19 to post-COVID-19: Senior Cool is about building back better. (5) A new focus evolves new resources: during the Senior Cool preparations and the actual day, everyone could participate. (6) A new strategy for the Senior Council: The Good Life in a Strong Community – Based on the Citizens. Senior Cool provides the co-creative partners of Horsens Healthy City with an important framework. Seniors are contributing to the understanding and focusing on resources gives vulnerable seniors a voice. The movement also creates new alliances and cooperation among the participants of all the activities seen as a part of the movement. To work on a shift in rationale, so that a senior is seen as a positive and not a negative, takes courage and a lot of co-creation between NGOs, the Municipality and the elected Senior Council. It also takes time, with preparations for Senior Cool 2024 already underway a year in advance.

Abstract 125, Cork, Ireland

(AP 2.4.5) Cork as a trauma-sensitive city – becoming trauma aware – developing an interagency eLearning training awareness module for the City of Cork

Judy Cronin¹ & Sandra Cogan-Williamson²

¹Cork Healthy Cities, Department of Public Health, Cork, Ireland; ²Cork Trauma Sensitive City, Cork City Council, Cork Ireland

Trauma and adverse childhood experiences are a harmful and costly public health problem. Addressing trauma requires a multi-agency public health approach that includes public education and awareness. Trauma-informed frontline services are essential, especially for the new shape of society and life after COVID-19. Trauma and adverse childhood experiences significantly affect attainment of the Sustainable Development Goals. Cork City Council established an interagency Trauma Steering Group Forum to progress Cork as the first trauma-sensitive city in Ireland. Cork is the first city in Ireland to have developed and launched a trauma strategy and has developed an eLearning trauma awareness module aimed at organizations and agencies (to include the health sector, municipality, community and voluntary sector, universities, policing, education and the public), ensuring that staff members have an understanding and awareness of trauma. Becoming trauma aware – an introduction to mental trauma – is a 45-minute eLearning module and a first step in raising awareness about the need for organizations to start becoming trauma aware. The module was funded through an interagency approach, and content was co-created by subject area experts with professional expertise in developmental and war trauma. It includes the lived experience of those who have experienced trauma and adversity in their lives and incorporates a mix of animation, video and Irish research. The eLearning module is accessible across two platforms, ensuring the greatest population and organizational setting reach. It is available on the National

Health Service Executive eLearning and Development portal HSELand – the go-to staff training location for health and social services, including funded agencies in Ireland and on the Cork City Council (Municipality) website free to all those who cannot access HSELand, including the public. In the first six months of the module launch, about 3000 had completed the module. In 2023, Cork – a trauma-sensitive city was shortlisted for an All-Ireland Community and Council Best Community Health Project, and the eModule was awarded a National Health Service excellence certificate of commendation for engaging a digital solution. There is a need to ensure that all staff working across public service settings, including health and social services, community and voluntary agencies, local authorities, education and university settings and policing, are trauma aware and that our specialist services and organizations are trauma informed and trauma sensitive.

Abstract presentations 2.5. Thriving together: navigating health in the well-being economy

Abstract 55, Brno, Czechia

(AP 2.5.1) Not to Be Alone: an example of comprehensive support for people with cancer through a community approach in the City Of Brno

Andrea Nováková

The Not to Be Alone project aims to improve the treatment conditions for people with cancer with various diagnoses and of all ages treated in Brno, Czechia. The project was initiated by people with cancer who wanted to share their experiences and support people in a similar situation and was created thanks to the financial support from the Participatory Budget of the City of Brno. The main goal of the project is to help people who have been diagnosed with cancer to cope with the challenges and difficulties associated with the disease. The project is designed to provide them with a space for them to share their fears, worries, joys and sorrows and to facilitate the communication with experts from various fields, such as psychology, social work and law. The project also aims to offer additional services that can improve quality of life, such as skin and hair care – areas that are negatively affected by cancer treatment. The project organizes various forms of physical activity, such as yoga, dance and fitness classes as well as contact workshops on nutrition, lifestyle and psychology and art classes. One of the most remarkable results of the project is the Not to Be Alone calendar, which was created in cooperation with the Department of Participation of the City of Brno. The calendar features 13 faces and 13 stories of women who have overcome cancer. It is a testimony to their courage, resilience and hope. The calendar won first place in the national competition for the Calendar of the Year 2023 – the Public Award with more than 11 000 votes. The Not to Be Alone project was launched in 2020 and reflects the desires of most people who face cancer at some point in their lives. When cancer enters your life, it does not matter how old you are, what your position is or how many close people you have around you. It shatters everything one thought was stable and secure in life previously. At this moment, it is important for people with cancer to know that they are not alone and that they want to be healthy – that is all that matters. Millions of people before have felt the same way, and thousands of people are facing the same problem at the same time. That is why this project was developed with support from the We'll Put You On budget of the Brno City Municipality. Now, more people can be supported and these people will no longer be alone!

Abstract 72, Belfast, Northern Ireland, United Kingdom

(AP 2.5.2) Health literacy in a healthy city

Anne Mccusker

Health literacy goes beyond health education and considers a person's ability to identify relevant health information at a time it is needed, engage with services at the right time in the right way and have the confidence to make shared decisions that affect their health. Adequate health literacy skills enable and empower people to live a healthy life, understand and manage their health and be able to access and appraise health information. Health and other professionals play a critical role in facilitating this. Professionals working across health and social care, those in local government, who administer and deliver services and those in the voluntary and community sectors can help reduce the negative impact of low levels of health literacy by considering health literacy in their communication. Effective communication between people and professionals is associated with improved health outcomes and contributes to higher and more effective levels of engagement, participation and self-management. The consideration of a health-literate approach across organizations includes developing health literacy skills among health and other professionals and is increasingly being recognized as an important element in the delivery of services. According to the most recent European Health Literacy Survey among the populations of eight European countries, nearly 50% of respondents displayed either problematic or inadequate levels of health literacy. In turn, people with limited health literacy frequently: have poorer knowledge about health in general, experience more difficulties in self-managing illnesses and long-term conditions, are less likely to use preventive and screening services and tend to have higher rates of hospitalization. Health literacy is increasingly important in policy development, to support the delivery of the noncommunicable disease agenda and for services delivery during COVID-19. Belfast, as a member of the WHO European Healthy Cities Network, continues to highlight health literacy as a priority within Phase VII. Member States of the WHO European Region adopted the WHO European roadmap for implementation of health literacy initiatives through the life-course in 2019. The WHO European Programme of Work considers health literacy within its four flagship initiatives. The WHO Regional Office for Europe intends to invest in new insights that can help to build a culture of health in which everyone is enabled to make healthy choices in their daily lives and in the way they use health services. In Northern Ireland, the Department of Health highlights health literacy within *Making life better: a whole system strategic framework for public health (2013–2023)* at the local government level by community planning partnerships. A training for trainer's programme was developed to increase awareness of the importance of health literacy communication skills and knowledge among professionals. The training is available on the Belfast Healthy Cities website, with specific modules on written information, spoken information and the wider health context, highlighting the need for sectors beyond health to ensure that they contribute to good health creation in all settings. Health literacy has become paramount for organizations that consider the needs of people receiving information and services that affect their health.

Abstract 83, Haderslev, Denmark

(AP 2.5.3) Strategic investment in preventable home visits and community activities for seniors

Louise Vestring

The number of seniors is increasing, which places a burden on the health-care system. Therefore, it is important to promote health so that seniors can manage on their own without health care. In Denmark, seniors receive preventive home visits at certain ages depending on whether they live alone or have a high risk of having reduced social, mental or physical functional ability. Home visits comprise a statutory task in Denmark that the municipalities can differ in how they give priority. Over the past five years, the

Municipality of Haderslev has significantly increased this preventive task with more resources because of the prevention perspectives among seniors. The priority setting is part of a political strategic investment, since the Municipality faces significant challenges because the group of seniors is growing quickly and the healthcare sector has recruitment problems. In the Municipality of Haderslev, the method for inviting the target group for a preventive home visit has been changed to increase the number of people accepting. Since 2021, the citizens have been offered preventive home visits through letters with dates instead of just an offer of a visit. At home visits, the prevention consultants focus on the senior's well-being and everyday life and provide guidance to increase their empowerment long term. Specifically, vulnerable people are guided to local services such as exercise and services with a more social aim to increase well-being and decrease loneliness. This is done in collaboration with local communities, voluntary organizations and general practitioners. Based on the home visits, the preventive consultants match seniors in local communities by their common interests and needs, such as establishing a weekly walking group for seniors in a residential area. The walking groups were established after a consultant had visited several seniors in a residential area who would like to walk with others locally. One of the seniors accepted to be a walking host, and flyers were distributed locally. Now, a group of seniors meets every Thursday for a walk and coffee. The strategic investment has contributed to a significant increase in seniors accepting home visits among both vulnerable and resourceful seniors, increased the inclusion of vulnerable seniors in local activities and created a new story about how to use home visits as a preventive and health-promoting initiative to ensure that seniors can manage on their own for as long as possible and obtain knowledge about what opportunities they have in the Municipality, civil society and private areas. In June 2023, the Municipality of Haderslev won a nationwide award for this long-term effort for seniors focusing on detection, prevention, community involvement and collaboration across municipal, voluntary and private partners.

Abstract 75, Cork, Ireland

(AP 2.5.4) City planning with a health and well-being agenda

Fearghl Reidy

While setting a framework to achieve the ambitions for Cork City, the core principles embodied in the Cork City Development Plan 2022–2023 are sustainable development, health, compact growth, the creation of liveable communities and places and the complimenting of nature and climate resilience. The Cork City Development Plan 2022–2028 is the key land-use and strategic planning strategy to guide the development of Cork City. The Plan brings together a wide range of sustainable planning principles based on established good practice and new thinking. In addition to the broad consultation with residents and interest groups in Cork City, the plan has been informed by a range of studies, international comparators and socioeconomic forecasts and assessments. The consultation included a creative approach that invited young people to participate in the consultation phase. Primary and second- and third-level students in Cork City had the opportunity to explore creative approaches to civic life and to express their ideas for a healthier, greener and more playful city. Placing people at the centre of city development planning in the Cork City Development Plan, with a growth model for Cork that is equitable and sustainable from the outset, is borne out of a commitment that well-being drives sustainable economic prosperity, stability and resilience at the city level.

(AP 2.5.5) Hasanaga Food Hub: a win-win for all

Mehmet Can Yilmaz

Nilüfer's food system needs to be improved and transformed because it is becoming less sustainable (circular) and can be affected by increase in population, biodiversity loss, environmental degradation, lack of resources, climate change, pollution and waste and diseases caused by malnutrition. Since a district municipality like Nilüfer lacks zoning and planning authority, its residential areas were expanding to rural areas. Rural populations need to be supported to keep their land and resist residential projects. Nilüfer's local producers, who owned land in rural neighbourhoods, needed strong justification to prevent their properties from becoming residential areas and to reject offers from developers. Also important is empowering women to obtain financial freedom in rural neighbourhoods and providing healthy, accessible food. A sustainable, healthy and accessible food system could not be built in our city without strengthening local producers and using resources efficiently. The Municipality of Nilüfer found a solution and encouraged the farmers to organize an agricultural development cooperative and encouraged women to organize in associations to produce retail products from their own crops. Afterwards, the Food Hub model was placed at the centre of all this operation. The model included: planting, sowing, irrigation, harvesting support (including machinery), educational support (including applied education, food hygiene and sanitation rules, HACCP, standard product creation, production (including water and soil analysis, compost, seeds and seedlings), packaging, warehousing, cold storage, logistics, marketing and salesforce support (including increasing geographically indicated products, distributing the products produced in rural areas to the sale points at urban neighbourhoods and festivals for local food), quality assurance support (including production processes, food analysis and food engineer supervision on production) provided for local producers. The Food Hub has started seasonal production processes and is already producing enough for six sale point branches located in urban neighbourhoods. Knowing that all of the products are raised in organic conditions and produced in hygienic standards, the people of Nilüfer also prefer the products of local producers when it is known that the food they consume is healthy, reliable and produced with traditional methods. Local producers are supported at all stages, and they sell their products at harvest season, receive their daily wages in production and get their shares from the sales. Local producers, women's solidarity associations, Nilüfer Agricultural Development Cooperative, the Food Hub model, sale points, the Municipality of Nilüfer and consumers are the main stakeholders for running the Food Hub. There were women in the workforce for all stages. There is a win-win between local producers and people of Nilüfer. Local producers now have a cycle in which they can profit as they produce and safeguard their lands since production in rural areas has value in metropolitan areas. When an economy has been created for local producers, their lands remain as agricultural lands. The Food Hub has encouraged women to participate in the workforce. The healthy food (also reliable and made with traditional methods) is more accessible for consumers in Nilüfer. The Food Hub model has a key role for creating a win-win between local producers and the people of Nilüfer (consumers).

Abstract presentations 2.6. Urban futures: co-creating sustainable places for all generations

Abstract 68, Dresden, Germany

(AP 2.6.1) On the way to a city health development plan for Dresden

Paula Aleksandrowicz¹, Peggy Looks¹, Anke Schmidt¹, Jochen Schmitt² & Frank Bauer¹

¹Office of Health and Prevention, City of Dresden, ²Universitätsklinikum Carl Gustav Carus, Technische Universität Dresden (TU Dresden)

Health outcomes and risks are unevenly distributed in cities because of social circumstances and environmental factors, including lack of green spaces, noise and air pollution. Extremely vulnerable groups are the main targets for health promotion and disease prevention in the City of Dresden. Since funds for these measures are limited, allocation criteria are needed. These criteria are informed by political priorities defined in the Copenhagen Consensus of Mayors, but valid quantitative data are also needed to identify the city districts most affected by health and environmental risks and low social status. Given this, the Dresden Public Office for Health and Prevention set out to develop a strategic health development plan following the health in all policies approach. The city health profile describes the status quo. Since May 2023, the Public Office for Health and Prevention has worked with partners from TU Dresden on a health index to include health status, social status and environmental factors scheduled to be developed by the end of 2024. Afterwards, the project group will set up a health atlas describing health risks by small-scale areas. Starting in 2024, a mission statement will be developed considering the core themes of the WHO European Healthy Cities Network. Further steps will include the development of strategic and operational goals in consultation with relevant sectors of the city administration and external service providers. Based on data and goals, the city administration and service providers will plan measures for relevant target groups and settings, whereas the health index project group will refine them in relation to spatial factors. The mission statements, strategic and operational goals, time frames for evaluation and follow-up and needed resources will be depicted in an intersectoral plan Dresden – A Healthy City. The process is aimed to be finished by mid-2026. The structure and main sections of the 2023 city health profile and a draft of the dimensions of the health index have been finished. Currently, the city health profile is in the data analysis and writing phase and, for the health index, negotiations for data mining from a health fund and the Saxon Association of SHI Physicians are underway. Critical success factors will be ensuring the participation of other sectors of the city administration, harmonizing the plan with existing plans and ensuring access to pertinent, small-scale data for the health index. To ensure intersectoral commitment, it is hoped to achieve an official resolution by the Lord Mayor and support from the City Council. The prospective city health development plan will provide a basis for concerted, strategic planning of administrative sectors that affect the health status and well-being of the Dresden population. The impact will be evaluated by means of the health index in predefined time frames. On that basis, the Plan will be updated and optimized. A community budget will secure stable funds for health promotion and disease prevention. It is hoped that this initiative will serve as a flagship for surrounding municipalities that do not have sufficient resources to run through a lengthy and scientifically evaluated process by their own means.

Abstract 8, Utrecht, Netherlands (Kingdom of the)

(AP 2.6.2) Cycling for greater independence and safer schools

Annika Peveril

Dutch Cycling Embassy

Cycling is a beneficial activity that promotes physical and mental health for people of all ages. However, certain groups in Utrecht, despite the city's reputation as being bike-friendly, face challenges in accessing the advantages of cycling. This includes children in special education who are less likely to experience the benefits of cycling. Dutch children are among the happiest in the world. Cycling enables them to reach destinations safely and gives them the feeling of freedom and independence. Despite their eagerness to cycle, obstacles hinder their ability to do so. Special education schools identified a notable increase in car and bus traffic around their premises during peak hours, raising concerns about the negative impact on the school environment. The presence of cars also created safety risks for children, leading more parents to choose car transport as a perceived safer alternative. SportUtrecht, commissioned by the Municipality of Utrecht, organizes cycling lessons at special education schools throughout the city. The aim of the bike lessons is to give children the opportunity to develop their cycling skills, gain independence and encourage more children to take a bicycle to school, thus improving the school commute and environment. The programme was originally launched in one school in the Municipality of Utrecht. It involved 10 weeks of cycling lessons in the schoolyard for two groups of 10 children each, with a final ceremony involving the issuing of certificates. After the programme concluded, coordinators at one school conducted a survey, revealing that 13 of 16 participants continued their daily cycling routine. Subsequent follow-up calls with parents confirmed that the children remained enthusiastic cyclists during their free time. In this presentation, the Dutch Cycling Embassy and SportUtrecht will discuss the bicycle's role as a tool for creating sustainable communities and how cycling lessons contribute to children's independence and safer school environments. It is essential to ensure cycling accessibility for all individuals, and programmes like SportUtrecht's play a significant role in achieving this goal.

Abstract 114, Spain

(AP 2.6.3) Strengthening health and urban planning at the national level in Spain

Ana Gil Luciano, Gema Rodríguez López, Roberto Ravelo Mirelles, Jara Cubillo Llanes, Sandra Rentero Gutierrez, María Terol Claramonte, Javier Ruiz Martínez & Pedro Borrego Márquez

At the national level, a collaborative line of work between the Spanish Federation of Municipalities and Provinces and the Ministry of Health dates to the creation of the Spanish Healthy Cities Network in 1988. Additionally, in 2013, the Ministry launched the [Prevention and Health Promotion Strategy](#), aligned with the main European strategies to tackle noncommunicable diseases. This strategy has a healthy settings approach and gives priority to local settings. This local implementation of the Prevention and Health Promotion Strategy has a universal approach and is aligned with Phase VI of the WHO European Healthy Cities Network, feeding from the Spanish Healthy Cities Network experience as well as from other local and regional initiatives. In this national strategic context, in recent years we have given priority to healthy urban planning. This priority has responded to the importance that urban planning has as a solution to diverse and interconnected issues related to health and well-being: active mobility (walking and cycling), social interaction, green and blue spaces, air and noise pollution and traffic safety, among others. The Ministry of Health and the Spanish Federation of Municipalities and Provinces sign annually an agreement to enhance the Spanish Healthy Cities Network and the local implementation of the Prevention and Health Promotion Strategy. This agreement guarantees specific funds to carry out actions: call for local initiatives through co-funding, technical documents, guides, webinars and workshops. Since 2018, actions related to healthy urban planning have been given priority in this context. The annual call for local initiatives through co-funding includes priority actions related to healthy urban planning and healthy routes, also included in the European Union Recovery and Resilience Facility. We have published practical guides and technical documents to support local entities on healthy routes, active commuting to school, health and urban planning, with examples and good practices. We have also organized since 2019 two workshops and one webinar centred on health and urban planning, with ample participation and

available online. Actions related to healthy urban planning enable responses to multiple and major current challenges, becoming a priority in health promotion at the local level. Joint work between the different levels of administration is key for advancing in healthy cities.

Abstract 80, Norway

(AP 2.6.4) Social sustainability as a new driving force in local community development

Stine Sagen¹ & Hege Hofstad²

¹Municipality of Kristiansand, Norway, ²Norwegian Institute of Urban and Regional Research

The Sustainable Development Goals provide the opportunity to revitalize cities' attention to sustainable development as a holistic societal goal. However, no established, common or dominant understanding of community social sustainability exists. Norwegian municipalities and researchers thus launched a collaborative research and innovation project on social sustainability as a driving force for local development in three cities in Norway. The following main question guided the project: How can new knowledge on social sustainability contribute to mobilizing new groups, promoting favourable governance structures and developing new political priorities in a local setting? The research question is illuminated through a data model consisting of several interventions in three Norwegian municipalities collected from 2021 to 2023. The overarching aim was to explore, test and eventually develop social sustainability as a core value for community development. Each intervention intended to spur innovation by being linked to ongoing urban development processes in each municipality. More specifically, these interventions consisted of:

- testing a Place Standard tool, in which citizens assess the quality of the neighbourhood quantitatively and qualitatively (survey + focus groups);
- a future workshop mobilizing inhabitants to further explore key issues raised in the Place Standard tool; and
- a political workshop exploring key results from the previous interventions with local politicians and discussing the scope for firmer political anchorage of social sustainability as a guiding principle for urban development.

The study thus builds on a dynamic and cyclical process in which we constantly consider new knowledge and experiences along the way as well as social, political and environmental changes. Each intervention provided valuable, new insights and significant impact on local strategies and the development of new initiatives. The study identifies key dimensions, conditions and governance mechanisms for community social sustainability.

- Robustness and justice are core dimensions of community social sustainability.
- Combined social, physical and institutional factors are necessary conditions for securing just and robust communities.
- Co-creation is a key governance mechanism for social sustainability to become a firmly integrated, strategically sound and institutionalized locality.
- It is suggested to develop an infrastructure for co-creation tying actors within and across public and private entities together to strengthen and build local social sustainability.
- Developing the infrastructure requires an exploratory, open approach across entities and actors to unleash local resource potential and a willingness to reform and test new forms of governance.

Bringing about socially sustainable change requires several local actors collaborating and contributing together. For social sustainability to develop, the following factors are considered critical: process innovation with a focus on co-creative exploration of local qualities and challenges, new links between communities and municipal entities and actors and distributing and developing new roles and responsibilities to develop the robustness and resource base of communities.

Abstract 135, Barcelona, Spain

(AP 2.6.5) Healthy Cities: deploying the full potential of health as an urban planning tool

Ruth Gow, Marta Rofin Serrà, Amber De La Haye & Sebastiaan Van Herk

Urban planning plays a critical role in improving health by shaping the built environment for healthier lifestyles. However, integrating health into planning remains challenging. Healthy Cities' multidisciplinary team supports local authorities in creating healthier environments. By combining theory and practice, Healthy Cities is exploring the full potential for using health as a planning tool and the city as a tool for health. Healthy Cities' work includes urban planning, urban health strategies, health impact assessments, research, training and tool development (Healthy Cities Generator). Healthy Cities' recent work includes a series of case studies integrating the health perspective into various planning contexts, from strategic levels to small-scale neighbourhood interventions. Healthy Cities developed an urban regeneration strategy in Barcelona's Besòs industrial area, addressing connectivity, access to services and public spaces to improve health outcomes. In Subirats (Spain), Healthy Cities implemented an urban health strategy with a comprehensive health diagnosis and action plan. On a smaller scale, Healthy Cities analysed a mixed-use site in Barcelona (La Industrial+), using the Healthy Cities Generator to identify priority actions related to current health issues. In the United Kingdom, Healthy Cities trained Wirral Council practitioners in healthy planning and supported the decision-making process for the Seacombe River Corridor regeneration framework. Other projects were evaluated after implementation, such as redesigning streets and squares in Barcelona (Green Axis strategy), offering valuable insights for future stages of redevelopment. In the City of Bradford (United Kingdom), analysis of health impact and priority actions using the Healthy Cities Generator demonstrate a cross-departmental approach. Healthy Cities' approach has fostered multidisciplinary working and supported stakeholders in defining strategies to effectively address health priorities through urban interventions. The case studies illustrate how the health perspective redefined the various projects, highlighting the added value of integrating health from the start, fostering cross-departmental collaboration and health in all policies. Healthy Cities is committed to capacity building, research and knowledge transfer, strengthening links between urban planning and health. These case studies can provide useful lessons for the WHO European Healthy Cities Network, illustrating how other cities in Europe are embracing a holistic approach to healthy urban planning and taking concrete steps to bridge the gap between theory and practice.

Book of abstracts only

Learning from experience: fostering resilient cities in the face of emergencies

Abstract 10, Utrecht, Netherlands (Kingdom of the)

ID-10 Estimating the urban burden of disease for policy-making: a project for European cities

Ulrike Gehring, Gerard Hoek, Roel Vermeulen, Vlatka Matkovic, Ali Abbas, Juliana Angelova, Alonso Bussalleu, Xuan Chen, Carolyn Daher, Kees De Hoogh, Benjamin Flückiger, Haneen Khreis, Sasha Khomenko, Natalie Mueller, Anne Stauffer, Cathryn Tonne, James Woodcock & Mark Nieuwenhuijsen

In Europe, more than 70% of the population lives in urban areas. Cities promote innovation and wealth creation; however, they are also a main source of environmental pollution, disease and mortality, which is somewhat linked to suboptimal urban and transport planning practices. Consistent quantitative information on disease burden related to the environment across Europe is largely lacking. The aim of our international project in 1000 European cities is to improve the estimation of the health impact and socioeconomic costs of environmental stressors related to urban and transport planning, advance modelling approaches and strengthen evidence-based policy-making. The project objectives are: (1) to develop an overall framework for assessing the impact of the urban burden of disease; (2) to identify health and well-being indicators; (3) to obtain exposure–response relationships for the environmental stressors and health outcomes of interest; (4) to review, evaluate and develop tools and guidelines for cost-benefit analysis; (5) to obtain health and environmental stressor data for cities for 2015, 2018, 2021 and 2024 and (6) to calculate estimates for the urban burden of disease and socioeconomic impact and monitor trends. The analysis will focus on nearly 1000 European cities and a set of environmental stressors including air pollution, noise, temperature and heat and lack of green spaces. More detailed case studies will be developed for five selected cities. To achieve greater impact on science policy, we will conduct consultation with and provide knowledge translation to cities and stakeholders. The project started in January 2023, and its first stage consisted of workshop planning to achieve objectives 1, 2 and 3. The first objective was to be addressed at the kick-off meeting in May 2023 and at the first stakeholder workshop in summer 2023, and objectives 2 and 3 were to be addressed at the second stakeholder workshop in autumn 2023. Data collection on health and environmental stressors for the 1000 cities has started and was expected to continue throughout 2023. Additionally, the development of case studies has started for Utrecht, Netherlands (Kingdom of the) and Sofia, Bulgaria. By improving health impact and socioeconomic cost estimations and engaging with stakeholders, we expect to generate impact and promote healthier urban and transport planning practices in European cities.

Abstract 12, Zagreb, Croatia

ID-12 The City of Zagreb – preserving mental health in emergencies

Lora Vidović & Mirela Šentija Knežević

The COVID-19 pandemic has triggered a 25% increase in the prevalence of anxiety and depression worldwide. Since the outbreak of COVID-19, levels of stress and anxiety have risen substantially. The pandemic has created an increased urgency to strengthen mental health systems. According to the data of the extensive research conducted on about 27 000 school students on the effects of the COVID-19 pandemic and the 2020 earthquake, the COVID-19 pandemic had a negative or extremely negative impact

on the lives of most school students in Croatia, on their mental health and on their motivation and the need for intervention. During 2021, the City of Zagreb conducted a study of the effects of the COVID-19 pandemic and earthquakes on the mental health of children and young people in Zagreb. Screening, which included more than 22 000 children and young people, showed that 1 of 10 children show a significant level of anxiety and/or depression, and 1 of 7 children shows a significant level of post-traumatic stress. A significant number of children show changes in mental functioning that require additional support. A growing prevalence of mental health disorders and the increased need for support have again drawn attention to the issue of the availability and accessibility of mental health care services, especially among the most vulnerable groups. To protect and improve the mental health of vulnerable groups, the City of Zagreb has implemented numerous activities. Special emphasis is placed on strengthening services for children, young people and parents by improving the accessibility and availability of non-institutional services of psychological support and assistance: for example, drop-in service and the implementation of peer education for high school students. A telemedicine approach was developed within the health institutions, and a unique web portal was created. Due to the COVID-19 pandemic, earthquakes that hit Zagreb and war in Ukraine, additional services and interventions in protecting and preserving the mental health of citizens were launched to respond to the recognized needs of the target population in crisis situations.

Abstract 15, Regional

ID-15 Protecting environments and health by building urban resilience: experiences of 12 cities

Sinaia Netanyahu, Matthias Braubach, Carlota Sáenz De Tejada, Laura Hidalgo, Carolyn Daher, Oriana Ramírez & Mark Nieuwenhuijsen

Emergencies can become transformative experiences for cities: an opportunity to rethink, replan and rebuild and to push for changes that can make them more healthy, sustainable, equitable and resilient. This report touches on the lessons learned in cities that have been exposed to disasters and extreme events and how it affected their approach towards more resilient urban planning. The report also shows how cities learn from each other and in what way and to what extent international framework documents affect local authorities' thinking about urban planning, emergency preparedness and urban resilience and their relationship with health in their city. This report presents the results of a series of interviews with cities that aimed to compile local insights on how to set priorities for becoming more resilient and for preparing for or responding to environmental crises and their associated health impact. Interviews were conducted with local government representatives involved in urban planning, environment or health and focused on how the cities had approached urban planning and infrastructure design as a response to specific disasters. The interview results identified key factors for recovery after the event, including access to financial resources and contingency budgets, insurance coverage, flexibility in local supply and distribution chains and social awareness. In addition, the interviews outlined several factors in building resilience that are critical for a full and speedy recovery. The project report identifies 10 general key messages.

1. Disaster experience, recovery, prevention and preparedness mechanisms should be used to push for changes that can make cities more healthy, sustainable and resilient.
2. Urban resilience should be thought of as more than just emergency preparedness.
3. Planning requirements should be applied as a tool to prevent the siting of functions and infrastructure in areas at risk of environmental disasters.
4. Authorities should consider how emergencies are and can be interconnected.
5. Horizontal and (especially) vertical communication across departments and levels of government should be improved.

6. It is important to uphold the public perception that local authorities are executing their mandate for environmental and health protection measures.
7. Cities should collaborate with and learn from others.
8. Crisis management should be evaluated to keep learning, improving and planning more resilient, sustainable and healthy urban environments.
9. Local access to basic services should be ensured through equitable distribution and proximity lifestyle paradigms.
10. Health should be better integrated as a cross-cutting element of urban planning.

Urban and spatial planning play a prevention and risk mitigation role; it serves as a public health intervention that provides mechanisms to transform physical and social environments, reducing harmful exposure and facilitating healthy lifestyles. Local authorities are in the most relevant position to ensure the provision of a safe place to live, and considering the resilience aspect in urban planning, design and management is of utmost relevance.

Abstract 52, Cankaya, Türkiye

ID-52 Social innovation tools for resilient cities in emergencies

Umut Berker Sevilmiş

After the earthquake disasters on 6 February 2023, Turkish municipalities acknowledged the importance of preparedness after a very unpleasant experience. As main local actors, municipalities carry an important responsibility for the health of citizens living in their region. In case of a disaster, emergency action plans play a very important role in saving lives, especially in the first 72 hours after an incident. Acting quickly during the first post-disaster period has vital importance. To have this capacity, each municipality should analyse the possible disaster scenarios and prepare inclusive action plans with the participation of all stakeholders. According to researchers, the number of disasters is increasing due to the unavoidable rise of the climate crisis, and more and more disasters are expected in the near future. Data captured between 1900 and 2019 by the Institute for Economics and Peace reveal an increase from 39 incidents in 1960 to 396 in 2019. Earthquakes, floods, tornados, hurricanes as well as pandemics and other mass destructive events are more likely to happen in the upcoming years. Given these predictions, the Directorate of Disaster Management of the Municipality of Çankaya developed a method using social innovation tools for creating participatory and inclusive emergency action plans. The method has six steps such as: current situation analysis, problem and need analysis, stakeholder analysis, collecting the innovative ideas, creating the roadmap and the final action plan. This offers a comprehensive approach based on social innovation tools. With this method, municipalities can discover how to focus on local emergency situations, analysing all possible scenarios, including all stakeholders, identifying needs and problems, innovating ideas with a multidisciplinary approach, creating new projects and preparing a roadmap and an action plan. Using this method, a sister-city relationship has been established on the focus of disaster management between the Municipalities of Çankaya and Kadıköy. The main idea of the sister-city protocol is creating a system in which cities can help each other in case of a disaster. And with this method, cities will have an action plan they can use to work together, helping them to learn more about their partner cities, understanding all the aspects of their challenges, strengths, needs and stakeholders. Based on experience, a city has effective resources and teams and in case of a disaster, these resources can all become disaster victims. Therefore, help will always be needed from another safe place, especially in the first couple of days after the disaster. That is why Çankaya (Ankara) and Kadıköy (İstanbul), two cities from different disaster zones, started this collaboration, which would not be affected by the same

disaster in the same period. Konak (İzmir) joined this collaboration later, enlarging the network. Sharing this best practice will be beneficial to all municipal authorities to review their possible emergency situations and understand how prepared they are. Disasters are unavoidable incidents in our world today. But loss of lives and material damage can be minimized with sufficient preparation. Our method provides a comprehensive and inclusive approach that will also benefit vulnerable groups and minorities living in the target societies.

Abstract 54, Cardiff, Wales, United Kingdom

ID-54 Co-production and co-delivery of a trauma-informed Wales: a societal approach

Joanne C. Hopkins, Samia Addis & Joseff Bromwell

Evidence indicates that a trauma-informed approach has positive outcomes for children and adults and that trauma-informed care can benefit professionals with a personal history of trauma or who have experienced work-related trauma. This capacity-building workshop will discuss how a framework developed in Wales that takes a whole-of-society approach to being trauma informed can support wider cities in the United Kingdom and globally to consider how they can approach the wicked issue of recognizing that anyone can experience trauma and that overcoming it requires access to the right support at the right time. The framework development was supported by a review of literature and terms, an animation to explain trauma and the expertise to guide the co-production. The framework aims were: to provide a co-produced, single national framework that provides a continuum from universal through to specialist approaches; provide consistency of understanding of a trauma-informed approach; bring together good practice across Wales; make a positive difference through a consistent way of working between services, organizations and sectors; and provide a practice framework that sets out the knowledge and skills needed for each practice level and a repository of resources. It is underpinned by five practice principles that aim to ensure that the framework includes all experience and is strengths based, person centred and relational in approach. This workshop will provide knowledge and learning from the approach taken to develop this approach, including an animation, literature review and wider research; an expert reference group, including people with lived experience, practitioners from a range of sectors, clinical and non-clinical leads and academics; and an extensive consultation process that included in-person events across Wales, targeted meetings and discussions with sectors and representative groups and an online event. It also went out to the public through a 12-week consultation that received more than 70 responses that helped form and shape the direction, content and approach. It is considered in Wales to be a strong example of co-production and co-delivery to live up to the ethos it sets out for Wales in its own formation. The workshop will also introduce toolkits and training and wider accessible resources that have been developed to support the implementation of the framework. The framework outlines five practice principles that specify that any approach should be: universal; person centred; relationship focused; resilience and strengths focused; and inclusive. The framework also outlines four practice levels that describe different roles within a variety of contexts, representing a spectrum and including: trauma aware; trauma skilled; and trauma enhanced and specialist interventions. Together, these four practice levels provide an integrated, trauma-informed practice framework that provides a joined-up way of working within organizations, systems and the community to provide the resources for Wales becoming a trauma-informed country by 2025. This workshop will support the development of knowledge and practice around the co-production and co-delivery of the framework and share supporting resources such as animations, training, toolkits and research. The interactive session will equip attendees with ideas and tools to develop their own city-led approaches.

Abstract 56, Cardiff, Wales, United Kingdom

ID-56 Towards a trauma-informed Wales: a societal approach

Joanne C. Hopkins, Samia Addis & Joseff Bromwell

The literature indicates that a trauma-informed approach has positive outcomes for children and adults, also that trauma-informed care can benefit professionals with a personal history of trauma or who have experienced work-related trauma. This framework provides a whole-of-society approach to support a coherent, consistent approach to developing and implementing trauma-informed practice in cities across Wales. The framework aims were: to provide a co-produced, single framework that provides a continuum from universal through to specialist approaches; provide consistency of understanding of a trauma-informed approach; bring together good practice across Wales in a single accessible framework; make a positive difference through a consistent way of working between services, organizations and sectors; and provide a practice framework that sets out the knowledge and skills needed for each practice level and a repository of resources that supports each city to adopt and implement the framework, taking into account local context, politics and needs. An expert reference group, including people with lived experience, practitioners from a range of sectors, clinical and non-clinical leads and academics, advised and supported the development of the framework. There was also an extensive consultation process that included in-person events across Wales, targeted meetings and discussions with sectors and representative groups and an online event. The framework outlines five practice principles that specify that any approach should be: universal; person centred; relationship focused; resilience and strengths focused; and inclusive. The framework also outlines four practice levels that describe different roles within a variety of contexts, representing a spectrum and including: trauma aware; trauma skilled; and trauma enhanced and specialist interventions. Together, these four practice levels provide an integrated, trauma-informed practice framework that provides a joined-up way of working within organizations, systems and the community to provide the resources for Wales becoming a trauma-informed country by 2025. This paper demonstrates the importance of a national whole-of-society approach that can be adopted and implemented by cities to build resilience, co-produced and inclusive of all the communities within them.

Abstract 59, Belfast, Northern Ireland, United Kingdom

ID-59 Future-proofing the Connswater Community Greenway to support local communities facing public health and planetary health crises

Ruth Hunter, Jacqueline O'Hagan & James Hennessey

With increasing public health and planetary health challenges across Europe, there is an urgent need to develop and test interventions and policies aimed at mitigation and adaptation. In Belfast, the Connswater Community Greenway, a £35 million investment, was opened in 2017 covering some of the most deprived areas in Northern Ireland. The area is now facing climate change issues, such as increased risk of flooding and deaths from excess heat due to the climate change crises. The aim was to explore, with local stakeholders and communities, policies and interventions that would ensure that the Connswater Community Greenway is resilient and supportive of local needs in the coming years and decades. Through the ongoing development of the Connswater Community Greenway, we explored the possibility of making the Greenway climate proof and self-sustainable. Through creative consultation with more than 200 participants, including multisectoral stakeholders and local communities, we identified viable options that, if implemented, might make the Connswater Community Greenway more climate resilient and sustainable. The consultation involved an online survey (189 responses) and in-person workshops. The

consultation identified seven key themes: carbon capture (such as wetland expansion and soil improvement); eliminate emissions (such as on-site energy generation and model shift); strengthen resilience (such as advanced flood resilience and sustainable urban development programme); build biodiversity (such as an ecologically led management plan); raise awareness (such as signage and artworks); nurture research (such as living labs and strengthening academic links); sustain activity (such as developing skills and growing the local green economy). A key output was a report that included a visual model of the newly designed climate-resilient Connswater Community Greenway. This presentation discusses interventions and policies to mitigate and adapt to the public health and planetary health crises.

Abstract 101, Bursa, Türkiye

ID-101 Considering the climate resilience in urban regeneration areas in Bursa, Türkiye

Gizem Durmus & Tulin Vural Arslan

The increase in extreme weather events and disasters due to global climate change is one of the most significant problems affecting cities. Cities are in mutual interaction with climate change. Although urban life is the main trigger of climate change, cities are the places most exposed to the harmful effects of climate change. Therefore, new solutions developed from urban planning and urban design concepts will play an important role in combatting climate change. For this reason, urban planning processes and climate change cannot be considered separately from each other. Cities should have a planning understanding that can cope with unexpected and rapid changes and adapt to and accommodate these changes and shape them. The resilience concept is crucial for cities to cope with these changes and challenges. Resilient cities must have the capacity to maintain their unique identities and functions in the face of shocks that may arise unexpectedly in the future. Although cities are trying to combat the harmful effects of sudden natural and human-made disasters, they are also constantly changing and transforming under the pressure of continual global and local social, economic and technological changes. As a result, cities must develop resilience strategies to cope with all these sudden and persistent effects to renew and regenerate themselves. In Türkiye, urban transformation is seen as a tool of renewal and improvement of the cities as a method of coping with all these changes. However, urban transformation practices in Türkiye focus on the vulnerability of existing building stock to potential earthquakes. However, while it is necessary to develop a holistic understanding of resilience by considering many risks in the improvement and renewal of cities, urban resilience is identified only with earthquake resilience in urban regeneration practices in Turkish cities. Very few studies in the literature holistically assess the risks that cities in Türkiye may be exposed to and examine the resilience strategies to be developed against the effects of climate change. Bursa is the fourth largest city in Türkiye in terms of population and economic development. The city has been subjected to rapid migration due to the industry that developed after the 1960s. This situation brought a rapid construction and transformation process. Most of the buildings built during this period are now forming the vulnerable face of the city in terms of earthquakes as they approach the completion of their economic life. As a result of this situation, urban transformation practices are being carried out in many regions of Bursa. In the city, which is located on the important earthquake faults, earthquake resilience is generally seen as the main priority in urban regeneration implementation. The aim of this study is to first identify and assess vulnerabilities in the urban transformation areas planned in Bursa city and then propose a method to make these areas resilient within the context of climate change and resilience principles.

Leaving no one behind: advancing health in a digital era

Abstract 25, Madrid, Spain

ID-25 Study of the relationship between sex-affective practices and the perception of the risk of infection and transmission among young users of social networking sites

Purificación Llorente Blach, Javier Calatrava Sánchez, Gema Dorado Ruiz, Francisco Javier Bru Gorraiz, Juan Madrid Guitérrez & Cristina Llopis Sampedro

The Subdirectorate General for Prevention and Health Promotion of Madrid Salud has a Sexual and Reproductive Health Programme, whose general objective is to contribute to healthy experiences of sexuality in the City of Madrid. Madrid Salud's sexual health professionals sensed an increase in the prevalence of sexually transmitted infections in the programme's target population. They have expressed their concern, on the one hand, about the implications of this trend for young people's sexual health and, on the other, about possible changes in their perceptions of risk in living their sexuality. One factor that has changed the most is the use of new technologies as a relevant medium in interpersonal relationships together with mass access to the Internet and mobile devices. The aim is to understand the epidemiological situation of sexually transmitted infections in Madrid based on the people treated in two specific centres of Madrid Salud. On the other hand, we have explored the perception of risk and its sexual definition and how the role of dating applications modifies and establishes them. This study was carried out between November 2022 and March 2023 on a sample of 1917 people evaluated for the descriptive part. A qualitative method was used for the exploratory study. There has been an increase in the prevalence of some sexually transmitted infections among young people who have engaged in risky practices and have been treated in the specific centres of Madrid Salud, currently being 22% genital herpes, 7% chlamydia, 6% gonorrhoea and 2% syphilis. The qualitative part of the study suggests that this increase could be related to the increase in high-risk practices and the relaxation of protective practices. From this study, we detect that the continuity of the work carried out by Madrid Salud is necessary for the public health problem we are tackling. Further, it has served to identify new lines of research in the municipal framework on youth, sexual health and risks.

Abstract 33, Madrid, Spain

ID-33 Quiére-T Mucho: a community project for teenagers and young people in Madrid

Purificación Llorente Blach, Javier Calatrava Sánchez, Ana González Espejo, Miguel Ángel Álvarez Tornero, César Gil Antúnez, Elena Díaz Peña & Elena Amago Collado

The Health Promotion in Education Programme is part of the Prevention and Health Promotion Subdirectorate of Madrid Salud. One of our projects is Quiére-T Mucho, which has been developed in two districts of the city. We work in close coordination and complementarily with different local entities involved in the city government, such as the Institute of Addictions, social services, the government area of social policies, family and equality, municipal sports centres, high schools, and special schools. Young people currently rely on social media to interact, but we think that it is essential for them to interact face to face. Considering the determinants of social inequalities in health and from a multifactorial perspective of equity and gender equality, the Quiére-T Mucho project is aimed at teenagers and adults younger than 25 years in two districts of the city: Puente de Vallecas and Villa de Vallecas. These are two areas with special vulnerability and risk of social exclusion. The aim is to improve health promotion and addiction prevention through a comprehensive approach to these teenagers and young people. The project is based

on a method of community work and gender perspective. We develop group or individual activities, such as physical activity (urban dances and various sports) or participatory theatre, both in closed and open urban spaces. The professional team comprises about 40 people with different profiles (social pedagogy, nursing, medicine, sports, social work, education, dance and theatre teaching). The total number of participants has increased over the past five years. In 2017, there were 600 participants, increasing to 3300 in 2019 and 3748 in 2022. Twice a year, all data are collected in a descriptive report, which also proposes improvements. Two workshops are offered each year: Agents Promoting Health and Addiction Prevention and Sports Promoters. This training enables participants to become health promotion agents in their communities. The main lesson learned is that our work enables us to create safe and trusting spaces where teenagers and young people can learn skills with which they can manage their development and health autonomously.

Abstract 37, Tepebaşı–Eskisehir, Türkiye

ID-37 Disaster fellowship and cooperation in sister cities

Suat Yalnızoğlu & İnci Çalışkan

The Internet started the 4.0 era not only in industry but also in cities. The concepts of digital cities and smart cities have been on the agenda of local governments in the past 10 years. The adventure that started with digitalization is examined in six stages in Ovyang’s 2019 report. The 1990s were the Internet age, the 2000s are the social media era and today, starting with 2020, is called the collaborative economy era. The collaborative economy era presents amazing and interesting examples. It is an age in which brands that have been rivals for almost centuries produce projects together and create the shared tool model, or giant brands that do not need each other at all sit at a table, match their databases and try to create customer loyalty. Perhaps, while they were preparing to go off out of the planet, civil, computer, agricultural and electronic engineers and biologists started to design houses together with the architect at the same table, unaware that they were building sustainable house models for today’s world and initiating the change. We had all kinds of infrastructure and information in digital cities: buildings that are likely to collapse, risky buildings and old and high-rise buildings. Even the architectural plans of the buildings were available in our databases, but since our surrounding provinces or other teams that would come to help were not aware of this, and since the local teams were first-degree earthquake victims trapped under the rubble, there was no one left to implement disaster plans. We organized sister city relations as disaster sisterhood and launched a new application. And we started working by making a proposal to disseminate this within the Turkish Healthy Cities Association. We determined Eskişehir as a pilot province. To this city, which has six neighbours and six entrance ways, we shared the neighbourhoods on the routes where the aid teams will come to the disaster sister cities that will come from that direction. The same software systems are generally used in municipalities. In fact, there are operators of these software in every municipality. Therefore, with this study, it is aimed that after the disaster, an operator coming from the disaster sister city will be able to instantly access all kinds of data related to the city and start using it immediately. The fact that each city can share data about the neighbourhoods on the routes of the aid teams coming to it with the disaster sister city in different regions that were not affected by the disaster before the disaster and will not be affected will enable more rapid organization in the first 72 hours, called golden hours. It was also planned to include address information of disadvantaged groups in this database. Digital cities can be transformed into resilient cities with the collaborative approach of Healthy Cities.

Abstract 46, Cardiff, Wales, United Kingdom

ID-46 Using an innovative approach to build system change to develop solutions to promote health equity

Jo Peden, Lauren Couzens, Rebecca Hill, Daniela Stewart & Mariana Dyakova

Health inequities are a longstanding issue in Wales. They disproportionately affect disadvantaged people, groups and communities and their health outcomes. The result is that our societies continue to lag in health and well-being, and this in turn holds back their opportunities to live full and prosperous lives. There is a need to better understand what is driving gaps in health over time and clearer signposting to the multiple evidence, policies, approaches and tools. Real progress means engaging new partners, building and strengthening alliances, giving priority to investment and breaking down the key barriers to success. This knowledge is critical to foster political and cross-sector support for action, to focus on solutions and to enable honest and inclusive dialogue on why reducing health inequities matters to everyone, enables inclusive economic growth and drives sustainable development and prosperity for current and future generations. The Welsh Health Equity Solutions Platform was launched on 22 June 2023, a joint endeavour between Public Health Wales, the Welsh Government and the WHO European Office for Investment in Health and Development. The platform includes an interactive dashboard and a suite of policy, investment, data and other tools and resources to support and accelerate healthy prosperous lives for everyone in Wales and contribute to a European health equity solutions platform. The aim of the Platform is to connect decision-makers and stakeholders to mobilize action to develop solutions using a systems approach, to reduce health inequity. This is a new innovative initiative that aims to use the platform as a resource but also, using webinars and spotlight features, to focus on solutions to promote health equity and to raise the profile of the issue with policy-makers and strategic decision-makers. Critical success will be the reach of the platform and how it can influence policy in Wales and internationally. Since its launch, the Welsh Health Equity Solutions Platform has hosted a variety of users from various health institutes around the globe, with 1175 page users in the first four months. The team has also engaged with Welsh Government stakeholders and the wider NHS Wales organization and published a how-to animation for users and a spotlight feature on one of the counties in southern Wales becoming the first Marmot region in the country. This Platform provides an innovative approach to stimulate discussion on what works to address health inequity and to drive new and innovative policy approaches.

Abstract 49, The Hague, Netherlands (Kingdom of the)

ID-49 Integrating nature-based solutions for improving health and well-being in cities: the VARCITIES project approach

Dionysia Kolokotsa, Katerina Lilli, Elisavet Tsekeri & Yoann Clouet

In an increasingly urbanized world, local governments and international institutions strive to increase the productivity and efficiency of cities, recognized as economic growth hubs, and to ensure a better quality of life and better living conditions for citizens. To meet these challenges, VARCITIES puts the citizen and the human community in the eye of the future cities' vision. The aim of the VARCITIES project is to translate visionary ideas into real solutions by reshaping shared public spaces and making cities liveable and welcoming. Seven municipalities that are exposed to diverse climatic conditions and challenges around Europe have been identified as case studies. Each pilot city has been recognized as a large-scale site for co-designing and implementing local actions and has adopted an innovative cross-sectoral approach by combining urban digital transformation with nature-based actions. Data from the pilots are collected, stored, analysed and visualized on a cloud-based information and communication technology,

the Health and Well-Being Platform. This platform effectively illustrates in an easily understandable and engaging way the various data. Data collected from existing city monitoring systems and databases along with data from sensors are stored in a local database. Additionally, the Platform provides interfaces to enable the interconnection of mixed reality applications, technologies to engage and sensitize citizen communities around environmental monitoring issues, utilizing the sensor network infrastructure and key performance indicators. The implementation of this innovative solution is consistent with the increase in citizens' awareness, respect for public spaces and the integration of green spaces into everyday life. Developing a healthy green mindset for citizens and improving economic opportunities through green-digital strategies drives the implementation of additional actions towards becoming a more sustainable and equitable city. The development process of these visionary ideas into feasible actions is approached by following a bottom-up planning and co-design participatory process involving local stakeholders, assuming a multiple benefits perspective and addressing social issues and cultural diversion.

Abstract 67, Dresden, Germany

ID-67 Data-based interventions in early childhood – implementation of public health research in local public health services

Solveig Pohl, Maria Girbig, Anke Schmidt, Natalie Schmitt, Jeffrey Butler, Christiane Scheffer, Frank Bauer & Andreas Seidler

Health behaviour is formed in early childhood. According to the framework of the public health service, children undergo two developmental screenings before starting school. These data on language and motor development using standardized screening procedures have not yet been evaluated longitudinally. To better target preventive measures for preschool children, further reliable data on children's health and social family background are needed. The intersectoral project, under the direction of the Institute and Polyclinic for Occupational and Social Medicine, TU Dresden and in cooperation with several local health offices in Dresden, Potsdam and Berlin, aims at providing these data. In Dresden, routine data on child development two and a half years and one year before school start (25 000 data sets between 2017 and 2023) were linked longitudinally and supplemented by a parental survey (September 2022–July 2023, about 1300 data sets). The survey focused on sociodemographic data, health, nutrition and physical activity of the family as well as children's emotional and social development. Based on the analysis of these data we will identify needs for public health action in early childhood and select appropriate interventions. The piloting of the interventions will start in January 2024. The new method for analysing routine data on the health and development of children enable us to better tap the potential of these data for public health intervention. The evidence-based, systematic approach to public health action benefits the health of children at an early age. The quality and efficiency of targeted interventions profit from the intersectoral approach of research and action, which is not established in Germany's health system yet. When evaluating and interpreting the results of the study, we also considered the limitations of our approach (such as selection bias and recall bias). Additional health data from the parental survey as well as the new method for analysing routine public health data enable us to better understand and address specific preventive needs of children before starting school. The findings may be applicable as well to other comprehensive approaches for better health in childhood and across the lifespan.

Abstract 82, Haderslev, Denmark

ID-82 Digital transformation of rehabilitation and training for citizens

Louise Vestring

The Haderslev Municipal Council has approved a strategy to increase the use of digitalization within health care. Therefore, the health departments in the Municipality have examined which target groups can benefit from digital solutions and how this can be achieved. One of the departments is Training and Rehabilitation, which has experiences in using digital training at a small scale since 2020. Training and Rehabilitation is responsible for offering free training and rehabilitation for people who are injured, have been hospitalized or have a chronic illness. Most of these people must transport themselves or use public transport to get to municipal training, and few receive training at home. For some, the transport and waiting time results in exhaustion and diminishes the results and therefore require a longer period to reach the rehabilitation goal, which is not beneficial for the citizens or the municipality. Therefore, Training and Rehabilitation has decided to scale up the use of digital solutions and to change traditional in-person training to digital training for people who are able to use digital devices. Training and Rehabilitation is developing methods and design for the digital transformation targeted citizens approved for rehabilitation and financial support for transport. The digital training courses will mainly consist of:

- a physical or online individual initial conversation by a physiotherapist in which individual goals are made for the training and the citizen is introduced to the use of the digital tools;
- online group training that takes place at fixed times and the citizens participate via tablet (their own or one provided by the Municipality), with a physiotherapist being responsible for the training; and
- individual training through an app when it suits the citizen, with the training programme being personalized and designed by a physiotherapist, the citizen describing in the app how the training has progressed (quantitative score and qualitative description) and the therapist following up and adjusting the training through a browser based on the feedback received from the citizen through the app.

Digital training will be presented to new referrals from the fourth quarter of 2023. The courses for current citizens will continually be converted into courses in which digital solutions are the main element. A working group will follow the implementation and adjust the methods if needed. The implementation has just started, so there are no final conclusions. But the aim is to improve co-determination and offer more flexibility for users while also reducing municipal costs and resources.

Abstract 85, Cork, Ireland

ID-85 Leaving no one behind – an interagency approach that promotes changes in home literacy environments, children's attitudes toward reading and early literacy skills in Cork City

Aoife Ni Chonchuir & Grace Walsh

Dolly Parton's Imagination Library is an international book gifting programme that has seen more than 200 million children books gifted to young children from birth up to five years since its inception in 1995. Preschool children's language development shows a positive link between home characteristics, parents' involvement in home literacy practices and children's later language and literacy skills. Cork City Profile 2018 highlights that Knocknaheeny, Hollyhill, Gurrabraher and Mahon are Revitalising Areas through Planning, Investment and Development (RAPID) areas and experience higher than average levels of poor

educational attainment, with nearly 30% of the population only being educated as far as primary school and only 7% of this population group having achieved an ordinary bachelor's degree. Books in the home make a difference beyond literacy. Research indicates that having books available within the home builds vocabulary, increases awareness and comprehension and expands horizons — all benefitting the health, social and educational opportunities for children into adulthood. Recognizing the social, health and educational benefit of access to books from a young age, a working group comprising interagency partners from the community, voluntary and statutory sectors was established in Cork in June 2019 to bring this programme to communities most in need in Cork. This initiative launched in Cork pilot areas in November 2020, and 1307 children are registered with the programme and 751 children have graduated from it. Each month, through Dolly Parton's Imagination Library in Cork, a high-quality book is posted to all registered children, addressed to them at no cost to the child's family. Each child experiences the gift of a book and reading every month, thus levelling the playing field for all children by helping them to build their own home library. These books are hand-selected by the UK and Ireland Imagination Library Book Selection Committee. The objectives for the Dolly Parton's Imagination Library in Cork align strongly with the objectives of Cork as a healthy city and the lifespan approach to health by:

- improving the home learning environment for children and families of Knocknaheeny, Hollyhill, Gurrabraher, Churchfield, Mahon, Carrigtwohill, Ashbourne House and Kinsale Road Direct Provision Centres;
- supporting child–parent attachment;
- enhancing child–parent relationships and interactions; and
- enhancing the level of family reading and to increase parents' and other caregivers' involvement in their child's learning.

Very positive feedback has been received from parents and other caregivers involved with the programme, highlighting that the books have been viewed as a special gift each month, with children eagerly awaiting their arrival in the post. Every child registered at birth will receive a collection of 60 books by the time they turn five years and graduate from the programme. The Dollywood Foundation initiated a review of more than 20 years of research conducted on Imagination Library programmes in the United States of America and internationally. The findings from the body of Dolly Parton Imagination Library research indicate that the programme is extremely popular in the communities where it is implemented and shows promise in promoting changes in home literacy environments, children's attitudes toward reading and early literacy skills.

Abstract 88, Kuopio, Finland

ID-88 Digital lifestyle intervention to effectively improve mental health

Hanna Rekola, Kati Kinnunen, Petteri Sveins, Juha Tenhunen, Juho Strömmer, Joni Borgström, Elsa Paronen, Anne Surakka, Maija Saijonkari, Heikki Pentikäinen, Timo A. Lakka, Tanja Tilles-Tirkkonen, Helena Länsimies & Tomi Mäki-Opas

Mental health challenges are burdening public health, partly due to digitalization and changes in lifestyle and working life. The digitalization of social and health services, including digital promotion of health and well-being, might have the potential to tackle these challenges. A healthy lifestyle is connected to mental health and well-being, and digital lifestyle interventions can be effective in improving not only healthy lifestyle but also mental health. However, they do not seem to work for everyone. The aim of this study was to assess whether a digital application promotes healthy habits and mental health and how the participants' background influences the activity and effectiveness of using the application. The research

data were collected as a part of the Feel Good North Savo programme in Finland. The BitHabit application, originally developed in the Stop Diabetes study, was available for a one-month trial in spring 2023 after people filled in a short digital questionnaire on physical, mental and social well-being. The survey was repeated after one month of optional use of the BitHabit application. Altogether, 1647 individuals responded to the first digital survey and 129 to the follow-up survey. The effectiveness evaluation based on the follow-up data is currently underway. Here we present key findings from the first survey and the BitHabit application user data. Half (52%) of the individuals who responded to the digital survey also logged into the BitHabit application. One third of the individuals who logged into the application performed the habits proposed by the application, 10 habits on average. However, only half of them continued using the application after the first day. The most popular habits were related to positive thinking and mental well-being. The second most popular type was habits promoting physical activity. Of the respondents, 77% were women, and they were also more likely to initiate application use and use it actively compared with men. Unemployed people were also less likely to initiate application use than employed people. Digital applications might be effective in promoting a healthy lifestyle and mental health. We found that digital healthy lifestyle interventions especially seem to attract women and employed people, and these groups are most ready to use these applications. More research is needed to develop digital applications to attract more potential users and meet the needs of especially those at increased risk of an unhealthy lifestyle and poor mental health. Digital tools also offer valuable opportunities for social and health sectors to promote evidence-based service provision and detect lifestyle risks at an early stage.

Abstract 89, Kuopio, Finland

ID-89 Game Over? Continue! Developing and piloting a multidisciplinary intervention for young NEET adults

Samu Sorola, Siiri-Liisi Kraav, Nina-Elise Koivumäki, Paavo Vartiainen, Mika Tarvainen, Pasi Karjalainen & Riitta Vornanen

In 2022, 9% of young people in Finland were NEET – not employed or in education or training. NEET youth are at risk of social exclusion and poverty, making it a global challenge to devise effective ways to help them re-engage with society. The Game Over? Continue! project organizes an intervention for young NEET adults, combining gaming activities with the development of various skills, aiming to enhance their motivation for education and work. Workshops also focused on the importance of self-reflection, sleep and physical activity in well-being, learning and gaming. Over four months, participants engaged in 13 sessions of active guided group activities. The project's pilot study aimed to measure the intervention's impact on the participants' well-being and functional capacity. It had 13 participants (mean age: 24 ± 4.7 years; nine men, three women and one other). Baseline measurements used (1) a questionnaire including a PHQ-9 depression survey and GAD-7 anxiety survey and (2) actigraphy combined with self-measured heart rate data to evaluate heart rate variability, sleep and physical activity patterns. Follow-up measurements occurred after the four-month intervention, and every participant could receive personal feedback on the measurements, promoting non-judgemental self-reflection. At baseline, 54% were unemployed, 15% were employed and 31% faced education commitment issues. The PHQ-9 results revealed that 85% had depression symptoms. Also, 31% reported suicidal tendencies, and 62% had previously undergone treatment for mental disorders. In addition, the GAD-7 results revealed that 54% had generalized anxiety disorder from mild to severe. Physiologically, 77% achieved the minimal physical activity guidelines, and the majority had irregular circadian rhythms – typically displayed with lower heart rate variability after poor sleep. In the follow-up, the questionnaire and physiological measurements had 70% and 15% adherence rates, respectively. One participant found employment during

the intervention, and two enrolled in studies. PHQ-9 scores dropped significantly ($P = 0.04$), with two participants no longer experiencing depression and one moving from severe to moderate depression. GAD-7 scores declined significantly ($P = 0.017$), with one participant reporting a shift from mild to minimal anxiety. Additionally, 33% self-reported increased physical activity levels and none reported a decrease. Regarding sleep, 33% no longer had consistent trouble falling asleep, and 66% observed no significant change. The intervention used gaming effectively, promoting group cohesion, motivation, and functional capacity. While participants had decision-making autonomy, they expressed a desire for more structured sessions. Given the prevalence of mental health and sleep issues among participants, collaboration with public health-care mental health care will be needed. Fewer participants attended activities in unfamiliar environments. To improve adherence, future gaming interventions should foster trust and genuine interest among participants before introducing new settings and activities. A personalized and holistic approach, taken at a leisurely pace, remains essential for promoting well-being and engagement with society.

Abstract 91, Czechia

ID-91 Home sweet home – a hackathon for using assistive technologies in health and social care

Eva Nečasová & Pavla Kovářová

24 hours, 6 teams, 13 mentors: and the goal? To find the best way to enable seniors or people with disabilities to have sufficient social and health care in the South Moravian Region through assistive technologies and at the same time be able to stay at home for as long as possible. The South Moravian Agency for Public Innovations JINAG together with the South Moravian Region organized a hackathon competition called Everywhere Good, at Home the Best on 25–26 May 2023. It was a unique event with the aim of coming up with solutions on how the South Moravian Region can support the development and availability of assistive technologies. The event was held in cooperation with WHO and Healthy Cities of the Czech Republic. Financial and other support was provided by the South Moravian Agency for Public Innovations, the Statutory City of Brno, VZP ČR and CzechInvest. The main goals of the event were:

- to increase awareness of the possibilities of assistive technologies to the whole South Moravian Region;
- to extend the availability of assistive technologies to regions of the South Moravian Region far from Brno and Brno-venkov districts; and
- to increase the practice of social and health service providers using assistive technologies in their work.

The hackathon enabled:

- awareness raising and promotion of the topic of assistive technologies;
- a different and unusual form of cooperation between public administration and people “on topic” and “off topic”;
- a space for sharing the needs and practices of social health services and public administration and discussion; and
- space to think differently – thinking out of the box – solutions created by people from practice.

The output of the hackathon is six proposed solutions. The proposed solutions brought new perspectives, thoughts and innovative ideas on how the field of assistive technologies in the South Moravian Region can be approached. The format of the hackathon will continue to be used as a platform to creatively approach new challenges.

Abstract 92, Madrid, Spain

ID-92 Communication design for health promotion: a population diversity perspective

Víctor Castaño Díaz & María Dolores Hernández Martín

Communication is a key tool for health promotion, but its application from a community perspective is still incipient. This paper presents the experience of the first research internship in health communication within the Subdirectorate of Prevention and Health Promotion of Madrid Salud, an organizational part of the Madrid City Council. A 14-point set of values is proposed through a literature review, and this should be followed when developing high-quality public health communication strategies. The research determines the essential keys to effective health promotion communication that can guide the development of effective campaigns and communication actions. This research was based on a literature review of publications that addressed the relationships between communication and health promotion. We analysed the texts published by WHO for each World Conference on Health Promotion, from the 1986 Ottawa Charter to the present. The bibliographic search was subsequently expanded to include other research and theoretical publications in which the basic principles of health communication could be identified. These sources included *Health Promotion International*, the *Spanish Journal of Health Communication* and *The handbook of communication for social change*. Based on this review, we developed a 14-point set that includes the basic keys, requirements and principles that communication strategies must meet when addressing health promotion from community and diverse perspectives. These principles have been applied in every communication content produced during the internship. Three main findings emerge from the research. First, World Conference on Health Promotion publications recognize the importance of health communication but they do not provide guidance on the principles it should meet. Second, this gap in health communication can be addressed with a powerful tool such as social marketing, a branch of marketing that focuses on the social good. Finally, the 14-point set was developed based on scientific evidence and international campaigns. It highlights the importance of building collective imagination, inclusion and diversity, combating discrimination and considering the digital present. These ideas are reflected in the following principles: content accuracy; accessibility and usability of the message regarding audiences; comparison: having complete and contrasted information, avoiding biases; consistency: the message must be repeated over time and in different formats; adaptation to the level of understanding and cultural background; based on scientific evidence; focus on the largest possible number of people; security: the message should not be harmful to people; repetition over time; opportunity; understanding; relevance, communication actions must be aligned with the objectives of the organization; ad hoc design: communication actions must be designed specifically for the target audience; and the communication objective and effectiveness must be evaluated. WHO advocates for the essential role of communication in health promotion. However, the lack of clear and coherent guidelines makes it difficult to create effective and respectful health messages. Application of the 14-point set will help to improve the understanding of health messages and promote positive changes in people's health habits.

Abstract 106, Latvia

ID-106 Using modern technologies to promote physical activities among children

Ilze Straume, Liva Aumeistere & Laura Malina

The amount of physical activity directly affects children's health and development. One way to increase children's physical activity is to implement dynamic breaks in the learning environment. Dynamic breaks are 2- to 3-minute movement activity breaks during which exercises are performed. The purpose of dynamic breaks is to activate the child's respiratory and circulatory system, to stop long-term static pose (sitting). To promote physical activity, thus reducing the health damage caused by prolonged sitting, the

Centre for Disease Prevention and Control of Latvia (CDPC) developed a video series of 10 dynamic breaks for preschool, primary and elementary schoolchildren. The video shows animated characters dancing to music while performing various exercises. Before the development of the dynamic breaks video, a focus group was organized in which children of the respective age group participated. The goal was to find out what children are interested in: what characters, movements and music they prefer. Then the videos were developed and piloted in schools to determine whether the movements were understandable and easy for children to perform. If necessary, the exercises were adjusted. Teachers were also involved in the piloting, considering their experience in working with students. A choreographer was involved in developing the movements. The Latvian Association of Physiotherapists was involved in developing and coordinating the video content, thus confirming the relevance and suitability of the selected exercises for children. The videos were published on the Centre for Disease Prevention and Control's social networks and YouTube account and sent to the coordinators of the Latvian National Healthy Municipalities Network and Latvian National Health Promoting Schools Network and were used in various Centre for Disease Prevention and Control face-to-face events (inviting the participants to move). The total number of views on YouTube for all 10 videos is more than 851 000 (357 000 for the most popular one). Feedback has been received from the coordinators of the Latvian National Health Promoting Schools Network that the videos are used during lessons. Dynamic breaks are a great way to promote physical activities among children, thus reducing the health damage caused by prolonged sitting.

Abstract 123, Belfast, Northern Ireland, United Kingdom

ID-123 Profiling health, well-being and prosperity

Joan Devlin, Erica Ison & Karen Casson

The City of Belfast has a complex administration, and political infrastructure. As such, many organizations are responsible for collecting, analysing and publishing data relevant only to their remit, and most of the data concerning the social determinants of health are hosted in separate data sets on individual websites across government departments, national organizations, local authorities and the community and voluntary sector. Sourcing the data can be challenging, and when data are available, they are not necessarily in an accessible or usable format. Consequently, many local and public organizations spend considerable time accessing data even before it can be analysed and used to inform decision-making to address the social determinants of health within the municipality. In this workshop, we will consider the value of compiling a population profile, the ways in which a profile can support Healthy Cities work and the learning and insights obtained in developing the two most recent city health profiles in Belfast using the 6P framework of the Phase VII themes of the WHO European Healthy Cities Network. We will look at how to select indicators for a population profile, taking account of concerns within your city or region from the perspectives of policy-makers, service providers and communities and how selection can be constrained by data availability and accessibility, data coverage and the time frames over which indicators are calculated and presented. We will feature the types of data available, including routine and non-routine data, and how they can be brought together with the published evidence to illuminate the health and well-being of a city's population. We will also explore how a set of indicators covering health status and key social determinants of health can generate greater understanding of the causes of ill health and a suboptimal quality of life. There are challenges, however, with using routine and non-routine data, including those around data collection, analysis and presentation, which will also be considered. We will cover how to use publicly available quantitative data to explore trends over time, comparisons within and across administrative geographies, comparisons among population groups, identifying emerging issues of concern and using projections from modelled data. This will be

complemented by appropriate ways of interpreting the data. A city health profile can be a foundation for evidence-informed policy, strategy and action planning and generating greater value in service provision. It can contribute to partnership working on determinants of health and inequalities in health by facilitating collaboration among stakeholders, including the city's communities, not only in terms of generating the profile but also as a springboard for further investigation, as a service-planning resource and as a background to funding proposals. Finally, we will use Belfast's separate profile of the COVID-19 pandemic's impact – *Profiling, health, well-being & prosperity: has COVID-19 changed our city?* – to underline the importance of maintaining data collection and analysis in a time of health and economic shocks. This workshop will be structured to include facilitator presentations and interactive tasks for participants.

One Health, one future: moving towards planetary well-being

Abstract 19, Oslo, Norway

ID-19 Planetary health education and capacity building for health-care professionals in a global context

Muhammad Asaduzzaman, Rifat Ara, Sadia Afrin, James E. Meiring & K.M. Saif-Ur-Rahman

Planetary health has emerged as a new discipline to safeguard our planet in response to climate change, to limit our detrimental interaction with the surrounding ecosystem and to protect the lives of all with an intergenerational responsibility. Incorporating planetary health into education systems of all disciplines is a crucial footstep to obtain the change. However, this multidisciplinary approach needs to be discussed in a more organized and sustainable way within the global public health and health-care disciplines. To be an inclusive and result-oriented holistic model, individual to community-level professional education is much needed, both formal and informal. The aim was to explore published articles and online databases of courses to summarize the available planetary health education opportunities and discussions for health-care professionals, to identify the gaps in resource allocation and to suggest future recommendations. Three bibliographic databases were searched (MEDLINE through PubMed, Scopus and Web of Science) and relevant websites from the year 2000 to 25 April 2022. 470 articles were initially retrieved and screened. Following exclusion of the 162 duplicates, 33 articles were scrutinized through independent dual screening of the titles and abstracts. Final data extraction was considered for 33 articles, which depicts that most of the planetary health education initiatives have been focused on nursing and medical curricula. The implementation of planetary health modules among other allied health-care professionals is limited. Single articles for each discipline of community health-care work, pharmacy and physiotherapy discussed the importance of planetary health curriculum, and these represent the most accessible allied health-care professionals in low-income countries. Regarding the planetary health courses, most of the available ones are provided through online platforms. The duration of the short courses ranged from four hours to five months, whereas the long courses ranged from nine months to six years. Some of the renowned global online learning platforms, such as planetary health education learning lab, Coursera, edX, Iversity and Future Learn, offer courses in paid and unpaid options available for anyone but are especially recommended for health-care professionals. Undergraduate, doctoral and postdoctoral programmes on planetary health are few, but planetary health modules are available in many graduate programmes globally. Apart from success stories, there is a noticeable lack of knowledge and resource equity between the global South and North. The majority of the available planetary health courses and discussions of curriculum development have emerged from high-income countries, with instruction in

English and a lack of local or indigenous knowledge. A visible resource inequity in the global South was observed with the lack of a universal planetary health module for health-care professionals. The role of education is central to developing not only the basic and contemporary understanding of planetary health but also for advancing self-reflection towards the wider society, including healthy cities and a recognition of the instrumental contributions of others. It is recommended that a dedicated network of motivated health-care professionals and regional hubs like the WHO European Healthy Cities Network have an agenda to ensure a comprehensive, uniform and inclusive planetary health education curriculum and practice not only for health-care professionals but also for elder generations and local government sectors.

Abstract 32, Utrecht, Netherlands (Kingdom of the)

ID-32 Exposome-wide association study of body mass index using a novel meta-analytical approach for random forest models

Haykanush Ohanyan, Mark Van De Wiel, Lützen Portengen, Alfred Wagtendonk, Nicolette R. Den Braver, Trynke R. De Jong, Monique Verschuren, Katja Van Den Hurk, Karien Stronks, Eric Moll Van Charante, Natasja M. Van Schoor, Coen Da Stehouwer, Anke Wesselius, Annemarie Koster, Margreet Ten Have, Brenda Wjh Penninx, Marieke F. Van Wier, Irina Motoc, Albertine J. Oldehinkel, Gonneke Willemsen, Dorret I. Boomsma, Mariëlle A. Beenackers, Anke Huss, Matti Rookus, Martin Van Boxtel, Gerard Hoek, Joline W. Beulens, Roel Vermeulen & Jeroen Lakerveld

Overweight and obesity impose a considerable individual and social burden, and urban environments might encompass factors that contribute to obesity. Nevertheless, little research considers the simultaneous interaction of multiple environmental factors. We aimed to perform an exposome-wide association study of body mass index (BMI) in a multi-cohort setting of 15 studies. The studies were affiliated with the Dutch Geoscience and Health Cohort Consortium, had different population sizes (688 to 141 825) and covered the entire Netherlands (Kingdom of the). Ten studies contained general population samples, and others focused on specific populations, including people with diabetes or impaired hearing. BMI was calculated from self-reported or measured height and weight. Associations with 69 residential neighbourhood environmental factors (air pollution, noise, temperature, neighbourhood socioeconomic and demographic factors, food environment, drivability and walkability) were explored. Multivariable random forest regression addressed potential nonlinear and non-additive associations. In the absence of formal methods for multi-model inference for random forest, a rank aggregation-based meta-analytic strategy was used to summarize the results across the studies. Six types of exposure were associated with BMI: five indicating neighbourhood economic or social environments (average home value, percentage of high-income residents, average income, liveability score and share of single residents) and one indicating the physical activity environment (walkability in a five-km buffer area). Living in high-income neighbourhoods and neighbourhoods with higher liveability scores was associated with lower BMI. Nonlinear associations were observed with neighbourhood home values in all studies. Lower neighbourhood home values were associated with higher BMI scores, but up to €300 000. The directions of associations were less consistent for walkability and share of single residents. Rank aggregation made it possible to flexibly combine the results from various studies, although between-study heterogeneity could not be estimated quantitatively based on random forest models. Neighbourhood social, economic and physical environments had the strongest associations with BMI.

Abstract 50, Karşıyaka, Türkiye

ID-50 Expanding responsible consumption in energy and water resources from the corporation to the city

Saadet Çağlın

Some of the most important duties of a local government are to reduce the use of fossil-based energy that causes the climate crisis, to act efficiently and responsibly in the consumption of water and to raise awareness within the institution and among the public. In the 2021 Sustainable Energy and Climate Action Plan for the Municipality of Karşıyaka, the targets were set for a 40% reduction in greenhouse-gas emissions and 30% reduction in water consumption for 2030, with 32 reduction and adaptation actions. To achieve these goals, it was first decided to start with the Municipality itself. The ESDA Resource Monitoring and Efficiency Platform was created to monitor all consumption on a single platform, to identify improvement points and to calculate the carbon footprint and provide the findings in a report. As of January 2022, there were 170 electricity, 280 water and 11 natural gas subscribers, 260 fuel-using service vehicles and 2 GES power plants. This leads to a total of 723 consumption and production data every month. These data is recorded and monitored on the ESDA Platform. The following results were obtained with the improvements made by evaluating the data analysis on this platform. When the January to August results of 2022 and 2023 are compared: greenhouse-gas emissions decreased by 10%, electrical energy consumption decreased by 6%, fuel consumption decreased by 15% and water consumption decreased by 31%. As a result of the monitoring, timely interventions and improvements we made on this platform, our expense budget decreased by €290 551 for the first eight months of 2023. Within the scope of the city, a green building guide was created, suggestions for efficient use of resources were shared and free services were provided to our citizens to encourage realization. A decision was made by the city council on this issue, and it was announced to the public. Areas for improvement in the guide include energy use and performance, water and wastewater management, indoor environmental quality, green infrastructure practices, transport, waste management, light pollution, disaster management and fire protection, materials and resources, sustainability and voluntary participation and innovation. A total of 91 efficiency and improvement suggestions are suggested to citizens on these issues and were published in the green building guide in January 2023. Many meetings were organized and promoted to present findings to the people in the district. Consultancy services are also provided with a multidisciplinary technical team to people who want information on various subjects. As the Metropolitan Municipality of Izmir, the aim is to protect natural resources both in corporate and urban areas, to reach a 40% reduction target for 2030 by reducing greenhouse-gas emissions and to be a city resistant to the climate crisis. The One Planet approach of WHO has been adopted in many related municipal studies.

Abstract 64, Cardiff, Wales, United Kingdom

ID-64 Capturing the health and well-being impact of climate change: a health impact assessment in Wales

Liz Green, Nerys Edmonds, Kathryn Ashton & Sumina Azam

Climate change is one of the greatest threats to global health in the 21st century and is likely to affect health through a range of factors (societal, economic and environmental). The need to act on climate and nature emergencies to protect population health and well-being and prevent negative effects is becoming more urgent. Public Health Wales carried out a comprehensive mixed-method health impact assessment of climate change. Health impact assessment is a systematic process that considers how a policy, plan or project affects the health and well-being of a population. This specific health impact assessment appraised

the potential impact of climate change on health and inequalities in Wales. This involved participatory workshops, engagement with a range of stakeholders, systematic literature reviews and case studies. The health impact assessment findings indicate significant potential impact across the determinants of health and mental well-being, such as air quality, flooding, economic productivity, working conditions, access to services and community resilience. Impact was identified across population groups, settings and areas, including urban and rural contexts, outdoor workers, children and young people, older people, schools, hospitals and workplaces. These findings have been beneficial to inform decision-makers to prepare for climate change plans and policies using a preventive evidence-informed approach. The work has demonstrated the value of health impact assessment for significant, complex policies by mobilizing a range of evidence through a transparent process, resulting in action and transferable learning for others.

Abstract 76, Cork, Ireland

ID-76 An outdoor classroom for an artistic approach to working with nature for climate and environmental justice

Maria Young & Denise Cahill

A large body of evidence suggests a relationship between exposure to nature, particularly green space, and the physical and mental health of both adults and children. Garden access benefits the emotional and behavioural adjustment of children in the United Kingdom. From the growth of water-intensive cotton to the release of untreated dyes into local water sources, to worker's low wages and poor working conditions, the environmental and social costs involved in textile manufacturing are widespread. Further, increased consumption patterns have also created millions of tonnes of textile waste in landfills and unregulated settings. In 2021, eco artist Ashleigh Ellis worked with the Pairc Eoin (public park in Cork City) Gardening Group to establish a dye garden of flowers planted for the purpose of harvesting their fruit, leaf, root, flower for making dye for fabric. Attracting more than 60 participants from a range of age groups, four outdoor dye workshops were then hosted using the outdoors as a classroom, focusing on the role of dyes and practical lessons on dyeing. The workshops enabled time to interact, and informal discussion led workshops in this creative approach to working with nature, in contrast to the ubiquitous nature of fast fashion, the frequent exploitation of workers in the fashion industry, the use of harmful chemical dyes and the phenomenon of throwaway fashion. In May 2022, a youth contemporary dance company participated in a programme of practical workshops that included visiting the garden, immersing their dresses in the Curraheen River, rolling them with leaf from the alder and immersing them in prepared dye from the site. The unique dresses became performance costumes for the company's outdoor and indoor performances that year. Twelve teenage girls completed the dye workshops, creating their own costume. The workshops supported the artist to pursue this sustainable approach to her career and attracted more artists to the garden. This approach empowered the community garden members to explore new ways to incorporate nature with artistic expression. The group subsequently created street mandalas with natural materials of leaf, twig, cone, and stone at the local street festival in 2022. The creation of a willow dome at Páirc Eoin led to the construction of a subsequent live dome at the neighbouring Togher Community Garden.

Abstract 105, Istanbul, Türkiye

ID-105 The Climate Clinic

Emine Didem Evcı Kiraz^{1,2}, Kıvılcım Pınar Kocabıyık², Mine Durusu Tanroöver^{2,3}, Banu Binbaşaran Tüysüzoğlu²

¹Aydın Adnan Menderes University, Faculty of Medicine, Public Health Department; ²Yuvam Dünya Association; ³Aydın Adnan Menderes University, Faculty of Medicine, Department of Internal Medicine

WHO has declared climate change to be a major threat to public health. While we are already beginning to observe the health effects of climate change, we know that these undesirable health effects will increase in frequency and severity in the coming decades. We also know that the world's health systems are not prepared for these future projections. Medical students globally say they are not adequately prepared for a health crisis that will shape much of their professional life. A very recent study evaluating the curricula of medical faculties in Türkiye has shown that the integration of climate change into the medical school curricula is significantly inadequate. Setting out to change the story of our generation in the fight against the climate crisis and aiming to transform every part of society, the Yuvam Dünya (Earth, My Home) Association started the Climate Clinic primarily aiming to partner with health sciences students and support them to take an active role in creating climate-resilient health systems. We are preparing a roadmap with our scientific committee for health professionals to adapt to the health impact of the climate crisis in their professional lives through realistic and repeatable curricular models throughout education and for continuing professional development. The scientific committee defines basic competencies related to climate change and health, and then a framework that will guide the integration of climate change into the medical school curriculum will be proposed. We also organize a climate school in cooperation with medical specialty associations and boards, for continuing medical education is essential for physicians to maintain, update and improve the knowledge and skills they need to care for their patients. The first event, Climate Conference for Public Health Students, was held on 20 May 2023 with 1300 registered participants and 35 speakers. During the seven sessions, the effects of the climate crisis and its burden on the health sector were discussed. The Conference entered the trend topic list in six countries with 115 800 tweets and reached about 15.1 million users. From scientists to artists, from communicators to health-care professionals, all speakers and participating students underlined that the climate crisis is a health crisis that requires urgent action and emphasized the importance of equipping young people who will continue this struggle by entering the curriculum in schools. And it already ensured the involvement and support of many stakeholders in the process. The next phases will include building a network of climate champions among health professionals who will be advocate for the health benefits of mitigation and adaptation efforts.

Abstract 116, North Macedonia

ID-116 A healthy city for a healthy society

Darijan Trajanov

The health and economic burden of physical inactivity is great. According to WHO, one in four adults in the world do not meet the globally recommended levels of physical activity. Working on this research means supporting every city to provide opportunities that will motivate people to move more, use more bicycles than cars, be physically active at their workplaces and move towards planetary well-being. On the other hand, working on this research means supporting companies in the cities creating corporate health culture, psychophysical and health promotion activities and programmes for their employees. There are three main objectives. The first objective is to determine whether the cities where people live create opportunities for practising and promoting physical activity. The second is to determine whether the people that living in cities want their cities to invest in physical activity and health promotion activities. The third objective is to determine whether the companies in which people work in the cities provide conditions for health promotion and healthy lifestyle activities. This research is an analytical cross-sectional study and conducted from 5–20 June 2023 through the survey method, using an online

survey questionnaire. In this research participated 110 respondents (men and women), most of them 51 (46%) were aged between 18 and 28 years. 60% of respondents said that there are not enough public courts for sports and fitness activities in their cities. Also, 80% of respondents said that they walk or use a bicycle to get to and from places, but 75% of them answered that there are not enough bike lanes in their cities. Then 88% answered that want their cities to organize monthly activities that support physical and sports activities. Promotion of physical activity in the workplace is always an important initiative. So, 82% of respondents answered that the companies in the cities in which they work do not give them an opportunity to use fitness programmes that enable them to be physically active at work. A very important answer from this research is that 62% of respondents said that they would like their cities to create healthy corners near their workplaces and use them to be physically active and get health advice from experts during their work. People need events and public open spaces in their cities that promote physical activity and encourage them to be active throughout the day and in their workplaces. If cities and companies in the cities are going to create enough activities and public open spaces that will support physical activity and health promotion programmes, then people will move more, use more bicycles than cars and build a healthy environment.

Abstract 133, Türkiye

ID-133 Türkiye's experiences for 30 years in the Healthy Cities movement

Emine Didem Evcı Kiraz & Nalan Fidan

Türkiye has spent 30 years in the Healthy Cities movement with strategic approaches and providing intersectoral and interdisciplinary participation. Türkiye has strengthened its efforts to ensure a healthy living environment, which started with the Public Health Law published in 1930, with the WHO Healthy Cities movement. The Healthy Cities movement in Türkiye started in 1993 with a series of meetings organized by the Ministry of Health and the WHO Country Office in Türkiye. One of these meetings, in July 1994, a briefing meeting with international participation on the Healthy Cities movement in Türkiye, was held in İzmir, the administrators were informed about the Healthy Cities Project and opened discussion on the establishment of a national healthy cities network of Türkiye. The project in Türkiye was carried out until 2000 as the preparation and implementation of its own project by the relevant municipality within the framework of the Ministry of Health's information and coordination efforts. With the establishment of the Turkish National Healthy Cities Network in 2000, E. Didem Evcı became the first national network coordinator. The Metropolitan Municipality of Bursa and the Municipality of Çankaya/Ankara were the first municipalities to express their interest in the project. Nalan Fidan (Bursa) and Ethem Torunoğlu (Çankaya) are the first healthy city project coordinators. Bursa was the first healthy city of Türkiye (5 July 2000). An experience sharing and information meeting on the Healthy Cities Project was organized by the national network coordinator in Ankara (17 September 2001) with the participation of 10 provinces. As a result of this meeting, it was decided to establish the Turkish Healthy Cities Association. It was established in 2005. The Healthy Cities Union is the first and only union established in the field of urban health in Türkiye. The healthy city movement in Türkiye, which started with 10 founding members, continues today with 138 members. The Turkish Healthy Cities Association represents 74% of Türkiye's population. The Association has reached its 30th anniversary with all the support it has given to its interdisciplinary advisory board, managers, intersectoral support, *Kentli* magazine, actively used website, good practices competition and its members. It is a Healthy Cities movement that has faced health emergencies and disasters, thus gaining resilience and increasing experiences.

Power of cities: delivering an inclusive mental health agenda

Abstract 71, Türkiye

ID-71 A new approach to services for older people after the COVID-19 pandemic

Nilay Oğultürk & Ethem Torunoğlu

The analysis worldwide indicated that during social isolation, people older than 65 years experienced mental and physical problems triggered by disconnection, stress and fear of death. Care for older people and services provided by the Municipality of Çankaya focus on extensive understanding of problems that older people face and attitudes they develop through this process and aim to contribute to finding sustainable and concrete solutions to overcome these complications by determining and defining their problems. Older people, people with chronic diseases such as diabetes and cardiac and respiratory problems and people having cancer treatment have been signified as a risk group by WHO and Türkiye's Ministry of Health, since they are more likely to go through the illness in a harder sequence. Statistics by WHO and Türkiye's Ministry of Health show that pandemics hit people older than 60 years harder. To protect older people from pandemics, social isolation measures for older people were commonly imposed all around the world. According to the World Bank's 2019 figures, the world population is about 7.674 billion, 9% of whom are 65 years and older. According to the Institute for Statistics of Türkiye, in 2019 people 65 years and older comprise 9% of the population of Türkiye. To protect this population in the risk group for the COVID-19 pandemic, it has been highly recommended that they stay at home. However, staying at home for longer periods and an inactive life regimen in addition caused physical and mental complications among older people. Higher COVID-19 morbidity and mortality rates among older adults were frequently announced in both mainstream (conventional) and social media. Many government authorities highlighted this age issue discursively, which led to discrimination based on age. The isolation measures inflamed the loneliness of older people, who slightly took part in social life. They are disconnected from social life and even isolated from family members (since they want to be cautious). Although they are much appreciated, protecting them in terms of only physical procedures is considered enough. However, this excessive concern, social isolation and rising health issues harm older people more. The Municipality of Çankaya planned and implemented social and psychological backup programmes for older people during the pandemic. The Municipality of Çankaya, considering the associated agendas critical, joined the Healthy Ageing Working Group of the WHO European Healthy Cities Network and participated in all its meetings online during the pandemic. By the end of the pandemic, the Municipality planned and implemented a supplementary programme so that older people have the minimum psychosocial damage as far as possible instead of leaving them alone. In the beginning, the pandemic picked out older people as the most vulnerable group to be isolated. Health issues are not only regarding the COVID-19 infection but also the withdrawal of the routine health services. The heterogeneity of older people was mostly neglected, besides reducing older people's rights and services gave rise to serious consequences. Throughout the pandemic, older people had growing health problems, and health-care professionals figured out that due to indoor life, people lacking communication and physical activity are in danger of increasing prevalence of such conditions as obesity, diabetes, Parkinson's disease, dementia, hypertension and depression. Based on age-inclusive policies and intergenerational approaches, services are being revised to be friendly to older people, considering physical and mental needs after the COVID-19 pandemic, giving priority to older people participating in social life to ensure active ageing and reduce social deficiency.

Abstract 94, Spain

ID-94 EnMapando Riquezas: an innovative mixed-methods approach for addressing health inequities and enhancing community engagement in vulnerable populations

Ángel González De La Fuente, Sofía Angulo Hernando, Rosa Ana Angulo Izquierdo, Juan Ayllon Barasoian, Sandra Corral Puente, José Cordero Guevara, Teresa Mondejar Solis, Pablo Muñoz Cifuentes & Fabiola Edith Stoppel

Health inequalities, especially those related to mental health, represent a significant global health challenge. The protocol Enmapando Riquezas (Mapping Riches) introduces an innovative methodology for conducting a health area diagnosis and identifying and enhancing health assets, which are understood as any factor or resource that boosts the capacity of individuals, families, or communities to maintain health and well-being. Addressing health inequities needs a foundational community approach. Specifically designed for the vulnerable population of the La Inmaculada Neighbourhood in Burgos, Spain, this method focuses on challenges related to accessing healthcare and mental health services. We particularly integrate this salutogenic approach at the Primary Health Care level. This protocol seeks to proactively engage the community and integrate all stakeholders by forming strategic alliances at both micro and meso levels. The aim is to foster synergies and optimise resource allocation. Through this approach, we can devise effective interventions and strategies that are tailored to the community's specific needs, promoting their empowerment. The identification of health assets through participatory methods aims to promote, maintain, and improve them within the context of a municipal project for the reconstruction and rehabilitation of La Inmaculada Neighbourhood. This mixed-methods protocol integrates two interconnected methodologies that blend quantitative and qualitative research. It employs a triangulation design and follows a longitudinal time sequence. The initial project involves a health diagnosis of the area by analysing the social determinants of health using a sample representative of this community. This analysis is adapted from the national health survey conducted by the Spanish Ministry of Health. The insights from the quantitative phase will inform the subsequent qualitative phase, in which asset mapping will be conducted across various public spaces and local entities, involving participants of all ages and diverse groups. The asset-mapping cycle is part of the method used for mapping health assets in a community, emphasizing equity and community participation. The outcomes of this initiative are expected to have a significant strategic and operational impact. The results will likely be key in shaping policy recommendations that endorse holistic interventions focused on community well-being. Engaging a wide range of stakeholders will be crucial for the project's success. Despite potential challenges, we are optimistic that the knowledge obtained will encourage interdisciplinary approaches, foster active participation, and pave the way for sustainable interventions. The evaluation of the process and actions stemming from the asset dynamization will be conducted through direct observation by the leading group. This initiative aims to have a beneficial impact on the community by providing a comprehensive understanding of health needs and assets. The protocol offers an integrated perspective that can be adopted elsewhere and can guide policy-making, facilitating the creation of sustainable and inclusive health interventions.

Abstract 98, Derry, Northern Ireland, United Kingdom

ID-98 Enhancing mental health support through a participatory community–research partnership: the case for Derry and Strabane Healthy Cities

Paula Mccool

Derry and Strabane Healthy Cities has established a community-led research partnership in response to the urgent need to address mental health challenges within the city and district. The Northern Ireland census data (2021) revealed that 11% of the population of Derry City and Strabane have an emotional, psychological or mental health condition versus 9% of people overall in Northern Ireland. One in five adults in Northern Ireland has experienced a mental health problem, a rate 25% higher than in England. From 1998 to 2018, 5087 people have taken their lives in Northern Ireland. More have died by suicide than throughout the 40 years of the Northern Ireland conflict. The Ideas Fund was launched in January 2021. This investment enabled the Healthy Cities partnership to invite community organizations to participate in a collaboration with universities to design place-based solutions to improve mental health and well-being. Communities were empowered to lead the research on their own terms, supported by academic partners drawn from various disciplines, including nursing, psychology and the life and health sciences. This collaboration fostered equitable relationships between community representatives and researchers, integrating local knowledge with academic skills and research methods. The unique approach resulted in the participation of 16 community groups, yielding a diverse range of highly valued and successful mental health projects grounded in the local context and lived experience of the communities of interest. The interventions ranged from designing specialist bereavement support for people with intellectual disabilities, educating young people on altruism, supporting people recovering from cancer treatment, holistic and peer-led approaches to weight loss, to name but a few. The outcomes and impact of the Ideas Fund community–research partnership in supporting mental health within Derry and Strabane emphasized the value of co-creation and interdisciplinary collaboration in addressing complex community health issues. The findings of this initiative can serve as a valuable resource for other cities and communities seeking to enhance mental health support at the local level. An insights report is available. Developing Healthy Communities NI is also collaborating with Ulster University and the Northwest Community Network on a systems-change project building on existing community and University connections, supported by an Ideas Fund regional partnerships grant. This work is designed to create the wider conditions for more equitable community–researcher partnerships in the region in the future, including establishing a forum.

Abstract 127, Nilüfer, Türkiye

ID-127 Nilüfer Municipality Lions & Ercan Dikencik Alzheimer Guest House

Ender Acel, Birgül Işık Şahin, Nurten Eylül Balku & Buse Sozer

The people's state of health is directly related to the level of health of their cities. Accordingly, local governments are the units primarily responsible for urban health. The Nilüfer Municipality Lions & Ercan Dikencik Alzheimer's Patient Guest House Project has been implemented within the scope of policies created for the needs of our city in parallel with the Nilüfer Municipality Strategic Plan studies and Nilüfer City Health Profile studies. The Nilüfer Municipality Lions & Ercan Dikencik Alzheimer Patient Guest House is providing services such as taking care of people with Alzheimer's and dementia, to monitor the health of those staying in the guest house or receiving day care services and to meet their social and psychological needs. The project aims to assist people with mild and moderate Alzheimer's and dementia to meet their basic needs, to reduce the disease's impact via the right programme tracking and activities, to ensure that the patients and the guests have high-quality time and to support the relatives physically and psychologically during the treatment and care process in the scope of this project. The centre was established under the Nilüfer Municipality Social Support Service Directorate and has the capacity for 60 people in the daytime section and 48 people in the night section. There are 24 double rooms, activity rooms (for TV, books and games), a dining hall, a kitchen, an infirmary, a hairdresser, a family meeting room, special care rooms, physical therapy and exercise rooms, dressing rooms and

garden walking areas in the facility to provide comprehensive patient care. To provide care with expertise, there is a team of physicians, nurses, psychologists, physiotherapists, social workers and caregivers. The daytime section is open between 8:00 and 17:00 on weekdays, and the night section is available 24/7. To support the relatives of the people who are highly affected by the process, a monthly family group study is carried out by the institutional psychologist. The Nilüfer Municipality Lions & Ercan Dikencik Alzheimer Guest House is the first facility in Bursa City to provide day and night service for people with Alzheimer's and dementia. It is also an example of good practice for local governments in terms of providing overnight care and daily scheduled service for the treatment. To help people with mild and moderate Alzheimer's and dementia, interventions are carried out to slow down the progression of the disease according to the programmes prepared for the groups of people in the night and day departments.

Abstract 134, Türkiye

ID-134 Measuring cities' mental health resilience: ecological grief scale study

Mehmet Oğuz Türkmen & Emine Didem Evcı Kiraz

Aydın Adnan Menderes University, Faculty of Medicine, Public Health Department, Türkiye

WHO has determined 11 criteria for a city to be healthy. The third criterion is defined as “a strong, mutually supportive and non-exploitative community”. WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The health of individuals depends on their being in a state of complete social and mental well-being. According to the information shared by the World Bank on 3 April 2023, about 56% of the world's population (4.4 billion people) lives in cities. It is expected that the increasing trend in the number of people living in cities will continue until 2050, and 7 of 10 people will live in cities. With increasing urbanization, more and more people are exposed to environmental stressors that potentially contribute to increased stress and impair mental health. Cities must confront current and future health emergencies, especially climate change, more resiliently. While mental health disorders are often linked to demographic and socioeconomic factors, there are few quantitative data on the interaction between mental health and the urban environment. *World health statistics 2023* states that climate change poses enormous risks to health by continuing to disrupt the environmental and social determinants of physical and mental health. Ecological losses are also increasing due to the apparent increase in the negative effects of climate change. Bryant and colleagues mapped the mental consequences of the Black Saturday bushfires in Victoria, Australia and reported cases of post-traumatic stress disorder, mental distress and fire-related depression in communities at risk of wildfires. Social screening studies should be carried out both to identify problems and to produce solutions. Scales have been developed for anxiety and anxiety experienced due to the negative effects of climate change and ecological losses. Cunsolo & Ellis published an article entitled “Ecological grief as a mental health response to climate change–related loss” in 2018. They defined the concept of ecological mourning as “grief felt about experienced or anticipated ecological losses, including the loss of species, ecosystems, and meaningful landscapes, due to acute or chronic environmental change”. These researchers worked with Australian farmer groups and Inuit communities in Nunatsiavut. Researchers have interpreted the concept of ecological grief in different ways in the literature as mourning or grief. In the literature review conducted in January 2022, no valid and reliable scale developed for young people regarding the concept of ecological grief could be found. We defined the concept of ecological grief as mourning and developed a scale to determine the ecological grief situations of students 18–25 years old and studying at university due to ecological losses.

Thriving together: navigating health in the well-being economy

Abstract 26, Madrid, Spain

ID-26 ALAS! What are we doing to promote healthy eating and physical activity in the City of Madrid?

Darío Ochoa Esteban, María Del Carmen Berlinches Zapero, Javier Calatrava Sánchez & Mercedes Ceínos Arcones

The Diet, Physical Activity and Health programme (Alimentación, Actividad Física y Salud, ALAS) started in 2010 and promotes changes in lifestyles and the environment. It involves various institutions and broad sectors of society. According to the 2018 Health Study of the City of Madrid, one in two men and one in three women are overweight. Around 72% and 51%, respectively, consume fruit and vegetables daily, but only 12% follow the WHO recommendation of eating five portions of vegetables a day, and 30% are sedentary in their free time. Obesity is approached from two perspectives: a population strategy, aimed at promoting a healthy diet and regular physical activity, and a high-risk strategy, to improve healthy habits among people with obesity and type 2 diabetes. The users are recruited from schools, neighbourhood associations and other city departments. Since 2011, more than 100 000 people have participated in the population strategy and 106 200 in group activities. In the high-risk strategy, we have carried out 40 450 interventions, and 11 171 people have been diagnosed with overweight or obesity. 85% of the 1629 people in the high-risk strategy from 2016 to 2019 lost weight with an average of 4.3 kg, more than half lost 5% or more, and 25% did not have obesity after the intervention. 35% of the people with prediabetes ended up normalizing their glycaemic status and maintained these results over 12 months. In 2022, 1645 users (1283 women and 362 men) benefitted from the programme. A total of 1048 Finnish Diabetes Risk Score (FINDRISC) tests were carried out (888 women and 160 men): 36% were positive (33% for women and 39% for men). There have also been three groups for 44 attendees with functional diversity. There are currently 22 healthy routes with more than 120 km distributed among all districts (Walking People project), accessible in an app. Nordic walking activities have also been developed. In addition, the Healthy and Economical Food Project is accessible from the Madrid Salud website. Our experience is that the coordination of different institutions, although a costly process, has a multiplying effect on the dissemination of information and, therefore, on the impact on the population.

Abstract 65, Cardiff, Wales, United Kingdom

ID-65 Capturing the health and well-being impact of a free trade agreement: the Comprehensive and Progressive Agreement for Trans-Pacific Partnership

Liz Green, Courtney Mcnamara, Leah Silva, Michael Fletcher, Louisa Petchey & Margaret Douglas

In June 2015, the United Kingdom voted to exit the European Union in a process known as Brexit, which is surrounded by political and social uncertainty. As a result, the United Kingdom can negotiate its own trade agreements for the first time in over 40 years, which led to the proposal of the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP). In 2022–2023, Public Health Wales undertook a comprehensive mixed-method health impact assessment to predict the potential impact of the CPTPP on the health and well-being of the population of Wales. This makes it only the second ever health impact assessment carried out on a free trade agreement globally. A literature review on the potential impact of the CPTPP on health and inequalities was conducted. Qualitative interviews with cross-sectoral representation such as trade and environment, public health and business were undertaken alongside the development of a community health profile. The health impact assessment identified significant potential impact across the wider determinants of health, including impact across vulnerable

population groups, such as farmers and agricultural workers. Investor–state dispute settlement mechanisms, economic uncertainty and loss of regulatory alignment were identified as key pathways for health impact. The findings have been beneficial in informing policy and decision-makers to prepare for the CPTPP in Wales using an evidence-informed approach and advocate for Welsh interests. This work has demonstrated the value of a health impact assessment approach to free trade agreements by mobilizing a wide range of evidence through a transparent process, resulting in transferrable learning for others.

Urban futures: co-creating sustainable places for all generations

Abstract 2, Belfast, Northern Ireland, United Kingdom

ID-2 Workshop: translating knowledge on supportive urban environments to improve brain health, promote healthy ageing and prevent dementia

Ruth Hunter¹, Geoff Green² & Anne Mccusker³

¹Centre for Public Health, Queen’s University Belfast; ²WHO Healthy Ageing Taskforce; ³Belfast Healthy Cities

The number of people living with dementia and cognitive impairment is increasing, mainly because people live longer. Research suggests that where one lives might influence brain health. For example, poor air quality in cities can lead to a decline in brain health. Since more people now live in towns and cities, it is important that the environment where people live be scientifically designed and improved to optimize brain health. The factors that account for who is most likely to develop cognitive ill health due to the environment have less to do with how we live and more to do with where we live. It is not known how these factors interact to make urban environments a problem for brain health, nor which are the best policies and interventions for promoting healthy ageing and brain health for the poorest communities. This workshop provides insights into the following aspects:

- with the help of stakeholders, the relationships between biology, lifestyles, and environment, represented in a diagram illustrating how they likely interact to affect brain health;
- exploring how various environmental factors relate to brain health by analysing data from more than 8000 older people in Northern Ireland and linking this to information about where they live, such as the amount of air pollution;
- exploring how aspects of biology influence how the urban environment affects brain health; and
- workshops with local stakeholders and citizens to develop a set of policy recommendations on urban environment and preventive health.

Key findings include:

- a map of the system in which our genes, lifestyle behaviour and urban environments interact to affect brain health, to help to guide stakeholders towards policies and programmes that can improve brain health;
- an evidence base exploring how where we live affects our brain health; and
- a suite of potential policies and interventions to improve brain health and promote healthy ageing with stakeholders and citizens.

This workshop provides evidence for policies and practices that provide supportive urban environments to promote healthy ageing, including promoting brain health.

Abstract 14, Zagreb, Croatia

ID-14 Health fair: Stampar in Your Neighbourhood

B. Kolaric, L. Vidovic, M. Sentija Knezevic, T. Coric, V. Tesic, M. Kusan Jukic, A. Puljak & J. Jonke Badic

In Croatia, more than half of all deaths are attributed to behavioural risk factors, especially dietary habits, smoking, alcohol consumption and insufficient physical activity. The health fair programme Stampar in Your Neighbourhood represents a series of local events held in Zagreb city districts, organized by the Andrija Stampar Teaching Institute for Public Health, the City Office for Social Protection, Health, Veterans and Persons with Disabilities and the health centres of the City of Zagreb. The activities of the fair are carried out by representatives of all services of the Institute and health centres. The event takes place in the form of a travelling fair for citizens of all age groups in which experts conduct education and workshops aimed at preserving health and improving the quality of life. The main goal of the programme is to provide citizens with key information about the importance of movement, outdoor activities, proper diet, providing first aid, recognizing the symptoms of certain diseases and other information related to health care. The aim is to promote health literacy among citizens of all ages and to raise awareness of the importance of being actively involved in taking care of one's own health. The health fair included activities carried out at thematic stands: nutrition and kinesiology counselling – “exercise and eat right, grow old healthy”; gerontological counselling – active and healthy ageing; through prevention to health – “check that you are healthy”; no health without mental health; ask the school doctor; environment and health; and ask a family medicine specialist. Ten city districts were covered during the implementation of this programme in 2022 and 2023. The programme was evaluated by recording the attendance of citizens and 5094 health services provided to the citizens. The great response of citizens to participate in activities indicates insufficient communication with health-care professionals. The health fair programme is in accordance with the National Health Development Plan for the period from 2021 to 2027, with priority given to promoting health, the health literacy of citizens and promoting healthy lifestyles.

Abstract 23, Delhi, India

ID-23 Planning for parks within a 0.5- to 0.7-km radius of every individual – learning from experience in Delhi

Shifalika Goenka^{1,2}, Prarthna Mukerjee¹, Dimple Kondal², Mohammed Tayyab³, Garima Rautela², Gyanendra Gongal⁴, Siddharth Mandal², Sailesh Mohan¹ & Dorairaj Prabhakaran²

¹Public Health Foundation of India; ²Centre for Chronic Disease Control; ³Delhi Development Authority;

⁴WHO Regional Office for South-East Asia

Studies have shown that people living within walking distance less than 0.5–0.7 km from large green spaces have better mental health, lower mortality and lower rates of diabetes, cardiovascular diseases and prostate cancer. Delhi is one of the few cities in India in which large amounts of space have been allocated for parks. Green spaces also help to reduce air pollution and enhance biodiversity. A cross-sectional study was used. A representative sample was drawn up to systematically study the green spaces and parks of Delhi and elicit the users' perspectives. Subjective and objective user responses were elicited by visiting a sample of different sizes of Delhi's green spaces and parks. The normalized difference vegetation index was also calculated. Delhi has a population of 33 million spread over 1484 km². 564 parks of different sizes were randomly sampled from 3427 parks identifiable on Google Earth Pro. The green spaces were categorized into five sizes. 2576 users were interviewed. The users included children and older people, with many being from the same family. Many women used traditional home attire and were not bogged by Westernized exercise attire. Users were also from diverse socioeconomic backgrounds depending on the area and included those from very modest backgrounds who could

otherwise not afford gyms or paid spaces. The findings included that the green spaces and parks promoted mental and physical health and gender and socioeconomic inclusion. 42% of users lived within a 0.2-km radius, and 75% lived within a 0.7-km radius. Parks and green spaces within 0.5–0.7 km promote inclusive physical and mental health, enhance gender and socioeconomic equity and make sustainable cities, leaving no one behind. They should be an integral part of urban city planning and be protected.

Abstract 40, Kaunas, Lithuania

ID-40 The Move Healthy project

Julija Grišė

The free training project Move Healthy, which started in Kaunas in 2013, was initiated by members of the public and was later taken over by the Kaunas City Municipality, together with the city's Public Health Office. The idea behind the project was to give the citizens of Kaunas the opportunity to be maximally active, receiving free services in attractive and convenient locations in the city. Currently, Kaunas residents can participate in up to 30 training sessions per week organized by the project, which are suitable for everyone, from the youngest to older people, regardless of their physical capacity. Every age group can choose classes of suitable intensity: from calm yoga or Pilates training to intense functional, Zumba dance or running training. Free training and exercises are held all year round, all week, on weekdays. Training is conducted in different public spaces and micro-districts of Kaunas and annually attracts thousands of Kaunas people who love a healthy and active lifestyle. During the summer season, classes take place in the fresh air, in parks. The Move Healthy project financed by the Kaunas City Municipality also delights the citizens of Kaunas with various additional activities, such as orientation games, big sports events or training on the roof of a building with a picturesque panorama of the City of Kaunas. During the free training project Move Healthy, special attention is paid to the trainers, so the classes are conducted only by professional trainers with many years of experience, who not only help to perform the exercises correctly but also guarantee the participants a great mood and motivate them to move in mass training sessions full of positivity and energy. Specialists of the Public Health Office of Kaunas City Municipality, project coordinators, are trying to involve as many Kaunas residents as possible in the activities, so the project is constantly developing. The variety of training is increasing and more different age groups are involved. The training of the Move Healthy project is free for everyone, and the participants are only asked to provide a training mat, sports, comfortable clothing and shoes and a bottle of water, so everyone can participate in the Move Healthy classes.

Abstract 41, Utrecht, Netherlands (Kingdom of the)

ID-41 Healthy ageing in Utrecht

Sybrit Van Den Berg

Utrecht is traditionally a young city. Nevertheless, also in Utrecht, the number and share of people older than 65 years will increase from 38 000 (10%) in 2021 to 61 000 (13%) in 2040. In addition, the number of people 75 years and older is increasing. Further, the proportion of those older than 65 years with a migration background (currently 25%) is expected to increase. From a public health perspective, the City of Utrecht focuses on two tracks for healthy ageing: (1) preventing falls and (2) improving the health of older people with a migration background. One focus is preventing falls because a fall incident can seriously impair the self-reliance and quality of life of older people. This means that major health gains can be achieved when fall incidents are prevented. In 2022, we started scaling up a successful fall prevention programme (Vallen-Voorkomen) in all districts in Utrecht with a broad approach. It focuses

on multiple factors that increase the risk of falling. The aim is to have sustainable integrated cooperation between care and welfare professionals at the district level. Recently, the national government has launched major goals on fall prevention with a financial impulse. This makes it possible to have good and complete implementation of the programme in all districts. There is a focus on older people with a migration background, because they have earlier and more health problems than other groups of older people. The local government aims to invest unequally for equal opportunities; therefore, a project was started to reduce health inequalities through health promotion and disease prevention among older people with a migration background. This project is carried out in collaboration with organizations, informal caregivers and older people. Our outreaching approach has so far resulted in an ever-expanding network of professionals and very valuable dialogue sessions with older people from different backgrounds. Together, an approach is being developed to promote the health of older people with a migration background. These actions are taken because there is a belief that it is important that older people feel healthy, independent and meaningful for as long as possible.

Abstract 43, Cartagena, Spain

ID-43 Red De Parques Activos (REPA)

Francisca Martínez Gallego, Matías Yepes Martínez, Pedro Yepes Martínez & Cristina Mora Menéndez De La Vega

The analysis carried out for the Cartagena European City of Sport 2022 Strategic Plan found a low percentage of citizens (30%) who engage in regular physical activity. The survey conducted by Agenda Urbana identifies 59% – insufficient number of green spaces for public recreation and 78% – recovery of degraded spaces as green spaces to improve the quality of life. The new social impulse before the practice of physical sports activity has procured an expectation of change in the idea of “sports city, more flexible and open to innovation”, transforming outdoor public spaces and facilitating the interconnection with bike lanes, bio-healthy equipment and bike racks in public parks, generating transversality between the Observatory, Department of Mobility and European Projects municipality with the Polytechnic University of Cartagena. The objective of the initiative was to adapt public spaces to increase by 4 percentage points the number of citizens who perform physical activity as a habit of life during the next legislature and to measure the impact of these habits on their personal well-being. The diagnosis carried out in the parks of the municipal district provided relevant data on the general condition of each park. Three instruments are used: (1) census of parks: types of equipment, state of conservation, spatial distribution, safety criteria, accessibility, sustainability and characteristics for inclusive use; (2) mapping of parks with citizen participation by districts; and (3) a survey of on-site users on the use of healthy facilities and their perception of health improvement. The results revealed the following.

- The total number of parks with bio-healthy equipment is 59% of the total number of parks in the municipality. 5% are concentrated in the urban centre, and 85% are for inclusive use.
- 59% of opinions consider an insufficient number of green spaces for the leisure of citizens. There is a high recovery of degraded spaces as green spaces to improve the quality of life (78% of green spaces recovered). 76% request more equipment for outdoor physical activity.
- 85% of a sample of 98 people (56 men, 42 women), with a mean age of 40 ± 17 years, consider it important to use park facilities to maintain or improve their quality of life.

The result has provided systematization and consensus to the municipal REPA programme, for the acquisition of innovative equipment, improvement of accessibility, measurement of health benefits perceived by citizens derived from the regular use of the parks, creation of an interactive app available to citizens, development of a good practices guide for public parks and consensus with the public health area

for the prescription of physical exercise through these resources. Giving meaning to the strategic line on the urban future and the need to interact to create sustainable places for all generations.

Abstract 47, Poznań, Poland

ID-47 Recommendations for an assessment instrument for measuring the architectural quality of life of seniors in urban areas based on an analytic hierarchy process

Agnieszka Ptak-Wojciechowska & Agata Gawlak

Cities should strive to provide a high quality of life for all age groups. Thoughtfully designed urban spaces have the potential to increase physical activity and social participation, ultimately benefitting residents' health and well-being. Often, urban structures do not sufficiently cater to the complex needs of older people, and there is a lack of scientific tools to help urban planners to evaluate urban areas. City rankings can be useful for developing urban policy and planning, but the results are often incorrectly interpreted. To facilitate urban area comparison and decision-making transparency, using multi-criteria decision-making methods is recommended. Although most of the available tools measure the quality of life for larger areas, such as cities, the quality of life can differ between neighbourhoods. Studies of urban quality of life generally do not consider older people as a distinct population group, even though their spatial needs differ from those of younger people. The objective of the study carried out between 2020 and 2023 was to examine the quality of life in urban areas and compare global and local tools used to evaluate the quality of life. The study aimed to develop recommendations for an evaluation tool that considers the urban structure and local conditions and responds to global challenges such as ageing societies, urbanization and environmental crises. A comparison of existing appraisal instruments revealed noteworthy differences among them. Consequently, thorough analysis and synthesis of the existing appraisal instruments was completed to inform the development of a new tool. This tool was then evaluated for effectiveness by testing it with five neighbourhoods in the City of Poznań, Poland. The tool considers the significance of living conditions, assessed by eight experts in architecture and urban planning, along with the satisfaction of 92 older residents experiencing these living conditions (multifaceted qualitative questionnaire). The method incorporates the analytic hierarchy process, the multi-criteria decision-making method, expert-made pairwise comparisons using AHP-OS software and two questionnaire surveys. The research provides a novel authorial instrument for assessing the quality of life of urban seniors, considering functional and spatial aspects and incorporating the fields of architecture and urban planning. The tool includes both the importance of and satisfaction with living conditions. The study's findings support municipalities and urban planners interested in improving the quality of life for urban older people. Further, the findings support older people themselves who are interested in improving their quality of life. Assessing neighbourhoods has exposed challenges, such as the challenge of involving older people in research and establishing neighbourhood boundaries. The assessment tool and its potential application have been introduced in Poznań neighbourhoods, demonstrating a combination of systematic analysis and participatory research. This research demonstrates that the challenges of the 21st century necessitate new tools and assessment instruments to support the quality of the built environment within cities. Appropriate tools can effectively evaluate the current urban quality of life when the assessment area is customized to the specific local context. The utilization of the present appraisal instruments can result in further design recommendations for developing age-friendly cities.

Abstract 57, Bursa, Türkiye

ID-57 Nature-based solutions as a lever for healthy urban futures

Gül Sayan Atanur

Contact with nature is essential for a healthy living environment. Nature-based solutions are a necessary tool for developing places that have a relationship with nature. In addition, they are protective shields

against all urban risks, especially climate change. Cities in the WHO European Healthy Cities Network have various experiences with nature-based solutions and related topics. Through EU-funded programmes, Türkiye has been involved in nature-based solution projects in cities. İzmir and Ankara-Çankaya have become the partners of these programmes. The article explains the content of these projects and shares the experiences of these cities for improving healthy urban futures. The EU defines nature-based solutions as “solutions that are inspired and supported by nature, which are cost effective, simultaneously provide environmental, social and economic benefits and help build resilience. Such solutions bring more, and more diverse, nature and natural features and processes into cities, landscapes and seascapes through locally adapted, resource-efficient and systemic interventions.” The European Commission has many funding opportunities to realize nature-based solutions. The URBAN GreenUP Project has developed a digital tool to assist authorities, urban planners and citizens to identify the nature-based solutions that best fits a city’s needs. Project activities were carried out in the three frontrunner cities of Valladolid (Spain), Liverpool (United Kingdom) and Izmir (Türkiye). The nature-based solutions that will be implemented during the project have been grouped into four main categories: renaturing urbanization, water interventions, singular green infrastructures and non-technical interventions. Examples of the planned initiatives are deploying green routes, installing urban green spaces, using smart soils and bio pollutant filters and implementing sustainable drainage systems, which reduce the impact of floods and are used for irrigation purposes. NATURE4CITIES has created a web-based knowledge and decision platform to raise awareness about nature-based solutions and foster new collaborative models for their uptake. The NATURE4CITIES platform tools were demonstrated in Alcalá de Henares (Spain), Milan (Italy), Szeged (Hungary) and Ankara-Çankaya (Türkiye). The aims of the project are to improve the integration of nature-based solutions in urban and spatial planning, to build a new and active community network around nature-based solutions, to offer high-quality decision-support tools for renaturing cities, to build a holistic assessment framework for nature-based solutions, to develop a reference knowledge base on nature-based solutions and best practice sharing, proposing new governance, business and financial models for implementing nature-based solutions. Izmir achieved nature-based solutions in four titles mentioned above and developed green corridors, construction works, green pavements and educational activities. The Municipality of Çankaya aimed to adapt to climate change and reduce its impact and prepared a sustainable energy action plan with the relevant projects. Türkiye has rich genetic diversity and natural potential. However, the high rate of urbanization is a risk area for sustainable urbanization. The collaborations in these two projects and the lessons learned from the successful examples have shown that spreading nature-based solutions can support sustainable urbanization. The new nature-based solution collaborations and experiences will positively affect urban resilience for the Turkish cities and the other cities in the WHO European Healthy Cities Network in the future.

Abstract 61, Belfast, Northern Ireland, United Kingdom

ID-61 Supportive urban environments to improve brain health, healthy ageing and prevent dementia – the Space Project

Ruth Hunter

The number of people living with dementia and cognitive impairment is increasing, mainly because people live longer. Research suggests that where one lives might influence our brain health. For example, poor air quality in cities can lead to a decline in brain health. Since more people now live in towns and cities, it is important that the environment where we live be scientifically designed and improved to optimize brain health. The factors that account for who is most likely to develop cognitive ill health due

to the environment have less to do with how we live and more to do with where we live. It is not known how these factors interact to make urban environments a problem for brain health, nor which are the best policies and interventions for promoting healthy ageing and brain health for the poorest communities. Our research had the following steps. (1) With the help of stakeholders, we represent the relationships between our biology, our lifestyles and our environment in a diagram illustrating how they likely interact to affect brain health. (2) By analysing data from more than 8000 older people in Northern Ireland and linking this to information about where they live, such as the amount of air pollution, we explored how various environmental factors relate to brain health. (3) We explored how aspects of our biology influence how the urban environment affects our brain health. 4. We hosted workshops with local stakeholders and citizens to develop a set of policy recommendations on urban environment and preventive health. The key findings include the following. (1) A map of the system in which our genes, lifestyle behaviour and urban environments interact to affect brain health, to help to guide stakeholders towards policies and programmes that can improve brain health. (2) An evidence base exploring how where we live affects our brain health. (3) A suite of potential policies and interventions to improve brain health and promote healthy ageing with stakeholders and citizens. We provide evidence for policies and practices that provide supportive urban environments to promote healthy ageing, including promoting brain health.

Abstract 62, Cardiff, Wales, United Kingdom

ID-62 Health in climate adaptation: global case studies and lessons for practice

Nerys Edmonds, Mark Drane, Kristian James, Liz Green & Sumina Azam

The climate crisis is an urgent challenge that creates risks to health, well-being and equity globally. Adaptation to climate change is essential to protect health and promote well-being. Adaptation activity is increasing across government, organizations, cities and communities. The health impact of climate change is unevenly spread, and adaptation interventions may therefore not affect everyone equally. Without careful thought and planning, adaptation measures can risk increasing health inequalities. Health impact assessment is a systematic process for assessing any impact and is underpinned by values and principles strongly related to Wales' unique Well-being of Future Generations Act, with its focus on long-term thinking and prevention. Most people working on adaptation action do not work in the health system. Knowledge about health and well-being needs to be better integrated with climate adaptation. Shared learning can help to maximize health and well-being benefits from adaptation whilst minimizing unintended consequences. Case studies were purposively selected by an interdisciplinary team to demonstrate a range of locations and organizations and the scale and extent of health impact assessment integration with climate change adaptation planning. These were first analysed vertically and ecologically for: scope, type of health impact assessment, populations assessed and reflective learning; and second, horizontally and comparatively to analyse learning from across different approaches. Five case studies are included, three individual health impact assessments and two programmes of multiple health impact assessments. Geographies include Wales, Minnesota and a health-care organization serving Indigenous peoples of Alaska. The sectors included water and flood risk management. Integration of knowledge, including community knowledge of local climate, is important; in bringing together different fields and practitioners, it may be valuable to identify synergistic alignment between approaches; adaptation interventions can optimize outcomes for all, including health, by applying health impact assessment; integrative practice requires that stakeholders invest time and effort; quality assurance of health impact assessment is important. The value of health impact assessment is not only in its methods and evidence base but also its underlying process and principles, including participation and sustainability. Health impact assessment provides a flexible approach and ways of working that can be applied in a

proportionate way and can integrate actions for health into cross-sectoral policy. Health impact assessment can also help ensure that investment in climate change adaptation is responsive to specific population groups and geographies, maximizes benefits for health and well-being, prevents unintended risks to health and avoids widening health inequalities.

Abstract 63, Oslo, Norway

ID-63 Citizens in co-creation: moving from concepts to practice in public health and social and environmental sustainability

Hege Hofstad & Trond Vedeld

Citizens have traditionally been cast as clients in old public administration and as customers in new public management, but co-creation now recasts citizens as partners and active agents in contributing to societal development. This article analyses the problems and challenges that arise when public administrators seek to involve citizens as active partners in co-creation and studies how public administrators move from reactive to more proactive coping strategies. The analysis compares three policy sectors confronting complex and unruly public problems: child welfare, older people care and climate change policy. The study of administrative coping strategies across the three sectors reveals many similarities in terms of creating new experimental arenas and facilitating the empowerment of citizens through people-centred approaches and mobilizing citizen interventions. Nevertheless, the coping strategies also differ, reflecting the policy sectors' different scales, purposes, authority structures and actor constellations. Co-creation has evolved more broadly in climate change policy than in the two public health policy fields. Coping represents either types of collaboration across parties to empower individual citizens directly or indirectly through their community networks or accommodation, in which authoritative actors more significantly determine the rules of the game and outcomes of collaboration, but it also evolves as compromises embedded in mixed or hybrid approaches. The article argues for the need to go beyond appreciating co-creation as a stand-alone instrument or process. Rather, it offers a broad-based mode of governing to enhance innovation and value creation within a pre-existing policy area in which it must function in an aligned and/or conflictual relationship with other modes of governance.

Abstract 69, Jerusalem, Israel

ID-69 Urban street renewal to promote age-friendly and climate-friendly environments in the City of Jerusalem

Lora Mednick, Maya Starr & Ruth Meir

Israel is considered a climate change hotspot, with temperatures warming at a rate 20% higher than the global average. In the coming decades, the City of Jerusalem will experience at least 30 additional days of extreme heat per year. As urban areas grow and evolve, the changing climate threatens the quality of life, and children and older people are particularly vulnerable. Maintaining and improving age-friendly and climate-friendly spaces are essential to sustaining the health and well-being of people and the environment. An urban street renewal and climatization project in the neighbourhood of Katamon in Jerusalem was driven by the following objectives: substantially and sustainably improving street infrastructure to mitigate climate change, improving safety for pedestrians and increasing accessibility to public spaces for residents of all ages. The method applied to the project operates within the framework of the Climate Action Plan 2030 and Age-friendly Master Plan of the Municipality of Jerusalem, which recognizes projects like these that promote sustainability and healthy living by cooling public spaces through choice of materials, urban planning incorporating local plants and trees and adding elements that

improve pedestrian access and walkability. Community collaboration with local authorities guided decision-making and priority setting for the project to support the neighbourhood's natural built economic and social infrastructures in the face of the climate crisis. Key attributes of the street renovation included planting dozens of mature trees to provide shade, reduce outdoor temperatures and improve air quality along the street. Sidewalks were widened with smooth-surface stone that stays cooler than asphalt and increases safety, walkability and accessibility. Curb extensions at crosswalks as well as railings and guardrails prevent unsafe crossing and aid mobility for pedestrians of all ages and abilities. A new network of benches and improved street lighting provide open public spaces for rest and socialization during daytime and evening hours. A new drainage line was established to redirect runoff and prevent flooding. Bus stop locations and intersections were upgraded to give priority to pedestrian use and connectivity to walking trails. The street provides residents with a physical example of how municipalities work to improve neighbourhood life through community-based collaboration. The city has plans for additional, large-scale sustainable infrastructure improvements in other neighbourhoods. In conclusion, street improvement projects that are conscious of climate change, sustainable and age-friendly directly support community health and well-being. The collaboration between city authorities and local residents was essential for the success of the project. Updates in infrastructure provide multiple benefits to residents and build the resilience of the neighbourhood during all seasons of the year and in extreme weather. The area is now more accessible for people of all ages for current and future generations.

Abstract 73, United Kingdom

ID-73 Place, Health Inequalities and Well-being Working Group – progress update and overview of plans to move to a WHO European Task Force for Place and Well-being

John Howie

The aim of the Place, Health Inequalities and Well-being Working Group of the WHO European Healthy Cities Network is to generate new evidence and a shared knowledge and understanding of place, health, inequalities and well-being and the tools, learning and processes available to effectively deliver on the place theme of the Copenhagen Consensus of Mayors across the WHO European Healthy Cities Network. The Working Group was convened at the WHO European Healthy Cities Network Annual Business Meeting and Technical Conference in October 2018 and has delivered a work programme to progress the place priority of Phase VII of the WHO European Network. Given the programme's wide-reaching interest and impact, the Working Group agreed that a membership beyond the WHO European Network would be beneficial and in 2024 will aim to create a WHO collaborating centre for place. The Working Group is chaired by Public Health Scotland, with representatives from 12 national healthy cities networks. To deliver the aim, four outputs were agreed: a published thematic paper on place, a database of tools, testing of approaches and sharing the lessons learned. Key findings to date include: (1) – thematic paper on place at the review stage, with COVID-19 considerations to be added. (2) – database of placemaking tools published. (3) – application of place-based tools (primarily the Place Standard tool) in Czechia (exploratory stage), Denmark, France, Germany, Greece, Israel, Latvia, Netherlands (Kingdom of the), Norway, Türkiye and the United Kingdom. (4) – ongoing sharing of lessons, knowledge and good practice from the first phase of pilots. A 2023 progress update will be repeated at this year's Annual Business Meeting and Technical Conference. This example shows that the collaborative effort of committed national healthy cities networks, support via other interested external agencies, a clear strategic focus and access to practical tools can produce highly valued results: in this case, place-based solutions to improving the health and well-being of communities across cities. However, regardless of the achievements always considering improvements is important, and this experience will be used to widen the impact across other networks and cities through a new proposed WHO collaborating centre.

Abstract 74, United Kingdom

ID-74 The Place Standard tool version 2 – introduction and practical workshop

John Howie

The workshop will build capacity across the WHO European Healthy Cities Network to use the Place Standard tool in co-designing healthy places. A conference workshop is normally delivered in two parts. Workshop 1 would introduce the Place Standard tool, how to apply it and a series of case studies delivered in one hour. Workshop 2 would be a practical exercise using the tool in neighbourhoods close to the conference venue delivered in two hours minimum. Place Standard was launched in 2015 and first introduced to the WHO European Healthy Cities Network in 2017. It provides a practical solution to identify in a collaborative and inclusive manner what dimensions work well within a place, those that need improving and the solutions to address these. The place dimensions align with the Sustainable Development Goals. In 2023, Public Health Scotland aims to host a new WHO collaborating centre for place, part of which will support further roll-out of Place Standard across the WHO European Healthy Cities Network. Place is a priority themes for Phase VII, and the Network identified Place Standard as a practical mechanism for delivering on this theme and agreed on a series of learning workshops for networks and cities between 2016 and 2019. Version 2 was launched in 2022, and the proposed workshop delivered by Public Health Scotland will provide the opportunity to learn how to use this new tool. To date, through a range of capacity-building approaches the tool has been used across Denmark, Germany, Greece, Ireland, Israel, Latvia, Lithuania, Netherlands (Kingdom of the), North Macedonia, Slovenia, Spain, Switzerland, Türkiye and the United Kingdom. In 2023, Healthy Cities in the Czech Republic will test the tool. Place Standard has been successful in informing local policies, plans and developments. The Place, Health Inequalities and Well-being Working Group of the WHO European Healthy Cities Network chaired by Public Health Scotland has oversight of this work, and members will consider in late 2023 how to support its global roll-out across other Healthy Cities networks via a new WHO collaborating centre for place. The success of Place Standard in providing a practical solution to deliver on the place priority has indicated the need to ensure that all cities and staff remain fully appraised of the resource and latest developments and are provided the opportunity to retain and/or build new capacity to use it effectively.

Abstract 90, Guadix, Spain

ID-90 Educating healthily: promoting healthy habits among adolescents through a service-learning project

Maria Isabel Valverde Merino¹, Sánchez Polo Manuel¹, Del Moral García Ana¹, Rivas-García Francisco², Lorente-Fernández Jesús Rafael², Aparicio-Travé Sofía Irene², Ana Conejo García¹, Rafael Giménez Martínez¹, Francisco Manuel Ocaña Peinado¹, María José Ruedas Rama¹, María José Muñoz Alférez¹, Miguel Romero Pérez¹, Huerta Martínez¹, Miguel Ángel¹, Celia Monteagudo Sánchez¹, Cristina Samaniego Sánchez¹, Olga Cruz López¹, Marrero Fernández Paula¹, Ruiz Rivera María¹ & Clares Naveros Beatriz¹

¹Faculty of Pharmacy, University of Granada, Campus de Cartuja, Spain; ²City Council of Guadix, Spain

Guadix, a city of Granada (Spain), is part of the Spanish Network of Healthy Cities and has been working for 17 years on health promotion policies in the community, educational and research spheres. In 2008, the city received an award from Spain's Ministry of Health for its commitment to adapt state policies on obesity prevention to the local level. Last year, the Guadix City Council created a pioneering programme, called Wadisalud, together with the Faculty of Pharmacy of the University of Granada. Wadisalud is a

service-learning project that combines community service activities with the student's own learning in real-world situations. This project is part of the Program for Innovation and Good Teaching Practices of the University of Granada (FIDO 22/23). Despite relatively easy access to information in the information society, adolescents have a lack of knowledge and low awareness of healthy foods, problems associated with eating disorders and the correct use of medications. The aim of this service-learning project was to carry out several workshops on health education given by undergraduate students and geared towards teenagers to promote healthy lifestyles. The Guadix City Council signed a collaboration agreement with the Faculty of Pharmacy to provide various workshops related to healthy habits in secondary schools of the city. It was also in charge of contacting and coordinating the workshops between educational centres and the University. Three working groups were organized with the participation of 16 teachers and 45 students from the programmes of Pharmacy, Human Nutrition and Dietetics and Food Science and Technology. Workshops on medication use, healthy food, eating disorders and social networks were taught during the 2022/2023 academic year, using an interactive presentation. At the end of each session, the adolescents completed an ad hoc questionnaire that included multiple choice questions to measure knowledge and opinion using a Likert scale (0 to 5 points). 1200 adolescents (12–17 years old) participated in 31 workshops held at five institutes. The global evaluations of the medication use workshop, healthy food workshop and eating disorders workshop on a scale from 1 to 10 were 8.43 ± 1.32 , 8.08 ± 1.40 and 8.38 ± 1.38 , respectively. Moderate knowledge was obtained, with an average ranging from 3.51 ± 1.08 to 3.84 ± 1.02 out of five points, while adolescents rated the workshops very positively, ranging from 4.58 ± 0.83 to 4.65 ± 0.71 out of five points. Overall, the experiences have enabled knowledge, involvement and making social entities and the University aware of a need in their community and improved quality of life and social well-being among adolescents. Thanks to these results, the City Council has institutionalized Wadisalud to reach more people in the coming years. The implementation of the service-learning project makes it possible to provide health education and healthy lifestyles to adolescents. The collaboration between the City Council and the University is fundamental to succeed in developing these healthy initiatives for the citizens.

Abstract 103, Sweden

ID-103 Visualization as a tool for sustainable regional development – how maps and illustrations can make territorial dimensions visible and contribute to co-creating sustainable places and well-being for all citizens

Linus Johnson & Sara Birgersson

Region Östergötland's mission is to create a strong community with attractive environments and good health for the citizens. As a region, we lead the work for sustainable regional development and are responsible for both health care and public transport. The aim of our region is to create good living conditions for all residents in Östergötland. Equity in health is a basic prerequisite for regional sustainable development. We face several demanding challenges in our region such as demographic change, urbanization, unequal health and increasing health gaps among the population. However, the challenges differ between places and geographies. To provide a solution for these challenges, illustrating the territorial dimension is of great importance. Understanding the place itself and its characteristics must be the starting-point for co-creating sustainable places. To be able to do this, we need consensus among concerned actors. Maps, illustrations and visualization are powerful tools for creating discussions among actors. We as a region have created two tools: (1) area diagnoses – an interactive web page that enables comparisons of health status and determinants of health between and within local areas; and (2) RegionAtlas – an interactive map service for visualizing spatial dimensions. The tools are different ways to collect and present layers of spatial information and analysis of factors such as; statistics, social

inequity in health, population density, infrastructure, public transport, health care institutions, demography, community services, recreational places, accessibility to destination points, culture and tourism. The use of interactive tools has resulted in a broad collaboration among actors, acting as mediators between, for example, spatial planners and representatives of the health-care sector, creating consensus around the conditions of places, increasing the knowledge of different geographies and creating a better understanding for each participant's perspectives. Interactive maps enable overlaying data, making synergy visible. The tools are open and available for decision-makers, policy-makers and civil servants at both the regional and local levels, contributing to transparent decisions and processes. Visualization as a tool for sustainable regional development has been very helpful in creating synergy between our different perspectives within the region. The tool of visualization has also been helpful for collaboration with other actors at the local level such as municipalities and civil society to co-create sustainable places for health and well-being for all, contributing to working strategically and comprehensively together.

Abstract 104, Rotterdam, Netherlands (Kingdom of the)

ID-104 Towards designing healthy and sustainable cities: what factors affect access to public spaces and for whom?

Vasileios Miliias, Roos Teeuwen & Achilleas Psyllidis

Towards designing healthy and sustainable cities, target 7 of Sustainable Development Goal 11 endeavours to ensure that, by 2030, safe, inclusive and green public spaces are universally accessible. This goal particularly underscores the importance of ensuring accessibility to four specific demographic groups: women, children, older people and people with disabilities. But what kind of information and indicators are needed to address and evaluate this target? Existing indicators for assessing healthy and accessible cities are primarily proximity based. There is still a lack of nuanced human-centred methods and metrics that better capture and evaluate what should be considered accessible, safe and inclusive for different groups of people. To address this issue, we designed an interactive workshop in which experts and citizens are invited to explore what information is needed to address and evaluate the target. Participants are divided into groups of 3–5 people and engage in two rounds of activities. In the first round, they are asked to express their own perspectives on what factors (such as number of trees and sidewalk width) affect pedestrian access to public spaces. Notably, participants are required to generate the factors themselves, since they are not given a set of factors to select from. The concept of pedestrian is intentionally left open-ended at this stage. After participants note several factors, they discuss, collectively select nine of them and set priorities for them based on their importance using a board inspired by the Q method. The choice of using this board is based on two main reasons: first, this board triggers the participants to discuss while giving them a concrete and comprehensive goal (filling the board). Second, to fill the boards, participants are forced to select fewer factors as the importance increases or decreases leading them to be more selective and explicit about the most and least important factors. After filling the board, all groups share their findings and exchange opinions. In the second round, each group is given a specific type of pedestrian in alignment with the groups mentioned in the target (children, women, older people or people with disabilities) and asked to set new priorities for the previously selected factors or add new factors, while considering the given group as “the pedestrians”. After this exercise, all groups come together and discuss whether they changed the priorities of the factors or added new ones during the second round and why. The primary objective of this workshop is to uncover how the factors affecting pedestrian access to public spaces shift when considering the needs of specific pedestrian groups and to what degree these factors could ultimately be quantified. This can be repeated several times with different groups of experts or citizens. Ultimately, the insights from these

workshops can be compiled and analysed to develop practical indicators for assessing and characterizing how accessible and healthy cities are for everyone.

Abstract 107, Bursa, Türkiye

ID-107 Ensuring the vitality and viability of the commercial district in the historical city centre of Çanakkale, Türkiye

Tulin Vural Arslan & Anıl Aksoy

In the past 50 years, changing expectations from everyday life practices, the development of technology has caused apparent transformations in urban space. Due to high urbanization rates, urban sprawl and multicentre solutions have characterized the new urban forms. This fact has caused physical, economic and social obsolescence in many of the commercial districts in historical city centres that have been the social and economic hearts of the cities throughout the centuries. The concepts of vitality and viability come to the fore in ensuring the social, economic and physical sustainability of historical city centres. In many countries in North America and Europe, various programmes and well-defined design guidelines have been accomplished that include strategic approaches to enable these commercial districts to revitalize and to preserve their presence. The most well-known design guideline is the [Town Toolkit](#) with a participatory approach, created as the Town Centre Toolkit in 2015. In Türkiye, although various studies have been initiated regarding this subject, including various laws and regulations, the route map for the vitality and viability of these districts has not yet been clearly defined. Çanakkale is a coastal city in Türkiye located on the two sides of the Bosphorus between Asia and Europe. Although it has a special geopolitical location, the city has preserved its small-town characteristics such as a slower pace of life, family-oriented events, walkability, proximity to nature and authenticity. However, recent investments implemented in the region have led to the formation of new subcentres in the city, and the historical city centre begun to lose its importance. This study aimed to develop a roadmap for the sustainability of the historical commercial district in Çanakkale city centre to transmit its own unique characteristics to the future generations while adapting the present transformations. In the content of this study, a design guideline for the vitality and viability of the commercial district in Çanakkale was developed by revising and adapting the Town Toolkit by considering the unique properties of the city. This study is important so that the city does not lose its identity. Sustainability should be ensured with a strategic approach to transfer the identity of the city, which is formed by stratification in historical continuity, to future generations and to adapt to the changing conditions of the day. In the study, the continuation of the vitality and viability of the city centre of Çanakkale is foreseen to be possible by identifying the problems with a participatory approach and applying the Town Toolkit by revising it for the region. In the first part of the study, the Town Toolkit is introduced. In the second part, strengths, weaknesses, opportunities and threats (SWOT) analysis was carried out to reveal the unique dynamics of Çanakkale. In the third part, because of the SWOT analysis, the toolkit was revised and explained in accordance with the original structure of Çanakkale city centre. In the fourth part, design proposals specific to the region are developed.

Abstract 111, Sweden

ID-111 Third-sector and public actors collaborating around societal challenges

Johanna Ek & Anders Trumberg

In Sweden as in many countries, official reports from the government regarding health care, education, and social services point out the value of increased cooperation. The reports highlight that the public actors such as health care, social services and schools must collaborate more with another but also that

public actors could facilitate more cooperation with the third sector, meaning that the public and the third sector must find new ways of collaborating to meet future social challenges. The third sector (civil society) in Sweden has a long tradition and is active in many areas (such as associations in sports, culture, nature and the environment and social activities). The CROSS project on the third sector and the region's public actors in collaboration around societal challenges (*civilsamhälle och regionens offentliga aktörer i samverkan kring samhällsutmaningar*) started in 2020 and ended in May 2023. It was a collaborative project between Region Örebro County (regional development and health-care clinics), Möckelnföreningarna (an umbrella organization of NGOs), six municipalities and the third sector. The project consisted of pathfinder projects in six municipalities that worked on developing locally designed collaborative relationships, collaboration forums and collaboration structures. The purpose was to find ways to meet people's needs through common needs identification and idea generation at the local level. Much of the work in CROSS comprised identifying the local third-sector actors and creating the arena for an ongoing discussion and thereafter beginning to work to create a common response to the identified needs. The pathfinder projects resulted in various efforts with different aims in the six pilot projects such as counteracting involuntary loneliness among older people group and efforts aimed at homelessness, drug abuse and mental illness. The experiences of the local projects have been evaluated, and based on the accumulated experiences, the project could produce a framework for collaboration around societal challenges. A framework model that could be used for understanding, creating and facilitating cooperation between public actors and the third sector in other parts of Sweden.

Abstract 115, Hungary

ID-115 Active Ageing in V4 Countries project

Antonio De Blasio & Zsuzsanna Nagy

The Healthy Cities Association in the Carpathian Basin (the Hungarian Network of Healthy Cities) submitted a successful project proposal to the International Visegrad Fund with the title of Active Ageing in V4 Countries. Project partners are all members of the WHO European Healthy Cities Network as a designated city and/or a member of a national network and are listed as follows: Healthy Cities Association in the Carpathian Basin, City of Pécs (Hungary); City of Brno (Czechia); City of Łódź (Poland); and City of Dunajská Streda (Slovakia). The aim of the project was to explore effective methods of engaging with older people so that they have the opportunity and information to maintain an active life related to physical, intellectual, and mental dimensions. Key objectives of the project included: (1) assessing older people's needs and opinions about the possibilities to improve active ageing; and (2) compiling best practices – programmes, services and mechanisms promoting active ageing at the local level. The project was implemented between July 2022 and June 2023, including the following main activities: workshops for partners as training events and a platform for sharing local experiences and findings; local world cafés with older people, organizations and city institutions to collect information on how the situation could be improved; and publication of a guidebook. The experiences and the results of the project were summarized in the main product of the project – a guidebook for stakeholders with good practices and innovative ideas to enhance healthy and active ageing. The guidebook covers several issues such as loneliness and isolation, lifelong learning, physical activity and the role of local governments. The guidebook is available in five languages. In addition, good practice examples have been identified in each partner city and country, which may be of interest to the others, giving partners the opportunity to learn new ideas and effective programmes to address a particular area relating to supporting active ageing. Each project partner was inspired by a project or programme of the participants to improve local work supporting healthy and active ageing. Key lessons include that communication is critical. There were several possibilities and programmes in every city for older people, but often people did not have

sufficient information about the programmes. As expected, the findings demonstrated that working with a wide range of stakeholders on the same topic could enhance local action. For example, local world café events have resulted in new action based on the needs of older people. Project partners all expressed their intention to continue the cooperation and to work on a specific topic relating to active ageing identified during this project such as communication, employment of pensioners or reaching out to inactive people. The strengths of the project partners included having similar historical, cultural and professional backgrounds and active participation in the WHO European Healthy Cities Network. These similarities were found to strengthen the quality of the work.

Abstract 118, Cork, Ireland

ID-118 Embedding health in all policies within local government: co-creating a health impact assessment implementation model for a sustainable future

Monica O'Mullane, Sheena Mchugh, Joanna Purdy & Sara Burke

The national public health policy in Ireland, Healthy Ireland, 2013–2025, endorses an intersectoral health in all policies approach to developing public policy. Health impact assessment is recommended as one way to embed this approach. However, in Ireland, despite policy endorsement, health impact assessment has not become an institutionalized way of working. A research project – Developing a Health Impact Assessment Implementation Model – has commenced to examine the implementation of health impact assessment, with the view to enhance future practice of the approach in policy development. A health impact assessment implementation model is required to explain how health impact assessment is conducted in Ireland at the local and national policy-making tiers. It will seek to shed light on the barriers and enablers to carrying out health impact assessment, with a view to enhancing the ways in which health impact assessment is conducted in the future. Health impact assessment of the Cork City Development Plan (2022–2028) in Ireland will be carried out from October 2023. This health impact assessment will be conducted to both build an implementation model and inform local government policy of relevant health impact. This plan is the strategic policy formulated by the Cork City Council. The Council hosts WHO-designated Cork Healthy Cities, which includes health impact assessment as an action priority in its current 10-year plan (2020–2023). The health impact assessment implementation model will be generated from the application of a theoretical framework on the conduct of health impact assessment within the work of the research project, Developing a Health Impact Assessment Implementation Model. This framework will be applied to the conduct of the health impact assessment in Cork city, to generate lessons from the process. There is commitment from relevant statutory partners to do the health impact assessment, which is a critical factor for the successful conduct of the health impact assessment. The challenges and lessons learned so far will be shared at the conference. Given how health impact assessment practice and policy in Ireland has ebbed and flowed since 2000, this model will, for the first time, explain the health impact assessment process with a view to enhance future practice.

Abstract 126, Nilüfer, Türkiye

ID-126 Play Without Barriers project

Ender Acel, Özlem Polat, Sebla Arin Ensarioğlu & Ahmet Anıl Çakır

Local governments have an important role in promoting health and sustainable development. In this direction, local governments have a significant impact on identifying and reducing inequalities in health conditions, providing special health needs and wishes of people with disabilities, providing healthier living environments through intersectoral studies, thus producing healthier and easier solutions. While doing this, effective cooperation of all stakeholders related to urban life emerges as necessary in creating

a healthy city. In this context, under the coordination of the Municipality of Nilüfer and Nilüfer City Council, the Play Without Barriers project was created in which many stakeholders came together and children learned about their own playgrounds. Children with disabilities can connect with social environment and communicate with people by playing with children without disabilities in playgrounds. Since playgrounds are not suitable for children with disabilities to play with their friends without disabilities, children become spectators rather than playing in parks. For this reason, the Play Without Barriers project was implemented. Local governments play a key role in the Health for All strategy. Play Without Barriers was carried out with the voluntary participation of many stakeholders. Play Without Barriers is a project created with cooperation of the municipality, university, academic chambers, public institutions, children, Uludağ University, Bursa Technical University, İstanbul Technical University and the Nilüfer Directorate of National Education, TMMOB Bursa Branch, TMMOB Chamber of Landscape Architects Bursa Repr. and ÇEK (Contemporary Education Cooperative). With this contribution, the partnership was formed under the management of the Municipality of Nilüfer. In general, Play Without Barriers had the following aims:

- to create a park where children with and without disabilities can play safely together;
- to design of playgrounds as environmentally friendly and sensitive to gender equality, suitable for people with disabilities;
- to develop urban consciousness with the participation of children with and without disabilities in urban decision processes;
- to increase the participation of children, democracy culture and citizenship consciousness;
- to involve society as more attentive users in the processes of using social areas;
- to constitute capacity in designing urban place suitable for the use of all people; and
- to contribute to architectural culture by creating a model with the methods used.

A 28-week training programme was designed in parallel with the primary education curriculum. Workshops were handled with a supportive system and cooperative games. The first term programme was organized in the form of seminars on topics such as city, urban culture, human rights, teamwork, environment and ecology. The second term programme focused on revealing playground design. At the end, a 4700-m² playground was created. With the Play Without Barriers Park, a multi-purpose hall, disabled-friendly road circulation, park furniture designed for children, play groups for all children to play together, floor chess, playhouses, a painting wall and a playground consisting of various play groups of children's own designs were created.

Abstract 131, Türkiye

ID-131 Health and the quality of urban life

Handan Turkoglu

Twenty steps for developing a healthy cities project from 1997 describes the steps for developing a healthy city project and outlines the necessary ingredients that make up a healthy living environment. In the report, a healthy city is described with ecological, economic, social, physical and health aspects. Healthy cities are places that meet diverse needs of current and future residents, that are sensitive to their environment and that contribute to a high quality of urban life. Research on the quality of urban life can enhance decision-making processes in relation to sustainability and health. Research on the quality of urban life helps decision-makers to assess liveability, environmental quality, sustainability and health to develop national and local resources. The quality of urban life is related to physical characteristics as well as social and economic characteristics of the built environment and has both objective and subjective attributes. Indexes developed for the quality of urban life usually compare the countries, cities and

districts and measures changes in the quality of urban life over years. The paper presents the findings of two quality of urban life research studies for Istanbul. The aim of the research is to explore the impact of environmental, economic, social, physical and health indicators on satisfaction with the quality of urban life in Istanbul. A survey was used as the research method. A questionnaire used in the Istanbul Metropolitan Area Study was a comprehensive document containing a broad range of domain headings of neighbourhood and neighbouring, transport, participation, safety, employment and commuting; shopping and entertainment, parks and recreation, health and health-care facilities, schools and regional issues. Based on the data collected in 2006 and 2013, several indexes were developed such as house, macro- and micro-neighbourhood satisfaction, perceptual safety, satisfaction with public transport, satisfaction with recreational and leisure activities, neighbourhood attachment and participation.

Abstract 136, Barcelona, Spain

ID-136 Generate health in your city with the Healthy Cities Generator: a hands-on, practical tool with actionable indicators to incorporate health into urban planning

Ruth Gow, Marta Rofin Serrà, Amber De La Haye & Sebastiaan Van Herk

Although evidence shows that the urban environment can have a notable impact on health, it is not easy for practitioners to systematically consider health in urban planning. Although several easy-to-use tools address health factors in depth, these are often limited in scope to one or two health factors or settings. Tools that do have high depth and broad scope are more complex to use and require significant data from the user. The Healthy Cities Generator was developed to fill this gap and offer health and planning practitioners a holistic yet easy-to-use impact assessment tool for urban planning. The Healthy Cities Generator is a free digital tool designed to help practitioners easily integrate health considerations into urban planning. Users can assess the health impact of urban actions on physical, mental and environmental health issues. The Healthy Cities Generator is based on a systematic review of the literature published between 2015 and 2021 that identified associations between 20 urban planning attributes and 30 health outcomes. The user-friendly application and the logic behind it were validated in a series of round-tables with an international expert advisory group. During its development, a series of round-tables with international experts in health and planning validated the research and ensured that the Healthy Cities Generator fulfilled the needs of practitioners. The Healthy Cities Generator has been successfully implemented in 15 locations across Europe, fostering collaboration between health and planning departments and communities. New users from various professional backgrounds and geographies brought fresh perspectives, improving the tool and approach. Healthy Cities Generator has facilitated the integration of health-conscious planning, advocacy and citizen engagement. It simplifies health impact assessment, supports community participation and expands access to urban planning. Ongoing research aims to address health inequality issues and expand on urban determinants related to mobility and greening. Currently, a new module of Healthy Cities Generator is being developed (in collaboration with EIT Urban Mobility) to calculate the economic impact of healthy life expectancy improvements associated with the health impact estimated by the tool. This will help cities and decision-makers to give priority to investments that benefit citizens' health and the economy while reducing health-care costs.

Abstract 138, Helsingborg, Sweden

ID-138 A dementia-friendly Helsingborg

Sanna Melling & Maria Rosendahl

We started our work on creating a dementia-friendly city in 2019 by starting with people's everyday activities and creating dementia-friendly encounters, activities and environments to increase the target group's quality of life. Our goal is to develop Helsingborg as a city in which people with dementia meet an inclusive society that enables well-being and makes them feel secure. Our work is guided by the WHO model of the factors that we know, due to research, are important in the shaping of a society friendly to older people. To assist us, we have two researchers and a working group comprising several individuals with varied expertise such as architects and specialist health-care professionals. We have a list of priorities, two of which we are currently investigating: dementia-friendly outdoor environments and awareness raising, which are continually interwoven and always formed by the experience of our residents living with dementia and in partnership with a host of other stakeholders such as preschools, pharmacies and cultural organizations. We have designed two dementia-friendly outdoor environments in the public space. With the lessons learned from our initial project and with the focus on how we can work together across departments and sectors to increase participation and independence for people with dementia, the City of Helsingborg, specifically Adult Health and Social Care and the City Planning department as well as two researchers from Lund University, are currently running a second collaboration project to create a dementia-friendly city. Within this, we are designing a dementia-friendly public toilet and organizing a series of knowledge- and competency-raising initiatives. In doing this, we are trying new ways of working to better understand the target group's needs and testing and developing dementia-friendly solutions meeting these needs. The project consists of three parts: applying a care innovator approach in the context of dementia-friendly outdoor environments in which a public toilet is a case, knowledge sharing through learning forums and research. Care innovators divide their time between health services and innovation work, creating conditions for developing solutions to test in developing dementia-friendly public spaces based on the insights they obtain regarding the needs of the target group. By creating a forum for shared learning, we invite stakeholders to draw on the lessons learned and experiences gained continually during the process. A twofold approach, a forum for joint sharing of knowledge and experiences and a platform for disseminating knowledge about dementia and the importance of developing a dementia-friendly society. Supported by researchers, we are investigating aspects to consider in creating dementia-friendly outdoor environments: different methods used to engage and involve the target group in the creation and analysing the benefits. The researchers play an equal part in the process and will examine how our results can be interpreted to further support the ongoing development towards a dementia-friendly Helsingborg.

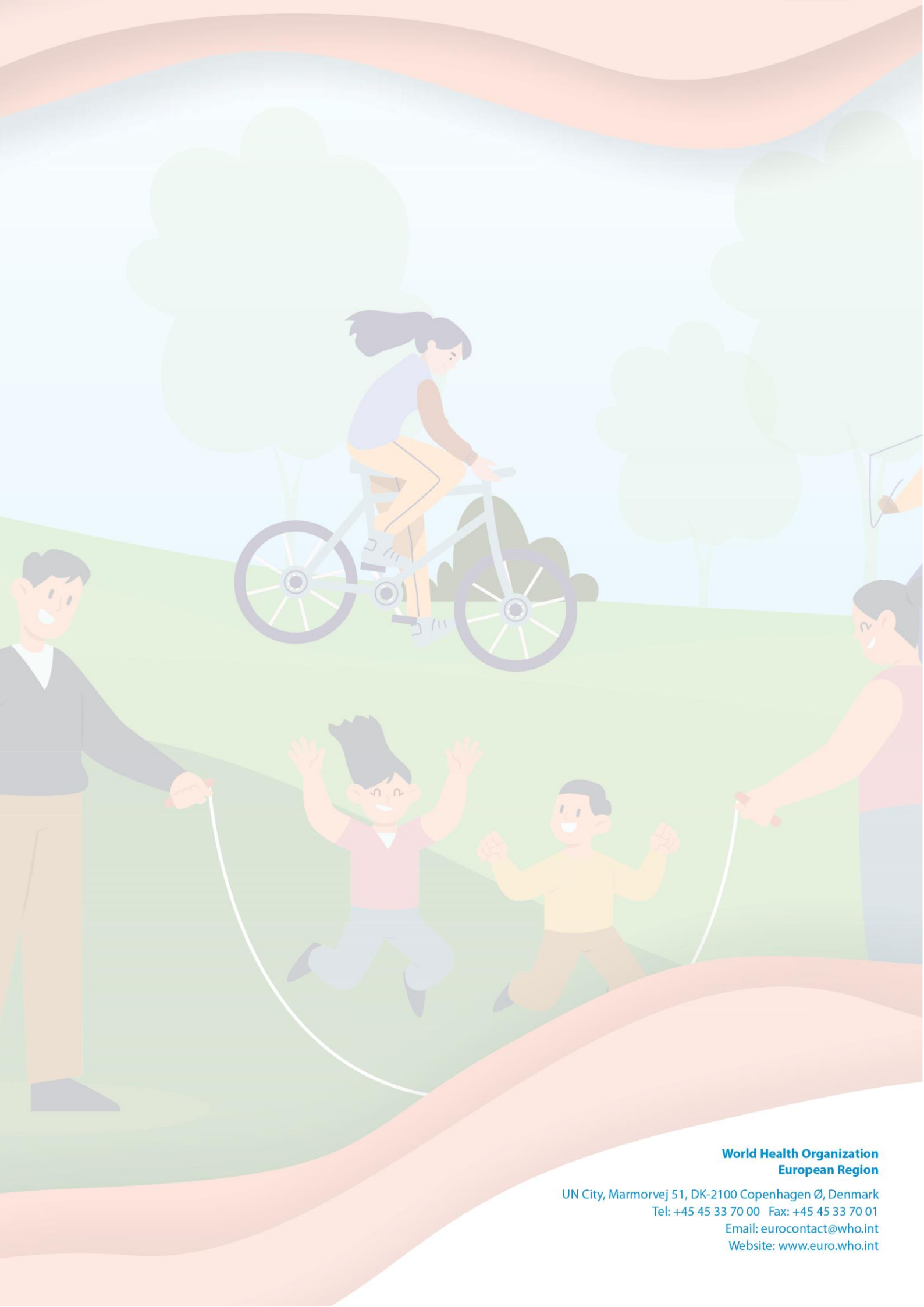
Abstract 153, Bremen, Germany

ID-153 Logic model for equity impact assessment from a public health perspective: application to urban planning initiatives

Jenny Ahrens, Maddie White, Helene Gudi-Mindermann, Pia Hasselder, Jeroen Koning, Eveline Loudon, Miriam Weber, Gordana Ristovska, Sonja Jeram & Gabriele Bolte

Environmental exposure – both beneficial (such as restorative spaces) and adverse (such as road traffic noise) –profoundly affects human health. It has been extensively documented that environmental exposure differs between population groups based on a range of socioeconomic and sociodemographic factors at the individual and contextual levels. This patterning in exposures results in health inequalities. Therefore, it is important to address the underlying social inequalities that may foster differential exposure and differential vulnerability and thereby exacerbate health inequalities. Universal interventions and policies with a one-size-fits-all approach aimed at improving the physical environment in cities may neglect differing exposure and needs of different populations and, at worst, even increase existing inequalities. To prevent the creation or exacerbation of inequalities in this way, we have developed a

Logic Model for Equity Impact Assessment (LMEIA). The LMEIA is a tool to support embedding a health equity perspective in all phases of the intervention or policy process: planning, implementation and evaluation. The LMEIA visualizes the intervention process and stresses at which phase which equity-related aspects must be considered to prevent intervention-generated inequalities and to ensure a policy for all. A selection of equity-related questions (equity lens) is provided that can be applied to specific interventions or policies, by outlining what was done to consider an equity perspective and highlight potential improvement. The LMEIA was applied to several case studies, such as Mobility Hubs and Play Spaces in Utrecht, Netherlands (Kingdom of the). We used methods such as document analysis, descriptive data analysis and focus groups to consider equity aspects and the potential equity impact of the intervention or policy. Our work on the LMEIA contributes to the science-policy transfer. The goal is to inform and sensitize stakeholders from policy-making and administration towards social inequalities and to increase awareness towards health equity in relation to interventions and policies aiming to improve the urban environment. Within the selected case studies, applying the LMEIA has helped to identify gaps in important equity-related aspects, such as participatory approaches and inclusion. The LMEIA has proven to be a valuable tool for embedding an equity perspective into urban planning interventions and policies.



**World Health Organization
European Region**

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark

Tel: +45 45 33 70 00 Fax: +45 45 33 70 01

Email: eurocontact@who.int

Website: www.euro.who.int