

EDITED

Book of Abstracts

WHO European Healthy Cities Network
Annual Business and Technical Conference
Building Healthy Cities: inclusive, safe, resilient and sustainable
Pécs, Hungary, 1-3 March 2017

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Wednesday 1 March

Parallel Sessions: Block A, 14.00-15.30

PSA2

Roundtable: Sustaining Healthy Cities

Abstract No. 100

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Alignment of Healthy Cities and Counties of Ireland with the national health and well-being framework – Healthy Ireland

Healthy Ireland is Ireland's national framework for action to improve the health and well-being of the people of Ireland. Its main focus is on disease prevention and keeping people healthier for longer. Healthy Ireland's goals are to increase the proportion of people who are healthy at all stages of life and reduce health inequalities.

Building relationships and strengthening partnerships is a key focus of Healthy Ireland – with other government departments, local authorities, the education sector and the wider business, voluntary and community sectors. Structures supporting the work of Healthy Ireland include an intersectoral group comprising senior officials from government departments and key agencies; and a Healthy Ireland Council comprising stakeholders from a range of communities and organizations representing the whole of society. Within this structure, the Healthy Cities model and approach was proposed as a tested and valid way to implement Healthy Ireland at the local level.

The integration and connection with the national health and well-being framework governance structure supports the following:

- provides the Healthy Cities and Counties of Ireland with a clear focus, direction and mandate to involve local authorities in the implementation of national policy, which is aligned to Health 2020, at the local level;
- receives support and endorsement from the national government with the Minister of State for Health Promotion represented on the national network committee; and
- strengthens the national network committee through representation from senior officials from the Department of Health and Department of Housing, Planning, Community and Local Government.

Aligning the Healthy Cities and Counties of Ireland with the national framework has ensured national government support and engagement with senior officials in government departments. It has also provided a form of endorsement and mandate

to the national network to ensure the success, and more importantly, the sustainability of the programme in Ireland.

Abstract No. 005

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Healthy, sustainable, resilient or smart city? Healthy city programmes in the context of other municipal initiatives and approaches: why and how a healthy city? Case study from the Czech Republic

In the past decade, dozens of municipal or regional initiatives or official programmes have been developed supported by international organizations, platforms or networks, such as sustainable cities, low-carbon cities, green cities, smart cities, age-friendly cities and resilient cities, but also management standards and methods as ISO, Local Agenda 21, EFQM Excellence Model and many others. Many of them share topics, practices, scarcely indicators and processes. But they all compete for two main things – municipalities and money. In our experience, this confuses the mayors and civil servants but also nongovernmental organizations and citizens. But mostly it shatters the work and progress towards the main aim of all of them – the quality of life and sustainable development. We would like to show possibilities and ways how to promote the WHO European healthy cities programme and how to effectively integrate it with other approaches at the local but also the national level in the Czech Republic.

As a national network, we have been implementing and developing the WHO European healthy cities programme in the Czech Republic for more than 25 years. To avoid losing its position (and ideally for raising its importance) based on a growing offer of other attractive initiatives designed for cities and regions and, of course, their politicians, we try to identify their differences and main purposes, we seek common topics, methods, processes and indicators and try to integrate the various approaches under the umbrella of the healthy cities programme. For this we are not only preparing a database tool (MOSAIC) but we mainly work with our members – listening to our mayors' needs, identifying the main strengths and challenges based on existing methods for assessing sustainability in municipalities (in such topics as local strategic management and urban planning, environment, health, transport and mobility and local economy) and seeking effective implementation (respecting national and international challenges and also grants).

We have integrated in detail the principles of the WHO European healthy cities programme and Local Agenda 21 – stressing sustainability and health approaches, measurable procedures and indicators. We have also developed methods for assessing the status of and trends in cities (stressing health and local sustainability), continually updated in cooperation with experts and cities. We have prepared a database tool comparing various municipal initiatives, programmes, indicators and standards (MOSAIC), mainly for experts. Finally, we have provided methodological and implementation support in cities for integrating and implementing relevant

(required and appropriate) standards and methods – all integrated with and converged by healthy cities programme activities.

The Healthy Cities of the Czech Republic chairs the Committee for Sustainable Municipalities under the Government Council for Sustainable Development (national umbrella). Cooperation with relevant experts and an official umbrella for the process itself and the outcomes (political will) and motivation for cities are crucial. Financial and organizational support is fundamentally needed.

We consider this a good example of how to approach equity and governance and sustainable development. As for subthemes, we can share evaluation in such topics as transport and environment, healthy ageing or early life.

This activity helps us in fighting for better understanding of sustainability (including health support) and its effective implementation at the local level. At the national level, we find ways to cooperate with the diverse initiative guarantees and donors, trying to bridge different approaches and information (mainly towards mayors of healthy cities).

Abstract No. 006

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Healthy cities as added value

The Hungarian Speaking Association of Healthy Cities (national healthy cities network) has organized its annual symposium every year since 1989. In 2016, the main topic of the annual symposium was healthy cities as added value. Member cities were expected to present their experiences about being a healthy city, the added value of being part of such a network and how it contributed to the success of local health development activities.

This summarizes the experiences of the member cities.

We are often asked why it is good to be a healthy city, how it differs from other projects and activities in health development, since health development activities are taking place in every city and not only in healthy cities. We tried to gather the benefits and characteristics – the added value of healthy cities.

What makes a city a healthy city? Three areas were examined: membership criteria; implementation of tools and methods of healthy cities: health profile, health development planning and health impact assessment); and the benefits of networking (national and international).

Member cities used different tools to examine the added value of healthy cities in their city. After the experiences in the above three areas are presented, the findings of certain member cities will be demonstrated.

Interviews have been conducted with stakeholders about the added value of healthy cities: leaders of the local government, members of the local intersectoral steering group and experts involved in the activities of the local healthy cities project. Interviews have also been conducted with decision-makers, and a household survey relating to implementing the city health development plan has been analysed.

Finally, the findings of the 2016 annual reporting template of the Hungarian Speaking Association of Healthy Cities will be presented about the benefits of being a member. Being part of such a national and international network is obviously an advantage. However the main conclusion is that healthy cities, the principles of it and the priorities of the actual phases have provided a strong basis for local activities and have enhanced the strategic planning that is inevitable for health development projects, since their results are only measurable in the medium or long term. Healthy cities as a WHO project means a reliable professional background and prestige.

PSA3

Tackling equity – successful interventions

Abstract No. 007

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Reducing school failures – a comprehensive action plan for health equity and regional development

The regional development strategy of Region Västra Götaland 2014–2020 highlights that the skills and competencies of its inhabitants are crucial for the future development and growth for people, companies and institutions. Within the 2016 budget, one of the priority goals is to reduce the gap in health and living conditions. One of the focus areas in the budget is to combat exclusion and segregation and to strengthen the connections between education and working life.

Education is one of the most central determinants in enabling the establishment of independent life, entering the labour market and receiving an income. Educational achievement and health are strongly linked, and there is a clear social gradient. One of the priorities is therefore to increase the number of postgraduate students and to reduce school failures.

The development of an action plan to reduce school failures started in spring 2016. An initial conference held in February was followed by setting up a working group, a reference group and a steering group. A review report of current knowledge on the subject was commissioned and was delivered in September 2016. The solution does not lie entirely within the municipal school system, which means that Region Västra Götaland as a welfare institution needs to be aware of its own responsibility, as a leading partner in regional development, as a health authority and as a health service provider.

Through numerous meetings and discussions with politicians, managers, co-workers and external partners, the process so far has led to an agreement on five target areas for joint action:

- promote sustainable intersectoral cooperation;
- promote mental health and counteract the consequences of mental illness;
- stimulate the joy of studying;
- reduce the negative impact migration has on school; and
- reduce the impact of social determinants of health and risk factors.

Visions and statements in strategies and policies today very often ensure the commitment to reach sustainable social development, health equity, resilience and human rights through a whole-of-society approach. This is also the case in Västra Götaland's regional development strategy. Nevertheless, very few strategies include action plans and road maps on how to achieve the desirable changes. There are complex theoretical explanations on how different determinants of health are interlinked, and there are solid scientific facts on the effectiveness of joint action for a less segregated society. But very few advise on how to do it. Region Västra Götaland is brave enough to try to create a road map.

The process has started, and the lessons learned so far are positive. There is strong will to focus on something that is tangible and clearly understood and makes sense. Every stakeholder and partner is able to recognize its own responsibility and willing to bring it to the table.

The challenge now when getting everyone onboard is being creative and keeping up the momentum: not creating yet another project but embedding change into existing structures and management systems. Evaluate and monitor progress and be confident that there is a common ground and ownership for the ongoing process.

Abstract No. 010

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Supporting active lifestyles improves the health and well-being of people in a weak socioeconomic situation

The overall health and well-being status in Finland has improved in recent decades. However, health differences among socioeconomic groups and other population groups are increasing despite the strong emphasis on equity as a strategic objective in both Turku and Finland.

To tackle inequalities among people with low income in Turku, a very practical innovation, the resilient ticket (*Kimmoke*), was developed to offer physical activity and culture services to the people in the weakest economic situation. The Ticket is aimed at people receiving income support or other social benefits, who are unemployed, in rehabilitation or have low income for some other reason.

A person who is eligible for the resilient ticket can purchase it for €39 for 6 months. With the ticket, the holder can use all city-maintained sport facilities, such as swimming pools, sports arenas and gyms. Additionally, the ticket holder can visit museums and are invited to theatre, concerts and ice hockey and football matches free of charge. Some events are available for the whole family. Information on the possibilities is available on the website www.turku.fi/kimmoke, and news about tickets to matches or concerts is sent by text message. The ticket is also intensively marketed by the social workers.

Swimming pools and gyms have been the most popular places to visit. The largest group of users are middle-aged, 31–50 years old, men and women. More than 1000 people are using the ticket, and a survey among users was done in November 2015. The results show highly positive results: users are overall very satisfied with the services and using the ticket. 81% of the users have increased their physical activity, and 21% have participated more in the cultural activities. The most effective results are that 57% of the users report that their health status has improved, 46% say their work and functional capacity is better, 28% have decreased the use of health services and 37% report their feeling of loneliness decreased. The resilient ticket has enabled the holder to use the services: 89% reported the ticket being very or quite important in their current life situation, and 85% says that the ticket helped reducing leisure expenditure.

Developing targeted and low-cost services with intensified communication to the people in a weak socioeconomic situation shows effective results in increasing the health and well-being of these people and tackles inequalities remarkably. Showing also the economic benefits of the increased health and well-being would be interesting to evaluate further.

Abstract No. 055

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WelcHome: hospitality in families for young political asylum-seekers and refugees

In recent years, the issue of unaccompanied foreign minors has become urgent and worrying. This is getting worse: many arrivals, the absence of a centralized reception system and the risk that children are involved in illicit trafficking.

In Modena, during the first eight months of 2016, 134 unaccompanied foreign minors arrived, both from the Balkans and North Africa (92 placed in structures until October 2016), coming alone with the consent of parents, and asylum-seekers or beneficiaries of international protection covered by the national protection system for asylum-seekers and refugees.

The project, focused on relations and solidarity, aims to test innovative forms of welcoming unaccompanied foreign minors.

WelcHome was launched in October 2015 by the Department of Welfare of Modena with the support of the voluntary sector.

About 10 families have joined the project, making themselves available to host a refugee for a period of about 6 + 6 months, through a shared and guided hospitality path.

The participants are mostly almost adults who have proven good capacity for independence and willingness to integrate into society during the previous path in a welcoming centre. Volunteers support families and help them with paperwork. Families receive economic benefits or contributions.

A psychologist and a social worker of the WelcHome project:

- meet the families, to deepen their motivations, fears and expectations;
- visit the home to assess it and meet other family individuals involved;
- identify possible combinations of unaccompanied foreign minors and families and proceed to arrange preliminary meetings between the people; and
- support families for the whole duration of the stay.

This project aims:

- to strengthen and improve the system of protection of unaccompanied foreign minors;
- to optimize public resources from the perspective of efficiency, transparency and economic sustainability;
- to involve the social fabric; and
- to organize a welcoming network able to face the different stages of reception.

WelcHome, by engaging civil society, is revealing the community resilience of Modena in promoting social inclusion and fostering the sense of responsibility of unaccompanied foreign minors.

Abstract No. 094

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#Kindwaterford: a social experiment based on solid science

Healthy Waterford, through our Phase VI action plan, was committed to develop action to promote mental health and well-being and support community resilience. This corresponded to relevant national and local policy documents and the national early-years curriculum framework.

Evidence gathered through the Phase VI application process and through engagement with local stakeholders suggested that the bulk of mental health promotion work in the community focused on suicide prevention. There was also a lack of awareness of community-based psychosocial support and high levels of stigma associated with mental illness.

#kindwaterford is a settings-based mental health promotion initiative aimed at promoting community-led action around mental health and well-being using the concept of kindness as a focal point to: (1) raise awareness of the protective factors for mental health and well-being; (2) challenge the stigma associated with mental health issues; and (3) promote available community support.

#kindwaterford was launched during Mayor's Health Week in May 2016 and is ongoing.

#kindwaterford was implemented through the following:

- a competition open to all schools and community groups in Waterford to increase the understanding of positive mental well-being through exploring what kindness means in Waterford, with the prize being a locally crafted buddy bench and an mental health awareness programme developed and delivered by Buddy Bench Ireland;
- a social media campaign to promote positive mental health and encourage groups and to document #kindwaterford initiatives in Waterford;
- supporting partner organizations to host their own events; and
- promoting #littlethings, a national mental health promotion campaign locally.

The project was developed in partnership by Healthy Waterford and the Waterford Childcare Committee with support from the Mayor of the Waterford Metropolitan District. The emphasis was on promoting existing support and services and creating an incentive for communities to engage, especially in the early years (preschool, primary and secondary school and youth organizations).

The level of interest and engagement with the project exceeded all expectations, which focuses around day-to-day management. Anecdotal evidence from parents and teachers suggests that the concept of kindness (to ourselves and others) was a powerful way to communicate well-being to children and young people.

In total, 41 organizations took part in #kindwaterford during Mayor's Health Week by either entering the buddy bench competition or hosting their own event in the run up or during Mayor's Health Week. The project attracted €6000 in funding. Six buddy benches and awareness programmes were awarded.

#kindwaterford is a powerful way to engage with and communicate mental health and well-being and build resilience among children and young people. The impact of the buddy benches and awareness programmes will be evaluated at the end of the 2016/2017 school year. #kindwaterford initiatives are ongoing, with several organizations taking on the concept to host their own events.

For further information, see www.facebook.com/kindwaterford for information on #kindwaterford, www.yourmentalhealth.ie for information on #littlethings and www.buddybench.ie for information on the Buddy Bench awareness programme.

PSA4

Integration across policy silos

Abstract No. 002

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Health promotion via sustainable healthy urban planning

Urban planning is a powerful mechanism that can affect health, social capital, economic development and much more. The municipality has the power to lead it. Urban planning projects to improve public transport, urban renewal, employment and economic development and the development of open pleasant spaces facilitate living standards and health.

Two physical projects represent the combined approach of a healthy and sustainable city.

- Developing a light rail track created an opportunity for the urban renewal of the city centre, a safe and aesthetic urban space for walking and riding and flourishing business activity.
- The railway park – initiated by residents of the neighbouring areas in partnership with planning entities in the Municipality, transformed the former rail line into a path for riding and walking entertainment. The route ends at the site of the old train station, which was restored and transformed into a recreational centre with cafés, a festival site and an exhibition centre.

Light train – the city centre has been transformed from a polluted, noisy place into somewhere pleasant to walk around and suitable for physical and community activities. It increased using public transport and encouraged business activities around the route (Sustainable Development Goals 15, 11 and 8).

The railway park – the park facilitates an active community life and cultural activities. The Jerusalem health profile indicates that residents around the park have more active lifestyles than those in other areas of the city (Sustainable Development Goal 3).

The projects presented demonstrate sustainable development and community resilient approaches, which are two major conference themes.

Despite the clear association between the physical environment and human health, the Municipality does not have a policy on healthy urban planning. To fully assimilate the principles of sustainable and healthy urban planning, two main measures must be instituted:

- generating a healthy urban planning guide; and
- instilling healthy urban planning principles in local and national planning policy.

The Israel Healthy Cities Network and the Municipality of Jerusalem with other partners, decided to focus on that (Sustainable Development Goal 17).

Abstract No. 012

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Bursa tackles climate change

Climate change is considered one of the most important global environmental problems. At the heart of this global problem lies the increased consumption of fossil fuels for energy, use of polluting transport models and industrial production that does not consider the environment. Global warming and climate change are caused by the increase of greenhouse-gas emissions, and even though it is a global problem, the solution starts at the local level.

The energy sector causes 75% of climate change. In this regard, the most important aspect in fighting climate change is related to energy efficiency and using renewable energy sources. Energy efficiency and renewable energy sources are directly related to cities and municipalities, one of the closest administrative bodies to the people.

In this regard, the Metropolitan Municipality of Bursa has calculated the Municipality's and urban area's greenhouse-gas emissions and prepared the Bursa Climate Change Action Plan. In the scope of the data collected, it was understood that the city of Bursa creates 2.7% of the total greenhouse-gas emissions in Turkey. In the scope of the action plan, action related to seven areas – urban development, transport, renewable energy, solid waste and wastewater, industry, agriculture and husbandry and awareness raising – was developed, and a target was set to reduce greenhouse-gas emissions by 20% from 2014 to 2020.

This presentation shares the results of the study to calculate the carbon footprint in the metropolitan area of the city of Bursa and also its districts and highlights the importance of the energy sector in fighting climate change. The presentation also highlights the contribution of activities that increase energy efficiency and using renewable energy sources on the goals to tackle climate change. The presentation also summarizes the activities undertaken by the Metropolitan Municipality of Bursa in the scope of the climate change action plan.

Abstract No. 101

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Barcelona Health in the Neighbourhoods: a health in all policies strategy at the urban level

Barcelona Health in the Neighbourhoods is a community health strategy developed in urban disadvantaged areas since 2007. For 10 years, Barcelona Health in the

Neighbourhoods has been adapted, developed and, last year, systematically extended to all the poor neighbourhoods.

We wish to examine whether and how Barcelona Health in the Neighbourhoods relates to a health in all policies strategy. We describe the development and situation of Barcelona Health in the Neighbourhoods regarding the recommendations of the Helsinki Declaration on Health in All Policies: (1) political commitment to health and equity in health, (2) ensuring structures, processes and resources, (3) intersectoral engagement, (4) institutional capacity-building, (5) adoption of accountability mechanisms, (6) conflict-of-interest measures and (7) including communities and society in development, implementation and follow-up.

Based on documentary sources, the evolution between 2007 and 2016 of the following annual indicators linked to the concepts is described: (1) disadvantaged neighbourhoods intervened and population indirectly reached, (2) human and economic resources invested, (3) government sectors involved, (4) training carried out, (5) evaluation and evaluative articles, (6) conflict-of-interest measures established and (7) participating entities and population involved.

(1) In 2016, 17 of the 18 least favoured neighbourhoods (more than 73 neighbourhoods, 23%) have been intervened in, with 320 012 residents (more than 1 610 000, 20%). (2) Human and economic resources invested have tripled in the past two years, being a priority policy of a new local government. (3) Health services, municipal district services, public health and community agents have co-led the programme since 2007. (4) Training workshops for community agents have been piloted in 2016 to be offered periodically. (5) Evaluations have been published after four years of intervention in every intervened-in neighbourhood and seven scientific articles have been published. (6) No conflict-of-interest measures have been established, and (7) 194 entities and 6026 people have participated as users or volunteers.

Barcelona Health in the Neighbourhoods has a strong equity component, it is given political priority, it applies intersectorality, it has begun to offer community training, it includes a great dimension of evaluation and transparency, it lacks explicit strategies to face conflicts of interest and it has important community participation. Conflicts of interest need to be recognized and addressed and the strengths of this urban intervention reinforced. Barcelona Health in the Neighbourhoods promotes health and equity by applying the strategy of health in all policies.

PSA5

Age – innovative methods

Abstract No. 068

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Regional approach to healthy ageing: population-based sustainable health services provided by the Municipality of Balçova

Death from cardiovascular diseases constitutes one third of the total deaths in the world. It is also the most common reason for death in Turkey. WHO has emphasized that strict control of obesity, smoking, high blood pressure and cholesterol can reduce cardiovascular diseases by 50%.

In this context, the Municipality of Balçova, with the principle of providing sustainable health care for all free of charge, launched in 2007 the Heart of Balçova Project in partnership with the Public Health Department of Dokuz Eylül University for healthier life and healthy ageing of inhabitants.

According to a report published by Turkey's Ministry of Health in 2012, 56 million people died globally in 2012. Of these deaths, 17.5 million resulted from cardiovascular disease, 8.2 million cancer, 4 million chronic respiratory diseases including asthma and chronic obstructive pulmonary disease and 1.5 million diabetes. The risk factors for these diseases are defined, and they can be prevented by healthy living practices such as regular health examination, physical exercise, healthy diet and healthy environment facilities.

The Heart of Balçova Project aimed to perform health and heart screenings of 45 000 people and treat those who have high risk. Within the scope of the project, necessary training was given to research delegates, those responsible for community centres, surveyors, volunteers and nurses.

Afterwards, promotional activities such as promotional films, banners, TV programmes, press releases, etc. were realized to inform the public about the project and raise awareness.

Medical examinations of 36 187 people aged 30 years and older living in Balçova were performed. The effects of smoking, diet, weight and physical activity on health status were determined.

Of the 36 187 people who underwent basic physical examinations, 9320 were in the high-risk group. Programmes were created to reduce the risk for high-risk people, and sports activities provided by the Municipality were differentiated in relation to each inhabitant's health needs.

Initiatives to reduce cigarette use and to promote physical activity and healthy eating habits were implemented. For the first time in Turkey, a smoking-cessation centre

was established in a municipality. Totally 2980 people have applied to the centre, which is actively run by a doctor, a psychologist and staff member. So far, 623 people have quit smoking.

As follow-up and to support this project, the Balçova Sport Complex was rendered more functional by new closed tribune construction and a centre for people with disabilities was included.

The project promoted health and prevented disease among older people with various initiatives and ensured its sustainability.

The risk of coronary heart disease among people 30 years and older living in a district of Balçova is high. Men have higher risk than women.

The Municipality of Balçova has created new policies with the Heart of Balçova Project by reducing and preventing cardiovascular disease in the province, defined inequalities in terms of cardiovascular diseases and risk factors.

Abstract No. 036

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Research on a population sample in Kadıköy for developing policy on healthy ageing

The purpose of this study was to evaluate health, social relations and life satisfaction of older people via demographic characteristics, to identify the concepts of agedness, youth and active ageing from their perspectives and to determine their satisfaction level and expectations of local government.

Both quantitative and qualitative research methods were used, covering parks, volunteer houses, a social centre and households in 21 neighbourhoods of Kadıköy.

Using a semistructured form, 210 face-to-face interviews were performed. The major findings are as follows.

- Anxiety and concern among older people is quite high because of current social situations in the country and they rightfully make negative comparisons between the present and the past.
- Neighbourhood culture and cultural transfer among the generations still survive in the neighbourhoods that are not under the influence of urban transformation.
- The daily life practices and activities of individuals are the same, but limited, and individuals are far from social participation and organization.
- The average time span of the individuals living in Kadıköy is 50 years or more, and they have the sense of belonging to Kadıköy and do not feel the need to live in any other district in İstanbul.

- Mostly being unaware of active ageing, individuals highlight the concept of “active” and consider themselves active individuals.
- Older individuals generally rely on traditional mechanisms (family, neighbours, etc.) for their care requirements but are also worried about being dependent on others.
- Agedness, if they do not have a serious disease, is most often felt perceptively rather than physiological reasons.

Based on these findings, it is essential that independence and participation be organized as an opportunity in the lives of individuals and that integrated approaches be adopted, including not only physical but mental health as well. Further, social services should go beyond the borders of traditional mechanisms for satisfying needs, while local governments should have more active roles in social policy development processes, with a bottom-up approach from local to national. Finally, local governments should develop their social services for older people through inclusive, participatory and liberalistic methods for each neighbourhood.

Abstract No. 041

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Participatory budgeting in a home care centre for older people

Mäntykampus is a home care centre for older people that is a platform for innovative and new experiments. This participatory budgeting method has been a democratic process in which the older people living in the Mäntykampus area directly decide how to spend part of the project budget. The budget is intended for purchases and improvements in Mäntykampus that are communal and improve the quality of life and sense of community.

The City of Kuopio encourages trying innovative and agile new methods. The site, Mäntykampus, is a reference site in the European Innovation Partnership and Active and Healthy Ageing network. In this project, we wanted to courageously try something new with rapid and open progression. We wanted to test this method so that people who live in Mäntykampus could directly influence the project budget and improve the area in which they live.

We convened an intersectoral planning group and decided the time frame, goals and progress. We held the starting workshop on 1 November. That was when the participants could compose ideas – even the wildest ones. Participants then listed their ideas and wishes on forms generated for this project and set priorities. Then groups presented their ideas to other participant groups. Finally, all participants could vote for five of the best ideas. After that, the ideas were given to experts. They evaluated the ideas realistically and estimated prices for various ideas. Because the time frame is fairly strict, the second workshop was held just two weeks after the first one. There participants got familiar with the price list by experts. Together they set priorities for the wishes and decided which proposals to realize.

This process is still ongoing. People living in the Mäntykampus area will get improvements and new things to make their everyday life easier and more communal. For example, they will get exercise equipment, a computer point, acoustic panels, Christmas trees and a new coat rack: small but important improvements. The City of Kuopio will get a new, agile, participatory and tested method.

The improvements older participants chose strengthen the urban environment in which they live and spend their everyday life. This process engaged older people and created team spirit between residents, so it is also a part of creating healthy ageing.

This project has been an agile and participatory experiment in which the older residents work together and will improve their living environment. Employees from various service sectors have worked together and launched a new way to allocate the money.

Parallel Sessions: Block B, 16.00-17.30

PSB1

Rountable: Green spaces, green economy

Abstract No. 002

Miri Reiss, Healthy City Coordinator, Municipality of Jerusalem, Israel

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Health promotion via sustainable healthy urban planning

Urban planning is a powerful mechanism that can affect health, social capital, economic development and much more. The municipality has the power to lead it. Urban planning projects to improve public transport, urban renewal, employment and economic development and the development of open pleasant spaces facilitate living standards and health.

Two physical projects represent the combined approach of a healthy and sustainable city.

- Developing a light rail track created an opportunity for the urban renewal of the city centre, a safe and aesthetic urban space for walking and riding and flourishing business activity.
- The railway park – initiated by residents of the neighbouring areas in partnership with planning entities in the Municipality, transformed the former rail line into a path for riding and walking entertainment. The route ends at the site of the old train station, which was restored and transformed into a recreational centre with cafés, a festival site and an exhibition centre.

Light train – the city centre has been transformed from a polluted, noisy place into somewhere pleasant to walk around and suitable for physical and community activities. It increased using public transport and encouraged business activities around the route (Sustainable Development Goals 15, 11 and 8).

The railway park – the park facilitates an active community life and cultural activities. The Jerusalem health profile indicates that residents around the park have more active lifestyles than those in other areas of the city (Sustainable Development Goal 3).

The projects presented demonstrate sustainable development and community resilient approaches, which are two major conference themes.

Despite the clear association between the physical environment and human health, the Municipality does not have a policy on healthy urban planning. To fully assimilate the principles of sustainable and healthy urban planning, two main measures must be instituted:

- generating a healthy urban planning guide; and

- instilling healthy urban planning principles in local and national planning policy.

The Israel Healthy Cities Network and the Municipality of Jerusalem with other partners, decided to focus on that (Sustainable Development Goal 17).

Abstract No. 029

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City health profiles as a tool that can enable people-centred planning

Health indicators can help document how city dwellers benefit from urban investments in infrastructure and environmental and social protection.

The city health profile is a tool of the WHO European Healthy Cities Network. The city health profile, with its 32 indicators, is a mainly descriptive public health report that brings together and interprets the key pieces of information on health and its determinants in a city. The city health profile can form the basis of a city health development plan that sets out strategies and programmes of intervention to improve the health of the residents. Moreover, rethinking the formal way to use the city health profile's indicators can provide an opportunity to involve the residents in a people-centred health development planning procedure. The presentation aims to explain this approach.

In the past decade, many cities in the Hungarian Speaking Association of Healthy Cities have elaborated or implemented their city health profile. Besides the classic city health profile approach recommended by the WHO healthy city experts, some additional questioning and analysing techniques were introduced that made the city health profile more sensitive to the residents' opinions.

The city health development plan based on a methodologically refreshed city health profile could receive strong and widespread support from local decision-makers, significantly contributing to success in implementation.

The results of the case study can contribute to creating the conditions for sustainable and resilient communities.

Descriptive statistics and data are essential in elaborating a city health development plan. However, additional data derived from a special survey can make the plan more lifelike and can enable people-centred planning.

PSB4

Equity from the start – multi agency investment for early years

Abstract No. 030

Katherine Harford, Braedon Donald, Young Knocknaheeny Area Based Childhood Programme; Margaret Curtin, University College Cork, Cork, Ireland

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Getting all children's lives off to the best possible start: understanding local childhoods to implement a community prevention and early intervention programme

Ireland has significant levels of childhood poverty, but *Better outcomes, brighter futures* also expressed Ireland's strong national policy for all children to reach their full potential. Within this landscape, service providers operating in Cork City, Ireland, collaborated to design and implement a community childhood development early intervention and prevention programme: Young Knocknaheeny.

During the early implementation stage, Young Knocknaheeny undertook a child-focused baseline profile to gain in-depth understanding of local childhoods to inform ongoing programme development and evaluation. The results of the study found that child development outcomes across all indicators were suboptimal compared with national standards. The identified need was greater than anticipated. To ensure full implementation of the programme through the wider workforce and services and meaningful engagement with children and their families, the programme was adjusted.

The practice implications have been the comprehensive development of an interdisciplinary infant mental health home-visitation model for parents with children pre-birth to three years and a targeted preparation for parenthood programme that did not previously exist; increased availability of an evidence-informed group for parents and infants; Mentoring supports for services to embed training and enhance quality; and adapting traditional service delivery to earlier intervention, universal, within home and community.

The policy implications as a result of the study ask how well we really know our children, especially those who experience poverty. Baseline data are essential to inform programme development and to evaluate outcomes. Childhood programmes and services could be resourced and have access to such data to enhance service design and implementation.

In conclusion, the Young Knocknaheeny experience demonstrates that strong collaboration, design, governance as well as drawing on science and best practice are the foundation for the community prevention and early intervention programme. Effective implementation requires a local child level baseline, to inform the programme, which in turn must be responsive to known needs to be bold in developing new ways of working to ensure that children who experience poverty have equity of opportunity to reach their full potential.

Sian Bingham, Early Intervention Services Manager; Mark Child, Cabinet Member and Chair, Healthy City Board; Chris Sivers, People Director and Healthy City Board Member; Mike Davis, Project Coordinator, Swansea Council; Mel Llewelyn, Abertawe Bro Morgannwg University Health Board; Nina Williams, Public Health Consultant, Public Health Wales, Swansea, United Kingdom

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Jig-so: a holistic model of delivery during the earliest years

The Healthy City Board is driving a focus on early years. Early years is a strategic priority for the Public Services Board, the Council within its prevention plan and the Health Board within its commissioning programme.

A gap in providing services above core or universal provision to support parents and caregivers and their baby or infant on a citywide basis was identified during a comprehensive audit of need. The audit of need also highlighted a significant gap in children's readiness for school between the most disadvantaged and the least disadvantaged areas, with a social gradient in between. Service provision for this life stage was fragmented.

The peak time for early-years brain development is between 0 and 3 years old. The negative effect of deprivation starts at a very young age and builds throughout the life-course. Action proportional to need to support families and children during the early years can help to mitigate this effect, helping them to break these links and improve life chances.

Holistic support is provided for young and vulnerable first-time parents, both mothers and fathers, Swansea-wide via a multidisciplinary and multiagency team of midwives, nursery nurses with diplomas from the National Nursery Examination Board (NNEBs) and parenting and early language development practitioners.

The team will complement and work alongside universal core health services to engage parents into a pathway of support that aims to better enable them to meet their child's needs and build the resilience factors needed to thrive as a family.

To achieve this, the service starts preparing parents for parenthood during the antenatal period by focusing on the inner and outer worlds of the expectant and new parents and how they adapt to the changes and react to the emotions that are stirred during the perinatal period. It will focus on:

- building knowledge and understanding to prepare parents for a safe and healthy pregnancy;
- promoting the importance of early attachment and providing support to families where there are challenges in parenting and child bonding;
- supporting parents to examine the quality of their relationship;
- building parental confidence and aspirational thinking;
- reducing social isolation;
- improving the mental health and well-being of parents, especially during the perinatal stage; and

- building parental confidence and knowledge in supporting the child's development, including through play and talking.

This is early, as the project has only been fully up and running since May 2016. We have therefore identified the following as our main headlines:

- A new model of delivery ensuring integration across different organizations and professions with a focus on innovation;
- effective early identification and intervention;
- young babies not being accommodated by the local authority at birth because of the work starting pre-birth to build parental skills and resilience;
- breastfeeding rates above the average for Wales for this group of young mothers;
- improved family relationships; and
- presentation at the annual Bevan Foundation conference in Cardiff 2016 as a case study by a parent, midwife and manager.

This is an example of a real-life innovative project developed to respond to identified need using evidence-informed practice approaches.

There is considerable momentum for prevention and investment in the early years on a multiagency basis Swansea-wide. The early impact of this project and model of delivery has led to the development of a business case to extend the project to all vulnerable parents and not solely those younger than 25 years of age.

Abstract No. 099

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Galway City Early Years Health and Well-being Plan

As part of the consultation process for Phase VI of the WHO European Healthy Cities Project, Galway Healthy Cities identified early years (0–3 years) as a significant issue that warranted attention. An early years multiagency subcommittee was established to oversee the development of the plan under the auspices of the Galway Children and Young People's Services Committee.

The early years is a key determinant of health and presents an opportunity to invest in health right from the beginning. This is becoming increasingly evident from the literature, which identifies that giving every child the best start in life is crucial to reducing health inequalities across the life-course and other social and economic inequalities throughout life.

In Ireland, several national strategies, policy documents and initiatives have been developed that confirm a cross-government and partnership approach across all sectors for improved health and well-being and an increased focus on disease prevention, which provides the background for the development of the Galway City Early Years Health and Well-being Plan.

The Galway City Early Years Health and Well-being plan was launched in June 2016 and sets out the direction for 2016–2020 in bringing a more joined-up and coordinated approach to supporting the health and well-being of children and families during the early years.

The Galway City Early Years Implementation Group led the implementation of the plan. The implementation group held four meetings from July to November and has been working on progressing actions in relation to the following three priority areas: infant and child nutrition; infant mental health; and active play.

The work of the implementation group includes organizing and delivering a weaning workshop and cookery session for 16 parents in collaboration with relevant stakeholders in October 2016. NUI Galway is evaluating this. Further, the group organized and provided an infant mental health two-day master class attended by 31 people in December 2016. Finally the group has started to map initiatives that support active play and physical activity for children 0–3 years old.

Healthy cities was the catalyst to enable work to progress on this priority in a local context. The approach mirrored the ethos and essence of healthy cities, which is about working collaboratively and ensuring that health and well-being are high on the agenda of agencies in the City. The plan provides a focal point that enables stakeholders to come together under the auspices of Galway Children and Young People's Services Committee on a common purpose – to promote the health and well-being of children 0–3 years old in Galway City.

PSB5

The politics of action – value of scientific monitoring and evaluation

Abstract No. 024

Montserrat Tobella, Councillor; Enric Llorca, Mayor; Isabel Sánchez, City Council of Sant Andreu de la Barca, Spain

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Noise barriers: example of healthy and sustainable urban planning in Sant Andreu de la Barca

The construction of the Baix Llobregat Freeway as it passes through Sant Andreu de la Barca caused a problem of environmental noise pollution in the La Solana district, the one closest to this infrastructure.

Scientific evidence has shown that noise has very negative physical, mental and social effects on health.

The goals were to reduce the acoustic impact of the freeway on La Solana and to take advantage of this great road infrastructure in La Solana as a resource within the social and health promotion.

In this context, the Sant Andreu de la Barca City Council, together with the Commonwealth of Municipalities, built a containment wall in 1999 that acted as a noise barrier, and on this one created a green space, a park of 3.5 ha, with a walking area and a lookout at the top.

With these two works, it was possible to integrate a great road infrastructure with the existing houses and obtain an important green space for the city.

The evidence of the reduction of noise pollution of La Solana thanks to the noise barrier led the City Council to expand it in 2015 to cover buildings that were outside the protection of the original noise barriers.

This has achieved a positive environmental impact, with a significant decrease of noise pollution in La Solana, and an increase in green spaces in the city, providing La Solana a space that facilitates the practice of healthy living habits and social cohesion.

Healthy and sustainable urban spatial planning can profile the health and well-being of the people, emphasizing the key determinants of health.

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Air quality management to improve the health and well-being of Carlisle residents

Local air quality monitoring for nitrogen dioxide (NO₂) has revealed localized exceedance of the national air quality objectives for England. Air quality management areas have previously been declared in these areas of exceedance.

Air pollution is associated with several adverse health effects. It is recognized as a contributing factor in the onset of heart disease, respiratory disease and cancer. Additionally, air pollution especially affects the most vulnerable people in society: children and older people and people with heart and lung conditions. There is also often a strong correlation with equality issues, because areas with poor air quality are also often the more deprived areas.

An Air Quality Action Plan was developed in 2012, detailing local measures to address air pollution in these areas.

This included monitoring the impact of the newly opened Carlisle Northern Development Route (a bypass around the north and west of the City) that opened in February 2012.

Fifty monitoring locations have been designated across the City. Historically, six areas have consistently highlighted concerns. All these areas have been closely monitored before, during and after the introduction of the Carlisle Northern Development Route. Partners assisted in developing the air quality annual status report to ensure a collective strategic approach.

Achievements include the production of a detailed air quality annual status report, which recommends:

- the possible revocation of one air quality management area in the west of the City because of reduced congestion and the newly developed Carlisle Northern Development Route bypass;
- the possible amendment of another air quality management area in the north of the city, to significantly reduce it in size – again because of the positive improvements in traffic flow with investment in the Carlisle Northern Development Route;
- overall improvements in the nitrogen dioxide levels across the city centre monitoring network;
- refocusing priorities because of significant improvement, such as promoting active transport, encouraging the introduction of green spaces for all new housing developments to assist in managing and improving air quality; and
- considering a southern bypass to further improve efficiency within the Carlisle Local Plan.

Completion of the Carlisle Northern Development Route was expected to reduce the traffic through the city by up to 25% and produce a corresponding decrease in the nitrogen dioxide concentrations.

Effective traffic management leads to reduced congestion and standing traffic. Carlisle City Council works closely with Cumbria County Council to monitor how improvements in traffic flow, through more effective traffic management, will benefit air quality.

Use of alternative transport has increased, including adoption of cycleways, including a major section of Caldew Cycleway.

Environmental factors are considered, such as promoting new green spaces and trees to manage air quality.

The air quality annual status report has demonstrated that the Carlisle Northern Development Route has significantly improved air quality in Carlisle.

Abstract No. 090

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A national network campaign for better air quality

Although exact figures vary, poor air quality increases mortality and contributes to health inequalities, since financially poorer people tend to live in more polluted areas close to industrial sites and/or busy roads. An estimated 42 000 people lose their lives to poor air quality each year in France, making it the major cause of avoidable death in France after smoking tobacco. Air pollution is also linked to aggravating climate change.

The French Healthy Cities Network has been campaigning at several levels to improve both indoor and outdoor air quality. Similar to all activities of a national network, we have shared examples of best practice at the city level, participated in national working groups and events and, at the international level, we actively supported the Paris COP21 and WHO awareness-raising events.

A mixed group of local and national representatives met in 2015 and produced two briefing notes for local politicians, one about reducing indoor air pollution and the other on outdoor air quality. A members' survey collected 35 examples of best practices. A two-day event Let Your City Breathe was organized that allowed the city council to meet 20 start-up companies that are in the process of producing technologies that will improve the measuring and the communication of air quality information to the public.

Today the focus is on air quality in buildings owned by local authorities used by children younger than 12 years of age (mostly primary and nursery schools as well as municipal crèches). Some cities have measured the quality of the air in

classrooms, which interestingly does not seem to be linked to the age of the buildings. The national network is helping them to apply the national guidance on air quality, but new buildings with windows that do not open and/or ventilation systems that do not function correctly, along with the pollutants from new flooring and furniture, are still a problem.

The presentation will give several practical examples of action from the city survey. It will discuss the exchanges with the start-up companies and also the difficulty of providing factual, but not alarmist, information about air pollution to the parents of schoolchildren.

Thursday 2 March

Parallel Sessions: Block C, 14.30-16.00

PSC1

Roundtable: Inclusive Cities

Abstract No. 017

Paul Brant, Cabinet Member Health and Adult Social Care, Liverpool City Council, United Kingdom

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A sense of belonging: Liverpool Rehabilitation, Education, Support and Treatment (REST) Centre for City Street Drinkers

Liverpool has a perennial problem with city centre street drinkers who generate antisocial behaviour, consuming police resources. The business community is affected by loss of trade, theft and recurring nuisance activity. This is worse in summer, when tourist activity peaks and the problem is highly visible. The street drinkers are very vulnerable and difficult to engage and have multiple health and social problems, with premature mortality. They have poor access to general and specialist services, with excessive use of response services. The initiative is an element of the Liverpool Alcohol Harm Reduction Strategy, supported by the Alcohol Strategy Group, which includes city politicians and is led by a intersectoral partnership including crime and disorder, business groups and health and care organizations.

The REST Centre initiative is a response to the negative aspects of antisocial behaviour and resource consumption in the city centre and the need to positively improve access to health and social services for a vulnerable population. Previous initiatives, including targeted enforcement, did not change behaviour or resource use.

The REST Centre is a dedicated site in the city centre allowing alcohol, with support to reduce drinking. Access to services is provided in one place for holistic and comprehensive engagement. Occupational activities are provided, and moving on to education, volunteer or paid work is facilitated. Centre personnel have specialist experience. The first phase ran from June to September 2015 with mixed-methods evaluation, and 386 individuals attended. The second phase ran from June to September 2016, with evaluation in December.

The first phase highlighted the difficulty of measuring success against the impact of external factors. User and service input influenced second-phase specification. A critical factor appears to be the need for constant access to this type of support. The initiative aims to improve community resilience for both street drinkers and the city business, visitor and residential communities.

Evaluation of the second phase will allow better understanding of the sustainability of this approach and success factors.

Abstract No. 028

Nilay Ogulturk, Director of Social Welfare Affairs; Gulsun Bor Guner, Municipality of Çankaya, Turkey

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Gender equality in local authorities and participation: local equality action plan of the Municipality of Çankaya

Women and men face different barriers and different boundaries in using the services offered at the local level. The inefficient participation of women in local politics is seen as the most important reason for their specific needs and demands to be neglected. This participation problem manifests itself not only in women being underrepresented in local politics as politicians or decision-makers but also in participating in decision-making and planning processes related to the city as a service recipient. In this respect, positive discriminatory practices for fighting inequality, providing supportive services on discrimination issues, employment, education, health and combating violence at both the national and local levels are deemed necessary.

The Municipality of Çankaya has been working for many years to achieve gender equality. It provides pioneering services related to violence against women, the women's shelter and women's counseling centre being the most important ones. Providing childcare services independent of the labour market positions and giving priority to gender equality and child development in policies has been indispensable for the Municipality of Çankaya. Similarly, services are provided for eliminating barriers for women's participation in employment such as kindergarten and children's playhouses, as well as services for older people and people with disabilities.

The Municipality of Çankaya has signed the European Charter for Equality of Women and Men in Local Life prepared by the Council of European Municipalities and Regions and prepared a local equality action plan to carry out activities aimed at achieving gender equality in a more systematic and structured way and to implement gender equality in practice, integrating it into the municipal services.

The action plan covers a period of three years (2016–2019) and presents the objectives of our gender equality–based local authority perspective. To develop a realistic and applicable action plan, the preparation process was highly participatory, involving many internal and external stakeholders. A gender equality working group has been established, comprising the representatives of different departments of the municipality, and it held regular meetings to prepare the action plan. As for the external stakeholders, nongovernmental organization representatives were brought together in successive meetings in 2015 to explore their needs and expectations and reflect their priorities in the action plan.

The gender equality perspective of the Municipality of Çankaya, the studies carried out in this context, the best practices, the local equality action plan and the participatory preparation process will be covered in detail.

Daniele Biagioni, Healthy City Coordinator; Simona Arletti, Municipality of Modena, Italy

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WelcHome: hospitality in families for young political asylum-seekers and refugees

In recent years, the issue of unaccompanied foreign minors has become urgent and worrying. This is getting worse: many arrivals, the absence of a centralized reception system and the risk that children are involved in illicit trafficking.

In Modena, during the first eight months of 2016, 134 unaccompanied foreign minors arrived, both from the Balkans and North Africa (92 placed in structures until October 2016), coming alone with the consent of parents, and asylum-seekers or beneficiaries of international protection covered by the national protection system for asylum-seekers and refugees.

The project, focused on relations and solidarity, aims to test innovative forms of welcoming unaccompanied foreign minors.

WelcHome was launched in October 2015 by the Department of Welfare of Modena with the support of the voluntary sector.

About 10 families have joined the project, making themselves available to host a refugee for a period of about 6 + 6 months, through a shared and guided hospitality path.

The participants are mostly almost adults who have proven good capacity for independence and willingness to integrate into society during the previous path in a welcoming centre. Volunteers support families and help them with paperwork. Families receive economic benefits or contributions.

A psychologist and a social worker of the WelcHome project:

- meet the families, to deepen their motivations, fears and expectations;
- visit the home to assess it and meet other family individuals involved;
- identify possible combinations of unaccompanied foreign minors and families and proceed to arrange preliminary meetings between the people; and
- support families for the whole duration of the stay.

This project aims:

- to strengthen and improve the system of protection of unaccompanied foreign minors;
- to optimize public resources from the perspective of efficiency, transparency and economic sustainability;
- to involve the social fabric; and
- to organize a welcoming network able to face the different stages of reception.

WelcHome, by engaging civil society, is revealing the community resilience of Modena in promoting social inclusion and fostering the sense of responsibility of unaccompanied foreign minors.

Abstract No. 101

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Barcelona Health in the Neighbourhoods: a health in all policies strategy at the urban level

Barcelona Health in the Neighbourhoods is a community health strategy developed in urban disadvantaged areas since 2007. For 10 years, Barcelona Health in the Neighbourhoods has been adapted, developed and, last year, systematically extended to all the poor neighbourhoods.

We wish to examine whether and how Barcelona Health in the Neighbourhoods relates to a health in all policies strategy. We describe the development and situation of Barcelona Health in the Neighbourhoods regarding the recommendations of the Helsinki Declaration on Health in All Policies: (1) political commitment to health and equity in health, (2) ensuring structures, processes and resources, (3) intersectoral engagement, (4) institutional capacity-building, (5) adoption of accountability mechanisms, (6) conflict-of-interest measures and (7) including communities and society in development, implementation and follow-up.

Based on documentary sources, the evolution between 2007 and 2016 of the following annual indicators linked to the concepts is described: (1) disadvantaged neighbourhoods intervened and population indirectly reached, (2) human and economic resources invested, (3) government sectors involved, (4) training carried out, (5) evaluation and evaluative articles, (6) conflict-of-interest measures established and (7) participating entities and population involved.

(1) In 2016, 17 of the 18 least favoured neighbourhoods (more than 73 neighbourhoods, 23%) have been intervened in, with 320 012 residents (more than 1 610 000, 20%). (2) Human and economic resources invested have tripled in the past two years, being a priority policy of a new local government. (3) Health services, municipal district services, public health and community agents have co-led the programme since 2007. (4) Training workshops for community agents have been piloted in 2016 to be offered periodically. (5) Evaluations have been published after four years of intervention in every intervened-in neighbourhood and seven scientific articles have been published. (6) No conflict-of-interest measures have been established, and (7) 194 entities and 6026 people have participated as users or volunteers.

Barcelona Health in the Neighbourhoods has a strong equity component, it is given political priority, it applies intersectorality, it has begun to offer community training, it includes a great dimension of evaluation and transparency, it lacks explicit strategies to face conflicts of interest and it has important community participation. Conflicts of interest need to be recognized and addressed and the strengths of this urban

intervention reinforced. Barcelona Health in the Neighbourhoods promotes health and equity by applying the strategy of health in all policies.

PSC3

Schools – a setting for active citizenship

Abstract No. 013

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Healthy city? Is the youngest generation interested at all?

(Healthy) cities suffer from a common disinterest of the youngest generation in local community development, policy and politics that influence their lives in many ways: education, leisure facilities, sport activities, safety etc. Cities use few ways for raising the interest of young people in public issues such as student parliaments or various campaigns. But there is a need for more direct and tangible opportunities offering young people an attractive and accessible way to participate and implement their own ideas within the rather bureaucratic and abstract decision-making systems in municipalities.

Healthy cities should represent good platforms for engaging this important target group and create new policy venues to raise awareness about health issues and social determinants of health and ensure that the youngest generation will have the knowledge, skills and, most importantly, opportunity to influence their future lives and the environment in which they will live. Intensive communication and collaboration with the youngest generations is considered as crucial for the future sustainable development of the Municipality of Litoměřice as a healthy city.

Litoměřice has systematically worked in public health and sustainability since 2002. The Municipality monitors and evaluates its progress and tries to analyse strengths and weaknesses in terms of long-term sustainable development and health. Involvement of the young generation had emerged to be one of the weak points but was also an extraordinary challenge for seeking new ways to engage more young people in city development. Currently, Litoměřice is one of the leaders in working with the young generation in the Czech Republic and organizes various events for youth – children's parliament, youth round-tables and special youth roundtables during regular public hearings in which representatives of all primary and secondary schools can participate. However, our experience has showed that more intensive work is needed directly targeting schools. Therefore, since 2015, school forums have been established and organized in each of the seven basic schools in Litoměřice. These meetings are divided into two parts. One part concerns the internal affairs of the school, such as classes, school life, rules and teaching. The other part focuses more on external life: the general development of the city and its environment. Litoměřice has also invented a school based on the method of the Czech Healthy City Network used for healthy city forums. A new school forum method was created that describes the whole process of how to prepare and organize these meetings

and gather ideas and proposals from children 12–15 years old, how to further systematically work with these outputs and transfer them either to the school directors or to the local decision-makers: city councillors. This method includes both arguments for convincing school directors to organize this forum at the beginning and also ways to end up with concrete measures at the end of the process, including monitoring and evaluation. To further support and develop this initiative, the City Council introduced a new scheme for public participation in 2015 – a participatory budget – that is also open for young people who can submit their ideas, seek wider support by the public and get funding for their innovative projects. However, these youth forums also serve as a good tool for discussion, argumentation, learning respect and reaching consensus, which are all needed for building democratic and resilient communities.

Litoměřice has organised school forums at all seven basic schools, involving about 140 children and young students every year. Moreover, this approach to the young generation and methods have been introduced nationwide at many conferences and workshops and successfully implemented in healthy cities with the assistance of the Litoměřice Healthy City coordinator and politician.

This tool, which is transferable worldwide, might be helpful and interesting for other healthy cities that face similar problems with engaging this specific and important target group. It addresses both the overall conference themes but also some of the subthemes.

School forums have proved to be very effective and innovative way to attract and keep attention of the youngest generation, which is very often resistant to traditional policy tools. This process also perfectly fits within the general goals and system of Healthy Cities and might contribute to long-term sustainability and community resilience by positively influencing the young generation and increasing their responsibility for developing their own city. This tool, furthermore, can be combined with other more traditional but also innovative tools such as participatory budgeting that create synergy and multiply the positive effects of each of these tools. Some of the concrete outputs also help the city and school management to better deal with issues such as a healthy diet. For instance, sweet and fat refreshments in vending machines at schools were replaced by healthier meals, which was one of the requirements of the nutrition experts but, as emerged during discussions among students, also a wish among the children, and this finally enabled and facilitated this change. The impact of this measure will be further monitored and evaluated, since diabetes has recently proved to be a serious problem, as indicated in analyses of the city health development plan.

School forums in Litoměřice are also connected to other topics such as intergenerational collaboration or fair trade (fair trade schools) and are an important part of the overall mobilization of the community.

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Taking action for child-friendly places: first-steps action plan

Belfast Healthy Cities launched a child-friendly places action plan in June 2016. This is the first time such a focused approach has been given to children's physical environment in Belfast.

Children in Northern Ireland are not readily consulted in relation to their built environment. Children constitute a significant population in Belfast, with nearly one fifth of children younger than 13 years old. Young children spend most of their time in their local surroundings, and the environment in which they live affects their development more than that of older children.

The action plan is based on extensive engagement with children across Belfast. About 7000 children and families were directly engaged using a range of innovative methods to identify priorities to inform the action plan. The priorities identified by children across the city are as follows.

Green space – green spaces should be good-quality, well-maintained spaces where children can spend time with friends and family. Children value green space and recognize that it is important in terms of social interaction, pride in the local neighbourhood and opportunities for play and physical activity.

Open spaces should be safe spaces where children can play and spend time with friends. Play parks are welcome, but small, open good-quality spaces close to children's homes are also welcome.

Clean and safe environments – children see clean environments as essential to making their neighbourhoods more pleasant and attractive to live in. They are also aware of how others view the areas in which they live and are concerned about dog fouling, broken glass and graffiti.

Liveable and connected communities – vacant houses should be occupied and derelict land used for children and community activities. Connected communities support independence.

Reduced traffic – roads should be safer, with fewer cars and increased traffic calming. Traffic influences where children play, walk and cycle. Children recognize the effects of heavy pollution, including congested streets, parking difficulties, noise and air pollution.

The action plan takes a multidisciplinary approach, with action involving a range of partners in the first steps in taking action to begin to address the identified priorities.

The strategy has been endorsed by key players in the city, including the Public Health Agency, Belfast City Council, Northern Ireland Housing Executive and Belfast Health & Social Care Trust.

The work relates to the three spheres of sustainable development – child-friendly places can contribute positively to the environment, the economy and society.

Belfast Healthy Cities is continuing to deliver on the action contained in the strategy, which can be accessed at <http://www.belfasthealthycities.com/sites/default/files/publications/TakingAction.pdf>.

Abstract No. 054

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Healthy places, healthy children – a new teaching resource for Key Stage 2

Healthy places, healthy children is an innovative new teaching resource for Key Stage 2 primary school children (8–11 years). The resource was developed in partnership by Belfast Healthy Cities, the lead partner in the project; the Education Authority, Belfast Region, which facilitated initial contact with the schools and provided continued input and support for developing the resource; and the Public Health Agency and Northern Ireland Housing Executive. It was designed in response to need expressed directly by teachers.

A key aim of the resource is to explore active citizenship and enable children to make their voice heard as part of policy- and decision-making processes on the built environment. It contains a wide variety of learning exercises, including arts-based activities, and provides children with the opportunity to link learning to real life and reinforces children's learning in relation to project planning and proposal development. Studying the built environment and architecture offers opportunities to integrate the teaching of many key elements of the curriculum, including literacy, numeracy, science, art and design.

Eleven primary schools across Belfast piloted the resource in 2015/2016. As the key outcome of the project, classes developed proposals for how to make their local environment more child-friendly. Several of these proposals will be realized concretely.

The resource was shared through the WHO European Healthy Cities Network, offering schools the opportunity to participate. Schools from Athens, Chapaevsk, Dimitrovgrad, Galway, Madrid and Pula piloted elements of the resource.

The resource will be piloted further both in Belfast and rurally during 2017. Partners have expressed by interest in developing the resource for regional use.

The resource assists in the teaching of skills exploring the relationship between the built environment and health and using these skills to identify options for improving places and making them more child-friendly and people-focused. It also aims to highlight the importance of the voice of children in decision-making and to explore ways to make children better heard in decision-making.

Developing an understanding of how the physical environment shapes people's lives and health is important to enable children to explore and assess the relationship between public decision-making and the lives of individual people and families. It also assists in building skills in critical thinking, problem-solving and advocacy, by providing opportunities to analyse the links and identify potential solutions.

Abstract No. 064

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Decision-making on health by the Carlisle Schools Council

Carlisle has several health challenges and inequalities: 16% (3000) of the children live in low-income families. Life expectancy for men and women is lower than the average for England – 11.3 years for men and 6.2 years for women. Childhood obesity is rising: at six years, 19% (209) of the children are classified as obese. For smoking-related deaths, the rate for England is 274.8 per 1000 population, with the lowest rate for England being 152.9. Carlisle's rate is 303.4.

The reasons for undertaking the initiative are:

- to involve young people in decision-making within their area on key issues that can affect the place where they live;
- to increase education, raise awareness and empower young people on health-related topics and activities;
- to encourage young people to influence and educate their parents;
- to facilitate youth democracy; and
- to consider suggestions involving young people that could be practically developed or applied locally.

The Carlisle primary schools partnership and Carlisle City Council organized a full School Council meeting to ask the young people of Carlisle a question linked to the newly approved Council priorities. The question posed was: "Carlisle is an official World Health Organization healthy city. What would you do to help make Carlisle healthier?"

Schools held school council meetings to draw up idea and responses to the question. The ideas were presented to other schools, senior council members, the mayor and Carlisle Youth Council at the full School Council meeting.

The full School Council meeting took place on 3 November 2016 in Carlisle City Council's Council Chamber.

The Deputy Leader of Carlisle City Council, the Mayor, a Carlisle Youth Council representative and a deputy member of the Youth Parliament welcomed the students, opened the meeting and presented.

Feedback from the teaching staff was captured and qualitatively evaluated: seven primary schools from across the district were engaged, both urban and rural.

The children gained confidence as the session went on; by the end of the session, most raised their hands to ask questions.

Several ideas were generated, ranging from: fruit and vegetable days in the school and in the Council; consideration of developing outdoor gyms and play areas; and a poster competition. Students were also keen that this be submitted as a case study to WHO. Political commitment to developing a practical project from the session was received. Each school presented in a different way: verbally, slide presentations, poster presentations, written presentation tools, etc.

Feedback from Blackford CE Primary School: “Thank you very much for a brilliant morning; the atmosphere has definitely inspired the children.”

Deputy Leader of Carlisle City Council: “It was a really good session with great enthusiasm from the schoolchildren. I agree that we need to follow this up with a couple of quick wins to show that we are supportive. I too will type up my notes and send them to you. Count me in for the next session. Many thanks to all.

The session increased awareness of the importance of early intervention and education as well as political buy-in. The Council is keen to develop one of the proposed ideas (two are currently being taken forward). The full School Council is keen to hold more meetings on priority topics.

The session was an effective way to empower young people on the health agenda while developing political commitment and buy-in. The next steps following the session will practically apply the ideas generated by the schools, with commitment from the Council and local partners.

PSC4

Age – action programmes

Abstract No. 097

Elena Zimina, Head, Division for Citizens Health Protection; Yuri Tyurin, Head, Izhevsk City Administration; Mikhail Tarasov, Deputy Head, Izhevsk City Administration; Lyubov Kasenkova, Head, Department of Citizens’ Health Protection; Natalya Popova, Head, Department of Public Health and Healthcare, Izhevsk State Medical Academy, Izhevsk, Russian Federation

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Urban project Active Ageing in Izhevsk

The Healthy Cities Office in Izhevsk developed the long-term urban project Active Ageing in Izhevsk for 2016–2018. The project is being implemented in cooperation with the nongovernmental public organization Union of Pensioners of the Russian Federation. The project is aimed at attracting seniors to active urban and community life and at improving their quality of life and social activity. Seniors can participate in all activities of the project free of charge. The project aims to unite the efforts of the

municipal authorities, scientific community, business sector, media, volunteer movements, citizens of all ages and different organizations for meeting the challenges of socially oriented nonprofit nongovernmental organizations that promote the interests of seniors.

People older than 60 years comprise 18% of the Izhevsk population and people older than 55 years 25%. Many seniors are alone and inactive and have difficulty with employment. This promotes frequent aggravation of chronic diseases, depression and disability. Seniors comprise more than 50% of the patients in the inpatient and outpatient health care facilities.

The project Active Ageing in Izhevsk includes six programmes: active seniors, financial, legal and insurance literacy, healthy ageing, physical activity for seniors, creativity and social health tourism. Specially trained seniors have been appointed to implement each programme.

The project started in January 2016. The office of the project Active Ageing in Izhevsk was opened in the public organization Union of Pensioners of the Russian Federation in March 2016. A schedule of activities is compiled monthly. The project is widely announced in the media to attract the seniors.

The first programme, active seniors, includes five subprogrammes: social activity or I am not indifferent (participation in social projects as volunteers, training at the school for social mentors), prosperous ageing (fundraising for singles and low-income seniors and seniors in difficult life situations), new knowledge (participation in various social events, forums, seminars and conferences), my success and new achievements (training in social innovations, creating and implementing social projects and participation in grants), university of 55+ (training in remote work and employment assistance), club third age (meeting people who have achieved success in senior age) and club political literacy.

The second programme on financial, legal and insurance literacy includes six schools for seniors: financial literacy, legal literacy, insurance literacy, E-services, computer literacy and housing and public utilities. The tutors are financiers, lawyers, programmers, government officials and other experts.

The third programme, healthy ageing, includes three health schools and two subprogrammes for seniors: school of healthy ageing, school of healthy food, school of psychological comfort, tour of health (visiting health clinics, centres, resorts and nature preserves), walking with the doctor (lectures and medical consultations, screening of health status, physical workout and walking tour). Tutors in schools are a gerontologist, general physician, a physician in medical prevention, cardiologist, oncologist, nutritionist, gastroenterologist, psychologist and specialists in cooking technology.

The fourth programme, physical activity for seniors, includes training in special sports clubs. There are clubs for Nordic walking, yoga, body flex, track and field athletics, shooting, darts, bocce, football and table tennis. Seniors are actively involved in the annual municipal sports events. There are the festival of Nordic walking, yoga festival, athletes' day, All-Russian Olympics for Pensioners and the social project generations (joint sports competitions for pensioners and schoolchildren).

The fifth programme, creativity, includes three subprogrammes: active creativity (the clubs dance until the young, bird of happiness – 50+, dancing seniors and song as a gift), my art (club of theatrical travelling, club my world – my art, cinema fans club and historical club) and my creativity (club of needlework and club me and my family).

The sixth subprogramme, social health tourism, includes a variety of tourist events for seniors: social rafting in boats on the rivers of the region, tourist yoga meeting tour of good health on catamarans, countryside tourism (agrotourism), camping trips and guided tours, ecological tours and club of gardening.

Mechanisms and ways of interaction between the municipal authorities, business community, scientific community and nongovernmental organizations to identify and solve the priority social problems of seniors were fulfilled during 11 months of the project. People 55–75 years old are the most active participants of the project. 8500 people took part in the project's events: 6.7% of the seniors in the appropriate age group in the city (134 500 people).

The initiative group was formed from 150 of the most active seniors. They actively promote the project among the city's seniors. The survey of 550 seniors who have participated at the project's activities regularly showed a reduction in the number of depressive symptoms (by 24%) and reduction in the frequency of visits to doctors (by 1.8 times) over the period of 11 months. Involvement in the project's activities among 10% of the urban population older than 55 years by the end of 2018 is a major challenge today. Insufficient activity among older people is a major problem.

The urban project Active Ageing in Izhevsk corresponds to the themes community resilience and sustainable development and to the subtheme healthy ageing of the Conference.

The urban project Active Ageing in Izhevsk aims to unite the efforts of municipal authorities and civil society institutions and is an effective form of municipal–private partnership to solve the problems and to promote the interests of seniors. The share of seniors who are actively involved in urban community life has grown during the project. The project's long-term objectives can be achieved if it is continually and actively implemented. The project is improving the quality and duration of the active life of seniors.

Abstract No. 046

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Łódź Centre for Seniors

Based on the demographic prognoses and health status of the citizens of Łódź, the social strategy for the city chose preventing the social exclusion of older people as a priority intervention area. By 2020, people 60 years and older will comprise 33% of the population of Łódź, the highest rate among large cities in Poland. This poses a challenge for the institutions and organizations responsible for social policy in Łódź.

The City Office started the Active 60+ programme: a system of comprehensive action addressed to senior citizens that increases their chance to remain active or take up a more active lifestyle. The aim of the programme is to stimulate activity and improve the quality of life of the residents of Łódź 60 years and older.

The programme includes:

- establishing information centres that also initiate and support action for senior citizens, including projects focusing on culture, physical activity, education, health and development in its broadest sense;
- initiating and supporting intergenerational projects by engaging senior citizens in voluntary action for children, young people and other older adults;
- initiating action for senior citizens in all city districts by establishing centres for active seniors, supporting neighbourhood clubs for seniors, third-age universities and nongovernmental organizations;
- promoting senior-friendly action and projects; and
- promoting cooperation between institutions, public services, agencies, organizations, businesses and senior citizens.

Łódź Centre for Seniors coordinates eight major projects.

District centres of active seniors offer lectures of the third age academy, physical activity for older adults, classes in new technologies, cultural events, legal advice and psychological counselling. Number of participants: 46 000 each year.

A city senior card for all residents of Łódź 60 years and older allows users to purchase goods or services at lower prices. Number of users: 25 000.

A website for seniors provides information on events and action in the city for older adults in Łódź . Number of users: 40 000 per month.

Volunteers 60+ addresses older adults who have no access to the Internet to provide them with information on action organized for them by the City Office and nongovernmental organizations. During the past two years, 3000 participants have attended the meetings. Number of regular attendees: 210.

Internet for older adults: training courses and workshops started in 2013. Participants: 1000 per year for courses and 500 for workshops.

Senioralia is an annual, week-long cycle of events organized in May addressing older people that includes a variety of projects: cultural events, sports activities, fairs, walks, shows etc. Number of participants: 15 000 in 2014, 30 000 in 2015 and 50 000 in 2016.

A telephone helpline for seniors provides psychological and legal advice and information on opportunities for leisure activities for older adults in the city, provided by a team of volunteers. Number of users: 800 per year.

Box of life: a project addressed to older residents of Łódź, especially those who live alone. The box contains vital information on the health status of its owner,

medication applied so far, and the contact data for the family members or friends. Number of users: 15 000.

Implementation of the project increases social awareness, highlights problems resulting from the process of ageing of the population of Łódź and helps to break stereotypes of old age and negative attitudes towards senior citizens. It encourages senior citizens to take part in educational and cultural projects and other forms of activity, helps them to fully participate in the life of the city and strengthens bonds between generations.

Abstract No. 082

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Becoming dementia-friendly in an age-friendly city

The prevalence of dementia in our ageing population requires paying attention to how we can enable people to live well with dementia so that they can continue to take part in everyday activities in their communities. This case study illustrates how two community-based initiatives can make a practical start on what can seem an overwhelming agenda.

Dementia Friendly Cinema is a regular programme of cinema screenings in a mainstream, city centre cinema. Dementia Friendly Jesmond is a community-led initiative to develop a dementia-friendly neighbourhood.

Dementia Friendly Cinema identified and overcame barriers and stigma to enable people living with dementia, their caregivers, companions and families to come to the cinema and watch a series of classic films and musicals. The simple steps and care that were taken in developing Dementia Friendly Cinema enabled people who are often excluded to enjoy an everyday cultural experience in a supportive, friendly and social environment. The initial pilot was very successful and dramatically affected both the cinema's staff and operations and the audience members and has led to dementia-friendly cinema being a regular part of the mainstream programme.

Dementia Friendly Jesmond arose in response to a demand from older people living in the neighbourhood who wanted to ensure that people living with dementia felt safe and confident to go about their daily activities for as long as possible. They set out to raise knowledge and awareness about dementia, to promote better awareness of the support and services available for people living with dementia and their caregivers and to develop a stronger voice for people living with dementia. Their achievements include gaining commitment from local businesses and organizations, which have undertaken dementia friends training; improving the availability of information and support via the local library; including a performance of a locally developed play on the experience of living with dementia in the Jesmond Community Festival programme; and a regular community newsletter.

PSC5

The long game – the value of longitudinal data

Abstract No. 091

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Rijeka in Motion – promoting physical activity in Rijeka

A wealth of scientific evidence shows that physical activity is very important in preventing chronic diseases such as cardiovascular diseases, osteoporosis and diabetes as well as cancer. It also contributes to general psychosocial welfare. Despite all these benefits, almost half the adults in high-income countries are physically inactive. Local governments have a unique opportunity to promote physical activity and healthy lifestyle choices as well as opportunities to create conditions for citizens to engage in physical activity.

Given the obvious benefits that physical activity has for overall health and well-being, promoting physical activity and healthy lifestyle choices has been one of the strategic goals for the City of Rijeka and one of the areas that Rijeka is focusing on in Phase VI of the WHO European Healthy Cities Network.

To encourage physical activity and walking, a ring of promenades has been created. Citizens are encouraged to walk through the most beautiful and greenest parts of the metropolitan area and see many historical monuments that surround them. Rijeka also provides opportunities for citizens to take part in physical activities, including free yoga classes for older people and students, free exercise under the guidance of professional physical therapists for people older than 50 years of age and free access for older people to the City's swimming pool.

A big promotional activity has been the yearly Rijeka in Motion campaign that started in 2011 and continues today. The aim of the campaign is to promote physical activity in everyday life and a healthy way of life in general. It spans many activities, among them educational booths on Rijeka's main street, newspaper ads and articles, numerous TV and radio shows, sports and recreational activities etc. As part of the campaign, several events are organized each year, such as the Art Molo Longo event that provides opportunities for artists to present their works along two kilometres of Rijeka's most popular promenade. Citizens are encouraged to take a stroll and enjoy the exhibit. Another activity is the Go to Work in Sneakers campaign that encourages citizens to incorporate physical activity in their everyday routine.

Since the Rijeka in Motion campaign started, a steady increase in citizen participation and visits to Rijeka's sports facilities has been recorded. The success factors include strong political commitment and the availability of the necessary infrastructure. Challenges include ensuring that the citizens are properly motivated to participate and systematically evaluating the results.

Through these activities, the City of Rijeka has learned that a good combination of education, motivation and citizen participation enables citizens to be encouraged to make healthier lifestyle choices.

Ensuring healthy lives and promoting well-being for all at all ages is an important sustainable development goal, and the City of Rijeka is determined to continue and expand on the activities that bring us closer to reaching it.

Abstract No. 045

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Quality of life – a sustainable way of achieving environmental and health-related goals and ambitions?

The City of Helsingborg has adopted a new policy document for sustainable environmental and health development – focusing on achieving better quality of life.

“Why do we know so much about sustainable challenges and solutions and yet are moving at such a slow pace?” Helsingborg has been a forerunner in local environmental policy-making since the 1980s. Continuing a long tradition of working with sustainability, healthy cities and innovative thinking, we now have a new way of approaching our city’s future sustainable development.

The approach of this programme is to connect basic human needs, emotional processes and mental triggers to find innovative and successful ways to approach and engage individuals in making the changes needed for Helsingborg to develop in a more sustainable way. This programme has been developed in a process of collaboration involving all the different municipal administrations, politicians from most parties represented in the governing body, over a period of two years. It is still a learning process for the city, since it is a new way of relating to these issues and since we do not have all the answers.

Employees and citizens of the city need to become personally involved in this common struggle towards a brighter future, so we got personal and started talking about sustainable development in terms of personal quality of life. What we have found is that, whereas people often (quite naturally) turn away from facing global environmental challenges – albeit on a local scale, no one seems to turn away from wanting a better quality of life. Since the prerequisites for achieving good quality of life in many ways concern the environment around you, and your health, this approach has already proven to be a door- (and eye-) opener into discussions and decisions for a more sustainable future.

The main focus areas of the programme are inclusion, resilience and sustainability.

Quality of life empowers people to take action for a more sustainable city and future.

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Importance of analysing exposure to climate change for becoming a healthy city

Today, because of their large energy needs, cities have become places that are the largest producers of carbon emissions that cause climate change but also a victim of the results of climate change.

A healthy city has to have a small carbon footprint and has to adapt itself to the outcomes of climate change. Managing such a process requires measuring some of the parameters related to cities.

Data based on a survey that has been prepared in accordance with World Bank criteria were collected in 2015–2016 from 40 member municipalities of the Turkish Healthy Cities Association.

The strengths and weaknesses of the cities participating in the survey will be discussed and their resistance and adaptation to climate change will be evaluated.

Global warming and a strategy to adapt and resist climate change, which are important factors for becoming a sustainable city, are related to the sustainable development theme of the Conference.

The results of this study, which evaluated the endurance and vulnerability of cities to climate change, were grouped under: flexible, risky, vulnerable or very vulnerable. Based on the category of cities, these data are being used to prepare action plans to adapt to climate change.

Friday 3 March

Plenary Session 4, 09.00-10.30

Healthy Cities – drivers for resilient communities

Abstract No. 052

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GRIP&GLANS – evidence-based group training: how to adjust the training for older migrants with an increased risk of loneliness and depression in Rotterdam

The City of Rotterdam carries out a comprehensive citywide programme to reduce loneliness among older people. Training groups developed for older people at risk are part of the programme. They preferably use evidence-based methods such as GRIP&GLANS (GRIP&SHINE). Unfortunately, these methods do not always fit the cultural backgrounds of specific groups such as migrants. In Rotterdam, 8% of the population has origins in Turkey and 7% in Morocco. Many of the older people with origins in Turkey or Morocco have feelings of loneliness and sorrow. They experience poorer health and have an increased risk of depression and anxiety.

The government supports the use and development of evidence-based interventions with national programmes and funding. The GRIP&GLANS group training is an evidence-based intervention that targets well-being among older people. It is based on the theory of self-management and well-being. This theory defines five key areas of well-being and six core self-management items. However, until now, evidence supporting the intervention has only been found for older women of Dutch origin.

With funding from the government and the City of Rotterdam, two organizations for mental health prevention started an investigation to determine whether GRIP&GLANS has the same positive effects among people 55 years and older with origins in Turkey or Morocco living in the city of Rotterdam and what adaptations are required to achieve these effects. Before the group started courses, two preliminary actions were performed.

- The feasibility and applicability of GRIP&GLANS was discussed in a focus group with key people, both professionals and population members.
- An investigation (interviews) into the significance of ageing for older people with origins in Turkey or Morocco, the questions about and problems of getting older in the Netherlands and the implications for the group course GRIP&GLANS.

Five training groups were conducted during 2015 and 2016:

The participants are enthusiastic about the course based on GRIP&GLANS. The impact assessment confirms that GRIP&GLANS is also suitable for older people with origins in Turkey or Morocco. The skills of the participants in the training significantly improves in terms of self-management, quality of life and well-being.

This project is related to community resilience and healthy ageing.

The preliminary conclusions are positive overall. The participants are satisfied with the content of the group training. More attention needs to be paid to the meaning of being older, that it is accepted to request attention for personal needs and well-being. The group course has to consider that the older migrants have poor ability in Dutch. One has to work with images and personal experiences. It is most important to work together with familiar settings for the older migrants: otherwise they will not participate in the group courses.

Abstract No. 004

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The Safe Village

People are increasingly moving into urban centres. This challenges enormously the resilience and sustainability of small communities in rural areas: fewer young people and families, less activity, more insecurity, houses lose their value and more empty and dilapidated houses.

With the Safe Village project, the Municipality of Horsens has been exploring ways to counter this development and in the process develop its policy towards rural areas. The rationale of the approach is that rural areas must focus on their main assets, which are (1) a safe and close-knit community, (2) a special way of life close to nature and (3) a tradition of taking joint community action and self-reliance.

The Municipality of Horsens awarded €15 000 to each of seven villages in 2015–2016. The villages then engaged in a process of participatory budgeting, whereby the local citizens develop ideas in working groups, set priorities for which of these should be realized, such as by voting, and carry them out through voluntary work.

Participatory budgeting clearly contributes to the social resilience of rural communities and enhances their sustainability. The process has involved more than 700 local citizens participating in meetings and working groups, including many young people. More citizens are mobilized, because they know that the projects can be carried out immediately, since the funds are already there. The projects developed reflect the priorities of the citizens themselves. For instance, promoting safety (neighbourhood watch), health (sports facilities), small businesses (combined shops and cafes), access to nature (shelters), cultural activities (exhibitions), activities for children (theatres), beautification (parks) and community events (streaming of university lectures in local village halls). The project and the involved villages have received valuable publicity in the process.

The Municipality of Horsens has decided to continue the Safe Village project in 2017 and 2018, where eight more villages will be invited to become a Safe Village. In addition, the Municipality has decided to include participatory budgeting in its new policy for its rural areas. The project therefore has valuable lessons on community resilience for other communities in Europe.

Abstract No. 072

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Promotion of mental health through innovative projects in the Municipality of Agioi Anargyroi-Kamatero

The economic downturn has highlighted the importance of the family as a central social entity that faces various problems. Local governments and its services therefore have to find ways to support this in an holistic way.

Experiential workshops are part of a systematic health promotion project based on the experiential educational method through counselling groups.

The experiential workshops aim at promoting citizens' mental and physical well-being by reducing factors that intervene negatively in their lives. The workshops target parents. The themes of the workshops concern mainly the mental and physical evolution of the younger generation.

Adults participate actively in the workshops through work groups, brainstorming, discussion, case studies, role-playing, problem-solving and simulation. The workshops are implemented optimally using the available human resources. Some are implemented by the scientific personnel of the Social Policy Department or by collaborative institutions such as hospitals, centres for mental health and various professionals of the city.

The workshop themes vary: self-assessment and self-knowledge, boosting the parental role, managing conflicts in schools, school-family relations, respect in diversity, Internet addiction, sex education and health and diet in a child's life.

In the past three years, more than 50 workshops were implemented, more than 650 parents and more than 150 students have participated, more than 30 school units have participated and an extended network of more than 20 agents, institutions and professionals helped in implementation.

The above-mentioned workshops help in empowering and fostering resilient communities by improving the mental health and well-being of children, adolescent and adults.

Through the experiential workshops, we help parents, teachers and students get the necessary information and motivation with no cost at all, using the available human

resources and networks. Moreover, we build a bridge between parents, the school community and the wider community, interrelating them in a vivid way.

Abstract No. 073

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Using resources to achieve social cohesion in local administration: the example of the Municipality of Agioi Anargyroi-Kamatero

The economic recession that troubles Greece has emphasized local authorities as the main factor for planning and implementing projects aiming at benefiting citizens having no resources at all. Because of the economic problems, the municipalities have had to find new ways to optimally meet citizens' needs.

To restrain the spreading of the effects of the crisis, the municipalities started using alternative resources such as volunteerism, solidarity movements and civil society, using all available means and human resources.

The Municipality of Agioi Anargyroi-Kamatero is trying to create a minimum social safety net to protect the citizens, giving priority to vulnerable social groups. One of the most crucial pillars for the citizens' social protection is volunteerism and networking. To cover all needs, new structures were therefore created, including a food bank, distribution of goods without the intervention of distributors, social tutorials, a municipal wardrobe, municipal gardens, employment office and citizen's corner, experiential workshops, volunteer doctors' network and the social pharmacy.

All these services are offered to all citizens (according to certain socioeconomic criteria) free of charge.

More than 2500 citizens benefit from these municipal structures and projects.

A network was established whose cohesive bond is solidarity, volunteerism and the civil society. We have registered more than 300 volunteers and 50 agents from the public and private sectors.

The implementation of various intersectoral, interscientific projects for citizens' benefit significantly improves social cohesion and the society's sustainability.

The above-described network of structures depicts the fact that we can find solutions to the problems that arise through the motivation of volunteerism and solidarity to cover the gap created by the economic recession and the deficit of resources.

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Moving Generations – building bridges between children and older adults through psychomotricity

In recent years, different kinds of intergenerational interventions with older adults and preschool children have been conducted. However, few evaluation studies and evidence have been found – especially in the context of health promotion.

The aim of this project was to implement an intergenerational health promotion programme based on psychomotricity and to evaluate its feasibility and the outcomes.

Moving Generations is a project (2014–2016) that brought together preschool children (3–6 years old) and older adults (60 years and older) in a weekly psychomotor intervention programme. Psychomotricity was chosen, since its underlying principles fit those of health promotion, such as focusing on resources. Sixteen institutions (kindergartens and long-term care facilities) in Vienna belonging to eight different providers were involved. The project highlighted gender and intercultural aspects and aimed – by training involved staff – at sustainability.

The process evaluation in the pilot phase revealed several aspects for improvement of the intervention, leading to a positive experience of the intervention evaluated in further focus groups at the end of the roll-out phase. Moreover it was shown that Moving Generations:

- is something very special and very different from usual exercise classes or other intergenerational activities;
- led to intergenerational contact between very young and very old people;
- improved knowledge about and attitudes towards the respective other group;
- needs a supportive environment; and
- is sustainable.

The outcome evaluation revealed statistically significant results with regard to active engagement (primary outcome) and intergenerational contacts.

Moving Generations has established intergenerational contacts while addressing health and the well-being between generations. Psychomotricity offers a feasible frame for intergenerational group activity in the settings of kindergartens and long-term care, since the needs of both target groups are considered. The intergenerational intervention based on psychomotricity was found to be feasible and able to improve active engagement and intergenerational contact.

Parallel Sessions: Block D, 11.00-12.30

PSD2

Promoting health – effective messaging

Abstract No. 095

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A society in which I am learning and feeling good – information and communication technology for older people in Rijeka

Demographically, Rijeka has quite an old population. During the past 20 years, negative population growth has been recorded, and many young people are leaving the country because of the effects of the economic downturn. This is one reason why creating a healthy ageing environment and keeping people healthy and active as long as possible is one of Rijeka's priorities.

In today's world the use of information and communication technology is necessary to be able to quickly and effectively engage in social events and tend to one's own needs and problems. This fact was clear to the City of Rijeka and so the City's Department of Health and Social Welfare and the Information Technology Department started a series of activities that jointly came to be known as the Society in Which I Am Learning and Feeling Good Project.

In 2005, Rijeka started providing free yearly information and communication technology courses for older people to help bridge the digital divide. Through these courses, older people could learn basic computer skills and even advanced skills such as image processing, web journalism etc.

The City of Rijeka has been continually financially and logistically supporting the operation and activities of 15 clubs for older people, where older people could socialize, spend their free time and participate in many different activities. As the number of E-educated pensioners was growing, the City of Rijeka formed small digital centres inside the clubs and equipped them with personal computers, free Internet access and other information and communication technology equipment.

To motivate older people to use their new information and communication technology knowledge and to encourage greater social participation, a website for older people (<http://penzici.rijeka.hr>) was created. Older people contribute most of the content themselves. To encourage greater activity on the portal, a yearly Top Online Pensioners competition was organized. The jury declares the winners based on their activities and the quality and quantity of content they contributed throughout the year.

To further motivate older people to learn and acquire new skills, a University of the Third Age has been established in collaboration with the University of Rijeka. There, older people have the opportunity to obtain new knowledge regarding different subjects.

Although properly motivating older people to engage in new activities and expanding their comfort zone are challenging, Rijeka has learned that, through education, motivation and citizen participation, older people are not only willing to participate but are very involved in creating new opportunities for participation for themselves and their peers. This is noticeable through increased traffic on the website, more visits to the clubs for older people and greater overall participation in various activities.

Healthy ageing and creating a healthy ageing environment plays a large role in reaching many of the Sustainable Development Goals, and Rijeka is therefore going to continue to focus its efforts in this direction.

Abstract No. 050

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Health literacy: making the case and taking action

Health literacy implies achieving a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. The benefits of improved health literacy are felt between government departments, across society as a whole and throughout the life-course.

Health literacy is a core theme for Belfast during Phase VI (2014–2018) of the WHO European Healthy Cities Network. The concept is highlighted locally within government policy, the Northern Ireland Executive's Making Life Better strategy and through several initiatives at the local and regional levels. This presents an opportunity to develop and increase awareness of and interest in health literacy. Higher levels of health literacy promote access to good health-related information, better health choices, less risk-taking behaviour, better self-management and less hospitalization.

To raise awareness of health literacy during Phase VI (2014–2018), a case study template was developed with the intersectoral working group. A series of case studies submitted by members of the working group is available through the online resource.

To develop capacity in using health literacy, a series of capacity training programmes is available. These include:

- *Introduction to health literacy training* – developed by Belfast Healthy Cities and delivered to health professionals; and
- *Health literacy capacity building training for health professionals* – part of the Intervention Research on Health Literacy for the Ageing Population in Europe project; the piloting process is just beginning, and a collaboration agreement with the original partners has been completed.

The programme on health literacy demonstrates skills needed by organizations, health professionals and individuals to clearly communicate effective health messages, enabling effective decision-making and informed decisions about health. The chair of the health literacy working group took part in the Department of Health review of the Medicines Optimisation Quality Framework, highlighting the importance of health literacy within this work. Opportunities to present on health literacy and deliver training to health professionals in new roles have been identified as a result of the awareness raising.

This abstract demonstrates approaches taken within the community resilience conference theme.

Health literacy is of increasing importance for all sectors. The work to date has increased awareness of the benefits of including health literacy in policy and practice.

Abstract No. 075

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Game scene in Kuopio – cooperation to promote healthy gaming and youth welfare

Games, gamification and digitalization cause concerns for parents and sometimes for adolescents. Collecting information about today's digital culture and its usage and make this information known helps us develop ways to recognize and prevent risky behaviour. Co-creating a positive atmosphere together with game developers, gamers and nongovernmental organizations helps in understanding digital culture as a part of everyday life.

The unique cooperation with nongovernmental organizations, municipal services, game developers and businesses in the Kuopio area supports municipal early-life goals and the welfare of young people and other citizens in the Kuopio area. Games and healthy gaming are used as vectors to boost everyday welfare and create new opportunities for all stakeholders in the Kuopio region.

Games for Health Finland is a network that promotes health by emphasizing preventing diseases, changing lifestyles and self-care. Key focuses are promoting health, functionality and rehabilitating and treating people for diseases. Gamification in health promotion is all about the games and their characteristics and application of the technologies. This can involve, motivate, inspire and commit people for better everyday health.

Bringing health games and game developers to the gamers and future workforce enables us to show possible future trends in the digital world and inspire digital natives to develop their interest into a skill from which they could benefit in the future. We also lower the threshold between the digital native generation and their parents, enabling them to understand each other. Bringing the digital world into the area that

is outside the comfort zone for active gamers also promotes the discussion of other aspects of life and their management.

The common goal in the game scene in Kuopio is to promote healthy gaming and to create a positive atmosphere for young people to talk about games, gaming and game-related problems. An annual LAN event Gyostage, Health Game Jams and monthly pop-up game events are some practical examples of this cooperation.

By improving people's access to health information and their capacity to use it effectively, health literacy and health communication are critical to empowerment. Solving the problems related to the risks of gaming and the digital world helps us to build a resilient and sustainable community with a capable workforce.

Lowering the threshold between municipal services and adolescents living in a digital world by providing information and scientific studies about gaming and the digital world with the twist of actual gaming provides us a relaxed atmosphere to discuss the associated problems and risks.

Abstract No. 076

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New digital services via open innovation challenge competitions

Mobile devices, applications and services related to location or automation have been common for young people for years. We have long been told that we need to develop the digital services also for social and healthcare services, but just recently the work has started because of national objectives for digitization. Without new ideas and innovative partners, it is hard to create technologies that increase people's opportunities to act by themselves, perform self-care or digitize the processes between patients and professionals.

Finland has real experts in professional information systems, digitizing the legislative processes and following the national requirements on data management. However, we fail in creating customer-based mobile solutions, innovating smart environments and process automation or using new technologies. In our work, we use tools that show whether the client meets the required criteria, but within the vast jungle of services we might lose the overall perspective: that the client can choose and participate.

One way to find customer-based mobile solutions is to open innovation challenges for everyone to join. Games for Health Finland and the City of Kuopio organized MY LIFE – Game Challenge, which invited everyone to innovate new ideas and how things could be done differently. How will services change if we let young people self-assess their well-being, life management and future goals or set priorities for their own needs?

This challenge was seeking gamified solutions for life management and self-assessment of young people. The City of Kuopio was looking for game-playing implementation, motivating and inspiring young people to evaluate and plan their

lives. One aim of the challenge was developing young people's life management through a self-assessment method.

With an open innovation challenge, we get closer to the inclusive, resilient and solutions that can help citizens to find the best services available to meet their needs with a low threshold.

These kinds of challenges could help public authorities to open our eyes and recognize how we should proceed with developing services. By using technological innovations and opportunities, we can find better and more suitable ways to help young people, develop digital services to support well-being, prevent problems and, most importantly, strengthen young people's life management skills. This challenge was the first step towards next-generation customer-based technologies.

PSD3

Age – knowledge transfer

Abstract No: 033

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Mature Youth Center

Context

The senescent period is thought of as retreating from social life and increasing social isolation through retirement, the loss of close friends, children leaving home, restrictions in social life and negative changes in one's physical condition. Therefore, Nilufer Municipality carries out work in organizing activities that prevent older people from 'retreating from life'.

Rationale

Mature Youth Center provides services and opportunities for older people to become healthier and more active and where gender and economic inequalities are not a barrier.

Description

The project provides services such as psychosocial support for over 55s, self-improvement activities, education services, spare time activities and medical services. In the center, activities, meetings and events are arranged which encourage social participation and maintaining social relationships among older people. Information sessions on reducing health problems are also held.

Achievements

Painting, music, ceramics and wood painting sessions are held in the Mature Youth Center in five workshop rooms. In the Mature Youth Center, games such as chess and backgammon can be played and a playroom for children is also available where older people can enjoy time with their children and grandchildren. Interview rooms

for psychosocial assessment with psychologists and social workers are available. In addition, there is a library for reading books and newspapers.

Conclusion

Mature Youth Center, in line with the “sustainable health concept for all ages”, will be presented as a model center for other local governments.

Abstract No. 008

Karolina Mackiewicz, Development Manager, Baltic Region Healthy Cities Association; Nea Kosonen, Welfare Division, City of Turku; Aija Vecenane, Department of Welfare, Riga City Council; Heli Kallasmaa, Open Care Centre for Elderly People, City of Pärnu, Baltic Region Healthy Cities Association

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Let Us Be Active! project promotes social inclusion of older people through volunteering in Estonia, Finland and Latvia

The project Let Us Be Active! – Social Inclusion of Older People through Volunteering in Estonia, Latvia and Finland brought together three healthy cities and a WHO collaborating centre to work together on the theme of active and healthy ageing in an innovative way.

Older people constitute about 20% of the population of Pärnu, Riga and Turku, and the percentage is growing every year. Sadly, seniors have a general risk of social exclusion because of loneliness and health problems. At the same time, older people have knowledge, skills and experience, which is their greatest potential to contribute to society. To give them this chance, the cities decided to promote volunteering opportunities for seniors. Volunteering is a recognized way of tackling loneliness and bringing positive emotions to one's life.

The project was implemented from May 2015 until February 2017 with co-funding from the Central Baltic Programme. The main activities included:

- learning about volunteering activities available and suitable for older people;
- surveys and interviews with seniors and social workers to find out how they can be involved in volunteering activities; and
- creating an information and support system for seniors: a call centre in Riga and online platforms in Pärnu and Turku.

The primary target group of the project was older people in Pärnu, Riga and Turku. An effort was made to reach them individually, through relevant organizations and the social services of the cities.

The main achievements of the project are:

- generating new knowledge on senior volunteering – better understanding of older people's needs for social participation;
- developing – together with seniors – new volunteering activities, such as a volunteer call centre for seniors in Riga and walks with the residents of an older people's home in Turku (Tripfriend activity);
- strengthening local cooperation with nongovernmental organizations, day care centres, libraries and other organizations; and
- raising awareness about volunteering as a leisure activity for seniors.

Senior volunteering should be promoted as a hobby, not work or social activity. Word of mouth is the best advertising, and a thank you or a free ticket to cultural activities is the best prize.

The key idea of Let Us Be Active! is to tackle the social exclusion of seniors by motivating them to be active in their communities. The project relates directly to the Conference theme, since it promotes inclusion, community resilience and sustainable social development.

Let Us Be Active! showed that older people are a precious resource. They are willing to engage in volunteering activities to meet people, have fun and help others. They should be planned together with older people and partners from the city: nongovernmental organizations, day care centres, social workers and other organizations.

Abstract No. 016

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The Volunteer Call Centre for Seniors in Riga – innovative solution to reduce loneliness and isolation of older people

The Volunteer Call Centre for Seniors was established within the project Let Us Be Active! – Social inclusion of older people through volunteering in Estonia, Latvia and Finland.

A survey on seniors and voluntary activities was conducted in Riga at the end of 2015. The survey results showed that only 4% of Riga seniors were involved in voluntary activities, whereas in Turku, Finland, one third of seniors were already active. Therefore, Riga had to address the problem of social exclusion and make information on volunteering options more accessible for seniors.

The Volunteer Call Centre for Seniors was set up in Riga in February 2016. It is managed by senior volunteers. They provide information about voluntary work options and leisure activities in Riga or social issues or simply chat with those who feel neglected and lonely. Since the Call Centre was launched, about 1400 calls have been registered and more than 60 dedicated seniors have been involved in operation.

The main achievements are:

- developing and establishing innovative and new volunteering activity;
- strengthening cooperation with nongovernmental organizations, day care centres, libraries and senior organizations; and
- raising awareness about senior volunteering at various levels.

Critical success factors and challenges include:

- key to success is the commitment of volunteers and established relationships with them;
- difficulty in reaching lonely, socially excluded seniors at their homes – cooperation with home care providers established;
- difficulty in involving men in volunteering; and
- motivating volunteers and continue their involvement.

Lessons learned include:

- seniors have high sense of responsibility;
- volunteer recognition as a sign of appreciation is very important and increases motivation; and
- volunteering can improve the life satisfaction and mental health of older people.

The Volunteer Call Centre concept improves the social inclusion of older people, promoting community resilience and socially sustainable communities.

The establishment of the Volunteer Call Centre for Seniors has proved to have various benefits for seniors: an opportunity to get involved, help others and help themselves. Similarly, the results achieved in the project raise awareness of public involvement mechanisms promoting public resilience and providing an opportunity for healthy and active ageing. The project is universal and can be transferred and implemented in various conditions and communities.

Abstract No. 014

Anatoliy Lokot, Mayor; Olga Nezamaeva, Head, Department for Social Policy; Marina Hryatchkova, Deputy Head, Department for Social Policy Mayor's Office, City of Novosibirsk; Olga Beresneva, Fund for Support and Development of Social Projects Razvitie, Novosibirsk, Russian Federation

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Engineering tourism as a factor in healthy ageing and extending the working life of academic professionals of retirement age in Novosibirsk

According to Morgan Stanley, people 55–64 years old comprised 13% of the economically active population in the Russian Federation in 2005 and 22% in 2016. In February 2016, the Government of the Russian Federation adopted a strategy of action in the interests of older people in the Russian Federation up to 2025 that defines the most economically active group: people older than 64 years old who continue to work.

The need to extend the working life and social life of engineers and executives when they reach retirement age can be fulfilled within the National Technological Initiative as a main trend of technological and economic development of the Russian Federation.

People from academic professions of retirement age can be employed as consultants, experts and mentors for juniors, coordinators and tutors. For placement in a job, vast experience is much more important than age: 84% of participants in a survey consider vast experience decisive versus 46% considering age decisive.

The Novosibirsk local authority institutionally meets the challenge of promoting employment among engineers of retirement age.

In 2016, the Novosibirsk City Hall launched a large-scale long-term project Engineering Tourism: Pioneers of the National Technological Initiative. The project aims to solve the problems by creating engineering tourism itineraries through the industrial facilities of Novosibirsk and the Novosibirsk region, facilities that are key for the subsequent development of National Technological Initiative technologies. Older engineers develop tourist itineraries and both organize and participate in social engineering tourism tours in Novosibirsk and the Novosibirsk region.

The project activities on developing tourist routes enable engineers to refresh their engineering competencies.

Realizing the project will enable a replicable model of the project implementation that will allow the common system effects foreseen by the strategy of action in the interests of older people.

The project Engineering Tourism: Pioneers of the National Technological Initiative is oriented towards one year of implementation and simulates approaches using innovative social tools for promoting professional and social activity among people from academic professions of retirement age.

The project will enable an effective model of citizens' healthy ageing to be introduced and multiplied by:

- increasing their professional competence in accordance with the requirements of the post-industrial economy;
- involving them in activities related to developing contemporary design approaches; and
- forming professional informal communities of senior citizens who aim to actively transform their own lives and the lives of their inner circle.

As a result of the project implementation, a fundamentally new approach will be launched: it will change the organization of the ongoing informal education of pre-retirement and retirement age engineers to include leisure and hobby activities, sanitation and mastering modern forms of project management.

Further project development requires diversifying the project target groups (academic professionals of retirement age).

PSD4

Innovative solutions – creating sustainable futures

Abstract No. 086

Stefania Pascut, Programme Manager; Gianna Zamaro, Healthy City Coordinator, Furio Honsell, Mayor, Municipality of Udine, Italy

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Urban transformation and innovation for migrants and refugees

According to Frontex data, in the past year, arrivals both from the Mediterranean and from the Balkan corridor, which has a terminal stop at the Italy–Austria border, increased by 990%. According to data from Italy's Ministry of the Interior, Friuli Venezia Giulia region is receiving the largest number of refugees in relation to population: 1 refugee per 719 population. Udine hosts 1500 migrants.

Cities have a crucial role in integrating newcomers, engaging their residents and creating opportunities and a sustainable future for all. The social experience of integration is inherently local, and the quality of reception experienced by migrants strongly influences the definition of their future life plan.

Since the refugee crisis started in 2014, Udine has been very active in developing actions to provide first hosting services such as basic accommodation, health and legal services to migrants. Most of them originated from Afghanistan and Pakistan and ended up in Udine because their original life plan of settling in northern Europe had failed. They were non-citizens, and hence new social services had to be developed and networked for them.

A network of information desks all over the city was launched, providing indications on access to services and employment opportunities. To host asylum-seekers, a dismissed military area was recovered – being a sort of non-place often used as an informal settlement by refugees – and transformed into a place to receive, orient, train and accompany migrants in the choice of their future life plan. In this area, a health hub was created in collaboration with the local health agency and nongovernmental organizations to provide primary health services and psychological support.

Migration is one of the main challenges Europe is facing, and exchanging experience among cities is needed to improve the effectiveness of interventions to support the inclusion of migrants.

The main impact of the process described above has been the capacity to find an innovative solution by combining two problems that were seriously challenging Udine: integrating refugees and restoring the brownfields scattered within the city that have been abandoned since the Cold War.

Abstract No. 072

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Promotion of mental health through innovative projects in the Municipality of Agioi Anargyroi-Kamatero

The economic downturn has highlighted the importance of the family as a central social entity that faces various problems. Local governments and its services therefore have to find ways to support this in an holistic way.

Experiential workshops are part of a systematic health promotion project based on the experiential educational method through counselling groups.

The experiential workshops aim at promoting citizens' mental and physical well-being by reducing factors that intervene negatively in their lives. The workshops target parents. The themes of the workshops concern mainly the mental and physical evolution of the younger generation.

Adults participate actively in the workshops through work groups, brainstorming, discussion, case studies, role-playing, problem-solving and simulation. The workshops are implemented optimally using the available human resources. Some are implemented by the scientific personnel of the Social Policy Department or by collaborative institutions such as hospitals, centres for mental health and various professionals of the city.

The workshop themes vary: self-assessment and self-knowledge, boosting the parental role, managing conflicts in schools, school-family relations, respect in diversity, Internet addiction, sex education and health and diet in a child's life.

In the past three years, more than 50 workshops were implemented, more than 650 parents and more than 150 students have participated, more than 30 school units have participated and an extended network of more than 20 agents, institutions and professionals helped in implementation.

The above-mentioned workshops help in empowering and fostering resilient communities by improving the mental health and well-being of children, adolescent and adults.

Through the experiential workshops, we help parents, teachers and students get the necessary information and motivation with no cost at all, using the available human resources and networks. Moreover, we build a bridge between parents, the school community and the wider community, interrelating them in a vivid way.

Abstract No. 073

Anastasia Kentepozidou, Sociologist; Aggeliki Oikonomopoulou, Director of Social Policy, Municipality of Agioi Anargyroi-Kamatero, Greece

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Using resources to achieve social cohesion in local administration: the example of the Municipality of Agioi Anargyroi-Kamatero

The economic recession that troubles Greece has emphasized local authorities as the main factor for planning and implementing projects aiming at benefiting citizens having no resources at all. Because of the economic problems, the municipalities have had to find new ways to optimally meet citizens' needs.

To restrain the spreading of the effects of the crisis, the municipalities started using alternative resources such as volunteerism, solidarity movements and civil society, using all available means and human resources.

The Municipality of Agioi Anargyroi-Kamatero is trying to create a minimum social safety net to protect the citizens, giving priority to vulnerable social groups. One of the most crucial pillars for the citizens' social protection is volunteerism and networking. To cover all needs, new structures were therefore created, including a food bank, distribution of goods without the intervention of distributors, social tutorials, a municipal wardrobe, municipal gardens, employment office and citizen's corner, experiential workshops, volunteer doctors' network and the social pharmacy.

All these services are offered to all citizens (according to certain socioeconomic criteria) free of charge.

More than 2500 citizens benefit from these municipal structures and projects.

A network was established whose cohesive bond is solidarity, volunteerism and the civil society. We have registered more than 300 volunteers and 50 agents from the public and private sectors.

The implementation of various intersectoral, interscientific projects for citizens' benefit significantly improves social cohesion and the society's sustainability.

The above-described network of structures depicts the fact that we can find solutions to the problems that arise through the motivation of volunteerism and solidarity to cover the gap created by the economic recession and the deficit of resources.

Abstract No. 028

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Gender equality in local authorities and participation: local equality action plan of the Municipality of Çankaya

Women and men face different barriers and different boundaries in using the services offered at the local level. The inefficient participation of women in local politics is seen as the most important reason for their specific needs and demands to be neglected. This participation problem manifests itself not only in women being underrepresented in local politics as politicians or decision-makers but also in participating in decision-making and planning processes related to the city as a

service recipient. In this respect, positive discriminatory practices for fighting inequality, providing supportive services on discrimination issues, employment, education, health and combating violence at both the national and local levels are deemed necessary.

The Municipality of Çankaya has been working for many years to achieve gender equality. It provides pioneering services related to violence against women, the women's shelter and women's counseling centre being the most important ones. Providing childcare services independent of the labour market positions and giving priority to gender equality and child development in policies has been indispensable for the Municipality of Çankaya. Similarly, services are provided for eliminating barriers for women's participation in employment such as kindergarten and children's playhouses, as well as services for older people and people with disabilities.

The Municipality of Çankaya has signed the European Charter for Equality of Women and Men in Local Life prepared by the Council of European Municipalities and Regions and prepared a local equality action plan to carry out activities aimed at achieving gender equality in a more systematic and structured way and to implement gender equality in practice, integrating it into the municipal services.

The action plan covers a period of three years (2016–2019) and presents the objectives of our gender equality–based local authority perspective. To develop a realistic and applicable action plan, the preparation process was highly participatory, involving many internal and external stakeholders. A gender equality working group has been established, comprising the representatives of different departments of the municipality, and it held regular meetings to prepare the action plan. As for the external stakeholders, nongovernmental organization representatives were brought together in successive meetings in 2015 to explore their needs and expectations and reflect their priorities in the action plan.

The gender equality perspective of the Municipality of Çankaya, the studies carried out in this context, the best practices, the local equality action plan and the participatory preparation process will be covered in detail.

PSD5

Changing behaviour – strengthening capacity for improved health

Abstract No. 070

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Tackling substance abuse and mental health problems with multisectoral teams

Tackling inequalities among citizens requires strongly focusing on disadvantaged groups. According to research, a small number of social care and health-care users account for most service use and costs. Among adults, the most problematic group is clients with substance abuse and mental health problems, mainly because they often need services from different sectors at the same time and they risk being shut out of services, causing the problems to escalate.

Reducing differences in health at the local level requires multisectoral cooperation and strong citizen participation. Operating over organizational boundaries as well as managing multisectoral processes is recognized as being defective. There is a lack of cooperation between primary health care and social services. The service needs of this target group are often complex, and they need comprehensive support. When services are divided by sector, we are unable to effectively and efficiently meet the needs.

To create more effective social care and health-care services, the Better Services for At-risk Groups project has developed a multiprofessional team service model. Citizens have been involved in the development process in an innovative way by using service design. The aim is to integrate the care and support processes of the social care and health-care sectors to better meet the needs of the target group. The model consists of a comprehensive assessment of support and care needs, prepared together by a social worker and nurse and making a client-oriented and individual care and service plan together with the client and doctor. The social worker and nurse have the main responsibility for providing individual support and guidance.

The service model was piloted 2014–2016 at three health centres in Turku in cooperation with social offices. The pilot project reached about 223 clients; 131 men and 92 women. Based on evaluation, clients have benefited from multiprofessional collaboration. The experienced quality of life has improved and substance abuse and mental illness symptoms have declined, as evaluated by the WHOQOL-BREF.

Welfare services need to rethink how to work with clients and to rearrange the social care and health-care services. Taking care of the clients' service needs in effective and efficient way requires multisectoral cooperation. The piloted model has proven to be useful in reducing differences in health, and the City of Turku has decided to continue the service. In addition, the model is piloted among citizens with migrant background in 2016–2018.

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“It’s not as hard as I thought”: implementing brief alcohol intervention in Frederiksberg

A targeted effort is required in the contact of the Municipality of Frederiksberg with citizens to find and help people who have problems with alcohol. In all, 24% of the residents engage in risky alcohol consumption, and adults who drink too much are present in one in eight homes with children in Frederiksberg. In addition, only one in five people with alcohol dependence seek help from the municipal outpatient treatment service, which is free of user charges.

Thus, the Municipality of Frederiksberg has been working on employee training and organizational development since 2012 to help employees who have direct contact with citizens in asking about alcohol systematically in a non-confrontational way. The aim of the initiative is to enable employees to make people reflect on their drinking behaviour to motivate them to reduce their alcohol consumption and, if necessary, refer them to treatment.

The barriers to implementing brief alcohol intervention in various municipal departments relate to: employees giving low priority to asking about alcohol, such as because of time pressure; employees not having the skills; the fact that management does not give priority to the issue; and reluctance among employees, who feel that broaching the topic of alcohol is difficult.

In Frederiksberg, we have worked on two different strategies.

1. In the health-care department, we have taken a top-down approach in 2016 with strong management back-up, including employee training, methods in the system of health records and regular follow-up. Since spring 2016, all family health nurses have asked about alcohol in all visits to families with young children.
2. In the social care, health and labour market sectors, where focusing systematically on people’s alcohol problems is not a managerial priority, the work has taken a bottom-up approach with ongoing voluntary training of more than 200 employees between 2012 and 2016.

The results of the formative process evaluation of the work in the health-care department are promising. Considerably more people have already been referred for alcohol treatment than previously.

The work in the social care, health and labour market sectors was evaluated in 2016 via surveys, focus groups and interviews with leaders; 48% of the respondents frequently ask about alcohol. The managers’ interpretation of the result is that their employees now ask systematically about alcohol when they are in contact with people who show signs of problems other than, for example, unemployment.

Alcohol problems create inequality in health, not only in the present but also in future generations. Many children carry the consequences of their parents' problems with alcohol into their adult lives.

The strongest impact is achieved when working with management back-up; when appropriate methods are used in the record system; and when the employees are trained with regular follow-up. Training should take as a point of departure the employees' own professional practice and should especially focus on the barriers associated with asking about alcohol.

Abstract No. 017

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A sense of belonging: Liverpool Rehabilitation, Education, Support and Treatment (REST) Centre for City Street Drinkers

Liverpool has a perennial problem with city centre street drinkers who generate antisocial behaviour, consuming police resources. The business community is affected by loss of trade, theft and recurring nuisance activity. This is worse in summer, when tourist activity peaks and the problem is highly visible. The street drinkers are very vulnerable and difficult to engage and have multiple health and social problems, with premature mortality. They have poor access to general and specialist services, with excessive use of response services. The initiative is an element of the Liverpool Alcohol Harm Reduction Strategy, supported by the Alcohol Strategy Group, which includes city politicians and is led by a intersectoral partnership including crime and disorder, business groups and health and care organizations.

The REST Centre initiative is a response to the negative aspects of antisocial behaviour and resource consumption in the city centre and the need to positively improve access to health and social services for a vulnerable population. Previous initiatives, including targeted enforcement, did not change behaviour or resource use.

The REST Centre is a dedicated site in the city centre allowing alcohol, with support to reduce drinking. Access to services is provided in one place for holistic and comprehensive engagement. Occupational activities are provided, and moving on to education, volunteer or paid work is facilitated. Centre personnel have specialist experience. The first phase ran from June to September 2015 with mixed-methods evaluation, and 386 individuals attended. The second phase ran from June to September 2016, with evaluation in December.

The first phase highlighted the difficulty of measuring success against the impact of external factors. User and service input influenced second-phase specification. A critical factor appears to be the need for constant access to this type of support.

The initiative aims to improve community resilience for both street drinkers and the city business, visitor and residential communities.

Evaluation of the second phase will allow better understanding of the sustainability of this approach and success factors.

Parallel Sessions: Block E, 14.30-16.00

PSE2

Responding to population change

Abstract No. 048

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The beginning is the most important part

The number of residents of Łódź has declined drastically. In the past four years, the city has lost more than 20 000 its residents. In June 2016, the number of habitants hovered around 699 000, 5000 fewer than a year before. In Łódź, the fertility rate is just over 1.2, which is the lowest among the largest cities in Poland.

Łódź is the first voivodeship city in Poland, to introduce subsidies for assisted reproduction. City authorities are aware of the nationwide infertility problem. In Poland, about 1.3 million couples have difficulty getting pregnant, and about 7500 of these couples are residents of Łódź. That is why the City of Łódź initiated its in vitro fertilization programme and took steps to improve the standards of perinatal care.

The in vitro programme was initiated on 21 July 2016 and will last until the end of 2020. The programme covers up to 80% of the costs of a single in vitro procedure, and the city subsidizes up to three separate procedures. The couples must meet certain criteria to qualify for the programme: the woman must be 20–40 years old, the couples can be in either a formal and informal relationship, and both have to be residents of Łódź. Couples in which one partner has cancer have priority in the programme.

Since 2015, Łódź has funded a Lactation School for young mothers. All women who live in Łódź can receive free lactation advice from health professionals. Moreover, since 2016, the city subsidizes birth classes for couples who are residents of Łódź. The aim of the classes is to prepare couples for labour and to help them to prepare for their new roles as parents.

Thanks to constant improvement of perinatal care standards, UNICEF and WHO again recognized the Rydygier Hospital as part of the Baby-Friendly Hospital Initiative for 2015–2019. The hospital has been certified by the Baby-Friendly Hospital Initiative since 1995. The in vitro programme is also very successful; just seven days after the programme was launched, we had more than 100 applicants. This illustrates the scale of the problem the City has to face with this and future in vitro programmes.

Łódź is the best example of a city that meets its residents' expectations. The city supports the couples in their attempts to conceive and carries out activities that are meant to improve perinatal care. Łódź is a role model for other cities, which are modelling their health programmes on the ones introduced by Łódź.

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A comprehensive strategy for addressing demographic change

Demographic change is one of the major challenges facing the European Union, together with the need to increase healthy life expectancy and reduce the disability threshold as well as lengthening generation strain and the increasing of inequity in communities.

The Municipality of Udine has strongly committed to facing the dramatic changes in population structure in recent years by developing a comprehensive strategy for active and healthy ageing. We are especially focusing on creating age-friendly environments by following the inputs and guidelines coming from the WHO Healthy Ageing Task Force, the Age-Friendly Network for Cities and Communities and the EU Covenant on Demographic Change.

The Covenant on Demographic Change aims at promoting age-friendly environments. The Covenant on Demographic Change is an association under Belgian law that gathers more than 200 members, including European public authorities at the local, regional and national levels. Other stakeholders, such as universities, research centres, civil society organizations and businesses can also join the Covenant to share their expertise.

Local authorities can play a key role in the sustainability of the initiatives. Creating age-friendly environments is a great way to bring together different partners (policy-makers, service providers, social actors, citizens, etc.) and thus make cities more inclusive and dynamic. This is why Udine took part in the Age-Friendly Environment in Europe activity, joined the Age-Friendly Cities Network and become President of the Covenant on Demographic Change. This allowed for a more complete strategy on ageing, including a wide range of activities, such as healthy ageing profiles and observatory, health maps, intergenerational and dementia-friendly activities, screenings and campaigns, participatory assessments and physical activity programmes.

Demographic change is one of the main challenges Europe is facing, thus the importance of promoting healthy and active ageing, one of the main themes of the conference.

It is essential to continue to raise awareness at all levels to take steps in the right direction based on existing tools and innovative ones that could be further developed, especially implementing the triple helix principle: government, research and industry.

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Moving Generations – building bridges between children and older adults through psychomotricity

In recent years, different kinds of intergenerational interventions with older adults and preschool children have been conducted. However, few evaluation studies and evidence have been found – especially in the context of health promotion.

The aim of this project was to implement an intergenerational health promotion programme based on psychomotricity and to evaluate its feasibility and the outcomes.

Moving Generations is a project (2014–2016) that brought together preschool children (3–6 years old) and older adults (60 years and older) in a weekly psychomotor intervention programme. Psychomotricity was chosen, since its underlying principles fit those of health promotion, such as focusing on resources. Sixteen institutions (kindergartens and long-term care facilities) in Vienna belonging to eight different providers were involved. The project highlighted gender and intercultural aspects and aimed – by training involved staff – at sustainability.

The process evaluation in the pilot phase revealed several aspects for improvement of the intervention, leading to a positive experience of the intervention evaluated in further focus groups at the end of the roll-out phase. Moreover it was shown that Moving Generations:

- is something very special and very different from usual exercise classes or other intergenerational activities;
- led to intergenerational contact between very young and very old people;
- improved knowledge about and attitudes towards the respective other group;
- needs a supportive environment; and
- is sustainable.

The outcome evaluation revealed statistically significant results with regard to active engagement (primary outcome) and intergenerational contacts.

Moving Generations has established intergenerational contacts while addressing health and the well-being between generations. Psychomotricity offers a feasible frame for intergenerational group activity in the settings of kindergartens and long-term care, since the needs of both target groups are considered. The intergenerational intervention based on psychomotricity was found to be feasible and able to improve active engagement and intergenerational contact.

PSE3

Participation – essential in creating resilient communities

Abstract No. 025

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From informing to empowerment – influence groups promote participation

Participation is a multidimensional term and might have various interpretations. However, it should be a core element of every city official's daily work. In Turku, participation and community involvement has three main elements: communication, cooperation and interaction between citizens, city officials and decision-makers.

The key to understanding participation and empowerment means that one appreciates the knowledge and experience of the citizen side-by-side with the expertise of the city officials. Participation means doing together, clear communication and openness. A city is a partner and provider of possibilities by offering such things as services, facilities, structures and even financial support for citizens, nongovernmental organizations and enterprises.

Influence groups are a crucial component of participation in Turku. The city runs seven official groups: Children's Parliament, Multicultural Council, Youth Council, Equality Council, Parliament of Sports Clubs, Council of Senior Citizens and Disability Council. The last two are statutory by law.

The Turku strategy is a guiding document for all groups. To support the groups, the city provides them modest funding for the activities and a person for preparing and sustaining the work.

One of the most important roles of the influence groups is to act as experienced experts of the group they represent. All the groups have many voluntary organizations in their background. The influence groups take initiatives, give statements, organize seminars and follow up decision-making. Their role is important in providing information on the current and future needs and concerns of their target group.

The groups have increasingly worked together during the past two years. It is very natural, because the common task for them is to promote health and well-being of Turku's citizens. The cooperation takes the forms of common planning meetings and events, which offer platforms to share good experiences. The new cooperative models are also tools in tackling the inequalities.

Based on the meetings of the Children's Parliament and Youth Council, they have a very good sense of considering their fellows: when discussing how to involve and empower the shy and quiet students, they decided to establish in each school a box for "silent voices". In addition, the Youth Council has decided that the money allocated to their own meeting fees will be used to organize more activities for all young people in Turku.

Some members of the groups are invited to participate in the political committees of the city, such as the Cultural Committee. However, this is planned to be strengthened so that the members have a permanent presence and the right to speak at the committee meetings. The additional questions to be considered in the future are: is the family of the influence groups in Turku as versatile as possible? Do we need new groups?

Promoting the participation and empowerment of people in planning and decision-making is often more a question of will than skill. The city officials need tools, encouragement, training and motivation to include people as part of planning and decision-making. All activities require cooperation between the departments of the city, nongovernmental organizations and residents.

Abstract No. 004

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The Safe Village

People are increasingly moving into urban centres. This challenges enormously the resilience and sustainability of small communities in rural areas: fewer young people and families, less activity, more insecurity, houses lose their value and more empty and dilapidated houses.

With the Safe Village project, the Municipality of Horsens has been exploring ways to counter this development and in the process develop its policy towards rural areas. The rationale of the approach is that rural areas must focus on their main assets, which are (1) a safe and close-knit community, (2) a special way of life close to nature and (3) a tradition of taking joint community action and self-reliance.

The Municipality of Horsens awarded €15 000 to each of seven villages in 2015–2016. The villages then engaged in a process of participatory budgeting, whereby the local citizens develop ideas in working groups, set priorities for which of these should be realized, such as by voting, and carry them out through voluntary work.

Participatory budgeting clearly contributes to the social resilience of rural communities and enhances their sustainability. The process has involved more than 700 local citizens participating in meetings and working groups, including many young people. More citizens are mobilized, because they know that the projects can be carried out immediately, since the funds are already there. The projects developed reflect the priorities of the citizens themselves. For instance, promoting safety (neighbourhood watch), health (sports facilities), small businesses (combined shops and cafes), access to nature (shelters), cultural activities (exhibitions), activities for children (theatres), beautification (parks) and community events (streaming of university lectures in local village halls). The project and the involved villages have received valuable publicity in the process.

The Municipality of Horsens has decided to continue the Safe Village project in 2017 and 2018, where eight more villages will be invited to become a Safe Village. In addition, the Municipality has decided to include participatory budgeting in its new policy for its rural areas. The project therefore has valuable lessons on community resilience for other communities in Europe.

Abstract No. 078

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Regional initiative Adesso – Salute e Sicurezza (Health and Safety – Now): an example of multilevel networking and governance

Adesso is a project promoted and supported by the Regione Friuli Venezia Giulia, in accordance with the Regional Plan for Promoting Health and Well being 2014–2018, and with the partnership of the Association Federsanità ANCI FVG, the Municipality of Udine – Healthy City Project Office, the Local Health Authority and the Universities of Trieste and Udine. From April 2016, 136 municipalities (73% of the regional population) were involved in the project, aiming at sensitizing politicians and officers to: (1) identify health priorities and promote health and safety in the community and in workplaces as added value; (2) pool experiences and good practices; (3) map good practices and create a toolkit; (4) strengthen intersectoral partnership and foster alliances among public and private agencies working in the territory; (5) add to the mayors' agenda strategic and integrated plans of health promotion for the years to come.

Our project included four main steps and a final assessment plan. From April to September 2016, politicians and officers met opinion leaders and debated health promotion in focus groups (first step). Then it was decided to devote October – October Prevention – to the municipalities' projects (second step). During October Prevention, 36 projects involving 136 municipalities were put into practice all around the Region, and every Monday experts were invited to talk about safety in workplaces (third step). The next step (fourth step) will include an evaluation process and a final meeting: at that time the results will be produced and every city will present its projects. The impact on health will be measured every six months. All data concerning the project are available at the website: www.progettoadesso.com.

Our project Adesso stresses how important are integration, strong citizen participation, consultation and negotiation between the Region, the Municipalities and the communities in creating a supportive and resilient environment. This project is a clear example of multilevel networking and governance.

PSE4

Resources for health at multi-level

Abstract No. 052

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GRIP&GLANS – evidence-based group training: how to adjust the training for older migrants with an increased risk of loneliness and depression in Rotterdam

The City of Rotterdam carries out a comprehensive citywide programme to reduce loneliness among older people. Training groups developed for older people at risk are part of the programme. They preferably use evidence-based methods such as GRIP&GLANS (GRIP&SHINE). Unfortunately, these methods do not always fit the cultural backgrounds of specific groups such as migrants. In Rotterdam, 8% of the population has origins in Turkey and 7% in Morocco. Many of the older people with origins in Turkey or Morocco have feelings of loneliness and sorrow. They experience poorer health and have an increased risk of depression and anxiety.

The government supports the use and development of evidence-based interventions with national programmes and funding. The GRIP&GLANS group training is an evidence-based intervention that targets well-being among older people. It is based on the theory of self-management and well-being. This theory defines five key areas of well-being and six core self-management items. However, until now, evidence supporting the intervention has only been found for older women of Dutch origin.

With funding from the government and the City of Rotterdam, two organizations for mental health prevention started an investigation to determine whether GRIP&GLANS has the same positive effects among people 55 years and older with origins in Turkey or Morocco living in the city of Rotterdam and what adaptations are required to achieve these effects. Before the group started courses, two preliminary actions were performed.

- The feasibility and applicability of GRIP&GLANS was discussed in a focus group with key people, both professionals and population members.
- An investigation (interviews) into the significance of ageing for older people with origins in Turkey or Morocco, the questions about and problems of getting older in the Netherlands and the implications for the group course GRIP&GLANS.

Five training groups were conducted during 2015 and 2016:

The participants are enthusiastic about the course based on GRIP&GLANS. The impact assessment confirms that GRIP&GLANS is also suitable for older people with origins in Turkey or Morocco. The skills of the participants in the training significantly improves in terms of self-management, quality of life and well-being.

This project is related to community resilience and healthy ageing.

The preliminary conclusions are positive overall. The participants are satisfied with the content of the group training. More attention needs to be paid to the meaning of being older, that it is accepted to request attention for personal needs and well-being. The group course has to consider that the older migrants have poor ability in Dutch. One has to work with images and personal experiences. It is most important to work together with familiar settings for the older migrants: otherwise they will not participate in the group courses.

Abstract No. 021

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Community Champions: co-creation and citizenship

Health equity has been an explicit political goal in Denmark for decades. Nevertheless, in the health domain, average improvement has not been followed by reduced inequality.

In tackling health inequalities, the Danish Healthy Cities Network works based on the WHO definition of health, co-creation and citizenship. Co-creation is carried out by combining as many resources and skills as possible that are relevant to the target audience. The co-creation occurs in a whole-of-society approach that involves not only the public sector but also a wide range of interest groups, such as nongovernmental organizations, civil society and private actors.

In our project Community Champions (2014–2015), 20 municipalities (of the 98 in Denmark) participated and worked on acquiring new knowledge within co-creation and citizenship. The project aimed to support safe and resilient environments, focusing on local resources and the resources of the individual. Local residents were given an opportunity to become local resources for their families and people in their local community. We called these local resources community champions.

The Community Champions concept builds on optimizing the use of diverse and valuable resources embedded in local community settings and on the strengths of social interaction and local ownership as drivers of changing processes.

The approach was an ecological approach, which placed the individual in a social, environmental and cultural context, which called for a holistic perspective to change potential and develop mental processes with a starting-point in the circumstances of people's everyday lives.

This gave the municipal stakeholders a new perspective on the local resources by letting engaged local people take initiative and responsibility – engagement and learning, which are still valid today.

The results show how co-creation and broad stakeholder involvement play an increasingly important role in reducing health equity. Through co-creation, health professionals empower citizens instead of patronizing them by having “better judgement” about their needs. This creates sustainable local environments in which civil society takes responsibility for its own health.

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Building capacity for a healthier city

Capacity-building is a key role for Belfast Healthy Cities, as an independent partnership coordinating delivery of the WHO requirements in Belfast. The purpose of capacity-building programmes is to share leading-edge evidence and learning from WHO and other healthy cities on core themes and to introduce thinking on emerging topics to Northern Ireland. A key aim of the programmes is to share evidence that can influence policy- and decision-making while also being designed to build relationships between decision-makers and experts in Belfast and elsewhere.

Belfast Healthy Cities has provided capacity-building programmes since Phase III of the WHO European Healthy Cities Network, initially providing focused training on reducing inequalities in health. An annual seminar series has been a feature of Belfast Healthy Cities' work since Phase IV. In Phase VI, a more focused approach concentrating on one or two key themes per year has been found effective.

The themes of a recent seminar series have included health equity, health literacy and healthy urban environments. The 2014–2015 programme introduced health literacy to Northern Ireland and contributed to creating a shared understanding of the concept. This series also led to the development of a health equity screening tool, which was initiated through a seminar exploring definitions of equity. The 2015–2016 programme introduced the growing field of technology and health and highlighted effective approaches to promoting well-being through culture. Most recently, the Healthy Places, Healthy People seminar series ran throughout November 2016. This programme differed from previous ones in that it explicitly focused on the community sector and aimed to improve the skills of professionals to participate in the emerging local development plan process.

The capacity-building programme has been consistently successful in sharing new thinking while also raising the profile of Belfast Healthy Cities among key stakeholder groups. Concepts, models and ideas shared have also influenced policy and practice in the city, and local professionals have developed longer-term relationships with speakers in several instances; for example, the WHO European Healthy Cities Network contributed to the public health strategy Making Life Better as a result of one lecture. A key success factor has been linking seminars to topical developments within the city or region and building on seminars with additional resources or tools. This has been particularly evident through the most recent series; feedback highlights that participants feel they have greater capacity to engage in the local development plan process, and the series has helped to galvanize them to contribute by helping them to make links from their own area of expertise to other sectors.

Capacity-building programmes offer an effective way to build momentum around the social determinants of health. Key to maximizing their impact is utilizing the momentum built and translating the learning into locally relevant action.

PSE5

Big visions, involvement and equity

Abstract No. 065

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Planning health and well-being benefits through green infrastructure: Carlisle – the Big Green City

The strategic spatial planning process for Carlisle City provided an opportunity to plan and deliver health and well-being benefits for residents and visitors through the green (and blue) infrastructure provided by the City's network of parks, green spaces, river valleys and natural corridors. The resulting Green Infrastructure Strategy contains a chapter on quality of life that uses evidence to identify priority actions. The strategy is now being implemented through a range of mechanisms.

The impetus for the Green Infrastructure Strategy came from the social and economic opportunities that better management of Carlisle's environmental assets can provide. The City's green infrastructure can provide an estimated £25 billion worth of total benefit over the next 50 years. The Strategy covers four themes: image and perception; spatial and economic growth; quality of life; and sustainability and resilience. There is a strong correlation in Carlisle between ill health and lack of access to high-quality green space. Green infrastructure is a key tool for tackling health and well-being inequalities and deprivation across the City region – needing to be sustained and enhanced to deliver on key public health objectives.

An appointed consultant undertook background research and initial stakeholder consultations before developing the first draft strategy. Planning policy, green spaces and economic development teams commented on the draft before an external consultation meeting and workshop were organized to engage stakeholders, including the health sector.

The final version of the Strategy was formally adopted by Carlisle City Council to assist development of the Carlisle Local Plan, which has now been adopted to guide the spatial development of the City over the next 15 years. This means that the health and well-being benefits of green spaces and networks are being fully integrated into the future development of the City.

Getting green infrastructure properly integrated in the spatial planning and management of Carlisle City will provide a range of health and well-being benefits to residents and visitors, with resultant savings in public expenditure.

Abstract No. 029

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City health profiles as a tool that can enable people-centred planning

Health indicators can help document how city dwellers benefit from urban investments in infrastructure and environmental and social protection.

The city health profile is a tool of the WHO European Healthy Cities Network. The city health profile, with its 32 indicators, is a mainly descriptive public health report that brings together and interprets the key pieces of information on health and its determinants in a city. The city health profile can form the basis of a city health development plan that sets out strategies and programmes of intervention to improve the health of the residents. Moreover, rethinking the formal way to use the city health profile's indicators can provide an opportunity to involve the residents in a people-centred health development planning procedure. The presentation aims to explain this approach.

In the past decade, many cities in the Hungarian Speaking Association of Healthy Cities have elaborated or implemented their city health profile. Besides the classic city health profile approach recommended by the WHO healthy city experts, some additional questioning and analysing techniques were introduced that made the city health profile more sensitive to the residents' opinions.

The city health development plan based on a methodologically refreshed city health profile could receive strong and widespread support from local decision-makers, significantly contributing to success in implementation.

The results of the case study can contribute to creating the conditions for sustainable and resilient communities.

Descriptive statistics and data are essential in elaborating a city health development plan. However, additional data derived from a special survey can make the plan more lifelike and can enable people-centred planning.

Abstract No. 035

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Futures workshop as an innovative way to develop the vision of a dream municipality

In 2016, the Finnish Healthy Cities Network (Terve Kunta) decided to conduct two futures workshops to renew the vision of the Network – its purpose and ways of

working. It was decided that a vision of a dream municipality – a municipality of the future, a healthy city of 2020 and 2030 – should be developed first to steer the discussion about how the network can support the realization of this vision. The workshops took place in June and September and were organized in cooperation with the Baltic Region Healthy Cities Association.

Even though the member municipalities of the Network are committed to its values, there is a need to brighten the vision and goals of the Network and to bring in new ideas that would increase the activity of the members. The futures workshops are the first step for developing the ways of working together towards a stronger Network.

The workshops had two goals: (1) to strengthen the vision of the Network in the future and (2) to formulate concrete actions for the upcoming years. The starting-point for the discussion was a vision of the dream municipality of 2020 and 2030. In this context, trends in demographics, urbanization, technological changes, diversification of needs and services as well as limited public finances were discussed. The vision of the dream municipality was created using a collage created by all participants. The result was a vision of a green, active, happy, inclusive and prosperous municipality. All participants agreed on the future direction that was discussed and visualized. This creates great conditions for the Network to work together and support the municipalities in reaching this dream vision in 2020 and in 2030.

The workshops enabled the core challenges to be recognized and brought up new ideas for working together. It was realized in a low-threshold, participatory way with a positive vision of the future. The ideal situation as well as realistic steps towards it were identified, and measures were taken to improve matters. As a result, it was decided that smaller groups will start planning actions to increase the activity of the Network, the themes that should be included and the methods of communication.

A clear vision of the healthy city in the future is a key motivator for a municipality or a network to take action that might not be seen as their first responsibility but that improves the quality of life of their inhabitants. As a result, it contributes to sustainable development.

Futures workshops can be used for planning action and thus can be seen as tool for better health governance.

POSTER PRESENTATION ABSTRACTS

RESILIENT

Abstract No. 015

Olja Niciforovic Surkovic, Head, Health Promotion Center and Healthy City Coordinator; Dragica Jovisevic and Erzebet Ac Nikolic, Institute of Public Health of Vojvodina; Mila Uveric Radovic, Head, City Health Administration, City of Novi Sad, Serbia

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Art as a tool to improve social relations and the supportive network of the population in Novi Sad, Serbia

The Mental Health Protection Strategy of Serbia defines the mental health of the population as national capital, marking an intersectoral approach and community inclusion as key strategic principles. Studies showed that one of the most important protective (mental) health factors is having good social relations, a rich social network and support.

Promoting mental health is one of the priorities of the health policy of the City of Novi Sad, but the methods used are usually traditional. We wanted to explore innovative approaches of community engagement and intersectoral cooperation that connect health, art, architecture, social care, educational sector and citizens.

The Institute of Public Health of Vojvodina organized the project Partnership for Better Mental Health in Novi Sad from March to October 2016 focusing on social relations, empathy and care for others by using innovative art methods. A group of psychology, architecture and medicine teachers organized training for 25 students about mental health promotion: the use of ephemeral architecture to shape human behaviour. Students had a four-day workshop about life values and significant memories with 15 residents from a retirement home. As a result, students organized artistic interactive space installation and a joint party for all residents in the retirement home. The installation included important life messages from older people to the new generations completed with video projections and music that evoked the spirit of the 1950s. To insure influence on a larger public, a promotional video of this event was produced and postcards with life messages were designed and presented at a final event, a Mental Health Bazaar in October.

All participants considered this innovative art approach to be a remarkable experience that made them rethink their human relations.

The project relates to community resilience by empowering the community for empathy and care for others. A healthy ageing concept was applied by valuing older people as an important part of society.

New art tools have the great potential to change the human mind and behaviour, since they give significant experience that puts a person in a position of not only receiving but also creating change.

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Kadıköy's gender policies from the Women's Forum to Potlatch

In 2015, the Municipality of Kadıköy defined its gender policies in a gender equality action plan. To this end, the Kadıköy Women's Forum was organized. Municipal officers, women's nongovernmental organizations and women from Kadıköy gathered to generate solutions on local gender equality.

Women in Kadıköy are eager to participate in governance, social life and production. The action plan reflected such willingness, and relevant demands involve establishing (a) an alternative women's economy based on empowerment and solidarity, and (b) a women's collective marketplace for selling their products. The Potlatch Project was implemented with this perspective. The Project's aim was to establish sustainable points of sale for handicrafts, especially by women lacking social security and to create a women's solidarity network based on economic empowerment.

The Potlatch Project was developed after a series of assemblies with women from Kadıköy (the beneficiaries) and coordination of women from various municipal departments. Potlatch is a local project in which only women residing in Kadıköy may get involved. Women in the Potlatch Network can (a) sell their products at the outdoor marketplace and at the Potlatch Store (owned by the Municipality and allocated for women's products), (b) learn about financial literacy, women's cooperatives and product design and (c) participate in project development. For training, we collaborate with a women's organization with experience in women's economic empowerment.

Women define their Potlatch experience as empowerment, socialization and gaining self-esteem. Potlatch is an all-women's project based on solidarity and coordination also among the women municipal staff. About 400 women are active and organized within the Network.

About half the women in the Potlatch Network are 50 years and older. Potlatch offers women an active social life and new opportunities. The culture of women's participation in governance and practice of role distribution in governance based on equity have been achieved and will be sustained.

Through women's cooperatives, Potlatch Network will get an organizational structure to develop diversified and sustainable relations and cooperation with the Municipality of Kadıköy. Potlatch is a model for local governments about women's participation and socioeconomic empowerment. New horizons will include increasing women's employment at the local level and encouraging women's entrepreneurship.

Abstract No. 038

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ASKO Customer Card Project: an innovative minimum data tool for home care management

The aim was to develop a home care management tool for Kuopio municipal home care based on the personal resources of service users instead of limitations. As a result, a practical and user-friendly tool was developed to address the cognitive, mental, physical and social issues of the service users. The tool enables different kinds of management for service use and resources in home care.

The large-scale version of the tool consists of 50 items. The validity of the tool was tested in a group of 61 individuals by comparing ASKO scoring with time measurement (time used for every home visit used as golden standard). Bayesian network (Bayesialab 6.0) was used to identify items having the highest predictive value for time measurement. The reliability was tested in a separate group ($n = 40-45$) using the test-retest and interrater reliability.

ASKO scoring correlated well with time measurement (Pearson 0.86). In test-retest and interrater tests, Kappa varied between 0.76 and 1.00. By using Bayesian network, 11 items were identified to have highest contribution to time measurement. The sum of these 11 items was used to form a short card. It also correlated well with time measurement (Pearson's $r = 0.86$).

The ASKO customer card is a valid tool for home care management. Currently the usability of the tool is being tested and developed with the help of mobile devices.

Abstract No. 040

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Digital and multiorganizational service integration

Kuopio participates in the local government pilot projects of Finland's Ministry of Finance. In the pilot project, separate service plans are combined by using digital services. The combination, called a client's personal welfare plan, helps professionals in targeting their services to solve problems that young clients themselves consider crucial. The model has been developed together with 18 professionals (of youth services, social and welfare services, student health care, substance abuse services and mental health services) working among young people.

The welfare model in Finland is based on equal and universal public services. Specialized professionals offer citizens services to which they are entitled according to legislation. This has caused a situation in which especially disadvantaged clients, because of the legislation, various professions, organizations and personal data records, have overlapping client services, parallel service plans and evaluation criteria of their service needs.

The method of evaluating the young person's life situation, and the basis of the welfare plan, is called My Life. It consists of a visual 3X10D Circle of Life™ supplemented with a 30-point questionnaire called 3X10D Survey™. The Circle of Life and the questionnaire deal with 10 themes, such as dwelling, family, friends etc. The client considers each theme from three viewpoints (importance, satisfaction and future). With the help of the Circle of Life and the questionnaire, the professional composes the personal welfare plan with the client. The questionnaire and the plan are carried out by using an eService platform.

During 2015 and 2016, the City of Kuopio developed and tested clients and professionals combining digital service integration with the help of which the young persons' life control can be supported in a more holistic, client-friendlier way by exploiting the resources effectively. With the My Life methods, it is possible to get concordant information about the young person's life situation, well-being and his or her future goals.

The My Life method is a holistic young people's life management self-assessment model. It helps professionals to understand young people's life situation and their future hopes and so they can support young people's well-being.

With the My Life methods, it is possible to get concordant information about a young person's life situation, well-being and his or her future goals.

Abstract No. 042

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Using a drama method to avoid school bullying

The City of Kuopio actively works against school bullying by implementing and testing new methods. The drama method pilot has run from 2015 and is a proactive approach to enhance the communication, interaction and emotional skills of the students in grades 5 and 6 and by means of which to prevent school and social media bullying.

The secondary aim of the drama pilot is to promote the equality and accessibility of the arts and culture for children.

The reason for taking the initiative is based on the alarming results of the school well-being surveys: 6% of the students experience bullying once a week, 55% have experienced sexual harassment and 69% feel that the schoolteachers have not interfered with the bullying. It is extremely crucial to tackle the problem at a young

age because, in the worst scenario, bullying can lead to serious challenges such as social exclusion, substance abuse and mental disorders.

The professional drama instructor has led workshops at pilot schools from 2015 after the investigation of the policies, the needs and the special features of the schools. The workshops have been long-lasting and included participation by the students, teachers and parents. The method is applied, participatory drama with the student in focus. The approach is exploratory, humanistic and hermeneutic. The feedback from the participants develops the workshops.

As a result of the workshop, a series a handbook of drama and interaction practices has been produced for the teachers and other educators.

The feedback from the students and the teachers has been gathered and evaluated throughout the process. The impact at the operational level has been very positive: for instance, the participants report that they have learned to pay attention to interaction and they can separate joking from bullying.

At the strategic level, the proactive approach is more effective in the long term. Changing one's own behaviour can avoid bullying in many situations.

A critical challenge is the established funding although, through the process.. the teachers have indicated the effect of teaching in partnership with the drama instructor.

Abstract No. 056

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Healthy cities on migration and health

In May 2016, Palermo (Sicily) hosted the 14th Meeting of the Italian Healthy Cities Network focused on migration and health and on the role of healthy cities reducing inequalities among people, including unequal access to health care.

Workshops focused on three main topics for a healthy city: migration and education; migration and security; and migration and health inequalities.

Discussions during the Meeting were practical and enriched by stories of the everyday work of stakeholders.

The Italian Healthy Cities Network must work to guarantee the right to health, also for migrants and refugees. The priority is to understand how to respond to the health problems of these people, who rarely are sick when they leave their country, but often arrive with severe mental disorders because of the terrible conditions of the journey and loneliness.

This is why building healthy cities also means addressing migration problems. Sicily is a good example of a community in which different stakeholders (public and private) cooperate to ensure access to health for all, starting with preventive care.

Migration and health is often thought in terms of communicable diseases, but the real problem are noncommunicable and especially chronic diseases and mental disorders among migrants. This is the first healthy cities network that puts this important topic at the forefront of the discussion. Considering this topic within the Health 2020 framework and among the challenges of the 2030 Agenda for Sustainable Development is fundamental. WHO is currently developing a European strategy that takes a public view of migration well-being to improve the health coverage of migrants.

Building healthy cities also means including women. We do not forget the triple bind these girls face today, making them very vulnerable: being women, young and migrants. Women and children are the first example of unequal access to the health-care system, because they are often without the support of their relatives.

Sicily was chosen to host this Meeting because of its relentless commitment in recent years to aid people who left their country.

In 2015, Leoluca Orlando, the Mayor of Palermo, launched the Palermo Charter during the International Conference I Am a Person, involving institutions, nongovernmental organizations and associations in proposing to start a cultural and political process to abolish residence permits, to propose radical changes to the laws on citizenship and to consider mobility as a human right.

Abstract No. 061

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Frutellón (Street Fruit Party)

Regular consumption of fruit and vegetables is considered as an important element of a healthy and balanced diet. In the European Union, however, 34% of the population 15 years and older did not eat them on a daily basis in 2014, and 14% consumed at least five portions each day. This is the consumption promoted by the European Union-wide Five Per Day campaign, following a recommendation by WHO that individuals consume “a minimum of 400 g of fruit and vegetables per day (excluding potatoes and other starchy tubers)”.

This information, extracted from the European Health Interview Survey, is issued by Eurostat, the statistical office of the European Union.

In Spain, the figures show that 25% of the population aged 15 or over did not eat fruits and vegetables daily, 63% ate 1–4 portions and only 12% ate at least five portions.

In all European Union countries in 2014, the percentage of the population consuming at least five servings of fruit or vegetables each day was higher among those with a high education level than among those with a low education level.

These statistics show the need to continue promoting vegetable and fruit consumption in the whole population, with greater emphasis on children.

It is essential that children, from an early age, get used to eating vegetables and fruit so that their diet will be varied throughout their life.

For years, the City Council has carried out health promotion programmes, so that the population, especially children, adopts healthier lifestyles (food and physical activity). Actions include: monitoring of school lunches, healthy breakfasts and breaks and celebration of National Nutrition Day with distribution of fruit in all schools.

But we realized that it was necessary to create an event of greater impact, in which we could achieve high visibility and high audience attendance and link fruit consumption (our goal) to positive stimuli, such as pleasure, partying and fun, so that people mentally associate partying and eating fruit.

Our city has a very important celebration, a rooted tradition, the Pilgrimage of San Isidro. It is celebrated on 15 May, in the spring, in a large park. There are food stalls, attractions and games for children, musical and dance shows. About 2000 people spend the whole day there.

Since 2014, the Department of Health decided to participate in this party with a fruit stand. During all the day, we prepare glasses of assorted fruits, newly peeled and cut in pieces, ready to eat. In exchange for the fruit, people make a voluntary donation that goes to a nongovernmental organization. In any case, the first glass of fruit is free for children.

The name of the stall is Frutellón, a play on words of fruit and *botellón*, the Spanish word for big bottle, defining the widespread practice of many young people who get together to consume large amounts of alcohol in the streets, squares or parks, especially on weekend nights.

This play on words also gives the message that there is an alternative to drinking alcohol. Instead of abusing alcohol, it is better to “abuse” fruit.

This seemingly simple activity has proved to be a great success. Quantitatively, every year 650 kg of fruit has been distributed in 2000 glasses over 10 hours with no fruit left.

Qualitatively, it has been an activity of great acceptance by the citizens. We have received positive feedback. Once the fruit was finished, people kept coming to ask for more fruit. We have been asked to have Frutellón more days and not only once per year.

In our opinion, the critical success factor has been to present the fruit newly peeled and sliced, ready to eat, so it is very appetizing, although this requires dedicating considerable human resources and time.

Weather is a factor determining success or failure that is beyond our control. Since this is an outdoor activity, a rainy day or low temperatures will cause the activity to fail.

At a party that had been celebrated in the same way for years (same stalls, same type of food – paella, barbecue, soft drinks, cakes), our challenge was to introduce a new and healthy element that could have not been accepted in such a wide offer, especially, competing with cakes and desserts.

Our commitment continues to be to promote healthy lifestyles, with a greater emphasis on children, as an investment in the future and as a transmission belt for information to adults. We emphasize the importance of education to improve the future quality of life and health.

We bring the consumption of fruit closer to the whole population, regardless of their personal or economic circumstances.

In addition people can make a voluntary donation, which is intended for solidarity purposes.

Many sectors are involved in organizing this activity, and they must work perfectly coordinated: City Hall areas (culture, sports, citizen participation, security, maintenance, etc.), neighbourhood associations, public and private schools of music and dance, sports clubs, the Church, etc.

This party has a strong community base, whose origin goes back to the agricultural tradition of the municipality. It is undoubtedly the party in the city with the greatest participation of the community.

This initiative was launched despite the doubts of some sceptical sectors, which thought it would be a resounding failure. However, such a simple idea was a resounding success that has been repeated for three consecutive years.

In many cases, innovative solutions are neither complicated nor sophisticated. Sometimes simple ideas are the most successful.

Our work is evaluated in quantitative terms (number of kilograms of fruit bought, distributed and left over, and the number of glasses of fruit produced) and qualitative (feedback from the citizens on our initiative).

We are increasingly convinced that it is important not only to promote healthy lifestyles but also to show citizens that they are attractive. Explaining again and again the advantages of maintaining a healthy life is not enough. The famous Spanish doctor and nutrition expert Grande Covián said: “We will only eat what we should if we like it.” Sometimes simple ideas turn out to be really innovative.

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Primary care early years worker

This was a pilot project to appoint a primary care early years worker post within the Penderi Primary Care Network.

The key focus of the role will be to deliver parenting skills and identification, screening and interventions for young children within a primary or community care setting, where it is recognized that a highly relevant audience can be accessed.

This innovative post would work closely with postnatal services, health visitors and the early intervention team and child and family clinics based within primary care settings to ensure that key parenting messages are getting across and to effect positive change through a health setting.

Public health reports include the following. A local Swansea primary school reports that more than 40% of reception children have delayed speech and language skills and 20% depend on dummies; 25–30% are not toilet trained and 36% are unable to brush their teeth. According to a Swansea primary school head teacher, “Technology is often used as a pacifier in the same way as a dummy to keep babies and children occupied at a huge expense to overall development.”

Health and educational attainment are strongly linked to deprivation. The impact can be seen across the social gradient. Data also indicate that 40% of 7- to 14-year-olds referred to mental health services had an undiagnosed speech and language impairment. Children from low-income families lag behind high-income counterparts by 16 months in vocabulary at school entry.

Following a presentation of the evidence and our Best Start messages campaign to the network, one general practitioner said they should support this even though it was outside traditional health care, since much of their workload comprises problems with young families and children who lack parental skills or are able to access support because of living outside government-funded areas. There was initial resistance to spend on the upstream work, but after a very good presentation by the early-years team and support from local general practitioners, it was agreed with 80% funding by the practice.

The early-years worker has been in place since October and has had one-to-one meetings with families on a 12-week programme from referrals from general practitioners and health visitors. The agreement was to joint fund in a new setting, which has not been done anywhere else in Wales.

By providing a form of social prescribing, families are being referred for advice and support and linking into local services by handholding through the system so that families become less reliant on health-care services.

The initial results have been support for 13 families on poor eating, emotional issues and lack of routines, with resulting reduction in anxiety in the mother and less frequent use of health-care services.

Abstract No. 080

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Connected people, connected communities

There is a great deal of concern about loneliness and social isolation, especially among those in later life, but the prevalent discourse around this is pathogenic rather than salutogenic and focuses on what can be done for people who are already socially isolated. As a result, there is a tendency to think about solutions in terms of services for socially isolated older people rather than a more population-based, preventive approach.

In 2016, we initiated a process to consider what we can do to make Newcastle into a place where people make and maintain good-quality relationships. We especially wanted to move away from a service provision model to think about how the urban environment and informal community-led work can make a difference. In June 2016, we used large group intervention methods to design an event aiming to increase awareness of the importance of good social relationships to well-being and to encourage participants to decide on and take forward ongoing work. In the lead-up to the event, we invited groups of people from our local communities to think about and share their thoughts on good social relationships and shared an information sheet to encourage conversations in professional networks.

We recognize that this is a slow, developmental project aiming to change understanding about social relationships. It links to community resilience and affects both early life and healthy ageing. The work is not easy given the prevailing mindset, but we feel it is important to make a start as a healthy city. We would like to share some of this work, what we have found useful and inspiring as well as the more difficult aspects.

Abstract No. 084

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City health diplomacy: an integrated strategy for advocating health

We live in a time when three megatrends are colliding: urbanization, an ageing population and climate change. Cities, through their political leaders and top managers, play much greater roles than they did in the past. Thus, a major paradigm

shift is necessary whereby cities may build alliances with all sorts and levels of partners: city health diplomacy.

In advocating health in society and among citizens, cities can benefit from using health as a lingua franca, a diplomatic universal language, for establishing relations and building alliances with partners and stakeholders within the city, with other cities, with regional and national authorities etc. as well as for enhancing their own internal organization and making policies more respondent to citizens' needs.

Over these years, Udine has implemented an integrated strategy for promoting physical, mental and relational well-being throughout the life-course, implementing both the health in all policies and the whole-of-society approaches recommended by WHO. Udine has also established a national and international reputation in promoting health and has embraced city health diplomacy as a permanent working principle.

Many examples can be provided of co-created activities and programmes for promoting healthy lifestyles over the life-course, healthy eating habits, active and healthy ageing, preventing dementia and isolation, employment opportunities, the silver economy and participatory consultations, all aimed at making the city both more child- and age-friendly. Special attention has been devoted to the crucial issues of health inequities and social inclusion, as well as de-siloing administrations.

Using the lens of city health diplomacy, many crucial concepts can be discussed, such as citizens' empowerment, health in all policies, health for all, whole-of-society and whole-of-government strategies for health, determinants and indicators, concentration indexes, social innovation and middle-out approaches and behavioural insights.

To address the complexities of the current social, behavioural and urban trends, the role of city administrations needs to become more and more that of social brokers facilitating or mediating bottom-up approaches, with general top-down programmes, using what we term the middle-out paradigm. This allows local administrations to leverage social innovation and turn into health brokers.

Abstract No. 089

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Senior volunteers for older people in Győr

The Municipality of the City of Győr (with county rights) has been engaged in the WHO Healthy Cities movement since 1989 and became part of the WHO European Healthy Cities Network in 1994. Since 2005, it has been part of the WHO European Healthy Cities Healthy Ageing Subnetwork. The first step of the concept to improve the quality of life of the older people of living in Győr was the status survey of the situation of the older people in the City of Győr and the health profile of older people.

Data from the representative household survey showed that one in four older people lives alone in the city, and more than 50% of the population older than 50 years reported symptoms of mild, moderate or severe depression. The data also showed that 23% of them would be willing to undertake some voluntary work.

A talk network to unlock loneliness and preserve mental health started in 2009, in which older volunteers visit their older fellows living alone on a weekly basis, after completing short preparatory training, focusing on the ageing and assisting interview. A monthly meeting is available for helpers to share their problems and feelings, to recharge, to receive further training and to exchange experiences and supervision.

The result identified many positive aspects as well as promoting the process of active ageing, the preservation, maintaining cognitive and mental functioning and skills as well as physical abilities. The Hungarian Speaking Association of Healthy Cities and other cities are interested in the experiences of this project.

This project relates to community resilience and healthy ageing – community-based initiatives, successful practices and innovative solutions.

Where there is a problem, there is a solution. The community initiative has several benefits for the target group and the volunteer helpers as well.

Abstract No. 096

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Brno Days for Health

One key factor influencing people's health by about 30–40% is their lifestyles. The Brno Healthy City Project therefore aims to support healthy lifestyles among the residents of Brno. Further, we focus on community cooperation and involving as many local businesses as possible. Successful implementation of the project also requires increasing the awareness of the project and building the Brno Healthy City brand.

Brno has a population of 380 000 and is the second largest city in the Czech Republic. Numerous organizations dealing with health-supporting activities are in action here. However, because of the size of the city, obtaining information about the activities and joining them can sometimes be difficult. That is why we created the citywide campaign Brno Days for Health, aiming to show the inhabitants opportunities for healthier life in Brno.

The Brno Healthy City Office of the Brno City Municipality organizes Brno Days for Health. Any organization offering its own health-promoting event can join this programme. The Brno Healthy City Office ensures the coordination of all events in the form of a citywide campaign and promotion of the whole event. The programme includes events from various areas related to healthy lifestyles: fitness and sport, health counselling, diet and mental health as well as special events aimed at older

people, people with disabilities and families with children. The citywide promotion of the campaign is of great importance as well.

The result is an annual health-promoting campaign offering 100 events promoting health that take place in various places all over the city. More than 50 institutions are involved in the programme: schools, a library, health centres, environmental organizations, maternity centres as well as the faculty hospital and university. The campaign attracts considerable public interest and about 15 000 visitors every year. Thanks to the public interest, what was originally a one-day event has expanded into a 10-day citywide campaign.

Brno Days for Health contributes to community resilience by the cooperation and involvement of many organizations to creating the largest campaign for health in the City of Brno.

Brno Days for Health supports the health of various groups of Brno citizens (children, older people and people with disabilities) and strengthens community life and intersectoral cooperation in the city.

Brno Days for Health is one of the most successful long-term events of the Brno Healthy City Project and has provided inspiration to other healthy cities in the Czech Republic for similar activities.

INCLUSIVE

Abstract No. 001

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Targeting early life for a healthier future: youth programmes and actions in Turkish cities

Early life has a great impact on the future of people. Adequate access to a proper diet, high-quality education, sports and recreation and care should be provided to every child and especially disadvantaged groups. In this context, municipalities in Turkey have great organizational and financial means to provide all necessary services to children for a good start in life.

The Turkish Healthy Cities Association has started to collect actions, projects and initiatives from its members that aim to provide children various types of services and to support their development. The aim of this initiative was to collect, analyse and disseminate projects that provided high value to the early life development of children. The ultimate goals were to increase awareness of the importance of early childhood initiatives and to disseminate successful projects to municipalities in Turkey.

The Turkish Healthy Cities Association has asked each of its members to report their recent activities that supported early childhood development; no limitation regarding the number of projects was provided. A total of 26 members of the Association provided 150 initiatives and actions. All the actions were analysed by a team of experts in their areas and were rewritten in a way that would make them easily understandable and reproducible.

A report was published on youth policies of the members of the Turkish Healthy Cities Association and were distributed to municipalities and to Turkey's Ministry of Health.

This action is directly related to the early life subtheme of the Conference because it provides an in-depth view of the Turkish healthy city activities that support childhood development.

The presentation will provide a summary of 150 projects from Turkish cities related to education; health; physical activity, sports and recreation; culture and art; and social works and will help municipalities learn from each other.

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Evaluating the strategic focus of health and well-being in Turku

Turku celebrates the 800th anniversary of its founding in 2029. This important year has been chosen as the focus point for examining the city strategy and Turku's future. The city strategy and the programmes of well-being and competitiveness contain the city's most important goals and the related decisions on which the future will be built ([Turku City Strategy](#)).

Turku has two main strategic programmes, the first one being that the city creates well-being and activities. One of the key things for well-being is an active lifestyle, and the prerequisites for this will be improved. Residents' opportunities to take responsibility for themselves and those close to them are being strengthened with preventive services. Resident participation is seen as an important part of the city's basic operations, the preparation of matters and decision-making.

Transparent evaluation of the strategic health and well-being goals is conducted annually. The step-by-step progression of the strategy and attainment of results are verified with the use of indicators, which will diversely reflect the development of the city's well-being. The indicators include 20 topics: for example, perceived health and well-being, youth and long-term unemployment, activity in sports and culture, dropouts after compulsory education, feeling of loneliness and depression, people receiving different social benefits, crimes, traffic safety, inequality of neighbourhoods and between population groups, low-income rate, morbidity and people older than 75 years old living at home.

The data for the indicators is collected from national sources such as Statistics Finland and Sotkanet ([Tilastokeskus](#), [Sotkanet](#)). Additionally, Turku does customer and population surveys every year to expand the data production. Most of the data is updated yearly. The visualization of the health and well-being reporting has been extremely well developed during the past two years by using, for example, colour codes (green, yellow and red) and comparisons ($\pm$) to recent development with other similar-sized cities in Finland.

All information is collected into one database, and the indicators support the decision-making that contributes to the effectiveness of services. In order for everyone to be able to evaluate performance and success, all information is openly available, with principles of open data.

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Producer Women's Cooperative

In our country, women are not sufficiently employed in the labour market. Within that context, one of the projects of the Municipality of Karşıyaka is a Producer Women's Cooperative founded to help the women living in Karşıyaka to increasingly participate in social life and production processes.

Unemployment and inadequacy of the employment of women is the most important problem of all countries regardless of the structure of their economies. Because of both the social pressure originating from sex discrimination and the heavy responsibilities undertaken by women in family life, women are not able to take part in working life at the desired level.

Our Producer Women's Cooperative aiming to help women to increasingly participate in working life was founded in 2015. It has more than 300 members who are producing goods continually and exhibiting and selling them on national and international platforms such as exhibitions, fairs etc.

By founding the Producer Women's Cooperative, the Municipality of Karşıyaka took an active role in promoting the participation of more than 1000 women in working life by both producing goods and contributing to the family budget by selling their products. With the Producer Women's Cooperative, our Municipality set a good example for local economic development, produced a creative solution to the problem of unemployment of women and drew attention to the importance of gender equality as a sign of the value given to women.

Thanks to the Producer Women's Cooperative project, the Municipality of Karşıyaka ensured the increasing participation of women in the economy, once again emphasized the equality of women and men, helped the women to increasingly take part in economic and social life and achieve exemplary work for a healthier social life.

With the Producer Women's Cooperative, the women living in our district were promoted to participate in social life, were helped to take part in society, were supported to participate more in production processes and to contribute to economic life.

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An accessible city life for all

All people living in the city should be able to equally benefit from the rights and opportunities of citizens, including people with disabilities. Municipalities, as service-generating bodies, are responsible for creating accessible cities. Our municipality began the studies to remove the obstacles in the city and provide people with disabilities with opportunities to include them in city life, both socially and physically on an equal basis with people without disabilities.

Within this scope, the first step was taken by determining the needs of the people with disabilities living in Yalova. In consequence of the need analysis carried out, a plan was made to carry it out in practice. The activities determined in accordance with the planning (the Cafe of No Obstacles, Municipal Support Centre for People with Disabilities and Older People, planning the municipal building in accordance with the access for people with disabilities, supporting people with disabilities in transport, a wheelchair-charging station, a barrier-free beach, social activities and an accumulator chair supply for those who need it) has been targeted to be completed within the following two years. The Municipality signed protocols with the relevant nongovernmental organizations or supported the conducted works intended for achieving the goals. Under the sponsorship of the Municipality a night will be organized on 3 December, the International Day of Persons with Disabilities, and all associations of people with disabilities, people with disabilities and people without disabilities in the city will gather together.

Preserving the current system, a strategy has been taken over in which people with disabilities and people without disabilities participate together and that includes people with disabilities in the social order without any problem. The possible prejudices, adaptation of people with disabilities who feel isolated from society and the problems that may be confronted have been evaluated as risk factors. For preventing or moderating these issues, various socialization activities, consciousness-raising activities and feasibility studies have been conducted. As a result of these, we learned that the obstacles making life different result from misapplications and not being conscious. In this project, in which we consider the principle of equality, we aimed at sustainable development with regard to people with disabilities.

In conclusion, with this project, we started to create an accessible city. We were well received by both people with disabilities and people without disabilities. In fact, the things that create difficulty in the lives of people with disabilities can be reduced to the minimum level through simple touches and rehabilitation works.

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Healthy city, happy city, habitable city

WHO defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. As it is understood from this definition and approach, health is a multidimensional and broad concept that has medical, social and political aspects.

Health services are performed by organized institutions at the country level to meet the needs and requirements of the public about health. According to the modern understanding, the main objective of health services is to provide qualified and equal service not only to patients but also to everyone that is a patient or healthy. The most important function of the health services is to protect people from illness, disability and death and ensure that they can live their lives both in a long and a healthy way.

Our Municipality aims to improve and generalize health and social service policies so that people can live in a healthier, safe and happy environment.

The Municipality of Çankaya is one of the leading municipalities that became a member of the WHO European Healthy Cities Network. Within the scope of the Çankaya Healthy Cities Project, the policies, principles and programmes determined by WHO are being implemented as social municipal applications as part of a “new-generation municipality” in our Municipality. The Municipality of Çankaya has taken its place among the municipalities that are a member of the WHO European Healthy Cities Network by its recent planning and projects and became a municipality that follows the European Union programmes and projects and implements them at the urban level. The Municipality of Çankaya has accepted the basic strategy document of Health 2020 and has implemented this programme within the framework of health for all and equity in health. Our Municipality’s efforts for children, projects for young and older people and works related to people with disabilities including projects and practices in social services have received many awards and have been a model for other municipalities. For example, our Municipality has prepared the local equality action plan and put it into action; thus, our Municipality has adopted a style based on gender mainstreaming in its practices and policies.

As a result, the approach that constitutes the main axis of all these studies are outlined above is the understanding of health for all and equity in health. This understanding catalysed the establishment of the Çankaya Public Health Center in practice. The Çankaya Public Health Center was opened in 2015 and aims to provide primary care health services to disadvantaged groups and low-income groups initially. Further, the Çankaya Public Health Center is trying to consult in basic health services and provide health services to refugees, poor people and lower-income groups that do not have health insurance. In addition to these, the HIV Diagnostic Center, which operates in the Çankaya Public Health Center, aims to provide health services to sex workers and LGBT individuals. Together with the Çankaya Public Health Center, poor people in Ankara have the opportunity to get

dental health care free of charge. As a result, the Municipality of Çankaya, which has implemented one of the basic policies of WHO, has implemented the policy of equity in health with the Çankaya Public Health Center.

Abstract No. 034

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Elements of good and sustainable governance in collaboration between Kuopio, Finland and Maputo, Mozambique on services for vulnerable groups

Taking care of vulnerable groups is a basic principle in Finland, which has tools to tackle the challenge. In African cities, the situation is different because resources are lacking and many people are without public social and health care. This was studied in the Finmoz project between Kuopio and Maputo.

The objectives of the Finmoz project were: disseminating good practices from the global North to the global South, building the capacity of the organizations and strengthening good governance.

The collaborative Finmoz project took place in 2011–2014 and aimed to modernize maternal and child health services. One way has been bilateral (Finland and Mozambique) working visits with several workshop topics on maternal and child health care services and communality models in urban and rural areas. The maternal and child project gave from Kuopio “structural timber” elements to the South such as technology solutions and teaching methods. In a minor case, the project piloted how to strengthen social structure by recognizing the southern key people and also identified local key networks.

The realized solutions of service development have made practice more efficient, such as client-oriented work and more citizens getting services in Mozambique, which has high child mortality. The project administration follows European project administration style; in this way, the southern partner has learned to use competitive procurement and how to write financial project reports.

Multidisciplinary networking as part of development work has been learned, and Maputo has created a relationship with the local university and its spin-off enterprises, which has not been done earlier.

Kuopio has learned how to tackle loneliness and how important communities are.

The equality of health-care delivery has been strengthened by recognizing the development needs in the South, sharing knowledge related to good governance and practices in maternal and child health.

The northern practices and good governance can be disseminated to the South. When all partners openly collaborate, appreciate each other and have equal opportunity to work during project workshops, the elements of good governance can be transferred and adapted in the local culture.

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Reducing inequalities: getting results

Health equity in all policies has been a core theme for Belfast for several years. The sectors and agencies in Belfast interpret and understand inequalities differently. Several emerging local policies present opportunities to tackle inequalities, such as the Minister for Health's vision Health and Well-being 2026: Delivering Together; the Northern Ireland Programme for Government Consultation Document; and the Belfast City Council's Belfast Agenda.

Cities are experiencing increasing levels of inequalities, contributed to by the economic crises facing many countries in the WHO European Region. Challenges such as increasing levels of noncommunicable diseases are key catalysts for major discussions at the regional and local levels on ways to redesign and reconfigure approaches to improving health and well-being.

Inequalities are entrenched in many societies, made visible as differences in education, working conditions, opportunities for employment, income levels and as instances of premature death.

During Phase VI (2014–2018) of the WHO European Healthy Cities Network, several approaches have been taken to encourage intersectoral action on tackling inequalities:

- development of the health equity policy screening tool by an intersectoral working group;
- health equity capacity-building pilot projects;
- seminar on reducing inequalities: getting results; and
- the Reducing Inequalities: Getting Results Capacity Building Flagship Programme.

The flexible approaches taken to delivering the health equity in all policies programme through various activities has enabled departments not traditionally focused on inequalities to become involved. A review of local government has resulted in the transfer of some powers to local government. Some organizations therefore focus on restructuring departments and are reluctant to get involved in the programme.

This demonstrates approaches related to equity and governance.

Ongoing work needs to be done to reduce the impact of inequalities through sustained intersectoral working with a common understanding of inequalities.

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Community integration and networking in the Kove project

The number of migrants has increased quite rapidly in Finland and in its major cities during the past decade and especially in 2015. In Turku, more than 10% of the inhabitants have immigrant background. There is a need for a strong network and an overall cohesive strategy in the cooperation (a) among new migrant associations and (b) between the new migrant associations and the City of Turku.

In addition to empowering them as individuals, empowering migrants as collectives is an essential goal in building a sustainable city. Turku regards itself as an inclusive city with a long history of cooperation between different groups of varying religious and cultural backgrounds, and the project was initiated to strengthen this philosophy and to make it manifest as real-world cooperative actions.

The project developed a hybrid method of operation consisting of a combination of Finnish communicative tactics (emails, official meetings, etc.) combined with negotiation tactics inherent in the cultures represented in associations. For example, a face-to-face sit-down with older people and other respected members of a community (often taking place at a local mosque or other place of worship) proved an effective way of getting in touch with an association and the community it represents. This culturally conscious operative technique paved the way for including the associations into a more formal sphere of negotiations with other associations as well as the City of Turku working towards integration.

The major achievement of the project was creating new ways and channels of communication between the City of Turku's immigration officials and associations. Approaching the target group through religious places of worship proved to be effective method in deep information sharing: a way of getting important information to reach a maximum number of migrants. This approach required heightened knowledge of (and respect for) cultural and religious customs but proved very effective.

The new working methods have continued and been further developed as part of basic city services with the help of two employees hired for cooperating with religious associations. The project also played a major part in establishing a Muslim Issues Workshop with a task to develop city services to better meet the needs of migrants.

The main lesson to be learned from the project is the hybrid method of communication used. Dealing with communities living their lives in a kind of cultural third space between two cultures requires adjusting communication and planning accordingly and the operators must be able to negotiate a culturally sensitive but neutral position for themselves.

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Strategic management – a key for reducing inequalities in health and well-being

Although the average health status of the Finnish population has improved, large inequalities in health and well-being exist. Promoting equity in health and well-being has to be included in local and regional strategies to lead to action.

Knowledge on the status of health equity promotion is important. Data on health-promoting activities in Finland are available in a benchmarking system called TEAvisari. The web-based user interface is free of charge and available at www.teaviisari.fi/en. The data help municipalities to plan and evaluate their health promotion work but also provides an opportunity to monitor results at the national level.

Our interest was to find answers to the following questions at the national level.

- What proportion of municipalities has included reducing health inequalities as a target in the recent municipal strategy?
- What proportion of municipalities have reported the changes in health inequalities in 2014 to the municipal council?

Data on the promotion of population health and well-being were collected from municipal administrations. A data collection form was sent to all Finnish municipalities. In 2015, 251 municipalities (79%) submitted their data and, in 2013, 214 (67%).

The results show that, in 2014, 33% of municipalities have included the reduction of health inequalities as a target in their recent municipal strategy and 43% of municipalities have reported changes in health inequalities to their municipal council. The results in 2012 were 32% and 33%, respectively. Although the results show slight improvement, they also show that less than half of the municipalities have included health equity as a target and reported health inequalities to the municipal council. The results also showed differences between municipalities.

Equity in health and well-being is the key for inclusive, resilient and sustainable cities. Municipalities clearly need support in including the promotion of equity in health and well-being in the targets and also in monitoring health and well-being inequalities. A central role in enhancing the promotion of equity in health and well-being is to make it concrete and understandable for the decision-makers.

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Oral health study among all the first-year primary school children in Udine: a proxy for health inequity

Dental screening data are an important indicator of a community's health status. In Udine, no data were available about the oral health status of children and the compliance of these data with the WHO goals set for 2020. The Municipality in collaboration with the Primary Health Care District and the University of Udine therefore implemented in 2016 a dental screening programme in all public primary schools.

Most childhood tooth decay could be avoided through simple preventive measures such as screening, monitoring, combined use of fluoride and dental sealants, improvement of healthy eating habits and regular professional care. These measures can save children pain, complicated procedures and high dental treatment costs.

Starting in January, all first-graders (age 6 or 7 years) in the primary schools in Udine were recruited. By March, 28 institutes (865 children) were contacted for the screening. The indicators used were the DMFT (decayed, missing and filled teeth), and the significant caries (SiC) index. Other items of the survey were national origin, hygiene frequency, previous dental visits and healthy eating habits, for both children and their parents. The screening was also combined with preventive interventions aimed at promoting healthy eating habits and hygiene techniques.

The attendance rate of the project was high (807; 93%). The average DMFT score was 2.49, with a caries-free (CF) percentage of 48% and an SiC index of 6.72. The initial results have shown that improvements have to be made to reach the WHO goals for children of that age (DMFT <0.4; CF% = 90%; SiC index >3). Children from families born outside Spain had significantly ($P < 0.001$) worse scores: DMFT of 4.90; CF% = 23.5%; SiC index of 7.58. No sex differences were shown.

Most oral diseases have an early onset in childhood and can have permanent effect throughout the life-course. Moreover, the oral health screening is closely related to equity, since it was used as a proxy of health inequity.

The oral screening programme has showed impressive results in terms of health inequalities between schools and city neighbourhoods. Migrant children are the most vulnerable. Other analyses involving malocclusions and other dental problems as well as family habits and causes of inequities are being performed.

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Improving well-being and healthy ageing in eastern Finland

Community colleges in Finland have a statutory obligation to meet local educational needs, enhance equity and respond to social changes. Kuopio Community College is a place to study for all age groups with an operational area of 7000 km². For 100 years, we have offered local residents opportunities to study, develop skills and participate in social activities. Course fees remain highly reasonable, since they are subsidized by the central government and local authorities.

Kuopio Community College has been responding to social changes and challenges by creating new ways of participation. A major demographic challenge in Finland is rapid ageing. Community colleges have an important role in promoting active lifestyles for senior citizens, and we are therefore trying to find new ways to support healthy ageing both in the city and sparsely populated rural areas.

To promote healthy ageing, we operate intersectorally with local, regional and national authorities and organizations. Courses focusing especially on the demands of senior education are offered for senior citizens in every subject.

In addition to this, we aim to create new approaches.

Case 1: simultaneous distance learning (asahi health, healthy food, memory training and drama) for 12 rural villages.

Case 2: distance learning support for the caregivers of older people provided to their homes.

Case 3: promoting environments for international social encounters (physical education, languages and music).

Case 4: lectures on ageing for older people and their families transmitted via learning platform solutions. Lectures can also be watched online elsewhere in local organizations and/or in homes.

The results achieved so far include joint planning with local people based on needs assessment; further, functioning networks and models for distance learning and social activities have been created and tested. There has been active and successful participation and positive feedback from participants and partners. These cases aim at improving the well-being of senior citizens and the community and diverting pressure on health and social care services.

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Potential years of life lost before age 65 years is the key indicator of the municipal intersectoral programme Chapaevsk – healthy city – happy city

Chapaevsk (population 72 000) is a small town located in the central Russian Federation, historically contaminated by organochlorine pesticides and dioxins as byproducts. Since 1997, in parallel with research studies, the regional and local governments led environmental remediation and social programmes in Chapaevsk. During this period, dioxin toxic equivalency factors in breast-milk declined by 74%. The infant mortality rate in Chapaevsk decreased to 7.4 per 1000 live births in 2011–2013, and other health indicators improved. As a result of research and remediation activities, Chapaevsk became a member of WHO European Healthy Cities Network in 2015.

The city strategy to improve health for all at all ages should be declared in municipal targeted programmes. Since June 2015, the working group has been developing the municipal intersectoral programme Chapaevsk – healthy city – happy city for 2016–2020. For monitoring, we need to select a sensitive indicator of the quality of action to improve health. Since the total mortality rate and premature mortality rate were still high in Chapaevsk, we proposed to implement the indicator of potential years of life lost (PYLL). In 2002, the Medical Center for Information and Analysis of the Samara Region analysed PYLL in Chapaevsk and the Samara Region for 1996–2000.

We collected mortality data and population data using Samara regional registries for 2011–2015. We standardized the population of the Samara Region and the Russian Federation (data from the 2010 census for the Russian Federation). We calculated yearly and five-year PYLL-65 by sex and district of residence in Chapaevsk, absolute rate and standardized, using WHO and national guidelines and compared with 1996–2000.

We found that the absolute PYLL in Chapaevsk decreased from 15 220 per 100 000 population to 13 060 per 100 000 in 1996–2000 and 2011–2015, respectively. Male PYLL was 2.8-fold higher than female. We found a dramatic difference between the sexes for those 15–34 years old, 5.3-fold higher among men. PYLL from external causes has the highest rank in the PYLL distribution, 39%, and male PYLL from external causes is again dramatic, 82%. We will specifically include action in the municipal programme focusing on men 15–44 years old.

The PYLL in Chapaevsk will be the main indicator for evaluating the success of the municipal intersectoral programme Chapaevsk – healthy city – happy city for 2016–2020, with a focus on improving health and preventing deaths among men 15–44 years old.

SUSTAINABLE

Abstract No. 003

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Lake Burdur social awareness project

All of our efforts are to prevent Lake Burdur from becoming a desert and to ensure that future generations can benefit from the lake.

A tectonic lake, Lake Burdur was an extensive water body with a depth of 200 metres in ancient times, and today the average depth is 8 metres.

Lake Burdur is the seventh largest lake in Turkey. The average surface area of the Lake is 153 km², and the altitude is 843 metres above sea level. Its water is twice as salty as seawater. Despite this salinity, the Burdur toothcarp (*Aphanius sureyanus*), which adapted to life in the Lake, is now endemic to Burdur and has become endangered as the lake disappears.

However, the Lake accommodates a large part of the world population of white-headed duck (*Oxyura leucocephala*), which is endangered globally. The Lake also accommodates more than 100 million migratory birds.

We are trying to do our best in collaborating to prevent water withdrawal from the lake. If Lake Burdur becomes a desert, we will lose this value of Burdur like many other values that we have lost. As a result, many diseases that we cannot foresee now may emerge. Many habitats will disappear. We will lose endemic species. It will lead to changes in flora and climate.

We have renewed the sewage treatment plant. We have attracted more visitors to Lake Burdur. Citizens' awareness that Burdur will not exist if the Lake does not exist has been raised. Activities that reduce the water level of Lake Burdur have been restricted. Activities that cause pollution in Lake Burdur have been reduced. The public made peace with the lake as we ensured that their feet touched the water.

Our efforts were effective, and a workshop was held in our city. Government and nongovernmental organizations showed their support for the workshop.

The Lake Burdur Lower Basin Action Plan was prepared under the coordination of the Ministry of Forestry and Water Affairs to prevent the water level decrease and to improve water quality in Lake Burdur, which is located between Burdur and Isparta. All activities carried out in the scope of the project are continued periodically.

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Active City Karşıyaka

Unawareness of the importance of physical activity for life and the increasing adoption of sedentary lifestyles has become an important factor causing the increase in the frequency of many chronic diseases. The Municipality of Karşıyaka started the Active City Karşıyaka Project to provide opportunities to live a more active and healthier life to the people living in Karşıyaka.

Active City Karşıyaka promotes the participation of the people in physical activity for living healthier lives and performing activities creating awareness about this, increasing society's level of knowledge of health, getting people to adopt regular physical activity as a habit and as a consequence creating a more active and healthier community in our town.

In this context, the present system was analysed, a communication network with the stakeholders was established, the relevant document was prepared in the revised strategic plan and we became members of the national and international unions and associations acting within the scope of the programme and performed activities in coordination with them.

Our municipality presented its activities performed within the scope of the Active City Project to the 3 AC Programme of TAFISA in 2015 and, after the assessment, an Active City certificate was given to the Municipality of Karşıyaka. Also in the TAFISA Congress held in Budapest in 2015, the Sustainability Reward was given to our municipality. Our municipality was included in the Pilot Cities of Global Active Cities Development Programme, which covers only seven cities (including Karşıyaka) in the world. Our municipality is continuing to make effort to obtain the title of Global Active City.

The Municipality of Karşıyaka attributes importance to health activities and took a serious step towards a healthier society with the Active City Karşıyaka Project. By carrying out activities about healthy ageing within the scope of promoting social healthiness, it realized an exemplary work.

With our project, physical activity was integrated into the daily lives of the people living in the district, utilization of gyms increased, exercise to increase physical activity were offered to the citizens and contributions were made to active living and the quality of life.

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The low-carbon energy plan of the Savilahti district of Kuopio, Finland

The target of Kuopio's climate policy is to reduce greenhouse-gas emissions by at least 40% of the 1990 level by 2020. Kuopio is committed to working towards becoming carbon neutral by 2050. Climate targets and disruptive energy technologies challenge the current energy system.

The low-carbon energy plan of the Savilahti district project finds opportunities to use renewable and cost-effective energy solutions to reduce greenhouse-gas emissions at the district level.

The Savilahti project is Kuopio's most important development project in the urban environment in the next years. Public and private sector actors have been estimated to invest about €1.5 billion in the construction projects. The Savilahti project conducted by the City of Kuopio aims at developing an up-to-date, comfortable and healthy district for residential, educational and working purposes for as many as 34 000 people by 2030 (19 000 today).

The main target of the low-carbon energy plan of the Savilahti project is to survey the current state of energy efficiency and opportunities to use new low-carbon energy technologies.

The main solutions using renewable and cost-effective energy solutions in Savilahti are:

- solar energy, which can locally produce 30% of Savilahti's electricity;
- geothermal energy, which can supply 50% of the heat in new buildings;
- district cooling: Kuopion Energia (owned by the City of Kuopio) plans to build a district cooling network between 30-metre-deep Neulalahti Bay and Kuopio University Hospital; and
- district heating: the Kuopion Energia district heating network covers most of Savilahti, and a low-temperature heating network can also be used.

The studies promote sustainable development and healthy environments in cities.

The main result of the project will be a scheduled roadmap, which was scheduled to be finalized in January–February 2017. It will identify the main components for the energy-efficient and low-carbon planning in the district. The results can be applied in similar projects elsewhere.

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Effects of small-scale wood combustion on local air quality and potential to decrease these effects: examples from southern Europe (the former Yugoslav Republic of Macedonia) and northern Europe (Finland)

Biomass burning in domestic heating is increasing in most European countries and cities because of economic stagnation or climate policies. Burning wood in small ovens and fireplaces emits large amounts of harmful emissions into the air. Exposure to particulate matter with an aerodynamic diameter of 2.5 µm or less (PM_{2.5}) and benzo[a]pyrene are the main substances causing adverse health effects.

The purpose of decreasing emissions from small-scale wood combustion is to improve local air quality and decrease adverse health effects.

The City of Kuopio worked together with ARPAV – the Regional Agency for Environmental Protection and Prevention of the Veneto Region in the former Yugoslav Republic of Macedonia between 2011 and 2016 in two twinning projects organized by the Finnish Meteorological Institute aiming to assess the local air quality situation and to develop local air quality improvement plans for the cities of Skopje (510 000 inhabitants), Tetovo (53 000 inhabitants) and Bitola (75 000 inhabitants). At the same time in Kuopio, Finland (114 000 inhabitants), air quality assessment studies have been performed aiming to determine the effects of small-scale wood combustion on local air quality and exposure to smoke from wood burning.

Air quality and emission assessments in Macedonian cities show that wood combustion in domestic houses is the main reason for the some of the worst air quality in European cities, especially during the winter season. In Macedonian cities, the PM₁₀ concentrations can reach as high as 1000 µg/m³ as 1-hour values and 500–700 µg/m³ as 24-hour values, and the PM_{2.5} concentrations can reach as high as 500–700 µg/m³ as 1-hour values. The concentrations of other pollutants, such as benzo[a]pyrene, can also be high.

The air quality in cities in Finland is among the best in Europe. However, studies in Kuopio show that, especially in areas not connected to a central heating network, the concentrations of PM_{2.5}, PM₁₀, benzo[a]pyrene and benzene, all related to wood burning, can get high in winter. Studies show that people inside the houses are exposed to these harmful substances.

Both in the former Yugoslav Republic of Macedonia and Finland, the main measures to decrease emissions from wood combustion in domestic heating are:

- replacing old stoves with modern low-emission stoves with high energy efficiency, which can be promoted by legislation and subsidies;

- introducing modern heating forms, such as solar or geothermal energy, or gas or central heating into dwellings; and
- informing citizens of good practices in wood combustion, maintaining the stoves and chimney sweeping practices.

These studies promote sustainable development in cities.

The studies show that emissions from small-scale wood combustion need to be reduced all over European cities to improve air quality and to promote sustainable development in cities. Wood combustion has harmful health effects even in the most northern European countries with rather good air quality. Common practices can be adopted to decrease the emissions.

Abstract No. 058

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Videoconferencing in mental health services for children – better care with less travel?

The City of Kuopio has more than 111 000 inhabitants in an area of 3740 km² and is constantly growing because of municipal mergers. Kuopio University Hospital offers mental health services for children to even wider areas in central and eastern Finland. These long distances challenge the provision of good-quality care equally for all, leading to substantial travel needs for families and professionals and a heavy environmental burden.

Finland's government programme emphasizes providing basic care in municipalities, collaboration between primary and secondary health care as well as multiprofessional collaboration. This together with geographical realities, environmental concerns and demands for economic efficiency call for new ways to support early detection, timely interventions and care close to the developmental environments of children suffering from mental health problems.

During the eHealth Services for Child and Adolescent (eCAP) project in 2015–2018 Kuopio University Hospital is adopting an electronic booking system for videoconferences, enabling the primary care professionals (such as public health or school nurses) to easily book a video meeting with a specialist in child mental health, regardless of location. The meetings may include consultations, supervision and follow-up of care and may be complemented with electronic forms. The services will be evaluated and later become a part of normal routine of mental health care for children in the region.

The adoption and efficient use of the services also requires change in the models of providing care and collaborating in the field of mental health care for children. Thorough training and orientation of all involved parties is therefore necessary.

Videoconferences can support sustainable development by decreasing travel needs.

The services are expected to reduce the need for families or professionals to travel, thus reducing the environmental impact. Moreover, the better availability of mental health expertise for children is likely to improve the quality of care available for children and families in remote areas, favourably affecting equity.

Abstract No. 059

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Supporting the Recognition of the Silver Economy in Europe in the Digital Era (SEED)

The City of Ljubljana recognizes significance of its older people and is therefore building channels for information on their needs to improve the provision of programmes and services for them.

People 50 years and older represent 37% of the population, and the number of people 60 years and older will increase by about 2 million per year in the coming decades (source: Eurostat). Today's opportunity therefore is finding sustainable solutions to close the gap between care demand and supply. Prevention, rehabilitation, improvement of care delivery and supporting people in managing self-care and independent living are the main areas on which to focus.

The project's aim is to find innovative solutions for the employment of older people and to create European awards for initiatives in the silver economy. The Silver Economy Award will be the first European-level award scheme rewarding innovative solutions that support the growth of the silver economy in Europe, help local and regional authorities deliver better services for ageing population, improve the quality of life of older people in Europe and highlight the economic opportunities connected with adequately responding to ongoing demographic developments.

It is envisaged that, after the project ends, the award scheme will be led and maintained under the auspices of the European Covenant on Demographic Change. Submission for the competition will be open in summer 2017, and a high-level award ceremony will be organized, awarding the first winners in early 2018. With the European Covenant on Demographic Change as a host and through the involvement of a great diversity of key networks, this action will thrive towards a sustainable, multistakeholder driven movement at a European scale. Development of a viable sponsoring concept and business model will ensure sustainability and long-term visibility.

The upcoming demographic changes will require integrating more older people into the labour market. This project is a response to such needs and also helps older people to be active and involved in society and contributes towards increasing the welfare of a society and creating a sustainable society.

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Carlisle Healthy City: rural and urban: use of digital technologies in supporting the WHO European Healthy City Network

Carlisle and its district is a mixture of rural and urban communities. First designated as a member of the WHO European Healthy City Network in 2010 as part of Phase V, Carlisle identified the challenges and inequalities within the district and the need to collectively work together to tackle these issues. The work of the Cumbria Rural Health Forum provided a framework to consider the using digital technologies to tackle health inequalities in Carlisle.

Common issues between rural and urban areas in Carlisle included access to specialist services and expertise. The nearest tertiary acute services are in Newcastle, about two hours away by train or car. Service provision is related to population levels for the county as a whole, which is one of the most sparsely populated in England. This means that health and social care professionals work in smaller units or alone. The hypothesis for this work was that digital solutions could bridge some of the gaps and be used to address health inequalities.

A digital think-tank workshop was held, attended by 15 people with a range of roles and backgrounds. A life-course method was used to describe the problem space. Group work was carried out to consider (a) target groups, (b) types of risky behaviour and (c) possible digital solutions. The group identified several possible technologies that could be rolled out within Carlisle. A subset of these were marked for action and taken forward by group attendees.

The group agreed to explore the use of apps in health promotion and to develop a briefing to the UK Clinical Research Network. The session raised awareness of the digital agenda throughout other cities. The work was fed back via the Carlisle Healthy City Steering Group – raising the awareness of the digital agenda and use of digital technologies. A digital roadmap is being developed across Cumbria. This work would link into the new digital health and well-being system that is being created.

The use of digital technology can be used to address health inequalities, especially through health promotion and education action. This can make communities more sustainable and support groups at all stages of the life-course.

The structured approach was successful in identifying several specific actions to use digital technologies to address health inequalities in Carlisle.

Abstract 081

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Badabene alla salute (Take care of your health and well-being!)

Bologna has a steady trend of an ageing population with particular attention on the older people who are frail and not self-sufficient.

To limit the burden of people who are not self-sufficient, Bologna has been developing ad hoc policies and programming interventions trying to enable people to stay active as long as possible and to reduce the amount of useless hospitalization cases and to avoid the frequent medicine misuse by older people.

Bologna has for some years implemented interventions focusing on preventing ill health and promoting physical activity: walking, light physical exercise and memory training sessions for people 65 years and older and vulnerable senior citizens to limit cognitive impairment and loneliness. Implemented in cooperation with municipal districts (social service units) and local sports and social promotion organizations involving teams of young people graduating in the science of physical and sports activities, in education and in psychology to favour intergenerational relations; the teams support older people recruited in the project in physical activity and memory training sessions carried out twice a week at city districts and planned on an annual basis.

Older people groups (of two districts) are also involved in a pilot intervention envisaging health promotion and healthy lifestyle laboratories put in place in cooperation with the local health authority and health professionals to foster the community empowerment process. Once a month, nursing personnel take weight and waist width measurements and measure blood pressure and blood glucose of older people engaged before their walking and physical exercise session to enable them to gain better understanding of their health status and of the importance of healthy and active ageing.

The results of questionnaires administered to participants steadily show their appreciation of the interventions. However, each year the project activities are on standby for about three months because of bureaucratic procedures to allocate regional funds. To expand the activities to the senior population affected by a medium level of frailty, an agreement process for more cooperation in engaging older people is being discussed with local general practitioners. Our interventions are related to healthy ageing, and we want to share experience with other European healthy cities.

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Environmental sustainability

The Municipality of Udine has been consistently committed to promoting energy efficiency and environmental sustainability and in advocating smart, active and healthy lifestyles, especially after having signed the European Covenant of Mayors 2020.

In 2015, Mayor Furio Honsell signed the Milan Charter against Food Waste, which stems from the Sustainable Development Goal 12 on responsible consumption and signed the Mayors Adapt Charter, inspired by Sustainable Cities and Communities and Climate Action based on Sustainable Development Goals 11 and 13. Sustainable Development Goal 12 calls for a paradigm shift in production and consumption patterns.

Currently, the Municipality of Udine is defining its local action plan and local support group to combat climate change and adapting its water management regional system to the new emerging rain patterns. In 2010, Mayor Furio Honsell launched the separate collection of biowaste in Udine, reaching the European target in 2011. At the same time, we are implementing initiatives aimed at raising awareness within the community of the importance of improving food waste management, reduction and prevention.

Understanding and addressing consumption issues as well as food waste prevention require a multidisciplinary approach. This is why Udine strongly committed itself to contrasting food waste and loss and sustainable behaviour. The main actions have been: (1) promoting healthy eating habits in schools (healthy snacks to reduce food waste in canteens), (2) developing 0-km markets and local food products, (3) creating urban gardens available for schools, associations and active citizens, (5) involving supermarket chains and private businesses in saving food and repurposing it to feed people or sending it for composting and (6) holding public events and laboratories in schools to raise awareness on the importance of reducing food waste.

Air and water quality are obviously related to health, but promoting healthy lifestyles throughout the life-course, such as eating habits, sustainable mobility and responsible consumption, are mutually correlated with environmental sustainability.

Strong political commitment has led to a comprehensive environmental policy, entailing actions (1) to introduce innovative high-efficiency systems in public buildings, (2) to achieve continual improvement in environmental performance and (3) to increase community awareness of the importance of energy conservation and responsible consumption.

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