Report from the
Annual meeting of the WHO European National Health Cities Networks
Stadskantoor, Utrecht, The Netherland
20 November 2023

The Annual Meeting of the WHO European National Healthy Cities Networks was held in Utrecht, Netherlands on 20th November 2023, under the title: "How to be proactive in the reactive time?". A meeting was organized around key topics (round tables) and practice exchange workshops. Moderation and discussions were run in an informal way with the objective to get to know each other, and (re)create a network of national networks able to support each other in our work. The meeting gathered over twenty participants from fifteen European National Networks.

After welcoming remarks and introduction Ms. Johanna Linnarsson, Swedish NN coordinator facilitate first plenary Community Mental Health. Introductory presentations were given by Ms. Sima Wetzler, Israel NN and Mr. Darko Roviš, Croatian NN. In her presentation **"Community mental well-being – the role of the municipalities"** Sima stressed that in Israel many players participate in the delivery of community mental health services (different ministries and NGOs) and that not all of providers are aware of each other that resulted in duplication or leave gaps in certain services provision. A report prepared in 2019 by the Israel national council for mental health showed that there is a shortage in psychiatrists and other therapists as well as a shortage of specific specialized treatments, mainly in sexual abuse, trauma, eating disorders, personality disorders and behavioral problems. In recent years the demand for mental health services has increased while their availability decreases, together with the lack of coordination between community mental health providers. The healthy cities network put this issue high on its agenda and together with all its relevant partners started to explore coherence of mental wellbeing programs at municipality level. In March 2022 representatives of government, municipalities, national Health funds and NGOs were invited to the first-round table discussion with the aim of figuring out what is the role of municipalities in mental well-being. They agreed to use the definition of mental well-being instead of mental health, accept the vision and objectives of the WHO mental health action plan 2013-2030 and map mental health services and programs in the NN municipalities. To map existing services and programs a questionnaire was developed and distributed to all Network cities coordinators. 90% of them couldn't respond because of the lack of information at the municipality level. From responses we could find out that the prevalence of services depends on localized initiative. Some cities developed Resilience Centers that first provided mental health care for anxiety victims and later extended their role to prepare communities for emergency situations and finally develop community resilience and cohesion. During the present war, dozens more acute stress

reaction trauma centers were opened to deal with the drastic increase in need and demand for these services.
Israeli Healthy cities Network initiated its WhatsApp group to disseminate information and share experiences and programs between the municipal coordinators. Since the 7th of October, when the war in Israel began, the coordinators supplied their residents (mainly via zoom) with materials and provide help to parents, children, teenagers and the elderly to cope with stress and maintain a mentally healthy household with all the terrible news, sirens and rockets around. Three of the NN municipalities initiated a comprehensive process, by setting up local round tables. Their work serves as the basis for formulating guidelines for additional municipalities.
Mr. Darko Roviš, Croatian NN coordinator from Rijeka presented "The role of Institute of Public Health in mental health & drug prevention". By using WHO Euro Statistics on burden of mental illness and poor mental health he presented the challenges of mental health in the past years. Income gradient data shows that the poorest will be most likely affected (poor mental health). Covid pandemic had an uneven impact on global mental health. Younger people were hardest hit. 53% of 17-23 years olds experienced deterioration of their mental health between 2017 and 2021. Isolation and loneliness increase the risk of depression and anxiety. Children in isolation have 5 times greater risk for mental health problems. Length of LONELINESS is a stronger predictor of mental health problems than intensity of isolation. In Croatia mental health services challenges have changed over time. After 1990s (post-war) Croatia had epidemic of heroin addiction. In the 2000s teen violence become an issue to address. From 2010 the issue was mental health crisis that finally led to development of mental health promotion (primary prevention and resilience building) and protection programs. Early detection measures were introduced through screening programs (as part of medical check-ups in schools) and mental health literacy programs for schoolteachers (seen as a psychological first-aid measure). Early intervention was organized through youth counselling or psychotherapy as individual and family counselling. There is outpatient treatment for addictions and outpatient psychiatric units for the general population. Prevention is perceived as a possible and cost-effective solution and is provided through a range of interventions in various settings and at different levels of care. Challenge is the lack of programs evaluation (what works and how), different quality in their implementation, limited outreach, poor public policies (nationally), limited resources and limited number and availability of transferable model programs.

In Queries and Comments participants address the challenges of evaluation. Is it the problem of lack of time available or are the evaluation models (research) heavy for coordinators? Could the program implementation and evaluation be research? Are the local governments or implementors afraid of evaluation as it may highlight mistakes and failure? How to connect academic Public Health Research with practice? Positive experience from Finland were Collective pupil welfare services screening and Evaluation of health promotion practice models was cited as good practice. We should consider

following topics for NN future meetings: research (program) design and evaluation, why the programs in mental health are not addressing inequalities/causes/wider determinants of health since we must take upstream measures to tackle root causes.

The plenary was followed by practice exchange workshop. Since the topic Communicating with politicians attracts most of the participants we decided not to work in parallel groups. Topic Levelers for cities to reduce social inequities was addressed by Ms. Maude Luherne, French NN coordinator presentation "Cities' role in Access to and promoting healthy food for all" at the end of workshop. Group facilitators were Mr. Vigdis Holm & Ms. Maria Eintveit Norwegian NN, Ms. Charlotte Lisager Petersen, Danish NN, Ms. Jitka Bouskova, Czech NN and Mr. Vinnie O'Shea Ireland NN.
The workshop begins with the exercise. All present National network teams were asked to identify strengths and challenges within their National Network in communicating with Politicians.

Identified strengths were: Czech Republic mentioned presence of range of tools for data, Iceland data that attracts attention of elected members, France good political participatory representation, Finland commitment of elected members and availability of good data, Ireland structure of local government that enables political participation, Norway "take care of voters" their politician training modules, Sweden political engagement, Denmark concept of well-being economy that is gaining attraction, Cyprus sharing of knowledge and practice and overall HC Greece vision, Croatia evidence-based research and openness to positive interventions & results, Greece HC Network gained attraction at a local level, Israel where politicians are involved – they are involved! like for example COVID gave enhanced platform, Portugal provision of indicators and data platforms that give evidence to strategy planning, Turkey HC has prestige for elected members and connectivity to SDGs, Slovenia building alliances and collaboration at local level together with long term vision, Netherlands politicians attracted by use of technology AI /data driven interest.
Challenges encountered in communicating with Politicians were: Czech Republic stated that it is hard to make them think about health and not just about hospitals, Iceland to make politicians to understand health promotion through wider determinants of health, France to connect academia and politicians to make a real difference, Finland to take politicians from economic context towards health promotion, Ireland problem is that public health is not statutory obligation within local government, Norway challenge is to sustain their activity, Sweden would like to widen political representation at local-level, Denmark think that 4 year period is too short for politicians to develop "health" understanding, Cyprus use of convincing strategy and directing resources towards wellbeing, Croatia problem is politicians populist approach, short-term in office and perception of intervention (cost versus investment), Greece – political support superficial, Israel politicians don't understand wider determinants, Portugal politicians are not able to connect with technical work of National Network, Turkey important is their understanding at the beginning of process, problem short-term, Slovenia navigating political process and supervising prioritizing, Netherlands problem is continuation of political commitment.
Introductory presentation was given by Mr. Vigdis Holm, Norway Healthy Cities Network. He said that we need more politicians that are public health champions. A central goal for his network is to strengthen politicians' understanding of public health. That is why they developed public health guidance for local and regional level politicians called "Take care of your voters". The main message in the guidance is that good health is created outside the health sector. Therefore, public health should be on every politician's mind when they make political decisions about culture, transport, school and place development. The guidance reminds the elected representatives that the decisions taken by them affect the lives and health of their voters. The aim of the guidance for politicians is to inspire and increase political awareness of public health challenges and apply knowledge-based prioritization and support effective actions that will contribute to improved health and wellbeing of the community members that will reduce health inequities. The guidance consists of a resource package with content available for our members: a) basic presentation with a finished script, ready to use, b) empty PP-templates to be used to present local information, c) several films, d) bank of examples on NN website and e) illustrations they can use.
At the introductory presentation NN team present the guiding principle for the UN's sustainability goals "Leave no one behind" by showing images from the Swedish SIDA that this agency made, on behalf of UN, to visualize these principles. This visualization symbolizes that the measures we put in place to ensure sustainable societies must be inclusive and not contribute to increased exclusion and social inequality. When NN team demonstrates connection between public health work and the sustainability agenda, hoping that all local politicians will understand why they should be concerned with public health work. Thay present three dimensions of the sustainability

agenda and explain why investment in peoples' health and wellbeing must be central in societal development. Firstly, they highlight that the UN Sustainability goals represent a framework for planning, link between public health work and broader societal context, and that just by working across many sectors we can achieve sustainable societies. Then they talk about roles and responsibilities in public health work in municipalities and regions, and introduce them to the Norwegian Public Health Act, that imposes municipalities and regions to work systematically with public health through legislation, in all sectors. The aim of this law is to contribute to societal development that promotes health and reduces health inequities. After this they present the main challenges in public health work, their causes and measures to address them. Focus is on social inequality in health that is a challenge that will be here persistently regardless of the changing themes in individual public health projects. Showing the connection between socioeconomic status and health, which is very much present even in a well-off country like Norway, they emphasize that social inequality in health is both unjust and unnecessary. It represents a loss for individuals, families and society. And it is not sustainable. The earlier we invest in people, the more revenue we get back. Society will gain the most in the long-term run. So, we must dare to invest in long term solutions that aim to break the social inheritance and equalize social inequality, and its consequences on health. Then they explain what affects people's health and wellbeing and the significance this has for our choice of strategies and measures. They begin by showing the tip of the health iceberg, which illustrates that what we focus on, in the media and in society, is often lifestyle diseases, i.e. the immediate causes of disease. But society often forgets to focus on the causes, things that are underneath the sea surface. Conditions in our society affect us. Therefore, in public health work we must focus on the conditions under the surface, a wider environment in which people live their lives, and do our part to contribute to ensure that everyone has real equal opportunities to achieve full health potential. They use this picture to demonstrate that the public health challenge cannot be solved by a sector or level of authority alone. They discuss measures that will include everyone, not just people we tend to define as vulnerable groups. Public health measures are good for everyone, and necessary for some. So, the measures we initiate should be adapted to a different need. Equal offer does not give an equal outcome. They emphasize (based on research evidence) the most effective strategies for equalizing social health differences. Measures must be taken at all levels of the causal chain that affects people's health and wellbeing, including those affecting the root causes of inequality. Out in practice, we often see mitigating measures, i.e. measures seeking to compensate for the more fundamental measure that address inequalities directly. This is probably because these types of measures are easier to organize within the framework and structures we have in the public sector at the local level. Addressing the causes requires us to work in completely new ways – across sectors and levels of government. And it will require patience and persistence since we will not see results for many years, perhaps with the next generation. Finally, we conclude that the most important measure we can take is to systematize public health work by incorporate health and wellbeing goals into planning and management system and create structures that promote and reward collaboration across professional units and with actors in the local community, including the residents themselves. They are constantly evolving the material and have recently made four new films together with local politicians from the network. They are also looking to expand it with new topics, for instance having a part about the connection between place-making and health and wellbeing.

Next presentation was given by Ms. Charlotte Lisager Petersen from Danish NN. She sed that Danish program is a copy of Norwegian approach. They use 45 slides that are modified to their local municipalities, which they present on spot (their versions of the political training) or through digital platform.

Ms. Maude Luherne, French NN coordinator presentation "Cities' role in Access to and promoting healthy food for all" was the last one at this workshop. In the introduction she emphasizes that health and sustainable food production issues are closely linked (resources, production methods, consumption, packaging, etc.). Today's population is highly exposed to unhealthy eating habits: ultra-process food, beverages, advertisements, etc. that increase the prevalence of obesity. Cost of good eating, access to quality food (fresh food, vegetables/ fruits) and changing from unhealthy to healthy eating habits may need various steps! Accessing food and quality food for all i.e. "food and health" largely depends on local food production environments. Food marketing plays a key role in it. Cities can do a lot in improving access to quality food! Examples of areas of good practice include local food systems strategies (local, organic food, variety, pleasure and taste), collective catering (schools, social centers), individual and collective actions as trainings (agents, local actors, inhabitants), targeted actions (schools, older persons, city areas where needs are identified, etc.), food marketing management, urban planning for example 'Good' Food shops and fresh food markets installation.

Territorial food projects[1] bring together all the food actors (producers, processors, distributors, consumers, local authorities and civil society actors) and Local Health plans proposed actions around health promotion through 'good' eating. Some of the examples are: Nantes with nutritious landscapes during COVID19 pandemics, Brest where priority is given to local food producers and organic farming in collective catering, Grand Chalon where partnership dynamics ensure the coordination of actions on the territory, Brest/Limoges where they introduce solidarity grocery shops, Toulouse with solidarity food baskets for persons in need, Paris with "Cooking Smart" booklet created with people in precarious situations that offers easy and inexpensive recipes that require little kitchen equipment, Amiens with food truck women project, Rennes with water management/producer partnerships and healthy cooking promotion and Strasbourg with green prescription for pregnant women (basket/training). Some French Healthy Cities develop practical tools for and with residents to meet their needs and empower them. The "Cooking Smart" booklet created by the City of Paris with people in precarious situations offers easy and inexpensive recipes that require little kitchen equipment. This booklet is accompanied by practical information sheets that enable professionals to set up nutrition workshops for people who are farthest from prevention initiatives. The promotion of "eating better" is associated with the pleasure of cooking and sharing a meal.

Second plenary Co-benefits on tackling climate change and health promotion in cities was held in the afternoon, facilitated by Professor Selma Šogorić, Croatian NN. Introductory presentations were made by NN coordinators contribution Ms. Nalan Fidan, Turky NN, Ms. Gígja Gunnarsdóttir, Iceland NN, Ms. Maude Luherne, French NN and Vinnie O'Shea, Ireland NN.

The first was Ms. Nalan Fidan presentation "How Can Cities Become Resilient Against Climate Change?" She said that initially we thought that climate change was a scientific and technical issue focused on solving environmental problems. Later, we realize that climate change does not only affect temperature and precipitation regimes, but also cities, health, economic and social policies and markets. The trends show that the population is rising beyond sustainability and beyond planet capacity.

[1] The Territorial Food Projects were promoted in the Law of the future for agriculture, food and forestry of October 13, 2014. They are based on a local diagnosis of food resources and needs, and the socio-economic and environmental constraints of the territory. The Territorial Food Project is a collective project that responds to the economic, environmental and social issues of food, with a territorial anchor. It allows us to define a strategic and operational framework and to bring together all the food actors (producers, processors, distributors, consumers, local authorities and civil society actors). Developed collectively by the actors of a territory, the Territorial Food Projects are generally supported by a local authority. More than 370 Territorial Food Projects have been officially recognized by the Ministry of Agriculture and Food in France.

Main problems are air pollution, overcrowding, floods, lack of green areas, food production and waste, energy consuming cities, extreme weather effects etc. Health effects of climate change have become evident and will become dramatical as early as 2030 and those who respond quickly to changes and adapt to them will survive. What is needed are policy and law revision and health-oriented city planning, better control of heating-cooling emission, more work in hydrogen use, food production management, waste management etc. How can cities be more resilient? We must act immediately, improve urban planning and urban transformation. There are lot of environmental plans at city level, but we must also think globally. We must think multi scale and multi-layer. More attention should be given to recycling, water-food-energy management, to protection of critical infrastructure and development of circular economy (circular cities). There are two key strategies that we can use - mitigation of climate change and adaptation to climate change.

Next presentation was given by Ms. Gija Gunnarsdottir "Climate change and health, local level perspective". Islandic Act on climate change from 2012 had four objectives: to reduce gas emissions, to increase binding of carbon, promote adaptation to the consequences of climate change and create conditions for the government to meet Iceland's international commitments in climate matters. When advocating for work on climate change, we should use different scenarios regarding future emissions of CO2 (ranging from very low to very high). We should educate on huge impact of climate change on health that range from (content specific) social factors, vector distribution and ecology, food safety, water and air quality, heat stress, extreme weather events, etc. Health and wellbeing are a result of complex interactions between individuals and their environment and conditions so we can create resilient communities by addressing determinants of health through UN sustainability goals.

Ms. Maude Luherne reported on the highlights from National conference of healthy cities on health and climate change in France.

Discussion was focused on how cities are not prepared for disaster management, so they must develop (and make operational) scenarios for various challenges. One of the questions addressed was how to use urban planning to tackle challenges-heating-cooling in urban areas (for example adaptation of school playgrounds and surroundings). One was how to engage population on informing, getting access to information and adapt daily life considering climate change challenges. Environmental challenges cannot be addressed without tackling social conditions, cohesion and involvement. Cities should be spaces of dialogue that can introduce changes related to climate change.

Mr. Vinnie O'Shea from Ireland reported on the similar issues being discussed at EUPHA conference emphasizing that we need to embrace academia and establish closer collaboration between academia and community.

The second practice exchange workshop offered two topics. Since most participants preferred to join topic How to mobilize members, support practices sharing and organize healthy cities national events we decide to leave Implementing health promotion activities for some other occasion. Group facilitators were Ms. Jitka Bouskova, Czech NN and Ms. Mirieme Ferreira, Portuguese NN. Both country examples head show **how can we mobilize and support our members through info system and databases, training or planning tools that support public policies formulation and implementation.**

Ms. Jitka Bouskova presentation "Support for strategic management in Czech cities" started with their moto "there is no improvement without vision & perspective, management, cooperation and flexibility". Relevant member services that they provide are related to education and training, methodological support, tools, experts and good practice. Part of their portal is called Public "Galleries" and part is Internal management tools. On the Public Gallery visitor can find models of good practice, Member City Portal, City strategies and SDGs, City Project Gallery with individual project card (public and internal) and participative tools. On internal part of the web there is Internal dashboard, data for cities and indicators, benchmarking, work with city strategies, priorities, budgeting and energy management tool for city buildings.

Ms. Mirieme Ferreira presented Portuguese NN experience on data for healthy cities. On one hand they developed products like publication, network magazine, web site, Facebook and promotion materials to attract new members. On the other hand, on the website, they established a database of municipal good practices and actions. Project database can be accessed via menu. By searching filter visitor can find specific city or filter projects and actions by intervention areas and target population. Project Sheet contains information on what the project is about, what it does, target population, partnerships, results and contacts. National network, as well, organize National Forums and Webinars on different topics (mental health, healthy urban planning, ecology and health, physical activity for health, health literacy, partnership) that are streamed on Facebook. The webinar format consisted of an introductory presentation on the topic given by expert in the area and 3 projects/actions developed locally by member cities. In collaboration with the Research Team in Health Geography from the Center for Studies in Geography and Spatial Planning at the University of Coimbra (CEGOT-UC) Network developed Atlas of Healthy Municipalities, public web platform based on Geographic Information Systems. Its purpose is to provide data and inform political decision-making and actions locally. It follows a multidimensional evaluation model of population health, based on the geographic approach to health and the intersectoral approach "Health in All Policies". It also allows sharing of municipal projects and actions related to the selected health determinants. The health of the population in each municipality is evaluated in nine dimensions - two health outcome dimensions (mortality, morbidity) and seven health determinants dimensions (healthcare, lifestyles and behavior, education, economic and social environment, physical, bult environment and safety.

Conclusion of the day "How to be proactive in the reactive time?"

In the last session we summarize the outcomes of this meeting. All participants were pleased with this one-day training and sharing event. It gave us the opportunity to meet in person, face to face and directly exchange thoughts and experiences after (a long) four-year period. The case studies presented were excellent, informative and encouraging. All participants actively contribute (with their own experience) in workshops and discussions. The breaks were very vivid, with a lot of discussion and companionship (over coffee and lunch) and mutual support that was especially valuable to our newly appointed NN coordinators.
The next steps to follow up this meeting are:

- To organize 2-3 online meetings, beginning of February and mid-May, in which we can continue exchanges between us.
- Since we don't have face to face meeting of WHO EURO HC network in 2024, we can plan our autumn meeting around already announced events (as EUPHA conference in Lisbon) or we can initiate NN meeting on some other location (hosted by one of us, NNs as it used to be before Covid)
- Topics of interest:

- Challenges of evaluation
- Health data tools for healthy cities
- Evaluating healthy cities actions & interventions - tools used by the NN Networks
- How to connect academic Public Health Research with practice?
- Research (program) design and evaluation
- Mental health programs addressing inequalities/causes/wider determinants of health (upstream measures to tackle root causes)
- Levelers for cities to reduce social inequities
- Implementing health promotion activities