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of European National Healthy Cities
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Introduction

The City of Kuopio hosted the First Annual Technical and Business Conference of the WHO European Healthy Cities Network and Network of European National Healthy Cities Networks in Phase VI (2014–2018), with 302 participants from 33 countries, including representatives from 65 cities and 17 national networks.

The overarching theme of the Conference was political choices for healthy cities, and the theme was explored through three main thematic strands that reflected the Phase VI themes and priority issues:

- city health diplomacy and reaching out to other sectors;
- equity, resilience and the life-course, with a special focus on the health of women and older people; and
- healthy urban planning and urban innovation and technology, with a special focus on physical activity and active living in general.

A special feature of the Conference was dedicating significant time for learning and training for various groups of key city actors, to support capacity-building for delivery.

The objectives of the Conference were:

- to debate and explore the challenges of making local political choices for health;
- to demonstrate the importance of intersectoral action for improving health and well-being at the local and urban levels, especially in relation to equity, vulnerability and creating supportive environments for health;
- to learn from innovative and good practices of healthy cities and national networks; and
- to build capacity to support key city actors in delivering actions for improved health outcomes and to consider supporting substructures for Phase VI delivery.

The Conference had a rich programme and provided a series of interactive innovative training sessions using a variety of formats to promote learning and skills development, to support cities and national networks in delivering action on the goals and requirements of Phase VI.

Individual sessions were held for politicians on political choices for healthy cities and city health diplomacy. The programme included coordinators' meetings, individual meetings with cities and site visits to various technical projects, places and institutions in Kuopio.

The Conference overall comprised 5 plenary sessions, 1 subplenary session and 32 parallel sessions, which included: strategic workshops; case studies; training sessions; discussion sessions; surgeries; meetings; and briefings. A total of 62 abstracts were presented.

Wednesday, 24 June 2015

Plenary session 1: Official opening

Chair: Petteri Paronen, Mayor of Kuopio, Finland

The Mayor of Kuopio, **Petteri Paronen**, opened the Conference and welcomed delegates from across the WHO European Healthy Cities Network and European national healthy cities networks. He thanked the Conference team for organizing the conference and invited delegates to stand while applauding speakers (promoting physical activity and health), a practice which was adopted throughout the rest of the Conference. As Mayor for the past 14 years, Petteri Paronen stated that Kuopio has succeeded in attracting many businesses and new inhabitants to the city and that health is a key element in the strategy of City of Kuopio.

Welcome from the City of Kuopio

The Chair of the Kuopio City Council and a Member of the Finnish Parliament, **Markku Rossi**, also welcomed Conference delegates and highlighted Kuopio's commitment to health, which he indicated is visible in many of the City's activities. Physical activity is particularly important for the City, which is surrounded by lakes. The Kuopio Dance Festival has been organized 46 times, and the City is proud of the renovated Orthodox Church Museum of Finland. Markku Rossi outlined the new government programme of health and social care reform that is currently underway in Finland. Kuopio is Finland's eighth largest city, with 111 000 inhabitants. Markku Rossi stated that the Finns Party, now in the government for the first time, is a moderate party, and he emphasized the importance of involving different political parties in the decision-making processes in the city.

Juha Rehula, Finland's new Minister for Family Affairs and Social Services, stated that the government has to ensure that health and social services are for all Finnish citizens. He indicated that Finland was a forerunner in health in all policies, and that health in all policies is now rooted in Finnish policies. He also confirmed that local governments have a key role in protecting citizens' health and that the WHO European Healthy Cities Network has an important role within this, promoting intersectoral work, political commitment and capacity-building of local health administrators and decision-makers. Finland has a national goal of being an innovative, safe and caring society for future years. The new government plan has five objectives: (1) improve employment and competitiveness; (2) reform knowledge and education; (3) promote health and welfare; (4) facilitate the bio-economy and clean solutions; and (5) reform ways of working through digitalization, experimentation and deregulation.

The overall goal is to support Finnish society to be a healthier and more capable society in 10 years' time. There is a focus on disease prevention, increased physical activity and intersectoral work. Juha Rehula highlighted that people are being encouraged to take more responsibility for their own lives. He referred to national recommendations on sitting, published one week before the Conference (On the Move) and added that further examples of good practice and knowledge are required to make change possible.

One area of knowledge that is required is knowledge of how to organize welfare in future society. The current system needs to be reorganized, and the reform will consider horizontal and vertical integration of the policies and services, to allow cost-cutting, with a view to providing improved quality in health care and social services. Early childhood education and care for older people are important; physical activity is required for school-age children and should be integrated into other school day activities, beyond sports lessons. He emphasized that, in promoting health and well-being, joint resources can and should be used, while taking customer

needs into account is essential in all public health work. The government is reforming family services, to ensure, for example, the right of custody of children for both parents in the case of a divorce and increased responsibility of relatives' for older people in care homes as well as in their own homes. Juha Rehula indicated that he is the third minister to manage the ongoing reform, and he hopes during his term in office to implement reform. He also referred to the changing role of municipalities, which includes promoting health, combating health inequities, promoting new ideas, continuous growth and developing knowledge and skills. He concluded by indicating that the government is very pleased to continue cooperation with WHO on many of the public health challenges.

Welcome from WHO: global health challenges and local action

Agis D. Tsouros, WHO Regional Office for Europe, outlined how privileged it is to host the WHO Conference in Kuopio. Finland is an exceptional country with cutting-edge public health ideas and can be considered a modern theme park for health promotion and innovation – a country where new ideas are visible in local policies as well as in action delivered. Within the WHO European Healthy Cities Network and European national healthy cities networks, it is important that health in all policies be delivered at the local level. Finland is in a position to share significant learning with cities and national networks participating in the Conference.

The WHO European Healthy Cities Network will continue to engage in dialogue with decision-makers, aiming to position health high on all agendas. Health is an indicator of a sustainable society. It should be considered as a shared society goal and political objective for all. To achieve this, intersectoral cooperation, investment in health and new partnership are needed. This is especially relevant for the local level, which delivers national and global policies adjusted to the special needs of diverse local societies.

The current crisis in Europe is like an alarm clock; new challenges continue to appear. One of these challenges is obesity among children; moreover, austerity, poverty and unemployment among young people are also significant problems. Health is a universal value, and changes are required to ensure that it is maintained as a universal value: increased community and home care requires change, and local governments should be empowered to improve health and well-being, health literacy and to promote community resilience. Children should be protected from the negative effects of the social environment. Gender issues, sustainability of energy sources and climate change all affect people. Reaching out to other sectors is essential in addressing many of these challenges. In healthy cities, we have been working to promote intersectoral working for 30 years, but the key question is how we can create sustainable partnerships. The context is different today; health needs to be visible in other sectors. Local leadership is essential, and strong platforms internationally are required to address these new challenges.

Currently there are 96 applicant cities, with 49 cities designated to Phase VI. Twenty national networks are accredited.

Keynote address 1: City health diplomacy and intersectoral action

Michele Acuto, University College London, United Kingdom

Michele Acuto stated that diplomacy as an activity today appears to be reserved for countries, even though in the past it was the accepted way of cooperation between cities. City diplomacy is an old term that denotes cities facilitating solutions together and taking the decisions back to the cities. Cities have a unique strategic focus and should become active again in diplomacy to act collectively to address global challenges. He introduced the City Leadership Initiative (www.cityleadership.net), a project of University College London, aimed at promoting city diplomacy.

Following his introduction, Michele Acuto focused specifically on health diplomacy and its relevance to the WHO European Healthy Cities Network. The question he suggested for the cities is where and when to commit to city health diplomacy, but that commitment in itself is not always enough; developing high-level skills and gaining buy-in from across sectors and technology is also necessary. He highlighted that the time is now critical; the United Nations Climate Change Conference (COP-21) was to take place in Paris 2015, Habitat III in Quito will be organized in October 2016 and both events with specific urban and local focuses will influence city diplomacy.

The City Leadership Initiative conducted research on existing city networks. The results showed that 10% of networks worked with health: 79% primarily focus on health and 21% exclusively on health. The research also identified that most cities have a person or department responsible for international issues.

Michele Acuto indicated that healthy cities, with their long experience, already have good capacity to be involved in health diplomacy, but health diplomacy action should be focused. Cities should choose strategically which conferences they will participate in, identify the benefits from that participation (decision, protocol and contacts) and, in this way, costs can be reduced. Cities should be more active in cooperating with twin cities, and sectors within the networks should cooperate with each other.

Michele Acuto encouraged the development of skills for city staff and the training of relevant people in diplomacy skills. *Connecting healthy cities – a primer for city health diplomacy*, a discussion paper for the WHO European Healthy Cities Network on how city diplomacy can be improved for global health, is now available online, and healthy cities are encouraged to contribute and to provide feedback.

Perspective of a national network on intersectoral action at the local level

Charlotte Marchandise-Franquet, French Healthy Cities Network and Deputy Mayor of Health, Rennes, France

Charlotte Marchandise-Franquet presented the work of the French Healthy Cities Network. Currently, the Network has 90 cities with a focus of work on whole-of-government and whole-of-society approaches. There are challenges within this: advocating on the national level and organizing cooperation between the cities and the ministry is a still a huge challenge; gathering and presenting data are also still challenges. Cities are not always motivated to provide data and information to relevant agencies; often the information is not transferred back in a format that is useful to cities. Ministries other than health do not feel responsibility for health issues. Ensuring the legitimacy of national healthy cities networks is important for cities but is also important at the national level.

Launch of a supplement in Health Promotion International

Evelyn de Leeuw, La Trobe University, Melbourne, Australia

Evelyn de Leeuw, as lead for the Phase V evaluation process, with Agis D. Tsouros and Geoff Green, launched the special supplement to *Health Promotion International*, focusing on the results of the evaluation. The supplement was dedicated to intersectoral governance for health and equity in European cities and includes lessons learned from the evaluation of Phase V, together with lessons from the 25 years of the WHO European Healthy Cities Network. The supplement is available online and on the *Health Promotion International* website. Each Conference delegate also received a copy. Alongside the publication, the evaluation process produced city fact sheets – individual sheets for every city active in Phase V, outlining core city data as well as epidemiological data.

Evelyn de Leeuw concluded by indicating that the evaluation of Phase V demonstrated that the healthy cities approach does work. The evaluation team hopes to continue to work throughout Phase VI to deliver the best possible evaluation support and materials to the cities, according to their needs.

Plenary session 2

Chair: Murat Ar, Turkish Healthy Cities Association

Keynote address 2: Happy cities: a call to action

Christine McLaren, Happy City, Vancouver, Canada

Health and happiness in Kuopio

Christine McLaren presented the concept of a happy city. In short, the happy city combines the science of happiness and urban design and explores the intersection between the two. In this sense, the city becomes the laboratory of social change.

The experiment started in Bogotá, Columbia, when the mayor decided that he wanted to make Bogotá a happy city. The city was not an attractive place to live before the mayor began his project. During the process, Bogotá invested in public parks and libraries, introduced good-quality public transport and developed lanes to be used exclusively by buses. As a result, the feeling of optimism of inhabitants increased and crime decreased in the city. Happiness does not mean being rich. It is about being healthy, having freedom, feeling needed, together with having shelter, food and security. Social inequalities are a threat to the feeling of happiness, and the larger the gap between the groups in society, the smaller the happiness of all citizens.

Urban planning can facilitate or endanger the process of creating happiness in the city. Poor urban planning results in marginalized districts, where people are poorer, are less physically active, live shorter lives and experience poorer health. To counteract this, urban planning should do everything to connect people and to support people in feeling safe and healthy. Good urban planning takes into consideration local happiness principles. Cities should be built as happy cities.

The concept of the happy city is very close to the healthy cities concept of healthy urban planning initiated in Phase II of the WHO European Healthy Cities Network, but Christine McLaren suggested that it is a broader concept, since it promotes good urban planning as a precondition for better life. Christine McLaren concluded by presenting examples of Happy City work from around the world.

Strategic panel: Reaching out to other sectors: intersectoral action

Agis D. Tsouros, as moderator of the strategic panel, highlighted the need to extend connections and collaboration for health with other sectors. Working in silos not only means organizations and departments working separately but it also implies separate values and principles. He reminded participants that, although intersectoral action has been promoted since 1986 within the WHO European Healthy Cities Network, it has still not been fully implemented. He introduced the panel members and invited them to present the ways they have used to reach out to other sectors effectively.

Panel members:

- Ilkka Vohlonen, University of Eastern Finland
- Furio Honsell, Mayor of Udine, Italy

- Fiona Donovan, National Healthy Cities Network of Ireland
- Sandra Davies, Liverpool, United Kingdom
- Leo Kosonen, Kuopio, Finland

Panel discussants: Evelyne de Leeuw, La Trobe University, Melbourne, Australia, Michele Acuto, University College London

Identifying priorities and preparing for intersectoral action to improve city health

Ilkka Vohlonen emphasized that health itself is not the only value people consider in making their decision on how to vote. Health should be presented not as a cost but as capital and as investment. The wealth of nations depends on raw materials, human capital, technical capacity and population growth. Human capital is often lost because of unnecessary premature deaths, which should be monitored at the municipal level, such as potential years of life lost, currently being used in Finland. By monitoring the potential years of life lost, some municipalities, such as the Municipality of Valkeala, became aware that road crashes were causing children's deaths, but no investment was being made. In the Municipality of Pyhäjärvi, however, unemployed men were dying prematurely, and the Municipality decided to hire some of them. This enabled them to find jobs in the private sector and decreased their alcohol consumption. Ilkka Vohlonen stressed that municipalities can prevent premature deaths, if they have the will to do so. In this way human and social capital is saved, but he highlighted that not all politicians understand this.

How do we know whether our cities have become more age-friendly?

Furio Honsell, Mayor of Udine, Italy, stated that investment in healthy ageing is crucial and that intersectoral work is important in this process, as is intergenerational work. People want to have meaning in their lives, and a project introduced by the City of Udine to support meaningful lives has immigrants help children walk to school. City staff members coordinate the project, and 54 schools are involved. The Mayor emphasized this has facilitated dialogue between social groups, which is particularly important as city communities become increasingly fragmented.

The Mayor stated that health drives intersectoral work, as does age-friendliness, and working together also avoids duplication of activities.

Healthy Ireland – the response of the Government of Ireland to Health 2020

Fiona Donovan presented Healthy Ireland: the whole-of-government response to the Health 2020 in Ireland. Healthy Ireland has four goals and 24 actions. A multistakeholder group was created to develop the programme, and some of the structures have been changed to guarantee interconnectedness. Moreover, the new physical activity plan has been developed with the Ministry of Tourism and Ministry of Transport as the main contributors. The National Network of Healthy Cities in Ireland is considering Healthy Ireland as a way of implementing Health 2020 at the local level in Ireland.

Political leadership was very important for the processes in Ireland, in creating the national intersectoral policy for health and also in effective implementation at the local level.

Integrating public health into local government

Sandra Davies highlighted the need for better communication of health to other sectors. She indicated that, when partners are being approached to convince them to become involved in delivering health outcomes, they should be told a story that will resonate with their understanding and interest. Stories and case studies can be very useful in engaging other or new sectors. Connections with other partners and sectors are required, and national networks have proved beneficial in developing intersectoral action. In Liverpool, for example, high incidence of

skin cancer was associated with high numbers of sunbathing salons. In working with the municipality, legislation changed, the salons are now licensed and skin cancer cases have been reduced.

Urban fabrics of a healthy city

Leo Kosonen presented how well-being is integrated into the urban planning process in Kuopio. It took time, even though urban planners had always cooperated with other sectors. There are enough tools to analyse the urban environment, to be able to set the goals, develop strategic plans and participate in the management of the city, but Leo Kosonen emphasized that conventional urban planning is outdated and that new thinking and new concepts are required for walking, public transport and private cars. Kuopio has tested the concept of the urban fabric for more than 20 years, and Aalto University has evaluated the plans. Language can be a barrier in communicating with other sectors, since the same words often have very different meanings for professionals and sectors. Increasing physical activity in the city is not just about the physical environment but it is also about the flow and organization of traffic in the city.

In discussion, Evelyn de Leeuw commented that healthy cities can provide many success stories in reaching out to other sectors, but there is still a challenge of cooperation with other sectors. Health administrators should learn to be more political, and language requires some adjustment. She gave the example of *policy* and *politics*, which are the same word in many languages, and the difference, might confuse some populations. In short, politics is about who gets what and policy is how to get there.

Michele Acuto highlighted that intersectoral work is often temporal in nature. Change of the political leader in the city might endanger the process of partnership. Solid alliances within partnerships are required to sustain development.

Agis D. Tsouros stated that healthy cities require different briefs for different sectors, and using the language of the sector in negotiating involvement and partnerships is essential to their success. He concluded the panel discussion by emphasizing that creating consensus across sectors and political parties is important in promoting well-being, but consensus can be fragile and vulnerable and is at risk when change occurs.

Thursday, 25 June 2015

Plenary session 3: Role of local government in health promotion

Strategic panel: Intersectoral governance for health in all policies: experience of Finland at the local level

Chair: Agis D. Tsouros

Moderator: Franklin Apfel, WHO adviser

Panel members:

- Taru Koivisto, Director, Ministry of Social Affairs and Health, Finland
- Kirsi Wiss, National Institute for Health and Welfare, Finland
- Minna Sorsa, member of the City Council, Ylöjärvi, Finland
- Päivi Kiiskinen, SOSTE – Finnish Federation for Social Affairs and Health, Finland
- Tuija Ylitörmänen, Coordinator, Municipality of Imatra, Finland

National support for municipalities

Taru Koivisto highlighted that in Finland, local governments have significant power to contribute positively to health. She gave an overview of how the work on health and well-being is organized across various government levels in Finland: systematic, long-term and began in the 1980s. Before that, there was a focus on single health problems, but working with government departments and closer cooperation with WHO changed the mindset, and permanent structures to promote health were created at the national level in the early 1990s. The Advisory Board on Public Health was established in 1997 and has a subcommittee on the role of the municipalities. In 2001, Finland adopted a Health 2015 Public Health Programme and since the 2000s, health in all policies has been incorporated within legislation. Health in all policies was a theme for the Finnish Presidency of the EU in 2006. Further, in 2006 and in 2010, new legislation on health prevention and well-being was introduced. Taru Koivisto referred to the Finnish Healthy Cities Network, indicating that it has piloted many initiatives, including for example, the electronic well-being report. It has also developed new tools to support cities and towns to promote health.

The responsibilities of the municipalities for health and welfare in Finland are diverse. The size of municipalities varies from 200 to 612 000 inhabitants. Municipalities are responsible for almost all basic services, but in the future, larger geographical areas will have responsibility and municipalities will not have a main role in providing services. Municipalities are obligated to conduct annual impact assessment and health monitoring, with a larger report every four years. The following lessons have been learned from this work.

- Long-term commitment to health is a key issue.
- All levels of government should be involved in promoting health.
- Developing public health capacity and expertise should be a continual task.
- Data on health and determinants of health should be collected and used in planning.
- Health literacy among the public, policy-makers and civil servants should be improved.

In addition, Taru Koivisto highlighted that implementing health impact assessment requires that municipalities have knowledge about the methods and cooperation with the local university. Finland is aiming to promote integrated impact assessment, which combines health, well-being, environment and business issues.

Franklin Apfel commented that public health seems to be in the DNA of Finland. He asked whether it is part of mainstream education or whether there is additional supplementary training. Taru Koivisto indicated that there is very good cooperation between the Ministry of Social Affairs and Health and Ministry of Education and Culture on training for health and well-being.

Monitoring and evaluating health in all policies

Kirsi Wiss presented a wide overview of the tools and methods used in Finland for monitoring and evaluating health in all policies. TEAviisari is an objective and factual self-assessment tool municipalities use to manage, plan, develop and evaluate health and well-being work in their cities. She stated there are also tools for measuring health at the population level: ATH and Welfare Compass. ATH provides area-level information, and the Welfare Compass describes the welfare, service and population profiles. Kirsi Wiss pointed out that tools should be objective, interpretable and explicit to be useful. Further, the online databases and user interfaces improve the quality of the data.

Unfortunately, not all municipalities in Finland follow the health in all policies approach in their decision-making processes. A total of 36% of the municipalities have management groups for health and welfare.

Franklin Apfel asked whether municipalities consider the tools bureaucratic or helpful. Kirsi Wiss responded that it is largely understood that the tools are there to assist the municipalities in their work. Some municipalities consider that monitoring and reporting brings an additional workload, but they also acknowledge the support given to them by the National Institute for Health and Welfare in applying the tools and that they value the results of the work for future planning.

Taru Koivisto commented that equity has been part of the city plans for 20 years. It is now emphasized within the government programme and is well understood by sectors across government.

Management for welfare and health: advantages, disadvantages and experiences

Minna Sorsa from the Municipality of Ylöjärvi asked whether the future focus should be on increasing service provision generally or targeting individuals who experience disadvantage. As needs increase, the number of workers cannot increase correspondingly, but capacity-building with professionals can increase knowledge. Training in interactive skills in promoting health and mental health will assist in increasing professional knowledge, and as costs continue to rise, innovative service delivery will be required to meet the needs. Citizens should be supported in participating in the decision-making process. Ylöjärvi, for example, has a board for citizens to engage in decision-making processes.

Role of nongovernmental organizations – experience with cooperation

Päivi Kiiskinen from SOSTE – Finnish Federation for Social Affairs and Health outlined the benefits for municipalities in working together with nongovernmental organizations. These include: a better channel for listening to residents, an unbroken service chain, access to research, providing advice and information close to where residents live and exchange of know-how. She encouraged participants to be proud of their work and to create visibility in their programmes. She emphasized that it is important to get to know partners, to be creative, open-minded, flexible and innovative and for the nongovernmental organization sector to work with municipalities to take small steps to bring about change.

In response to Franklin Apfel's question, Päivi Kiiskinen indicated that cooperation between sectors can be a challenge.

Coordination of welfare and health promotion – what it is in practice?

Tuija Ylitörmänen from the Municipality of Imatra presented the welfare management team; Terveyden Vuoksi translated as “For the sake of health”, which operates within the Municipality. Vuoksi is also the name of the river running through Imatra. Tuija Ylitörmänen highlighted that municipalities have several health-related responsibilities. Imatra has a health-promoting coordinator who manages health and well-being work. The objectives for the current four-year period are: customer-oriented services, participation activities, effectiveness and preventive work and healthy and safe environments.

She highlighted the wonderful results of successfully delivering health and well-being programmes, which include: benefits to citizens, inspiring others, versatility and a richness that comes from broad cooperation across the sectors.

The session concluded, indicating that significant progress has been made within municipalities, which deliver a wide range of successful programmes on health and well-being in Finland, but effort is still required at all levels to make it even more effective, successful and have closer collaboration with some sectors.

Friday, 26 June 2015

Plenary session 4: Innovation and life-course approaches for health and well-being

Chair: Antonio de Blasio, Pécs, Hungary

Innovation technology and life-course approaches

Arto Holopainen

Arto Holopainen introduced the audience through a film to the ice fishing tradition of Finland. Urban winter fishing has recently begun at the market square in Kuopio and has been welcomed enthusiastically by many citizens. He stated that this innovative example demonstrates that some innovations can be considered crazy, but promoting innovation should be encouraged, since many people benefit from these new techniques. Experimental culture, which is contained within the Finnish government's programme, is key to supporting innovation. Arto Holopainen proposed that the "trail and fail" method should be used for innovation in the health and welfare sector.

He highlighted the eHealth and eSocial Strategy 2020 as well as the new Finnish Genome Strategy. In Kuopio, a personal health account has been created from which people can access their data personally, and Arto Holopainen believes that digital health information should be open data. Other initiatives have been developed in Kuopio. The ski tracks for cross-country skiing are monitored in winter to ensure that the users receive real-time information about conditions.

Vulnerable groups and older people should not be excluded from the digitized world, and innovations should benefit all groups. To ensure that digital innovation supports and benefits children, adults and older people, the rule should be from womb to tomb. He stressed that it is very important to invest in and develop the digital literacy of all people. Finally, he informed delegates, that Kuopio Innovation developed an Open Innovation Challenge 2015 competition for game technology and health.

Joan Devlin, as panel moderator, commented that the approach in Kuopio to innovation appears to adopt a life-course approach, is inclusive and is visible at key life stages. **Agis D. Tsouros** commented that there is no shortage of innovation gadgets, but the benefit for all should be visible and people also need to be motivated to use information. Developing a life-course approach to promoting health is one of the pillars of Health 2020 and a requirement of Phase VI of the WHO European Healthy Cities Network.

Age-friendly policies – a movement gone viral

Manfred Huber

Manfred Huber introduced his presentation by asking the audience: "What is the colour of ageing?" (referring to hair colour on the report cover on his slide). He highlighted the WHO European Ministerial Conference on the life-course approach in the context of Health 2020 that was to be held on 21–22 October 2015 in Minsk, Belarus: Act Early, Act on Time, Act Together. He presented graphs on the functional capacity across the life-course and emphasized how important it is to invest in public health. Many people leave working life early, mainly due to health reasons, even though they would still like to be involved in work. Adopting a life-course approach in cities means identifying and addressing the gaps in policies and actions across the life-course and exploring where and how cities can assist further. He suggested one area in

which cities might invest is in creating social cohesion, since people lose social networks with time. Manfred Huber gave the examples of some antisocial interventions that are promoted in some cities or neighbourhoods: for example, park benches that are designed such that no one can sleep on them.

Physical activity: physical activity strategy for the WHO European Region, 2016–2025

Agis D. Tsouros

Agis D. Tsouros presented the recent work on the new physical activity strategy for the WHO European Region, 2016–2025. He highlighted that the greatest problems are noncommunicable diseases, which create a huge burden on health systems and are largely a result of people's lifestyles. According to the global 2025 noncommunicable disease targets, physical inactivity should be reduced by 10%. Children are increasingly becoming overweight, and strategies to promote and increase physical activity are needed. Developing strategies should involve preschools, schools, different age groups and all levels of governance as well as different sectors. The WHO physical activity strategy was to be launched at the session of the WHO Regional Committee in Vilnius, Lithuania in September 2015. The new strategy has the following priority areas: leadership at all levels; children and adolescents; adults; older people; and monitoring, evaluation and research.

These three presentations were followed by examples from two cities presented by Nina Williams, Swansea, United Kingdom and Miri Reiss, Jerusalem, Israel.

Plenary session 5: Closing session

Chair: Joan Devlin

Graham Alabaster, United Nations Human Settlements Programme (UN-Habitat) provided a presentation on **Global developments and Sustainable Development Goals** and the development of the Millennium Development Goals.

Rapporteur's report

Johanna Reiman and Karolina Mackiewicz, WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region, Turku, Finland served as the General Rapporteurs for the Kuopio Conference. Karolina Mackiewicz presented the General Rapporteurs' report. The Conference was the First Technical and Business Conference of Phase VI of the WHO European Healthy Cities Network. Topics of health diplomacy, health equity, healthy urban planning and health innovations were widely discussed during the plenary and parallel sessions, and the Conference paid special attention to the importance of political commitment and leadership for health. Key messages from Kuopio included the crucial role of local government in tackling social determinants of health; the importance of implementing health in all policies; and sharing experiences, know-how and lessons within the WHO European Healthy Cities Network. The Conference Twitter account referred to the importance of using appropriate language in intersectoral work and political leadership and commitment to improve health and well-being.

The following were the three main messages.

- Political commitment at all levels is key to the success of healthy cities and to effective work on the determinants of health.

- Healthy cities have significant and impressive experience in cross-sectoral work, but increased effort is required to reach out to other sectors and increase the broader understanding of health.
- In the changing world, challenges and tough times motivate healthy cities to look for new solutions, models and tools to strengthen and promote health for all at the local level.

Finally the Conference demonstrated the skills of healthy cities coordinators and politicians and highlighted their expertise, creativity, passion and happiness in taking forward the agenda of Health 2020 through Phase VI.

Meeting of healthy city and national network coordinators: key messages

The facilitators of the joint meeting of national network and healthy city coordinators provided a summary (see report on session PSD2) of the key messages. Coordinators had the opportunity to participate in two of the three theme groups during the session.

Presentation of Phase VI certificates

Agis D. Tsouros invited the newly designated Phase VI cities to the stage to present them with their Phase VI certificates.

Call for hosting the 2016 Annual Healthy Cities Conference

Agis D. Tsouros informed delegates that the call for hosting the annual conference in 2016 is still open and that cities can express their interest and apply to WHO. Terms of reference are available that carefully describe the responsibilities and roles of a host city.

Closing session

The Mayor of Kuopio, **Petteri Paronen**, thanked all participants for visiting Kuopio, contributing to the Conference and making it an excellent event.

Closing from WHO

Agis D. Tsouros thanked Kuopio for the excellent Conference arrangements in Kuopio. He thanked the Kuopio team and the WHO Secretariat team for making the Conference a real success. On behalf of WHO, he officially closed the Conference.

Parallel sessions: Case study sessions, workshops and teach-ins

PSA1 Healthy settings: opportunities for innovative practice in addressing public health challenges

During the session, three case studies from Liverpool, United Kingdom, Izhevsk, Russian Federation and Galway, Ireland were presented. Health promotion in workplaces alongside community approaches was presented. Various opportunities to achieve public health goals were also presented: for example, how the use of business language can help in health promotion work. How local success can influence national policy and practice was discussed, in influencing minimum pricing for alcohol. There is, however, a challenge in evaluating these efforts, and tensions arise between population-based approaches and targeted interventions.

PSA2 Early years: promoting health and addressing inequalities

Three case studies from Swansea, United Kingdom, Tepebası/Eskisehir, Turkey and Novi Sad, Serbia were presented during the session. The strategies and projects implemented by the cities

demonstrate that collaborating with a wide range of partners that are often not the usual partners can produce good outcomes. Using appropriate language and case studies can help to engage different partners. Targeted approaches are essential to success with marginalized or vulnerable groups, but an overarching universal approach can be used to engage families and reduce stigma. It is also important to engage families in activities, including intergenerational approaches to improve health and reinforce good behaviour and practices.

PSA3 Healthy urban environments: barriers and opportunities for intersectoral partnerships and public participation

Three case studies from Stockholm, Sweden, Rennes, France and Belfast, United Kingdom were presented. The key point raised during the discussion was that the planning system is not necessarily a problem itself but that leadership is needed to reunite public health and planning. Moreover, resources are important, and the evidence base and knowledge base (from experts, residents and politicians) are also crucial. Communities should be engaged at every step. Important aspects of reuniting are: appropriate level of integration (strategic versus operational), tackling interdepartmental barriers, considering territorial level and good urban design.

PSA4 Workshop: Healthy ageing

This workshop discussed supporting comprehensive action for age-friendly environments across the physical and social environments and municipal services. Working on housing issues can be a trigger and a good entry point for bringing sectors together and for involving older people themselves, since they often have long experience in housing. It is necessary to involve all departments when transforming the outdoor environment. Providing free home care services is promising, but there are challenges of sustainability and integration with different services. A case study from Ljubljana, Slovenia was presented.

PSA5 Workshop: Sustainable tourism, health and healthy cities

This session explored how the concept of tourism and city health fits within healthy city policy and initiatives and how tourism and health as an innovative theme can be developed as a core theme and common project.

PSA6 Training: Culture and well-being: enhancing the well-being of citizens

The aim of this training session was to examine how culture can support the well-being of citizens and how cities can use people's potential in co-creating the culture. It highlighted that culture is an important part of people's life and can contribute significantly to creating well-being. It also creates sustainable social capital for everyone in changing times. Providing culture for all is not an easy task, and reaching vulnerable non-active groups is a real challenge. Some people might feel that investing in culture should not be a social priority of the city, but the evidence indicates that culture can have a very positive influence on an individual's life by providing good experiences. It is very important to remember that, for many, culture is often not the main reason for participation; culture activities create the opportunity to meet with others and do something together, resulting in a positive experience. It was recommended that decision-makers listen to people and respect their opinions, since they are the knowledge experts of their own lives and within their neighbourhoods.

PSA7 Evaluation surgery

This session offered participants the opportunity to meet with members of the Phase V evaluation team to discuss any relevant issues.

PSB1 Health in all policies training workshop, part 1

This workshop provided registered participants with an overview of WHO's health in all policies training manual and initiative. Part 1 provided an overview of training; key principles of health in all policies and the WHO framework for action and intersectoral collaboration examples on equity.

PSB2 Strategic workshop: Reaching out to other sectors to reduce inequalities

This strategic workshop presented and discussed one presentation and three case studies. The focus was on promoting well-being for all. Salla-Maarit Volanen explored the question of whether promoting resilience against stress supports health equity among groups. Stress is a factor that affects our attention. Social emotional learning and management of emotions is necessary, because life requires purposeful attention and state of consciousness. The case studies from Malmö and East Sweden Region, Sweden and Kuopio, Finland focused strongly on models for equity and cities' paths towards a socially sustainable future. They demonstrated how knowledge can be converted into action, making real change. However, significant local investment is required to create supportive environments for change. Key messages included the need for genuine willingness for cooperation between the actors and parties involved; the challenges of having a continued resource to guarantee continuity of interventions; and the will to support weaker members of society and act equitably.

PSB3 Workshop: Incorporating happiness principles into urban design, systems and interventions: launching a happy cities action subnetwork

This workshop introduced participants to a framework for incorporating happiness principles into urban design, systems and interventions. Participants then examined how these principles apply to their own healthy city challenges and tested the method in a collaborative approach before exploring co-designing a toolkit for guiding happy city pilot projects in network cities across Europe.

PSB4 Collaborative leadership: tools for monitoring health and sustainability at the local level

The WHO European Healthy Cities Network from its inception has emphasized intersectoral action. Reaching out and engaging a wide range of stakeholders is a challenging priority for city leaders. With case studies presented from Cork, Ireland; Pécs, Hungary and Healthy Cities of the Czech Republic, this session explored how tools can be used to increase collaboration and leadership for measuring health outcomes.

PSB5 Co-creating healthy ageing with volunteers and older people

During this session, three case studies from Kuopio, Finland, Udine, Italy and Denizli, Turkey were presented, with the focus on health promotion of older people using volunteers and either the older people themselves as volunteers or the representatives of other generations. The discussion highlighted that the examples of work presented in these cities go well beyond the traditional approach to working with seniors; they are strategic and intersectoral. The main challenge is in reaching seniors who isolate themselves, locating them and motivating them to participate in the activities. However, good results have been achieved in every city, and seniors who themselves have come through a process of change are often the best motivators and coaches for others. Moreover, the studies demonstrated that physical activity has significant social potential – it supports mental health, social inclusion and community resilience.

PSB6 Political leadership for intersectoral governance for health

Following four case study presentations from the National Healthy Cities Network of Ireland; Liverpool, United Kingdom; Seixal, Portugal and Udine, Italy, there was a general discussion on how effective leadership for health and well-being requires political commitment and how supportive institutional arrangements provide connections with others who are working towards similar goals.

PSC1 Intersectoral governance for health in all policies – panel for political and senior officials

Two presentations in this session, by Yvonne Doyle, Director of Public Health in Public Health England and Bosse Pettersson, Senior Independent Public Health Consultant on health promotion and health in all policies at the local level in their respective countries. A panel debate followed with political representatives from across the WHO European Healthy Cities Network.

PSC2 Health in all policies training workshop, part 2

Part 2 of the health in all policies training workshop focused on the role of government, conditions for intersectoral work and negotiations with role play.

PSC3 Workshop: Strategic transport planning: a key ingredient for healthy urban environments

The workshop consisted of a presentation from Ilkka Vohlonen, University of Eastern Finland on monitoring and planning for successful action in improving city health and two case studies from Rotterdam, Netherlands and Kuopio, Finland focusing on healthy urban planning and sustainable mobility. The key message is that an evidence base is central for sustainable transport planning but is not the only ingredient. Leadership and governance mechanisms are required for successful implementation, and partnerships, including public-private partnerships, are also important. Quick gains can be made with transport planning (cycle parking and the location of bus stops), but long-term strategies are also required. Moreover, different scales on such issues as cycling must be considered: for example, in the home environment (cycle parking), neighbourhood environment (accessibility) and, on the city scale, safe cycling policy should be promoted.

PSC4 Towards healthy food for all

During this session, one case study from Novosibirsk, Russian Federation and two from Carlisle, United Kingdom were presented. Unhealthy diets, overweight and obesity are the most preventive risk factors in the European Region. These are risk factors where the social gradient is particularly pronounced, with the greatest impact being on low socioeconomic groups. It is important to address foodborne diseases early in the food chain, but the decisions made through external to health-field policies can affect people's diets and their risk of noncommunicable diseases. The Health 2020 policy framework provides an important opportunity to join efforts between sectors to achieve a safe and nutritious food supply, which is essential for good health. Experiences initiated in earlier phases of the WHO European Healthy Cities Network on food should be more visible through more systematic dissemination of information to the new cities.

PSC5 Schools: successful settings to build resilience and promote health and well-being

Four case studies from L'Hospitalet de Llobregat, Spain, Turku, Finland, the Baltic Region Healthy Cities Association, Finland and Swansea, United Kingdom were presented, with the focus on promotion within settings to enhance physical activity, well-being of children and the benefits of vaccination. It was discussed that, unfortunately, the school programme is too short to

allow time for all important issues to be addressed. Work with parents and the active involvement of students are required to obtain positive results. Interactive learning, use of practical examples, programmes for individual children and promoting reading are all good ideas to create interest in sport, theatre and music from early childhood. Interactive methods that create a more relaxed atmosphere are very successful. In general, schools seem to be an ideal setting for disseminating health information to children and to their families and for affecting behavioural change as well as a place for delivering public health issues.

PSC6 Changing behaviour: integrated approaches to providing sexual health services

Two case studies from St Petersburg, Russian Federation and Stoke-on-Trent, United Kingdom were presented and discussed during the session. The examples were contrasting. Stoke-on-Trent presented their comprehensive approach to sexual health education and services for young people, using venues and technology to improve uptake, using both geographical location and mental accessibility. It was highlighted in the discussion that these approaches have also been accepted and appreciated by older service users. In St Petersburg, the target of the service is different. The objective is to encourage women to have children. In discussion, the similarities and differences of the two services were discussed as well as other similar services relating to preventing sexually transmitted infections, early diagnosis and management.

PSC7 Models to promote health: tools to engage politicians

Three case studies from the French Healthy Cities Network, Belfast, United Kingdom and Waterford, Ireland were presented during the session. The key message that resulted from the presentations and discussion was that politicians are humans too; they also engage with others: for example, their colleagues, officers and community, and are not only the recipients of public health messages. Moreover, public health administrators and planners should listen to and be informed about citizens' priorities to connect with citizens' agendas. They should provide knowledge through case studies and stories as well as statistics to support knowledge and priority setting with politicians. It was agreed that it is really important to look for windows of opportunity in political timetables (elections and meetings), to influence agendas for public health gain.

PSD1 Political choices for healthy cities – politicians' meeting

This session was a special session for politicians to explore city health diplomacy and share experiences across their cities.

PSD2 Coordinators' meeting: joint meeting of cities and national networks

This meeting was organized to allow coordinators to participate in two of the three thematic groups. Below are the key messages from each group. There are 17 new cities in the WHO European Healthy Cities Network, with some still at the application stage.

Theme 1: Resources to support Phase VI delivery, including a review of *Twenty steps for developing a healthy cities project*

Facilitators: Geoff Green, WHO adviser and **Milka Donchin**, Israel Healthy Cities Network

- An updated and modified version of Twenty steps for developing a healthy cities project is required. It should be a handbook or guide with the provisional title of "How to develop and sustain healthy cities: a guide".
- The target audience is principally the officers, professionals and politicians who are intimately involved with healthy city initiatives.

- Evolution of a healthy city, especially sustaining a healthy city, is more cyclical and reinforcing.
- The publication should reflect the more strategic orientation of the WHO European Healthy Cities Network initiated in Phase II and sustained into Phase VI and the enabling role of the secretariat: from project to platform?
- National healthy cities networks: the preferred option is to include a separate chapter devoted to national networks.
- A reference group should be established to guide the development of the publication. It should include city pioneers and new entrants plus national networks.

Theme 2: Phase VI evaluation and the annual reporting template

Facilitators: **Evelyne de Leeuw**, La Trobe University, Melbourne, Australia and **Premila Webster**, WHO adviser

- The Phase VI evaluation framework should be established now at the beginning of Phase VI.
- An amended annual reporting template should be made available that will provide results that are valuable to cities, national networks and WHO.
- Systematic monitoring and assessments should be put in place.
- Cities and national networks should be given feedback from the annual reporting template, with individual feedback as appropriate.

Theme 3: Phase VI substructures and ways of working

Facilitators: **Iwona Iwanicka**, Łódź, Poland and **Joan Devlin**, WHO Belfast Secretariat

Key messages

- Additional and active support is required from WHO to support cities and national networks.
- Subnetworks should be established to provide support to deliver on the Phase VI requirements. and other mechanisms should be considered for new cities and city coordinators.
- Future Phase VI conferences should dedicate 50% of the time to training for coordinators, and politicians should also receive training.
- Consideration should be given to geographical meetings and monthly WebEx meetings to increase engagement, networking and shared learning.
- Coordinators would like to see an interactive website developed to facilitate shared learning, which is critical to local programme development.

PSD3 Healthy urban planning surgery

This session discussed the healthy urban environment and design for Phase VI, particularly highlighting the strengths and weaknesses of the approach, as well as opportunities and threats for healthy cities. The key lesson from the discussion was that the different languages of public health and planning professions can be a barrier to partnership working in cities, and everyone should be aware of this. It was highlighted that it is important to encourage and incorporate local knowledge into local urban environments as well as expert knowledge. It is also essential that public health professionals or urban planners not make assumptions about what people want from public places; people should be asked and their expectations listened to. It was acknowledged that measuring the impact of the built urban environment on health and well-being is difficult because of the complexity of causal pathways; people's feelings are subjective, and time is required to make change. It was concluded that there is much work going on to

develop partnerships between public health and built environment professionals, as well as knowledge transfer, but improved methods of sharing this information are required.

PSD4 Incorporating happiness principles into urban design, systems and interventions: launching a happy cities action subnetwork

A repeat workshop that introduced participants to a framework for incorporating happiness principles into urban design, systems and interventions

PSD5 Addressing inequalities at the local level: essential first steps for sustainable action and drawing on lessons learned

This workshop discussed how health inequalities can be tackled in cities. All the participants were from Scandinavia, and they indicated that their cities had good local-level data. It was agreed this kind of data can motivate politicians and that politicians are frequently surprised by issues within the data, such as obesity, self-reported mental health and sexual abuse. The participants stressed that how information is presented is important. Such small-area data should be complemented by local knowledge. They also highlighted that other types of qualitative information such as stories and photos can be very effective. Planning to collect data in these countries is already becoming longer term, which is important, but there is a need for increased focus on the outcomes from programmes of work and a need to re-examine the effectiveness of action on inequalities. Finally, it was suggested that it could be helpful to examine why some groups are more equal and to identify characteristics that make some groups more equal and not just identify the causes of inequalities.

PSE1 Towards sustainable and more equal futures: designing out inequities

This workshop presented three abstracts from the Swedish Healthy Cities Network; Jerusalem, Israel and the Portuguese Healthy Cities Network, which focused on the strategic programmes for coping with poverty and inequalities as well as promoting social investment in cities. The importance of data was discussed. Data can be crucial, particularly to indicate small-area differences to politicians and to highlight emerging problems, and it should be presented in an understandable way. Second, although hard data are strongly needed, subjective information and stories are also needed and can be particularly effective. A better understanding of investment in human capital is required and how particular actions affect specific population groups.

PSE2 Healthy ageing: monitoring and evaluation for healthy and active ageing

At this workshop, one abstract from the Spanish Healthy Cities Network was presented and intensive discussion emerged, which resulted in several key messages. A comprehensive (whole-of-city) approach to understanding the situation of older people in the city is a success factor for creating age-friendly cities. The projects targeting older people should not focus only on the problems of older age but also on the assets. The extremely rich data collected in city surveys also enable cities to look at the positive health and functioning of older people. This can be presented in terms of older people living in good health, including those not requiring care and those living actively and independently contributing to society. Moreover, it was suggested that a supplementary source of information regarding self-perceived data in relation to medical records and the use of health care would be beneficial, but it was acknowledged that coordinating the self-perceived data and official medical records would be difficult because of data protection laws. It was suggested that WHO could provide guidance on procedures to make sure that the cities are producing data that can be interpreted with enough confidence. A conceptual framework from WHO would be a valuable tool to guide and assist cities in achieving this.

PSE3 Strengthening capacity for public health

At this session, three case studies were presented, one from Golcük, Turkey and two from the WHO Collaborating Centre in the Baltic Region, Finland, one of which was jointly presented with St Petersburg, Russian Federation. They presented projects and programmes on intersectoral cooperation for improving the capacity of local decision-makers, public health administrators and other sectors, including nongovernmental organizations. During the lively discussion, several points were raised: true multisectoral working results in effective and cost-effective outcomes that improve the health of the citizens; multisectoral work should include the voice of the citizens of all ages, including children; engaging with other sectors to strengthen public health capacity can only be successful when all sectors respect each other and listen and learn from each other; and hierarchical attitudes often do not result in good outcomes.

PSE4 Collaboration in using cultural activities to promote well-being

The session consisted of three presentations from Kuopio and Turku, Finland that highlighted how social inclusion can be achieved through a public health approach from a culture perspective. In this context, it was concluded that multidisciplinary and intersectoral work requires brave people who believe that “together we are more”. In Finland, combining culture and health has been on the political talk agenda for years, but it is practised. Political commitment and politicians are needed to ensure continuation of this approach. It was agreed that the projects combining culture and health are pilot projects, but they are likely to be a common practice in 10 years’ time.

PSE5 City health diplomacy for coordinators and others – discussion group

This session saw 10 coordinators engage in a very useful focus group that helped to clarify further how to best engage cities in the next phase of city health diplomacy.

PSE6 Health literacy

This training session conducted by health literacy experts from WHO and University of Turku introduced a theoretical framework. Moreover, it was discussed how to evaluate the quality of materials for health education and how to distinguish between good and less good technological solutions for health literacy.

PSE7 Brief for newcomers

The meeting was attended by cities from Belarus, Ireland, Romania and the Russian Federation. The following issues were discussed: the application steps to WHO designation, importance of political commitment, intersectoral working – whole-of-government and whole-of-society approaches and the added value of a city being a member of the WHO European Healthy Cities Network. There was also a discussion on how to conduct Health 2020 analysis and develop a city health profile.

PSF1 Innovative technology solutions: collaboration for health promotion and sustainable health-care systems

The strategic workshop consisted of four abstracts presenting work from the City of Kuopio, Finland on innovations for health and well-being. Several points were highlighted. First of all, public–private partnerships are an important way to develop better and new health and welfare services. Public–private partnerships are a process that connects the different parties to cooperate. The public and private sectors and citizens can jointly develop more user-oriented and accessible services. Technological innovations are beginning to allow health-care practitioners to offer more effective health promotion and cheaper, faster and more efficient care than ever

before. However, the big question is how technological innovations empower citizens to take more responsibility for their own welfare and health. It was concluded that the partnerships that supports global health are more and more important. One focus is improving maternal and child health through active partnerships. Co-creation between South and North give us for example new ideas and methods how to use mobile phones for promoting healthy pregnancy and healthy motherhood. The suggestion was that WHO European Healthy Cities Network could facilitate cities to cooperate for the Global Health Security Agenda.

PSF2 Action on health literacy

This training session consisted of one expert presentation and two case studies: one from the WHO Collaborating Centre in the Baltic Region, representing an international project, and one from Belfast, United Kingdom, presenting the strategic city programme for health literacy. The key issues that emerged from presentations and discussion concluded: health literacy is a key intermediate outcome that can be measured at the individual and system levels (secure and health literacy–friendly systems); health literacy is a way of reframing health promotion and education that creates a platform for better cooperation between sectors; improving health literacy does not require a new huge challenge that, in turn, requires significant investment. There are several examples of low-cost interventions: for example, signage and the teach-back method, which can be adapted.

PSF3 Healthy urban planning: obesity, active living and urban planning

This training session consisted of two abstract presentations from Villanueva de la Cañada, Spain and Rotterdam, Netherlands focusing on healthy urban planning and healthy transport in cities. Obesity and inactivity are part of a very complex web, and there are therefore no simple solutions. There are many opportunities to work across sectors and with communities and, to be successful, professionals and administrators need to understand the needs and values of different communities and engage with them using appropriate ways. An overall strategic vision is necessary but must be underpinned by understanding the needs of different groups. Strategic and practical thinking are necessary, and both require leadership and political support – at a high level and from the local community. Finally, social marketing (such as the example in Rotterdam) can be promoted for public health projects.

PSF4 Inactive lifestyles: innovative responses to increasing physical activity levels for all

This session with two abstracts from Dresden, Germany and Kuopio, Finland presented case studies on how to promote and organize physical activity for different groups of citizens, including seniors, to achieve better health and well-being and tackle noncommunicable diseases. The key messages that emerged from presentations and discussion included: personal commitment and promises are crucial to make lifestyle changes; goals should be set by the client, not the instructor and be kept simple. It is also important that the social aspects, mental health benefits and an attractive environment be promoted as benefits within physical activity programmes as well as the physical activity benefits. It is also important that public health practitioners reach out to inactive or lonely people and recognize that everyday activity is an important element of a physical activity strategy.

PSF5 Focusing on food: policies and practice

The session consisted of three abstracts from Cork, Ireland, the Italian Healthy Cities Network and Horsens, Denmark exploring the links between policies and practice in healthy nutrition. Different levels were discussed: global (Expo 2015, Milan), regional and local. It was concluded that it is very important to frame food into the other contexts: local agriculture, waste, poverty,

suburban and urban agriculture etc. Besides, food is much more than logistics, procurement and nutrition – it is also a social issue, realized in social context, and at social events. It is important to use the existing networks to scale up and influence national policies in food and nutrition.

PSF6 Healthy ageing: from strategy to implementing ageing policies

This training session included a case study presentation from Kuopio, Finland focusing on how planning and implementation of policies for healthy ageing can be improved.

PSF7 Evaluation surgery

A repeat session offering participants the opportunity to meet with members of the Phase V evaluation team to discuss any relevant issues they may have.

Conclusions

Phase VI brings new challenges and new issues to the WHO European Healthy Cities Network and European national healthy cities networks. The WHO European Healthy Cities Network and European national healthy cities networks show clear willingness and a positive outlook to deliver on these challenges, with strong support from politicians. Many cities have incorporated health equity, which was the overarching theme of Phase V, into their strategies and plans. Cities are now more strategic in their actions, and healthy city projects are accomplished in effective partnerships with stakeholders from different sectors. Health in all policies has moved from being a slogan in many cities to becoming a daily practice.

The Conference demonstrated that, although significant progress has been made, processes across healthy cities on local action for health, understanding the determinants of health, the role of local governments and of local leaders require continual strengthening. There are new mayors and coordinators within cities and new cities are joining the WHO European Healthy Cities Network, and they require support, knowledge and learning from experienced cities, politicians and coordinators.

Cities and national networks value the Annual Conference and subnetwork meetings to share experiences but, above all, to learn from one another. Requests were made to provide learning on a consistent and systematic basis to share 26 years of healthy cities experience with newcomers, with improvements in communication between the cities and networks. Experienced cities require constant learning and new knowledge; capacity-building, increased skills development and training to deliver more effectively.

One of the main themes of the Conference was health diplomacy, presented as a method to improve and sustain cooperation between cities. It was also emphasized that cities should be more strategic with increased focus on collective goals in their public health work, locally and internationally.

Cities are looking for new models and new tools to promote health in times of austerity. Technological innovations, which are smart and inclusive, may be a response to austerity. Cities should learn not only how to use technological innovations but also how to be innovative. Strong cooperation with the private sector, nongovernmental organizations and universities is crucial to this success.

Although politicians understand the need for increased investment in health, finding ways of connecting with communities, utilizing their knowledge and responding to needs are important tasks in achieving social sustainability.

Much of the Conference was dedicated to learning from the experience of Finland, which as Agis D. Tsouros highlighted in his opening speech, is a country with cutting-edge public health ideas. Finland has long experience of developing and implementing a health in all policies approach and of intersectoral cooperation. These principles, which correspond strongly with healthy cities ideas, are a foundation of the work of the national and local governments. Finland is constantly exploring new ways to promote health more effectively, and combining well-being with culture is but one example.

The Kuopio Conference provided participants from healthy cities and national networks with new knowledge, opportunities to share experience and further skills to support the effective implementation of Phase VI programmes, which have already begun with innovative strategies and actions across the WHO European Healthy Cities Network and European national healthy cities networks.