



Innovative policies for improving citizens' health and wellbeing  
addressing indoor and outdoor lighting

## **Deliverable D6.4**

### **Health City Manager Training Programme**

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## 1 Introduction

Innovation management communication, dissemination, exploitation and training are the core objectives of WP6, within which the Health City Manager training programme aims particularly at creating awareness and promote knowledge sharing at local level and at reinforcing them within the consortium itself. It introduced a first edition HCM training programme that focuses on the impact of light on health and wellbeing in local communities, according to the ongoing experience of the three pilot cities and to the public policies spectrum that the single administrations are carrying on. Based on the existing literature references and the experience of Health City Institute, a devoted two-day training programme has been projected and implemented.

The health city manager, as a professional, or, more generally, the health city management approach enables cities to overcome silos and stimulate the coordination of public policies based on the study and monitoring of health determinants through an innovative transdisciplinary, multistakeholder and multilevel method within public administrations. The training programme aims to put this topic on the agenda of decision makers and key stakeholders, as well as create awareness for the broader population.

## 2 Description of Activities

The Health City Manager training programme aims at exploring the strategic aspects of a public health policy to improve quality of life in cities through a holistic and a multi-sectoral approach, overcoming silos in PA, with regard, specifically, to the Enlighten-me objectives (lighting & health policies, targeted on elderly, within the urban contexts). The Health City Management approach refers to the WHO concept of health as an essential element for the well-being of a society, that does not merely refer to physical survival or to the absence of disease, but includes psychological aspects, natural, environmental, climatic and housing conditions, working, economic, social and cultural life. The Health City Management approach considers health not as an “individual good” but as a “common good” that calls all citizens to ethics and to the observance of the rules of civil coexistence, to virtuous behaviours based on mutual respect. The common good is therefore an objective to be pursued by both citizens and mayors and local administrators, together with experts, who must act as guarantors of equitable health ensuring that the health of the community is considered as an investment and not just as a cost.

Therefore, HCI planned a training in the three pilot cities involving participants, panelists and speakers from different backgrounds and with different roles, united and guided by the same HCM approach. During the two-day session, the programme pursued the objectives of:

- introducing, explaining and discussing on how to implement the HCM in cities;
- raising awareness about health determinants and vulnerabilities assessment in cities;
- sharing the methodology and the scenarios in which Enlighten-me is working;
- exploring good practices and the value of partnerships to overcome silos in public policies;

Each training has been ended by a workshop/debate, in light of the projection of the second edition, too. The multidisciplinary approach is required for the training starting from its conception, since it is widely recognized that the differences and the interactions between different sectors and disciplines could be difficult, within the PAs - especially at local level - and in the relations between local administrations and external stakeholders, public and private ones. The multidisciplinary collaboration is still at a very early stage of development, and needs to be further understood and planned, becoming a common ground on which to build a holistic urban health approach. The need for a transversal training, for sharing knowledge, instruments and methods, involving all the actors in the planning process, to develop a real multidisciplinary approach is the most objective to be attained.

The basic scheme that has been adopted is:

Day 1 - Health City Management approach | Health Determinants and Vulnerability Assessment

| Theme   | Held by    | Content   |
|---|------------|---|
| Cities at the crossroads: salutogenic or pathogenic places? | HCI        | Urbanisation and the rapid evolution of cities at global level; main challenges for cities, from public health to global health to one health to planetary health; global risks and their severity, particularly climate change; health inequalities and correlations in cities.                |
| Health City Management and policy implications              |            | Health in cities as a common good: HCI Manifesto as a commitment for cities and HCM core curriculum vitae; institutional and scientific path of the HCM approach at international level; good practices of HCM in Italian cities; policy implications and framework for action plans in cities. |
| How science can help in shaping of public policy            | University | Specific ongoing commitment of the University in the Project; urban health and SDGs indicators; policy strategies for artificial public lighting in cities and domestic one (analysis and evidences).   |
| Social research and engagement                              | LSE        | Social lighting research on ageing; research and engagement; “comparative ageing” and public space in the three target districts: themes and examples; criteria and research phase outcomes to define guidelines.   |
| Health determinants and vulnerability assessment            | HCI        | Urbanisation as a structural figure for analysing the context under different determinants: the multidimensional aspect of the vulnerability intertwining.  |

Day 2 - Cities’ commitment and the value of networks

| Theme  | Held by                | Content   |
|--|------------------------|---|
| HCM & the value of networks                    | NERI                   | The role of PPP in implementing exigencies emerged from the social research and co-design process.                            |
| HCM & the value of PPP: “Cities After Dark”    | URBACT Speaker         | The ongoing experience of the URBACT EU funded Project “Cities After Dark” on nightlife economy in cities and health impacts. |
| HCM & the value of communication               | EURICE                 | The E-me communication and dissemination plan: tools and strategies at the service of an HCM.                                 |
| The three scenarios: Amsterdam, Bologna, Tartu | all three pilot cities | Simultaneous interventions from the three pilot cities describing the E-me interventions and opening the following debate.    |
| WORKSHOP/DEBATE                                | ALL                    | Debate of the opportunity of implementing the HCM approach and simulation of situations in which to adopt it.                 |

The Agenda that has been adopted are:

The image shows three agenda pages for the ENLIGHTENme Health City Manager Training Programme. Each page includes the ENLIGHTENme logo, the event title, dates, location, and a detailed schedule of activities, speakers, and topics. The agendas are for Bologna (Feb 20-21, 2024), Tartu (Jan 31 - Feb 1, 2024), and Amsterdam (Apr 18-19, 2024).

### 3 Results

The training has been carried out in Tartu (31<sup>st</sup> January and 1<sup>st</sup> February 2024) - 6 participants, in Bologna (20<sup>th</sup> and 21<sup>st</sup> February 2024) - 18 participants and in Amsterdam (18<sup>th</sup> and 19<sup>th</sup> April 2024) - 5 participants. A satisfaction questionnaire has been submitted to the participants' attention, with positive feedbacks from everyone, receiving also suggestions in light of the organization of the second edition of the training. Each commitment involved a number of speakers covering HCI specificity together with experts from the pilot cities and "Cities after dark" EU Project and E-me partners.

Particularly,

*from Tartu:* participants are very interested in adopting the HCM approach in their department and among the colleagues of other Departments. One of the main barriers is the accessibility to figures, at the basis of any comparison and common ground for public policy planning, which are not open neither to the municipal officials. E-me intervention was particularly efficient, but not widespread within the departments nor in the community, therefore it will be combined and inserted in the following campaigns on health and PA promotion, together with the 2024 Tartu European Capital of Culture initiatives.

*from Bologna:* the HCM would be a good leverage, especially if combined with the existing vulnerabilities maps, public and available to everybody, and with the existing processes of co-projecting and co-programming lead by the Municipality and the FIU-Urban Innovation Fondation.

*from Amsterdam:* WHO "health in all policies" approach is widespread in the social and health services if the cities, but some difficulties remain when facing the other local sectors of interventions; therefore the HCM would be very effective to test especially in the external projection and within the community and the citizen-centred design processes.

### 4 Deviations

Some little delay in achieving the task has been experimented in Amsterdam, due to some difficult in finding a feasible date. More participants are expected in the second edition, since for the first one there was no precedents on which to base and extend the invitations.

### 5 Conclusions

Impacts basically lay on:

- growing the cohesion of the consortium partners' role and mission;
- improving the ability of translating science into policy for speakers and participants;
- increasing the knowledge of Enlighten-me project among involved public local administrators and officials;
- testing the ability of implementing the HCM approach to specific concrete situations.

Next steps consist in planning and organizing the second edition of the training programme, according to the received feedbacks and a co-projecting session in autumn.

## 6 References

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