

# URBAN HEALTH CLUSTER

## Report from the Cluster Launch Event

### 20 – 21 May 2021

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On May 20<sup>th</sup>, representatives from the European Commission (Directorate General Research and Innovation), project coordinators of six Horizon 2020 projects funded in the frame of the call SC1-BHC-29-2020, representatives of European initiatives and Networks, international pioneers in the field of urban health and political decision makers, met to launch the Urban Health Cluster in an open event. More than 100 participants joined the Urban Health Cluster Launch Event which was held in a virtual format.

#### The Urban Health Cluster

There is an undoubted need to look at the future of the post pandemic era and act towards a better urban environment. A significant effort is put by the European Commission to restructure urban areas at European level. The Urban Health Cluster offers a significant opportunity to stakeholders from the quadruple helix to work together in a holistic approach and co-design, co-create inclusive and diverse cities, where health and well-being of citizens will play a central role in the design of sustainable development strategies.

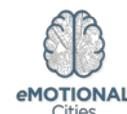
The objectives of the Urban Health Cluster have been communicated from the EC representative, Mr Tuomo Karjalainen, Senior Expert - Environment and Health:

- Increase visibility for urban health research
- Strong contribution to policies
- Facilitation of international collaboration

#### Towards the human-centered city

Mrs Marie Yeroyianni, Senior Expert - Innovating Cities, stressed the need for citizens to become the real decision-makers and can boost innovation, in a human-centered city. This opportunity is offered to citizens through research and innovation. The human-centered city should be aligned with the global agendas whereas a lot of focus is also given on international collaboration.

Cities are systems, without boundaries, where different aspects intersect. The approach used towards the adoption of new sustainable models should be



integrated and participatory, reflecting different governance levels (vertical integration), different sectors (cross-sectorial), different departments within the same governance level avoiding silos and different policies. Horizon Europe is designed to support the transition of cities to climate neutrality.

In this respect, a second call in the frame of Horizon Europe was announced, aiming to support 100 EU cities that will sign up for this mission. The Mayors, Councilors, deputy Mayors, need to be informed about this mission and if interested, sign up. Mrs Yeroyianni is available to provide more information to the cities that are interested to join the mission.

### **The City Science Initiative**

Professor Leonidas Pavlidis presented the [City Science Initiative](#), a community, working to obtain a systemic approach towards the human-centred city. The initiative aims to strengthen the ways in which science and research can help address the urban challenges and to develop a structured approach to evidence-informed policy-making at the urban level. More specifically, this community aims to:

- Bring together professionals from different EU cities working on the interface between city-policies and research.
- Explore how research, science and technology can help cities to address the challenges at the local level.
- Promote discussion on ways through which science could help in addressing challenges faced by cities.
- Showcase the potential of the European Commission services and existing networks in supporting the efforts to strengthen the science and policy interface in cities.
- Promote and facilitate a European Network of City Science Officers.
- Explore the needs and priorities of cities in terms of evidence-based policy making.
- Facilitate linkages with other related initiatives.

### **Results and lessons learnt from past and on-going projects**

The Cluster is composed by six recently approved Horizon 2020 projects, however it is extrovert and aims to build bridges with other past and on-going projects, in order to exploit their outcomes and capitalise their results. In this sense, representatives of [EXPANSE](#), [Healthy-Polis](#), [ICARUS](#), [BlueHealth](#) and [INHERIT](#) projects were invited to share their insights and lesson learned.

### **The six projects that formulate the core body of the Cluster**

At the heart of the Urban Health Cluster lay six Horizon 2020 projects, approved in the frame of SC1-BHC-29-2020 - Innovative actions for improving urban

health and wellbeing - addressing environment, climate and socioeconomic factors call. All projects kick started in March 2021 and will run until 2024 (RECETAS until 2025).

The six inspired project coordinators of [ENLIGHTEN me](#), HEART, eMOTIONAL Cities, Wellbased, RECETAS and URBANOME identified clear trade-offs between the projects. For example, the aspect of loneliness that is addressed by RECETAS is important for ENLIGHTEN *me* as well, as the target group of the project is elder people and to this context, it is interesting to exchange on how to address issues like urban spatial distribution and inequalities. In the same sense the topic of indicators is addressed by Wellbased, eMOTIONAL Cities, HEART, whereas there also horizontal aspects like the involvement of citizens both as agents in the living labs and as in decision-making through participatory process that are common to all projects.

### **Collaboration with other EU programmes and initiatives**

Possible synergies with the Cluster are enhanced, through the exchange with EU programmes and initiatives. URBACT, euPOLIS, Eurocities, ICLEI were represented in the panel discussion, whereas the European Research Executive Agency (EREA) also supports collaboration beyond the Cluster.

The way that urban activities affect health indicators has been investigated in the frame of the [Healthy Cities URBACT APN](#), which is an area for further collaboration with the Urban Health Cluster. Synergies have been suggested, to coordinate a policy brief on indicators, co-organise online meetings.

Another collaboration can be put forward with the [Go Green Routes](#) project that among other initiatives, has also introduced an academy Cluster. Collaboration between the two Clusters is of common interest.

Ugo Guarnacci, representative of EREA, invited all projects and cities/ regions involved to become partners of the urban agenda and specifically provide insights relates to urban health. There are a lot of existing Clusters and collaboration is needed to enhance sustainability, inclusion and quality of life.

A joint Manifesto is proposed to be put forward, having also on board big city networks like ICLEI, Eurocities. Issues to be stressed out through the common activities of the Cluster:

- The importance of piloting
- The relation of research to practice
- Monitoring
- Connection with nature-based solutions
- Connect with projects that aim to better knowledge, better data

## Key messages

The need of multidisciplinary teams that co-work, co-design and co-create has been stressed, as well as the promotion of alliances between cities and different actors. In this equation, citizens are an important part. Citizens who possess knowledge can really help decision making.

The final message is to join forces with existing Clusters, initiatives, relevant projects either ongoing or past, to create the ground for collaboration and exploit the golden opportunities that raise through the new programming period.

**On May 21<sup>th</sup>, the working groups of the Cluster were presented in the frame of a closed, internal meeting between the six projects and the European Commission representatives.**

### **Cluster coordination**

The cluster will be coordinated by the six project coordinators and their deputies ('Cluster Coordinating Team'). The cluster leadership will be rotated as follows every 8 months:

- 1st period (Mar 2021 - Oct 2021) URBANOME
- 2nd period (Nov 2021 – Jun 2022) ENLIGHTEN me
- 3rd period (Jul 2022 – Feb 2023) RECETAS
- 4th period (Mar 2023 – Oct 2023) WELLBASED
- 5th period (Nov 2023 – Jun 2024) HEART
- 6th period (July 2024 – Feb 2025) eMOTIONAL CITIES

### **Working groups**

Working groups on practical topics of shared interest have been organised between projects. The working groups will mainly interact via emails and online meetings and conferences. Any necessary meetings should be optimised with regards to other Clusters' or projects' activities. The working groups in the Urban Health Cluster are useful tools to discuss synergies, overlaps and potential opportunities. The working groups will be led by one leader and one co-leader. They will provide minutes that will be available to all.

The following working groups are initially planned (leaders and co-leaders are depicted in the parenthesis):

- WG1: Science translation for policy and practice (URBANOME, ENLIGHTENme)
- WG2: Health determinants and urban interventions (eMOTIONAL CITIES, WELLBASED)
- WG3: Data analysis and protection - digital platforms (RECETAS, HEART)
- WG4: Urban issues and epidemics (HEART, WELLBASED, eMOTIONAL CITIES)
- WG5: Communication and Dissemination (URBANOME, HEART)
- WG6: Citizen science approaches to urban health including ethics (ENLIGHTENme, RECETAS)

### **Cluster communication outputs**

The Cluster will endeavor to harmonise communication and dissemination activities as much as possible to maximise the impact. This includes e.g.:

- Common web-portal
- Joint visual identity
- Presence in the social media
- Leaflet
- Annual Newsletters (annually in time for the cluster meetings)
- Joint policy briefs (at least three)
- Joint stakeholder list for communication/dissemination

### **International Advisory Board**

The International Advisory Board (IAB) is expected to play an important role for the achievement of the Cluster objectives. It will be consisted of at least 5 core members.

For the time being the IAB members are: Professor Sotiris Vardoulakis, Professor Leonidas Pavlidis, Mag. Maria Vassilakou, Dr. Ugo Guarnacci. The participation of Prof. Jeffrey Brook from the University of Ontario is also envisioned, in order to further strengthen the Cluster's link with Canada.

The involvement of members from Africa and North America in the IAB is also welcome. In any case, all members of the IAB will agree to take up specific roles and responsibilities towards the achievement of the Cluster objectives and the maximisation of its impact.

### **Confidentiality**

The issue of confidentiality will be addressed through signing of a confidentiality agreement with IAB members.

### **Presentation of the projects' teams and expertise**

A brief presentation of the different disciplines has been conducted raising the cross-disciplinary interactions between the partners that participate in all six projects.

A first exchange between eMOTIONAL Cities and HEART coordinators took place, regarding the categories of emotions to be monitored and measured and raised the mental health stressors as a new element that can be investigated. A further exchange can happen, in the frame of a workshop with the participation of the technological provider of eMOTIONAL Cities, with the participation of HEART project partners.

Further cooperation can be put forward between the six projects of the Cluster, in the sense of enrichment of the groups participating citizens in order to expand on the basis of population, as each project has a living lab and sensors that will be used. By doing so, more human resources will be exploited, to cut corners even in the topic of data collection. Professor Sarigiannis invited the project coordinators to elaborate on this idea and benefit from this opportunity.

Don Slater (eMOTIONAL Cities) highlighted the fact that these exchanges can happen and succeed through the operation of the working groups and thus there is a need to work across the working groups.

### Summary of key points of discussion

It has been commonly agreed that there is great potential of synergies between the projects, especially in the field of monitoring and data sharing and to obtain this, agreement on confidentiality issues, good management and operation of the relevant working groups are needed.

The International Advisory Board can play an important role bringing knowledge and experience and communicating the Cluster outputs at international level, but clear roles and responsibilities of people involved is needed.

### Brief introduction to the working groups

**Working group 1** addresses science translation for policy and practice.

Science translation of research results is crucial to reach the projects' impacts and it is key for maximising wellbeing, public health and reduce inequalities ensuring that the most up-to-date, evidence-informed policies and practice are actually implemented. However, generation of policy impact from research is challenging. Research evidence of similar quality often has differential uptake in policy and practice and there is a considerable lag time between initiation and uptake of research.

The aim and specific objectives of working group 1 were presented. Working group 1 aims at maximising urban health and ensure the smooth implementation of up-to-date, evidence-informed policies and practice.

To this end working group will analyse the following aspects:

- Target groups: how to identify the relevant target groups (public and private bodies, stakeholders and citizens, etc.)
- Levels of interest: international, national, regional, local
- Build a community enabling transdisciplinary evidence to be produced and used, which addresses barriers and real gaps to science translation and helps decision-makers transform society for the better
- Identification of the key messages and research finding to be translated for different policy levels
- Tools: with reference to the different target groups/levels, identification of the most relevant tools /actions/ communications/ dissemination/ exploitation)

The final objective is the identification of strategies/recommendation to ensure the smooth science translation of urban health research for policy and practice.

**Working group 2** addresses the topic of health determinants and urban interventions.

Improving health and health equity requires an approach that is based on evidence and up-to-date information. A monitoring system that supplies information to policy-makers and other stakeholders about the distribution and trends in health outcomes, risk factors, ill health prevention and treatment and their determinants is an essential part of the social determinants approach to improving health equity.

Health determinants are at the center of the call and thus at the core of all our cluster projects, as they are the main cause of health inequalities, most of them avoidable through the right interventions and policies. Most of these inequalities on health occur at cities, on urban environments.

The main objective of working group 2 is to share knowledge, scientifically and evidence based, around a general framework ready to be applied that allows to identify health determinants for any city, to better understand the underlying causes of health concerns and inequities and improve priority-setting and identification of the optimal mix of policy options.

The focus of working group 2 is on:

- Monitoring health equity and the distribution of health determinants at city level and disaggregated within city. Measurement and monitoring of health determinants at cities (both city aggregated level and districts, to identify most vulnerable areas or districts): select a set of basic common indicators, data, as well as identifying existing tools for monitoring these parameters at city and more disaggregated level. This is the basis for sound and evidence based decision-making at policy levels. The work will be based on health determinants identified by our own projects.
- Introduction of health impact assessment methods and tools in urban interventions; mechanisms to assess the impact on health of urban interventions; monitoring and evaluation methods for urban health inequity interventions.
- Improvement of Urban Governance for tackling social health determinants and for health equity.

**Working group 3** addresses the topic of data analysis and protection - digital platforms. There is a need to see the benefits of interoperability.

Working group 3 is expected to examine mobile technology (mHealth), formal medical records and sensing (Internet of Things-IoT) to capture individual insights inside and beyond the current and prevailing clinical settings and the legal and governance frameworks to support access to and exchange of health data for research and policy-making activities. Three levels of analysis are considered namely data level, the analysis level and the user level.

The **data level** is responsible for the preparation of data consumed by the digital platforms. The data utilized are found in different the sources, formats and nature, related to the clinical data (e.g., medical history and follow ups), image annotations, biological as well as patient's generated data. Federated storage schemes are investigated, an approach transparently mapping various decentralized storage resources into one single management system and allowing each resource to remain autonomous. An interoperability interface should be provided based on established existing standards (e.g. HL7 FHIR etc.), along with a common data model, enabling the efficient link of the data sources to the platform.

The **analysis level**, is implemented over a secure private cloud infrastructure incorporating all the AI-models and data analytics pipelines for processing the data sources fed from the data level and providing insights supporting informed decisions on diagnosis, evolution and follow-up of urban health events.

The **user level** is placed on-top of the digital platforms and it is divided into the (a) healthcare professionals and (b) simple users and c) experts (e.g. AI, environmental experts). Healthcare professional utilizes everyday practice (diagnosis, prediction and follow-up) enhancing their objectivity and supporting their decision making in efficiently management of urban health events. Simple users generate informal data structures and with the help of AI models, derived from the analysis level, further enhance data analysis outcomes. Finally, experts are capable of building new AI-driven models, decision making toolkits for a better management of urban health outbreaks.

Towards this context, working group 3 will examine the design and implementation of technology in randomised controlled trials and other study designs, examine participant/patient acceptability, privacy and security at all levels, as well as ethical issues, drawing from the experiences of the six funded projects in the cluster. It will also examine research and legislative actions within EC dedicated to making the most of digital health to provide high-quality services and reduce inequalities, examining initiatives such as the European Health Data Space (EHDS) and the European Strategy for Data and use this research to guide the research and innovation activities related to digital platforms within the UH cluster.

**Working group 4** addresses the topic of urban issues and epidemics.

Epidemic as well pandemic risks are handled and mapped as a result of interactions between various factors including urban ones, such as air quality, climate, green indices, biodiversity, land use, ecology, and socio-economic factors, which determine the pace that new pathogens emerge and spread around. COVID19 pandemics has also made evident that some groups of population are more vulnerable to pandemics than others. Inequalities act as a multiplier on pandemics spread and deadliness, especially at cities.

The main target is to contribute to the preparatory groundwork towards an innovative and visionary Strategic Research and Innovation Agenda for urban planning and preparedness against epidemic threats.

In the frame of the launch event, working group 4 members, after short introductions, discussed the overall objective of this group that will be to explore the relation between urban parameters, health inequalities and epidemics.

Working group 4 will also focus on the following issues:

- The development of a comprehensive framework/establish a conversation to understand the accelerator mechanisms and explore how to detect in advance risky situations that will lead to further inequalities in health in a context of epidemics
- The development of a methodology to unveil how and how much, urban design contributes to epidemics
- The impact of climate change and various weather extremes (heatwaves) on the spread of specific pathogens/viruses
- The identification of vulnerable groups
- The identification of causes or social determinants of health (overcrowded dwellings, housing conditions, type of job, etc.) for new and pre-existing inequities
- Data and tools to monitor health inequalities
- Strong dissemination, communication and standardisation activities and coordination collaboration with relevant initiatives (including One Health)

**Working group 5** addresses issues of communication and dissemination of the Cluster activities.

The collection and dissemination of the Urban Health Cluster outcomes will be one of the most important tasks undertaken by working group 5, which will be set up to maximise the impact of the Cluster activities.

An outbound dissemination strategy will be adopted to reach a wider European and International audience by presenting results and promoting partner collaboration in publications and conferences.

The following tools will be used to disseminate the UH Cluster results (ordered from wider/general audience to more concentrated/specialized groups): Cluster website; Joint visual identity; Presence in the social media; Cluster leaflets; Electronic Newsletters; Joint Policy Briefs; Joint Scientific Publications; Thematic Workshops.

**Working group 6** addresses citizen science approaches to urban health including ethics.

The objective of working group 6 is to learn from experiences and potentially produce either case studies or guidelines for urban citizen science for inclusion on the cluster website.

Working group 6 will focus on: a) how to involve citizens in urban health and well-being research and b) how citizen-oriented research impacts professional research and analysis. Working group meetings will therefore develop a conversation about their various methodologies for involving citizens in their research, including problems and constraints; and reflect on ways in which this input has (or has not) contributed to expert knowledge.

A further topic addressed by this working group and closely linked with the citizen science issues is about ethics. To this end, working group 6 aims at fostering discourse and developing resources to support integrity, responsibility, and ethics in the conduct of citizen science research and practice. The following actions will be carried out:

- Chart the landscape of ethical issues across the spectrum of citizen science.
- Raise awareness among the greater research community about unique ethical challenges in citizen science and the need for training in ethics.
- Increase the capacity of to provide resources and training in ethics to researchers, citizen science leaders, and citizen scientists.

## Summary of key points of discussion

Working group leaders need to organise the work between the working groups in order to exploit opportunities and synergies in the maximum degree.

Scheduling of working group's activities and outcomes needs to follow the activities and outcomes of the projects.

The identification of special topics of interest within the working groups is essential, in order to enhance focused exchange among them.

## Brief minutes from the first parallel working group meetings

### Working group 1

During the first meeting, working group 1 has identified the need to define a roadmap in order to address and influence the policies that are currently under discussion at EU, national and local level. To this end, working group 1 opts to become a joint contact and reference point for consultations on urban health, at international level.

There is clear opportunity to exploit, through linking with relevant initiatives to establish common goals and to influence the processes:

- Science for policy
- New Bauhaus
- City science
- Living EU
- JRC Urban data platform

In the short-term, the members of working group 1 will elaborate on the working group 1 specific objectives, in order to deliver a final statement, to be shared on the Cluster website.

To enable this, a form will be sent to the Cluster's projects to systematise what is already in place, in terms of systematic efforts to translate science into policy (stakeholder, target groups, methods, timeline) and seek for potential synergies aiming to achieve the common goals. The form will also be sent to other projects at a second phase.

In terms of more practical issues, it was agreed that URBANOME will set up a folder shared among the projects' beneficiaries, involved in the six working groups in order to work in a collaborative way. Additionally, URBANOME will prepare and send to the projects' coordinators an excel file to be circulated among all the beneficiaries to collect the contact details of the interested

participants in the working groups. Finally, a discussion will open with the other working groups to establish a standardised way for reporting.

The working group agreed to start building towards the establishment of the partnership “Urban Health” in the Urban Agenda for the EU.

## Working group 2

In the frame of the first meeting, shared evidence-based and practice-based knowledge on health determinants and urban interventions were discussed, in order to:

- Build a sustainable framework to identify and monitor population health, physical/mental, in urban areas
- Better understand the underlying causes of urban health concerns and inequalities
- Integrate urban health with climate change, digital health and smart cities actions
- Improve priority-setting and policy making for a “health in all policies” approach

Target Groups have been discussed and identified:

- Older people
- Younger people
- Low income families, migrants, Roman people
- People with mild cognitive impairment
- Monitoring public spaces
- Spatial data analysis

This identification of target population raised some interesting issues for discussion such as knowing better our own projects in order to identify potential synergies. Thus, it was agreed that the six projects exchange on:

- Determinants on health considered or to be tested or monitored
- Target population addressed
- Outcomes to achieve
- Impacts: evaluation, protocols, what to measure, how, data sets, to whom

This will be achieved in a specific session, where each project will present these points based on a previously defined common guideline. An excel file will be prepared and shared, to gather all this information.

This process will also allow identify relevant on-going projects, in order to build an overview of the health determinants and urban interventions dealt within on-going projects, or to identify complementary datasets, and how to use them.

In terms of outputs expected from working group 3, it was suggested to contribute to Cluster activities, such as annual Workshops and Deliverables, Joint Policy Brief. Some proposals on expected outputs are: a protocol paper on health determinant issues and future recommendations. Once having identified health determinants, it could be possible to select two or three case studies – good practices, in order for policy makers to can understand the added value of health determinants and the need to invest on this.

The discussion also raised topics that should be coordinated dealt within other working groups and provide feedback to working group 3. For instance, alignment is needed with working group 1 in terms of influencing policies, as well as with working groups 4 and 6, concerning health determinants.

The project representatives identified the need for an agreement, in order to exchange on ethical aspects, informed consents and so on. It was also agreed to share events and webinars, congresses tht might be interesting for working group participants and to discuss potential collaborations in the frame of EU calls.

Working group 2 agreed to elaborate on the following priority actions:

1. Organisation of a half-day internal meeting to share and present each project, towards the end of June; discussion on methodologies, time schedules (phases of each project and assessment intervals), targeted populations, case studies, ways to reach wider public; discussion about topics to depict as case studies and establishment of a balance between the topics (i.e. health determinants; policy issues), since some cities will hold experiments for different projects of the Cluster.
2. Paper/ Joint Policy brief
3. Operational issues:
  - Sharing of documents on common drive
  - Time schedule
  - Preparation of an excel file and presentation guidelines
  - Generation of a repository of useful information

Members of working group 2 will first of all exchange on the proposed specific objectives and on the outputs they are pursuing in the frame of the individual projects and are related to the topic of the working group. Special attention will

be paid on the variables that will be measured and the method of calculation. A protocol or a scientific paper will be drafted. The next internal meeting is planned towards the end of June. The confidentiality agreement needs to be discussed. Regarding operational issues, there is a need to start working using google docs and set up timing for next steps.

### Working group 3

In the frame of the launch event, a first discussion was made, concentrated on data protection issues. A review of current standardisation approaches for building a European Health Data Space was also put forward. The problems on different legislations, different policies and procedures were discussed. In addition, the working groups focused on problems on big data and common regulations. A common agreement was made, on an open data framework but with restrictions. The main problems are:

- How to access the data?
- How to manage the data to fulfill with the law and anonymization (risk analysis for anonymization)?
- How can we transfer data to our homes?
- How to share the data?
- How to maintain the data for further research?

Some partners (i.e. AUTH) shared difficulties and problems in collecting data. Encryption policies were also discussed. Finally, there was an agreement to create a Roadmap of the actions needed to be taken, to address the problems that were raised. For this reason, Ricard Martinez (from Wellbased, Assistant Professor of Constitutional law, at the University of Valencia) shared a document of eliciting problems and proposals of solutions. This document will be shared to all of working groups and projects, to collect information from the Data protection Officers. The next meeting will be held after two months with rotated presidency. There is a need to decide who will lead the next session and the actual date.

### Working group 4

Participants of working group 4 agreed on the following list of proposed practical activities:

- Identify a set of indicators on Urban Health and epidemics

- Attend/organise topic talks (i.e. webinars/seminars, events) relevant to working group 4
- Develop joint research papers
- Liaise with the other working groups
- Feed the repository with tools, methodologies, models, etc.

Working group 4 target groups were identified: doctors, medical centers, health manager associations, local and regional authorities (with all the departments of urban planning, health, social services), academics, city associations (such as ICLEI, EuroCities) as well as Civil Society Organizations (CSOs) and patients associations.

Also, the Technological Pillars (Technologies in Urban Health) were illustrated.

In terms of the scale that is addressed, all participants agreed that the level where real impact can be seen is the local level. Thus, the focus will be “as local as possible”, trying to go for the smaller scale (although this might be a challenge because in some instances data might not be available). A gradual approach starting from local and then moving to city and finally national level was also considered.

The main tool to reach out the target groups is the web site of the Cluster. To have a specific page on the web for the working group members, feeding with info and populating externally, would be useful. Also connections with other working groups are considered key (i.e. with working groups 5 and 6)

The key expected outcomes of working group 4 correspond to the activities identified above, namely:

- Indicators on Urban Health and epidemics
- Topic talks (i.e. webinars/seminars, events) relevant to WG4
- Joint research papers
- Links with other working groups
- Repository (containing tools, methodologies, models, etc.)

## Working group 5

Before the launch event, a website had already been set up, but it must be reviewed and updated. Concerning the logo, a proposal is expected as well as an acronym although “Urban Health Cluster” is also standing alone very well. In terms of social media, a twitter account has been built.

Apart from that, working group 5 members agreed to build in due course a LinkedIn account, Instagram and a YouTube channel, to disseminate videos or

other audiovisual outputs. Dedication to proper maintenance should be paid. Furthermore, podcasts, which might be difficult to produce at project level, can be generated in the frame of the Cluster. A common document describing roles, responsibilities, managerial and operational issues of the working group was agreed to be produced. Furthermore, information is needed to be gathered from all projects, concerning communication and dissemination strategy and stakeholders in order to create a common communication and dissemination strategy for the Cluster.

### Working group 6

Different methods of participatory approach have been discussed, as well as tools, models, related to the different kinds of living labs. More participants are needed for working group 6 and Don Slater (ENLIGHTEN me) will open a call for participation to other projects' partners, recruit.

In the frame of the first meeting of working group 6, the following has been discussed:

- Motivations of participants. It is underlined how this issue is never properly addressed. Its relevance may depend on cultural differences. Different ways have to be found to motivate participants.
- Management of expectations. Related to motivation, there is the risk of encouraging people to participate through promises that cannot be kept after the end of the project. The group agrees on being really open and honest on what we can promise and what we cannot.
- People involved in ENLIGHTENme project. The people involved are different, depending on the considered city. To involve them they don't start from the concept of light design, but from participants' perception / understanding of urban space, from their daily movement and use of space. Starting from lighting, the participants' perception may focus only on safety.
- Definition of ULLs. Examples are provided. For example, they are defined them as a way to monitor people in a soft way, in a real environment where we are able to detect changes. The necessity to make participants active, rather than just monitored. In some cases, a role has been given to the different participants, to make them representative for the group and make them co-creators of research. Also, from participants' suggestion little ideas can be found that could be easily implemented; that would make them feel more involved and responsible.

- Citizen science: provision of examples: a program for early stage researchers over 65 years old. They are invited to University activities to exchange issues and opinions, they have badges as part of a research group. The way to include them in scientific publications is being discussed.
- Common sense approach. Ethical approvals are discussed. Presentation of the ENLIGHTENme case: working with biomedical scientists, there are really strict protocols; on the other end, working as a sociologist, the focus is on situated common sense and responsibility to informants. David presents an example of the effects of GDPR consent: working with students from elementary school, they found 200 participants. The procedure was so complicated, many students and parents left. Only 20 people remained available for the activities. The intention is to safeguard people, but it ends up with those people being excluded.

The group agreed to meet again in 6 weeks-time, before the Summer. More people will be involved, also from other projects.

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## **Brief overview of next steps**

*This list is complementary to the information provided in the report*

### **Under responsibility of the Cluster chair**

- Cluster visual identity proposal
- Design of an intranet in the Cluster website
- Design of a share point, to share documents among the working groups effectively

### **Under the responsibility of project coordinators**

- Investigation of new members for the IAB
- Modification where needed and signing of the non-disclosure agreement signing with IAB members
- A Newsletter needs to be drafted by RECETAS, HEART and working group 5
- Confidentiality Agreement

### **Under the responsibility of working group leaders and co-leaders**

- Further “recruiting” of participants in the working groups
- Elaboration of lists of participants in the working groups (can be core members and satellites)
- Identification of participants that can add value to working group meetings, outside the six participating projects and open invitation to them
- Elaboration on the short and long term objectives of each working group and drafting of a roadmap to achieve them, including planning of working group meetings, following the projects’ workplans
- Organisation and implementation of regular working group meetings and sharing of the results in the form of brief minutes with all working groups
- Closer identification of the common issues of interest among the working groups and building of synergies to maximise exchange
- Exchange through the web portal about events where the Cluster can be represented, to disseminate activities and populate objectives
- Exchange of knowledge through the common shared point
- Sharing of communication and dissemination strategies and stakeholders with working group 5 (app WG coordinators)
- Social media must be properly maintained (by WG5 coordinators)

**Reference documents**

Modalities for implementation of the Cluster

Non-disclosure agreement

Urban Health Cluster website (<https://www.urban-health.eu/>)

City Science Initiative (<https://ec.europa.eu/jrc/communities/en/community/city-science-initiative>)

**Authors**

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