



# HORUS

URBAN HEALTH

## WP6 – Communication, Dissemination & Policy Recommendations

### D6.1 – HORUS website

# TECHNICAL REFERENCES

Project Acronym	HORUS
Project Title	Health Outcomes from Raised Urban Settings
Project Coordinator	Jorge Garcés-Ferrer POLIBIENESTAR - Universidad de Valencia <a href="mailto:jordi.garces@uv.es">jordi.garces@uv.es</a>
Project Duration	December 2023 – November 2026 (36 months)

Deliverable No.	D6.1 – HORUS website
Dissemination level	PUBLIC
Work Package	WP6
Task	WP6 Communication, Dissemination & Policy Recommendations
Lead beneficiary	Kveloce
Contributing beneficiary/ies	All partners
Due date of deliverable	29 Feb 2024
Actual submission date	29 Feb 2024

## Document history

Date	Beneficiary	Author(s)	Comments
15/02/2024	KVC	Juan Antonio Pavón Losada	First Working Document / Draft
27/02/2024	Polibienestar UVEG	Tamara Alhambra-Borrás	Revision of the deliverable draft
29/02/2024	KVC	Juan Antonio Pavón Losada	Final version of the deliverable

## EXECUTIVE SUMMARY

The current document is the deliverable on the HORUS website corresponding to Task 6.2 and D6.1 and in coordination with D6.2, Communication, and dissemination plan (C&D). This report will set the basis for the website set up as the central information point HORUS. From this standpoint the C&D strategy will contribute to achieve the project goals that will be executed within T6.3 and others, including and scientific dissemination. All in all, it will be a one-stop-shop for everything related to the project HORUS.

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## ORGANISATION OF DELIVERABLE

The website is inevitably closed link to the communication and dissemination activities and to the project implementation and its results. All the project information, communication campaigns and results will be published here as a centralize way. In line with D6.2 definitions, all this information will be published with a view on supporting the Dissemination strategy understood as the spread of the project results and activities strictly related to the project itself and the communication strategy that will spread general information related to the project fields, to raise awareness and support the dissemination and exploitation strategies, and last but not least for the exploitations plans to be developed ahead in the project. These three pillars with these three overarching goals:

- 1) increase know-how and understanding of HORUS 's results;
- 2) enhance acceptance of innovation by developing contents tailored to the project's targets and building up relations;
- 3) support uptake and replication of results.

The website segments all project related information according to different target audiences as well as showcase it in a non-restrictive way, where other. The deliverable will show how this is designed within its structure.

Further, will count with sections for each individual pilot. To ensure maximum outreach and engagement also at a local level. Thus, there will be pages dedicated to local pilots. These individual sites will help implementing local activities, engagement events, and dissemination activities for raising awareness, fostering citizens and stakeholders' acceptance and co-creation. These individual local sites integrated will help local partners improve outreach at local ecosystems, to support upscaling and replication at local, regional, and national level.

The website will not be isolated in the world wide web but also will serve as feeder for social media channels with the goals of creating community, connect with other existing stakeholders, cross disseminate with other projects as well as engage generalist media.

All whilst open to the general public, showing engaging content and whilst being visually attractive.

However, the HORUS web, as the HORUS C&D strategy must integrate a flexible and scalable – and easily modifiable – plan joining together the dissemination and the communication in a comprehensive way into the concept of public engagement.

With this in mind, this document will operationalize the strategic approaches that will be developed in D6.2 following this structure:

- Website goals
- Website structure
- Website features
- Social Media Support
- Legal texts
- Coordination

## HORUS WEBSITE

The project sets up a structure of needs, results and measures that lay down the basis for articulating a solid strategy to achieve this. In order to offer a clear picture of the logic of this strategy there is a breakdown of each category:

### HORUS Website: as one-stop-shop against NCDs in urban built environments

As first step towards building the whole HORUS digital platforms structure the domain <https://HORUS-urbanhealth.eu> was registered in December 2023. A temporary and simple “under construction” landing page was designed and released by KVC on the 10th of January 2024 (M2) to show that despite being in development, the project was already active. The following image represents the landing page developed.



Figure 1. HORUS underconstruction

The logic behind this decision is to have a favourable approach towards differentiating the project from other homonymous projects as well as maintaining an optimal SEO profile, being able to be found in search engines linked to the topics contained in the project. To do this, we decided to link HORUS to “urban health” as the primary topic to be able to be quickly identifiable whilst visible and well positioned.

As for the moment it does not entails registration, it is worth to know that reached this situation, registered users’ contact details will be treated as fully confidential, in compliance with the General Data Protection Regulation – Regulation (EU) 2016/679 (GDPR). KVC will act as the Data Controller to ensure that the sensitive information of the stakeholders and users registered in any future possible online platform/website will remain strictly confidential. Followers’ contact details are used uniquely for the dissemination of HORUS project and for no other purpose. Users will be granted the right to access the information they provided upon online registration and to decide to opt out from any project contact list at any time.

HORUS website was launched in February 2024 (M3), displaying the project logo, visual identity and the main structure to be populated with all necessary information to showcase the Project, its features, its activities and its results. The website is HORUS central online communication channel, being the first interface tool for the project’s different target audiences and the official board from which all other channels will be fed. This way we redirect constant traffic to our website, becoming a one-stop-shop in



the fight against NCDs in urban built environments in Europe. This way, HORUS main contacts, the newsletter subscribe button, and the links to the social media channels and other platforms will be provided in the website footer. While the website is built a temporary landing page, with basic info about the project will be available in the same URL: <https://HORUS-urbanhealth.eu>

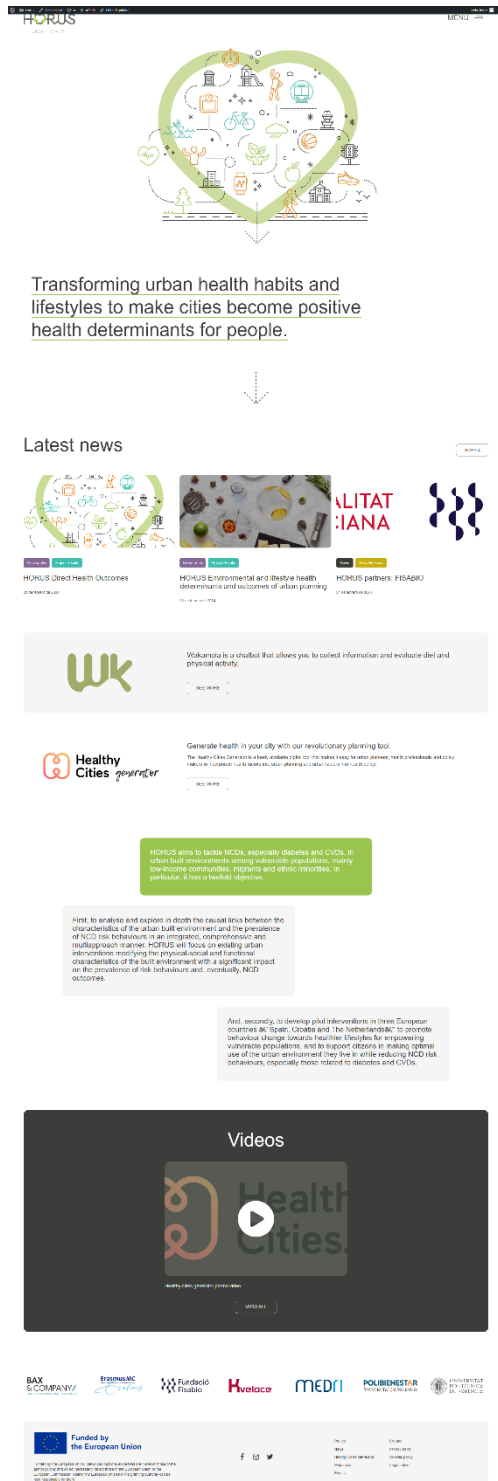
The website is a flexible tool that will be constantly updated to meet HORUS needs throughout the entire duration of the project whilst keeping all content navigable facilitating the access to targeted information without having to explore a lot, or having to click a lot. To guarantee this flexibility, HORUS website is designed in WordPress, with a tailor-made theme exclusive for HORUS, with necessary Plugin Cache, SEO, Security, and cookies configurations and SSL certificate implementation.

Specific material will be produced and published on HORUS website to raise general public interest and awareness on the project and its future outcomes whilst feeding the social media networks. Professionals will be addressed through dedicated dissemination products. The website aims to increase stakeholders' awareness, acceptance, uptake on HORUS project and to attract the attention of potential stakeholders. All the website contents will be accessible to the viewers with no restrictions.

To take into account all the aforementioned the structure and the rationale behind these sections are designed as follows:



Home - <https://horus-urbanhealth.eu/>



The home will be the main entry to all the site info. It will be composed by the following elements:

- Main pictogram encompassing all different concepts integrated in the project for a easy and visual communication of the project values and intentions.
- A main Mosaic with latest and features news so the site shows updated. This way we encourage visitors to enter from time to time and the project is being seen as an alive entity.
- Blocks for easy access to main project features: Wakamola and Healthy Cities Generator
- Basic description of the project and goals to give a preliminary idea of the project without having to explore the entire web.
- Main videos.
- Partners logos and urls to their site
- Footer with European Unión disclaimers

Figure 2. Home



## Menu

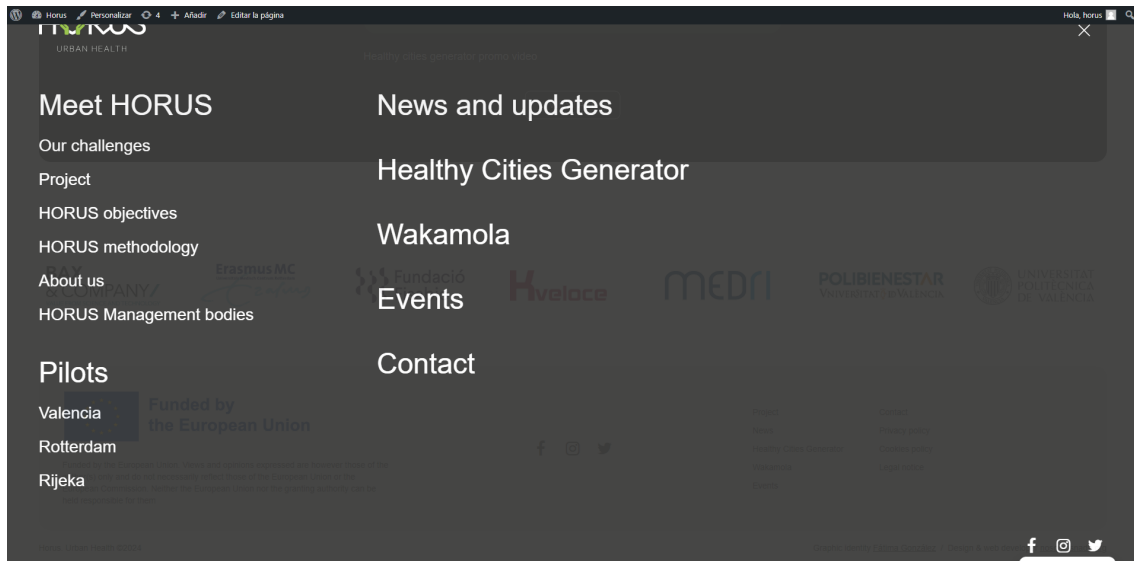


Figure 3. Menu

The menu, accessible from the HOME page but any other, keeps the access to other pages and materials quite comfortable, including all main information. Also, Links to Facebook, Instagram and Twitter profiles. It is automatically updated in case the existing page structure is modified.

**Meet HORUS-** <https://horus-urbanhealth.eu/project/>

Within this section different features of the project itself are showcased. It is envisaged as static content about what is the project about, however it can be easily update in case anything changes.

**Our challenges -** <https://horus-urbanhealth.eu/our-challenges/>

Within this page, it will be a serie of text blocks on problems of NCDs in urban environments with a view of reinforce the SEO search engines. It is very extensive and will be adapted in parallel with the project run until 1) there is more content to be showcased and 2) some elements are defined and the awareness level on HORUS features is higher.



## Our challenges

**Urbanisation and Non-Communicable Diseases (NCDs)** are increasing in parallel. In the face of this trend, **Health Outcomes from Raised Urban Settings (HORUS)** addresses the imperative need to rethink the design of our cities and the way we interact with them. Building on evidence-based interventions, we seek to **empower citizens**, particularly the most vulnerable and socially disadvantaged, to adopt behaviours that decrease the risk of NCDs in urban settings. Our proposal aims to be a catalyst for promoting **healthy urban environments and lifestyles** in an increasingly urbanised world. HORUS provides a comprehensive solution through the integration of urban and behavioural dimensions in the same epistemic and methodological framework. By providing **planners, policy makers and health providers** with tools to address the challenge of NCDs, this project aims to set a benchmark in urban health promotion, contributing to shape our cities towards a healthy, resilient and sustainable future.

NCDs, especially **diabetes and cardiovascular diseases**, are the leading causes of morbidity and mortality worldwide. Cardiovascular diseases kill more people globally than any other disease, accounting for 17.9 million deaths per year. Diabetes, on the other hand, accounts for 2 million deaths annually. These diseases have a greater impact on **vulnerable populations**, such as **low-income communities, migrants, ethnic minorities**. NCDs are the result of several factors, including genetic, behavioural, and environmental factors. Strategies promoting healthier lifestyles to address these factors are needed to tackle the challenges of NCDs. On the one hand, **behaviour change interventions** are key to modify individual factors, such as dietary habits, physical activity and substance abuse. On the other hand, **environmental factors may be addressed through the optimal use of healthy urban built environments**. All these factors shape HORUS, which will try to respond to the following issues identified in the scientific literature.



As presented, cardiovascular diseases are the leading NCDs and the incidence and prevalence of diabetes have been steadily increasing over time. In fact, a **close link exists between cardiovascular disease and diabetes (type 2 diabetes mellitus)**, being cardiovascular diseases the most prevalent cause of morbidity and mortality in diabetic patients. This is mainly due to cardiovascular risk factors, such as dyslipidaemia, hypertension, and obesity are frequent in diabetic persons and raise the likelihood of heart attacks and stroke. High blood glucose from diabetes can damage the blood vessels and the nerves that control the heart and blood vessels and over time, this damage can lead to heart disease. In a recent systematic review on the prevalence of cardiovascular disease in type 2 diabetes (T2DM) with a sample of 4,245,451 persons with T2DM, the prevalence of cardiovascular diseases among persons with diabetes was 32.2%, and the cardiovascular mortality rate among patients with diabetes was 9.9%. Accordingly, **effective strategies to prevent, control and treat diabetes and cardiovascular diseases are essential to curbing the growing prevalence and progression of these particular NCDs**.

The burden of NCDs, especially cardiovascular disease and diabetes, poses specific challenges for vulnerable populations, such as those living in low-income communities or households. In fact, poverty is closely linked with NCDs and NCDs risk factors are more prevalent among poorer communities than in those with high socio-economic status. In particular, migrants and ethnic minorities experience an increasing prevalence of NCDs, especially diabetes and cardiovascular disease. This increased prevalence is related to a range of social and environmental factors, lifestyles, and the impact of behavioural determinants such as use of tobacco and alcohol, unhealthy diet and lack of exercise, ageing, social exclusion, low levels of health literacy and limited access to health care. Migrants or ethnic minorities are still under-treated and unprotected by most of the healthcare systems with a lack of quality of care for NCDs and lack of preventive measures specifically adapted for them. Therefore, **offering solutions to vulnerable populations, such as people in low-income households or communities, especially migrants and ethnic minorities, is essential to tackle the challenge of NCDs and to meet the needs of migrant and ethnic minority populations in future EU health policies and health care planning at both national and EU level**.

In order to offer effective solutions to tackle the challenge of NCDs, we need to address their related risk factors. In this regard, the **SE4-4&4™ framework for NCDs** focuses on the four main NCDs (i.e. cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes) and four main modifiable behavioural risk factors (i.e. tobacco and alcohol use, unhealthy diet, and physical inactivity). According to this framework and massive evidence, most NCDs are preventable by addressing these four behavioural risk factors. In particular, **behaviour change techniques have shown to be the most effective interventions aiming to address excessive alcohol use, smoking, unhealthy dietary behaviours, and physical inactivity**. How we conduct ourselves (behaviours) and the pattern of behaviours (lifestyles) is the product of a complex range of factors which, in combination, shape the societies in which we live, in ways that in turn facilitate or constrain intentions and actions. In fact, many people can be engaged in lifestyles and behaviours that damage their health because they do not have the capabilities or the opportunities to choose otherwise. And, as previously mentioned, this is particularly relevant when it comes to low income households or communities, especially migrants and ethnic minorities.

Moreover, creating environments that support good health and healthy lifestyles is key to address the rise in NCDs. Urbanization is a key socio-environmental factor linked to the rise in NCDs. It restricts access to nature and health promotive features, increasing residents' exposure to climatic and environmental risks. Notably, a significant part of **public health risks in urban settings stems from the interplay between functional aspects of the physical-social environment and human behaviour**, specifically individual health behaviours encouraged by a given environment. It is well known that the urban physical-social environment influences the decisions that neighbours make on a day-to-day basis, making certain individuals more or less willing to adopt health-risk behaviours according to their personal traits, and it may also influence subjective well-being.



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Project Name: Healthy Cities Generator  
Workarea: Well-being  
Events

Contact: Policy policy  
Cookie policy  
Legal notice

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Figure 4. Challenges

### Project - <https://horus-urbanhealth.eu/project/>

**Project**

Built environment refers to those spaces built or designed by humans – such as buildings, parks, transportation infrastructure or trails – where people perform their daily lives. There is wide literature confirming that the built environment influences public health in general and NCDs specifically. In terms of enhancement of active lifestyles, adequate diets or reduced exposure to pollution, physical activity is considered to have a key role on the impact of built environment towards NCDs. In particular, higher walkability in urban areas has been positively associated with walking and physical activity while showing positive effects against cardiovascular risk and diabetes, also in older individuals with elevated chronic prevalences. The main attributes of built environment, which are associated with NCDs, includes the following:

- 1) Transportation infrastructure, such as public transport networks, walking or bicycle paths; 2) walkability, conceptualized as the quality of urban built environment enabling the mobility of pedestrians, including pedestrian sidewalks, street connectivity or accessibility to amenities; and 3) GreenSpace, defined as the amount of greenness in greenness or vegetation, such as parks, forests, fields, and outdoor recreation areas. These elements have demonstrated to have impacts on cardiovascular diseases and diabetes, as well as an increase of physical activity, which has been reported to be a protective factor against these NCDs. The evidence is shown at Table 1.

**Transportation infrastructure**

- Increased physical activity associated with public transport access
- Improved cardiovascular health and lower body weight
- Increased bicycle use related from the availability of bicycle paths or
- Active transportation derived from the availability of public bus and rail stops (including bike racks on public transit, and less likely to be overweight or obese)

**Walkability and pedestrian environment**

- Lower prevalence of obesity and decrease premature mortality
- Higher predicted 15-year risk of having a cardiovascular event in those environments with a low level of walkability
- Decreased overweight, obesity and diabetes
- Better health in terms of BMI, systolic and diastolic blood pressure, prevalence of cardiovascular disease (as a proxy for vascular disease) or diagnostic measurement (i.e. hemoglobin A1c for diabetes)
- Declined incidence of diabetes in more walkable areas
- More walking and higher physical activity in neighborhoods with sidewalks, street trees and pedestrian crossings from traffic

**Greenspace**

- Protective influence in the development of diabetes by the amount of vegetation/greenness
- Protective associations of green space exposure on cardiovascular morbidity, such as lower risk of mortality or stroke incidence/prevalence
- Lower prevalence of diabetes in countries with a highly green space environment
- Availability and proximity of recreation facilities have been associated with greater physical activity

In this sense, HORUS will consider these three components of the built environment: **Transportation infrastructure, Walkability and pedestrian environment, and Greenspace** that have demonstrated having an impact on behaviour towards healthy lifestyles that may positively impact the incidence and prevalence of NCDs, especially diabetes and cardiovascular diseases. In this sense, will be considered and approached for the subsequent research activities a exploratory study in the Mediterranean societies. The role of these elements of the built environment have been also studied considering the population socioeconomic status, usually, vulnerable exposures as such as low-income communities, migrants, and ethnic minorities. AP living in more socio-disadvantaged areas are to have poorer environments, such as fewer public transport connections, less supportive environmental conditions for active transportation, smaller parks or areas for physical activity. These aspects may fail to encourage the use of the built environment for either physical activity or social interactions. In this line, according to no review done by Adria et al., the average effect of the built environment on physical activity for disadvantaged groups is 11% compared with 21% for advantaged groups. The same occurs for other ERSE on leisure walking being 10.6% for disadvantaged groups vs. 8% for advantaged groups.

Available literature shows the relationship between physio-social and functional aspects of the urban built environment and NCD outcomes, as well as the prevention of related risk factors. However, in-depth research on causal links between urban environmental characteristics, risk behaviours, and NCD outcomes is limited, resulting in a scarce spatial epidemiology of NCDs. Designing cities from an epidemiological perspective is crucial for reducing risk behaviours and preventing NCD outcomes. Furthermore, we assert that urban science, participatory strategies, and co-design can emerge with behaviour change offering effective, inclusive approaches for promoting **healthier, sustainable theories**.

**INDICATORS OF BUILT ENVIRONMENT**

**PHYSICAL ACTIVITY**

**HEALTH OUTCOMES**

**HORUS aims to tackle NCDs, especially diabetes and cardiovascular diseases, in urban built environments among vulnerable populations, mainly low-income communities, migrants and ethnic minorities.** In particular, it has a twofold objective: 1) to analyse and explore in depth the causal links between the characteristics of the urban built environment and the prevalence of NCD risk behaviours in an integrative, comprehensive and multi-approach manner; NCDs will focus on existing urban interventions modifying the physio-social and functional characteristics of the built environment with significant impact on the prevalence of risk behaviours and, eventually, NCD outcomes; 2) to promote and interventions in three European countries (Spain, Croatia and the Netherlands) to promote behaviour change towards a healthier lifestyle for empowering vulnerable populations. In particular, low-income communities, migrants and ethnic minorities, and fail to support citizens in making optimal use of the urban environment they live in while reducing NCD risk behaviours, especially those related to diabetes and cardiovascular diseases.

Therefore, HORUS will explore to both themes: **Theme 1: Behavioural change interventions and Theme 2: Interventions that focus on modifying the built environment** and the challenges presented by the topic. **HOEQUED, the HOEQUED-ERSE-ERSE, interventions in city environments to reduce risk of non-communicable disease (Global Alliance for Chronic Diseases – GACC).**

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Project: **HOEQUED**

Theme: **Urban Health**

Horizon: **Horizon Europe**

Activity: **ERC-Synergy**

Website: **horus-urbanhealth.eu**

Contact: **info@horus-urbanhealth.eu**

This page includes basic information of the project rationale as well as information of the possible actions and some basic pictograms to help visitors understand the project at a single visit.

As well as for other pages can be easily updated depending on the needs of the project.

Figure 5. Project



## HORUS Objectives - <https://horus-urbanhealth.eu/horus-objectives/>

In this page the project examines its goals and gives a basic explanation of what it seeks to achieve. It includes basic pictures to help understand and contextualize the content.

**HORUS objectives**

The Specific Objectives (S.O.) have been established as follows:

**S.O.1:** To estimate the impact of specific interventions modifying the urban built environment on diabetes and cardiovascular diseases and to identify and measure the association between the characteristics of the urban environment and NCD risk behaviours.

Crucial for project aims to estimate the impact of different types of interventions modifying the urban built environment - e.g. creation of green areas, provision of exercise facilities, improvement of walkability of streets, as well as the physical characteristics of the specific environment (presence of NCDs). It also aims to identify and measure the association of the presence of NCD risk behaviours with the physical-social and functional characteristics of the urban environment - e.g. population density, walkability and usability of the street space, accessibility and availability of facilities - clustering neighbourhoods into different categories according to biometric criteria. This first stage of the project is part of a larger experimental framework, as it is based on a methodological assessment of the impact of different urban interventions on sensitive areas to which the experimental assignment is required. This objective is aligned with the work proposed for WP2.

**S.O.2:** To analyse in depth the behavioural causal links driving the association between NCDs and urban built environment through the exploration of different causative related to the relationship of the neighbours with their urban environment & S.O.1. To understand the readiness and barriers for vulnerable populations to engage with the urban physical environment.

The following stage of the project will build on the findings obtained in the previous one and will focus specifically on exploring what ecological and individual variables facilitate or cause association between the urban environment and NCD risk behaviours. Thus, the interim results of the project will be discussed in the framework of a mixed participatory approach based on QRS-supported Qualitative Research. The participatory approach will be articulated through the collection and presentation of project results in an interactive web application, and will aim to find plausible causal links regarding the identified associations between urban environment and health-related behaviour, based on available theory and evidence on place-urban behaviour. This objective is aligned with the work proposed for WP3 and will address together with S.O.1 (WP2) one of the main expected outcomes of the project: "to provide public health managers and authorities access to improved insights and evidence on the NCDs caused or impacted by city environment and which factors influence the implementation of preventive actions that address risk behaviours in concerned city populations".

**S.O.3:** To implement interventions focused on empowering citizens, especially among those vulnerable or socially disadvantaged, to improve their relationship with the urban environment in such a way that behaviours decreasing the risk of NCDs are adopted & S.O.1. To promote the use of the urban environment by citizens through behavioural change interventions.

A specific prevention-oriented strategy will be deployed to foster adoption of citizens' positive health behaviours addressing the NCDs risk factors, especially those related to diabetes and cardiovascular diseases, in urban settings. A longitudinal cohort of 800 people in 3 countries (Spain, intervention Spain, Control and The Netherlands) will be involved in a pre-, post-intervention study design. HORUS will work to involve in the pilot studies the following vulnerable target groups: low-income communities, migrants and ethnic minorities. The pilot intervention or behavioural change will be supported by the use of ICTs to promote healthy choice around mobility through an urban social network app. The development of WPs will fulfil three specific objectives which will also address the following expected outcomes of the task: "By adopting an implementation science approach to associated with document studying interventions in different city contexts, researchers, citizens and authorities have an improved understanding how specific interventions can be better adapted to different city environments and how the interventions could be scaled within and across cities taking into account specific social, political, economic and cultural contexts".

**S.O.4:** To provide evidence on the effectiveness of interventions empowering citizens, especially those vulnerable or socially disadvantaged, to engage with the urban environment by adopting behaviours that decrease the risk of NCDs & S.O.1. To provide evidence on city planning criteria to prevent the adoption of NCD risk behaviours by the population.

The evaluation will include an effectiveness analysis of the pilot interventions guided by realist evaluation, as well as a pragmatic analysis of the co-interventions arising gathered from the WhatsApp social network activity in the pilot. All data collected will be broken down by gender and age. The first results of the project will be collaboratively discussed and validated by diverse local stakeholders in order to generate policy recommendations providing criteria for the effective design and testing of interventions aimed at achieving positive public health effects. As a cross-cutting feature, the project will incorporate citizen science elements in all stages of implementation. Three key scientific objectives will be achieved through the comparison of WPs in evaluation and WPs in dissemination: A replicable and policy recommendations, as successful interventions will respond to the following topics: "research".

A set health care providers and providers in high-income countries (HICs) serving vulnerable populations have access to well-evidence guidelines to implement health interventions that increase the factors of non-communicable diseases (NCDs) associated with city environments".

"Including an implementation science approach to studying interventions in different city contexts, researchers, citizens and authorities have an improved understanding how specific interventions can be better adapted to different city environments and how the interventions could be scaled within and across cities taking into account specific social, political, economic and cultural contexts".

"Communicable, local stakeholders and authorities are fully engaged in implementing and taking up individual and/or structural level interventions and their contribute to deliver better health".

**Partners:** BAX & COMPANY, Erasmus MC, Fundació Fisabio, Hueloce, MEDRI, POLIBIENESTAR, UNIVERSITAT DE VALÈNCIA.

**Funded by the European Union**

Project: Smart City  
Contract: H2020-SC4-01  
Lead by: Clara Bernabé  
Coordinator: Constanza  
Funder: European Union

Figure 6. Objectives



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## HORUS methodology

**S.O.1.** To estimate the impact of specific interventions modifying the urban physical environment on each selected NCD and/or identify and measure the association between the characteristics of the urban environment and NCD risk behaviours.

### Approach

**Natural experimental** involves a set of experimental design interventions potential for identifying and selecting the strongest association between characteristics of the urban environment and the prevalence of NCD risk behaviours, as well as identifying the aggregate evidence.

### Design

In the absence of random assignment, the treatment of natural units for statistical aggregation (neighbourhoods and/or urban blocks) as belonging to the exposure or comparison group is essential for causal inference.

- 1) To estimate the impact of specific interventions modifying the urban physical environment on the incidence of each NCD, natural units will be assigned to the exposure or comparison group according to the timing of the intervention and the intervention intensity, with randomised allocation to the intervention effect identified in the field (before the intervention).
- 2) To identify and measure the association between the characteristics of the urban environment and prevalence of NCD risk behaviours, natural units (neighbourhoods) will be clustered according to the physical and functional characteristics of the urban environment. This design would allow for a more accurate comparison of the prevalence of associated risk behaviours (physical inactivity, tobacco, alcohol).

### Target population

General population

### Methods

In order to estimate the impact of specific interventions modifying the urban physical environment on the incidence of each NCD, natural units will be assigned to the exposure or comparison group according to the timing of the intervention and the intervention intensity, with randomised allocation to the intervention effect identified in the field (before the intervention).

We assume that underlying heterogeneity of these kinds of behaviours as a proxy for aggregated risk behaviours that would directly measure in an aggregated context. This assumption is based on the theoretical and empirical justification suggesting that risk behaviours for NCDs are correlated with specific geographical and temporal characteristics. By controlling for these variables through the design, the causal links to be tested are not impacted by urban interventions or NCD risk factors. In addition, we will specify other potential confounding variables according to the geographical and temporal characteristics of the urban environment, as well as the temporal trends to capture the impact of exposure interventions on a long-term basis.

To address the lack of randomised assignment and measuring the association between urban environment characteristics and the prevalence of NCD risk behaviours, a regression analysis approach will be employed. Regression models will have been previously considered using clustering approaches according to the degree of similarity in the prevalence of NCD risk behaviours. This method will be used to measure the overall impact of a geographical variable representing the different neighbourhood typologies. This approach will allow an assessment of how the physical, social and functional characteristics of neighbourhoods may affect the prevalence of NCD risk behaviours. In the absence of randomised assignment, the causal links to be tested are not impacted by urban interventions or NCD risk factors. In addition, we will specify other potential confounding variables according to the geographical and temporal characteristics of the urban environment, as well as the temporal trends to capture the impact of exposure interventions on a long-term basis.

**S.O.2.** To analyse in depth the behavioural causal links driving this association. Through the exploration of different capabilities related to the relationship of the neighbours with their urban environment. **S.O.3.** To understand the enablers and barriers for vulnerable populations to engage with the urban physical environment.

### Approach

**Participatory Qualitative Methods** are characterised by the use of a rich set of qualitative research methods such as focus groups, in-depth interviews, semi-structured interviews, focus group discussions, and other methods to explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

### Design

The **Citizen Research** approach is particularly relevant for addressing the two objectives mentioned above. Specifically, the approach to be employed in this study is based on the use of participatory research methods. This approach will involve the active participation of citizens in the design, implementation and dissemination of the study. The study will explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

### Target population

General population from selected neighbourhoods, vulnerable population, NCD prevention key informants

### Methods

Participatory research methods are characterised by the use of a rich set of qualitative research methods such as focus groups, in-depth interviews, semi-structured interviews, focus group discussions, and other methods to explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

The use of the GIS and the development of a new module of the Health Cities Dashboard – Cities Health Index, using direct data from the address of the intervention, to understand the level of air pollution and perceive benefits from their urban environment, will support the implementation of this task. This information will be used to analyse the impact of the intervention and identify urban environments. The work will provide qualitative insights on what the target communities need from their urban environment and understand what barriers and facilitators the people may be experiencing. It involves a mix of qualitative and quantitative data from the local level, including surveys, interviews, and focus group discussions. The results of this citizen research will support the design of more tailored interventions on the local level, with interventions in the physical environment to improve the health of the population. The main objective of this task is to understand the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

**S.O.4.** To implement interventions focused on empowering citizens, especially among those vulnerable or socially disadvantaged, to improve their relationship with the urban environment in such a way that behaviours decreasing the risk of NCDs are adopted. **S.O.5.** To promote the use of the urban environment by citizens through behavioural change interventions.

### Approach

**Policy analysis** is a structured and systematic method for identifying elements of policy design, including the assessment of specific methods and processes and acquiring knowledge or expertise of the specific of the process. The implementation of the study consists of a series of steps that will allow to assess the impact of the intervention on the prevalence of NCD risk behaviours. This approach will involve the active participation of citizens in the design, implementation and dissemination of the study. The study will explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

### Design

The intervention as part of the pilot studies will focus on a longitudinal prospective design. The nature of the intervention will focus on a naturalistic approach to the study of the intervention. The study will explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

The use of the Health Cities Dashboard will support the objectives of the intervention. As well as monitoring the progress of the intervention in terms of meeting the objectives of the intervention, the Health Cities Dashboard will support the objectives of the intervention. The study will explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

### Target population

Vulnerable population, especially low-income population, immigrant population and ethnic minorities, with non-communicable diseases, especially diabetes and cardiovascular diseases at risk of developing them.

### Methods

The longitudinal design consists of a baseline measurement at baseline and at the end of the implementation of HORUS will involve a series of 100 participants, 50 participants for the pilot study and 50 participants for the main study. The study will explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

**S.O.6.** To provide evidence on the effectiveness of interventions empowering citizens, especially those vulnerable or socially disadvantaged, to engage with the urban environment by adopting behaviours that decrease the risk of NCDs. **S.O.7.** To provide evidence on city planning criteria to prevent the adoption of NCD risk behaviours by the population.

### Approach

Policy recommendations

### Design

The policy recommendations process will be based on a systematic analysis of how the evidence-based interventions highlighted by the pilot studies can be scaled up to other neighbourhoods. The study will explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.

### Target population

Multi-ethnicity

### Methods

As a key step, a systematic analysis will be conducted in order to understand the conditions under which the interventions have been developed and to assess their replicability in other contexts. The study will explore the experiences, perceptions, and attitudes of individuals and groups in relation to a specific issue or topic. These methods also serve as a framework for developing specific research objectives for the study.



Figure 8. Methodology 1/2

Figure 7. Methodology 2/2



Funded by the European Union.

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

About us - <https://horus-urbanhealth.eu/about-us/>

The section “about us” provides a general overview of the participants of the project and a general description in alphabetical order. It includes individual Partners logos, partner individual descriptions and URLs. Also, it provides their location in terms of member state and location.

The screenshot shows the 'About us' page of the HORUS website. At the top, there is a navigation bar with 'HORUS URBAN HEALTH' and a 'MENU' button. The main content area is titled 'About us' and features a grid of partner profiles. Each profile includes the partner's logo, name, and a brief description. Below each description are two buttons: 'SEE MORE' and 'LOCATION'. The partners shown are:

- BAX & COMPANY**: Bax Innovation Consulting SL (Bax & Company). Description: Bax & Company is a leading European innovation consultancy. We help corporate directors, entrepreneurs and policymakers to create, execute and manage cutting-edge science and technology-enabled initiatives that deliver substantial social, environmental and economic impact.
- Erasmus MC**: Erasmus Universitair Medisch Centrum Rotterdam (ERASMUS MC). Description: As a university medical center, Erasmus MC has a great responsibility to help solve social issues related to health. The recently adopted research strategy 2023-2029 Focus on Societal Challenges as driver on Research4Life, clarifies the direction we want to take as a scientific organization at the center of society. The strategy, which is in line with Erasmus MC's mission and core values, describes how we can increase the impact of our research and strategically deploy the limited resources available for scientific research. And how we, together with our stakeholders, can effectively contribute to solutions, now and in the future.
- Fundació Fisabio**: Fundació para el Fomento de la Investigació Sanitària y Biomèdica de la Comunitat Valenciana (FISABIO). Description: The Foundation for the Promotion of Health and Biomedical Research of Valencia Region, FISABIO, is a nonprofit scientific and healthcare entity, whose primary purpose is to encourage, to promote and to develop scientific and technical health and biomedical research in Valencia Region. FISABIO integrates and manages the Health Research Map of the Centre for Public Health Research, Dr. Postel University Hospital Foundation, Alicante University General Hospital Foundation, Elche University General Hospital Foundation, and the Mediterranean Ophthalmological Foundation. In addition, FISABIO assumes the scientific activity of other 18 Health Departments. FISABIO provides service to more than 1,000 healthcare professionals within the Valencia network, who are specialists working in research projects and clinical trials managed by the Foundation.
- Kveloce**: Senior Europa Sociedad Limitada (Kveloce). Description: KVELOCE IS A LEADING CONSULTING COMPANY SPECIALISING IN RESEARCH, DEVELOPMENT AND INNOVATION. At Kveloce, our mission is to provide researchers with the resources required in order to generate knowledge and scientific outputs improving our society. We are dedicated to providing comprehensive consulting services and strategic guidance in securing European financing for impactful projects.
- UNIVERSITAT POLITÈCNICA DE VALÈNCIA**: Universitat Politècnica de València (UPV). Description: The UPV is a Spanish public university based in Valencia. The UPV is organized into a higher technical school, two faculties and a doctoral school, which are responsible for organizing the teaching of 39 degrees, 8 double degrees, 77 master's degrees, 12 double master's degrees and 30 doctoral programs. It has 42 departments and 45 research centers and institutes.

At the bottom of the page, there is a row of logos for all the partners: BAX & COMPANY, Erasmus MC, Fundació Fisabio, Kveloce, MEDRI, POLIBIENESTAR, and UNIVERSITAT POLITÈCNICA DE VALÈNCIA. Below the logos is a 'Funded by the European Union' banner with a small text disclaimer and social media icons for Facebook, Instagram, and Twitter. To the right of the banner is a list of links: Project, News, Healthy Cities Connector, Awareness, Events, Contact, Privacy policy, and Legal notice.

Figure 9. Horus Project Partners



## Horus Management Bodies – <https://horus-urbanhealth.eu/horus-management-bodies/>

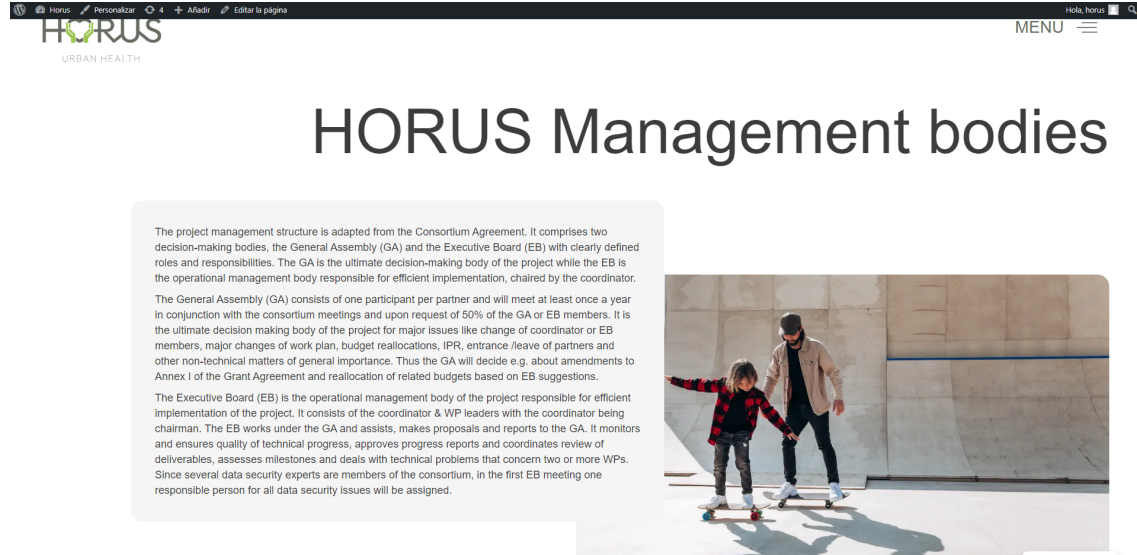


Figure 10. HORUS management Bodies - WIP

For the sake of transparency, as soon as the process is finalised in this page the General Assembly, Executive Board and Board of advisors will appear with pictures and contact information. At the moment of the release of this deliverable the information set is not readily available.

## Pilots - <https://horus-urbanhealth.eu/pilots/>

**Pilots**

In this task a general framework for the pilot studies will be designed and provided by MEDRI to the three European countries organising pilot studies (Spain - FISABIO, Croatia-MEDRI and The Netherlands-EMC). MEDRI will provide the general framework together with practical guidelines on how to adapt the general concept to each pilot site requirements and target groups.

Pilot site leaders (FISABIO, MEDRI and EMC) will also have to work on some preparatory activities:

- 1) Obtainment of the ethical approval at each pilot site. The procedures to obtain ethical approval will be started immediately at the beginning of the project in close relation with FISABIO in order to ensure that it is obtained before the enrolment of the first study participant.
- 2) To build up community connections with local stakeholders that will be involved in the pilot studies, so regular communication and interaction structure will be ensured to support the target groups during the pilot studies.
- 3) Develop training activities for HORUS professionals and staff involved in each pilot center to use the ICT tool and to explain the model and how to apply it in a complementary way to the implementation of cognitive behavioural interventions as tools to support and monitor progress in behavioural change and the acquisition of healthy lifestyles. Based on the results obtained on the association between the characteristics of the environment, the causal links that drive the association and the on-going processes on the barriers and facilitators that drive the relationship of the target population with their urban environment, the coordinating partner MEDRI together with the technical partners will provide the general framework for implementation of the cognitive-behavioural model along with practical guidelines for its appropriate adaptation in each of the pilot sites.

In this way, the pilot partners (FISABIO, MEDRI, EMC) will implement the cognitive-behavioural intervention model supported by the Wakanoma digital solution (developed by LUPV) according to the results obtained in WP7 and WP8 (led by LUVED and BAX, respectively). Thus, each partner (FISABIO, MEDRI, EMC) will define the implementation plan to be carried out according to the urban characteristics and the socio-health needs of the target population.

T4.2. Pilot studies (Task leader: MEDRI; Contributing partners: All). Once the preparatory activities are completed in pilot sites, Sept 2020 - June 2020, FISABIO, MEDRI and EMC will be ready to start with the HORUS intervention implementation. For 6 months, MEDRI will coordinate the activities for the inclusion of vulnerable populations at risk of developing noncommunicable diseases or affected by noncommunicable diseases, with a special focus on diabetes and cardiovascular diseases in interventions and will monitor the intervention phase in each pilot site. Moreover, MEDRI will be responsible for coordinating the activities for correct data collection. The pilot testing phase will include the following steps:

**Step 1**

Given that this is a longitudinal trial, the sample selection will be assigned to the different intervention modalities simultaneously, with a total of 300 participants for each pilot site, 150 for the control group and 150 for the intervention group, following the methodology described in the corresponding section.

**Step 2**

This step will include the installation of the Wakanoma (hosted in a secure server) following the instructions of the ethical committees and the data protection officer; the deployment of the chatbot in the platforms of the digital social networks in the market (e.g. telegram) and the support of the user to access the chatbot.

**Step 3**

LUPV will generate an online tutorial for the pilot coordinators and for the final users of the pilots. This tutorial will be accessible online to the community in case the need to clarify any technical aspect of the chatbot or social network. A technician from LUPV will prepare a monthly report to coordination and communication of the project summarising the number of users, number of acquisitions, missing data and incidences identified by pilots to check the correct activity of the social network among the group.

Information about pilots, their situation within the HORUS project structure as well as the steps to be taken into each of the pilots is showcased, also presenting each of the sub-brands for each pilot.

As soon as vulnerable groups and other elements, as KPIS, are developed, they will be integrated on this page.

Then, individual pages are set so enable individual visibility of the sub-brands taking into account the development of the pilots in parallel at a different place.

Figure 11. Pilots main page



## Rijeka – Rotterdam - Valencia

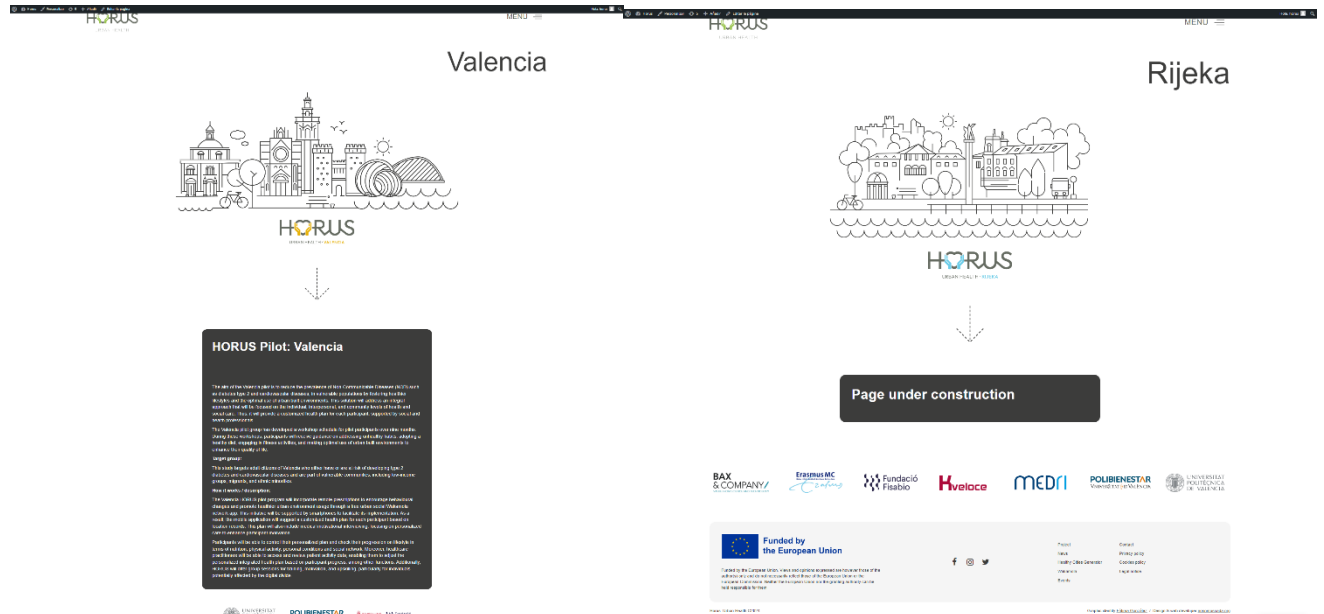


Figure 12. Rijeka Site - WIP



Figure 13. Valencia site

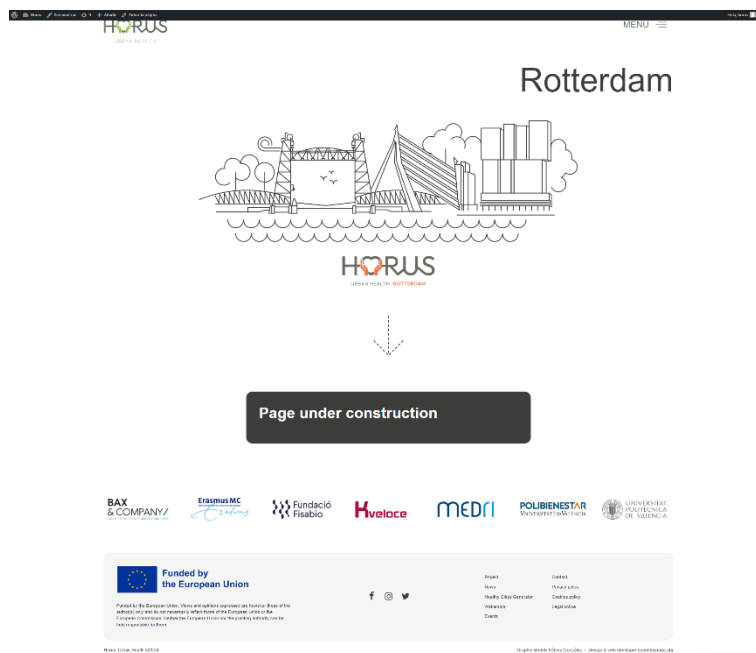


Figure 14. Rotterdam site - WIP

News and updates - <https://horus-urbanhealth.eu/news-and-updates/>

## News and updates

[Deliverables](#) [News](#) [Press Releases](#) [Project Materials](#) [Project Results](#) [Research blog](#) [Scientific Publications](#) [Categories](#)

Figure 15. News categorisation

This page is intended to centralise all different typology of news without creating an excess of pages, this way, audiences can have a central spot for information as well as categorise it depending on whatever they may be interested or targeted.

This categorisation includes the following types of content:

**News:** This category will include announcements, project side info, information about partners or networking and will be used also as a general category when content does not fit in a more accurate category.

**Research Blog:** This category will include information pieces on the scientific developments, research decisions, best practices and anything that could be considered an intermediate result in the path towards achieving final scientific results.

**Press Releases:** In this category audiences will be able to find formal announcements with supporting material to facilitate the dissemination of important pieces of information around the HORUS project

**Project Results:** Here, all formal KER and other final exploitable results will be compiled.

**Project Materials:** Any supporting documentation, image, flyer, booklet, video or any other comms and Dissemination materials will be able to be found within this category.

**Deliverable:** Public HORUS deliverable will be able to be found here.

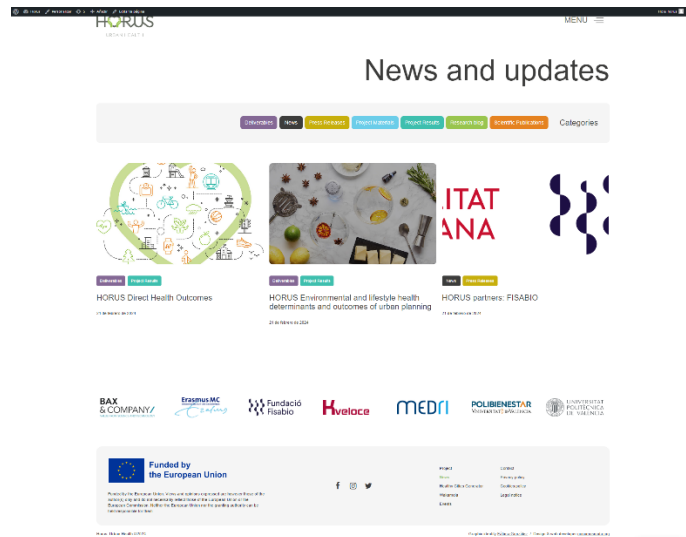


Figure 16. News page

Some first news here could be the following:



Figure 17. News header example



rawpixel.com on Freepik

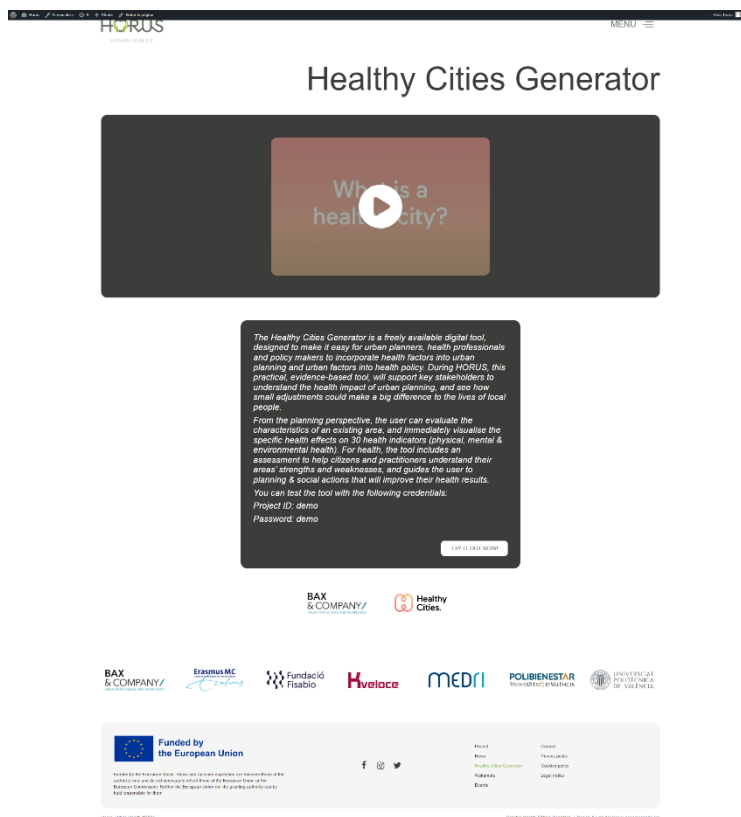
- 13 – Type 2 Diabetes.** Type 2 diabetes is an impairment in the way the body regulates and uses glucose as a fuel. It is a chronic condition which results in too much sugar circulating in the bloodstream. Over time, diabetes can damage the heart, blood vessels, eyes, kidneys, and nerves. Type 2 diabetes can be measured using health data.
- 14 – Cardiovascular Diseases.** Cardiovascular diseases (CVDs) are the leading cause of death globally, taking an estimated 17.9 million lives each year. CVDs are a group of disorders of the heart and blood vessels and include coronary heart disease, cerebrovascular disease, rheumatic heart disease and other conditions. Cardiovascular diseases can be measured using health data.
- 15 – Asthma and Respiratory Diseases.** Asthma is a long-term condition affecting children and adults. The air passages in the lungs become narrow due to inflammation and tightening of the muscles around the small airways. Asthma and other respiratory diseases can be measured using health data.
- 16 – Functional Capacity.** Functional capacity refers to the ability to carry out daily activities as needed. Amongst people with disabilities, functional capacity can be used to assess their ability to access their environment. Functional capacity can be measured by surveys or a Functional Capacity Evaluation.
- 17 – Accidents and Falls.** Falls present a major challenge to active ageing. Falls, tripping and other personal injury accidents are a threat to health, particularly of older adults, and can reduce their ability to remain independent. Falls can be measured by self-reported survey, with additional information gathered by interview.
- 18 – Injury.** Injury refers to physical harm caused by road traffic crashes. Injury frequency and severity can be measured using road traffic injury data and surveys.
- 19 – Pain.** Pain refers to chronic pain conditions, pain-related disability, and pain-related challenges to physical functioning. Chronic pain can be measured using health data and surveys.
- 20 – Heat Stress.** Heat stress includes a series of conditions where the body is under stress from overheating. Heat stress can result in heat stroke, heat exhaustion, heat cramps, or heat rashes. A heat index can be used to measure the likelihood of heat stress in an area.
- Mental and Social:** The importance of mental health is being increasingly recognised. Mental health can lead to further health issues such as premature death, however it can require relatively low investments to be treated.
- 21 – Stress.** Stress levels can be increased due to environmental factors such as noise or flooding. Having access to a range of green and open spaces is proven to have a positive impact on reducing stress. Stress can be measured using perception surveys.
- 22 – Anxiety.** Exposure to excess noise, such as traffic noise can lead to higher anxiety levels. To reduce anxiety levels, an urban environment should provide access to green open spaces as well as blue spaces. In proximity to residential areas, anxiety can be measured using perception surveys.
- 23 – Depression.** Depression can be affected in multiple ways by the urban environment: residential and economic density, access to green and blue spaces and quality of housing are all relevant factors. An indicator for measuring depression can be the number of prescriptions to antidepressants.
- 24 – Cognitive Function.** Cognitive function refers to different mental abilities, such as the ability to learn, reason or problem solve. Street and location connectivity, access to facilities and services, green coverage and access to open spaces are all factors that impact cognitive function. It can be measured using the Colour Trails Test.
- 25 – Emotional Wellbeing.** Emotional wellbeing refers to the ability to manage one's emotions and face stressful or challenging situations. Proximity to facilities and services, green coverage and a diversity of green spaces can contribute to increased emotional wellbeing. This can be measured by carrying out perception surveys.
- 26 – Attention Deficit.** Attention deficit can affect both children and adults, but is mostly diagnosed in children. Evidence proves that proximity and access to green open space can have a positive impact on children's mental wellbeing, including attention restoration. Attention deficit can be measured using the Rating Scale for Disruptive Behaviour Disorders.
- 27 – General Mental Health.** Mental health is a state of wellbeing in which a person is able to cope with difficult moments in life and fully develop vital personal, community and socioeconomic functions. An environment that promotes good mental health is one that guarantees proximity to a range of facilities and services (social, sport, leisure...), access to a variety of green and blue spaces, as well as universal access to quality housing. An indicator for mental health can be the number of people attended in primary care centres for

Figure 18. News Body

## HORUS Healthy Cities Map Generator - <https://horus-urbanhealth.eu/maps-generator/>

Two sections will be dedicated to two of the main Key Exploitable Results to engage operationally and visually all audiences as well as helping understand the logic of HORUS.

On the one hand, this web section will be dedicated to the HORUS Map Generator. A individualised application of BAX and Company Healthy Cities generator that will be implemented within the project. In parallel to the development of the HORUS version, the original version will be displayed together with basic information on the tool and demo credentials so audiences can get familiar with what HORUS will offer.



As soon as HORUS has its own version, the website will be updated with it.

The section includes a promotional video on the Map Generator, provided by BAX as well as a button that will redirect audiences to the original tool. Below a capture of the external site can be found:

Figure 19. HORUS Healthy Cities Generator



## Get to the heart of healthy urban planning

Generating health with urban planning is no easy task. Don't get lost in the sea of information. Your city can be built for more.

Get in touch



Figure 20. External HCG site

## Wakamola - <https://horus-urbanhealth.eu/wakamola/>

**Wakamola**

Overweight and obesity is a global health problem. The percentage of overweight people has been increasing since the 1980s in countries such as the USA, UK, Canada, Spain, Austria, Australia, Italy, France, Korea, etc. (Oswald and the Economics of Prevention, 2016). According to the World Health Organization (WHO), in Europe more than 50% of the population is overweight and 25% obese. In Spain, obesity affects almost 17.4% of the adult population. Considering obesity and overweight together, more than two (24.2%) of adults are overweight. In the last 30 years, adult obesity has increased from 7.4% in 1987 to 17.4% in 2017 (Spanish National Health Survey 2017 published by the Ministry of Health, Consumer Affairs and Social Welfare).

Faced with this health problem, researchers at the Universitat Politècnica de València have developed the Wakamola bot. Wakamola is a bot that simulates a conversation in messaging services such as Telegram and can identify individual health behaviours, diet, physical activity, chronic conditions and body stressors and social factors (environment, social networks) related to overweight and obesity. The Wakamola bot is a character that asks users about their diet, physical activity, height, age, weight, etc. through a conversation and funny images. In this way, the use of Wakamola becomes a game as opposed to the usual questionnaires and surveys forms.

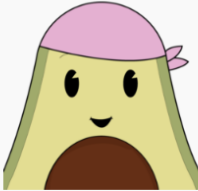
In addition, Wakamola can be adapted to other contexts of use to monitor the habits of patients with other diseases such as breast cancer or migraine, among others.

Funded by the European Union

Project: Wakamola  
 Role: Healthy Cities Generator  
 Contact: [email]  
 Legal notice

Figure 21. Wakamola HORUS site

In the same way as for HORUS Map Generator, preliminary information about the Chatbot Wakamola will be displayed. As soon as more information is defined it will be added to the site so HORUS audiences, as well as recruited vulnerable groups, can get as much information as they may need on the different HORUS activities regarding this pillar of the project. The section will be linked to an external site of the UPV with more information on it: <https://wakamola.webs.upv.es/>

**Wakamola participa con el Hospital Arnau de Vilanova en un estudio sobre la microbiota en pacientes de cáncer de mama**  
Publicada en julio 26, 2023

Wakamola ha sido adaptado para ser utilizado en un estudio con 100 pacientes con cáncer de mama, y recopilar información sobre su estilo de vida. Información relevante para analizar el efecto de la microbiota en la enfermedad del cáncer de mama.

#### ENTRADAS RECIENTES

- Wakamola corre en 'València contra el Cáncer'
- Wakamola participa con el Hospital Arnau de Vilanova en un estudio sobre la microbiota en pacientes de cáncer de mama
- Nuestro nuevo artículo de investigación sobre cómo Wakamola ayuda a identificar causas individuales y sociales de la obesidad y el sobrepeso en 3 poblaciones
- Nuevo estudio de Wakamola sobre las variaciones en la dieta y

#### Wakamola corre en 'València contra el Cáncer'

Publicada en octubre 31, 2023

Wakamola acompañó el pasado domingo 29 de octubre a los y las participantes del Hospital Arnau de Vilanova en el evento 'València contra el Cáncer' en su 8ª edición que tuvo lugar en el Paseo de la Alameda. El Hospital Arnau de Vilanova en colaboración con el BDSLab (Institut Itaca, Universitat Politècnica de València) está [...]

Figure 22. Wakamola External Site





## Events

In order to 1) organise all events in which HORUS partners will be participate, as well as relevant ones within the ecosystem, and also centralice the report of the results in all events participated, the website will count with an event repository where both programmed and executed events will be compiled.

The section will count with an event categorisation based on event ownership (HORUS events, External events) and geographical scope (Local, regional, national, European, Global). No events is scheduled yet at the moment of the release of this deliverable.

## Events

SEE PAST EVENTS

European External events + Local Global National Regional Categories

Figure 23. Events Categorisation

## Contact

In order to fulfil data management obligations and GDPR rules, this page will not incorporate a contact form, but will display contact details of key project people and pilots so audiences can directly contact them. Still to be considered and will be subject of agreement between the the D&C leader, project coordinator and project staff.

## Contact

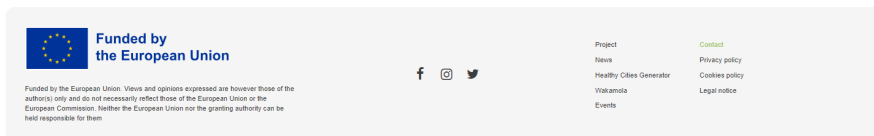


Figure 24. Horus Contact - WIP

## LEGAL TEXTS

In order to fulfill with legal obligations, the following documents have been designed so web users are fully aware of their rights, information gathered from them and data managers.

Also, it is worth to mention that the website will work under a minimum viable cookies basis this way we can minimize the data gathered from users to optimize its performance. Only for the sake of reporting on communication and dissemination KPIs some analytical cookies may take places. Still to be decided by the project government bodies.

## EU disclaimer

It is visible at the website footer in the following way:





Figure 25. EU disclaimer

## Privacy policy - <https://horus-urbanhealth.eu/privacy-policy/>

### PRIVACY POLICY

Who we are:

Website: [www.horus-urbanhealth.eu](http://www.horus-urbanhealth.eu)

HORUS has been funded by the European Union's Horizon Europe Program under Grant Agreement GA 101136516. The content of this website is the sole responsibility of Universidad de Valencia (Project Coordinator) and Kveloce – Senior Europa SL (Dissemination and Communication Manager) and does not necessarily reflect the opinion of the European Union.

Data Controller:

HORUS – Universidad de Valencia

Campus de Tarongers

Calle Serpis, nº 29

46022 – Valencia

+34 96 162 54 12

[polibienestar@uv.es](mailto:polibienestar@uv.es)

Purpose of Processing:

[horus-urbanhealth.eu](http://horus-urbanhealth.eu)



The data provided to us through this website will be processed for the purpose of managing your information request, responding to inquiries, and/or sending informational communications if selected.

#### Legal Basis for Processing:

The legal basis for processing your data is the consent you provide when using the contact form, subscribing to our newsletter, or directing your request directly to one of our email addresses.

#### Recipients of the Data:

Data will not be transferred to third parties except by legal obligation or with your prior consent.

#### Embedded Content from Other Websites:

Articles on this site may include embedded content (e.g., videos, images, articles, etc.). Embedded content from other websites behaves in the exact same way as if the visitor had visited the other website.

These websites may collect data about you, use cookies, embed additional third-party tracking, and monitor your interaction with that embedded content, including tracking your interaction with the embedded content if you have an account and are logged in to that website.

#### User Rights:

You have the right to access, rectify, cancel, and object to the processing of your data, as well as other rights, as explained in the additional information. To exercise these rights, you can contact us via email at [japavon@kveloce.com](mailto:japavon@kveloce.com)

**Cookies Policy** - <https://horus-urbanhealth.eu/cookies-policy/>

#### COOKIE NOTICE

##### About this Cookie Policy

This Cookie Policy explains what cookies are and how we use them, the types of cookies we use, i.e., the information we collect using cookies and how that information is used,

and how to control cookie preferences. For more information on how we use, store, and keep your personal data secure, please see our Privacy Policy.

You can change or withdraw your consent at any time in the cookie statement on our website. Learn more about who we are, how you can contact us, and how we process personal data in our Privacy Policy.

Your consent applies to the following domains: [www.horus-urbanhealth.eu](http://www.horus-urbanhealth.eu)

### What are cookies?

Cookies are small text files used to store small pieces of information. They are stored on your device when the website is loaded in your browser. These cookies help us make the website work properly, make it more secure, provide a better user experience, and understand how the website works and analyze what works and what needs improvement.

### How do we use cookies?

Like most online services, our website uses its own and third-party cookies for various purposes. Origin cookies are mostly necessary for the website to function properly and do not collect any personal data that may identify you.

Third-party cookies used on our website are mainly used to understand how the website works, how you interact with our website, keep our services secure, provide ads that are relevant to you, and ultimately provide you with an enhanced user experience and help speed up your future interactions with our website.

### What types of cookies do we use?

**Essential:** Some cookies are essential for you to experience the full functionality of our site. They allow us to maintain user sessions and prevent any security threats. They do not collect or store any personal information. For example, these cookies allow you to access your account, add products to your cart, and securely process payments.

**Statistics:** These cookies store information such as the number of visitors to the website, the number of unique visitors, which pages of the website have been visited, the source of the visit, etc. This data helps us understand and analyze website performance and areas for improvement.

**Functional:** These are cookies that help with certain non-essential functionalities on our website. These functionalities include embedding content like videos or sharing content from the website on social media platforms.

**Preferences:** These cookies help us store your browsing settings and preferences, such as language preferences, so you have a better and more efficient experience on future visits to the website.

The following list details the cookies used on our website.

COOKIE	DESCRIPTION
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Estrictamente necesarias	C. de entrada del usuario C. de sesión de autenticación o identificación del usuario C. de seguridad del usuario. Sirven para ofrecer servicios o recordar configuraciones para mejorar su experiencia de navegación en nuestro sitio web.
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How can I control my cookies?

Different browsers offer different methods for blocking and deleting cookies used by websites. You can change your browser settings to block/delete cookies. For more information on how to manage and delete cookies, visit [wikipedia.org](http://wikipedia.org), [www.allaboutcookies.org](http://www.allaboutcookies.org) or:

Google

Chrome:

<https://support.google.com/chrome/answer/95647?co=GENIE.Platform%3DDesktop&hl=es>

Mozilla Firefox: <https://support.mozilla.org/es/kb/habilitar-y-deshabilitar-cookies-sitios-web-rastrear-preferencias>

Safari: <https://support.apple.com/es-es/guide/safari/sfri11471/mac>

Internet Explorer: <https://support.microsoft.com/es-es/help/278835/how-to-delete-cookie-files-in-internet-explorer>

[GENERAL ADVICE] This website uses its own and third-party cookies to improve the browsing experience and offer content and advertising of interest. By continuing to browse, we understand that you accept our cookie policy. You can obtain more information, or learn how to change settings, in our Cookie Policy.

## Legal Notice - <https://horus-urbanhealth.eu/legal-notice/>

### LEGAL ADVICE

#### Website Owner:

HORUS URBAN HEALTH

Pça. de la Reina, 19, escalera A, 1ºB, Ciutat Vella, 46003 València, Valencia

+34 963 25 02 93

Japavon@kveloce.com

#### Purpose:

This legal notice regulates the use of the website [www.magno-project.eu](http://www.magno-project.eu), of the HORUS project, developed within the framework of the European Horizon program under the Grand Agreement GA 101136516. The content of this website is the responsibility of Kveloce – Senior Europa SL. By browsing this website, you acquire the status of user and imply full and unreserved acceptance of each and every provision included in this Legal Notice, which may be subject to modifications.

#### Intellectual and Industrial Property:

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#### Content and Links:

Horus Urban Health and its partners are not responsible for the content of links to other websites that are not owned by them and, therefore, cannot be controlled by them.

#### Applicable Law and Jurisdiction:

This Legal Notice is governed in all its aspects by Spanish law. For any dispute that may arise in relation to the website or the activity carried out therein, the Courts and Tribunals

of Valencia shall be competent, expressly waiving any other jurisdiction that may correspond to the user.

#### AVISO LEGAL

Responsable del Sitio Web:

HORUS URBAN HEALTH

Pça. de la Reina, 19, escalera A, 1ºB, Ciutat Vella, 46003 València, Valencia

+34 963 25 02 93

Japavon@kveloce.com

Objeto:

El presente aviso legal regula el uso del sitio web [www.horus-urbanhealth.eu](http://www.horus-urbanhealth.eu), del proyecto Horus Urban Health, desarrollado en el marco del programa europeo Horizon bajo el Grand Agreement GA 101136516. El contenido de este sitio web son responsabilidad de Kveloce – Senior Europa SL. La navegación por este sitio web atribuye la condición de usuario del mismo e implica la aceptación plena y sin reservas de todas y cada una de las disposiciones incluidas en este Aviso Legal, que pueden sufrir modificaciones.

Propiedad Intelectual e Industrial:

Los derechos de propiedad intelectual del contenido de este sitio web, su diseño gráfico y sus códigos fuente, son titularidad de Kveloce – Senior Europa SL, correspondiéndonos el ejercicio exclusivo de los derechos de explotación de los mismos. Queda prohibida su reproducción, distribución, comunicación pública y transformación, total o parcial, sin la autorización expresa de Kveloce – Senior Europa SL.

Contenidos y Enlaces:

Horus Urban Health y sus socios no se hacen responsables del contenido de los enlaces a otras páginas web que no sean propiedad suya y que, por tanto, no pueden ser controladas por estos.

Ley Aplicable y Jurisdicción:



El presente Aviso Legal se rige en todos y cada uno de sus extremos por la ley española. Para cualquier controversia que pudiera surgir en relación con el sitio web o la actividad que en él se desarrolla, serán competentes los Juzgados y Tribunales de Valencia, renunciando expresamente el usuario a cualquier otro fuero que pudiera corresponderle.

## SOCIAL MEDIA CHANNELS

Using the website as one-stop-shop for all information related to HORUS, everything there will be subject of communication and dissemination thru online channels, without prejudice of using offline physical channels when necessary. This strategy follows a no paper, zero waste policy but in adaptation to the different target groups, some of them vulnerable groups that may be lack of digital literacy skills materials can be printed. Anyhow, the following channels have been set to connect the website and all the information developed and all different HORUS audiences defined in D6.2. These channels will be accessible from the website and all individual platforms.

**Twitter: HORUS\_UHealthEU ([https://twitter.com/HORUS\\_UHealthEU](https://twitter.com/HORUS_UHealthEU))**



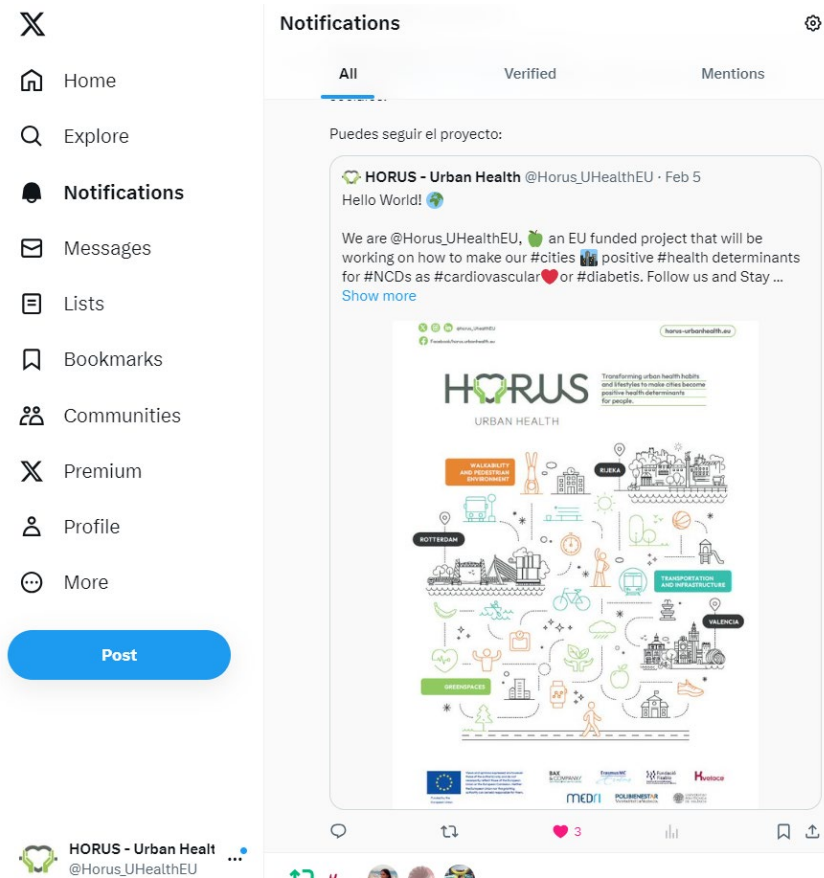


Figure 26. Capture of the HORUS twitter profile

This channel will be designed to attend the need to inform and communicate to the overall community and general public of important milestones, activities and bring external traffic to more specialised channels.

**Linkedin:** [www.linkedin.com/company/HORUS-urban-health](http://www.linkedin.com/company/HORUS-urban-health)

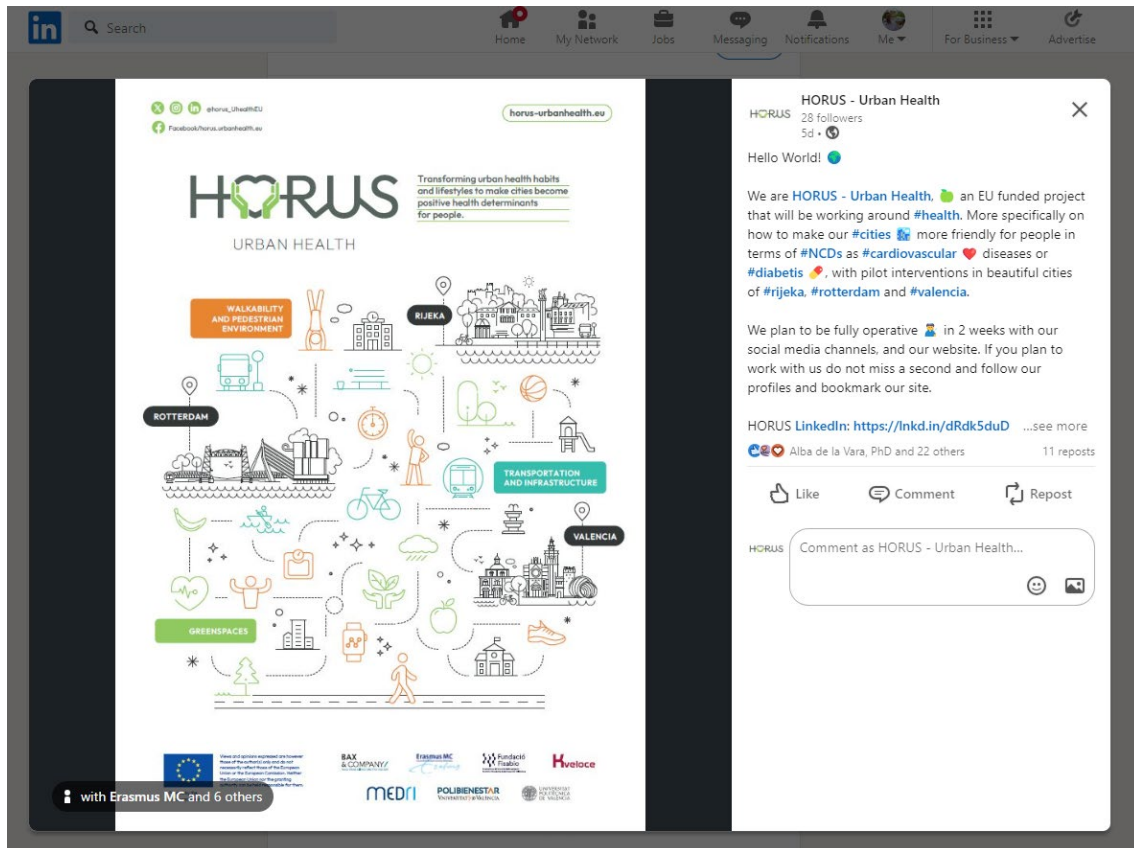


Figure 27. Capture of the HORUS linkedin profile.

### Supporting Social media channels

Since the project is a continuous structure aimed at professionals of different sectors, these channel will be fed with information relative to disseminating results and local pilots as well as target groups identification and recruiting. Both Linkedin and Twitter will be the main Communication and Dissemination online channels

**Facebook:** [www.facebook.com/HORUS.URBANHEALTH.EU](http://www.facebook.com/HORUS.URBANHEALTH.EU)



Figure 28. Capture of HORUS facebook page

## Instagram: @HORUS\_urbanhealth\_eu

Facebook and Instagram are not tier 1 online platforms for disseminating EU projects. However, since many of the users may be using these platforms, they will be enabled in order to facilitate communication with different vulnerable groups.

## Youtube: @HORUSURBANHEALTUEU

Taking into account the heavy load of video materials to be displayed, Youtube will serve as a repository to organise these materials coming from the project and the three different pilots.

These two last channels are set up but lacks of content by the time this deliverable is being built. They can be tracked as soon as some basic info is added.

## COORDINATION FILES

All the work done within the project website and social media channels will be coordinated through a content calendar and reporting files, so the entire HORUS partnership can participate in the content design as well to see the content flow and report on partner owned actions.

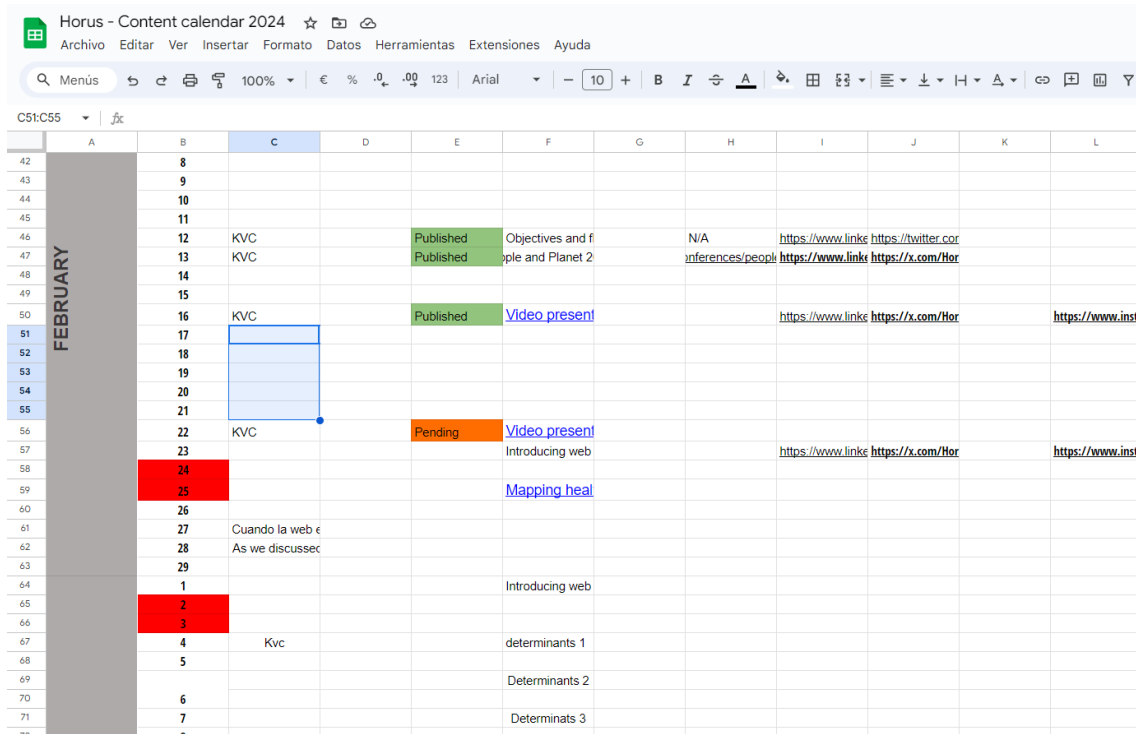


Figure 29. Capture of the HORUS content Calendar

## CONCLUSION

The HORUS website is a critical tool for the project communication and dissemination strategy as well as for achieving overarching project goals. The design of it favours a very navigable and simple tool whilst visually and content-wise engaging audiences allowing us to make project results visible and attract attention to it. These relations can be further explored in D6.2.

