



resonate

RESILIENCE THROUGH
NATURE-BASED THERAPIES

Horizon Europe RESONATE Project Launch Meeting 2023

Minutes of the World Café Sessions at
Annual Meeting, 14th-15th September in Vienna

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PRELUDE

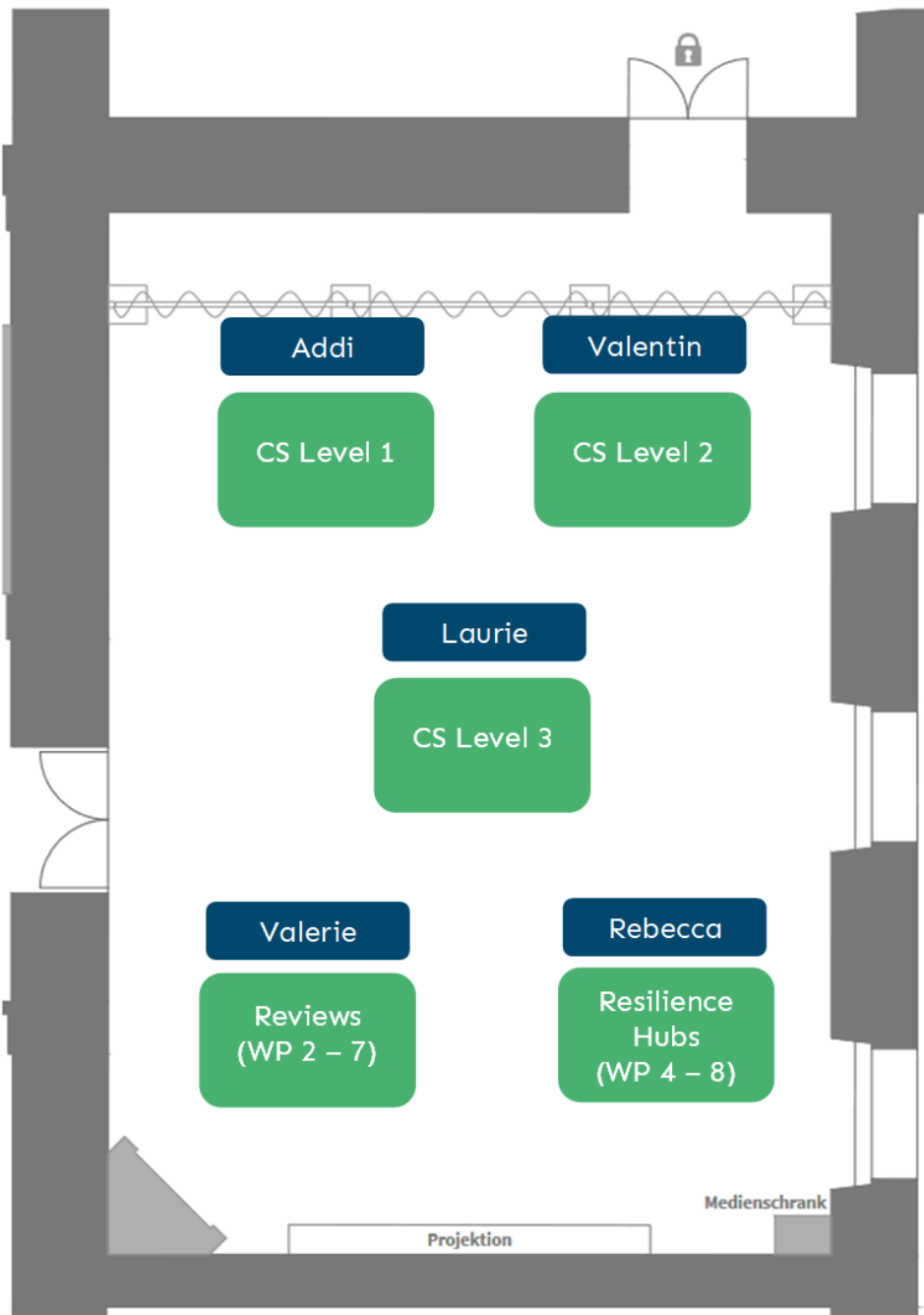
This document is a collection of all the minutes of both World Café Sessions at the Launch Meeting in Vienna (14th September). Thank you to Rebecca Gil Segovia, organisational assistant for RESONATE at UNIVIE, and to our four student helpers: Addi Wala, Laurie Girres, Valentin Lamprecht, and Valerie Grzeschuchna.

Please note that the minutes have been written by different individuals, therefore the style of notetaking throughout the document is not completely coherent.



World Café Session 1

Seating





Notes

In this session, the five tables consisted of below groups. Following notes were compiled:

CS Level 1 (CSs1-3: Ben Wheeler, Leanne Martin, Angel Dzhambov)

What progress have you made with the study/WP objectives?

- The experiments are mostly planned. The world café was used as an opportunity to fine tune experiment parameters and align specific questions and variables.

What are still open questions?

- Variables and questions still need to be fine-tuned in the future. Work packages might also still have influences on the questionnaire.

What data is needed from the Case Studies / Work Packages?

- - no details -

Where do your Case Studies or Work Package objectives align?

- Case study 1 and 2 are very similar. Case study 3 is different but will record similar variables.

How could the further progress be optimised?

- - no details -

Detailed Notes

The main goal of the World Café was to align variables.

Questions are already fixed for CS1+2.

CS3 is a little more flexible.

All CS have access to Geocode for participants home-location.

Dzhambov first tried to collect data on workplaces but participants did not want to give that much information. Asking people about their experiences is easier.

Many people went through retirement (due to age group) = will very likely have moved residency.

Using post code + residential address history is possible, however, the quality of that data might not be particularly good.

Simplest solution = just ask how long people lived at current location (and then only interview people that lived there e.g., 20 years)

PROTECT has not fully mapped out their timeline yet.

Frequency (e.g., last 12 months) as a measure of exposure will probably be used.

Case Study 2: Also ask if exposure was more or less than during pandemic. Data is retrospective (= What is T1 when asking? Last year?)



We need a measure of nature visits that is uniform.

Response categories should be clear. (e.g., Once a week, once a month; = generalised average)

Wording „frequency of visits“: „How often do you typically visits natural environments in the last 12 months“?

Residential geographic information (residential history) and nature visits could be combined but should be treated separately, since they are not overly connected.

Back/Front-yard were specifically asked about in a previous study.

→ Therefore, ask about private garden etc. in new questionnaire.

Environmental perception could be measured. Should we ask about perception of green spaces? Not planned for yet but might be included.

Especially green/blue view (Leanne Martin) = percentage of green/blue you can see from your window. If not, too many questions are used from PROTECT, we could ask participants to take a picture out of their window and analyse these percentages.

Limitations for length of questionnaire: not much more than 10 minutes.

Questionnaire is conducted online but sample is very motivated.

(Minimum age = 40)

Duration of visit should also be recorded (should be easy if categorical answers are chosen)

Additional possible measure = „neighbourhood cohesion scale“

What are we using for stressful live events?

CS 1+2: Using griever, job loss, divorce, etc. (=standard ones)

Phrasing: “Have any of these happened to you in the last 12 months?”

Focus on those events that are most likely to have happened to participants.

No specific scale in mind right now (some scales focus one sexual assault but do not include more common events)

Proactive resilience (= does not react as strongly to life event)

Reactive resilience (= bounces back up quicker)

The two should be distinguished, however, CS1-3 are pretty limited to what has already been collected.

Resilience is mostly considered a trait. Without longitudinal data it might not change much.

Nature connectedness should be included in questionnaire somehow.

Childhood exposure would be great to include but will probably not be included due to time restrictions.



The way to proceed is:

CS3 has more flexibility but the questionnaire should probably be more standardized.

CS3 will look through CS1+2 and assess which questions they can use adequately. Those that would not work have to be altered.

Measure same construct but scale does not have to be necessarily identical.

We do not need high level harmonization. You can still analyse the CS metanalytically, even if they are not very similar.

You can use a structure equation model (SEM) to compare the CS.

However, since there are only 3 CS, we might run into complications, due to the number being so low.

Martin & Ulrich (UNIVIE) will help to integrate the data.



CS Level 2 (CSs4-6: Angelica Moè, Monica Bolognesi, Christina Pichler, Arnulf Hartl, Jill Litt, Catrin Waters)

Tricky points/obstacles: Data collection from UNIOD earlier than Salzburg, Salzburg is still on time, but there should not be further delays.

Key decisions:

1. Jill focussing on Resilience hub.
2. Data management:
 - WP8 structure database helping us document the whole process
 - Jill suggesting a form that is the same for all and is provided from the cloud and can be used by everyone (needs checking)
3. Recruitment strategy:
 - adapting it to what we want in health insurance not staying within the boundaries of a clinical study
 - Newspapers are very expensive
 - Experience using social media from university, but now different approach, because we want touchpoints for patients afterwards
 - Already specialized programmes at partner university
 - Going to big companies: promoting health in the workplace, but problem of bias and changing the intervention if they all work together (peer group effects), how do we control social aspect group dynamics?*
 - Resilience hubs could help (WP7) involving the stakeholders to have the knowledge to define our recruitment strategy.
4. Threshold for the intervention, severe case prioritization; At what point is the intervention right for people and when do they need another clinical intervention?

Open questions:

1. advisory on cross-country analysis? Building own red caps? We can support analysis, phd students will support,
2. you will lead the studies, support by Mat and co. + PhD students: 3 case study metanalysis, but also working across projects, same targets, because it is your data you will be involved, what is allowed? Sharing Saliva across projects is allowed, blood is not.
3. Same Biomarkers Freddie and Angelica? Creating an overlap with CS3 as well
4. Feasibility studies for the trails in Salzburg, heart rate, stress, assessment in first week with supervision and support?
5. Recruitment strategy: how do we control social aspects & group dynamics? *
6. incentives:
 - increasing the internal motivation? Resilience hubs could help, WP7, involving the stakeholders to have the knowledge to define our recruitment strategy
 - Financial incentives for patients are not allowed, but it would be important? What are the other groups planning to do?



- incentives/ monitoring devices: Polar Varitysense: heart rate variability for 66€ using the same model for each group, data security? – not necessarily cloud based, so we can use it
- Socio-economic status, do we take it into account for stratification? Gift cards worked in America, in Spain they cannot do anything like that

Summary:

- Data management
- Working on Recruitment strategy
- Incentives and recruitment
- WP7 Resilience hubs most important
- Setup of questionnaires, working with other WP, which directly with patients, which only in the resilience hub



CS Level 3 (CSs7-9: Freddie Lymeus, Terry Hartig, Patrik Karlsson Nyed, Stine Bekke-Hansen, Ulrika K. Stigsdotter, Thomas van Rompay, Agnes van den Berg)

- C7: Psychophysiological data (EEG, Eye tracking, HR) □ may need help with the data analysis.
- Different populations between and within the case studies. How can these populations be compared?
- Effectiveness of NbTs for different populations: compare affected/vulnerable groups with less affected/vulnerable groups.
- Are all the planned measurements relevant?
- How can primary care givers be motivated to prescribe NbTs?
- How can participants be motivated to take part in the studies?
- C7 & C9 work with groups: how do the social dynamics influence the NbTs? Is there a difference in social cohesion/dynamics after the NbTs?
- Nature connectedness of participants can influence the intervention and outcome → connectedness to nature should be measured: which scale?
- Assess whether participants were born with a handicap/disability or if they developed it later in life → can again influence the intervention and outcome.
- Which scale to use to measure resilience?
- C9: Decided to measure the outcomes for the care givers.



Reviews (WPs2-7: Matilda van den Bosch, Sofia Romagosa, Maria C. Uyarra, Giulia Amato, Todora Rogelja)

- Difference between systematic literature review and systematic mapping?
- Aim of systematic mapping: collect information about programmes/projects that are evidence-based, science-based
- Global, interactive tool should be created
- if interest increases→this tool is where people can go and look at details, inform themselves
- interaction with stake holders, public
- basic-level, easy understandable, not only for experts
- also list the activities, programmes that are not scientifically evaluated (no inclusion in map but make a list)
- How do we guarantee that information is high quality? How do we represent quality? →Rating of data, mark level of evidence
- Public call for potential providers of NbT? Social media?
- Which software? AI?

Theoretical review

- Search string for NbT
- Reach out to WP2 if a term is missing
- Potential overlaps WP 7 and WP4? In literature review→communicate with each other, collect data together?
- Scoping better approach? →Register to avoid parallel searching



Resilience Hubs (WPs4-9: Laura Secco, Sarai Pouso, Linda Barci, Ilaria Doimo, Becca Lovell, Caroline Costongs, Alba Godfrey, Lewis Elliott, Elin Rowicki, Harriet Hunt, Johan Östberg)

Laura: takes round of 1st round – concept of resilience hubs: what can (not) be done. Areas define borders (confidence, admin; not necessarily organizational) geographical/admin – org. may be larger e.g. national level or networks
Networks: understand the baseline / current status: build on that & reinforce / create new relations

How will the relations change w/ implementation of RHH. Increasing capacity to act together – more open, continue beyond project. Frist: understand context (cultural issues, env. Resources, financial opportunity, legal framework, institutional options, etc. – everything perceived by the actors)

Understand: who are the nodes, the people & what kind of relation exists: exchange of knowledge, contractual agreements; how to make RH process working

Participants are only ONE of the actors; implement protocols – what leverage to use in future: level of trust, how to reinforce leaks, what is missing as institutional tools.

Laura: tasks 7.2 = preparatory setting, identifying nodes/stakeholders one part = sampling technique – key informants. Some partners more w/ healthcare, others nature management sector

Local level: long-term process in engagement with people: collective / semi-struct. Interviews. Keeping at local level. Active, in RH creations.

Caroline: We bring people together, will multiply = effective

Laura: asked, who knows already; applying process i.e. take picture before it starts -> more engagement

at the end: check effectiveness on health BUT how the process to engage RH and community interaction. Move from individual to larger reliance.

Lewis: baseline approach – many will not be in accordance. What is the plan to engage those people? Dialogue in two ways.

Laura: depends on local circumstances. Engagement design & implemented – find best (local) solutions. Padoa: first contact local authorities, municipality (schools, institutions) -> spread information and opportunity.

Start from small number – expand to larger number of persons

How to replicate RHH in other places -> need baseline to compare changes – clinical trial should be part or NOT? Needs to be decided.

start before CS is completed: comm. tools to inform local communities.

Participants of CS MUST or NOT excluded?

Borders of network: can be crossed?

Caroline: focus group involved in who to identify.

Laura: next activities = create list / put in names (stakeholders)

rather connected through health / educations: need nature resource

management and landowners (e.g., in Padua some green areas owned by private persons). Impacts on MY LAND SITUATION: expected agreements /



for both sides. Or: more public areas? How to be better designed or effective. i.e., carefully design specific issues for specific group.

Alba: we engage informed (nb-interested) people – will disseminate. They will talk to own community / friends – how to reach different group.

Laura: we expect this dynamic; core group of actors who already knows, wants to do sth. Then spread around, then whether and how to reach other actors who were not ready in the beginning = one of the measures whether RHH were effective or no -> what was (not) working?

Laura: methodical uniformity of design. Training with 3 CS – use same approach: identify with owners & data collection. Will fix on minimum of data collection – won't be comparable but find out common signals of what is working, i.e. not aggregating, not generalizable

Harriett: Diversions

Caroline: community resilience: how good nature is for health, use more green spaces, etc. OR: skill – NbT, institutions in community use nb prescribing. What is it from individual to community?

Laura: both aspects. Resilience partners expect: some individuals will know more: investing in learning how to connect with nature, more direct and intentional way. -> changes in nodes: who are the single actors? E.g., trust in doctor with green prescription. Exploring how the links and the single notes will change i.e., density of network (doctors)

Will it be enough to describe community resilience? Environmental and xxx issues (soil, changes in characteristic affecting e.g., tree growing; or waste left around in areas, biodiversity / fauna and flora; pathogens)?

Macro-categories and sub-categories. Asking 3 CSS to put name and contact, share personal mails, consent form.

RH month 7-44, i.e., start in September, 2-3 to spread template; start in practice 2024. Focus group not in beginning. Spring 2024 launch event: accurate in prep. Phase -> activities echoes; better be late and start with public event, but accurate. Maybe even later than spring 2023.

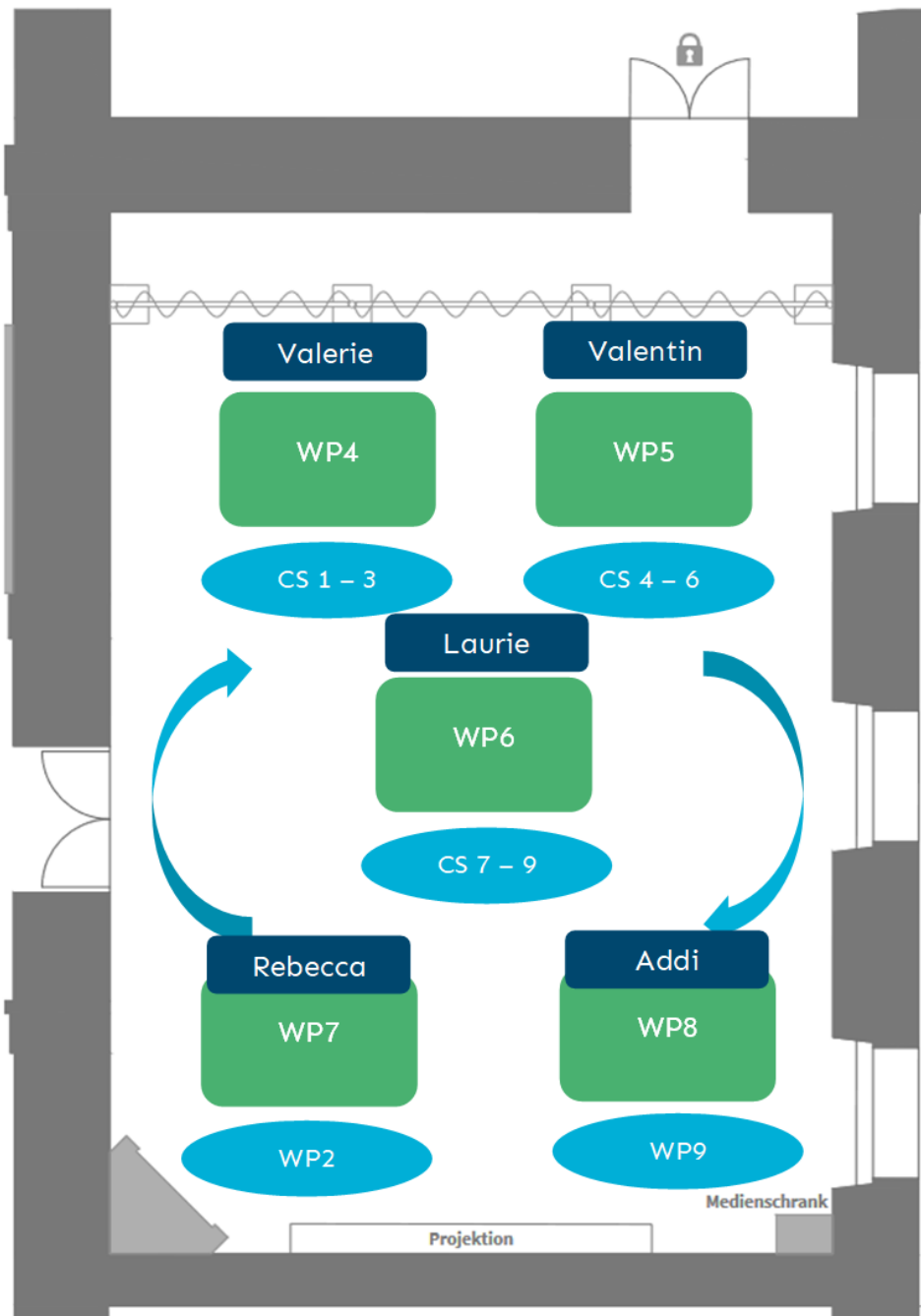
Alba: community profiles?

Laura: since the very beginning; template with few basic information. Decide: what is the additional information needed? Expected timeline of activities. Where/location, resources: also outdoor is fine! No building needed.



World Café Session 2

Seating



(After 25 min, the blue groups switched to the next WP table)



Notes

In this session, the Work Packages 4 to 8 had a table.

The Case Studies were combined in groups consisting of CS 1 -3, CS 4-6, CS 7-9 and remaining Work Packages were combined in WP 2 and WP 9.

Each group had 25 minutes with a WP table and then switched to another one, until they had visited all five. The main objective for this session was for the Work Packages and Case Studies to discuss what was needed, and how they could support each other in the upcoming period.

WP4 (Alba Godfrey, Caroline Costongs, Sofia Romagosa)

With CSs1-3 (Angel Dzhambov, Ben Wheeler, Leanne Martin)

- Are there disproportional benefits of NbT for people in lower social groups? Are there in general different effects of NbT on different groups?
- Variables: gender, age, ethnicity, education, income (indirect question), Working status? → should be representative but not too many subgroups.
- Some variables between the CS overlap, some are different.
- Moderation by socioeconomic group (income/education)?
- Include certain percentage of disadvantaged/disabled people.
- There will be incentives → 10-euro gift cards
- Include Item about safety!
Maybe include 3-30-300 rule: three elements of the rule: at least 3 trees in sight from every home, school, or workplace; no less than 30% tree canopy in every neighbourhoods; and never more than 300 metres to the nearest public green space
- Items to find out about potential clients: acceptability, attitudes? Would you take part in activity if prescribed? → what factors make people say yes/no? What are barriers? What would they need to get interested, get capacity for participate? From employee or counsellor...
- Time as factor
- wording can influence motivation (e.g "NbT" or "walk in nature")
- how to generalize interventions? → make sure all necessary information is collected.

With WP9 (Johan Östberg, Elin Rowicki)

- for most questions video call with Cecil, who couldn't attend meeting,
- will be necessary which EU instruments important for NbT and solutions? Who should get informed about it?
- How can WP 4 support communication (WP9) → share content, that is already there (links, photos, events, conferences) → website



- Will there be a Resonate newsletter? No but news button on website, blogposts etc.
- The Nature based therapy-Podcast→interviews learning more about NbT, interview people from within consortium but also externals→target group: wider interested public
- WP 9 is interested in videos→WP4 has experience→audience: general public, colleagues, public health audience→they outsourced it, maybe videos about value of NbT, results would be interesting.

With WP2 (Matilda van den Bosch, Jill Litt)

- same terminology on NbT across WP should be used→represented by developed search string
- Every WP should do a protocol of their literature research, but no systematic review necessary
- Use search string of NbT and add key terms related to health equity search (WP4 already experts in health equity, now connect it to NbT)→ added terms are possible mediators/moderators
- WP2 can help find literature but search as such will be done by WP4
- WP2 will combine search string with resilience related topics, do a systematic review and have big part in mapping
- In systematic mapping results of WP4 will be included (equity)
- Scopus, Web of Science recommended, Google scholar, PsychInfo

With CSs7-9 (Alexandria Poole, Thomas van Rompay, Stine Bekke-Hansen, Ulrika K. Stigsdotter, Terry Hartig, Freddie Lymeus, Patrik Karlsson Nyed, Agnes van den Berg)

CS9

- Care farms in Netherlands: is there an equity issue? generally accessible for everybody, every municipality uses different criteria→depends on where you live, if you can go to a care farm, clients are called heroes→already very inclusive
- CS 9 is rather not appropriate for HEIA but farmers are really interested in participating if WP4 has suggestions for information that could be collected

CS7

- actual interventions are relatively fixed, standardized, developed over 7 years →retrospective HEIA makes more sense→recommendations for future
- are NbT accessible for everyone? No interest in designing something that increases the health gap
- criteria in recruiting→already preselected population→students Keep in mind specific conditions of students (e.g. must skip work for NbT)



- Barriers in recruitment → why do people sign up/why not? Or why do they sign up but don't participate in intervention?
- Email-invitation to participate → Contact people who didn't respond
- Equity closely related to accessibility → how do people get from their home to the site?

With CSs4-6 (Catrin Waters, Arnulf Hartl, Christina Pichler, Angelica Moè)

- Big interest in HEIA, because especially in cities NbT is probably more accessible to higher socioeconomic status → information could be helpful for recruitment strategy to reach more people
- BMI correlates with socioeconomic status → many clients (metabolic syndrome) have lower socioeconomic status
- There could be a first focus group about equity, that could discuss e.g. possibilities concerning language, child care etc.
- how to reach potential future patients? E.g. Turkish community in Salzburg with many children
- community profile would be really interesting



WP5 (Maria C. Uyarra, Sarai Pouso)

With CSs4-6 (Catrin Waters, Arnulf Hartl, Christina Pichler, Angelica Moè)

Feedback on WP5-procedure: MBT-users <-> environment; WP5 wants a importance rating from CS2

Where do some topics belong to? Example Accessibility: WP5 or WP8?

Which are the key variables of the therapy?: Natural description of the environment the therapy takes place (so city surrounding, protected area etc.); form of exchange? Google form with description and metrics that are important → variables, social trends f. ex. Change of land use

Idea keeping all the variable for compatibility reasons.

Focus on environmental impact in WP5

Important Goal: Modelling the dynamic/model between environmental, economic and social impacts across the WPs

Need to have quite a clear picture of the intervention before thinking about the impacts

Good link between touristic infrastructure and green infrastructure: tourism → wealthy city → green infrastructure: gardens park. Looking at the over-tourism aspect, that's why crowdedness (number of people) will be an important variable, behaviour of the people (noisiness, cleanliness etc.) also relevant? But behaviour is assumed to be constant so we should focus on a the threshold when there is too many people for the theory to have its desired impact

When does intervention elicit pro-environmental behaviour? These facilitators/blockers need to be identified

Nature connectedness as a control variable in the analysis

WP5 contacts CS2 first with what they have, CS2 gives feedback then proceed.

With CSs1-3 (Angel Dzhambov, Ben Wheeler, Leanne Martin)

1. Which are the key exposure variables of the observational study? (e.g. resilience):
 - Natural description of the environment people live in (so city surrounding, protected area etc.);
 - social trends f. ex. Change of land use; environmental
 - environmental factors (pollution, noise etc.)
 - form of exchange? Google form with description and metrics that are important
2. Important overarching Goal: Identifying the negative impacts on the environment of an intervention & Creating a **dynamic model** between environmental, economic and social impacts across the WPs: training the model to know f.ex. what happens with other variables when f.ex. water



quality decreases → end product should be tool that can be used by end-users

3. When does intervention elicit pro-environmental behaviour? These facilitators/blockers need to be identified → looking for predictors of pro-environmental behaviour (e.g. childhood exposure)
4. Primary prevention is the whole population so it might be more about looking at stuff like the correlation of pro-environmental behaviour and resilience f.ex.
→ Potential learnings for future invention in the bigger picture
5. Identifying Stakeholders which might benefit from the observational study
6. CS1-3 helping WP5 with the Ethics form that covers all the partners
7. Leanne Martin chosen as the main communicator with WP5
8. Pro-environmental-behaviour scale has not been decided by WP5 yet → exchange: shorter scale would be good, for comparison between work-packages, CS1-3 can then validate it in Bulgaria

With WP9 (Johan Östberg, Elin Rowicki)

WP9 will help in the public communication and communication/terminology between the different fields

What information/deliverable does the WP need from the CS?

Nice visual 4-slide presentation on the whole project; useable for presentations the website as well

Nice visual slide for each WP; useable for presentations the website as well

Whenever someone is tweeting something relevant on the projects, it would be nice to have it on the website; 50€ annual subscription to have the whole twitter feed on the website

Nice icons/ graphics for all relevant terms for the projects f. ex. different environments of the therapies

WP 5 is looking at impacts of NBTs on the environment, variables of the environment might effect success of NBTs → want to work with stakeholders, finding places for the NBTs → collaborating with WP9 on that

Photos of the environments and activities: there is a repository on the website, where anyone can upload some, but until now only the initial 10 are uploaded, but WP9 will upload more

What information does the CS need from the WP?

What is WP5 planning to do + Photos for LinkedIn, Instagram, Homepage, blogs

Research-projects that are already existent to fill the homepage with information

Teaching materials and interesting materials for medical professionals/ the public that are relevant to the project to add to the website



Double checking the information in google docs

With WP2 (Matilda van den Bosch, Jill Litt)

Points discussed/How can the work of both WPs & CSs be supported by the other?

For those that there is no scientific evidence: setting up a table/including in the map f.ex. green dots for "backed up by evidence", yellow dots for "not "-""

Clearing up what WP5 wants to know exactly: Important variables for the therapy, whether therapies will have an impact on certain environmental variables as well as perception of impact

Question by WP5: Will the therapy be run at specific day times?

WP2: uncertain yet → important for future scenarios (climate change)

What information does WP5 need to be collected by WP2?

More information from the Barcelona case study

Number of people present during the intervention, were you happy with the amount of people → important variables for the dynamic model

WP5 will send survey link that one person from the Case study lead, depending on when it will be sent Jill and after December Monica Ubalde

Starting the conversation with Cathrine, Tamara and Jill on how to proceed with the case studies until December, then Monica & Albert Bach, ecologist, will be important later (WP5 will contact via email)

What information does WP2 need from the WP5?

Sending a protocol with all the relevant variables

Ethics application in December (hopefully around 23/24.) as a stress factor, all relevant information is needed before even though Case studies don't start before that

With CSs7-9 (Alexandria Poole, Thomas van Rompay, Stine Bekke-Hansen, Ulrika K. Stigsdotter, Terry Hartig, Freddie Lymeus, Patrik Karlsson Nyed, Agnes van den Berg)

What information does the WP need to be collected by the CS?

Environmental and social setting of the case studies (f.ex. how does the shoreline look like? Is it a crowded area?)

WP5 will give a list of variables, CS should report which are relevant for their CS and can add variables that might be missing + importance rating on the variables

Using fixed criteria of pro-environmental behaviour across CS: do the intervention change PEBT facilitators/blockers need for these relationships



need to be identified → looking for predictors of pro-environmental behaviour (e.g. childhood exposure)

→ Important overarching Goal: Identifying the negative impacts on the environment of an intervention & Creating a dynamic model between environmental, economic and social impacts across the WPs: training the model to know f.ex. what happens with other variables when f.ex. water quality decreases → end product should be tool that can be used by end-users

How will CS5 deal with CS7-9 having environments that are not natural but highly modified? There will still be impacts that can be compared across the different CS

What CS5 wants: Type of population, kind of setting □ specific experience, comparison over different populations and settings; How CS7-9 sees it: what are the affordances (the behavioural setting) of the environment to elicit a specific experience?

What information does the CS need from the WP?

Plant blindness as a concept that might be a foundation for variables of CS5



WP6 (Ilaría Doimo, Giulia Amato, Linda Barci)

There are possibilities to do an economic assessment:

1. Economic value of the NbTs (Cost based, demand based or through QALY)
2. Cost effectiveness (compare the effectiveness and cost of NbTs with other health interventions)
3. Cost-benefit analysis

With CSs7-9 (Alexandria Poole, Thomas van Rompay, Stine Bekke-Hansen, Ulrika K. Stigsdotter, Terry Hartig, Freddie Lymeus, Patrik Karlsson Nyed, Agnes van den Berg)

W6 needs to know which costs can be avoided through NbTs → avoided costs through NbTs not the same for different populations: mental disorder, mental handicap, mobility disability... → they need specific information for every population

CS7: don't plan to use SF12 (a lot of questions related to physical health and not enough questions related to mental health) → Find an outcome measurement useful for the case study and WP6 → WHO-5?

CS9: Cost benefits for the workers instead for the clients

WP6: the economic value of nature is often underestimated.

Relate other outcomes with connectedness to nature.

With CSs4-6 (Catrin Waters, Arnulf Hartl, Christina Pichler, Angelica Moè)

WELLBY and SF12

CS5: Metabolic syndrome: NbT for prevention and intervention → comparison of NbT and non-nature-based therapies. No real prevention programs outside nature so difficult to compare.

WP6 needs: Anamneses: Medical history of participants (intake of medications, visits to the hospital, ...)

WP6: Prevention program (health costs)

With CSs1-3 (Angel Dzhambov, Ben Wheeler, Leanne Martin)

WP6: the 3 points above are not possible for the level 1 case studies.

C1: Observational study: W6 needs: national level information (where they live,..)

WP6: they could do an economic cost evaluation by assessing if people live near green spaces and how much it costs them to use green spaces)

CS1, CS2, CS3 should use same nature metrics + the SF12 + add 2 questions about how much participants would be willing to pay for the NbTs (willingness to pay)

CS2: cohort already exists but they do a follow up: can then ask the questions about the willingness to pay.

With WP9 (Johan Östberg, Elin Rowicki)

WP6: Public reports for the WP9: how to make the reports look nice and easy to read? And what do they need to put in the reports? Always all the data or just key points?



Do a report with the main outcomes with a reference to the full document.
You can include reports you already have on your website.
WP9 is doing a presentation that can be used by everyone.
Ideas for WP9: Mailing list with communication partners, calendar with posts that they want to post in the future, common format for the guidelines, website: post practical ways how to integrate NbTs for care givers, include famous people (athletes for example) in podcasts, talk to reporters.

With WP2 (Matilda van den Bosch, Jill Litt)

Map: How can we identify nature-based projects around the world?
Make a list of people that were already contacted so that people are not getting contacted twice.
Evidence based projects + others that fulfill specific criteria (criteria has to be worked out)
Animal therapies are excluded.
Use of different colors to represent how many criteria are met.
Use of different sizes to represent different group sizes.



WP7 (Laura Secco, Todora Rogelja)

With WP2 (Matilda van den Bosch, Jill Litt)

Laura: Stakeholder identification and engagement. Miss: standard procedure. In general, specific on Barcelona in WG7: 7.1. task = identification of social acceptance of nbt; promised 2 levels: Europe/EU, local levels: CS 4-9. RH and separate task.

Sub-/categories: spread around invitation. Local levels CS 3,4,6 = another story

Jill: network survey stakeholder: Barcelona has survey – intersection nbt and mental health! Most people know we have the program. – might be of use for methodology – network maps. If approach is similar: 2nd chance for stakeholder network. Is growing synergies. Extensive co-creation across the city. Bridge faculty, clinics, personnel,

Categories: professions, ties (how well they know each other), what kind of programs, resources are running, levels of cooperation and trust.

Laura: = ties; we want to start with validation of list of categories.

Matilda: categories also disciplines

Todora: different categories = difficult; different approaches. Make clear: forestry, environment. Useful to see, what has been done (in Barcelona).

Laura: start from simple example, share w/partners. Subcategories, populate fields. We have our contacts, but Eu-level might be more demanding/design more carefully.

Jill: We are very local.

Laura: some have knowledge: EuroHealth; we need to put that in order, no one must be left out.

Jill: It started slow, called folks, called them to name others. “We don’t need it” – mentality. i.e. we needed to do a lot of networking! Digital learning: closed list. Invited same people back -> many were missing. Love to do it again, but no resources. We have network-maps, studies collaborative connectedness. It’s luck if they are working together.

Todora: would be interesting result.

Laura: methodological limits. Use network to visualize, but not apply ... no formalized structure

Jill: as platform brilliant, translated in 6 languages, it’s possible.

Laura: it is not correct – we can’t have it. We can use networker to visualize.

Jill: mind-set networking = challenge.

Laura: 7.2 and 7.3: 7.2. put in scene -> RH. External analysis done by experts.

Take picture of situation. Next step: establish RH, make them work, give them project. Baseline, intermediate, final evaluation of results. We are familiar with co-creational tools, but don’t know how the other CS are familiar with that. 2,5 days = basic knowledge (only internally, not RH). Important: accurate in preparing the start, clearly designed.

Jill: co-creation ... break up in workshops. E.g., 3h on different aspects.

Consortium ...

Laura: need to work together to understand ... “maturity” of network. Then decide together on how to proceed.

Matilda: During intervention?

Laura: no, before! Those who will be ... in clinical trial might not necessarily



participate in RH. Disturbing variable: participants in treatment AND RH -> two things can be in parallel. 5-6 months to prepare RH. So, we are more flexible. Local health systems, park managers, municipality actors who are not participating in studies, but ... In this way: less connected in terms of timeline. Don't have to wait for CSS to advance much.

Matilda: co-creation thing = guiding intervention.

Laura: misunderstanding with the word: among experts of projects vs. RH actors, not CSS except local actors.

Jill: "damage creation"

With CSs7-9 (Melissa Lem, Alexandria Poole, Thomas van Rompay, Stine Bekke-Hansen, Ulrika K. Stigsdotter, Terry Hartig, Freddie Lymeus, Patrik Karlsson Nyed, Agnes van den Berg)

Laura: CS 7-9 / second group to work with – main task =7.2. identification and analysis of social acceptance of nbt. Understanding, of what has already been done. Soc. Acc. Of WHAT? Not only exploring part of health and education sectors, but awareness and acceptance of landowners (nat. res. Management) that allow us to enter the areas and use them in an effective way. Explore those sides, big macro-sectors. Who are the others/components of these sectors?

Different groups of respondents: 1 = EU-level stakeholders / networks; 2 = local level in 6 CSS (4-9). First step: in view months – stakeholder categories. E.g., different type of landowners, educational institutes. -> Simple way (excel): will ask you to validate. After validation circulate to all CSS and provide contacts of the real persons and organizations at local level. i.e., helping populate cells w/ contacts that can be shared (=publicly available contacts). After that: spreading around invitation to participate in survey (on-line); must be useful. Few questions – as much as possible. Concepts that overlie ... if they accept/are aware of: need to understand the concepts! Allow for answering these details. This task started end of June (literature review – conceptualization), need to create survey soon (then invite people etc.). Line-survey = software; needs to be discussed / align and avoid duplication of questions to stakeholders. Social acceptance and openness; all components. I.e., split big concepts into sub-concepts.

Agnes: only stakeholders or general?

Todora: stakeholders are very important! To know who they are. Tell us, who are the s/h who you think (less) important! We want to see broader than service providers and ... = basic step for us.

Ulrika: national forest agency / protective service could be problem.

Todora: forest-owners may be opposing.

U: possible conflicts / benefits. s/h: educational components. Nbt curriculum: 15.000 student/a.

T: s/h from politics, research, and education, medical: we should be the ones to ... We can always exclude but not bring on board.

Laura: we need to activate channels. We need to know what the general perception is! Specific needs and surveys designed – then summarize. Signal, what step in future – up/outscale or not.

Patrik: Identify stakeholders? Workload?



Laura: We plan to contact s/h per e-mail, excluding ... Enter in different way to ... We do not plan to interview people or have face-to-face talks (lack of resources). Stimulate local s/h to participate.

P/Alexandria: Translation?

Todora: response-rate 20%, result is low. We expect the same. Personal / professional contact -> response will be higher. Efforts, to make the questionnaire short.

U: workload for us?

Todora: Check categories (1h), fill in excel template; at that stage not so demanding.

Laura: Check translation.

Agnes: care-farm organization close relationship w/ s/h: ...

Laura: take advantage different countries ... add national s/h in different sectors.

Terry: assumption of personal relationship. Formerly organization different kind of ... CS personal contact – potential barriers/openness.

Laura: not individual, but about organizations that represent somehow the sector. Formulate questions differentiating personal or organizational positions/attitudes.

Melissa: British Colombia – park agencies had to be regulated to stem the flow (during COVID).

Todora: name whoever you think!

With CSs4-6 (Catrin Waters, Arnulf Hartl, Christina Pichler, Angelica Moè)

Laura: task 7.1. – collect names of s/h who should be intercepted by us.

Categorizing them. Health/Social/Educational vs ...

Carry out survey on Eur. level and ... sub-/categories -> circulate to p/m -> invite translate accurately in local languages. If response rate is low -> stimulate them.

Lewis will help to define ... not only stating, but also sub concepts that will refine. Make sure not to forget any special key aspect!

Arnulf: OSI – subgroup.

Christina: general, not only specific CS -> yes!

Laura: align with others, connective effort.

Then issue RH: we want to clarify what we mean by RH. Need to check for each of 3 cases: geographical border or larger interpretation. Decide together, how flexible, what we mean. "Local level" – according to circumstances.

RH: at the beginning pax should not be in clinical trials. It's not common to have the baseline sample because it's changing the attitudes of the person. Keep them separated i.e., CS working, then RH in parallel builds with those who are not participating. Who are interested in being informed = solves issue of timing. RH (task) will start in month 7. Carefully design, take time for preparation ...

Arnulf: What can we offer them? On-line? Travel costs?

Laura: depends on attitudes. It can be a combination of techniques/tools – at one time this, on other that. Point: we want a co-creation process. Focus on gaps in terms of knowledge, facilitation, experience.

A: What are the incentives? Heterogeneous surrounding (companies, ...).



Catchy: catering, speakers, etc.

Laura: main leverage: they should think it is a good reason to be there. Start with sharing importance.

C: institute family and reproductive medicine. Primary health care centers Austria.

L: We do not expect to have many participants from the beginning. -> innovators will spread/motivate. Start from small core groups. It's not a matter of having high numbers from the beginning. Pax: Passionate, enthusiastic, motivate others.

C: Matter of location.

T: Can have several locations. Careful: social innovation -> incentives should be limited (food & certificate is ok).

L: ambition: dynamics should continue after the project. Observe: What are the reasons to engage? Explore.

Change agent = technical term.

In RH: Share now for next few months: basic

next step: start to understand what are the potential activities & design questionnaire as a baseline. What are their relations, reasons to be there -> final evaluation. Reasons to join/leave. Schedule intermediate checkpoints. Also, if process is going in right direction, i.e. "work in progress" to the end.

T: reiterative process

L: training among us

With CSs1-3 (Angel Dzhambov, Ben Wheeler, Leanne Martin)

Laura: level 2&3, Mat suggested them to advise WP7. How recruited?

T: social cohesion. Payable?

Leanne: free, will share.

Laura: need validation on key concepts. Social acceptance and awareness; we might need from project partners is to check draft and change/add.

we need to disaggregate concept -> key questions.

Leanne: Barriers, motivations?

Laura: What do we mean by awareness

Angel: residential satisfaction etc.

T: communalities – useful to us. No official connection to CS.

L: 7.2. explore two levels; support useful (NGOs, services, etc.)

Angel: EU-level or partnering countries?

T: partnering countries. EU: we think of organization

L: not national-level analysis, but national agencies/actors who will follow the process. We promised the service on the local level (CS), but broader idea better.

A: local authorities -> yes

L: WP8 & Lewis – ambition is to find generalizable results – what works for everyone inside Europe. Health care system in I different from region to region – connected to regulation on regional level.

Final deliverable: how to make some useful lessons on other countries, considering barriers.

Language issue – question translation in budget included. But not: questionnaire to on-line.



A: will have s/o to translate from university.

T: 10-15 questions

L: translation in German, Spanish, Swedish, NL/Dutch, Italian, Hungarian (?)

Leanne: members of other project willing to translate

T: specific terminology

L: we still need to understand who is in charge of what in each organization

Julia will have list of partners

T: will be detailed – who is who in organization (person/task/part)

L: otherwise we spread information and waste time.

CS label “neighborhood” and “nature”: we underestimate the importance of clear understanding (for pax and us/analysis).

CS 2: social cohesion; “perceived nature exposure” – decided by individuals.

Linked to perceptions of individuals.

A: perceptions & measures. In some cases: mediator – indirect effect (not see green directly)

With WP9 (Johan Östberg, Elin Rowicki)

J: a lot of work done with templates. Dense, then downtime (around delivery) -> know our schedule, so we can publish

T: mentioned apps: What about research gate? -> make a project

J: sound interesting. Cecil worked a lot with it.

L: Whether and how – intercept s/h

J: Our main task is not mapping s/h – it’s creating the material that you will share. Finding medical professions

L: You will not define s/h, channel messages?

J: best practice, recommendation for medical professions for example. Getting out = putting on website, disseminate but no in-depth mapping.

L: If we have the list: will you check if complete?

J: We can try, do our best. We know people.

L: informed about conferences, etc. & other organizations -> yes

T: survey 24/7 on-line?

L: survey must anonymous!

J: WP1 when surveys? – fatigue? If too many / overlapping questions.

L: differentiate specific s/h in order not to bombard them with different requests. Specific thematic questions. Use answers to integrate (is difficult task). One survey having different blocks.

J: we need to talk about that. How should we deal with this? Not overflow same person.

Delphi-studies: try reiterative (ask same person in couple of months).

L: important: qualification of thematic focus of 4WP



WP8 (Lewis Elliott, Becca Lovell, Harriet Hunt)

With WP9 (Johan Östberg, Elin Rowicki)

What information does WP9 need to be collected by WP8?

WP8 will send WP9 a list of plans and ideas for the website. That way topics can be narrowed down and cleared before resources are put into them.

How can the work of both WPs be supported by the other?

If you see a post on social media. Like it. Repost it. Share it. That increases reach and makes WP9 work a lot easier.

WP8 is planning to do infographics (maybe even interactive ones). WP8 will plan them and then pass them on to WP9. They have access to landscape architects that are well versed in visual media and can easily design interactive infographics.

Additional Notes:

- The Podcast:
Doing Interviews with key people (= some people in project and with EU and some people outside the project). What is nature-based therapy, how can we use it, how can it help us?
Name: The Nature Therapy Podcast
- Blogpost:
Anything that is generally in the realm of that topic.
Involve projects that are aligned with topic, not just topics directly from internal research.
Resources are relevant -> Use information and topics already available.
Beyond Greenspace (= Blog by Becca) is already an available resource that can be utilized.
- Communication:
Internal communication is needed. Not just to outside (= general public). WP9 will help with communication internally and with involved professionals.
WP9 does not want to be an idle website and wants to frequently update the website.
WP8 will update information for WP9 if things change.
- Google Doc:
Is used instead of alternatives because it has open permissions.
Main google document does not have sensitive information. For other services it has to be checked if servers are in Europe. Homepage servers are in Sweden.
- Misc:
Question: Is WP9 going to create a stock presentation that anybody can give when explaining the project and topic?
Answer: Good idea, WP9 will do that.
WP8 is collaborating with WHO and need to have a curriculum ready next year. Audience is the health and environment ministry.
Are there conflicts (ethically) in terms of sharing information and collaborating through multiple institutions? Needs to be discussed with



Mat.

25% of curriculum could be delivered by external sources (= RESONATE researchers)

With WP2 (Matilda van den Bosch)

Not much overlap between WP2 and WP8. Time was mainly spent chatting informally.

WP2 does not have an information specialist on the project. They want to work with librarians.

If WP2 can muster some budget, they can think about an external worker for 3 days. Even a small amount of time with a specialist can help a lot.

If needed, WP8 can easily find somebody to help for half a day to run eyes over what WP2 did.

“Futureproofing” work of WP2 should be thought about.

WP2 wants to design a model and keep it alive after project has concluded.

If work is not subcontracted, it counts direct cost. (Relevant for payment and budget which is important for WP2 to plan.)

With CSs7-9 (Freddie Lymeus, Terry Hartig, Patrik Karlsson Nyed, Stine Bekke-Hansen, Ulrika K. Stigsdotter, Thomas van Rompay, Agnes van den Berg)

- **What information does the WP need to be collected by the CS?**
 - WP8 has to work case study specific and needs data on recruitment, on who drops out, etc.
 - WP8 does not have strict ideas and it depends on the CS. CS probably already has idea what they want to do and WP8 can help with implementation.
 - A “dos and don’ts list” from WP8 would be useful.
- **What information does the CS need from the WP for the Ethics application?**
 - CS might have already locked in their ethics details.
- **How can the work of both WPs & CSs be supported by the other?**
 - Weekly check-ups to see how things are going and if one must deviate from protocol.
 - WP8 might design a form that CS will need to fill out frequently. Alternatives might be just sending a voice mail on what new has happened.
 - WP8 will communicate needs before Christmas. Will be needed for ethics approval in the future.



Additional Notes:

“Will wp8 make mediation analysis or cross-case study?”

WP8 will synthesize across case studies, standardize outcomes, and then analyse them.

“It’s about mechanisms”

Include a mindfulness approach?

We would like to reproduce analysis that were used before. e.g., compliance patterns.

Actively engaging people with nature. Actively making them conscious but not overdoing it because that takes away from the spontaneous character.

→ Use Physical active engagement instead of just mental reflective.

Question: What will be seen as a disturbance? Are other people part of the environment?

Answer: Anything that would cause an instructor to deviate from the written protocol

Alternative explanation for disturbances: Anything that you would not expect in a natural and normal setting in real life.

Would this include reactance? Answer: normally no.

Information for the general public that research is going on at the location might be good.

The experiments also need 3 assistants present.

The intervention leaders need to be treated as information providers as well. CS need ethical approval for this as well.

With CSs4-6 (Christina Pichler, Arnulf Hartl, Catrin Waters, Angelica Moè)

- **What information does the WP need to be collected by the CS?**
 - WP8 is interested in fidelity.
 - Recruitment process must be clearly recorded. Was the intervention delivered as intended? Were experimenters able to deliver intervention as planned?
 - Also interested in who takes up the offer for research and who does not. Case studies should therefore record who has been asked. This might involve asking 3rd parties to record this information.
 - WP8 might add some questions to CS.

- **What information does the CS need from the WP for the Ethics application?**



- CS4-6 want to hand in ethics by the end of the year. WP8 will therefore do its work in the coming months.
- CS 4-6 have similar conditions. For that reason, WP8 will have coordinated and similar suggestion and needs towards the CS.
- **How can the work of both WPs & CSs be supported by the other?**
 - Is there a way for WP8 to suggest things proactively?
 - Answer: Yes, however, WP8 will not and cannot massively change the experiment. For that reason, they work with what is already planned and makes changes based on their needs.
 - The experiment cannot fully be planned on their end before the CS plan it.

Additional Notes:

Include low level qualitative data collection at the end of experiment to ask participants how it went. WP8 needs a qualitative researcher in each CS in order to host interviews that ask participants how the interventions went etc.

Some CS have German or other non-English speaking participants. WP8 has money in their budget for translators.

Pictures are very useful for WP8 as well.

Matt will help with data collection. Red Cap might also help?

It's also important to check when apps are used if these apps can record date automatically.

Question: Are there information/reports on previous "what works"-projects?

Answer: There is a small document (handbook) that WP8 will share. + maybe additional information.

Salzburg collected heartrate data and other exercise information. Should they record it for WP8?

Answer: Only if it's important to the research question.

- ➔ It is not planned for their analysis and WP8 does not have capacity to process that information so probably not. Only if somebody is interested in that data.

With CSs1-3 (Ben Wheeler, Leanne Martin, Angel Dzhambov)

Not a lot of overlap between CS1-3 and WP8.

(Energy is also gone by now.)

Additional Notes:

Metanalysis planned by WP8.



Mixed Methods synthesis between the quantitative data for experiment and the qualitative data collected for WP8.

Does not require strong high-level harmonization and analysis can be achieved through experiments with varying methods.

Melissa Lem joins the table:

Has experience with “what works” in Columbia.

What works to get people on board is giving people free access to something. For example, to a park.

Tired doctors can also be motivated by giving them access to the same nature-based therapy that they normally offer to the clients.

Free stuff is very attractive. Also, to the media.