



**HEALTH4EUkids**

Your Kids' Health, Our Priority

**Health4EUKids – 3rd General Assembly & WP4 Meeting,  
11-13 November 2024, Lisbon, Portugal**

# WP5 “Grunau Moves” Implementation Challenges & Facillitators

November 12, 2024, 09:40-09:50

Rosana Peiró, Mar Caturla, Marta Garcia, Ana Boned, on behalf 16 teams implementing “Grunau moves around Europe  
Fisabio & DG for Public Health (Region of Valencia, Spain)

H4EUK meeting



Co-funded by  
the European Union



Health and Digital  
Executive Agency

# “Grunau Moves” best practice

## Main objectives:

1. To create health-promoting settings (e.g., schools, neighborhoods) by increasing awareness, knowledge, skills, self-esteem, and cooperation among local actors
2. To create environments that promote physical activity and health in collaboration with policymakers through changes in street design, youth welfare planning, and other initiatives
3. To increase physical activity and encourage a healthy diet among children and families in deprived areas

**Expected impacts:** To improve the health and well-being of children and youth in deprived areas. In the long run, to reduce the prevalence of childhood overweight and obesity by enhancing the healthiness of relevant settings



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# "Grunau Moves" best practice



# Typology of the project

Sciences & Research | Original Contribution

Peer-reviewed | Manuscript received: April 09, 2015 | Revision accepted: September 06, 2015

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## Community-based health promotion for prevention of childhood obesity

Study design of a project in Leipzig-Grünau

*Ulrike Igel, Ruth Gausche, Martina Lück, Leipzig; Dirk Molis, Erfurt; Tobias Lipek, Karoline Schubert, Wieland Kiess, Gesine Grande, Leipzig*

## Health promotion characteristics; Ottawa charter

### Concept

- Process of empower people
- Based in a setting:
  - Whole population
  - Environment
- Working in an intersectoral, participative and equity perspective to find common solutions

### Setting approach:

- From a evidence based intrervention the context when it Will be implemented is the determinant of the success

### Complex intervention:

- Large number of health determinants implicated
- Large number of stakeholders engaged
- Large number of sectors involved

## Obesogenic environment



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# D5.1 Implementation plan guide (M13)



Organisation [FISABIO – FUNDACION PARA EL FOMENTO DE LA INVESTIGACION  
SANITARIA Y BIOMEDICA DE LA COMUNITAT VALENCIANA]

## D5.1 Implementation plan guide in disadvantaged areas

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Link to report:

[https://drive.google.com/drive/folders/1Lwsp9QJfSsK4kSjO9GmCbItI5R6XZeTW?usp=drive\\_link](https://drive.google.com/drive/folders/1Lwsp9QJfSsK4kSjO9GmCbItI5R6XZeTW?usp=drive_link)



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# D5.1 Implementation plan guide (M13)

- **STEP 0: EXPLORING AND DESCRIBING THE INTERVENTION AREA**
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Organisation (FISABIO – FUNDACION PARA EL FOMENTO DE LA INVESTIGACION SANITARIA Y BIOMEDICA DE LA COMUNITAT VALENCIANA)

# Report WP5 Kick off meeting Athens February 2022

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## 1. Opportunities, strengths, alliances...

- Schools (to engage the patient via the school); schools will be supportive because they work on healthy eating habits, physical education...)
- To promote psychosocial skills through the use of the playground (Italy experience)
- Local formal authorities (the implementation of the intervention will start after local and national elections, and so to contact the new elected representatives could be important to put the obesity prevention in the new political agenda; municipality willing to participate and sustain any interventions; municipalities which support "active living" and participating in "healthy cities")
- Existing facilities/places (need to create safe places for mothers from different cultures to discuss, meet, etc.; make maximum use of existing facilities (e.g. sport, gardens...))
- Close personal relationships (family bonds, peer support)
- Regulation and laws (in Spain they are preparing a law on healthy menus at schools; the advertisement regulation laws of sugary drinks and unhealthy foods; to restrict vending machines in schools)
- Networking (associations working on childhood obesity; presence of non-profit associations in the community dealing with health and wellbeing issues; NGOs working with social issues; Primary Healthcare implication, to take advantage of and connect with local community leaders to bond earlier with the communities; to create/strengthen a health promotion network in the community; collaboration between different services, entities, schools, etc.; other municipalities nearby that have a community process could push the new area to get involved in community engagement; deprived areas due to their characteristics and kind of population/incomes have already many associations/NGOs working on the area; knowledge, experience, network; networking between societies-NGOs working with children; sports associations with children; use strong opinion leaders/influencers specially from different cultures (even if unexpected))

February 22  
KICK OFF –  
ATHENS  
All partners

# SWOT Analysis – WP5 project partners

WP 5 Grunau Moves

WP5 in-person meeting Santiago de Compostela,  
Galicia (Spain), October 5-6, 2023

Opportunities	Strengths	Weaknesses	Threats
<ul style="list-style-type: none"> <li>Supportive authorities at the local level (municipality)</li> <li>Local formal authorities (municipality, regional government, national government)</li> <li>Regulation and laws (in Spain they are preparing a law on healthy menus at schools; the advertisement regulation laws of sugary drinks and unhealthy foods; to restrict vending machines in schools)</li> <li>Regulation and laws (in Spain they are preparing a law on healthy menus at schools; the advertisement regulation laws of sugary drinks and unhealthy foods; to restrict vending machines in schools)</li> <li>Regulation and laws (in Spain they are preparing a law on healthy menus at schools; the advertisement regulation laws of sugary drinks and unhealthy foods; to restrict vending machines in schools)</li> <li>Regulation and laws (in Spain they are preparing a law on healthy menus at schools; the advertisement regulation laws of sugary drinks and unhealthy foods; to restrict vending machines in schools)</li> </ul>	<ul style="list-style-type: none"> <li>Strong relationships with stakeholders (family bonds, peer support)</li> <li>Strong relationships with stakeholders (family bonds, peer support)</li> <li>Strong relationships with stakeholders (family bonds, peer support)</li> <li>Strong relationships with stakeholders (family bonds, peer support)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of formal authorities (the implementation of the intervention will start after local and national elections, and so to contact the new elected representatives could be important to put the obesity prevention in the new political agenda; municipality willing to participate and sustain any interventions; municipalities which support "active living" and participating in "healthy cities")</li> <li>Lack of formal authorities (the implementation of the intervention will start after local and national elections, and so to contact the new elected representatives could be important to put the obesity prevention in the new political agenda; municipality willing to participate and sustain any interventions; municipalities which support "active living" and participating in "healthy cities")</li> </ul>	<ul style="list-style-type: none"> <li>Existing facilities/places (need to create safe places for mothers from different cultures to discuss, meet, etc.; make maximum use of existing facilities (e.g. sport, gardens...))</li> <li>Existing facilities/places (need to create safe places for mothers from different cultures to discuss, meet, etc.; make maximum use of existing facilities (e.g. sport, gardens...))</li> <li>Existing facilities/places (need to create safe places for mothers from different cultures to discuss, meet, etc.; make maximum use of existing facilities (e.g. sport, gardens...))</li> </ul>

October 23  
Galicia WP5  
Implementers  
Coordinators



Organisation (FISABIO – FUNDACION PARA EL FOMENTO DE LA INVESTIGACION SANITARIA Y BIOMEDICA DE LA COMUNITAT VALENCIANA)

# MS5.4 Implementation process indicators situation

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Date: 28/03/2024  
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Document Co  
Settings

## What were the successes?

**Successes:** The regions have reported several successes in establishing their Core Groups and Health Networks. These include the creation of sustainable working groups with engaged individuals eager to make a difference (Belgium), great collaboration and commitment (Greece), and successful involvement of primary health care providers in discussions (Hungary). Additionally, there was successful collaboration with key stakeholders such as **neighborhood** associations and city councils (Andalusia and Valencia Community). The formation of Core Groups dedicated to planning community health actions was highlighted as a significant success in some areas (Valencian Community).

## Were there any barriers?

**Barriers:** Common barriers reported by the regions include challenges in matching the schedules of individuals representing stakeholders and difficulty in involving schools (Basque Country). Other barriers include difficulty in engaging the population in proposed activities (Andalusia), stakeholders not perceiving obesity as a main problem in deprived areas (Balearic Islands), and limited collaboration due to saturation among health and social services personnel (Valencia Community). Additionally, some regions cited the lack of a pre-existing network and the need for support in facilitating the process (Cantabria and Galicia).

## Was any support needed?

**Support Needed:** Most regions did not report an immediate need for support. However, some highlighted the importance of occasional feedback from project owners (Hungary), assistance in identifying useful contacts (Malta), and support and capacitation for facilitating the process (Basque Country). Others mentioned the need for binding policies to encourage citizen participation (Valencia Community) and collaboration with local councils and public health entities (Valencian Community).

March 24  
Monitoring  
Implementers  
By step 0-1-2

**T4.4 Transferability, scalability and sustainability of best practice: identifying facilitators and barriers for the implementation at the EU level**

A SWOT analysis is a versatile strategic planning tool used to identify and evaluate the Strengths, Weaknesses, Opportunities and Threats in a project, and can be applied to various scenarios. It is a tool used to identify the **facilitators and barriers** for the transferability, scalability and sustainability of best practices.

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Internal They fall within the organisational control of the project	Strengths Can be used to address Weaknesses	Weaknesses Need to be addressed
External Conditions that are outside the direct control of the project	Opportunities May be used to the best practice implementation	Threats May stand in the way of the best practice implementation

The SWOT analysis identifies the Strengths, Weaknesses, Opportunities and Threats in a project, and can be applied to various scenarios. It is a tool used to identify the **facilitators and barriers** for the transferability, scalability and sustainability of best practices.

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**Recommendations:** Recommendations report the elements that you consider crucial to the success of the transferability and scalability processes of the BP.



Organisation (FISABIO – FUNDACION PARA EL FOMENTO DE LA INVESTIGACION SANITARIA Y BIOMEDICA DE LA COMUNITAT VALENCIANA)

# D 5.2 analysis of barriers and opportunities (swot analysis) and lessons learned for community action for reducing obesity and improve health

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Template version: 3.0.1

April –June 24  
WP4  
Consultation  
Implementers,  
Best practices owners,  
leaders, municipalities

August  
M33 Final

# “Grunau Moves” Implementation Challenges & Facilitators – BP owners, WP5 Leaders, Implementers

## Implementation Challenges:

- **Human Resources:** Community-driven action requiring extensive fieldwork, data collection, and in-depth analysis
- **Context (Added Complexity):** High need for adaptation to specific locations; strategies and tools that succeed in one area may not be effective elsewhere
- **Participation of Population Social Groups:** Engaging vulnerable populations who may have different immediate priorities
- **Working with Minors (Children & Adolescents):**
  - Requires obtaining parental consent and managing complex administrative procedures
  - Also means that our target are the whole population
- **Co-Designing Local Action Programs:** Collaborative design with communities and stakeholders brings diverse perspectives, complicating prioritization
- **Financial Resources and Influence:** Each pilot’s Local Action Program relies on municipal funding, creating a potential risk that government priorities may override community needs

## Implementation Facilitators:

- **Political Willingness (Financial Resources):** Success depends on municipal funding and political support, with additional national, regional, and local funding options available
- **Trained Professionals:** Effective implementation requires a skilled team with experience and strong social skills
- **Intersectoral, Multidisciplinary, & Multilevel Networks:** Collaboration across sectors and levels through a Core Group & Health Network strengthens program impact and reach
- **Endorsement by Policy Makers, Key Decision-Makers, Stakeholders, & Partnerships:** Project partners are public bodies (e.g., NHS) with influence on policy agendas, programs, and strategic planning
- **Integration with Other Programs/Networks:** Project partners have identified regional initiatives (e.g., Plan Obesidade Zero in Galicia, XarxaSalut in Valencia, Office of the Commissioner for Poligono Sur in Andalusia, Educating City Program in Erandio-Basque Country), which can support continuity
- **Child Obesity as a Cross-Cutting Theme:** Child obesity is a multifaceted issue that can be addressed from various angles, helping to enhance stakeholder interest and engagement



# “Grunau Moves” Implementation Challenges & Facilitators – Municipalities

## Implementation Challenges:

- **Participation and Engagement of Key Actors:** Difficulty in involving essential stakeholders effectively
- **Funding Sources:** Limited or uncertain funding sources can restrict program reach and sustainability
- **Excessive Administrative Burden:** High administrative demands can slow down implementation and reduce efficiency
- **Lack of Participatory Culture:** Limited experience with community participation can hinder collective action
- **Sociocultural Diversity of the Population:** Diverse communities, often with preexisting neighbourhood conflicts, make collaborative efforts challenging
- **Neglect of Vulnerable Neighbourhoods:** The local government has often “abandoned” the vulnerable areas we work in, creating distrust and barriers to engagement
- **Increased Urgent Situations:** Frequent urgent needs shift community/local authorities priorities, impacting long-term project focus

## Implementation Facilitators:

- **Participation of Stakeholders:** Committed involvement from stakeholders, technical staff, and voluntary citizens who contribute significant effort
- **Preexisting Community & Sociosanitary Networks:** Strong, networks and effective coordination of neighbourhood and municipal resources enhance program implementation
- **Resident Commitment to Community Improvement:** Residents’ strong desire to improve their neighbourhoods fosters a positive environment for project activities
- **Effective Communication & Information Sharing:** Clear, consistent communication about activities and project status builds transparency and community trust
- **Resource Sharing:** Shared use of existing resources, such as physical education equipment in schools, reduces costs and improves efficiency
- **Association with Reputable Local Programs:** Partnering with respected local programs boosts credibility and strengthens community trust
- **Diverse Expertise Among Group Members:** The varied expertise of Core Group and Health Network members promotes valuable learning and knowledge-sharing



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# Thank you!

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# D5.2 SWOT analysis of Grünau Moves (M33)

Co-funded by the European Union



Health and Digital Executive Agency

[Santiago de Compostela], [5<sup>th</sup> and 6<sup>th</sup> October 2023]

FISABIO  
Àrea de Gestió i Promoció Científica

## SWOT Analysis – WP5 project partners

**WP 5 Grunau Moves**

WP5 in-person meeting Santiago de Compostela, Galicia (Spain), October 5-6, 2023

	Helpful	Harmful
<b>Internal</b>	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>[WPS] Team commitment</li> <li>[WPS] Political commitment</li> <li>[WPS] Multidisciplinary team</li> <li>[WPS] Flexibility and acceptability</li> <li>[WPS] Previous experience in JA</li> <li>[WPS] Excellent communication and relations</li> <li>[WPS] Online tools, common language</li> <li>[WPS] Shared understanding</li> <li>[WPS] Training pills taught by social experts</li> <li>[CS] Big improvement gap</li> <li>[CS] Political will and resources</li> <li>[CS] Children are a good gateway to families</li> <li>[CS] Teachers interest</li> <li>[CS] Schools as stakeholders</li> <li>[CS] School canteens</li> <li>[CS] Ongoing projects (by local NGOs, et.)</li> <li>[CS] Social fabric and networks</li> <li>[CS] Community project in progress</li> <li>[CS] Regulations on healthy food at the schools</li> <li>[CS] In certain countries, the local government has the competencies on authorising new food outlets</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>[WPS] Tight deadlines</li> <li>[WPS] Lack of Evaluation Plan (D3.1)</li> <li>[WPS] Distance between partners (remote)</li> <li>[WPS] Few meetings (increase frequency)</li> <li>[WPS] Low diversity</li> <li>[CS] Engage families (focus on 'caregivers')</li> <li>[CS] Lack of trust and lack of participation culture</li> <li>[CS] Lack of basic services</li> <li>[CS] Food desert, food swamps</li> <li>[CS] Geographic isolation</li> <li>[CS] Obesity not a priority for them</li> <li>[CS] Food prices, low incomes</li> <li>[CS] Lack of jurisdiction at the local level</li> <li>[CS] Lack of time to approach the project</li> <li>[CS] Lack of capability to transfer the information to our team</li> <li>[CS] Few resources in the project</li> <li>[CS] Too little time in advance to understand plan + project too short</li> <li>[CS] Extraction of obesity data</li> <li>[CS] We are too scientific which complicates communication to stakeholders</li> <li>[CS] Methodology still unknown</li> <li>[CS] Indicators and difficulties to establish comparisons</li> <li>[CS] The difficulty of extrapolating some practices</li> </ul>
<b>External</b>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>European funding</li> <li>Pre-existent participatory structures at the local level (internal?)</li> <li>Previous scientific evidence, literature, and data on obesity</li> <li>Having Grünau Moves best practice to rely on</li> <li>Political will at local, regional, and national levels</li> <li>Awareness of stakeholders (local government, schools, paediatricians) and awareness campaigns that are already being done</li> <li>Searching for alliances with key stakeholders like Fundación Pau Gasol or Fundación Gala Nadal</li> <li>Famous cooks in the region organise activities (e.g. school orchards)</li> <li>Mediterranean and Atlantic diets</li> <li>Several natural resources like parks and open-air spaces at schools</li> <li>Data from the public health system</li> <li>Universal health system</li> <li>Weekly markets for groceries</li> <li>Tournaments, hiking groups, healthy routes</li> <li>Body image and sports trends</li> <li>Social media and imitation behaviours</li> <li>Bike lanes and routes and walking paths</li> <li>Involvement of diverse organisations</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>Absence of political will</li> <li>Unsustainable interventions</li> <li>Reaching vulnerable groups</li> <li>Food prices, inflation, and cost of living crisis</li> <li>Preservation of perishable food items (fresh foods) can be challenging</li> <li>Economic interests prevail</li> <li>Low investment in school meals</li> <li>Effectiveness of interventions (data, indicators, measuring, literature)</li> <li>Low participation of parents and children</li> <li>Commercial determinants of food[idge]</li> <li>Unethical commercial strategies using paediatric association names: 'industrial epidemic'</li> <li>Unawareness of the community perspective of the problem by paediatricians, PHC professionals.</li> <li>Few connections between GPs and the community</li> <li>Socio-economic determinants</li> <li>Willpower &amp; the 'American-dream culture'</li> <li>Maintenance of inequity and poverty</li> <li>Lack of visibility of the problem from community perspective (DSS)</li> <li>Few knowledge of mass media (IG influencers, <del>videos</del> ...) promotion of healthy alternatives</li> <li>Myths: 'eating healthy is expensive', 'fat babies are normal', 'exercising takes much time'</li> <li>Lack of awareness of the project in the community</li> <li>Pressure from multinational food companies</li> <li>Influence of (recent) political changes</li> <li>Multicultural and segregated population groups (language barriers, religion, ethnicity, racism...)</li> <li>Not long-term view in planning</li> </ul>

