



# HEALTH4EU kids

Your Kids' Health, Our Priority

## MODULE 1

**Session 1.2: Health4EUkids: Overview of the context for supporting best practice implementation**

# Report on the Delphi process concerning the sustainability of the best practices Grünau Moves and Smart Family

## Introduction

This report presents the results of the Delphi process conducted within the framework of the *Health4EUKids (H4EUK)* project. The objective of the Delphi process was to define a set of validated sustainability criteria applicable to two flagship best practices (BPs): *Grünau Moves* and *Smart Family*. These practices, selected for their demonstrated impact on child health promotion and childhood obesity prevention, are being piloted in various European settings as part of the H4EUK initiative.

To ensure that these pilots can be successfully implemented, scaled up and institutionalized in diverse health system contexts, the project adopted a Delphi methodology. This method is widely recognized for its structured, iterative approach to achieving consensus among a panel of experts, especially in complex or multidisciplinary domains such as public health and health promotion (Hasson et al., 2000; Okoli and Pawlowski, 2004).

The Delphi process in H4EUK was organized into three consecutive phases.

### First Phase: Open-ended Questionnaire (February 2025)

The initial round involved an open-ended questionnaire distributed to a panel of selected experts in health promotion, policy-making, implementation science and evaluation. Respondents were invited to provide their perspectives on the key elements that enable or hinder the sustainability of good practices in health promotion, drawing on their knowledge and experience. This exploratory phase allowed for the collection of a wide range of qualitative insights, which formed the foundation for the next stage of the process.

### Second Phase: Close-ended Questionnaire (March 2025)

Based on the thematic analysis of the first round, a structured close-ended questionnaire was developed. This instrument listed specific sustainability criteria derived from the qualitative inputs and asked experts to rate their relevance, feasibility and transferability using a Likert scale. The aim was to quantify expert agreement and identify areas of convergence and divergence in views.

### Third Phase: Experts Discussion (end of March 2025)

The final phase of the Delphi was a synchronous expert panel discussion held on 27 March 2025. This meeting served as a forum for deliberation and validation of the results from the second phase. Experts were invited to reflect on the gathered previously ratings and comments, and to engage in a facilitated dialogue to resolve discrepancies, refine formulations and finalize the sustainability criteria. This phase emphasized the importance of consensus-building through direct interaction, a critical step to ensure that the resulting framework is robust, context-sensitive and actionable.

The validated criteria will support national and regional stakeholders in assessing the sustainability potential of the H4EUKids pilots. Moreover, they will serve as a reference for the design and implementation of future best practices in the field of child and adolescent health. By grounding these practices in evidence-based and consensus-driven sustainability principles, H4EUK contributes to strengthening the resilience and responsiveness of health promotion systems across Europe.

## *Grünau Moves: a community-based approach to childhood obesity prevention*

*Grünau Moves* (Grünau Bewegt Sich) is a community-led health promotion initiative launched in Leipzig, Germany, to tackle high rates of childhood obesity in the socioeconomically disadvantaged district of Grünau. Driven by the recognition that obesity is shaped not only by individual behaviours but also by structural and environmental determinants, the project adopted a comprehensive, multi-level approach to create sustainable change.

Data showed that childhood obesity rates in Grünau were three times higher than in more affluent areas, prompting the need for targeted interventions. The initiative aimed to reduce obesity by promoting physical activity and healthy eating, while also transforming the local environment and strengthening community networks. Central to the project was a commitment to community empowerment, involving local residents and stakeholders at every stage.

The intervention drew on the PRECEDE-PROCEED model to assess behavioural, social and environmental determinants of obesity, and used “Intervention Mapping” to design and implement context-specific strategies. These were structured across four levels:

- Individual: Children participated in nutrition workshops, physical activity programmes and youth-friendly spaces such as the “Motion Detector” office.
- Institutional: Schools and kindergartens adopted health-promoting curricula and partnered with local sports clubs.
- Environmental: Advocacy led to safer streets, improved playgrounds and creatively decorated footpaths that encouraged active mobility.
- Community Engagement: A participatory approach ensured co-design with parents, educators, policymakers and children, fostering ownership and relevance.

The project was rigorously evaluated using quasi-experimental methods, comparing outcomes in Grünau with two control districts. Results were significant:

- Outdoor play increased by 12.8%, sports club participation rose by 9.4%, screen time decreased, and fruit and vegetable consumption improved.
- All 13 schools and 19 kindergartens in the district were actively involved, with enhanced collaboration between educational and sports institutions.
- Childhood obesity prevalence dropped from 13% to 10%. Decorated footpaths were associated with a higher likelihood of physical activity (OR = 2.63).

- A permanent health network and a community organiser role were established, with municipal funding allocated to continue key activities beyond the project's end.

Funding was primarily provided by German health insurers (AOK PLUS, Knappschaft, TK), with additional support from local retailers, universities, and the Leipzig Health Department. Crucially, the initiative was aligned with Germany's Prevention Act (§20a SGB V), securing its integration into long-term public health strategies and municipal budgets.

*Grünau Moves* demonstrates how multi-sectoral collaboration, participatory methods and environmental modifications can drive sustainable health improvements. By addressing both behavioural and structural factors, the project achieved tangible reductions in obesity and strengthened social cohesion, offering a replicable model for health promotion in underserved urban areas.

## *Smart Family* (Neuvokas Perhe): a Finnish model for promoting healthy lifestyles in families

*Smart Family* (Neuvokas Perhe) is a nationally recognised Finnish health promotion initiative developed by the Finnish Heart Association to support families in adopting healthier lifestyles. In response to rising childhood overweight and obesity rates, the programme provides structured, family-centred tools for lifestyle counselling, with a strong emphasis on empowerment, autonomy and encouragement. Integrated into Finland's public health infrastructure, *Smart Family* is routinely used by public health nurses in maternity and child health clinics across all municipalities.

Recognising that information alone is often insufficient to change behaviour, *Smart Family* was designed to foster meaningful, supportive conversations between health professionals and families. Its main objectives are to prevent childhood obesity, help families reflect on their health habits, identify personal strengths and promote small, manageable changes in daily life.

The programme targets expectant families, those with preschool- and primary school-aged children and the professionals who support them. Its key components include:

- The Smart Family Card, a reflective tool completed by parents and children covering themes such as nutrition, physical activity, sleep, smoking and dental hygiene. It serves as a conversation guide during appointments.
- A Picture Folder for Professionals, which helps practitioners interpret family reflections and translate them into practical steps.
- An extensive online platform ([neuvokasperhe.fi](http://neuvokasperhe.fi)) offering tailored resources in Finnish and English for both families and professionals.
- Professional training, typically delivered as a one-day course by the Finnish Heart Association, ensures consistent and effective use of the method.

Since its launch in 2008, especially following a government-supported expansion in 2017–2018, *Smart Family* has scaled up nationwide. By 2019, more than 5,000 public health nurses had been trained, and around 370,000 Smart Family Cards had been distributed in both print and digital

formats. The platform's high uptake (over 240,000 web visits in 2020) reflects its widespread acceptance among both families and professionals.

Importantly, Smart Family integrates seamlessly into routine care without requiring additional staff. Municipalities fund the training, while national support from the Ministry of Social Affairs and Health (via STEA) covers ongoing development and maintenance. This structure ensures both sustainability and cost-effectiveness.

Evaluations of Smart Family show clear benefits: families reported increased autonomy and self-efficacy in managing their health behaviours and felt more motivated to make changes when their strengths were acknowledged. Health professionals, in turn, were more likely to offer supportive, constructive guidance.

Smart Family stands out as a scalable, strengths-based and evidence-informed model of health promotion. Its success lies in empowering families, equipping professionals with simple yet effective tools and embedding health promotion into the everyday work of public services. By fostering motivation and building confidence, the initiative supports long-term improvements in the health and wellbeing of children and their families.

## Evidence from the first and second round of the Delphi process

The Health4EUKids (H4EUK) project conducted a two-round Delphi process with 35 experts across 11 European countries to validate sustainability criteria for the two best practices. These experts, including public health professionals, policymakers, academics and practitioners, provided both qualitative insights (in Round 1) and quantitative ratings (in Round 2) on what it takes to sustain these interventions long-term. In Round 1, open-ended responses highlighted key themes and practice-specific nuances, while in Round 2, Likert-scale and ranking questions quantified the importance of each criterion and tested consensus.

Bringing together insights from both rounds of the Delphi process, a coherent picture emerges of what it takes to sustain *Grünau Moves* and *Smart Family* as effective, long-term health promotion interventions. Despite the diverse backgrounds of the expert panel and the range of European contexts represented, there was striking agreement on the core domains of sustainability. Experts consistently identified key pillars: political and legislative support, cultural and socio-economic adaptability, continuous workforce development, integration into existing health, education and policy systems, community engagement, diversified and stable funding, adequate physical and digital infrastructure, and robust evaluation and feedback mechanisms.

These criteria were validated across both rounds, first qualitatively, through detailed responses, and then quantitatively, through strong rankings and ratings. The panel's consensus reflects a multi-dimensional understanding of sustainability: it is not about a single intervention or component but about aligning systems, resources and relationships to support long-term success. As one expert summary noted, the findings offer an "encouraging yet realistic" perspective, encouraging due to the broad agreement on foundational elements and realistic because they also acknowledged context-specific challenges and the need for adaptable strategies.

For example, while political backing was universally seen as essential, experts warned of political volatility and advised securing cross-party agreements or legal frameworks to safeguard against policy reversals. Similarly, community engagement was endorsed across the board, but with recognition that it might require different approaches, from mandated co-design in some contexts to more flexible, informal methods in others. The same applied to funding: institutional budgets were considered the goal, but creative supplementary mechanisms, such as public-private partnerships or participatory fundraising, were viewed as valuable additions, especially to ensure equity.

The panel also reflected regional and disciplinary nuances that added depth to the shared criteria. Experts from Southern Europe, particularly Greece and Spain, placed strong emphasis on political commitment and cultural alignment, likely reflecting their policy experience and community engagement traditions. Meanwhile, experts from Northern and Central Europe often focused on operational feasibility and institutional alignment, occasionally expressing caution or moderation on certain mandates. Disciplinary perspectives were equally insightful: policy experts prioritised governance and legal frameworks, while professionals in community health and education stressed involvement and adaptability. Together, these views created a balanced and comprehensive roadmap.

Ultimately, the first 2 rounds of the Delphi process underscored that no single factor guarantees sustainability. It is the interplay, political support matched by community ownership, institutional integration paired with local flexibility, secure funding backed by efficient use, and rigorous evaluation combined with stakeholder participation, that forms a durable foundation. While implementation strategies may vary by region, the overarching principles remained constant across the panel.

## The third round of the Delphi process

The third and final round of the Delphi process was designed as a structured expert discussion aimed at validating and refining sustainability criteria for two selected best practices as well as to extract transversal lessons on the sustainability of childhood obesity prevention initiatives more broadly.

The third round, held as a synchronous hybrid session on 27 March 2025, brought together a panel of 35 multidisciplinary experts from 11 European countries. Participants represented diverse areas of expertise, including public health, implementation science, child health, digital health, education, social policy and municipal governance.

To foster focused discussion and allow for in-depth exploration of context-specific sustainability challenges, the experts were divided into three parallel working groups, each assigned a specific practice:

- Group 1: *Grünau Moves*;
- Group 2: *Smart Family*;
- Group 3: General Health Promotion Sustainability. This transversal group addressed broader issues related to the sustainability of childhood obesity prevention practices.

Each group was facilitated by a moderator and supported by a rapporteur, who were responsible for guiding the discussion and recording the insights shared by participants.

Each group was encouraged to critically assess prior Delphi findings, share field-based experiences and jointly formulate recommendations or adaptations to the proposed sustainability criteria. Participants were explicitly invited to comment on regional differences, feasibility constraints and the transferability of approaches.

Emphasis was placed on ensuring that the criteria are realistic, adaptable to local contexts and sensitive to the institutional, political and socio-economic environments in which the H4EUK best practices are being implemented.

### *Grünau Moves* expert discussion

The expert group focusing on *Grünau Moves* underscored the importance of deeply embedding the program within the community and local institutions. Sustained community engagement was seen as critical, achievable by institutionalizing participatory governance through formal structures and agreements. For example, some regions have enacted legal frameworks requiring intersectoral health boards that involve municipalities, health services and civil society in joint planning. Participants noted that establishing formal agreements (e.g. between municipal authorities and local health units) can ensure continuity once initial project funding ends. This “bottom-up” alignment, building on existing local initiatives rather than imposing new ones, fosters community trust and ownership of the program. The group also highlighted funding stability as a cornerstone of sustainability: they advocated integrating *Grünau Moves* into routine public funding streams (such as regional health budgets) and even using tools like participatory budgeting at the municipal level to secure resources. Notably, experts cautioned against over-reliance on corporate sponsorships or certain public-private partnerships, especially those involving the food industry, due to potential conflicts of interest that could undermine public trust. Instead, leveraging existing resources and personnel creatively, for instance, training professionals from schools, health units or even police officers to incorporate health promotion into their regular duties, was recommended as a cost-effective strategy to expand the program’s reach without major new expenditures.

In discussing political risks, the *Grünau Moves* group provided a clear-eyed assessment of potential hurdles. A major concern is the turnover of political leadership and priorities: even well-established programs can falter if incoming officials lack understanding of the structural roots of issues like childhood obesity. Experts observed that simplistic solutions (e.g. one-off healthy eating workshops) are sometimes mistaken for systemic responses, leading to a false sense of security among decision-makers. To counter this, strong public health advocacy is needed to continuously articulate that complex problems such as obesity require sustained, policy-level action and cannot be solved by isolated activities. In practice, the group urged involving national agencies or central institutions as partners to provide continuity beyond local political cycles and engaging municipal networks (such as Healthy Cities associations) to embed the program’s goals into broader governance structures. Finally, the *Grünau Moves* experts reached unanimous agreement on adaptability vs. fidelity: they viewed adaptability as a strength rather than a weakness of the program. While the core principles

of *Grünaue Moves*, such as community participation, co-design and inclusion of vulnerable groups, must remain constant, the specific activities and delivery mechanisms should be tailored to each locality's needs and cultural context. There is "no one-size-fits-all approach," as one size will not fit all communities; successful examples ranged from using schools as entry points in some areas to leveraging local cultural assets in others. This flexibility has allowed the program to align with cultural practices (for instance, complementing Mediterranean dietary traditions in southern countries) while also adjusting to challenges (such as addressing rising food prices that affect healthy eating in low-income communities). In sum, Group 1's discussion reinforced that *Grünaue Moves*' sustainability rests on strong local ownership, integration into official structures (both governance and finance), political championing and the ability to evolve with context – all while holding firm to its participatory ethos.

### *Smart Family* expert discussion

The group dedicated to *Smart Family* emphasized that technology should be viewed as a means to an end, not the core of the intervention: participants stressed that *Smart Family* is fundamentally about mindset and behavior change among health professionals and families, with digital components (like the Smart Family online card or QR-code based resources) serving as supportive tools. Anyway, experts noted barriers including low digital literacy among both some healthcare providers and vulnerable families, as well as cultural differences in the acceptance of online tools. There is also a risk of over-reliance on technology, for example, heavy use of QR codes could detract from the face-to-face interactions that build trust between families and counselors. To address these issues, the group highlighted efforts to make the content accessible to all: using visual materials with minimal text (such as videos and infographics) to overcome literacy barriers, providing simplified digital platforms and training for professionals and integrating *Smart Family* resources into popular channels (e.g. social media platforms like Instagram) to meet families where they already are.

Another key insight was the challenge of integration into existing systems. Participants acknowledged that embedding *Smart Family* into routine healthcare and educational workflows is not straightforward, given the fragmentation between sectors and the often limited emphasis on prevention in healthcare systems. Bureaucratic hurdles and initial resistance from some professionals (viewing the approach as extra work) have been encountered. Successful strategies to overcome these challenges were shared: framing *Smart Family* as an enhancement to current practice rather than an add-on, anchoring the method in continuing education programs (with official certification to incentivize uptake) and leveraging policy mandates or endorsements to gain institutional buy-in. In some countries, this has meant integrating *Smart Family* through existing public health initiatives: for example, linking it with early childhood health programs, school health services or local primary care networks. So that it complements and strengthens what is already in place rather than running in parallel.

On the topic of scalability, the experts pointed out that scaling a digital-family intervention across regions or countries faces technical and organizational barriers. A lack of interoperability between electronic health record systems, unclear ownership and sharing protocols for family health data

and the general “digital noise” that can overwhelm users all complicate broad rollout. The group suggested that achieving scale will require tailored approaches for different professional audiences (for instance, teachers might use the tool differently than nurses), the development of shared guidelines and communication frameworks to ensure consistency and small-scale pilot integrations that demonstrate success across multiple settings (healthcare, schools, community centers) before wider expansion.

Finally, the *Smart Family* discussion turned to sustainability metrics and evaluation. Experts warned against relying on simplistic or short-term indicators (such as immediate changes in child BMI) as proof of success. Given the complex, long-term nature of behavior change, they argued that more meaningful measures include improvements in parenting confidence, enhanced self-efficacy in families and sustained behavior changes, outcomes that may not be fully captured by a quick health metric. Participatory evaluation was highly recommended: incorporating feedback from both the professionals delivering the intervention and the families receiving it, to understand the qualitative impact and to continuously refine the program. The group’s consensus was that a mix of process indicators (e.g. how the intervention is used in practice, user satisfaction and engagement levels) and long-term outcome tracking (including longitudinal research such as the STRIP study cited in Finland) provides the best evidence base for sustainability. They cautioned against choosing metrics simply because they are politically appealing or easy to measure; instead, the focus should be on scientifically robust indicators that truly reflect the intervention’s value and inform ongoing improvement.

## General expert discussion

The third Delphi discussion group focused on cross-cutting factors that influence the sustainability of health promotion initiatives like *Grünau Moves* and *Smart Family*, offering lessons that extend beyond any single programme.

A major theme was the importance of cross-sector collaboration. Experts emphasized that formal governance structures, such as local committees that bring together health, education, social services and other sectors, can help dismantle institutional silos and align actions. The presence of neutral coordinators or “bridge figures” was seen as vital for maintaining momentum and communication among diverse actors. National-level support, such as inter-ministerial agreements, can lend legitimacy to local efforts, but experts stressed that frontline engagement with teachers, clinicians, and community workers is equally crucial. Without buy-in from those delivering services on the ground, top-down agreements alone are insufficient.

On funding, the group agreed that stable public financing must form the foundation of any sustainable initiative. While EU or project-based grants are valuable for launching programmes, long-term continuity requires integration into regional or national budgets. Embedding programmes into existing policy frameworks, such as national health strategies or municipal action plans, was recommended to secure their place within routine systems. Supplementing this core funding with diversified sources, including philanthropic contributions or carefully managed public-private partnerships, was viewed as beneficial, provided it avoids fragmentation. Universities or neutral

bodies could help coordinate these efforts. Ultimately, gradually increasing local co-financing and community investment was seen as a way to strengthen financial ownership and resilience.

The discussion also explored how to build political resilience into health initiatives. Experts agreed that broad-based, cross-party and cross-sectoral coalitions can insulate programmes from political changes. Embedding activities into laws or strategic plans further secures their continuation beyond election cycles. The role of high-profile advocates, such as NGOs or public figures, was also noted as a way to sustain visibility and political commitment. However, experts underscored the importance of grassroots advocacy, with community voices keeping pressure on decision-makers and reinforcing accountability.

Community engagement was reaffirmed as both a goal and a strategy for sustainability. Early and continuous participation, through advisory groups or local working parties including parents, young people and community leaders, helps foster ownership. Experts encouraged an asset-based approach, leveraging existing networks, volunteers and local capacities to avoid overburdening communities. They warned of the risk of “community fatigue” from excessive consultations without visible results, recommending fewer but more meaningful engagements. Simple communication tools, like shared folders or messaging apps, were cited as effective ways to keep stakeholders informed and involved.

Finally, the group discussed the role of evaluation frameworks in sustaining programmes. They advised moving beyond end-point health outcomes to include intermediate and process indicators, such as increased community activities, improved knowledge, strengthened local capacity and environmental changes, which offer more immediate evidence of progress. Mixed-methods approaches combining quantitative data and qualitative insights were strongly endorsed, as they allow for adaptive management. Real-time monitoring systems were highlighted as valuable tools for making timely improvements. Moreover, involving practitioners and community members in the evaluation process through participatory methods was seen as essential for ensuring results are trusted and used. Local capacity-building for data collection and interpretation was also recommended to make evaluation a routine and embedded part of programme delivery.

In summary, the group concluded that sustainability depends not only on political and financial foundations but also on meaningful collaboration, community participation and continuous learning through evaluation. When these elements are built into the structure of an initiative from the outset, they form a self-reinforcing system, one capable of adapting to changing conditions while maintaining long-term impact.

## Implications for Health4EUKids pilots and future best practices

The validated sustainability criteria developed through the Delphi process are far more than an academic output. They carry direct and practical relevance for the Health4EUKids project and its future trajectory. For the two pilot interventions, *Grünau Moves* and *Smart Family*, the findings provide a clear and actionable roadmap for ensuring long-term impact.

With this consensus-based framework in hand, the H4EUK team can now develop targeted sustainability plans for each pilot, aligning them with expert-validated priorities. In practical terms, this means securing lasting political and administrative support, for example, through formal commitments from local authorities or relevant ministries. It also involves embedding interventions into existing systems so that activities become part of the everyday operations of schools, clinics, or community centers, rather than isolated or temporary projects.

The roadmap also calls for ensuring stable financing, ideally by incorporating programme costs into regular public budgets. Ongoing investment in workforce training and motivation, alongside active community involvement at every stage, will be key to building local ownership and legitimacy. Each of these actions directly reflects the Delphi-endorsed criteria. By systematically applying these insights, the project significantly increases the chances that the positive results achieved during the pilot phase can be maintained, and even scaled, well beyond the life of the initial funding.

Beyond the two pilot sites, the Delphi criteria offer valuable guidance for scaling health promotion practices in other regions and countries. As part of a broader European effort to strengthen public health interventions for children and adolescents, H4EUK can now share this validated framework as a reference tool for policymakers, programme designers and practitioners.

For example, if another city or country intends to replicate *Grünau Moves* or implement a family-based digital counselling initiative, the sustainability criteria offer a checklist of enabling conditions and strategic considerations, from political alignment and cultural fit to evaluation mechanisms and cross-sector collaboration. National and regional actors can also use the framework during the planning phase to assess the sustainability potential of new initiatives and ensure they are designed for long-term viability.

By grounding new health promotion efforts in these consensus-based principles, decision-makers can avoid common pitfalls, such as relying on a single funding stream, failing to engage communities, or neglecting to institutionalize interventions. In this way, the Delphi process contributes to strengthening the resilience and foresight of health promotion systems across Europe.

The validated criteria, together with the underlying explanatory insights, now stand as a valuable knowledge asset of the Health4EUKids project offering strategic inspiration and practical direction not only for sustaining current pilots, but also for shaping future programmes that are built to last.

## Conclusion

Both the *Grünau Moves* and *Smart Family* pilot interventions illustrate that long-term success in health promotion relies on a combination of interrelated factors. Despite their different contexts (one a community-based obesity prevention initiative in Germany and the other a nationwide family health programme in Finland) they share core criteria that have enabled their positive impacts to endure beyond initial pilot phases. These shared sustainability elements represent a coherent set of priorities for planning and policy, ensuring that interventions not only achieve results but remain effective and resilient over time.

- **Political commitment and policy support.** Sustained political will has emerged as a fundamental pillar for both interventions. High-level commitment, from local authorities in *Grünau Moves* to national ministries in *Smart Family*, provided the enabling environment for these programmes to flourish. Supportive legislation and policy frameworks helped institutionalize the initiatives, embedding them into public health strategies and securing their place on the policy agenda. This backing lends legitimacy and aligns the interventions with broader health objectives.
- **Cross-sector collaboration.** Both pilots underscore the importance of working across sectors. Lasting health improvements were achieved not by the health sector alone, but through collaboration with schools, community groups, businesses and other partners. For example, *Grünau Moves* engaged educators, city planners and local businesses alongside health services, while *Smart Family* linked public health nurses with an NGO-developed programme as part of routine care. These multi-sector alliances made the interventions more comprehensive, shared responsibility across stakeholders and leveraged diverse expertise and resources for greater impact.
- **Integration into existing systems.** Embedding both interventions into existing systems proved critical. Rather than running as temporary stand-alone projects, each was woven into routine service structures. For example, *Grünau Moves* was integrated into municipal programmes and aligned with national preventive health legislation, while *Smart Family* became part of standard maternal and child health clinic workflows. By aligning with established institutions and practices, both initiatives were easier to maintain, scale up and sustain overtime.
- **Community engagement and ownership.** Both pilots confirm that genuine community involvement is not optional but foundational: interventions thrive when the people they serve are actively involved. *Grünau Moves* relied on participatory co-design (residents and even children helped shape activities), building strong local ownership and trust. *Smart Family* likewise empowers parents to set and pursue their own family health goals, making them active partners in the process. Treating community members as co-creators keeps programmes relevant to local needs and values. This kind of buy-in turns community members into champions of the programme's future.
- **Stable funding and infrastructure support.** Securing adequate resources, both financial and material – was vital for sustainability. Both programmes secured funding beyond their pilot phase to maintain core activities and staff. *Grünau Moves*, for example, obtained ongoing backing from health insurers and the local government, while *Smart Family* drew on a blend of municipal and national support. Each initiative also required appropriate infrastructure: *Grünau Moves* established safe play spaces and local coordination roles, and *Smart Family* utilised online platform and trained health personnel. By planning for long-term financing and providing essential facilities and human resources, these interventions were able to scale up successfully.
- **Evaluation and continuous improvement.** Both interventions built a culture of ongoing evaluation and learning from the start. *Grünau Moves* measured its impact (such as changes in obesity rates and physical activity) and used this data to adjust strategies and inform stakeholders. *Smart Family* similarly collected feedback on family engagement and behaviour change to refine its approach. By using continuous feedback loops, each initiative could correct

course when needed and provide solid evidence of its benefits. Regularly sharing results helped maintain broad support by demonstrating real-world impact.

In summary, no single factor guarantees sustainability, instead long-term success arises from the combined effect of multiple elements. Political commitment, cross-sector partnerships, integration into existing systems, community ownership, stable financing, adequate infrastructure and continuous evaluation all work together to create lasting impact. When these factors are planned and strengthened in tandem, initiatives like *Grünau Moves* and *Smart Family* can grow from short-term projects into enduring programmes. This shared framework offers policymakers and practitioners a practical roadmap for designing resilient health initiatives. By prioritising these elements in future planning, stakeholders can ensure that effective interventions continue to benefit communities.

## References

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