

## **Best Practices in action: how to transfer, implement, and sustain effective health promotion interventions for children (0-12)**

Module 2 - Grünau Moves: a Best Practice to promote health and prevent obesity in children

Session 2.1 - Grünau Moves: General Overview

Unit 2.1.1 - "The original Best Practice"

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### **Slide 1 & 2**

Hi, we are Fin and Ulrike, and we would like to provide you with an overview of the original best practice project, Grünau Moves.

### **Slide 3 - Grünau Moves - «Grünau Bewegt sich»**

Grünau Moves, or «Grünau Bewegt sich», was a community-based participatory health promotion project that aimed at preventing obesity in children in a so-called socially deprived area in Leipzig.

The project aimed to slow the increase in obesity prevalence among children aged 4 to 12, and to build capacity for health promotion in the community and promote health among children and families in this particular area, and of course to reduce health inequalities.

### **Slide 4 - Intervention Region: Grünau**

First, to contextualize the project, we will present some key information about the intervention area, Grünau, using official data from 2015—the year the project started.

First, take a look at the map. This is a map of the city of Leipzig showing our intervention region as well as control and contrast regions. The red area is Grünau—a large housing estate on the periphery, and you can also see some pictures over here.

The grey districts are the more privileged and located in the city center and they were used as contrasting areas.

The blue areas are districts that are also socially deprived, and they served as control regions for the evaluation.

And, as you can see in the table, in 2015, Grünau had approximately 45,000 inhabitants, and 12.4% of whom were children. And almost half of those children received social welfare, which can be used as an indicator of poverty.

And the unemployment rate was higher than the city average.

And the educational level of residents was lower compared to the city average, and of course to the contrast region as was the personal net income.

And also the prevalence of overweight and obesity in preschoolers (children aged 5-6 years) was higher than expected, and that prompted us to launch the project.

## **Slide 5 - Understanding and transforming living environments together!**

We wanted to understand and transform living environments together with the local community, building on evidence and theory. And it is important to note that social work—and community work, in particular—was key in our project.

So, our social worker was a central part of the project, and she was mediating between science and the community. Her focus was on lifeworld and resources, and she was working cross-institutionally, following a participatory approach by exploring the self-interest of agents and community members, activating and empowering them.

In the scientific sphere, we worked systematically using the PRECEDE-PROCEED framework and Intervention Mapping Protocol in order to develop theory-driven and evidence-based interventions in a practice-oriented and participatory manner.

And our Grünau Health Network—that consisted of day care centers, sport clubs, schools, associations of the community as well as quarter management and health professionals, those networks helped us to identify needs and resources and to develop and implement intervention that are sustainable.

## **Slide 6 - Participatory Approach & Needs Assessment in Community-Based Health Promotion**

So, how did we develop the interventions? We followed a participatory, community-based approach that first focused on a comprehensive needs assessment by actively involving stakeholders and community members in identifying and analyzing needs to drive effective decision-making.

And we used participatory methods such as focus groups, workshops, photovoice, as well as interviews and observations and surveys, to gather information and develop a deeper understanding of local needs and resources.

And our mission was to develop health promotion measures that were context-sensitive and community-based—that is to say, tailored to the local context. We did nothing without involving local agents—that means that none of our interventions were solely planned and implemented by ourselves but always in collaboration with stakeholders to ensure relevance and sustainability.

And we wanted to sensitize and empower local agents and community members to engage in health promotion and strengthen ownership and commitment.

All these actions helped us enhance relevance and effectiveness—ensuring that our interventions were tailored to real community needs.

And listening to and working with local stakeholders and community members builds trust and ownership and encourages active community involvement, which has the potential to be sustainable.

All in all, our comprehensive needs assessment, collection of data, and collaboration strengthened research and project outcomes.

## **Slide 7 - Interventions on different levels**

How do those interventions look like? To begin with, it's important to highlight that the interventions we implemented were designed to address various levels of impact within the community. These measures targeted not only social and community networks but also living and working conditions.

Most of the interventions also focused on changing individual lifestyle behaviors among children, ensuring a holistic approach to health promotion.

Let's take a look at some of these interventions in more detail.

A good example is **Active to School**. For instance, this was a project initiated by a landscape architect. Together with children, we developed ideas to make school routes more conducive to physical activity. The children explored their home and school environments, collected ideas to promote physical activity, and designed street elements to encourage movement. The most popular designs, as voted on by the children, were incorporated into the school routes. Furthermore, various city departments were engaged to implement sustainable changes to pedestrian pathways.

Another good example is the **Motion Detector**. It was a weekly initiative introduced by a group of university students. They aimed to assess children's motivation to engage in outdoor play within their neighborhood. Over three afternoons, the students visited the district, providing sports and play equipment. This low-threshold initiative was well received, and some children expressed their desire for regular playtime. Consequently, a weekly play session for children aged 4 to 12 was established at our project office, which was located within the community. Additionally, various workshops were organized based on the children's interests (e.g., parkour) and needs (e.g., cooking workshops, as some children reported being hungry). By the end of the project, the participating children initiated a petition advocating for the continuation of the **Motion Detector** program. Through political engagement and with the support of the children's office, they successfully secured the establishment of a youth club in their neighborhood.

If you would like to know more details about these interventions, additional information can be found in the fact sheets.

## **Slide 8 - Outcomes**

What were the key outcomes of those projects and interventions? Now that we've discussed the interventions, it's crucial to look at the impact they had on the community. The results we observed indicate the success of the interventions and how they contributed to long-term health benefits.

Our interventions were widely accepted and actively utilized by daycare centers, multipliers, and children, leading to increased collaboration between daycare centers and local stakeholders, such as sports clubs. The integration of health promotion into the urban development plan ensured the continuation of the Grünau Health Network, contributing to long-term community health benefits.

Moreover, we observed increased physical activity in public spaces, along with a rise in the number of children joining sports clubs—indicating a shift towards a more health-conscious community.

## **Slide 9 - Learnings - Community-based Health Promotion... Key learnings**

Throughout the project, we reflected on the challenges encountered and synthesized our experiences into 10 key statements, which you can see here. Key lessons emphasize the need to acknowledge diverse health perspectives and adopt a lifeworld approach that considers people's everyday realities. Highlighting the additional benefits of health promotion increases engagement, while ensuring low-threshold access prevents discrimination and promotes inclusivity. Addressing the needs of residents, institutions, and decision-makers fosters long-term impact, supported by interdisciplinary collaboration and participatory processes. Using evidence-based models strengthens interventions, while advocating for health equity raises awareness of social inequalities. Finally, securing political support is essential to sustain efforts and integrate health promotion into broader social and political strategies, ensuring lasting improvements in community well-being.

We hope our findings and learnings will be useful for your future project.

## **Slide 10 - Thank you for your attention and participation!**

The coordinators of Work Package 5 will now present how Grünau Moves has been transferred into the Health4EUkids project.