

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 2.2 - Grünau Moves: Planning the Intervention

Unit 2.2.2 - Case A “Building Community Partnership for Health at Polígono Sur (Sevilla, Spain)”

Lecturer: Pablo García Cubillana (Andalusian Health Service - SAS)

Slide 1

This is module 2, Grünau Moves: a Best Practice to promote health and prevent obesity in children.

Slide 2

Establish the Core Group and Health Network: challenges and opportunities. In this unit we will speak about “Building Community Partnership for Health at Polígono Sur, in Sevilla, Spain. This unit is developed by my colleague Guadalupe Longo and myself, Pablo García Cubillana, both belong to the Andalusian Health Service.

Slide 3 - Intervention area

This slide show us the intervention area. Our pilot intervention starts from the fundamental idea that community health and community health assets are essential in addressing child overweight and obesity, especially in disadvantaged areas. These assets include not only facilities or programs, but also relationships, knowledge, and informal networks. In such contexts, community-level interventions are far more likely to succeed because they are tailored to local realities.

The selection of Polígono Sur neighbourhoods as the Intervention Area (IA) followed the Implementation plan guide for transferring the successful Grünau Moves' model. Polígono Sur show both high levels of vulnerability and potential for change. Polígono Sur meet some criteria for a successful intervention: social and economic deprivation, existing community mobilization, and institutional commitment. This combination makes it an ideal setting for implementing and sustaining a transformative health promotion intervention.

The Office of the Commissioner for the Polígono Sur begins with a strong example of civic and political convergence. In 2003, the neighbourhood's demand and the political will of the three administrations (national, regional and local) to agree to promote a pioneering initiative: to develop and implement, together with the neighbours, technicians, social organisations and political authorities, a comprehensive plan to regenerate the neighbourhood. This moment gave birth to the Commissioner's Office and, with it, a unique model of shared governance. In 2023, a new milestone with the creation of the Community Health Board marked a renewed commitment to this model. It became the space where the 3 administrations meet with the organisations and representatives of civil society (once or twice a year) to report on the work

carried out by the health services represented on the Technical Committee, the services offered and the plans, programmes and actions (being implemented or planned). At the same time, through their representatives, the population's proposals and demands can be collected and commitments can be proposed for future actions in which their collaboration is necessary or appropriate.

Slide 4 - Core Group. Structure and Role in Polígono Sur

In this slide we can see how the heart of our pilot intervention is the Core Group (CG)—a compact team of 8 stakeholders who take on a leadership role in the intervention. In Polígono Sur, the CG includes a group of professionals affiliated to the three partner organisations in the Health4EUKids project: Andalusian Health Service (SAS), Andalusian School of Public Health (EASP) and Andalusian Public Foundation Progress and Health (FPS); all of which come under the Regional Ministry of Health of the regional government of Andalusia. Also, a representative Office of the Commissioner for Polígono Sur with proximity to the community.

Slide 5 - Core Group. Structure and Role in Polígono Sur

The CG is both strategic and operational. It addresses the determinants of child obesity ensuring that interventions are community-led. The group supports activity planning and mobilizes neighbourhood participation.

The core group holds regular meetings every two months and maintains continuous contact by email and phone. An update of the pilot project progress is monitored. Especially intensive in the situation analysis phase.

Crucially, the CG stands for sustainability. Even after initial European funding or when external coordination ends, this small, rooted team continues its efforts to raise resources for the forward development of the intervention from an institutional accountability perspective.

Slide 6 - Health Network. Collective Infrastructure for Action

Beyond the Core Group, Health4EUKids implementation plan envisions a Health Network (HN)—a larger collective of stakeholders committed to changing the local conditions that drive obesity and overweight in children. This is not a fixed entity, but a flexible, inclusive platform. It brings together actors from across sectors: healthcare, education, urban planning, civil society, and more. Its purpose is to foster system-level cooperation—working together to tackle complex, interrelated challenges that no single actor can solve alone.

Slide 7 - Health Network. Collective Infrastructure for Action

In Polígono Sur, this takes the form of the Community Health Board, created in 2023. It meets regularly—once or twice a year—to align actions, report on progress, share plans, and collect the community's priorities and feedback. Operationally, the network includes thematic working groups, allowing action at different levels. By creating shared infrastructure for health, the HN makes it possible to translate the efforts of the Core Group into lasting changes in the environment—safer parks, healthier school meals, family engagement, and more.

Slide 8 - Challenges in Partnership Network Building. Lessons from the Field

Despite strong foundations, challenges remain. Institutional inertia is a persistent obstacle—plans move slowly, staff rotate frequently, and coordination is hard to maintain. Many residents still carry the weight of promises made and not kept. Trust, once broken, takes sustained effort to rebuild. Facilitators play a crucial role here—ensuring continuity, managing expectations, and translating between bureaucratic and community languages. Another major challenge is aligning institutional timeframes with community rhythms. Institutions want fast outcomes, but the community needs time to heal and to participate. The Health4EUKids project navigates this terrain carefully—keeping technical focus while honouring the process of co-creation.

Slide 9 - Recommendations for Health Promotion Governance

From this experience, several recommendations emerge.

First: create third spaces—not fully institutional, not purely grassroots, but shared. That's where real transformation occurs.

Second: ensure stability in key roles. People build trust with people, not systems. When leadership rotates too often, networks dissolve.

Third: invest in structures like the Community Health Board. They provide both a symbolic anchor and a practical mechanism for shared governance.

And finally, frame projects like Health4EUKids not as external interventions, but as shared platforms. This fosters ownership and sustainability. If we get this right, we're not just preventing obesity—we're building a community capable of protecting its own health future.

Slide 10 - Thank you all for your participation!

Thank you all of you for your participation.