

## **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 B “Establish the Core Group and Health Network from scratch: challenges and opportunities”

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### **Slide 1**

Hello, and welcome. I am Belén, I am a technician of FISABIO. In this video, we will explain how the Core Group and the Health Network were created in the neighborhood of El Raval de Sant Agustí, in Cullera (Valencian Community, Spain), as part of the European project H4EUK.

### **Slide 2**

This was a community health planning experience built from scratch, in an environment with almost no previous associative structures.

We want to share how it was done, the challenges faced, and the opportunities that arose. We will also give some key recommendations for those interested in implementing something similar.

### **Slide 3 - Building the Core Group and Health Network from scratch. Step 1: Identification of Key Actors**

The first step was to identify potential stakeholders in a context with no formal structures or active organizations. In other words, there was no network — we had to build it from the ground up.

In-depth interviews were conducted with key actors — such as municipal, healthcare, educational personnel, and informal neighborhood leaders — using the snowball technique. That is, each person interviewed recommended new contacts.

This process helped to draw an initial informal map of people involved or potentially interested in improving health and social cohesion in the neighborhood.

From the beginning, the project was presented openly to municipal staff, healthcare workers, and social agents. Building trust was essential.

### **Slide 4 - Building the Core Group and Health Network from scratch. Step 2: Building the Health Network**

After the initial identification of people and entities, the next phase involved inviting associations, local businesses, schools, and professionals from the health, cultural, and community sectors to join the network.

It's important to highlight that, in El Raval de Sant Agustí, many of these associations didn't even exist at the beginning. It was the community mobilization process itself that sparked their creation. Being present at neighborhood activities, making the project visible, getting to know the local dynamics—and above all—being out in the streets daily, was essential. You can't do community work without truly knowing and being part of the community.

Trust was built over time—by listening, offering support based on their real needs, and creating meaningful exchanges. The goal was to foster pleasant, welcoming spaces where people felt comfortable, engaged, and wanted to return.

We began organizing open activities for the neighborhood, and from there, the network started to take shape. New groups such as the neighborhood association or a women's group emerged during this process and were supported through more technical steps like applying for funding and organizing activities.

In this way, the Health Network expanded progressively and flexibly, adapting to the territory's dynamics and respecting the rhythm of each group.

### **Slide 5 - Building the Core Group and Health Network from scratch. Step 3: Formation of the Core Group**

From this broader network, the idea emerged to form a Core Group: a smaller team with a higher level of commitment. It was essential to ensure that it was interdisciplinary and intersectoral, including people from health, social services, education, culture, and community members.

Regular meetings were held, working strategies were defined, and coordination and participation mechanisms were agreed upon. The Core Group became the driving force of the process.

Health promotion literature highlights that these groups are key to community processes. They ensure continuity, a horizontal approach, and shared responsibility between institutions and citizens (Minkler & Wallerstein, 2008; WHO, 2022).

### **Slide 6 - Challenges Encountered in Our Experiences**

The process was not without difficulties. Some major challenges included:

- Lack of participatory culture among both residents and some institutions.
- Irregular attendance due to overload or lack of incentives.
- Difficulties in intersectoral coordination.
- Presence of structural racism and institutional mistrust among some neighbors.

These challenges remind us that participatory processes are not linear or easy, especially in areas with no history of community work.

### **Slide 7 - Opportunities and Achievements in Our Experiences**

However, valuable opportunities also emerged:

- Spaces for participation, dialogue, and co-creation were created, allowing previously ignored neighborhood issues to gain visibility.
- Social cohesion and collaboration between sectors and institutions increased.
- The Health Network kept growing and diversifying with new local actors.
- Real participatory methodologies were applied, such as Photovoice and the Living Healthy Tool (LHT), giving citizens a direct voice.

These tools are validated in public health and empower communities by addressing social determinants of health (Catalani & Minkler, 2010).

## **Slide 8 - Recommendations for Future Implementations**

From our experience, we suggest the following key recommendations:

- Publicly recognize the involvement of participants. Recognition motivates and strengthens engagement.
- Strengthen communication between actors through agile and transparent channels.
- Raise awareness among policymakers and technicians about the value of community health network.

Ensure that shared priorities are binding and reflected in actual decisions.

## **Slide 9 - Conclusion and Final Reflection**

The combination of structured work with flexibility to adapt to the local reality was the key to success.

Intersectoral collaboration multiplies impact and improves sustainability of actions. But this requires institutional commitment, sufficient resources, and political will.

Investing in the community is not just a technical choice — it's a political decision. Because neighborhoods, even those with no previous structure, do have potential. They just need opportunities to be activated.

## **Slide 10 - Thank you all for your participation!**

Thank you very much.