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D4.5 Sustainability and Transferability Policy Report

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1. ABSTRACT

Background. Childhood obesity represents a critical public health challenge across the European Union, with rising prevalence particularly affecting children in disadvantaged communities. The Health4EUkids Joint Action (H4EUK), co-funded by the EU4Health Programme, addresses this challenge by promoting the adaptation, transferability, and sustainability of two evidence-based best practices: *Smart Family* and *Grünau Moves*. Both initiatives place families and communities at the centre of preventive action, fostering environments that support healthy nutrition and physical activity from early childhood.

Objective. This report presents the findings of Work Package 4, which focused on defining validated criteria and policy recommendations to ensure the long-term sustainability and successful transferability of health promotion interventions for childhood obesity prevention. The objective was to develop an actionable framework grounded in expert consensus and stakeholder consultation that can guide Member States and local authorities in institutionalising prevention and health promotion efforts.

Methods. A three-round Delphi study was conducted with multidisciplinary experts from 12 European countries, including public health professionals, policymakers, academics, and practitioners. Round 1 employed open-ended questionnaires to identify key sustainability and transferability factors. Round 2 used structured rating scales to quantify expert agreement on specific criteria. Round 3 consisted of a synchronous expert panel discussion held on 27 March 2025 to validate and refine the findings. Additionally, a stakeholder workshop was convened to further contextualise the criteria through practical implementation perspectives. The Delphi process was guided by the Dynamic Sustainability Framework, emphasising continuous learning, contextual fit, and iterative improvement.

Results. The Delphi process yielded strong expert consensus on ten core criteria essential for ensuring both sustainability and transferability of childhood obesity prevention interventions: (1) community participation and co-design, (2) adaptability to local context, (3) capacity building and continuous training, (4) infrastructure support and resources, (5) trans-sectoral collaboration, (6) integration into existing systems, (7) evaluation strategies and continuous improvement, (8) financial sustainability and funding mechanisms, (9) regulatory and legislative support, and (10) political resilience. These criteria reflect a holistic understanding that sustainability and transferability are interconnected: interventions must be simultaneously rooted in local contexts and designed with core principles that enable replication across diverse settings. Building on these criteria, five strategic policy recommendations were formulated to guide implementation: (1) anchor child health in enduring and adaptive governance, (2) secure systemic, diversified, and long-term financing, (3) build a resilient ecosystem of human capital and community ownership, (4) achieve pervasive prevention through systemic integration and adequate infrastructure, and (5) steer operations with embedded accountability and continuous improvement.

Conclusion. The validated criteria and recommendations offer a comprehensive, evidence-based framework for Member States and local authorities to ensure that childhood obesity prevention interventions are not temporary projects but enduring components of public health systems. By addressing both the sustainability of individual interventions and their transferability across contexts, this framework supports the institutionalisation of prevention as a permanent policy priority. Successful implementation requires the interplay of political commitment, stable financing, community engagement, workforce development, systemic integration, and continuous evaluation – factors that, when strategically aligned, create resilient health promotion systems capable of adapting to diverse European contexts while maintaining core evidence-based principles.

Relevance to the Project: This report provides actionable guidance for sustaining and scaling health promotion interventions such as the *Smart Family* and *Grünau Moves*, contributing to the broader goal of reducing childhood obesity and health inequalities across Europe.

2. INTRODUCTION

Childhood overweight and obesity have emerged as defining public health challenges of the 21st century, contributing substantially to the burden of non-communicable diseases and widening health inequalities across Europe. The complex and multifactorial determinants of childhood obesity demand systemic, coordinated, and cross-sectoral strategies that extend beyond isolated initiatives and institutionalise prevention as a core component of public policy.

Within this context, the Joint Action Health4EUKids (H4EUK), co-funded by the EU4Health Programme, aims to strengthen child health promotion and the prevention of non-communicable diseases. Central to this mission is promoting the adaptation, transferability, and sustainability of two evidence-based best practices: *Smart Family* and *Grünau Moves*. Both initiatives place families and communities at the centre of preventive action, fostering environments that support healthy nutrition and physical activity from early childhood onwards and encouraging behavioural and environmental changes that promote health.

A core objective of H4EUK is to ensure that successful interventions are not only implemented but also sustained over time and successfully transferred across diverse European contexts. This dual focus on sustainability and transferability recognises that effective health promotion requires both deep local rootedness and the capacity to adapt core principles to new settings. Sustainability ensures that interventions continue to deliver benefits long after initial funding ends, becoming embedded within national and local systems. Transferability enables proven practices to be adapted and replicated in different cultural, political, and socioeconomic contexts, maximising their public health impact across Member States.

Achieving these twin goals requires an integrated approach that encompasses governance, financing, workforce development, community participation, and continuous evaluation. The H4EUK framework recognises that sustainability and transferability are not static outcomes but dynamic processes requiring continuous adaptation, shared governance, and investment in human and institutional capacities.

This report presents the results of Work Package 4 (WP4), which employed a structured Delphi consensus process and stakeholder consultation to define key criteria and policy recommendations for ensuring the sustainability and transferability of childhood obesity prevention interventions. Through three rounds of expert consultation involving multidisciplinary experts from 12 European countries, followed by a dedicated stakeholder workshop, the project developed a validated framework that addresses both the long-term viability of interventions and their potential for successful adaptation across diverse settings.

The resulting ten criteria and five policy recommendations offer a coherent, evidence-based framework to help Member States and local authorities institutionalise prevention and make children's health a permanent public policy priority across Europe. By addressing the interrelated dimensions of sustainability and transferability, this framework supports the development of resilient health promotion systems capable of maintaining effectiveness while adapting to local needs and contexts.

3. OBJECTIVE

The objective of this report is to present a validated framework of criteria and recommendations to ensure both the long-term sustainability and successful transferability of health promotion interventions, specifically *Grünau Moves* and *Smart Family* best practices, implemented within the H4EUK project addressing childhood obesity prevention. The validated criteria and recommendations are intended to guide the implementation and future scaling of *Grünau Moves* and *Smart Family*, ensuring that their positive effects on health behaviours and outcomes can be maintained and expanded over time and across contexts. Moreover, they serve as a reference framework for the design and implementation of future health promotion practices in child health throughout Europe.

3.1 Defining Sustainability and Transferability

Sustainability refers to the capacity of a health promotion intervention to continue delivering benefits and maintaining its core functions over time, beyond initial project funding and implementation phases. A sustainable intervention is one that becomes embedded within existing systems, supported by stable resources, skilled personnel, and enduring political commitment. It requires the ability to adapt to changing contexts while preserving evidence-based principles and demonstrated effectiveness.

Transferability refers to the capacity of a health promotion intervention to be successfully adapted and implemented in contexts different from the original setting, while maintaining fidelity to core principles and achieving comparable outcomes. Transferable interventions are those with clearly defined essential components that can be replicated, alongside adaptable elements that can be tailored to local cultural, political, institutional, and socioeconomic conditions.

These two concepts are intrinsically interconnected. Sustainable interventions are typically designed with transferability in mind, incorporating flexibility and adaptability that enable them to persist through changing circumstances. Conversely, interventions designed for transferability must consider sustainability from the outset, ensuring that adapted versions can be maintained long-term in new settings. An intervention that is sustainable in one context but cannot be transferred elsewhere has limited public health impact, while an intervention that can be transferred but not sustained represents a missed opportunity for lasting change.

3.2 The DELPHI Study / Theoretical Framework: Dynamic Sustainability Framework

The Delphi study and subsequent stakeholder consultations were guided by the Dynamic Sustainability Framework (DSF), which emphasises:

- **Continuous learning and problem-solving**: Adapting interventions based on evolving contexts and emerging evidence.
- **Fit between interventions and multi-level contexts**: Ensuring alignment between programme components and local settings, from community characteristics to policy environments.
- **Ongoing improvement**: Maintaining and enhancing interventions to maximise impact over time rather than assuming fixed implementation models.

The DSF challenges traditional assumptions of "voltage drop" (declining effectiveness as interventions scale) and "program drift" (loss of fidelity during adaptation), instead proposing that interventions can be continuously improved and adapted to fit changing contexts. This perspective aligns with the dual focus on sustainability and transferability: interventions must be robust enough to endure while remaining flexible enough to adapt.

3.3 Best practices overview

"Grunau 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) 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.

4. METHODS

This section describes the methodological approach employed to develop the sustainability and transferability framework presented in this report. The methodology combined a structured Delphi consensus process with stakeholder consultation, guided by the Dynamic Sustainability Framework.

4.1 Overview of the Delphi method

The Delphi method is a widely recognised structured approach for achieving consensus among a panel of experts, particularly valuable in complex or multidisciplinary domains such as public health and health promotion. The method employs iterative rounds of questionnaires, with controlled feedback between rounds, allowing experts to reconsider their views in light of collective responses while minimising the influence of dominant individuals that can occur in face-to-face group discussions.
For this study, the Delphi process aimed to identify, refine, and validate criteria essential for ensuring the sustainability and transferability of the *Grünau Moves* and *Smart Family* best practices. The process was designed to capture both the breadth of expert knowledge across diverse European contexts and the depth of understanding necessary to operationalise these criteria in practice.

4.2 Expert Panel Composition

The Delphi study involved multidisciplinary experts from 12 European countries who participated across three rounds conducted between February and March 2025. The panel was deliberately constructed to represent diverse expertise and perspectives essential for comprehensive assessment of sustainability and transferability factors.
Panel members were drawn from:

- The H4EUK Policy Advisory Board (PAB)
- The H4EUK Government Advisory Board (GAB)
- The H4EUK Scientific Advisory Board (SAB)
- Project partners involved in pilot implementation across participating countries

Experts represented multiple disciplines and sectors, including:

- Public health policy and practice
- Implementation science
- Child health and paediatrics
- Digital health and health technology
- Education and school health
- Social policy and community development
- Municipal governance and urban planning
- Health economics and financing

This multidisciplinary composition ensured that sustainability and transferability were examined from multiple angles – political, economic, social, technical, and operational – reflecting the complex, multi-sectoral nature of childhood obesity prevention.

4.3 Delphi Process: Three Rounds

Preliminary Phase (February 2025)

An exploratory phase was planned to generate rich qualitative data capturing diverse perspectives and context-specific insights. Three online meetings were convened to refine the questionnaire through open discussions on relevant topics:

- February 13, 2025: Implementation partners
- February 14, 2025: Scientific Advisory Board members
- February 18, 2025: Policy and Government Advisory Board members

Round 1: Open-Ended Exploration (February/March 2025)

The first round employed an open-ended questionnaire distributed to the expert panel to explore the breadth of factors influencing sustainability and transferability. Experts were invited to provide qualitative responses drawing on their knowledge and experience regarding:

- Key elements that enable the long-term sustainability of health promotion practices
- Factors that hinder sustained implementation
- Conditions required for the successful transfer of interventions to new contexts
- Lessons learned from previous scaling and sustainability efforts

The questionnaire remained open until mid-March 2025 to allow comprehensive responses. A total of 35 experts provided substantive qualitative input during this round.

Responses were systematically analysed using thematic analysis to identify recurring themes, convergent views, and areas of divergence. This analysis formed the foundation for the structured questionnaire used in Round 2.

Round 2: Structured Rating and Ranking (March 2025)

Based on the thematic analysis of Round 1, a structured close-ended questionnaire was developed listing specific sustainability and transferability criteria. Experts were asked to rate each criterion using Likert scales assessing:

- **Importance**: How critical is this factor for ensuring sustainability and transferability?
- **Feasibility**: How realistic is it to implement this factor across diverse European contexts?
- **Transferability**: How applicable is this factor across different settings?

Additionally, experts were invited to rank criteria within thematic domains and provide written comments to clarify their ratings or raise additional considerations.

The questionnaire was distributed to the panel in mid-March 2025, with a response deadline of March 25, 2025. A total of 35 experts completed the structured questionnaire, providing quantitative ratings and qualitative commentary.

Quantitative data were analysed to identify areas of strong consensus (defined as ≥75% agreement) and divergence. Qualitative comments were analysed to understand the reasoning behind ratings and to identify nuances not captured by numerical scales.

Round 3: Validation and Deliberation (27 March 2025)

The third round consisted of a synchronous hybrid expert panel meeting held on 27 March 2025. This face-to-face deliberation served multiple purposes:

- Presenting findings from Rounds 1 and 2
- Validating areas of strong consensus
- Discussing areas of divergence or ambiguity
- Refining criterion definitions and interpretations
- Reaching final agreement on the sustainability and transferability framework

To enable focused, in-depth discussion, the participating experts were divided into three parallel working groups:

- **Group 1**: Focused on *Grünau Moves*
- **Group 2**: Focused on *Smart Family*
- **Group 3**: Addressed general health promotion sustainability across interventions

Each group was facilitated and supported by a rapporteur who documented discussions. Groups worked through structured question guides developed by the WP4 team, designed to probe outstanding issues and explore practical implementation strategies.

The working group format allowed for:

- Deep exploration of context-specific sustainability and transferability challenges
- Exchange of implementation experiences
- Collective problem-solving around practical barriers
- Shared understanding grounded in both theory and practice

All discussions were audio-recorded and systematically documented. Rapporteurs prepared detailed thematic summaries capturing key points of agreement, divergence, and practical recommendations. These summaries were synthesised to inform the final framework presented in this report.

By the conclusion of Round 3, the expert panel had reached consensus on a comprehensive set of sustainability and transferability criteria, formally validated through collective deliberation.

4.4 Stakeholder Workshop (September 2025)

Following the three-round Delphi process, a stakeholder workshop was convened on 18 September 2025 to further contextualise and validate the framework through practical implementation perspectives. This workshop complemented the expert-driven Delphi process by incorporating the voices of practitioners, implementers, and local decision-makers who engage directly with health promotion interventions in community settings.

The workshop brought together a diverse group of stakeholders representing:

- Local health authorities and municipal officials
- School administrators and educators
- Community health workers and primary care providers
- Parent representatives and community organisations
- Programme implementers from pilot sites

Participants engaged in structured discussions organised around the ten sustainability criteria identified through the Delphi process. The workshop format included:

- Plenary presentations of the Delphi findings
- Small group discussions focused on practical implementation challenges and solutions
- Interactive sessions exploring real-world examples of sustainability successes and failures
- Collective development of recommendations for operationalising the criteria

Both live contributions during the workshop and written feedback submitted subsequently were systematically documented and analysed. Stakeholder input provided critical insights into:

- Practical barriers to implementing sustainability criteria
- Successful strategies employed in diverse contexts
- Contextual factors influencing feasibility
- Community perspectives on ownership and participation
- Resource requirements and innovative financing models

The stakeholder workshop served to ground-truth the expert-derived criteria against implementation realities, ensuring that the final framework is both theoretically sound and practically actionable.

4.5 Analytical Approach

Data from all phases were analysed using a mixed-methods approach:
Qualitative analysis: Open-ended responses from Round 1, comments from Round 2, transcripts from Round 3 discussions, and stakeholder workshop contributions were analysed thematically using an iterative coding process. Themes were identified inductively from the data while also being informed by the Dynamic Sustainability Framework.
Quantitative analysis: Likert scale ratings from Round 2 were analysed descriptively to identify levels of consensus and divergence. Criteria achieving ≥75% agreement on importance and feasibility were designated as high-consensus items.
Synthesis: Qualitative and quantitative findings were integrated to develop the final framework, with qualitative insights providing depth and context to quantitative patterns of agreement.

5. RESULTS

This section presents the key findings from the three-round Delphi process and the subsequent stakeholder workshop. The results demonstrate strong expert and stakeholder consensus on the fundamental factors that enable both the long-term sustainability and successful transferability of health promotion interventions, such as those addressing childhood obesity prevention.

5.1 Participation Overview

Across the three Delphi rounds and stakeholder workshop, substantial engagement was achieved from diverse actors throughout the H4EUK project and advisory structures (Table 1).

Table 1. Participation across study phases

Phases	Partner Group	SAB, PAB, GAB	Other	Total
Preliminary	29	22	2	53
1st round	19	15	1	35
2nd Round	20	13	2	35
3rd Round	40	10	2	52
Stakeholder Workshop	8	8	--	16

This high level of sustained engagement across multiple phases reflects the commitment of the H4EUK community to developing a robust and actionable framework for sustainability and transferability.

5.2 Cross-Cutting Findings: Interconnected Dimensions of Sustainability and Transferability

A coherent picture emerged from both rounds of the Delphi study and the stakeholder workshop regarding what enables health promotion interventions to endure over time and be successfully adapted across contexts. Despite the diverse backgrounds of participants and the range of European settings represented, there was striking agreement on core domains essential for both sustainability and transferability.

The Inseparability of Sustainability and Transferability

A critical insight from the Delphi process is that sustainability and transferability are not separate objectives but interconnected dimensions of intervention design and implementation. Experts consistently emphasised that:

- **Sustainable interventions must be designed with adaptability in mind**: Programmes that survive long-term in their original setting do so because they possess inherent flexibility to respond to changing contexts – political shifts, funding fluctuations, demographic changes, and evolving community needs. This same adaptability is what enables successful transfer to new settings.
- **Transferable interventions must be designed for sustainability from the outset**: When adapting an intervention to a new context, considerations of long-term viability – stable financing, workforce capacity, institutional integration, community ownership – must be central to the adaptation process. Transferring an intervention without planning for its sustainability results in temporary implementations that fade once project funding ends.
- **Core principles enable both**: Certain design features serve both sustainability and transferability simultaneously. For example, community co-design creates local ownership that sustains interventions while also providing a replicable process for engaging new communities during transfer. Similarly, integration into existing systems ensures sustainability in the original setting and provides a roadmap for systemic embedding in new contexts.

This finding shaped the framework presented in this report: rather than separate criteria for sustainability versus transferability, the ten validated criteria represent interconnected factors that enable interventions to be both enduring and adaptable.

Multi-Dimensional Understanding of Success

Experts and stakeholders articulated a sophisticated, multi-dimensional understanding of what makes interventions succeed over time and across contexts. Participants consistently identified several key pillars:

1. **Political and legislative support**: High-level commitment encoded in policy and law
2. **Cultural and socioeconomic adaptability**: Fit with local contexts while preserving core principles
3. **Continuous workforce development**: Skilled, motivated professionals capable of quality delivery
4. **Integration into existing systems**: Embedding within health, education, and community structures
5. **Community engagement and ownership**: Active participation and co-decision-making
6. **Diversified and stable funding**: Multiple, coordinated financial streams with public investment as the foundation
7. **Adequate infrastructure**: Physical and digital resources enabling programme delivery
8. **Robust evaluation and feedback**: Continuous learning, adaptation, and accountability
9. **Trans-sectoral collaboration**: Coordinated action across health, education, social services, planning, and other relevant sectors
10. **Political resilience**: Mechanisms to withstand leadership changes and shifting priorities

These pillars were validated across both rounds of the Delphi study, first qualitatively through detailed expert responses, and then quantitatively through strong ratings and rankings. The consistency of these findings across diverse expert backgrounds and geographical contexts lends confidence to their validity and applicability.

No Single Factor Guarantees Success

A recurring message throughout the Delphi process and stakeholder workshop was that **no single factor alone can ensure sustainability or transferability**. Rather, it is the interplay among factors that creates conditions for lasting success:

- Political support must be matched by community trust and ownership
- Short-term flexibility must align with long-term institutionalisation
- Stable funding must be accompanied by efficient and equitable resource use
- Workforce capacity must be coupled with supportive organisational structures
- Evaluation evidence must be translated into policy and practice changes

As one expert synthesised: "These criteria offer not only a validated sustainability checklist but also a strong foundation for policy and practice, recognising that success depends on the interplay of factors, not on any single element in isolation."
This systems-level perspective informed both the criteria and the policy recommendations that follow.

Regional and Disciplinary Perspectives

While core consensus was strong, the Delphi process also revealed valuable regional and disciplinary nuances:
Regional variations: Experts from Southern European countries (particularly Greece, Spain, Italy) placed especially strong emphasis on political commitment and cultural alignment, likely reflecting experiences navigating complex policy environments and the importance of community-based approaches in these contexts. Experts from Northern and Central European countries more frequently emphasised operational feasibility and institutional alignment, occasionally expressing caution about mandating certain approaches where local autonomy is highly valued.
Disciplinary perspectives: Policy experts and government advisors prioritised governance structures, legal frameworks, and political resilience. Public health practitioners and community health workers emphasised community engagement, adaptability, and practical implementation challenges. Academic researchers highlighted the importance of evaluation, evidence generation, and capacity building. These complementary perspectives enriched the framework, ensuring it addresses multiple levels of the health system.
Convergence despite diversity: Critically, despite these nuances, the fundamental principles achieved consensus across regions and disciplines. The variations reflected differences in emphasis and implementation approaches rather than disagreement on core criteria. This suggests the framework is sufficiently robust to guide action across diverse European contexts while allowing for contextual adaptation.

Following sections present the validated framework in detail:

- **section 6** describes the ten core criteria for sustainability, and
- **section 7** translates these criteria into five strategic policy recommendations, offering guidance for national and regional authorities on how to create enabling environments for sustainable and transferable health promotion interventions.

Together, these sections provide both the conceptual foundation and practical tools necessary to ensure that health promotion efforts achieve lasting impact across diverse European contexts.

6. THE 10 CRITERIA TO ENSURE SUSTAINABILITY IN THE LONG-RUN TO THE HEALTH PROMOTION PRACTICES

Each criterion reflects both evidence-based principles and the insights of experts and community stakeholders. Although these criteria are the result of work carried out in the field of childhood obesity prevention, we believe that they can be considered effective for ensuring the sustainability of programs and best practices for health prevention and the promotion of healthy lifestyles in general.

1. Community participation and co-design

Lasting change is best achieved *with* communities, not *for* them. Community participation and co-design emerged as a cornerstone of sustainability both in theory and practice. Decades of health promotion experience, from the Ottawa Charter onward, have shown that when communities take ownership of an initiative, the chances of long-term success increase rapidly. The Delphi panel strongly reinforced this: experts agreed that deep community engagement is essential for programs like *Grünau Moves* and *Smart Family* to remain relevant and effective over time. Interventions should be co-created with those they serve (children, parents, local leaders) so that activities align with local values, needs, and aspirations. In the Delphi discussions, examples abounded: *Grünau Moves* organizers inviting residents and even youth to planning workshops, or *Smart Family* developers incorporating feedback from parents and healthcare providers to refine the tool. This participatory approach was seen not only as a way to tailor the program, but as a strategy to build ownership: people are more likely to stick with and champion a project that they had a hand in shaping. There is unanimous support among experts for making co-design a standard practice, with many

calling for formal mechanisms to ensure community voices are heard consistently. Experts also noted that community engagement is an ongoing process: it's about creating feedback loops where programs continuously evolve based on input, and cultivating local champions (parents, teachers, youth) who can sustain momentum by assembling their peers.

Stakeholders strongly echoed this theme and provided suggestions about *how* to involve communities. Stakeholders widely agreed that interventions conceived in isolation by "experts" can miss the point, failing to resonate or address practical realities, and thus fail due to low uptake. They recommended to balance formal and informal participation. On one side, institutionalizing community roles (like having parent representatives on an advisory board or youth seats in decision-making committees) can legitimize community input and ensure diverse voices are at the table. On the other side, overly formal structures might exclude grassroots energy from volunteers or seniors who may not have an official title but carry community trust. The consensus landed on a hybrid approach: **create inclusive structures that grant real decision-making power to community members, while also keeping channels open for broader, informal input**. For instance, a program might have a community advisory council that rotates membership to avoid gatekeeping, and also host open town-hall meetings or focus groups for anyone to weigh in. Importantly, stakeholders underlined that community participation must move beyond symbolic consultation. It should entail genuine co-decision, allowing communities to influence key aspects of program design, implementation, and evaluation, rather than just validating decisions made elsewhere. By empowering the very people the program aims to help, we not only design more effective interventions but also cultivate community champions who will fight for the program's continuation. In sum, **shared ownership ("our program" instead of "their program") is a powerful guarantor of sustainability**.

2 Adaptability to local context

One-size-fits-all approaches rarely endure. A sustainable intervention must be flexible enough to fit the diverse social, cultural, and economic contexts in which it operates. Theoretically, this reflects the concept of adaptive implementation: successful programs maintain core principles but evolve their delivery to local needs and conditions. The Delphi panel strongly endorsed adaptability as a "make-or-break" factor for longevity. Experts noted that practices should be sensitively tailored for different communities, whether urban or rural, affluent or disadvantaged, culturally diverse or homogeneous. In practice, this means conducting context assessments and co-designing interventions with local stakeholders before scaling into new areas. Consistent with implementation science frameworks like the Dynamic Sustainability Model, the panel agreed that interventions must balance fidelity to their core evidence-based components with the agility to adjust messaging, language, and activities for each setting. Delphi responses highlighted examples such as adapting a physical activity program to local traditions or ensuring a digital tool like Electronic Smart Family Card reflects local languages and family norms. **Cultural relevance and socio-economic fit are crucial: programs that fail to respect local realities will struggle to engage people over time.**

Stakeholders brought this principle to life with on-the-ground perspectives. They unanimously agreed that community-level health initiatives must "*meet people where they are*". Effective adaptation starts with co-creation: involving community members, parents, schools, and local authorities in designing the intervention so it resonates with local values. Rigid replication of an outside model can backfire, for instance, attempts to transplant a program without adjusting for cultural dietary habits or available infrastructure often faltered. By contrast, when communities had a say in tailoring activities (like choosing culturally appropriate recipes for a nutrition class or aligning exercise sessions with the school schedule), the programs earned trust and uptake.

On the other hand, stakeholders cautioned against over-adaptation that compromises a program's essence. The key is to clearly define the non-negotiable core elements, such as equity, inclusivity, and evidence-based methods, that must remain intact, while allowing flexibility in non-core aspects. Gradual, phased implementation in new locales is recommended, allowing continuous learning and tweaks rather than forcing an ill-fitting model all at once.

Finally, ethical lines are fixed: under no circumstances should "adapting to context" be an excuse to introduce partners or funding from industries that conflict with health goals (e.g. sponsorship from junk food or sugary

drink companies was firmly rejected). In essence, **sustainability rests on being locally relevant and responsive: programs should feel like they belong to the community, all while upholding their core mission.**

3 Capacity building and continuous training

People power drives sustainable change. Without a knowledgeable, skilled, and motivated workforce, even well-funded programs can wither. This criterion focuses on investing in those who implement and support health initiatives, from front-line staff like nurses, educators, and community workers to managers and policy champions. The literature on health promotion sustainability underscores capacity building as a critical enabler: effective programs often include ongoing training structures that continually refresh skills and prevent burnout among practitioners. The Delphi study confirmed that continuous workforce development is paramount: every expert highlighted the need for formal training opportunities on a recurring basis. Suggestions ranged from regular workshops and e-learning modules to peer mentoring networks and partnerships with universities for professional development. Specifically, "training and capacity-building" emerged as one of the highest-rated sustainability factors, with experts across Europe agreeing that without competent, up-to-date facilitators, programs like Smart Family or Grünau Moves cannot thrive. This consensus aligns with broader public health experience: **building local capacity not only improves today's program delivery but also creates a pipeline of talent to sustain and scale the intervention tomorrow**.

Stakeholders painted a realistic picture of the challenges and opportunities in this area. On one hand, there was strong agreement that a sustainable workforce requires institutionalizing continuous learning: training shouldn't be ad-hoc or optional, it should be built into job descriptions, funding plans, and professional standards. For example, a community nutritionist's role could formally include attending annual refresher courses, or school staff might be required to complete a certified module on healthy lifestyle promotion. By embedding such expectations, agencies signal that health promotion is a professional discipline with evolving knowledge, akin to how clinicians must re-certify or teachers pursue ongoing education.
On the other hand, stakeholders acknowledged structural hurdles. University curricula and formal training programs are often packed and slow to change, making it hard to insert new topics like behavioral nutrition or motivational interviewing. To get around this, some health departments partner with academic institutions to create specialized short courses or webinars outside the usual curriculum. Others host annual training summits or use "train-the-trainer" models so that expertise cascades down to local teams. Stakeholders also noted the promise of digital learning platforms to reach wider audiences at lower cost. Ultimately, they felt that while workaround solutions (special workshops, online modules) are valuable, they are not enough on their own. **True sustainability comes when continuous training is expected and funded as part of the program's core operations, not left to individual initiative**. By investing in human capital, giving practitioners the knowledge, support, and communities of practice to excel, policymakers can ensure that programs maintain their quality and adaptiveness even as staff come and go.

4. Infrastructure support and resources

Sustainability isn't just about policies and people, it's also about having the physical and digital infrastructure to carry out the work. This criterion addresses the tangible resources needed to implement programs effectively over time: things like safe community spaces, equipment, and technology. A health initiative can have great design and funding, but if there's nowhere to hold activity sessions or if families lack internet access to use a digital app, the impact will be limited. The Delphi panel recognized infrastructure as a critical enabling factor. **Experts agreed that leveraging existing resources is often the smartest path**. Many communities already have underutilized assets (parks, playgrounds, school gyms after hours, community centers) which can be transformed into hubs for physical activity or healthy cooking classes at minimal cost. Upfront, it urges program planners to map and utilize what's available before building anything new. For Grünau Moves, that meant identifying public spaces for outdoor play or partnering with schools for indoor venues; for Smart Family, it meant ensuring clinics or libraries could provide occasional meeting spots. In a nutshell, infrastructure should not be a limiting factor. Experts also stressed the importance of digital inclusion: if an initiative relies on an app or online platform, then strategies to provide internet access or digital literacy support are vital so that no population group is left out. While some regions might have

advanced digital ecosystems, others do not, so adaptability is key (some experts advocated intuitive app design over formal digital training). Although they are not the most eye-catching aspect of sustainability, infrastructures are a fundamental element that must be in place: **the program needs a home (physical or virtual) to live in, and that home must be accessible and well-maintained**.

Stakeholders reinforced this view with practical recommendations. They noted that when budgets are tight, investing in infrastructure might not seem urgent but neglecting it can undermine a program's quality and reach. They recommend performing local audits of infrastructure early in the planning phase. **By mapping what facilities exist, their condition, and who has access to them, policymakers and implementers can identify gaps (e.g., a neighborhood with no playground) and then address those gaps strategically**. For physical resources, stakeholders advised collaboration with municipal authorities to share and upgrade spaces rather than starting from scratch. For instance, a city might open up school yards on weekends for community exercise programs, or a health center could allocate meeting rooms for parent workshops. Such cooperation maximizes use of public assets and can also build goodwill.
But it's not enough to have a facility available; it must be **accessible to all**. That could mean providing transportation to a community center from a remote village, ensuring facilities are disability-friendly, or extending program hours to accommodate working families. Digital infrastructure drew particular attention in light of the growing role of technology in health promotion. **A sustainable program proactively secures the necessary spaces and tools, physical and digital, and continually works to keep them accessible, safe, and up-to-date**.

5. Trans-sectoral collaboration

Health issues like childhood obesity are multi-faceted, so sustainable solutions must be multi-sectoral. Trans-sectoral collaboration means breaking out of silos and engaging all relevant sectors in a unified effort: health, education, social services, urban planning, agriculture, finance, and even private and civil society partners. The premise is that no single agency or sector can tackle the problem alone for the long haul; it requires the combined contributions and shared ownership across society.

The Delphi experts highlighted collaboration as a cornerstone of sustainability. They noted that both Grünau Moves and Smart Family benefited when different sectors worked in concert. For this reason, it's fundamental to establish **formal governance structures that bring diverse actors to the same table**, such as local intersectoral committees on child health or national working groups that include ministries, NGOs, and community representatives. Experts also pointed out that **collaboration should be incentivized**, for example, through shared budgets or common performance indicators that encourage agencies to coordinate rather than compete. Experts recognize collaborative capacity and joint training as top priorities: when teachers, healthcare workers, social workers, and others learn and plan together, they create a common language and trust. **Enduring programs cultivate broad coalitions**: a community exercise program might involve not just health promoters, but also the local sports club, the city parks department, the school principal, and parent associations; a healthy eating initiative could engage agricultural extension services, local grocers, and media outlets alongside doctors and dietitians. This network of support makes the program more resilient (if one partner falters, others can help carry it) and embeds it in multiple facets of community life.

Stakeholders observed that genuine collaboration often starts informally, through relationship-building, mutual respect, and a shared vision, before it is codified in official agreements. In other words, **it's hard to legislate true teamwork; you have to cultivate it**. A suggestion is to appoint dedicated facilitators or "bridge-builders" in the early stages of an initiative, whose role is to connect stakeholders across sectors, mediate differences, and foster trust. For instance, a coordinator might regularly convene school staff, health workers, and community leaders to troubleshoot challenges and celebrate joint successes. This can gradually lead to more formal structures like inter-departmental committees or even integrated funding mechanisms when trust is established. Another suggestion is to create a shared vocabulary and goals from the outset. Each sector has its jargon and priorities, so finding common ground helps align efforts. Once collaboration gains momentum and shows results, it becomes easier to institute formal policies for joint action, such as a "Health

in All Policies" approach that many advocated for. This approach would see every new city policy or project evaluated for its impact on health, ensuring sectors work together by design rather than exception.
In summary, trans-sectoral collaboration was seen as both a means and an end: a means to pool resources, expertise, and influence in the short term, and an end-state where promoting healthy childhoods becomes a normalized, shared responsibility across society.

6 Integration into existing systems

To last, a program must become part of the system, not exist on the system's periphery. Integration means weaving new health initiatives into the fabric of existing institutions, policies, and everyday routines. The principle is simple: if childhood obesity prevention is treated as a normal, built-in function of schools, clinics, and community services, it is far more likely to endure than if it remains a standalone pilot project. Delphi experts repeatedly underscored the importance of this systemic embedding. They identified common barriers to integration, as siloed sectors, fragmented funding, parallel efforts that don't communicate, and proposed solutions to knit health promotion into standard practice. For example, aligning program activities with school curricula or primary care protocols was seen as crucial. Experts suggested that Grünau Moves activities could be incorporated into school physical education classes, or that Smart Family's tools could be formally adopted by pediatricians for their daily care visits. Likewise, they advocated setting up formal coordination mechanisms: an inter-ministerial committee on child health or shared budget pools that force collaboration across health, education, and social sectors. Delphi panelists showed strong support for making such integration non-negotiable: nearly all agreed that municipalities should explicitly include these programs in their health plans, and that healthcare providers should integrate them into routine care. Essentially, the expert consensus was that *institutionalising* these practices is key: **when an intervention is absorbed into existing structures (laws, budgets, data systems), it gains stability and legitimacy**.

Stakeholders entirely agreed, offering concrete illustrations of integration in action. One compelling example came from a participant in the Basque Country, who described how a local childhood health initiative was written into the municipal plan with commitments extending beyond the project's initial timeline. By officially branding the program as part of the city's own services, dedicating municipal staff and resources to it, and using the city's communication channels to promote it, the initiative became "the new normal" rather than an external add-on. Such embedding not only gave the program longevity but also credibility: local politicians and administrators saw it as *their* initiative, making them invested in its success. Stakeholders urge that this kind of planning for integration should start early, ideally from day one of program design. Engaging decision-makers in health, education, and finance at the outset can reveal opportunities to align with existing strategies (for instance, a national child well-being strategy or an EU-funded school fruit scheme) and to secure co-financing.
Moreover, stakeholders caution that integration must be backed by real coordination, not just box-ticking. It's not enough to nominally include a program in a strategy document; there must be active communication channels and shared accountability across sectors so the program doesn't fall through institutional cracks. Formal agreements or working groups between ministries and local authorities are suggested to oversee cross-sector implementation. The takeaway message is clear: **don't let these programs operate in isolation**. The more tightly they are connected with mainstream systems (administratively, financially, and operationally) the more resilient they will be against funding cuts or shifts in priorities.

7. Evaluation strategies and continuous improvement

"What gets measured gets sustained": this adage captures the essence of why evaluation and continuous improvement are vital for long-term success. **A program that continuously learns and shows results is more likely to attract ongoing support and to refine itself to changing needs**. Theoretical underpinnings for this criterion come from improvement science and participatory evaluation models. They suggest that robust evaluation systems serve two key roles: proving value (to funders and policymakers) and improving practice (through feedback loops). The Delphi study strongly reflected these dual purposes. Experts agreed that from the start, interventions should embed comprehensive evaluation plans, mixing quantitative metrics (e.g. obesity rates, physical activity levels, app usage statistics) with qualitative insights (e.g. participant feedback,

community stories): real-time monitoring and iterative learning are not add-ons but core elements of sustainability. Consequently, it's of high importance to having **mechanisms for continuous data collection and rapid feedback**, for example, using dashboards or regular check-ins to see what's working and to course-correct promptly. Another emphasis is on participatory evaluation: **involving community members in defining success criteria and interpreting results, so that the evaluation reflects local values and builds trust in the findings**. This could mean community representatives helping choose relevant indicators (perhaps community cohesion or children's happiness, alongside BMI), or residents taking part in "data walks" where results are shared and discussed openly. The Delphi experts also highlighted the importance of tailoring how results are communicated. Strong evidence alone isn't enough, it must be translated into compelling stories or reports that resonate with different audiences, from citizens to ministers. **Programs need to prove and improve. Regular evaluation not only demonstrates impact (which helps secure funding and policy support), but also flags issues early so the program can adapt and stay relevant over time**.

Stakeholders advocate a learning culture where feedback isn't an occasional obligation but a continual process built into the program's DNA. One suggestion was to establish a core set of common indicators tracked across all implementation sites, for example, childhood obesity prevalence or physical fitness levels, to show overarching outcomes. Having a headline indicator can unite stakeholders around a shared goal and provide hard evidence of progress (or stagnation) to drive action. At the same time, stakeholders warned against a one-dimensional focus on numbers. They stressed adding community-defined indicators that capture what success looks like locally. In one site that might be the number of children who join an after-school sports club; in another, it could be parents reporting healthier family meal routines. Stakeholders also highlighted transparency: feeding back results to the community and front-line implementers, not just upward to funders. Celebrating wins, acknowledging challenges, and visibly using feedback to adjust the program all help build credibility and community buy-in. There was strong support for integrating evaluation efforts into existing health monitoring systems – for instance, if a country has a child health surveillance system, obesity prevention metrics could be included so that the initiative's outcomes become part of routine public health tracking. Some stakeholders even proposed that continuous evaluation findings be tied to policy triggers (for example, if childhood obesity rates don't improve in five years, it might trigger a policy review or additional measures). **Evaluation is a way to keep programs dynamic, accountable, and aligned with what works**. By learning and adapting perpetually, a health promotion program can remain effective and compelling, warding off stagnation and maintaining the confidence of both the community and its funders.

8. Financial sustainability and funding mechanisms

No mission can sustain on vision alone: stable funding is the backbone of longevity. Financial sustainability means having reliable, long-term resources to support program activities and staff, without constant fear of budget cuts or the expiration of a short-term grant. The importance of this criterion is self-evident, but achieving it is a complex endeavor. Theoretical models of program sustainability emphasize diversifying funding sources and embedding costs into recurring budgets as key strategies. The Delphi findings reinforced these principles. Experts stressed that programmes should not be dependent on one-off project grants. Instead, core costs, like staff salaries, training, materials, maintenance, should ideally be covered by stable public funding, such as a dedicated line item in a health or education budget. Many Delphi panelists advocated for multi-year funding commitments (e.g., 3-5-year budget cycles) to allow for planning and avoids the disruption caused by annual funding renewals. There was also a strong push for blended funding models. Public sector support forms the foundation, but it can be augmented by other streams: European structural funds for major investments, partnerships with local businesses or foundations for specific components, and even modest contributions from communities (with safeguards for equity). This mix spreads financial risk and builds broader ownership. However, experts were clear that any private or philanthropic contributions should complement, not replace, government commitment: the core should remain public investment in children's health. Notably, experts flagged the dangers of funding volatility and fragmentation: If a programme relies on short-term projects or numerous small grants, it could easily collapse. To guard against this, some suggested formal agreements (even legislation) that lock in funding across electoral cycles. In essence, the message is: **treat these interventions as essential public services, worthy of reliable financing, just like a school or clinic**.

Stakeholders strongly endorsed pursuing "all of the above" in financing, i.e., multiple sources, but with coordination and equity in mind. One idea was pooled funding across sectors: for example, a city's health, education, and social services departments could each contribute to a shared prevention fund. This aligns incentives and acknowledges that combating childhood obesity yields benefits (and cost savings) across multiple sectors. Some participants pointed to successful local models of co-financing, while also noting the bureaucratic challenges that can arise (delays, territory issues) when different sectors share budgets. **To make intersectoral funding work, a culture of cooperation and clear agreements on governance are needed**. Another recommendation was to secure baseline funding in law or policy, for instance, a national policy that guarantees each region resources for childhood health promotion, or at least requiring regions to allocate a portion of existing health funds to such programs. Stakeholders agree that having an assured minimum funding (even if modest) can keep a program alive, while additional grants or partnerships can help it grow. They also emphasized the importance of high-level political endorsement for funding, such as prime ministers or mayors publicly committing resources, which helps protect budgets during tough times. They also urged creative approaches: engaging philanthropic organizations, applying for EU grants (where available), and even exploring social impact bonds or insurance reimbursements for preventive services. Crucially, any funding strategy must uphold equity ensuring that an initiative remains free or affordable for low-income families.

The Delphi experts and stakeholders alike warned against models that could inadvertently exclude those who might benefit the most. In summary, the sustainable financing criterion calls for forward-thinking financial planning: **blend diverse funding streams, secure long-term core public funding, and design funding mechanisms that can withstand political and economic changes while ensuring services remain accessible to all**.

9 Regulatory and legislative support

Sustainable health programs are anchored by strong political commitment and supportive legislation. A favorable policy environment creates a protective "shell" around initiatives like Grünau Moves and Smart Family, guarding them against shifting political winds. In theory, embedding a program's goals into binding laws or official policies gives it structural longevity: for example, integrating childhood obesity prevention into local ordinances or national health strategies ensures that these efforts become standard practice rather than one-off projects. The Delphi expert group overwhelmingly concurred that high-level political backing is indispensable. They emphasized multi-level governance and cross-party support, essentially making healthy kids a non-negotiable, bipartisan priority so that no single election or leadership change can derail progress. This aligns with public health frameworks that call for "Health in All Policies" where every relevant sector and level of government commits to protecting child health.

Stakeholders stressed the need to formally entrench healthy food environment initiatives in governance structures, either through new child health legislation or by strengthening existing laws and national plans: clear legal mandates, such as child nutrition statutes or regulatory limits on junk food marketing, signal long-term commitment and accountability. At the same time, independent oversight bodies are considered complementary strategies to sustain momentum across political cycles. Such cross-party or arms-length committees can monitor implementation and keep child health on the agenda even as administrations change. Stakeholders also noted that laws work best with public support: improving citizens' understanding of issues like obesogenic environments and the commercial determinants of health can build a broad mandate for policy action.

In summary, **formal regulatory support, backed by informed public demand, is a foundational pillar of sustainability**. By institutionalizing programs within laws, policies, and plans, policymakers can ensure these initiatives are not temporary experiments but permanent fixtures in promoting children's health.

10. Political resilience

Even with robust design and support, programmes must withstand the challenges posed by political change. Political resilience refers to an initiative's ability to survive and continue thriving through elections, leadership turnovers, and shifts in policy agendas. In essence, it's about **insulating the program from the volatility of politics**. While this criterion overlaps with securing initial political support (Criterion 1), it goes further,

focusing on maintaining that support and protecting the program over time. From a theoretical standpoint, building political resilience might involve strategies like institutionalization (embedding programs into long-term plans or legal requirements), and cultivating external advocacy so that there's constant pressure to keep the program alive. The Delphi study touched on these approaches. Experts suggested creating broad coalitions and alliances that transcend any one political party or cycle. For example, having a national child health coalition that includes NGOs, academic experts, parent groups, and champions from multiple political parties can act as a united front insisting that childhood obesity prevention remains on the agenda, no matter who wins an election. Experts also recommended securing programs into high-level strategic frameworks, such as a country's health or development strategy, to make them less vulnerable to cuts. Indeed, when an initiative is part of an obligatory national plan or international commitment, it is harder to simply cancel it without inquiry. A concrete example cited was Italy's move to include a child obesity initiative in its National Prevention Plan, effectively making it a mandate for all regions to implement (and fund) regardless of local politics. This kind of entrenchment signals that the program is a long-term societal priority, not a project of a particular administration.

The stakeholders reinforced that building resilience requires both institutional and grassroots strategies: if a program has a legal statute, a budget line, and a reporting requirement in an official plan, it gains a shield of formality that makes it politically costly to remove. They also noted the value of cultivating champions inside the system: civil servants or cross-party legislators who will defend the program during budget negotiations or transitions. Externally, stakeholders highlighted the power of civil society pressure. A broad coalition of supporters, including non-profits, professional associations, parent-teacher organizations, and activists, can serve as a supervisory body and advocates.
Institutionalize and mobilize: over time, this dual approach can change norms and leadership changes might occur, but each incoming official finds that supporting childhood obesity prevention is simply expected. In practice, achieving political resilience might involve actions like securing a multi-year, multi-party agreement on childhood obesity goals, establishing independent evaluation reports to Parliament on progress (to increase transparency and accountability), and continuous public communication about the program's successes so it remains popular. In the end, **a sustainable initiative is one that, through legal anchoring and public support, becomes politically non-negotiable**: an accepted, enduring part of the public health landscape that leaders uphold rather than question.

7. POLICY RECOMMENDATIONS

To ensure that progress in child health is resilient, equitable and enduring, policy must be designed for longevity from the start. The following five strategic recommendations are founded on the ten evidence-based sustainability criteria presented above. They represent an integrated, mutually reinforcing strategy to embed child health promotion into the permanent framework of public policy and community life.

1. Anchor child health in enduring and adaptive governance
To move beyond temporary projects, child health promotion must be anchored in a governance framework that is both strong and flexible. This requires embedding prevention into the very structure of the state while empowering local actors to adapt implementation effectively.

- *CHILD HEALTH PROMOTION AND PREVENTION AS A NATIONAL PRIORITY THROUGH BINDING LEGISLATION*

Governments must solidify their commitment by weaving child health promotion and prevention into the framework of law and policy. This involves enacting specific statutes, such as a national Child Health Promotion, Prevention and Wellbeing Act or Plan that establish clear entitlements for children to healthy environments and assign specific responsibilities to government bodies. Such legislation transforms health promotion from an optional activity into a non-discretionary, core duty of the state.

- *POLITICAL RESILIENCE THROUGH CROSS-PARTY ALLIANCES AND INDEPENDENT OVERSIGHT*

To ensure continuity, policies must be protected from "shifting political winds". This can be achieved by fostering cross-party alliances that make child health promotion a non-negotiable, bipartisan priority and by establishing statutory, independent oversight bodies insulated from politics. A Commissioner or an

Independent Body for instance, with a multi-year mandate to monitor progress and report publicly, would ensure accountability transcends electoral cycles.

- *DYNAMIC SUSTAINABILITY FOR LOCAL IMPLEMENTATION*

The most resilient governance is not the most rigid. While "one-size-fits-all approaches rarely endure," national standards are essential. Policy should therefore establish high-level, non-negotiable goals (the "what") but empower regional and municipal authorities with the autonomy and resources to design context-appropriate solutions (the "how"). This framework of principled flexibility avoids the "rigid replication of an outside model" and ensures policies can be effectively tailored to diverse urban, rural, and cultural settings.

2. Secure systemic, diversified, and long-term financing

Financial stability is the backbone of longevity, yet prevention initiatives often expire when short-term grants finish. The solution lies not just in securing more funding, but in redesigning funding mechanisms to drive integration and shared responsibility across sectors.

- *MULTI-YEAR BUDGET LINES FOR PREVENTION*

Policymakers must shift from unpredictable annual grants to stable, multi-year funding commitments of three to five years. Prevention should be treated as a core, non-discretionary expenditure, with protected budget lines established within key departments like health and education. This provides programs with the security to plan strategically, retain skilled staff, and invest in capacity.

- *INTER-SECTORAL CO-FINANCING THROUGH JOINT BUDGETS*

The determinants of child health are multi-sectoral, and funding structures must reflect this reality. Governments should mandate the creation of child wellbeing funds at national or regional levels, co-financed through contributions from competent authorities in the Health, Education, Social Services, Urban Planning, and Sport sectors. These shared funds or cross-department budgets ensure all relevant sectors have their own interest and incentives, forging collaboration and breaking down the financial silos that impede effective action.

- *MIXED FUNDING MODEL, WITH PUBLIC INVESTMENT AS THE CORE*

While stable public funding must form the foundation, policy should create clear frameworks to attract supplementary investment. This includes establishing public-private partnership models with strict ethical guardrails, explicitly prohibiting funding from industries that conflict with health goals, and providing matching funds to encourage philanthropic and municipal contributions. This blended approach diversifies resources and builds a broader base of investment in child health.

3. Build a resilient ecosystem of human capital and community ownership

Sustainable programs are powered by people. A resilient ecosystem for child health promotion and prevention requires the mutual combination of a highly skilled professional workforce and empowered communities that feel true ownership of the initiatives designed to serve them.

- *CONTINUOUS PROFESSIONAL DEVELOPMENT FOR THE PREVENTION WORKFORCE*

To ensure high-quality delivery, policy must move professional training from an optional training to a required standard. This involves embedding health promotion and prevention competencies into the core curricula and mandatory continuing education requirements for teachers, pediatricians, nurses, urban planners, and social workers. Institutionalizing continuous learning ensures the workforce remains skilled, motivated, and capable of implementing evidence-based practices.

- *AUTHENTIC CO-DESIGN IN PROGRAM GOVERNANCE AND DELIVERY*

Lasting change is achieved *with* communities, not *for* them. Public funding for child health initiatives should be conditional upon a formal co-design process. This means creating governance structures, such as community health boards, where parents, youth, and local leaders are "equal stakeholders" with genuine decision-making power over program design, budget allocation, and evaluation. This moves beyond symbolic consultation to ensure interventions are deeply relevant and supported by the community.

- *INVEST IN AND EMPOWER LOCAL CHAMPIONS*

The most effective model is one where skilled professionals act as enablers of community-led action. Policy should create formal, resourced programs to identify, train, and support "community champions" – parents, teachers, and volunteers who can sustain grassroots enthusiasm.[1] By investing in both professional expertise

and community capacity, this integrated approach creates a self-reinforcing ecosystem where top-down support and bottom-up ownership nourish each other.

4. Achieve pervasive prevention through systemic integration and the creation of adequate infrastructure.

For health promotion to endure, it must become a routine, "business as usual" function of public services, not a peripheral add-on. This requires weaving prevention into the operational framework of key institutions and providing the tangible infrastructure needed to make it a reality.

- *HEALTH PROMOTION INTO THE STANDARD OPERATING PROCEDURES OF KEY INSTITUTIONS*

Policy should mandate the revision of institutional protocols to make prevention a standard practice. This includes integrating nutrition and physical activity modules into the official school curriculum, making healthy lifestyle conversations a required component of routine pediatric check-ups, and including health impact assessments as a standard step in all municipal urban planning decisions.

- *FORMAL, RESOURCED MANDATES FOR TRANS-SECTORAL ACTION*

Effective collaboration requires more than encouragement. Policy should mandate the creation of local and regional partnerships with statutory authority, dedicated staff, and a formal remit to coordinate actions across health, education, social services, and other relevant sectors. Requiring their existence by law, rather than leaving it to local initiative, ensures a consistent and structured approach to joint action.

- *ACCESS TO ENABLING PHYSICAL AND DIGITAL INFRASTRUCTURE*

Operational integration cannot succeed without tangible resources. National and municipal policies must explicitly plan for and fund health-enabling infrastructure. This includes laws that protect parks and green spaces, capital budgets for maintaining public recreational facilities, and digital equity strategies that guarantee all families, regardless of income, have the access and literacy needed to benefit from health technologies.

5. Steer operations with embedded accountability and continuous improvement

To justify sustained investment and ensure long-term effectiveness, programs must operate within a system of dynamic accountability that drives continuous learning and adaptation. Accountability should not be a static report card, but an engine for improvement.

- *A MONITORING FRAMEWORK WITH SHARED INDICATORS*

Governments should create a legally mandated, publicly accessible national dashboard tracking key child health outcomes. Crucially, these indicators, such as obesity prevalence, physical activity levels, and healthy food consumption, should be shared across ministries and competent authorities at national, regional and local level. This makes the units and departments of Education, Health, Urban Planning, etc. jointly accountable for progress and reinforces trans-sectoral responsibility.

- PARTICIPATORY EVALUATION AND TRANSPARENT PUBLIC REPORTING

Evaluation must be robust and credible. Policy should require that all publicly funded initiatives undergo regular, independent evaluation that includes a mandatory community participation component to ensure local values are reflected. The full results must be published annually, keeping the issue visible in the public and political eye and empowering civil society to hold governments accountable.

- *CREATE FORMAL FEEDBACK LOOPS TO DRIVE POLICY ADAPTATION*

Data is only useful if it leads to action. The independent oversight body (see recommendation 1) should be formally mandated to review all evaluation findings and issue binding recommendations for policy and program adjustments to the relevant competent authorities. This closes the loop between evidence and action, ensuring that "what gets measured gets sustained" and, critically, continuously improved.

8. CONCLUSION

The findings of this Sustainability and Transferability Policy Report confirm that the validated criteria and recommendations constitute a comprehensive, evidence-based framework capable of supporting Member States and local authorities in transforming childhood obesity prevention interventions from short-lived projects into permanent components of public health systems. This framework emphasises both the sustainability of individual interventions and their capacity to be effectively transferred across diverse socio-

institutional contexts, thereby strengthening the institutionalisation of prevention as a long-term policy priority within the European Union.

Evidence from the pilot implementations of *Grünau Moves* and *Smart Family* demonstrates that long-term success in health promotion does not stem from any single determinant, but rather from the coordinated interplay of multiple, mutually reinforcing factors. Despite operating in different national and organisational contexts, both pilots highlight a core set of sustainability elements – political commitment, cross-sector collaboration, integration into existing structures, community ownership, stable financing, adequate infrastructure and continuous evaluation – that have enabled their impacts to extend beyond the initial project phase. These shared elements form a coherent set of policy and planning priorities that can guide future initiatives in achieving both effectiveness and resilience over time.

The report further underscores that sustainable health promotion systems emerge when these factors are conceived, implemented and strengthened in tandem. When strategically aligned, they create the conditions for interventions to evolve dynamically, adapt to local needs and remain anchored to evidence-based principles. This perspective is further supported by the Delphi process, which will contribute to refining and validating robust sustainability criteria for the transferred best practices. Through broad stakeholder engagement and the application of the Dynamic Sustainability Framework, the process ensures that the criteria remain applicable across heterogeneous European contexts and responsive to emerging challenges.

Overall, the resulting framework offers policymakers and practitioners a practical roadmap for designing, implementing and scaling interventions that are both transferable and capable of enduring. By prioritising systemic integration, long-term financing mechanisms, workforce development, community engagement and continuous learning, Member States can ensure that effective actions – such as those piloted in Grünau and Finland – can mature into resilient programmes delivering lasting benefits for children, families and communities across Europe.