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D4.3 SWOT analysis of transferability

HEALTH4EUKids

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TABLE OF CONTENTS

1. ABSTRACT

Background. Childhood obesity is a critical public health challenge in the EU, with increasing rates among children, especially in low-income communities. The Health4EUkids Joint Action (JA) seeks to address this issue by promoting healthy lifestyles and combating obesity through two best practices (BPs): *Grünau Moves* and *Smart Family*. These initiatives aim to promote physical activity and healthy eating habits in children, starting from their first 1000 days of life, especially in disadvantaged areas.
Objective. The aim of this report is to provide a comprehensive SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis focused on the transferability and sustainability of the *Grünau Moves* and *Smart Family* interventions across EU Member States (MSs). The analysis identifies facilitators and barriers that impact the successful implementation and scalability of these BPs in diverse contexts.
Methods. A qualitative SWOT analysis was conducted, gathering data from key stakeholders involved in the implementation of the two BPs. The data collection involved surveys and discussion groups with implementers, municipalities, and BP owners across different regions. The analysis examined both internal (strengths and weaknesses) and external (opportunities and threats) factors influencing the transferability and sustainability of the BPs.
Results. Key strengths included the transdisciplinary approach, which leveraged the expertise of health professionals, educators, and local authorities, and the integration of the interventions with existing local resources and networks. However, weaknesses included challenges in coordination due to diverse stakeholder interests and limited long-term funding. Opportunities were identified in the form of additional EU and national funding streams and the growing awareness of public health issues. The primary threats were the lack of updated epidemiological data, bureaucratic obstacles, and resistance to adopting community-based health promotion approaches.
Conclusion. The SWOT analysis highlights the potential for scaling the *Grünau Moves* and *Smart Family* interventions across the EU, but also underscores the need for securing long-term funding, improving coordination, and addressing resistance to new health promotion models. The findings provide a roadmap for enhancing the sustainability and transferability of the BPs, offering valuable lessons for future health promotion initiatives.
Relevance to the Project: The results of the SWOT analysis are critical for informing the strategic planning of the Health4EUkids project. By understanding the facilitators and barriers to BP transferability, the project can refine its implementation strategies and ensure more effective and sustainable outcomes in promoting childhood obesity prevention across different European regions.

2. INTRODUCTION

In the past three decades, the prevalence of overweight and obesity has increased, affecting an estimated 170 million children worldwide, with rates rising faster in low- and middle-income countries. Overweight and obesity significantly increase the risk of diseases such as cardiovascular conditions, type 2 diabetes, and various cancers. In the EU, they account for 9-20% of deaths and about 10% of the total disease burden, particularly in Western and Central Europe. The prevalence of obesity continues to rise, especially among low socioeconomic groups and children, leading to reduced quality of life, bullying, and social isolation. Obesity is now considered one of the most critical public health challenges of the 21st century.
The determinants of obesity are complex and multifaceted, and requiring the recognition that only coordinated, cross-sectoral, and multi-level interventions, with a strong emphasis on addressing social and health inequities, can effectively combat the rise of obesity. Prevention efforts must be implemented in different settings, employing a variety of strategies and engaging a broad spectrum of stakeholders. Efforts to prevent obesity must start early, beginning in pregnancy and childhood, and be closely integrated with broader strategies that address all modifiable risk factors for non-communicable diseases, including tobacco use, alcohol consumption, unhealthy diets, and physical inactivity. Obesity prevention interventions should be incorporated into existing plans and programs focused on improving nutrition and physical activity, and

more broadly, into all developmental health initiatives. The main objective of the Joint Action (JA) Health4EUkids is to develop policies that encourage public health investments at community level in the EU Member States (MSs) on Health Promotion, Prevention and Management of Non-Communicable Diseases, through the implementation of two Best Practices (BPs), *Smart Family* and *Grünau Moves*, already developed from previous actions. It aims to promote in participating MSs healthy lifestyles in families with children to prevent childhood and school-age obesity, to increase physical activity and promote healthy eating habits in children from their first 1,000 days of life, within families and communities, particularly in deprived areas. The process of adaptation of the BPs to different contexts will be carried out by Work Package 5 (WP5) and Work Package 6 (WP6) during the preliminary phase of implementation (JA's internal transferability).
Among its objectives, the JA aims to examine the implementation of these BPs among the participating Member States, to ensure their transferability and sustainability for broader adoption in all the EU MSs. This final objective is part of the specific tasks regarding Work Package 4 (WP4) "Transferability and Sustainability", and one of its specific activities is to identify facilitating factors and challenges for the implementation of the BPs to combat childhood obesity and promote health. The study of facilitators and barriers to the integration of BPs in other MSs (transferability) at the regional, national level (scalability) to endure over time (sustainability) was conducted using a SWOT analysis.

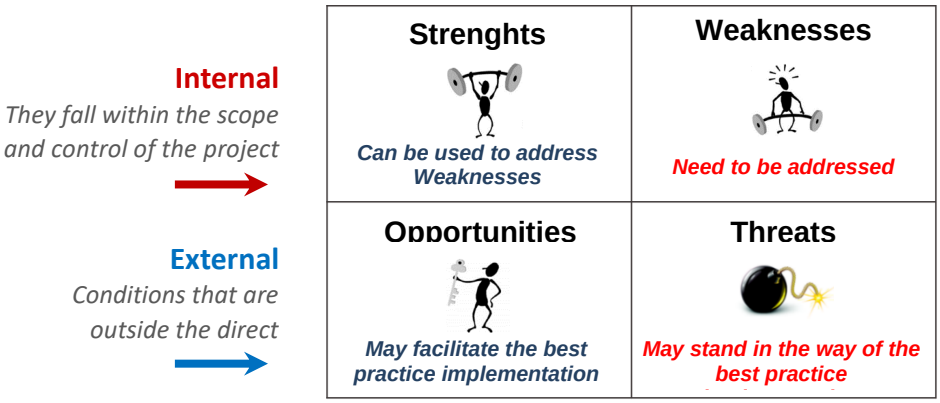
3. OBJECTIVE

The aim of the SWOT analysis is to give a qualitative overview of the facilitators and barriers to transferability, scalability and sustainability of Best Practices (BPs) at the EU level from the implementors and the keys actors perspectives. This deliverable consists in recommendations on the state of the art regarding planning, implementation, evaluation and communication processes of the two BPs of the Project (*Grünau Moves* and *Smart Family*), outlining internal and external factors that can influence its success. This Task will focus on transferability to other Member States (MSs) and will be built on the JA experience.

3.1 The SWOT analysis

A SWOT analysis is a versatile strategic planning tool used to identify and evaluate the Strengths, Weaknesses, Opportunities and Threats in a project, and can be applied to various scenarios. In our study, it offers a simple way of communicating in a glance about transferability, scalability and sustainability of BPs, and is addressed to the experts' point of view to identify the successful strategies and lessons learnt from their experience.
In the SWOT analysis (Fig. 1) both internal aspects and external conditions are described:
• Strengths are internal aspects of the BP implementation that make it work;
• Weaknesses are internal aspects of the BP implementation that need to be addressed
• Opportunities are external conditions that may facilitate the BP implementation
• Threats are external conditions that may stand in the way of the BP implementation.
Below is a breakdown of the SWOT components as they were presented to the respondents.

Figure 1. Structure of the SWOT Analysis



The "S" of SWOT stands for **Strengths**. The Strengths are internal factors that contribute positively to transferability, scalability and sustainability of BP implementation. The successful strategies are those considered as such according to your experience. The Strengths are things you have control over, so you can work on them. Recognizing and capitalizing on these strengths can increase the transferability of the project, making it more attractive to other contexts or communities and facilitating its scalability.
The "W" of SWOT stands for **Weaknesses**. Weaknesses are internal factors that hinder the transferability, scalability and sustainability of BP implementation, highlighting attributes that require attention or improvement. As the Strengths, are characteristics you often have control over and can improve. Addressing these weaknesses can make it easier to adapt BP in your context or identify areas where additional resources are needed to ensure the success of the project in new contexts.
The "O" of SWOT stands for **Opportunities**. Opportunities are external factors and conditions that are not under the direct control of the program and that the organization could exploit to facilitate the transferability, scalability and sustainability of BP implementation. The opportunities include strategies or resources that can used by implementers. Knowing where the opportunities are allows you to move towards them. Taking advantage of these opportunities can increase the transferability of the project, allowing it to be adapted to new contexts.
The "T" of SWOT stands for **Threats**. Threats are external factors and conditions that are outside the direct control of the program and may stand in the way of BP implementation. The threats are potential problems or challenges you may face during the project and are external factors, but you can actively prepare for them. Identifying and addressing these threats is essential to ensure the transferability, scalability and sustainability of the project, protecting it from potential obstacles and improving its resilience in new contexts.

Definitions

Transferability. Transferability, in the context of good practices, can be broadly interpreted as the degree to which a practice shows adaptability and usability in different contexts. It concerns the process of transposing a policy or practice from one geographical or institutional context to another, considering the factors that facilitate or hinder such transfer. Specifically, transferability involves the effective application of acquired knowledge, skills or practices in a new context while adapting to changes in cultural, economic and institutional frameworks. It encompasses both the technical dimensions of practice and the socio-cultural, economic and political determinants that determine its successful implementation in a different environment.
Scalability. Scalability refers to the ability of a program, intervention or initiative to be expanded, replicated or adapted to reach larger populations or contexts while maintaining effectiveness and efficiency. It involves the design and implementation of strategies that can accommodate broader applications without significant loss of quality or impact. Scalability includes considerations such as resource availability, organizational capacity, infrastructure requirements, and stakeholder involvement to ensure that health promotion efforts can be successfully extended to larger contexts or populations.
Sustainability. Sustainability refers to the ability of initiatives, programs or interventions to endure over time, maintaining their effectiveness and benefits for individuals, communities and populations. It implies not only the continued existence of the intervention itself, but also its ability to integrate into existing systems or structures, adapt to changing circumstances, secure necessary resources, and generate lasting positive impacts on health outcomes and well-being. Sustainable health promotion_practices prioritize long-term sustainability by promoting resilience, equity and empowerment within communities while addressing the underlying determinants of health.

4. METHODS

The analysis of facilitators and barriers was conducted involving the consortium, using a participatory approach to SWOT analysis. The SWOT multi-level analysis consulted all levels of action (community to policy-

making and professional bodies) and was carried out among the partners of the project, with a focus on transferability, sustainability and scalability to other MSs, built on their currently JA experience. Moreover, an in-depth discussion was carried out on key emerged topics, involving MSs who participated to the SWOT analysis in a Focus Group.

An online SWOT analysis questionnaire form was prepared to gather data regarding the whole process of the BPs implementation: planning, implementation, evaluation and communication.

WP4 designated several responder profiles, according to the WP partners' working group. The profiles included: 1. Best Practices owners, 2. Implementation groups, 3. WP5 and WP6 leaders, 4. Municipal representatives, for WP5 *Grünau Moves* implementation only. The decision to explore the municipal level is grounded in the fact that the pilot interventions were implemented in different regions within the same country, each with distinct sociodemographic characteristics and local resources. By focusing on the municipal context, the SWOT analysis can gain richer, complementary insights that account for the diversity in local conditions, thereby enhancing the understanding of how these factors influence the effectiveness and sustainability of the interventions.

WP4 provided three tailored SWOT questionnaire templates based on different profiles: one for implementation managers, one for WP leaders and BP owners, and one for municipalities (Annex 1, 2 and 3). WP5 Leaders (beneficiary FISABIO) translated the questionnaire aimed at municipal representatives into Spanish (ES), and organized the administration of the questionnaire through the health networks of partners and stakeholders established in WP5 pilots. They collected and compiled answers from municipalities and various stakeholders to provide a comprehensive perspective on the local adoption of *Grünau Moves* BP.

This Sub-Task, specifically the SWOT analyses aimed at the 'implementers' and 'municipal representatives' profiles, partially overlaps with deliverable D5.2, the SWOT Analysis of *Grünau Moves* (M33). Both WP4 and WP5 leaders coordinated efforts to address this overlap and leverage the results to strengthen the robustness of both tasks.

These are the Internal and External dimensions/areas explored across responses:

1. Planning Process

1.1 Funding and management (also beyond the lifespan of the project - sustainability)
1.2 Human resources and technology and information systems (also beyond the lifespan of the project - sustainability)
1.3 Working Group
1.4 Context analysis (epidemiological data, socio-economic data, target population, …)
1.5 Endorsement by policy makers, key decision-makers, stakeholders and Partnership
1.6 Integration with other programs (sustainability)
1.7 Other aspects

2. Implementation

2.1 Pilot implementation
2.2 Definition of process indicators
2.3 Capacity building and empowerment
2.4 Other aspects…

3. Evaluation

3.1 Definition of outcome indicators
3.2 Definition of impact indicators
3.3 Other aspects…

4. Internal and external communication

4.1 Strategy and Tools
4.2 Stakeholder Relations
4.3 Crisis Management, Feedback, and Improvements
4.4 Adaptability and Evaluation

5. Recommendation. Recommendations regard the elements considered crucial to the success of the transferability, sustainability and scalability processes of the BP.

The pertinent elements related to transferability, scalability, and sustainability were be deducted through a qualitative process from the answers to the questionnaires. A content analysis was carried out following

these steps: 1) identify key questions and relevant dimensions/areas: the primary questions and the dimensions or areas to be analysed were determined by the WP4 group and confirmed by the partners, ensuring they capture the necessary scope of the intervention; 2) distribute the questionnaire to the target groups: the questionnaires were distributed to the selected target groups, ensuring timely engagement with the respondents; 3) collect the responses: all answers from the respondents will be collected and organised for analysis; 4) qualitative analysis of internal strengths and weaknesses (S&W) and external opportunities and threats (O&T): a detailed qualitative analysis was conducted. This process involved coding and categorizing the responses related to internal strengths and weaknesses, as well as external opportunities and threats, using NVivo software, a software tool specifically designed to support qualitative data analysis. This approach allows for a systematic examination of the data, ensuring that the responses are carefully interpreted and that actionable insights are derived.
The analysis focused on the previously identified dimensions and areas of interest, specifically transferability, sustainability and scalability.

5. RESULTS

A total of fifty-three respondents in 12 Countries contributed to the SWOT analysis, with 31 questionnaires filled out (Tab. 1, Fig. 2).

Table 1. Questionnaires from respondents

Respondents	**WP5 *Grünau Moves***	**WP6 *Smart Families***
Member States involved	12	5
WP leaders	1	1
Best Practices owners	1	1
Municipalities	10*	/

* Only from the implementation of *Grünau Moves*

Figure 2. Countries contributing to the SWOT Analysis

Internal
They fall within the scope and control of the project

Strenghts	Weaknesses
	
Can be used to address Weaknesses	***Need to be addressed***

Funding&Recruitment

Adequate Project Funding – Inadequate Project Funding

EU project funding is a key concern for all participants. Funding must be sufficient to ensure adequate investment in community work without needing to rely on external sources. However, it remains unclear whether this funding will be sustainable in the long term without additional contributions from external sources.

Several respondents noted that limited funding could hinder the project's growth and reduce its overall impact. Moreover, over-reliance on a single funding source exposes the project to financial instability if that source were to fail, limiting the ability to plan for the long term. Even though European project funds are available, not all regions or cities have the capacity to allocate additional resources to support local interventions, thus restricting the potential impact on communities.

The lack of stable resources and uncertainty about future funding makes it challenging to plan long-term strategies, particularly when these strategies directly affect the coordinating group. As a result, the transferability and sustainability of the program may be uncertain, especially regarding whether the project can be sustained beyond the initial funding period. Additionally, resource scarcity could lead to competition for extra funding or restrictions on the use of existing resources. This competition may reduce the project's flexibility and effectiveness in reaching a broader audience.

Therefore, the primary concern is that although the project begins with initial funding, its long-term sustainability and growth could be jeopardized by limited funding and the lack of structured support from local and regional authorities.

New Equipment & Human Resources – Time-limited Resources

In certain contexts, funding can be used to purchase equipment or hire additional qualified personnel to support the project. One potential strategy that has emerged is using the funds to seek additional financing and participate in future calls for proposals, which could support the project's further development. With a continuous flow of funding, the involved institutions could also establish a community of practice, fostering greater sustainability and the exchange of expertise.

However, current European funding is limited in both duration and amount. The project's short timeline does not allow for true long-term participatory involvement, making future follow-up or expansion to other municipalities difficult. In particular, retaining technical staff and specialists once the funding ends is challenging, which hinders the continuation of implementation processes and the management of activities.

In summary, the lack of long-term funding, insufficient management structures, over-reliance on single funding sources, and limited human resources are the primary obstacles to the project's sustainability, creating uncertainty about maintaining the results after the funding period concludes.

Coordination/Management

Definition of common vision, model, objectives, mutual benefits and accountability – Disjointed goals and misaligned interests

Sharing goals and priorities for improving public health is a key strength for coordination, as working toward common objectives facilitates involvement, collaboration, and empowerment. Aligning with the priorities of local organizations is essential to ensure the project remains relevant and well-accepted in the participating communities, supporting their capacity building. By addressing the issue from multiple perspectives and emphasizing the mutual benefits, more interest can be generated among key stakeholders. Adequate time should be allocated to introduce the project to local health and political authorities, as effective

communication is critical for gaining support and coordinating activities. This suggests that a flexible approach may be more successful in capturing the attention of the partners involved.
In summary, effective coordination requires flexibility, shared goals and priorities, alignment with the needs of local communities, and strong communication with authorities. These elements foster greater collaboration and project success. Supportive and attentive leadership is also crucial for building trust within the working group.
However, the need to involve a diverse group in the project working group introduces a variety of opinions, which can make it difficult to reach consensus on goals and methods, potentially slowing progress. For example, some participants may lack a long-term perspective on the results, posing a challenge to the sustainability and effectiveness of the actions taken. Others may have conflicting priorities and interests, diverting the project's focus toward their specific needs, which leads to fragmentation and reduced effectiveness. Additionally, competing priorities or interests can hinder collaboration, limit the integration of activities, and face resistance from vested interests, such as food industry lobbyists or political stakeholders, who may oppose measures aimed at promoting healthy lifestyles and regulating unhealthy products.
In summary, the major weaknesses include a dispersion of opinions, conflicts of priorities and interests among partners, and resistance from vested interests, such as those in the food industry. These factors can undermine the working group's ability to collaborate effectively and implement sustainable interventions.

Bottom-up Approach – Top-down Approach & Shared Vision – Unshared Vision/Self-centered Approach
A more traditional approach to health, based on clinical evidence, predefined health interventions, and vertical organizations, remains prevalent. Many stakeholders who are unfamiliar with community-driven approaches may resist them, perceiving community involvement as overly burdensome. As a result, a paternalistic and top-down attitude in coordination tends to be favored, which ultimately hampers community empowerment.

Long-term Strategy – Ineffective Timeline
Establishing robust management structures to support project implementation beyond its funding period strengthens the sustainability of the intervention. Incorporating sustainability and transferability considerations into the planning process offers greater assurance that the approach will continue to be used beyond the project's duration and can be expanded to other contexts.
However, the project timeline often misaligns with the reality of staffing needs and project development. This mismatch can cause delays and complications in the implementation of planned activities. In particular, when timelines are too tight, effective planning becomes difficult, undermining the potential for lasting results. Extending the project phases would allow for a deeper understanding of the community context and help build the trust necessary for long-term success.

Clear Division of Roles and Tasks – Ambiguity in Objectives and Roles
Basing the intervention on scientific evidence, setting SMART objectives, and creating a clear framework for all stakeholders involved in the project is a key strength for project coordination. Specifically, developing an action plan with clearly defined roles, responsibilities and tasks, supplemented with practical examples, helps avoid misunderstandings and the unnecessary use of resources and time once actions are underway.
On the other hand, a lack of clear guidelines and information can lead to confusion or disputes over action plans, responsibilities for program outcomes, and decision-making processes within the working group.
Regular meetings are a crucial component of the monitoring system, helping to ensure that the partners stay on track and progress towards their respective tasks.

Core Group Characteristics

Transdisciplinary – Different Approaches
Having a team composed of professionals from various disciplines allows the project to be approached from multiple perspectives, enhancing the quality and variety of methods used. Team members with diverse expertise –whether in clinical, public health, or community interventions– enrich the proposed solutions and promote the management of different project areas through an integrated and holistic model. This transdisciplinary collaboration also creates a space for mutual learning, where each member can benefit from the experience of others, improving the overall effectiveness of the project.

The presence of highly qualified professionals, including permanent technical staff with specialized expertise, ensures a high level of competence in the more technical aspects of the project, increasing the team's ability to manage the complexity that arises from a cross-sectoral approach. A dedicated team of health professionals, educators, and local government staff with experience in health promotion can drive project success and foster community involvement and participation.
However, this approach requires continuous openness among team members. A lack of willingness to collaborate or the irreconcilability of certain approaches pose a risk to the implementation of the project.

Intersectoral Collaboration – Hard to Engage All Levels
Involving different ministries and sectors, such as health, education, sports, and urban planning (e.g., the public health directorate, members of parliament) in the planning process provides valuable support that facilitates the development of project initiatives across various institutional frameworks. This collaboration fosters the dissemination and sustainability of the project, especially when representatives at multiple levels (local, regional, national) are involved. Intersectoral collaboration enables an integrated and holistic approach to community health, addressing multiple health determinants simultaneously.
However, since areas not directly related to health (such as urban planning, social services, education, and culture) can influence population health, coordinating efforts at all institutional levels can be challenging. The absence of key actors not directly involved in health could also limit the working group's influence on critical project areas.

Team Competencies – Lack of Methodological Competencies
The team's experience and preparation in community health promotion, especially concerning the specific thematic area targeted by the intervention, are key determinants of the project's success. These competencies provide a solid foundation of knowledge and skills to manage not only the project's design but also its fieldwork. Without these, the project risks adopting top-down approaches to solve problems that arise.
Previous experience with European projects is also an added value, as it helps navigate the bureaucratic and management complexities at the international level.
Teamwork skills, such as active listening and the ability to motivate key individuals, enhance team cohesion and efficiency, contributing to a positive and productive work environment.
Additionally, in-depth knowledge of the local context is crucial for adapting interventions and improving their effectiveness, as it ensures better communication with specific community segments. Challenges in communicating, especially with foreign residents, can limit the effectiveness of actions, project dissemination, and community stakeholder involvement.

Health & Stakeholder Core Group with Representatives from All Levels
Involving the community and local organizations from the planning stage fosters synergies and allows the intervention to be built on priorities identified within the local context, ensuring alignment with project goals and making the partnership more sustainable.
However, where there is a little representation of key groups, such as vulnerable populations or specific communities, the project's ability to reach and engage hard-to-reach groups is limited. This reduces the inclusiveness of the project and its potential to empower communities, especially in addressing inequalities. Similarly, the absence of representatives from other key stakeholders often leads to a lack of support from those outside the primary organization involved in the project, which can limit the program's visibility and large-scale adoption, negatively impacting its transferability.
These issues hinder the necessary support and commitment for ensuring the success and sustainability of the project's activities, posing challenges to its impact and coverage.
In summary, the main weaknesses include limited representation of key groups, communication and engagement difficulties with certain communities, lack of external support, and the complexity of cross-sectoral integration needed to promote health at the community level.

Small and Continuous Group – Instability of stakeholders' representatives
Responses suggest an ideal team composition characterized by a small group with key attributes. For efficient use of human resources, the project does not require a large staff, whether among researchers or

stakeholders. A small working group is considered advantageous for the transferability and scalability of the project, as it facilitates adaptation to different contexts and allows for easier management.
Despite the small team size, it is important not to underestimate the complexity of the task. Operating with a small team can be more efficient, especially if the same members are involved from the beginning and over the long term, as this fosters trust-building within the community and optimizes the use of each member's skills. It also ensures continuity and cohesion, which aids in project implementation.
In summary, the ideal team composition features a small, efficient, and well-organized group with the right individuals in the appropriate roles, involved from the start. This structure facilitates community trust and project scalability. Familiarity among team members from the outset also has positive effects.
Conversely, a destabilizing factor is the changing involvement of stakeholders in the Core Group, which is often due to changes in the individuals representing these stakeholders in the project.

Context Analysis

Taking in account Local Cultural Factors, Need and Resources – Need of additional resources
The emphasis is on conducting comprehensive epidemiological and socio-economic analyses to identify the needs of the target population, as well as the challenges and opportunities within the local context. This is crucial for guiding the planning and design of a contextualized and tailored intervention. Such analysis can inform the development of targeted interventions and resource allocation strategies to address specific health needs and disparities within the community. An often-underestimated element is the role of social determinants of health, which should be integrated into clinical records.
A broad analysis enables a deeper understanding of community dynamics while also exploring the wider health landscape, including policies, programs, and existing initiatives. This approach can lead to synergistic actions aimed at improving health outcomes at multiple levels.
However, it is important to note that effective data collection often requires specific resources, and a lack of time and staffing can hinder the process, potentially undermining the effectiveness of the context analysis.

Clear Data Collection and Analysis Procedures – Unclear Collection and Analysis Procedures
Establishing a clear data collection and analysis strategy –one that includes participatory methodologies to involve community stakeholders (such as stakeholders, residents, local workers, parents, and children) in the needs assessment– can provide a more accurate and reliable picture of the context. This strategy allows for the integration of both quantitative data (such as existing health reports) and qualitative data (such as surveys, interviews, and focus groups), giving a comprehensive view of the landscape being explored.
On the other hand, when analysis is not conducted in the field, or there are inaccuracies or inconsistencies in the processes of data collection, interpretation, and reporting, the reliability and validity of epidemiological and socio-demographic data can be compromised. This, in turn, undermines the credibility of the overall context analysis.

Initial Pilot Implementation
The ability to carry out a pilot intervention enables the identification of the most effective resources and strategies for that particular context. This improves the customization and quality of the intervention, allowing for adjustments before scaling the project further.

Integration with existing initiatives/framework

Integration with existing Programs and Network – Loss of resources and autonomy
Integrating with existing programs and networks enhances access to available resources and fosters synergies, improving the efficiency and sustainability of both the project and other initiatives. Such integration allows all programs to reach a broader audience, maximizing impact by pooling efforts, resources, and expertise to achieve shared health goals more effectively than individual initiatives could on their own. Furthermore, collaboration with local programs that are already trusted by the community can enhance the credibility of the intervention, building trust and boosting community participation.
However, integration is not always straightforward for several reasons. Differences in program goals, methodologies, or approaches can hinder collaboration. Even when programs are very similar, coordination challenges may arise.

In general, a lack of integration can lead to overlaps and redundancies in activities, resulting in inefficient use of resources. It may also create competition between initiatives, whether for funding or community engagement. Additionally, over-reliance on other initiatives can limit the project's decision-making autonomy and hinder its progress, particularly if those programs face challenges themselves.
As a result, integrating new processes into existing participatory structures can be complex. Instead of achieving real integration, there is often a risk of creating parallel networks with divergent goals, which may lead to conflicts.

Building on existing resources

Local partnership – Lack of engagement
In community interventions, building local partnerships is a key aspect of the process. The active involvement of local community members and organizations in the implementation of activities is critical for ensuring the transferability and sustainability of the intervention.
Local associations, which often work on health-related issues, deserve particular attention, as they tend to be more open to collaboration.
Without active community participation in the design and implementation of the project, its acceptance and effectiveness may be limited. Collaboration with beneficiaries is a central element of community empowerment and is essential for ensuring the sustainability and contextual relevance of the project.

Relationship with Stakeholders
Identifying and maintaining relationships with stakeholders can be challenging, especially when there are limited resources to address concerns external to the project. Additionally, underestimating internal political dynamics or the prior history of local decision-makers can impede the ability to fully understand and secure mutual support.

Training of Human Resources (HR)
Building the capacity of staff involved in the project is essential for its success. Investing in training and professional development not only enhances staff engagement but also improves their skills and capabilities, enabling them to deliver health promotion interventions and services effectively and sustainably.
However, high turnover rates among professionals necessitate continuous recruitment and training efforts. Neglecting capacity-building or operating under tight timelines can hinder the effective use of local resources and reduce stakeholder engagement, ultimately limiting the long-term impact and sustainability of the interventions.

External
Conditions that are outside the direct control of the project

Opportunities	Threats
	
May facilitate the best practice implementation	***May stand in the way of the best practice implementation***

Funding&Recruitment

Availability of other Local/National/EU Funding – No other Local/National/EU Funding
Having access to multiple funding streams reduces dependence on a single source and increases financial resilience. Potential funding may come from national governments, corporate partnerships, sponsorships, or individual donors. Local sources, such as grants from local councils, partnerships with regional companies, health authorities, and community organizations, can provide opportunities for shared funding or in-kind contributions, further strengthening the project's financial foundation.
There are also opportunities to secure funding through European-level health promotion initiatives, such as other Joint Actions or calls for funding.
However, financial resources in the health sector tend to be scarce, and there may be a lack of awareness or knowledge about alternative funding sources within the community, or reliance on unreliable funding

streams. An exploratory and open approach to collaboration with local, national, and European entities could help bridge this gap.

Coordination/Management

Instability and Workload

While strong vocational coordination and leadership are key strengths of the project, external factors beyond the project's control can impact these areas. Changes in management, such as the appointment of a new manager, can create uncertainties in decision-making and implementation, leading to potential delays and inefficiencies. Additionally, dependence on a few key individuals, such as project leaders and coordinators, introduces a risk if their commitment or availability diminishes over time. Excessive workloads, particularly when they extend beyond the internal activities of the project, can also lead to operational inefficiencies, compromising the effectiveness of coordination and the overall success of the project.

Working Group

The large number of people and areas involved in the Core Group can complicate coordination, which is further exacerbated by incompatible working hours and difficulties in scheduling common working sessions. Many staff members in the working group are also committed to other responsibilities, making it harder to find consistent times for collaboration.

Context Analysis

Availability of institutional epidemiological data – Unavailability of updated epidemiological data

An opportunity for the analysis of the target population and context is represented by the availability of epidemiological and socio-economic data at local, national, or international levels (e.g., Childhood Obesity Surveillance Initiative data). Integrating multiple data sources, such as health surveys, electronic health records, and census data, particularly local datasets, can enrich the context analysis by offering a comprehensive understanding of health needs and disparities across different population groups. This approach ensures that resources are optimally allocated and interventions are tailored to the specific needs of the communities, increasing the project's effectiveness and sustainability. Moreover, it contributes to expanding the evidence base in existing databases for future interventions and policy decisions.

However, potential obstacles include the absence or inadequacy of local information systems, which can hinder accurate assessments of population health characteristics. This is particularly important because, within the same country, there may be variations in geomorphological characteristics, levels of development, and healthcare needs, all of which require different approaches. Moreover, when available, data may be outdated, incomplete, or scarce, limiting its usefulness and compromising the accuracy of the context analysis. These shortcomings can result in suboptimal decisions and interventions that do not adequately address the real needs of the communities. Additionally, there may be significant data collection gaps, especially in peripheral areas, restricting the ability to conduct targeted analyses and interventions.

In conclusion, the unavailability or incompleteness of updated data and the absence of robust information systems pose significant threats to the context analysis, potentially undermining the planning and evaluation of interventions.

Data protection regulations

Another challenge in data collection arises from the need to comply with health and data protection regulations. Privacy issues related to managing specific health data, lack of consent, insufficient feedback from participants, and limited access to information systems can further complicate the analysis process. In particular, adjustments to the protocol for the ethics committee often result in delays, affecting the timely implementation of project activities.

Integration with existing initiatives/framework

Increasing awareness in health theme – Lack of interest in health theme

While there is growing awareness of health promotion and healthy lifestyle topics, a lack of interest in the project's theme poses a significant threat to its success. When key stakeholders, including local and regional politicians, do not perceive the project's issue as a priority, their support and commitment may be limited, which in turn affects the project's ability to secure funding, resources, and visibility for large-scale

interventions. At the municipal level, if awareness or understanding of the health issue does not reach key health sectors and the general population, it becomes difficult to engage both citizens and professionals. In some communities, more urgent concerns divert attention and resources, thereby reducing the project's impact.
Lack of interest or awareness at both political and public levels is a major barrier that limits external support, thus affecting the project's effectiveness and sustainability. However, from the perspective of addressing health inequalities, this cannot serve as an excuse for avoiding communities less receptive to health promotion. Doing so risks reinforcing disparities among different population groups.

Consistent Programs&Strategies – Lack of framework programs or strategies
Aligning the project's objectives with broader policy initiatives or national health strategies can enhance integration and increase support for collaboration across different levels of government and sectors. This alignment also increases the likelihood of receiving consistent funding and backing.
Conversely, the absence of formal strategies or frameworks within existing programs hinders the creation of sustainable and integrated partnerships. Long-established organizations may resist sharing, adapting, and collaborating, which makes it challenging to establish such partnerships.
Additionally, among different programs or initiatives, projects like this may create competition for resources, which can hinder collaboration and integration efforts, ultimately limiting the program's scalability and impact.

Political&Institutional endorsement – Poor intersectoral relations and sustained commitment
Endorsement from policymakers, decision-makers, and stakeholders ensures the political will and institutional commitment necessary for the project. This support can facilitate decision-making, resource allocation, and technical support, which enhances the likelihood of sustainability and scalability. Visibility at multiple institutional levels –from national to local– fosters community support and increases the chances of health promotion programs being expanded.
However, policymakers often neglect long-term, cross-cutting issues. A lack of coordination between key sectors (public health, healthcare, and social services) and across institutional levels weakens the project's ability to organize the human resources necessary for effective community action. Disconnected systems also hinder efforts to hire new staff and prevent the creation of multi-sectoral working groups.

Burdensome bureaucracy
It is important to consider the time and planning required to engage with external entities. Bureaucratic processes, such as hiring staff and procuring materials or services, tend to be slow, as various official documents and procedures must be processed. This bureaucratic burden can cause significant delays.

Macroeconomic and political framework
The responses highlight several external threats related to the macro-political and economic framework within which the health promotion project is implemented. Economic crises or inflation could lead to budget cuts, negatively affecting the funding of public health initiatives. Elections and changes in government, both at local and national levels, can shift political priorities, potentially compromising the continuity of support and funding for public health projects. New administrations may not align with the objectives or methods of previous projects, causing discontinuity in initiatives.
Moreover, if the project relies heavily on a few key community leaders or health professionals, its sustainability could be at risk if these individuals leave or change roles.
In addition, inappropriate or unstable political moments may reduce the likelihood of securing support or attention from authorities, especially considering that the macro-political and economic context often prioritizes budgets for clinical care over empowerment and community-based health approaches.
Finally, results in prevention and public health promotion often take a long time to materialize, while many funding sources favor short-term outcomes, making it challenging to secure continuous resources.
These external factors pose a serious threat to the long-term sustainability and effectiveness of the project.

Building on existing resources

Need of commitment – Resistance to change

Community-based interventions rely heavily on participatory approaches that are adaptable to various contexts, but this often requires significant time and effort. The success of the project is closely tied to the commitment of diverse participants, including politicians, professionals, and citizens. However, involving all levels equally can be challenging, which may hinder collaborative efforts.
Several contextual factors may also inhibit collaboration from the start. For example, a lack of interest in the project's focus, concerns about other more pressing issues, or competing short-term needs may reduce the willingness of stakeholders to engage. There may also be real resistance from community members or staff in adopting new health promotion strategies. Such resistance may stem from socio-cultural barriers, long-standing cultural norms, or the influence of groups that directly or indirectly support unhealthy behaviors. This resistance limits the project's acceptability, its diffusion, and overall impact.
Additionally, within the health sector, there is often an ingrained preference for healthcare and public health protection over health promotion and community empowerment. This systemic inertia further obstructs the adoption of more social, community-based approaches to health.

Availability of Human resources – Staff workload and turn over

The involvement of local professionals in project activities is a key strength. It not only ensures that actions are developed and sustained locally but also helps professionals enhance their skills in health promotion. These professionals –whether healthcare workers like nurses, educators, or volunteers– can act as promoters of health promotion within their respective sectors.
However, it's important to note that the availability of human resources does not necessarily mean that they have the specific expertise in prevention or public health promotion. Continuous investment in training is essential to equip them with the necessary skills. Two main challenges arise: first, the workload and limited availability of staff, given their daily responsibilities or involvement in other projects. This affects both healthcare and educational professionals. For instance, school personnel often struggle to balance their packed curricula with project activities, making it difficult for them to engage fully.
Second, high turnover rates and staff mobility pose significant threats to the continuity of the project. Instability in working groups can undermine the quality and consistency of services offered to the community.

Existing Material and Structural Resources

A significant opportunity for community-based interventions lies in the availability of material and structural resources. Schools, associations, and other local institutions may provide equipment or spaces for the project's activities. Social spaces –such as courtyards, green areas, and gyms– can be used to promote physical activities.
Moreover, pre-existing participatory structures can facilitate meetings with stakeholders or target populations. Existing websites can be leveraged to enhance communication and disseminate project information, while local health services and clinics can serve as platforms for promoting health actions. Utilizing these established resources enhances the feasibility and sustainability of the project.

Inequalities

It is crucial not to assume that disadvantaged communities have the resources to support the project. In vulnerable neighborhoods, there may be limited access to spaces, infrastructure, materials, and technologies needed for the activities. This also extends to human resources, which may be scarce in these areas.
Furthermore, multiculturalism can be seen as a potential threat, as cultural differences often face prejudice from both technical staff and political groups. This may create additional barriers to the project's successful implementation and acceptance in these communities.

6. Recommendation for Transferability and Sustainability

Based on the lessons learned from the SWOT analysis, a set of recommendations were produced. These recommendations include strategic action lines for for improving the sustainability and transferability of best practices in health promotion, particularly for projects like *Grünau Moves* and *Smart Family*. The insights gained from this process inform future interventions.

6.1 Planning

1. **Comprehensive Needs Assessment**: Conduct thorough assessments of the community's health needs, existing resources, and potential assets. This process should involve a combination of surveys, interviews, focus groups, and analysis of existing health data. Understanding the dynamics of the target population is crucial for tailoring the interventions to the local context, ensuring that health promotion efforts are relevant and effective.
2. **Participatory Planning Approach**: Involve diverse stakeholders –community members, local organizations, experts, and policymakers– early in the planning process. This inclusion fosters ownership, promotes collaboration, and increases the chances of long-term success. A participatory approach, though more time-consuming, ensures that the interventions are well-suited to the community and enhances the likelihood of transferability to other regions.
3. **Resource Allocation**: Ensure that human, financial, and technological resources are secured from the beginning. Projects must prioritize sustainability by embedding long-term funding and robust management structures into their planning stages. The allocation of resources must consider the long-term needs of the project to avoid staff shortages and ensure the continuity of the intervention.
4. **Clear Objectives and Framework**: Define clear objectives for the project. Developing a well-structured framework, with clearly outlined roles, responsibilities, and tasks, is essential to avoid misunderstandings and inefficiencies once the project is underway.
5. **Flexibility and Adaptation**: Design planning frameworks that are flexible and adaptable to changing circumstances. This flexibility will enhance the transferability of the project and allow for adjustments in response to unforeseen challenges, especially in different cultural and socio-economic settings.
6. **Engagement with Local Authorities**: Engage local authorities, such as city councils, from the beginning. Their support is crucial for the success of community-based projects. Political will at the local level can facilitate resource allocation and decision-making processes, and existing participatory structures can be leveraged for project implementation.
7. **Long-term Perspective and Realistic Expectations**: Health promotion is a long-term process, and project planning should account for this by allowing sufficient time for each phase. Managing expectations is essential, as results may not be immediately visible. Communicating this to all stakeholders will help maintain motivation and commitment.
8. **Training and Capacity Building**: Invest in training for the professionals involved in the project to ensure they have the necessary skills to implement health promotion activities effectively. A focus on building human resource capacity will also contribute to the sustainability of the intervention beyond the project's lifespan.
9. **Addressing Inequalities**: Ensure that the planning process accounts for the specific needs of vulnerable populations, particularly in disadvantaged neighborhoods. These communities may lack necessary infrastructure, materials, and technology, which must be factored into the planning. Additionally, efforts should be made to address socio-cultural barriers and engage marginalized groups.
10. **Leverage Existing Resources**: Utilize existing material and structural resources within the community, such as schools, public spaces, and local health services. These can serve as platforms for implementing and sustaining health promotion activities, enhancing the project's integration with existing initiatives.

6.2 Implementation

1. **Leverage Local Resources and Partnerships**: Pool available local resources, including human, financial, and material assets, to support the project. Building on existing community assets and partnerships enhances both effectiveness and sustainability. Engaging local professionals from the beginning increases the chances of long-term success.
2. **Flexibility and Adaptation**: Be prepared to adapt strategies based on ongoing evaluations and feedback from stakeholders. This flexibility ensures continuous improvement and the ability to address emerging challenges. Alternative plans should always be considered, allowing for timely adjustments.

3. **Detailed Implementation Planning**: Develop a comprehensive implementation plan that outlines specific tasks, responsibilities, timelines, and resource requirements. Clear guidelines help avoid misunderstandings, unnecessary resource consumption, and redundant activities. This clarity ensures that key stakeholders remain engaged and committed.
4. **Tailored Training and Ongoing Support**: Provide targeted training and continuous support to community professionals, such as nurses and social workers, equipping them with the skills and resources needed to implement health promotion initiatives effectively. Empower professionals by fostering collaboration with existing healthcare programs and networks, avoiding duplication of efforts and maximizing reach.
5. **Stakeholder Engagement**: Involve diverse stakeholders –community members, professionals, and policymakers– in both the design and implementation phases. Their participation fosters ownership and support, increasing the likelihood of success. Establish mechanisms for ongoing stakeholder communication and collaboration to maintain engagement.
6. **Continuous Monitoring and Quality Improvement**: Implement regular monitoring, feedback loops, and adaptation mechanisms to ensure that interventions remain relevant and effective. Adjust strategies as needed based on the lessons learned during the implementation process.
7. **Simplicity and Scalability**: When working with local governments, focus on "small", "simple" environmental adaptations that can improve the lives of the entire community, not just the target group. These scalable interventions, such as urban planning improvements or public health campaigns, are often more feasible and sustainable at the city or community level, rather than on a larger scale.
8. **Clear Accountability and Role Definition**: Establish well-defined roles, clear accountability structures, and alignment of interests across all stakeholders. This clarity fosters focus, mitigates conflicts, and efficiently resolves any pre-existing friction. Ongoing engagement and proactive problem-solving are essential for ensuring successful adherence to the implementation timeline.
9. **Adaptation to Local Context**: Tailor project materials, activities, and interventions to the local context, including cultural and socio-economic differences. The local adaptation of tools and strategies is crucial for ensuring the project's relevance and acceptance within the community.
10. **Prioritize active community involvement:** Create engaging and enjoyable activities that motivate participation. When activities are enjoyable, they boost engagement and strengthen community ties, which are crucial for long-term success.
11. **Sustainability through Integration**: Ensure that interventions are part of the community's budget planning or strategic plans to guarantee sustainability. Projects that align with local or municipal strategies are more likely to be supported in the long term. Additionally, take advantage of existing participatory structures and integrate the project with other urban planning, healthy living, or participatory programs.
12. **Support and Empowerment**: Provide consistent management support, motivate the team, and involve key stakeholders from the outset. This ensures sustained commitment and helps address challenges that arise during the implementation process. Investing in capacity building is essential for leveraging local resources effectively and for long-term project sustainability.

6.3 Evaluation

1. **Early Definition of Measurable Outcomes and Indicators**: Clearly define evaluation objectives, measurable outcomes, and key performance indicators (KPIs) at the beginning of the project. This ensures alignment with program goals and allows for accurate tracking of progress and impact.
2. **Comprehensive Evaluation Planning**: Develop a detailed evaluation plan that includes process, impact, and outcome assessments. This plan should specify the tasks, methods, and responsibilities needed to assess the intervention's effectiveness, allowing for evidence-based decision-making.
3. **Mixed Evaluation Methods**: Employ both quantitative and qualitative evaluation techniques, such as surveys, interviews, and focus groups. This mixed-methods approach provides a holistic understanding of the project's outcomes and ensures a comprehensive assessment of the intervention's impact and implementation processes.

4. **Participatory Evaluation Approach**: Involve key stakeholders, including community members, in the evaluation process. A participatory approach fosters transparency, ensures the evaluation is contextually relevant, and promotes community ownership of the results.
5. **Long-term Follow-up and Realistic Timeframes**: If the project aims to address complex health issues, such as reducing obesity rates, plan for long-term follow-up evaluations. Short-term evaluations may not capture the full extent of changes, and multiple measurement points over time are needed to truly understand the intervention's impact.
6. **Adapt Evaluation to Local Contexts**: Customize the evaluation process to reflect the specific context and needs of the community. This includes working with local stakeholders to define relevant indicators and designing a follow-up plan that addresses the unique challenges and opportunities in each area.
7. **Resource Allocation for Evaluation**: Ensure sufficient resources are allocated to support the data collection, analysis, and evaluation processes. Adequate funding and personnel are necessary to carry out robust evaluations and ensure the collection of reliable data.
8. **Documentation and Data Management**: Document everything from the start of the project, ensuring all data is properly collected, organized, and available for future analysis. This will enable the generation of relevant statistics and facilitate the dissemination of findings.
9. **Stakeholder Engagement in Data Collection**: Engage key stakeholders, including policymakers, in data collection and evaluation to ensure their perspectives are included. This promotes transparency and ensures that findings are useful and actionable for all involved parties.
10. **Ethical Considerations**: If clinical data is included as part of the outcome indicators, ensure ethical committee approval is obtained. This is crucial for protecting the privacy of participants and maintaining the integrity of the evaluation.
11. **Continuous Monitoring and Adaptation**: Establish mechanisms for continuous quality improvement, including regular monitoring and feedback loops. This allows for timely adjustments based on lessons learned and ensures the evaluation process remains effective and relevant.
12. **Dissemination of Evaluation Findings**: Widely disseminate the results of the evaluation to stakeholders, policymakers, and the broader healthcare community. Use various channels, such as reports, presentations, and publications, to maximize learning and promote knowledge sharing.
13. **Innovation in Evaluation Methods**: Incorporate innovative methodologies and tools into the evaluation process, particularly when combining qualitative and quantitative data. This helps to triangulate findings and provides a more nuanced understanding of project outcomes.

6.4 Internal and External Communication

1. **Structured Internal Communication**: Establish clear, structured communication channels such as regular team meetings, newsletters, and intranet platforms to ensure continuous, transparent, and timely communication among all project stakeholders. This fosters collaboration, prevents misunderstandings, and ensures that all team members stay informed and aligned with project goals.
2. **Clear, Consistent Messaging**: Develop clear and consistent messages tailored to different stakeholder groups, including local communities, policymakers, and professionals. Use a variety of communication formats and channels –such as newsletters, reports, workshops, and social media– to ensure accessibility and understanding. This approach increases trust, engagement, and the likelihood of community buy-in.
3. **Local-Level Focus**: Shift communication efforts from a purely European focus to the local level, tailoring the communication of Best Practices (BPs) to the specific needs and cultural context of the community. Allocating sufficient funds towards local communication efforts will increase community awareness, involvement, and trust.
4. **Use of Online Tools**: Utilize online meetings, email, and social media for internal and external communications. Online platforms can save time, foster inclusivity, and streamline communication, especially for geographically dispersed teams. These tools also enhance the flexibility and adaptability of communication.
5. **Documentation and Knowledge Sharing**: Document lessons learned throughout the planning, implementation, and evaluation phases of the project. Share these insights with other communities

and stakeholders through reports, presentations, and workshops to contribute to the broader public health knowledge base. Encourage a culture of knowledge sharing within the project team and with external stakeholders.

6. **Stakeholder Engagement and Involvement**: Actively involve stakeholders in the communication process through regular updates, consultations, and collaboration. This can include structured opportunities for feedback, which strengthens relationships and builds trust. Engaging stakeholders early and consistently ensures their needs are considered and promotes alignment with project objectives.
7. **Crisis Management and Accountability**: Develop clear accountability frameworks to guide communication and action in unforeseen circumstances. Proactively managing crises and gathering stakeholder feedback allows for swift adjustments and enhances cooperation. This ensures that communication remains effective and relevant, even in challenging situations.
8. **Utilization of Existing Communication Channels**: Leverage existing local communication channels – such as community meetings, local newspapers, and pre-existing platforms– rather than creating parallel networks. Using established platforms enhances the efficiency of outreach efforts and ensures that key messages reach the intended audiences.
9. **Visual and Social Media Engagement**: Increase the visibility of the project by utilizing visual media and social media platforms to engage with broader audiences. These channels provide opportunities to amplify the project's message, promote community outreach, and build wider support for health promotion initiatives.
10. **Coherence in External Communication**: Ensure that external communication aligns with the project's goals and results. Use consistent messaging to explain what the project offers to both local and wider audiences. Focus on building trust and delivering the right information to foster greater awareness and support for the project.
11. **Communication Templates and Standardization**: Provide standardized templates and drafts for press releases, social media posts, and other external communications at the consortium level. This ensures a consistent communication approach across all stakeholders and avoids unnecessary duplication of efforts.
12. **Continuous Communication with Authorities**: Allocate time to regularly explain project progress and future plans to local health authorities and municipal teams. Maintaining a strong connection with these stakeholders will increase their commitment and support for the project.
13. **Diversified Communication Channels**: Explore a variety of communication channels, both physical and online, to reach different population segments. Consider the importance of establishing physical meeting points while also leveraging digital platforms, bearing in mind potential digital divides.

7. CONCLUSION

The SWOT analysis of the *Grünau Moves* and *Smart Family* interventions reveals significant potential for scaling these best practices (BPs) across the EU. However, for their successful transferability and sustainability, certain key areas must be addressed. These include securing long-term funding, strengthening of collaboration among parties, active involvement of stakeholders and the community, and overcoming resistance to new health promotion models.

To ensure effective transferability, it is essential to conduct comprehensive community needs assessments, involve diverse stakeholders, and adopt flexible, participatory approaches. Implementation should leverage local resources, establish clear communication channels, and remain adaptable to feedback and emerging challenges. Rigorous and ongoing evaluation is crucial, using a mix of qualitative and quantitative methods to measure impact and guide continuous improvement. Finally, both internal and external communication must be clear, structured, and aligned with project goals, ensuring stakeholder engagement and public awareness.

These recommendations provide a roadmap for enhancing the transferability, scalability, and sustainability of health promotion interventions across diverse contexts, offering insights for future initiatives aimed at tackling public health challenges such as childhood obesity.

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DECLARATION OF INTEREST

The authors declared no conflict of interests.

ANNEX 1: SWOT ANALYSIS ON TRANSFERABILITY AND SCALABILITY-IMPLEMENTER QUESTIONNAIRE

T4.4 Transferability, scalability and sustainability of best practice: identifying facilitators and barriers for the implementation at the EU level

A SWOT analysis is a versatile strategic planning tool used to identify and evaluate the Strengths, Weaknesses, Opportunities and Threats in a project, and can be applied to various scenarios.

In this task, the SWOT Analysis aims to give a qualitative overview of **facilitators and barriers to the transferability, scalability and sustainability of Best Practices (BP)**.

It is addressed to the experts' point of view to identify the successful strategies and lessons learnt from their experience. From this analysis, the pertinent elements related to transferability, scalability, and sustainability will be deducted through a qualitative process.

Breakdown of SWOT's components

Internal
They fall within the scope and control of the project

External
Conditions that are outside the direct control of the project

Strenghts	Weaknesses
	
Can be used to address Weaknesses	***Need to be addressed***
Opportunities	**Threats**
	
May facilitate the best practice implementation	***May stand in the way of the best practice implementation***

The "S" of SWOT stands for **Strengths**. The Strengths are internal factors that contribute positively to transferability, scalability and sustainability of BP implementation. The successful strategies are those considered as such according to your experience. The Strengths are things you have control over, so you can work on them. Recognizing and capitalizing on these strengths can increase the transferability of the project, making it more attractive to other contexts or communities and facilitating its scalability.

The "W" of SWOT stands for **Weaknesses**. Weaknesses are internal factors that hinder the transferability, scalability and sustainability of BP implementation, highlighting attributes that require attention or improvement. As the Strengths, are characteristics you often have control over and can improve. Addressing these weaknesses can make it easier to adapt BP in your context or identify areas where additional resources are needed to ensure the success of the project in new contexts.

The "O" of SWOT stands for **Opportunities**. Opportunities are external factors and conditions that are not under the direct control of the program and that the organization could exploit to facilitate the transferability, scalability and sustainability of BP implementation. The opportunities include strategies or resources that can used by implementers. Knowing where the opportunities are allows you to move towards them. Taking advantage of these opportunities can increase the transferability of the project, allowing it to be adapted to new contexts.

The "T" of SWOT stands for **Threats**. Threats are external factors and conditions that are outside the direct control of the program and may stand in the way of BP implementation. The threats are potential problems or challenges you may face during the project and are external factors, but you can actively prepare for them. Identifying and addressing these threats is essential to ensure the transferability, scalability and sustainability of the project, protecting it from potential obstacles and improving its resilience in new contexts.

Recommendation. Recommendations regard the elements that you consider crucial to the success of the transferability and scalability processes of the BP.

Definitions

Transferability. Transferability, in the context of good practices, can be broadly interpreted as the degree to which a practice shows adaptability and usability in different contexts. It concerns the process of transposing a policy or practice from one geographical or institutional context to another, considering the factors that facilitate or hinder such transfer. Specifically, transferability involves the effective application of acquired knowledge, skills or practices in a new context while adapting to changes in cultural, economic and institutional frameworks. It encompasses both the technical dimensions of practice and the socio-cultural, economic and political determinants that determine its successful implementation in a different environment.

Scalability. Scalability refers to the ability of a program, intervention or initiative to be expanded, replicated or adapted to reach larger populations or contexts while maintaining effectiveness and efficiency. It involves the design and implementation of strategies that can accommodate broader applications without significant loss of quality or impact. Scalability includes considerations such as resource availability, organizational capacity, infrastructure requirements, and stakeholder involvement to ensure that health promotion efforts can be successfully extended to larger contexts or populations.

Sustainability. Sustainability refers to the ability of initiatives, programs or interventions to endure over time, maintaining their effectiveness and benefits for individuals, communities and populations. It implies not only the continued existence of the intervention itself, but also its ability to integrate into existing systems or structures, adapt to changing circumstances, secure necessary resources, and generate lasting positive impacts on health outcomes and well-being. Sustainable health promotion_practices prioritize long-term sustainability by promoting resilience, equity and empowerment within communities while addressing the underlying determinants of health.

THE SWOT ANALYSIS:
transferability, scalability and sustainability of best practice
CONTACT PROFILE

Country:

Town:

Autonomous communities:

☐ No

☐ Yes, specify _____

Fill out date:

Partner:

Name, affiliation and contact (e-mail) of responder(s):

Partners/Stakeholders involved in the analysis:

Method of participation:

☐ Email

☐ Meeting, workshop

☐ Group call (skype, hangout or other)

☐ Other, please specify _____

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)				
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)				
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)				
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)				
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)				
	1.6 Integration with other Programs/Network				
	1.7 Other aspects (specify and describe)				

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)				
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)				
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation -** Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)				
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)				
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)				
	3.4 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)				
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)				
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)				
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	
	5.2 General Recommendations on Implementing Process	
	5.3 General Recommendations on Evaluation Process	
	5.4 General Recommendations on Internal and External Communication	

ANNEX 2: SWOT ANALYSIS ON TRANSFERABILITY AND SCALABILITY-MUNICIPALITIES QUESTIONNAIRE

T4.4 Transferability, scalability and sustainability of best practice: identifying facilitators and barriers for the implementation at the EU level

A SWOT analysis is a versatile strategic planning tool used to identify and evaluate the Strengths, Weaknesses, Opportunities and Threats in a project, and can be applied to various scenarios.

In this task, the SWOT Analysis aims to give a qualitative overview of **facilitators and barriers to the transferability, scalability and sustainability of Best Practices (BP)**.

It is addressed to the experts' point of view to identify the successful strategies and lessons learnt from their experience. From this analysis, the pertinent elements related to transferability, scalability, and sustainability will be deducted through a qualitative process.

Breakdown of SWOT's components

Internal
They fall within the scope and control of the project

External
Conditions that are outside the direct control of the project

Strenghts	Weaknesses
 *Can be used to address Weaknesses*	 *Need to be addressed*
Opportunities	**Threats**
 *May facilitate the best practice implementation*	 *May stand in the way of the best practice implementation*

The "S" of SWOT stands for **Strengths**. The Strengths are internal factors that contribute positively to transferability, scalability and sustainability of BP implementation. The successful strategies are those considered as such according to your experience. The Strengths are things you have control over, so you can work on them. Recognizing and capitalizing on these strengths can increase the transferability of the project, making it more attractive to other contexts or communities and facilitating its scalability.

The "W" of SWOT stands for **Weaknesses**. Weaknesses are internal factors that hinder the transferability, scalability and sustainability of BP implementation, highlighting attributes that require attention or improvement. As the Strengths, are characteristics you often have control over and can improve. Addressing these weaknesses can make it easier to adapt BP in your context or identify areas where additional resources are needed to ensure the success of the project in new contexts.

The "O" of SWOT stands for **Opportunities**. Opportunities are external factors and conditions that are not under the direct control of the program and that the organization could exploit to facilitate the transferability, scalability and sustainability of BP implementation. The opportunities include strategies or resources that can used by implementers. Knowing where the opportunities are allows you to move towards them. Taking advantage of these opportunities can increase the transferability of the project, allowing it to be adapted to new contexts.

The "T" of SWOT stands for **Threats**. Threats are external factors and conditions that are outside the direct control of the program and may stand in the way of BP implementation. The threats are potential problems or challenges you may face during the project and are external factors, but you can actively prepare for them. Identifying and addressing these threats is essential to ensure the transferability, scalability and sustainability of the project, protecting it from potential obstacles and improving its resilience in new contexts.

Recommendation. Recommendations regard the elements that you consider crucial to the success of the transferability and scalability processes of the BP.

Definitions

Transferability. Transferability, in the context of good practices, can be broadly interpreted as the degree to which a practice shows adaptability and usability in different contexts. It concerns the process of transposing a policy or practice from one geographical or institutional context to another, considering the factors that facilitate or hinder such transfer. Specifically, transferability involves the effective application of acquired knowledge, skills or practices in a new context while adapting to changes in cultural, economic and institutional frameworks. It encompasses both the technical dimensions of practice and the socio-cultural, economic and political determinants that determine its successful implementation in a different environment.

Scalability. Scalability refers to the ability of a program, intervention or initiative to be expanded, replicated or adapted to reach larger populations or contexts while maintaining effectiveness and efficiency. It involves the design and implementation of strategies that can accommodate broader applications without significant loss of quality or impact. Scalability includes considerations such as resource availability, organizational capacity, infrastructure requirements, and stakeholder involvement to ensure that health promotion efforts can be successfully extended to larger contexts or populations.

Sustainability. Sustainability refers to the ability of initiatives, programs or interventions to endure over time, maintaining their effectiveness and benefits for individuals, communities and populations. It implies not only the continued existence of the intervention itself, but also its ability to integrate into existing systems or structures, adapt to changing circumstances, secure necessary resources, and generate lasting positive impacts on health outcomes and well-being. Sustainable health promotion_practices prioritize long-term sustainability by promoting resilience, equity and empowerment within communities while addressing the underlying determinants of health.

THE SWOT ANALYSIS:
transferability, scalability and sustainability of best practice

CONTACT PROFILE

Country:

Town:

Autonomous communities:

☐ No

☐ Yes, specify _____

Fill out date:

Name, affiliation and contact (e-mail) of responder(s):

Partners/Stakeholders involved in the analysis:

Method of participation:

☐ Email

☐ Meeting, workshop

☐ Group call (skype, hangout or other)

☐ Other, please specify _____

Question: **What are crucial points of best practice implementation and sustainability?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also considering sustainability of the project)				
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)				
	1.3 Working Group (involving key actors, keep in contact with project stakeholders and working group, working group relationships, …)				
	1.4 Promote institutional networks at local level (and/or their involvement in the planning process)				
	1.5 Integration with other local Initiatives/ Programs/Networks				
	1.6 Other aspects (specify and describe)				

2. Implementation	**2.1 Carrying out and support activities** (participation, coordination, timetable, …)				
	2.2 Capacity Building and Empowerment (utilisation of resources, foster a health environment, involvement, training of participants, professionals, families, citizens, associations, …)				
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Participation in the evaluation process** (Definition of indicators, data collecting strategies, …)				
	3.2 Other aspects (specify and describe)				
4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, using institutional media channels, …)				
	4.2 Working Group Relationships (definition of respective involvement, accountability and gains, …)				
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, …)				
	4.4 Other aspects (specify and describe)				

5. General Recommendations on implementation	**5.1 General Recommendations on Planning Process**	
	5.2 General Recommendations on Implementing Process	
	5.3 General Recommendations on Evaluation Process	
	5.4 General Recommendations on Internal and External Communication	

ANNEX 3: SWOT ANALYSIS ON TRANSFERABILITY AND SCALABILITY-BEST PRACTICE OWNER QUESTIONNAIRE

T4.4 Transferability, scalability and sustainability of best practice: identifying facilitators and barriers for the implementation at the EU level

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In this task, the SWOT Analysis aims to give a qualitative overview of **facilitators and barriers to the transferability, scalability and sustainability of Best Practices (BP)**.

It is addressed to the experts' point of view to identify the successful strategies and lessons learnt from their experience. From this analysis, the pertinent elements related to transferability, scalability, and sustainability will be deducted through a qualitative process.

Breakdown of SWOT's components

Internal *They fall within the scope and control of the project* →	**Strenghts**  ***Can be used to address Weaknesses***	**Weaknesses**  ***Need to be addressed***
External *Conditions that are outside the direct control of the project* →	**Opportunities**  ***May facilitate the best practice implementation***	**Threats**  ***May stand in the way of the best practice implementation***

The "S" of SWOT stands for **Strengths**. The Strengths are internal factors that contribute positively to transferability, scalability and sustainability of BP implementation. The successful strategies are those considered as such according to your experience. The Strengths are things you have control over, so you can work on them. Recognizing and capitalizing on these strengths can increase the transferability of the project, making it more attractive to other contexts or communities and facilitating its scalability.

The "W" of SWOT stands for **Weaknesses**. Weaknesses are internal factors that hinder the transferability, scalability and sustainability of BP implementation, highlighting attributes that require attention or improvement. As the Strengths, are characteristics you often have control over and can improve. Addressing these weaknesses can make it easier to adapt BP in your context or identify areas where additional resources are needed to ensure the success of the project in new contexts.

The "O" of SWOT stands for **Opportunities**. Opportunities are external factors and conditions that are not under the direct control of the program and that the organization could exploit to facilitate the transferability, scalability and sustainability of BP implementation. The opportunities include strategies or resources that can used by implementers. Knowing where the opportunities are allows you to move towards them. Taking advantage of these opportunities can increase the transferability of the project, allowing it to be adapted to new contexts.

The "T" of SWOT stands for **Threats**. Threats are external factors and conditions that are outside the direct control of the program and may stand in the way of BP implementation. The threats are potential problems or challenges you may face during the project and are external factors, but you can actively prepare for them. Identifying and addressing these threats is essential to ensure the transferability, scalability and sustainability of the project, protecting it from potential obstacles and improving its resilience in new contexts.

Recommendation. Recommendations regard the elements that you consider crucial to the success of the transferability and scalability processes of the BP.

Definitions

Transferability. Transferability, in the context of good practices, can be broadly interpreted as the degree to which a practice shows adaptability and usability in different contexts. It concerns the process of transposing a policy or practice from one geographical or institutional context to another, considering the factors that facilitate or hinder such transfer. Specifically, transferability involves the effective application of acquired knowledge, skills or practices in a new context while adapting to changes in cultural, economic and institutional frameworks. It encompasses both the technical dimensions of practice and the socio-cultural, economic and political determinants that determine its successful implementation in a different environment.

Scalability. Scalability refers to the ability of a program, intervention or initiative to be expanded, replicated or adapted to reach larger populations or contexts while maintaining effectiveness and efficiency. It involves the design and implementation of strategies that can accommodate broader applications without significant loss of quality or impact. Scalability includes considerations such as resource availability, organizational capacity, infrastructure requirements, and stakeholder involvement to ensure that health promotion efforts can be successfully extended to larger contexts or populations.

Sustainability. Sustainability refers to the ability of initiatives, programs or interventions to endure over time, maintaining their effectiveness and benefits for individuals, communities and populations. It implies not only the continued existence of the intervention itself, but also its ability to integrate into existing systems or structures, adapt to changing circumstances, secure necessary resources, and generate lasting positive impacts on health outcomes and well-being. Sustainable health promotion_practices prioritize long-term sustainability by promoting resilience, equity and empowerment within communities while addressing the underlying determinants of health.

THE SWOT ANALYSIS:
transferability, scalability and sustainability of best practice

CONTACT PROFILE

Country:

Town:

Autonomous communities:

☐ No

☐ Yes, specify _____

Fill out date:

Name, affiliation and contact (e-mail) of responder(s):

Partners/Stakeholders involved in the analysis:

Method of participation:

☐ Email

☐ Meeting, workshop

☐ Group call (skype, hangout or other)

☐ Other, please specify _____

Question: **What are crucial points to support the transferability, scalability and sustainability of best practice?**	**INTERNAL**		**EXTERNAL**	
	Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning				
2. Implementation				
3. Evaluation				
4. Internal and External Communication				

GENERAL RECOMMENDATIONS	
5.1 Planning process	
5.2 Implementing Process	
5.3 Evaluation Process	
5.4 Internal and External Communication	

ANNEX 4. PARTNERS SWOT ANALYSES

BELGIUM

Country: Belgium

Town: Eeklo & Maasmechelen

Autonomous communities: No

Fill out date: 24-04-2024

Partner: Sciensano

Name, affiliation and contact (e-mail) of responder(s):
[redacted]

Method of participation: via working document and short meeting

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	The funding for the European project is, in the Flemish context, sufficient for the lifespan of the project for 1 part-time researcher, assisted by own contribution from another researcher	To truly engage in a participatory way, the lifespan of the project is too short + the funding of the project does not allow the researcher to continue to follow-up or involve other municipalities in the future like the BP example	By receiving these funds, a first impression can be formed of the benefits of co-creating actions with local and might create opportunities for funding from other levels or from within the municipalities	The European funding is limited in time and amount, so the institutions involved can only do as much as the money allows them to do. A continuous funding stream would allow to set up a community of practice.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	The BP is designed that it does not require a lot of human resources in terms of researchers/stakeholders	In reality continuous Human Resources are needed to follow up the implementation processes of the various interventions	As it requires small working teams, this is beneficial with regards to transferability and scalability.	It should not be perceived as an easy task to implement the BP just because it does not require big teams. It is just more efficiently if it is done by a small group, as it easier to create trust within the community if the people remain the same. It is not only resources that count, but ultimately political will at the local level is needed to implement effective actions.
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	The BP allows for inclusion on all levels	It is difficult to include all levels equally	By setting this example, the BP shows the potential in other projects from the local government to include people in their community	
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	The BP sets an example to include both objective and subjective data, giving more strength to the outcome	An overload on data can cause difficulties for certain participants, or stigmatization for certain groups. It is important to keep in mind which information can be shared with which group.	The broad analysis allows for multiple stakeholders and projects to gain insight in the dynamics in the community and can lead to community-adjusted actions/interventions for improvement on all levels	Not all data is up to date

	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	The creation of a core group and Health Network helps to involve all these people and make the partnership sustainable	You are starting with a blank page. This can be a huge advantage, but many stakeholders do not like this idea as they are not familiar with this approach and believe that this would require more investment of their time	By creating awareness on the process of the BP as we are currently doing, stakeholders could be more inclined to participate another time as they can see results from different approaches in different countries	The time-consuming part of the BP (involving the entire community as much as possible) can be seen as a difficulty, making other instances reluctant to work in this way
	1.6 Integration with other Programs/Network	The blank page approach makes it possible to integrate the project with other programs	There is the possibility that stakeholders drive this more towards their needs and wishes as they are already working on something related to that	In Flanders, there are investments with regards to improving both the physical activity environment and the food environment, however mainly on education-level so it is possible to link different projects together	
	1.7 Other aspects (specify and describe)				
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	The BP allows, by involving so many people, to lean on experiences from stakeholders, making recruitment somewhat easier	If you work on so many different levels, adherence to a timetable is very difficult	The timeline can make sure that stakeholders keep engaged, as it is only for a short time	Some demands from the European level with regards to timeline can cause a rushing, with negatively influences the outcomes
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)				
	2.3 Other aspects (specify and describe)				

3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Not applicable			
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Not applicable			
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Not applicable			
	3.4 Other aspects (specify and describe)	Not applicable			

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	By working on a European level, with an example BP, the larger parts are quicker in place (f.e. the website)	By including so many partners, not all disseminations are published.	To learn from other countries	
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)				

	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	By using different qualitative approaches, the BP easily allows for sharing of experiences, feedback moments, within your own national team as well as with the international partners	As not everyone is on the same page with how to tackle the needs assessment, due to cultural differences, it is not always easy to understand why certain approaches are taken in certain situations		
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	It is important to understand the community, so when planning on implementing Grünau Moves, it is crucial that sufficient time is spent in the community and several people are included in the needs assessment (stakeholders, inhabitants, other people who work there, parents and children). Only then it is possible to begin to understand the dynamics in the community. The program as such is thus, since it relies on a participatory approach, highly transferable to other communities, keeping in mind that working participatory takes more effort and time.
	5.2 General Recommendations on Implementing Process	During the implementing process, it is important to understand the limits of the local governments. Wild ideas can be proposed, but we often encountered that what was needed in the community were not massive investments, but rather "small", "simple" adaptations that would better the lives of everyone in the community, not just our target group. With regards to scalability, the fact that in both cities in Flanders the overall needs were mainly environmental desires, it proves that there is the possibility to implement this in other cities, but always on small levels (city-level or community-level). We do not believe that this approach would be suited for larger areas, as its strength is the adaptability to the needs of communities. In addition, as the communities are mainly asking for environmental changes and not man-capacity, we have the impression that there should be no issue with regards to sustainability of the intervention. However, this requires of course that the ideas for interventions/actions are part of the budget-planning or strategic plans of the community/city.
	5.3 General Recommendations on Evaluation Process	If the aim is to decrease overweight and obesity rates, it is not possible to evaluate this in such a short time-span. This would require a longer follow-up period and more measuring points in time to truly understand the changes. A SWOT analysis can be suitable, however, not just with the stakeholders. To understand the impact an intervention has on the community, the evaluation should also be a participatory approach.
	5.4 General Recommendations on Internal and External Communication	We believe that, communication as it is right now, is too far away from the people who need to be informed. There should be a bigger investment on the local level, rather than the European level, on the idea of implementing the BP, adjusted to the community and sufficient funds should be geared towards communication. It would also make it easier to actively involve the community and create more awareness and trust within a community.

CROATIA

Country: Croatia

Town: Zagreb

Autonomous communities: No

Fill out date: June 10, 2024

Partner: Croatian Institute of Public Health (CIPH)

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis: Croatian kindergartens – local communities

Method of participation: Email & survey

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	There is no need for big amounts of extra funding	Funding depends on the institution implementing best practice	Collaboration with local communities, applying for external funding through projects	Funding may lack due to the topic being low on the priority list
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Implementation can be coordinated by a small team	Too many regular activities, overwhelmed staff	Nationally coordinated materials and continuously offered activities would minimize preparation time	Low will form implementation
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Can be small	Difficult to find time for coordinated work due to lack of time	Nationally accepted activities	Low interest to participate actively
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Available COSI data	NO data on children under 5YOA	Good community for research	Dropping out
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Visible to decision makers – due to the GAB body	Not adequately informed on the implementation	Intersectoral collaboration	Shift in priorities, change in local governments
	1.6 Integration with other Programs/Network	Can suit well into existing programs	Not enough space for widening within existing programs	Common priorities	Inadequate resources for existing programs
	1.7 Other aspects (specify and describe)	-	-	-	-

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	Good coordination on a national level	Need for more timely materials	Centralized reporting	Inadequate communication
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Motivated professionals on local level	Not enough participation of local communities	Activating families	Inadequate response from at-risk families
	2.3 Other aspects (specify and describe)	-	-	-	-
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Indicators well defined on a national level	Inadequate international indicators	Good basis for international collaboration	Lack of international guidance
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Short-term effects well defined	Long-term effect difficult to track	Continuous progress reporting	Short period of implementation for impact assessment
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Good national-level communication and process assessment	Unclear structure	Well-developed, comparable international intervention	Too large differences between countries
	3.4 Other aspects (specify and describe)	-	-	-	-

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Abundance of resources	Unclear copyright and structure of materials	Potentially well developed and structured intervention with strong materials	Insufficient communication on materials usage
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Large interest of professional community	Low interest of policy makers	Structured implementation in local communities	Lack of interest
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	Good support between professionals and national coordinators	Inadequate experience of national coordinators	International education	Lack of interest of best practice owners for international education
	4.4 Other aspects (specify and describe)	-	-	-	-

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	-
	5.2 General Recommendations on Implementing Process	-
	5.3 General Recommendations on Evaluation Process	-
	5.4 General Recommendations on Internal and External Communication	-

GREECE

Country: Greece

Town: Patras

Autonomous communities: No

Fill out date: May 8, 2024

Partner:

-Dioikisi 6is Ygeionomikis Perifereias Peloponnisou Ionion Nyson Ipeirou Kai Dytikis Elladas (6th Health Adm)

-Panepistimio Patron

Name, affiliation and contact (e-mail) of responder(s):

[redacted]

Partners/Stakeholders involved in the analysis:

Method of participation: Email; Meeting, workshop; Group call (skype, hangout or other)

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	-Greek Ministry of Health -Department of Public Health (6th Health ADM)	Unwillingness of financial funding from some health organizations	Grants from various stakeholders	-Economic crisis -Inflation
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Greek informative sites regarding the best practices Various specialties in: -28 Hospitals -92 Health Centers and Social Care Units -33 Local Health Units (To.M.Y. Y) -529 Regional Medical Centers -11 Mental Health and Addiction Centers	Non-cooperative experts related to child obesity: -Trainers, Dieticians Nutritionists, Cooks -Psychologists, Pediatricians -Sociologists, Social workers, Social caregivers, Health visitors -(Baby Nursery) Nurses, Midwives -Pharmacists -Translators - Interpreters, Intercultural mediators	A number of employees in a number of: -(day) nurseries, -kindergartens, -primary schools, -high schools	Greece landscape covers an area of: -different geomorphological characteristics, -levels of development, -needs for the provision of health services. Data collection from various stakeholders: -No consent. -Poor. No Research feedback
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	-Personnel from 6th Health ADM and UPAT which implemented the pilot -Directors and teachers from the pilot schools. -University Hospital of Patras -Medical School, University of Patras, Department of Hygiene and Public Health -Municipality of Patras, Health Division -Ministry of Health, -Ministry of Education, -Regional Directorate of Primary Education, -Local Medical Council, -Local Members of Parliament, -President of Regional Directorate of Primary Education, -Parents and guardians' representatives	Not identified.	Organizations and NGOs from all over Greece	No availability of cooperation.

	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Population data and socioeconomic data from Greek Statistical Authority	-Lack of childhood obesity data -District areas, islands	Creation of an observatory for childhood obesity data	Non-reliable data collection
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	-Greek Ministry of Health -GAB, PAB, SAB members	Lack of support from other organizations	-OECD -EUPHA Conference	Non-availability of collaboration
	1.6 Integration with other Programs/Network	Not yet defined.	Not yet defined.	Not yet defined.	Not yet defined.
	1.7 Other aspects (specify and describe)	Not defined.	Not defined.	Not defined.	Not defined.
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	-Guideline from the implemented actions -Support from the personnel who participated in the implementation of the actions	Non-availability from all the participated personnel members (e.g external)	New external approaches	The implementation not going as pilot action due to socioeconomical reasons.
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Involvement of the Core group analysed in 1.3	Issues that are new in the manner of handling from the core group	New personnel involvement	Non-availability of participation due to internal issues.
	2.3 Other aspects (specify and describe)	Not defined.	Not defined.	Not defined.	Not defined.
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	-Numbers of participants and stakeholders in the implemented actions -Number of actions implemented -Satisfaction evaluation sheet	-Non-participation of all participants and stakeholders of the implemented actions -Non-availability of implemented the same actions with the pilot -Non-collecting of satisfaction of evaluation sheet	New indicators regarding the outcome evaluation	Non-reliable indicators regarding the outcome evaluation

	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	-Data sheets from actions in the implemented areas -Other actions organized related to projects best practices	-Non-collecting data sheet from the implemented actions in the areas -Non-availability of organization other actions related to the project's best practices	New indicators regarding the impact evaluation	Non-reliable indicators regarding the impact evaluation
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	-Reports of various data sheets from the implemented actions -Questionnaire filling out	-Non-availability of data sheets report from the implemented actions -No questionnaire filled out	New indicators regarding the process evaluation	Non-reliable indicators regarding the process evaluation
	3.4 Other aspects (specify and describe)	Not defined.	Not defined.	Not defined.	Not defined.
4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Variety of dissemination and communication materials and channels	-Non-enrolment of new followers on the dissemination and communication channels -Non-availability of printable dissemination and communication material	-New followers on the dissemination and communication channels -New printable dissemination and communication material	-Followers non-following the dissemination and communication channels -No funding for printable dissemination and communication material
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Collaboration	Non-availability of collaboration	Collaboration with new stakeholders	Stakeholders no more interested in the best practices' issues
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	-Feedback reports from the personnel and participants engaged. -New sources of collaboration	-No feedback reports from the personnel and participants engaged. -Non-availability of new sources of collaboration	New sources of collaboration from EU	Non-availability of new sources of collaboration from EU
	4.4 Other aspects (specify and describe)	Not defined.	Not defined.	Not defined.	Not defined.

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	-Put the right person in the right position -Collaborate with competent people and interested in their work
	5.2 General Recommendations on Implementing Process	-Have always alternatives plans
	5.3 General Recommendations on Evaluation Process	-Do everything in the time provided and in the right time. -Don't leave pending matters
	5.4 General Recommendations on Internal and External Communication	Use all the available means

HUNGARY

Country: Hungary

Town: Budapest

Autonomous communities: No

Fill out date: May 8, 2024

Partner: NNGYK

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis:

Method of participation: Email

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	the project provided enough funding, the schools were able to cover all the cost	the institute bureaucracy made the process slow	the schools mapping the funding outside of the schools	the sustainability of the program funding is unsure
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	the teachers were open during the training and could provide all the materials that project could not include	the teachers have limited time where to insert the program because of the long schools days	the teachers can find other alternatives to make the comprehensive school health promotion more colourful with new best practices	the comprehensive school health promotion already include these topics and for the schools s hard to fit all into school life
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	many different professionals from different areas gathered together and shared knowledge	coordination of these many people and areas	future collaborations	come to agreement with different opinions
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	mapping local conditions	data usage will be limited because of low case-numbers	local data will be available	drawing false conclusions due to the low number of cases
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	provide local policy maker support	due to local election stakeholders may change	involve new stakeholders, community and stakeholder relationship improve	unsure financial and professional support
	1.6 Integration with other Programs/Network	complete the already existing legally defined national school health promotion program	the methodologies can mix and make the programs confused	the more program results are added up, the more it will be tailored to local needs	limited time frame in schools for too many programs
	1.7 Other aspects (specify and describe)				
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	teachers and students commitment to school health promotion improve	fluctuation and lack of teachers	this project guidance could be use after the project	without central control, the program can take a different, unwanted direction

	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	the project contribute to the process of empowerment, like health literacy	for a secure empowerment and for attitude change the duration of the project is short	can create a basic attitude formation, which teachers can later build on	with unstable institute background the program empowerment is risky
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Number of school personnel who have completed the program	the result cannot be used in every schools because of its differences	Number of Families Using the project Tools	No centrally available results
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	develop and disseminate a multidisciplinary team that has comprehensive relations with the schools.	feedback of the program can be varied because of the huge difference of health literacy of the children	the result could be valid for similar school (age group, number of children, similar health literacy)	Lack of monitoring and analysis of health parameters among children
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	measure of sustainability in the schools	it is difficult to achieve full completion of the surveys from all children	sustainable solutions in every pilot actions	it is necessary to take into account the stage of the school year in which the intervention takes place, because it can distort the result
	3.4 Other aspects (specify and describe)				

4. Internal and External	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Our communication team using visual and social media channels, disseminating our process and results	Lack of interest in materials from health professionals and families with obesity	National reach of the project materials	exclusion of websites/social media that cannot be targeted due to credit damage

	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Ability to inform and support participation in the programme through patient organisations and support groups	Local activities of support groups	Dissemination of information on the programme by patient organisations and support groups	Small number of patient organisations active in the subject matter of the program
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)				
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	
	5.2 General Recommendations on Implementing Process	
	5.3 General Recommendations on Evaluation Process	
	5.4 General Recommendations on Internal and External Communication	

LITHUANIA

Country: Lithuania

Town: Kaunas

Autonomous communities: No

Fill out date: May 4, 2024

Partner:

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis:

Method of participation: Email

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	Big support from municipality and Ministry of health, understanding the benefits.	Relying heavily on a single source of funding (e.g., grants from a particular donor) exposes the organization to financial instability if that source is discontinued.	Having possibility to multiple funding streams reduces dependency on a single source and enhances financial resilience. This could include government grants, corporate partnerships, individual donors, or revenue-generating activities.	Public health prevention results can be shown only in long period of time, when a lot of funding sources want the results in a year or two.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	More than 80 public health specialists working in the schools who can get the direct contact with the families and children.	Lack of time due to the implementation of other works and projects	Strong public health prevention base in country (good funding and understanding the benefits of the public health prevention on the country).	Lack of specialists and knowledge in the public health prevention, low salary level of the specialists.
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Public health professionals working in the team.	Lack of time due to the implementation of other works and projects	-	Lack of specialists and knowledge in the public health prevention, low salary level of the specialists.
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Available country sources with the public health statistic and information.	Old data, only every 2-4 year collected information.	Good country database of the public health statistic, all data in the E- systems.	Poor country database of the public health statistic, all data only in the paper, not in E- systems.
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Big support from municipality and Ministry of health, understanding the benefits.	Elections every 4-5 years, different persons, different understanding of the programmes and projects in public health.	-	Elections every 4-5 years, different persons, different understanding of the programmes and projects in public health.
	1.6 Integration with other Programs/Network	-	Different methodology of the programmes and projects	Finding the same public health issues that need to be controlled, that are in different programmes.	Small funding and budget, lack of specialists who want to continue project after the funding.
	1.7 Other aspects (specify and describe)	-	-	-	-

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	Having well-defined communication channels and engagement strategies ensures that all stakeholders understand their roles, responsibilities, and the importance of their participation (FB groups etc.)	Lack of strong leadership and clear direction can result in ambiguity, indecision, and ineffective steering of activities.	Promote empowerment among participants by providing opportunities for leadership development, skill-building, and decision-making roles within activities.	Poor communication strategies may result in unclear expectations and roles, leading to confusion among participants.
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Leveraging local expertise, skills, and knowledge within communities to address challenges and develop sustainable solutions.	Insufficient knowledge and understanding of available local resources, including skills, expertise, networks, and community assets.	Engage community members, local organizations, and businesses to leverage their expertise, skills, and resources for project implementation.	Some community members may lack interest or motivation to participate in project activities due to competing priorities, scepticism, or perceived lack of benefits.
	2.3 Other aspects (specify and describe)	-	-	-	-
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Involvement of key stakeholders (e.g., project managers, beneficiaries, internal staff) in indicator development to ensure relevance and ownership. Comprehensive consideration of both tangible (quantifiable) and intangible (qualitative) indicators to capture diverse project impacts.	Unclear indicators can lead to inconsistent interpretation and unreliable evaluation results.	Engage external subject matter experts or consultants to provide insights and guidance on defining relevant indicators aligned with industry standards and best practices	Difficulty in establishing universally accepted indicators, leading to ambiguity and inconsistency in measuring project outcomes.
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Adequate resources allocated for comprehensive data collection activities, including personnel, technology tools, and budget.	Indicators may be poorly defined or ambiguous, leading to confusion in measuring and interpreting intervention impacts.	Access external industry standards, guidelines, or frameworks for impact evaluation to ensure alignment with best practices and ensure comprehensive coverage of relevant indicators	Difficulty in establishing universally accepted indicators, leading to ambiguity and inconsistency in measuring intervention impacts.
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Indicators that reflect the level of engagement and participation of stakeholders, including target beneficiaries, staff, and partners.	Indicators may be unclear or irrelevant to measuring intervention progress and implementation.	Adopt international or national guidelines for process evaluation, leveraging established frameworks and methodologies for defining process indicators and assessing intervention progress	Rapid changes in external factors (e.g., economic conditions, policy environment) affecting the intervention's progress.
	3.4 Other aspects (specify and describe)	-	-	-	-

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Well-defined and articulated scope of the project or initiative, active participation and commitment of team members.	Confusion among team members and stakeholders, leading to misalignment, scope creep, and inefficiencies in project execution.	Forge strategic partnerships with external stakeholders (e.g., industry experts, community organizations) to refine project scope based on diverse perspectives and insights.	Potential misalignment between stakeholders' expectations and project scope, leading to scope creep or misunderstandings.
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Enhances understanding of stakeholder interests, expectations, and influence, enabling targeted engagement strategies and effective communication.	Inadequate understanding of key stakeholders, their interests, and influence, leading to gaps in engagement and alignment with project objectives.	Partner with external organizations to advocate for common interests and amplify the impact of stakeholder engagement efforts.	Apathy or disinterest from stakeholders due to perceived lack of value or relevance in project outcomes.
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	Robust communication channels for timely dissemination of information during emergencies	Unclear or inefficient communication protocols for crisis situations	Collaborate with government agencies and non-governmental organizations (NGOs) to enhance crisis preparedness and response capabilities.	Absence of comprehensive crisis response plans or inadequate preparation for potential emergencies.
	4.4 Other aspects (specify and describe)	-	-	-	-
5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	Involve diverse stakeholders (including community members, organizations, and experts) in the planning process from the outset to ensure inclusivity, gather insights, and foster ownership.			
	5.2 General Recommendations on Implementing Process	Develop a detailed implementation plan that outlines specific tasks, timelines, responsibilities, and resource requirements to guide the execution of activities.			
	5.3 General Recommendations on Evaluation Process	Clearly define evaluation objectives, outcomes, and indicators at the outset to guide the evaluation process and ensure alignment with program goals.			
	5.4 General Recommendations on Internal and External Communication	Implement structured communication channels (such as team meetings, newsletters, intranet platforms) to facilitate regular updates, information sharing, and collaboration among staff.			

MALTA

Country: Malta
Town: Hamrun
Town: Kaunas

Autonomous communities: No

Fill out date: 19.04.2024

Partner:

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis:

Senior Social worker Hamrun

Executive secretary local council Hamrun

Band club secretary

Two Primary schools and children in year 5 (9, 10 year)

Priest serving in Franciscan Community

Public Health Officials

Method of participation: Email; Meeting, workshop

Question: **What are crucialpoints of best practice implementation and sustainability?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also considering sustainability of the project)	Funds coming from the project itself and existing resources such as equipment for kids to perform physical educationavailable in primary schoolsparticipating in implementation programmes which can be shared.	Limited funding may hinder project growth and impact. Project success is tied to commitment by different personnel. Lack of human resources dedicated to maintaining project.	Existing health services andhealth care providers and community clinic present inthe area. Funding from other sources e.g. sponsorships, grants bylocal council, donations. Schools and football grounds may be used when not being used by usual owners.	Funds will end when projectends and would be difficult to sustain project without funds. Project funding may be affected by political and economic priorities thus effecting public health andcommunity health promotion projects.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Regular meetings, local partnerships who are willing to contribute andcollaborate.	Some people involved in the project may lack interest in the project itself. Not all community members may have access to or be comfortable with digital tools, limiting the reach of IT-based interventions. Some community health teams may lack specialised ITskills needed for effective data management and digitaloutreach.	Additional staff may be hired through ad hoc funding.	Might be difficult for core group and health network,technical staff to keep providing their input once project ends. Socioeconomic disparities inIT access can exacerbate health inequalities if not addressed. Compliance with healthcareand data protection regulations adds complexityto IT implementations
	1.3 Working Group (involving key actors, keep in contact with project stakeholders and working group, working group relationships, …)	Passionate leaders from core group and Health network give useful insightsand tips to the project. Diverse expertise from different group member(both from CR and HN group). Direct involvement with the community can ensure acceptance of the activities that will be implemented. Working group may possesslocal knowledge which is very important for the study.	Coordination challenges and finding time suitable for everyone to meet since people in the working groupmostly work.	Opportunities to collaboratewith local organisations or businesses for additional support and resources. Growing interest in health within the community.	Other community projects might interfere with our project as it affects time availability of stakeholders.

	1.4 Promote institutional networks at local level (and/or their involvement in theplanning process)	Active involvement of local community members and organisations. Partnership with local institutions such as schools,community clinic. Access to volunteers suchas scouts, band clubs.	Limited financial resources. Reliance on volunteers canlead to inconsistency and unsustainability. Communication challenges and difficulty on reaching segments of the communitylike the non-Maltese residents. Other issues going on in the community which may deflect the attention from the project.	Opportunities for securing grants and sponsorships forspecific projects. Potential to collaborate withother local organizations andbusinesses for mutual benefit. Aligning with broaderhealth policies and initiatives at the local government level.	Other similar projects whichcan compete with this project. Lack of interest from certain segments of the communityas preventive health action may not be their priority. Funding sources may be unreliable.
1. Planning	**1.5 Integration with other local Initiatives/ Programs/Networks**	Resource sharing - eg equipment used at schoolsduring physical activity sessions. This can reduce costs and improve efficiency. Can reach a wider audiencein your health promotion efforts when partnering with local networks. Allows for learning from others' experiences. Association with reputable local programmes can enhance credibility and trust within the community.	Loss of independence and dependency on other initiatives may limit autonomy in decision makingand project progression. Limited resources might leadto competition for grants within shared networks	Working with other initiatives can reinforce themessage you are trying to put across. Integration enables a more holistic approach to community health, addressing different healthdeterminants at the same time	Conflicting priorities among partners can lead to arguments and lack of cooperation. Excessive reliance on other projects may pose risk if these programmes face challenges,
	1.6 Other aspects (specify and describe)		Hamrun has 24 percent of the population made up ofnon-Maltese residents andthese communities are harder to reach		Community resistance: lack of understanding and lack of collaboration from people within the community such as parents

2. Implementation	**2.1 Carrying out and support activities** (participation, coordination, timetable, …)	Strong community involvement can be a key strength, fostering local ownership and sustainability. Collaborations with local organizations, healthcare providers, or community leaders can enhance projectcredibility and reach.	Proposals to implement certain health promotion activities need approval fromsenior people in education ministry. Limited resources such as trained staff to deliver healthpromotion programmes. Time constraints to set up health management programmes such as children's weight management programme.	Opportunity to create a new service e.g. child weight management programme which was previously not carried out. Opportunity to decrease obesity rates and improve health among the population. Social media platforms sucha local council website can be used to promote health promotion activities.	Poverty, employment or lackof education could limit engagement and participation.
	2.2 Capacity Building and Empowerment (utilisation of resources, foster a health environment, involvement, training of participants, professionals, families, citizens, associations, …)	Making use of local resources like volunteers, facilities, or networks can optimise project efficiency.	Resistance to change by community members.	Increasing awareness or changing attitudes towards health can create a conducive environment forinterventions. Opportunities to collaboratewith new stakeholders or scale the project to adjacent communities.	Many parents work full time,and time constraints exist to participate in health promotion activities. Language and communication barrier.
	2.3 Other aspects (specify and describe)				Resistance from community members to implement the project
3. Evaluation	**3.1 Participation in the evaluation process** (Definition of indicators, data collecting strategies, …)	Guidance from WP leaders. Best practice already carried out in Germany soplenty of information available. (Clear metrics and evaluation tools in place to assess impact).	Challenges in replicating or scaling the project to other communities. Sustainability beyond EU funding may be uncertain.	Tools to carry out evaluationwill be provided by work package leaders via workshops, training, and meetings. Potential for sharing project insights through research publications. Setting foundations for enduring health promotioninitiatives beyond the project lifespan.	Carrying out enough health promotion activities which can be evaluated. Having enough uptake of HP activities promoted in the area
	3.2 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, using institutional media channels, …)	Sharing project ideas through presentations,social media platforms,website, posters	Approval from more senior personnel may take a long time and will slow down the dissemination of the project	People are more consciousabout their health and may be more receptive to thesehealth promotion programmes. Offering the public health promotion programmes freeof charge may increase uptake of such activities.	Political leaders are too busyand it is difficult to present the project to them.
	4.2 Working Group Relationships (definition of respective involvement, accountability and gains, …)	Frequent meeting with the working group will strengthen the relationshipbetween team members.	Lack of interest from workinggroup members since they do not see personal gains from project.	Opportunity to get more knowledge on the area of intervention and to get toknow community leaders	Working group members may be hard to reach as theyhave other commitments and projects to take care of.
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, …)	Having a backup plan in case an emergency arises orsomething does not work out.	Identify areas which are vulnerable during crises suchas gaps in communication channels, lack of contingencyplan, or inadequate training for key personnel, or movement of key personnel.	Identify areas which can be improved based on lessonslearnt from past projects. Explore opportunities whereyou can work with other stakeholders in times of crises/emergencies.	Stock up on resources and personnel which can addresscrisis situations.
	4.4 Other aspects (specify and describe)				
5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	Plan ahead. In our case procurement of items or services can take time as quotes need to be issued, assessed etc. Conduct a thorough assessment of the community's health needs, existing resources, and potential assets. This involvesgathering data through surveys, interviews, focus groups, and existing health reports.			
	5.2 General Recommendations on Implementing Process	Pool resources with those available locally. Be flexible and ready to adapt your strategies based on ongoing evaluation and feedback from stakeholders. This allows forcontinuous improvement and increased effectiveness.			
	5.3 General Recommendations on Evaluation Process	Document everything from the start of the project so that you have the data available to produce statistics etc. on relevantfindings. Identify measurable outcomes early in the project.			
	5.4 General Recommendations on Internal and External Communication	Carrying out online meetings instead of physical meetings can be more efficient and can save time.Setting of deadlines till when people have to get back to you. Document lessons learned throughout the planning and implementation phases. Share these learnings with othercommunities and stakeholders to contribute to broader public health knowledge.			

POLAND

Country: Poland

Town: Warsaw/Rybnik

Autonomous communities: No

Fill out date: 29/04/24

Partner: National Health Fund

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis: NFZ, SUM

Method of participation: Email; group call (skype, hangout or other)

Question: **What are the key points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)		Lack of funding for dietary advice in paediatrics		
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)		the approach focuses on self-discipline and parents/child engagement overstimulation of parents and teachers with such actions		Lack of health educators in the system
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Presence of national consultants in the health care system in the field of family medicine, metabolic paediatrics,	No formal basis for setting up a multi-area working group;	Ability to establish a team at Ministry of Health	Lack of system capabilities to set up a team at Ministry of Health
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting,...)	Public health diagnosis based on epidemiological data	Failure of the system – no tools to implement	Ease of screening of the target population thanks to the health balances of children in PHC	No algorithms to proceed in case of detection of obesity in children
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Close cooperation with SUM as an educational and research unit; extensive experience in the implementation of other projects in the field of combating obesity by SUM	Regional area of action SUM	Possibility of cooperation with Ministry of Health – presenting the problem	Insufficient involvement of Ministry of Health in the fight against the problem,
	1.6 Integration with other Programs/Network	National Health Programme (NPZ) 2021-2025 – coherence with the main objectives	Lack of detailed guidelines for the achievement of objectives	Any choice of tools to use allows for creative selection of methods to fight obesity	Reluctance of medical staff to implement too general assumptions
	1.7 Other aspects (specify and describe)				

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	Prepared tools for working with families with children Trained employees of PHC to carry out educational activities	Organisation of work in the aspect of additional educational activities	Proven tools – pilot implementation allows tools to be adapted to national conditions	No algorithms to proceed in case of detection of obesity in children Lack of a multidisciplinary team conducting public-funded educational activities
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations,...)	increase a positive approach to self-care based on changes in the lifestyle of whole families;	Reluctance of families to make changes; Employees' systemic reluctance to change	Universal availability of e-learning training for staff universal availability of materials for families	
	2.3 Other aspects (specify and describe)		Difficult access to healthcare in rural areas during field works		Ineffectiveness of implemented solutions
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies,...)	Number of medical personnel who have completed the training	Number of Families Using Healthy Family Tools	Standard reporting in the field of PHC – number of child health balances	No centrally available balance sheet results (available at healthcare provider level, not available to the NFZ)
	3.2 Impact Evaluation – Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies,...)	develop and disseminate a team/multidisciplinary/comprehe nsive relations with patients.			Lack of monitoring and analysis of obesity parameters among children
	3.3 Process Evaluation – Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies,...)	Reporting surveys for PHC employees	Voluntaryity of surveys		
	3.4 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, Disseminating the results,...)	NFZ Academy for Patients with Materials centrumwiedzy.nfz.gov.pl – materials for healthcare professionals	Lack of interest in materials from health professionals and families with obesity	National reach of websites: NFZ Academy, NFZ Knowledge Centre	
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains,...)	Ability to inform and support participation in the programme through patient organisations and support groups	Local activities of support groups	Dissemination of information on the programme by patient organisations and support groups	Small number of patient organisations active in the subject matter of the program
	4.3 Crisis Management, feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants,...)				
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	
	5.2 General Recommendations on Implementing Process	
	5.3 General Recommendations on Evaluation Process	
	5.4 General Recommendations on Internal and External Communication	

PORTUGAL

Country: Portugal
Town: Lisbon
Autonomous communities: No

Fill out date: 02.05.2024
Partner: Ministério da Saúde – República Portuguesa
Name, affiliation and contact (e-mail) of responder(s):

[redacted]

Partners/Stakeholders involved in the analysis:

Directorate-General of Health - DGS (Portugal) Nursing

School of Lisbon - ESEL (Portugal)

Method of participation: Email

Question: **What are the key points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	The possibility of an initial pilot may consider the use of resources that will need to be maintained.	Lack of management resources for support, from the beginning.	Interest in the topic that motivates investment in the project.	Inappropriate political moment.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	The possibility of a pilot can guarantee the availability of technology and human resources.	The creation of information systems, due to their complexity, maintenance and cost, will be difficult to access.	Acquisition of new equipment and ways of working.	Resistance to change.
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Working with beneficiaries is a central part of ensuring the sustainability and suitability of the pilot.	Questions and problems may be raised that practice does not respond to.	Increase knowledge and interest in different areas.	Need for superior permition, limited time availability.
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting,...)	The organization of practice allows for easier collection of this data and standardization of intervention.	The specific knowledge and skills to carry out and work with this information.	Acquisition of new ways of working.	Resistance to change.
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Facilitate access to all types of resources.	Difficulty in having this area and project as a priority.	Increase knowledge and interest in different areas.	Resistance to change.
	1.6 Integration with other Programs/Network	Allow us to enhance approaches and avoid redundancies.	Difficulty communicating and contacting them	Beginning of joint and articulated work.	Resistance to sharing and change.
	1.7 Other aspects (specify and describe)	NA	NA	NA	NA

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	The existence of a guideline allows you not to deviate from the project and facilitates responses and expectations.	The need to monitor and maintain defined periods may appear as a limitation due to unforeseen issues that may arise.	New dynamics and new proposals emerge.	Inability to change.
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Fundamental opportunity for the sustainability of the project.	Scarcity of resources.	Generate new dynamics and partnerships.	Inability to access resources and involve professionals.
	2.3 Other aspects (specify and describe)	NA	NA	NA	NA
3. Evaluation	**3.1 Outcome Evaluation -** Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Central to the evaluation of practice and opportunities for improvement.	Difficulty in evaluating products and intangible gains, especially with regard to cultural differences.	Possibility of identifying new results and gains.	Inability to evaluate results.
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Possibility of identifying other success factors.	Difficulty in evaluating and interpreting unexpected results.	Possibility of presenting gains that allow us to understand the importance of these projects and joint work.	Results may not meet expectations. Leading to withdrawal from the project
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Allow comparison with other studies.	control cultural differences in the evaluation.	Allow understanding new aspects and measures for the future, raising the importance of other topics.	Difficulty in identifying critical assessment factors.
	3.4 Other aspects (specify and describe)	NA	NA	NA	NA

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Have information prepared and ready to use, with proven effects.	Possible differences in strategy and materials given the local reality.	Have a new intervention set and materials to use.	Inappropriate strategy and materials given the context.
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Enable the collection and sharing of multiple experiences. Thus enabling engagement and sustainability.	Difficulty maintaining connections over time.	Enable sustainability and new projects.	inability to work together.
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	The existence of setbacks must be guided by easy and quick communication between all participating entities.	Inability to respond or coordinate to resolve issues or difficulties.	learn from the response to identified needs.	Inability to respond, given the impossibility of communicationand leadership.
	4.4 Other aspects (specify and describe)	NA	NA	NA	NA

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	For the planning process, it is necessary to ensure human, financial, and technological resources, conduct a state-of-the-art analysis, involve the target population in identifying their needs, develop the intervention based on scientific evidence, define SMART objectives, and develop a guiding framework for all stakeholders involved in the project.
	5.2 General Recommendations on Implementing Process	In the implementation process, it is necessary to ensure the effective availability and involvement of project professionals and participants and the necessary conditions for its implementation, to guarantee compliance with the previously defined implementation plan, and to implement strategies that facilitate the adherence of participants and professionals.
	5.3 General Recommendations on Evaluation Process	In the evaluation process, it is crucial to define indicators to assess whether the project addresses the needs identified and to administer pre- and post-tests to assess the effectiveness of the intervention. It is also important to ensure that process, impact, and outcome evaluations are performed using mixed evaluation methods (qualitative and quantitative).
	5.4 General Recommendations on Internal and External Communication	Regarding internal and external communication, it is necessary to ensure continuous and quick internal communication between all those involved in the project, to define key messages for external communication, to prepare communication materials in a timely manner through appropriate media and communication channels, and to disseminate it to guarantee its transferability, scalability, and sustainability.

SLOVENIA

Country: Slovenia

Town: Ljubljana

Autonomous communities: No

Fill out date: 6.5.2024

Partner: National Institute of Public Health Slovenia

Name, affiliation and contact (e-mail) of responder(s):

[redacted]

Partners/Stakeholders involved in the analysis: **/**

Method of participation:

☐ Email
☐ Meeting, workshop
☐ Group call (skype, hangout or other)
☐ Other, please specify _____

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	Support from superiors within the institute signifies organizational commitment to the project, facilitating decision-making processes and resource allocation.	Recent changes in management, with the appointment of a new manager who lacks extensive experience in overseeing similar projects, could lead to uncertainties in decision-making and implementation processes.	The best practice is in line with the Ministry of Health's goals of advancing children's health as part of the national healthcare agenda, thereby increasing the probability of consistent funding and backing.	The Ministry of Health might have to balance different priorities within the healthcare sector, which could potentially result in reduced support for sustaining activities beyond the project's duration.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Training community nurses during the pilot implementation not only enhances their capacity to use Smart Family approach effectively but also positions them as potential promoters of the approach to other healthcare personnel.	With a very small project team, the capacity for effectively managing and implementing the Smart Family approach may be constrained, potentially leading to challenges in providing comprehensive training to community nurses and efficiently updating the national webpage.	Investing in ongoing training and professional development for community nurses strengthens their skills in using the Smart Family approach in practice.	High turnover rates among community nurses may disrupt continuity and sustainability of the program, requiring constant recruitment and training efforts.
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Cooperation with a national community nurses coordinator, four regional coordinators, and ten enthusiastic community nurses fosters a collaborative environment, leveraging diverse expertise and resources for the successful implementation of the Smart Family approach.	With a small team, resource allocation for coordinating with multiple stakeholders and conducting trainings may require careful prioritization and efficiency to ensure optimal outcomes.	Providing training and support to community nurses fosters their engagement and ownership of the Smart Family approach, enhancing its implementation and sustainability.	Reliance on a few key individuals, such as superiors and coordinators, for guidance and support may introduce vulnerabilities if their availability or engagement levels fluctuate.
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Utilization of epidemiological and socio-economic data informs targeted interventions and resource allocation based on local needs. Contextual analysis enables customization of the Smart Family approach to address specific challenges and opportunities within the target population and setting.	Incomplete or outdated data may limit the accuracy and comprehensiveness of the context analysis, leading to suboptimal decision-making.	Implementing the Smart Family approach provides opportunities to collect new data on the lifestyle counselling performed by the healthcare workers, enriching the evidence base for future interventions and policy decisions.	Data collection efforts require additional resources and capacity, which may strain the project's budget and timeline, especially considering the small project team.

	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	The project has received support from stakeholders within the national institute, indicating early endorsement and commitment to the Smart Family program's objectives and implementation.	The absence of support from a broader range of stakeholders beyond the national institute may hinder the program's visibility and potential for widespread adoption, limiting its impact and sustainability.	Advocacy efforts aimed at raising awareness about the importance of first 1000 days in tackling childhood obesity can mobilize support from key decision-makers and stakeholders, facilitating broader endorsement and partnership opportunities.	Limited resources and capacity may constrain the project's ability to engage with a wider range of stakeholders effectively, potentially hindering efforts to build partnerships and garner broader support for the program.
	1.6 Integration with other Programs/Network	The Smart Family approach enhances the current preventive healthcare program for pregnant women, babies, and children by broadening understanding of how to effectively collaborate with families, assisting them in implementing health guidelines.	Competing priorities or interests among stakeholders may hinder collaboration and integration efforts, limiting the projects effectiveness and efficiency.	Aligning the implementation with existing policies and strategic plans increases the likelihood of endorsement and sustainable integration within the healthcare system.	Competition for resources among different programs or initiatives may hinder collaboration and integration efforts, limiting the program's scalability and impact.
	1.7 Other aspects (specify and describe)				
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	The implementation process follows a clear framework, with six well-defined meetings covering theoretical background, practical skills and feedback mechanisms, ensuring systematic and comprehensive coverage of the Smart Family approach. Guidance provided throughout the process ensures effective participation, steering, and coordination	The need for sustained participation and coordination over multiple sessions may strain resources, particularly for community nurses and facilitators, potentially impacting their availability and engagement.	The focus group session at the end of the training process provides an opportunity to gather valuable insights and feedback from participants, enabling iterative improvements and refinements to the implementation approach. Flexibility within the framework allows for adaptation to the local context, addressing specific needs and challenges of Slovenian families and healthcare settings.	Resistance or reluctance among participants to adopt new practices or perspectives may hinder the effectiveness of the training process, requiring additional support and engagement strategies. Ensuring consistent participation and adherence to the timetable across multiple sessions may be challenging, particularly given competing priorities and scheduling conflicts among participants.

	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	The implementation process leverages existing resources, such as community nurses and the national webpage, maximizing efficiency and sustainability. The longer training period allows for a gradual integration of the Smart Family approach into the nurses' practice, accommodating their existing workload and ensuring a smoother transition.	With the majority of their work focused on the elderly population and patients with chronic diseases, community nurses may face challenges in prioritizing and maintaining motivation for implementing the Smart Family approach, potentially leading to inconsistent or suboptimal delivery of services to families with young children.	Integrating the Smart Family approach into existing practices enables community nurses to offer more comprehensive and holistic care to families, addressing not only the health needs of children but also providing support and guidance on broader lifestyle factors, contributing to improved health outcomes and well-being across the lifespan.	Limited time, staffing, and funding resources may impede the successful integration of the Smart Family approach into community nursing practices, requiring careful prioritization and allocation of resources to ensure sustained implementation and impact.
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Established data collection strategies ensure systematic and comprehensive gathering of information, enhancing the reliability and validity of outcome evaluation findings.	Data collection for outcome evaluation requires significant time, effort, and financial resources, potentially straining project resources and limiting the scope or depth of evaluation activities. We are unable to collect information from a representative sample of community nurses regarding their lifestyle counselling practices, as well as data from patients receiving lifestyle counselling based on the Smart Family approach	Robust outcome evaluation findings can serve as a basis for evidence-based decision-making, informing policymakers and stakeholders about the effectiveness of the Smart Family approach and guiding future resource allocation and programmatic priorities. Positive outcome evaluation results can attract new partners and collaborators interested in supporting and scaling up the Smart Family implementation, expanding the reach and sustainability of the program through strategic alliances and collaborations. Identifying areas of success and areas needing improvement through outcome evaluation enables the refinement and optimization of Smart Family implementation strategies, enhancing the overall quality and impact of intervention.	The extensive data collection required for outcome evaluation may pose a burden on participants, leading to potential fatigue, non-compliance, or data quality issues that could compromise the validity and reliability of evaluation findings. External contextual factors, may impact the interpretation and applicability of outcome evaluation findings, making it challenging to draw definitive conclusions about the effectiveness and relevance of the Smart Family intervention within different contexts or populations.

	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Utilizing mixed methods, including quantitative surveys and qualitative interviews, enhances the depth and richness of impact evaluation findings, providing a nuanced understanding of intervention effects.	Assessing unexpected effects of the intervention may be challenging, as they may not have been anticipated or explicitly defined in advance, requiring flexible and adaptive evaluation methodologies.	Unexpected effects identified through impact evaluation provide valuable learning opportunities for refining and optimizing the Smart Family implementation, fostering continuous improvement and innovation.	Social desirability bias or respondent reluctance to disclose sensitive information may affect the accuracy and reliability of impact evaluation data, leading to skewed or incomplete assessment results.
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Process evaluation provides ongoing feedback on the implementation of the Smart Family approach into the work of community nurses, allowing for timely adjustments and course corrections to ensure the achievement of project goals and objectives.	Process evaluation may focus primarily on predefined aspects of intervention progress or implementation fidelity, potentially overlooking emergent issues or unanticipated outcomes that are not captured by existing evaluation frameworks, leading to gaps in understanding and actionability.	Process evaluation findings inform iterative improvements to the implementation process, fostering continuous learning and adaptation to changing circumstances and stakeholder needs.	Insufficient engagement of key stakeholders (community nurses) in the process evaluation process may result in incomplete or biased perspectives on implementation progress and challenges, reducing the comprehensiveness and usefulness of evaluation insights for decision-making and program improvement.
	3.4 Other aspects – using qualitative method	The focus group and analysis provide an opportunity to gain in-depth insights into the learning process and the practical application of the Smart Family approach by community nurses, offering valuable qualitative data to complement quantitative evaluation findings.	Findings from qualitative analysis may be subjective and context-dependent, requiring careful interpretation and validation to ensure their reliability and validity.	Engaging participants in reflective dialogue and analysis enhances their capacity for critical reflection and continuous learning, fostering a culture of improvement and innovation within the project team and stakeholder community.	Social desirability bias or participant reluctance to express negative experiences or opinions may affect the authenticity of focus group discussions and analysis, potentially biasing evaluation findings.
4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Weekly meetings, emails, and telephone calls within the project group facilitate timely updates, information sharing, and coordination, ensuring alignment and synergy among team members. Clear dissemination strategies for sharing project outcomes and results with stakeholders and the general public promote transparency, accountability, and trust in the project's achievements and impact.	Lack of consistent messaging and alignment across different communication channels and team members may lead to confusion or mixed signals among stakeholders, weakening the clarity and effectiveness of communication strategies in conveying project goals and objectives.	Expanding the use of social media channels (NIJZ social media) for communication enables broader outreach to target audiences, including parents (about the Smart Family articles) and healthcare professionals, facilitating greater awareness and adoption of the Smart Family best practice.	Other communication channels or initiatives divert attention away from project communication efforts, diminishing their impact and effectiveness in reaching target audiences (for example overflow of information for parents).

	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Clearly defined roles and responsibilities for stakeholders (community nurses, outside lecturers, project team members, parents, and professional groups) promote accountability, transparency, and effective collaboration, ensuring their active engagement and support throughout the project lifecycle.	Fragmented or sporadic engagement with stakeholders may lead to communication gaps, coordination issues and a lack of collaboration. This in turn, hinder the establishment of cohesive partnerships and shared ownership of project objectives.	Empowering stakeholders through training program and participatory decision-making processes strengthens their capacity to contribute meaningfully to project objectives, fostering a sense of ownership and investment in project outcomes.	Apathy or disengagement among stakeholders due to perceived lack of relevance or involvement in decision-making processes may erode trust and cooperation, impeding the effectiveness of stakeholder relations efforts.
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	Structured feedback mechanisms, such as surveys, focus groups, and feedback sessions during meetings, facilitate ongoing dialogue and collaboration with stakeholders, enabling continuous improvement and adaptation of communication strategies and project activities based on stakeholder input.	Failure to effectively utilize feedback gathered from stakeholders may result in missed opportunities for improvement and adaptation, thereby restricting the project's ability to be responsive and effective in its communication and activities.	Leveraging feedback from stakeholders as opportunities for learning and adaptation enables the project team to identify areas for improvement, address challenges, and capitalize on strengths, enhancing the responsiveness and relevance of communication strategies and project activities.	Misinterpretation or misrepresentation of stakeholder feedback may lead to incorrect assumptions or decisions, potentially exacerbating issues and undermining the effectiveness of improvement efforts.
	4.4 Other aspects (specify and describe)				
5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	Ensure thorough contextual analysis: Conduct comprehensive epidemiological and socio-economic analyses to understand the target population's needs and the broader healthcare landscape in Slovenia. This will facilitate tailored planning and implementation strategies. Foster stakeholder engagement: Involve a diverse range of stakeholders from the outset to ensure buy-in, collaboration, and support throughout the planning process. Prioritize sustainability: Embed sustainability considerations into the planning process to ensure the continued use of Smart Family approach beyond the project's lifespan and expansion to other settings. Flexibility in implementation: Design flexible planning frameworks that can adapt to changing circumstances to enhance the transferability and scalability of the initiative.			
	5.2 General Recommendations on Implementing Process	Provide tailored training and ongoing support for community nurses (target population in Slovenia), leveraging their existing expertise while equipping them with the necessary skills and resources to effectively implement the Smart Family approach within their contexts. Foster collaboration and integration with existing healthcare programs and networks to leverage resources, avoid duplication of efforts, and enhance the reach and impact of the Smart Family implementation. Empower target population by involving them in decision-making processes, fostering ownership of the initiative, and promoting active participation in program design, implementation, and evaluation. Establish mechanisms for continuous quality improvement, including regular monitoring, feedback loops, and adaptation of strategies based on lessons learned, to ensure ongoing effectiveness and relevance of the intervention.			

	5.3 General Recommendations on Evaluation Process	Create a detailed evaluation plan that looks at the outcome, effect, and process of the best practice implementation to understand its impact and help make evidence-based decisions. Involve key stakeholders in the evaluation to ensure their perspectives are incorporated, to promote transparency and to make sure findings are accurate and useful. Employ a mix of quantitative and qualitative methods, including surveys, interviews, focus groups etc. to provide a holistic understanding of the initiative's outcomes, impacts, and implementation processes. Disseminate evaluation findings widely to stakeholders, policymakers, and the broader healthcare community through various channels, such as reports, presentations, and publications, to maximize learning and promote knowledge sharing.
	5.4 General Recommendations on Internal and External Communication	Develop a clear and consistent messaging tailored to different stakeholder groups, utilizing various communication channels and formats to ensure easy access and understanding. Encourage stakeholders to be actively involved in the implementation process of best practice, through regular communication, consultation, and collaboration to build trust, gather feedback and maintain alignment with stakeholder needs and expectations. Promote a culture of knowledge sharing and learning within the project team and with external stakeholders through platforms such as workshops, webinars etc.

SPAIN (ANDALUSIA)

Country: Spain

Town: Seville

Autonomous communities: Yes, specify: Andalusia

Fill out date: 09/04/2024

Partner: Andalusian Health Service (SAS)

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis:

Andalusian Health Service (SAS); Andalusian Public Foundation Progress and Health (FPS)

Method of participation: Group call (skype, hangout or other)

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)		Although there is funding from the project, there is no specific budget allocation from the Andalusian Health Service (SAS) or the City Council.		
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)			It has enabled us to build new relationships with other key institutions/stakeholders, leading to the creation of synergies.	
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)			Thanks to the collaboration with the Office of the Commissioner for the "Polígono Sur", we have established direct contact with the representatives of the main associations in the neighbourhood, which represent a very important part of the population.	
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)		Previous data on the neighbourhood is scarce. There is a large socio-economic difference between the population around which the original good practice was developed and the target of the local good practice (one of the poorest areas in Spain).		
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	There is a strong commitment from the Office of the Commissioner for the "Polígono Sur" to support and collaborate in this initiative. There is also the support of the Regional Ministry of Health and Consumer Affairs of Andalusia.			

	1.6 Integration with other Programs/Network			The Office of the Commissioner for the "Polígono Sur" is implementing a plan to promote childhood vaccination in the neighbourhood. Taking advantage of the networks created thanks to this plan, the Health4EUKids project is being disseminated and promoted.	
	1.7 Other aspects (specify and describe)				
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)				Piloting the tool and the project in general requires more time and resources than was originally foreseen when preparing the Grant Agreement.
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)			Networks and synergies are being created at the local level that can be very useful, not only for achieving the project's objectives, but also for future actions.	
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)		It is difficult to establish indicators because of the lack of reliable data on the previous situation.		The target area is under-recorded in terms of health and socio-economic data, making it difficult to obtain new representative data.
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)		It is difficult to establish indicators because of the lack of reliable data on the previous situation.		The target area is under-recorded in terms of health and socio-economic data, making it difficult to obtain new representative data.

	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)		The piloting of the tool and the project in general is taking longer than expected, making it difficult to define indicators.		The piloting of the tool and the project in general is taking longer than expected, making it difficult to define indicators.
	3.4 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)				There are problems in communicating what needs to be done and how to do it. This consumes more resources than necessary and slows down the work.
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)			An internal communication network has been established with the Office of the Commissioner for the "Polígono Sur".	
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)				There are problems in communicating ideas, concepts and activities, so that communication between project partners is not effective. For example, there is no common language in the field of action, so that the same requirements/needs are often interpreted in different ways.
	4.4 Other aspects (specify and describe)				How the impact of communication activities will be measured has not been adequately communicated to partners.

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	The concepts to be used need to be clearly defined and illustrated with examples to avoid misunderstandings and unnecessary use of resources and time once actions are underway.
	5.2 General Recommendations on Implementing Process	Clear guidelines for the process to be followed should first be established to avoid misunderstandings, unnecessary consumption of resources and repetition of activities/meetings. The latter is essential in order to continue to count on the cooperation of the key actors who are selflessly participating in the project.
	5.3 General Recommendations on Evaluation Process	Before defining indicators, the project should be aware of the scope of the project and its possible outcomes. This will avoid defining indicators that are not feasible or cannot be measured within the time frame of the project.
	5.4 General Recommendations on Internal and External Communication	Brainstorming in consortium meetings should be avoided as far as possible. In addition, it is recommended that the duration of the meetings should be in line with the times indicated in the schedules/calls. On the other hand, it is considered that it could be helpful to provide at consortium level drafts/templates of press releases, communications on social networks that facilitate the standardisation of such actions.

SPAIN (Balearic Islands, Elvissa)

Country: Spain

Town: Eivissa

Autonomous communities: Yes, specify: Balearic Islands

Fill out date: 02/05/24

Partner: Idisba

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis: 3 pediatric nurses in 3 Health Centres in Eivissa

Method of participation: Meeting, workshop

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	Primary Health Care budget is increasing			
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)			The Spanish Ministry of Health recommends the inclusion of social determinants of health in clinical records	
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Highly qualified paediatric nurses	The involvement of paediatricians is up to now low	Children obesity is perceived as a priority by paediatric teams	Crisis in Primary Health Care, with low motivation of Primary Health Care teams
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Children obesity is steady in Balearic Islands, but higher in Eivissa			Substandard housing, season works and inequalities in Eivissa
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Eivissa Townhall, Eivissa and Balearic Islands Health Services and Public Health endorsement to the project	Political changes by 2027	Childhood obesity is a priority in Spain. There is a national strategy: https://www.comisionadopobrezainfantil.gob.es/es/en-plan-bien	
	1.6 Integration with other Programs/Network	Smart Family matches with Child and Adolescent Health Program: https://www.ibsalut.es/apmallorca/es/pacientes-y-familiares/salud-infantoadolescente		Smart Family matches with the Health Promotion and Prevention National Strategy: https://www.sanidad.gob.es/areas/promocionPrevencion/estrategiaSNS/home.htm	
	1.7 Other aspects (specify and describe)				

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	Materials in process of adaptation to Mediterranean culture	Overloading in Primary Health Care during summer	We have presented the Smart Family program to the Balearic Islands paediatric coordinator and to the Balearic Island Primary Health Care director	
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	EinaSalut, a Health Promotion platform: https://einasalut.caib.es/, as well as other materials from Balearic Islands Health Services		The implementation of the Community Health Strategy for Primary Health Care (https://www.ibsalut.es/es/servicio-de-salud/que-es-ibsalut/planes-y-estrategias/4210-plan-estrategico-de-atencion-primaria-del-servicio-de-salud-de-las-islas-baleares-2022-2026-salud-comunitaria) Maybe, the revision of the Child and Adolescent Health Program.	
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Data collection notebook Qualitative interviews to families Questionnaire to professionals (pre-post)	Family's lack of time Nurse's lack of time	Ethical Committee approval	
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Data collection notebook Qualitative interviews to families Questionnaire to professionals (pre-post)	Family's lack of time Nurse's lack of time	Ethical Committee approval	
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Data collection notebook Qualitative interviews to families Questionnaire to professionals (pre-post)	Family's lack of time Nurse's lack of time	Ethical Committee approval	
	3.4 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Meetings before to start to explain the project to Health authorities and Health Centre team	We could no go to 1 of the 3 Health Centres Political changes, with new Health Services director and management team in Eivissa	The local media are interested in the project. Maybe we will organize the last WP6 meeting in Eivissa	
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Meetings with the Townhall with Public Health director		The new municipal major and his team are highly motivated with the project	
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	The Smart Family team (the Public Health coordinator and the 3 paediatric nurses) meets every two weeks by videoconference, but we have also a WhatsApp group.			
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	To spend enough time to explain the project to the health and municipal political authorities.
	5.2 General Recommendations on Implementing Process	To include enough budget to adapt the materials to local context.
	5.3 General Recommendations on Evaluation Process	To keep in mind that the approval of the Ethical Committee is necessary if clinical data are included as outcome indicators.
	5.4 General Recommendations on Internal and External Communication	To spend enough time to explain the project to the health an municipal professional teams.

SPAIN (Balearic Islands, Palma)

Country: Spain

Town: Palma

Autonomous communities: Yes, specify: Balearic Islands

Fill out date: 04/05/24

Partner: Idisba

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis:

Method of participation: Meeting, workshop

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	Existence of a Community Health Strategy in the Balearic Islands	Lack of a childhood obesity strategy at the Balearic Island	Existence of Local Implementation of the Strategy for health promotion and prevention of the Spanish Ministry of Health with an annual grant for towns joined with the strategy	
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Existence of funded entities that enhance and maintain the community network.			Dispersion of information systems
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)		Childhood obesity is a problem but not perceived as a priority by the key stakeholders		
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Existence of a community diagnosis in this area. We are developing an information system to facilitate analysis context in the Balearic Islands	Currently in not possible to know the childhood obesity prevalence in the area		
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Involvement in the planning process of the public health directorate		Childhood obesity is a priority in Spain. There is a national strategy: https://www.comisionadopobrezainfantil.gob.es/es/en-plan-bien	Political changes by 2027
	1.6 Integration with other Programs/Network	Our project matches with the Community Health Strategy and the Health promotion strategy in the Balearic Islands			
	1.7 Other aspects (specify and describe)				

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	High qualify team in community skills and childhood obesity	Since obesity is not a priority for the existing community network, it is difficult to integrate our activities into its schedule.	We have presented the project to the Balearic Islands paediatric coordinator and to the Balearic Island Primary Health Care director	
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	EinaSalut, a Health Promotion platform: https://einasalut.caib.es/, as well as other materials from Balearic Islands Health Services Capacity of training in community skills, healthy eating and physical activity and childhood obesity addressed to families, health and education professionals, local network etc. The implementation of the Community Health Strategy for Primary Health Care (https://www.ibsalut.es/es/servicio-de-salud/que-es-ibsalut/planes-y-estrategias/4210-plan-estrategico-de-atencion-primaria-del-servicio-de-salud-de-las-islas-baleares-2022-2026-salud-comunitaria)			
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Not defined yet			
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)		Lack of existence of the childhood obesity prevalence data		

	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Questionnaire to teachers (pre-post) results Questionnaire to community network (pre-post) results Questionnaire to health professionals (pre-post) results Obesity tool to families results			
	3.4 Other aspects (specify and describe)		Schools are tired of doing questionnaires		

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Meetings to explain the project to: Public Health authorities, Primary Health Care authorities and autonomic paediatric coordinator, local district authorities and community network. Press release in local newspaper	Currently a communication strategy is not designed		
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	We participated in the community network meetings and in some of their sub-commissions related to the project and we have access to their information through their drive.	We don't have the same priorities with the community network	The new municipal major and his team are highly motivated with the project	
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	The Grünaw team meets regularly. We have also kept in touch with the local education technic and the school's staff in order to reinforce the project's implementation.			
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	It is crucial to identify the priorities established by the community organisations in each area from the planning stage, to ascertain if they align with the project we wish to implement.
	5.2 General Recommendations on Implementing Process	The implementation may depend on identifying windows of opportunity.
	5.3 General Recommendations on Evaluation Process	More time should be dedicated to evaluation during the planning phase, combining quantitative and qualitative methods and using innovative methodologies.
	5.4 General Recommendations on Internal and External Communication	The central message should be: What does this project offer?

SPAIN (Basque Country)

Country: Spain

Town: Erandio

Autonomous communities: Yes, specify _Basque Country

Fill out date: 26th of April 2024

Partner: Biosistemak Institute for Health System Research

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis:

Directorate of Public Health and Addictions (Ministry of Health of the Basque Government)

Biosistemak Institute for Health System Research

Method of participation: Meeting, workshop

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	Grants by the Basque Government on Health Promotion activities Increased awareness about the need of citizenship involvement (participation) in the municipalities and neighbourhoods (participated budgets, councils of participation, training and capacity building programs (BHERRIA). Although this awareness does not usually reach Health related areas, and is limited to other municipal areas (I see it more like an internal opportunity)	Scarce funding available	Grants by the EU Commission (EU Health programs) Suscription to RECS (Red de – Ciudades Saludables) provides some additional funding	The macro political economic context favours prioritizing clinical assistance budgets versus more social approaches in Health areas.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Team experience regarding community health interventions implementation Presence of technical personnel involved in the project. Specific services or areas on Public Health or Health Promotion within the local governments, especially in large municipalities. These profiles must be involved for the sustainability of the project, regardless of the political party in the Council.	Processes are person-dependent; human resources mobility is high (lack of stability). Lack of coordination, mainly between public health, healthcare assistance and social services areas. Lack of an adequate organization of the human resources at the Health administration (and maybe others), to adequately promote community action.	European projects such as Health4Eukids or European funds support the development of new interventions, programmes or services.	Kind of a system inertia in the Health related areas that prevents from adopting a more social perspective; Healthcare assistance and Public Health Protection prevail. The school curricula and the educational system as it is currently designed, (overloaded), does not facilitate the flexibility and availability required by the educational community to engage in community action. And the educational community is very important in whatever participatory process with the focus on children.

	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Political will by some local and regional authorities.	Lack of political will by some local and regional authorities Changes in the involvement of stakeholders in the WG due to changes in persons representing that stakeholder in the project. Not all relevant stakeholders are represented in the WG (vulnerable population, specific groups…). Hard to reach groups.		Resistance to organizational changes and new community movements
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	The region has available different data bases and platforms that gather target population data Methodologies for participated analysis with the community are available, either from social sciences (literature) or from Health administrations in other regions.	Not interoperability and lack of standards on ICT (information and Communication Technology) and platforms	Interculturality may be seen as an opportunity to engage.	Interculturality may be seen as a threat by some political groups Pressure for multinational food companies Persistence of privacy related problems for managing specific data.
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Public Health Act (2023), Public Health Plan (2023-2030), the Strategy for Community Health of Osakidetza and the Strategy for Community Action of the Health Department (in progress) should favour this kind of processes. Long standard tradition of public health and health promotion Universal healthcare coverage for all citizen	Social perspectives are hard to understand (inertia) by some key decision makers in the Health areas, who address a more traditional view of Health (clinical evidence, the concept of predefined health interventions, vertical organizations, etc.)	Strengthening preventing activities Global trends toward prevention measures and activities The focus on Healthy Living Environments, community participation, equity, and the Social Determinants of health are principles that are on the basis of this process	Possible changes in priorities due to changes in political surroundings Political change at state or local level often means changes in organisations and no continuity of interventions
	1.6 Integration with other Programs/Network	Existence of previous participatory structures (Councils) in the neighbourhood/municipality. Ability to integrate other urban planning, healthy living habits or participatory programs in the municipality	Integration of new processes with pre-existent participatory structures in the municipality is complex most of the times; it should be an effective integration, not an addition of more different networks with different objectives.	Citizen organizations and associations Participation in European projects and Join Action EU programme	The fact that different areas not directly related to Health (urban planning, social services, environment, education and culture, etc..) may have an impact on the health status of the population makes community action for health difficult to address; integration and coordination are required at all institutional levels and policies.

	1.7 Other aspects (specify and describe)		Remote areas do not have easy access to technology and community services		
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	The ability of the regional government to control school menus in public centers. Increasing availability of qualified personnel and entities to facilitate community participatory processes.	Lack of participatory culture in health issues.	Some community stakeholders are not sensitized or familiarized with participatory processes or community-based projects	Lack of participatory culture in general. Lack of culture on volunteering
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Resources and tools generated during the pilot	Lack of capacity at different levels (local authority, health services, regional authorities…) in participatory process and social engagement methodologies.	Not all citizens can access the internet, specific assets or community resources.	
	2.3 Other aspects (specify and describe)		Resistance to change on the part of professionals and with the population (inertia)		
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Resources and tools generated during the pilot. Availability of health data by Health Care Service.	The evaluation is not protocoled Data from data bases or electronic records may be of bad quality Complexity of defining adequate indicators		
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Health4EUKids Implementation guide Tools and resources offered in the framework of the project for the Impact Evaluation	Resistance of participants for sharing data Challenges in collecting data at community level Low experience of the key stakeholders involved in the project in the impact evaluation process Complexity of defining adequate indicators and identification of the health impact to be measured. (self-perceived health status?)	"Grünau Moves" Best Practice evaluation indicators as a reference The cooperation with other EU partners Learning from other regions and experiences	

	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Sufficient resource allocation for gathering data Key stakeholder's involvement and experience in the data collection Co-creation process including for the definition of the process performance indicators and intervention evaluation techniques and indicators.	Lack of resources for collecting data Limited budget for sufficient resources to collect the data Lack of ICTs or structured platforms to gather the data and carry out the analysis.	Sharing experience and methodologies among project partners	No protocoled process evaluation to assess the progress of the interventions
	3.4 Other aspects (specify and describe)	The Involvement in the project of the Research Institute with experience on Impact Evaluation Potential involvement of the academia (Universities, other Research entities) in helping with the evaluation	Lack of interoperability or access with other data resources to collect data Lack of knowledge of Ethics committees' members in community-based and community participatory process Lack of knowledge of the Public Health staff on qualitative evaluation methodologies applied to social sciences.		Applicable to all aspects of "Evaluation": Lack of a recognized and official guide on health evaluation of community engagement processes, definition of indicators, etc.
4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Team experience in defining the scope definition of the project Key stakeholders' involvement in context analysis process definition Willingness of the communities and city council for implementing health promotion programs. Well-defined methodologies implementation and team experiences in fostering team engagement	Limited ICTs for fostering team engagement Not the same use and access of the project target population to all social media tools and community channels (digital divide) There are new communication channels and projects must adapt to these new tools to reach the population. Lack of knowledge on designing an adequate communication plan, adapted to the local context	There are community networks and community fabric that need to be strengthened and can be used to leverage interventions. The participation in the European project allows us to look outwards and learn from other experiences. There is a potential for new ICT tools that are easy and agile to use, new communication channels, new social networks used by the population and patients.	Social determinants of health such as language or culture can be a threat if the population is not well diagnosed and known. There are population groups that are never reached. Communication and information does not reach them and becomes a difficult barrier to cross.
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Team experience in community-based interventions Team experience in the participation of the EU projects The creation of councils in the community where the project is implemented	A holistic approach towards citizen participation in community-based interventions does not exist		In some cases, the Cross-sectoral coordination is difficult. There is still a lack of culture of real participation of the population in community engagement.

	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	Risk assessment identification included in the implementation process Team experience in handling emergencies and problem-solving Continuous participant's feedback gathering for identifying barriers and risks and problems solving	Not well-defined follow-up process for monitoring the project implementation The pressure on the key stakeholders to solve the problems as soon as possible Limited resources and budget to be able to provide the right solution sometimes	The participation in EU projects allows partners to share experiences and solutions identified for similar problems.	
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	Team experience in defining the scope definition of the project and project action plan Availability of different data bases and platforms that gather target population data Political will by the local and regional authorities. Plans and strategies that foster this type of community-based projects First contact should be with the City Council to test their interest and future involvement. This step is also important for identifying pre-existent participatory structures and for guiding the planning of the process. Willingness of the communities and city council for implementing health promotion programs Team experience in community-based interventions Team experience in the participation in EU projects
	5.2 General Recommendations on Implementing Process	Existence of previous participatory structures (Councils) in the neighbourhood/municipality. Ability to integrate other urban planning, healthy living habits or participatory programs in the municipality
	5.3 General Recommendations on Evaluation Process	Sufficient resource allocation for gathering data Key stakeholder's involvement and experience in the data collection Co-creation process including the definition of the key performance indicators and evaluation techniques.
	5.4 General Recommendations on Internal and External Communication	Previous experience on designing effective Communication Plans is appreciated Defining the most adequate communication channels considering the different population groups in the neighbourhood/municipality. Use of social media

SPAIN (Cantabria)

Country: Spain

Town: Best Practice in Torrelavega neighbourhood.

Autonomous communities: Yes, specify: Cantabria

Fill out date:

Partner: Fundación Instituto de Investigación Marqués de Valdecilla (IDIVAL), Cantabria

Name, affiliation and contact (e-mail) of responder(s):

[redacted]

Partners/Stakeholders involved in the analysis: NA

Method of participation: NA

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	External funding by the EC	Other supporting funding: Autonomous communities	Continued EC funding	Political changes
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Multidisciplinary team Staff recruitment	The continuity of the multidisciplinary team	Contact with stakeholders	Political changes Availability hours
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Multidisciplinary team Some stakeholders know each other previously	Incompatibility of schedules. Involvement of a large number of personnel. Dispersion of opinions. Newly working groups. The challenge of identifying stakeholders.	Small autonomous community Increasing the Health Network by snow ball	Availability hours Different work schedule in different key stakeholders
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Small autonomous community with accessibility to health data	Report about the context analysis	Health Atlas Availability	Data update Access to information
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Interested in health promotion Training in community actions	Dispersion of opinions Difficulty of after working hours meetings Low training in community actions	Common goal: health improvement	School calendar in the autonomous community
	1.6 Integration with other Programs/Network	Other programs under development in the area: Health Promoting Schools.	Similar initiatives	Detection of initiatives in relation to the target group	Complementarity with other health/educative/nutritional programs
	1.7 Other aspects (specify and describe)				Protocol defined for the Ethics Committee and delays due to any change or new information on that protocol

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	Commitment to health improvement	Delays according to the planning Difficulty in coordination multidisciplinary team	School calendar	Risk of not reaching the most needed target audience School calendar in the autonomous community Multidisciplinary team
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Target group (children) usually is grateful for the implementation Contribution of training pills	Information to different audiences Experience and adaptation Access to all audiences	Long-term family transformation	Availability hours
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation -** Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Easily measurable, clear indicators	Understandable previously Clearly accessible and defined	Defined and used in previous/similar projects	Defined in advance Clearly accessible
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Easily measurable, clear indicators	Understandable previously Clearly accessible and defined	Defined and used in previous/similar projects	Predefined in advance Clearly accessible
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Easily measurable, clear indicators	Understandable previously Clearly accessible and defined	Defined and used in previous/similar projects	Predefined in advance Clearly accessible
	3.4 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Existence of previous tools Communication experts Existence of accessible materials	Dispersion in communication/dissemination due to availability	Audience growth	Reduced communication with children target audience
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Network strengthening Hiring of support staff to help the relationship Stakeholders involvement	Contact difficulty	Stakeholders involvement	High workload Long term gains
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	European Coordination Guidance by owners' best practices Self-motivation among stakeholders	Prior knowledge in community actions	External management to the municipality	Political changes External management to the municipality
	4.4 Other aspects (specify and describe)				

5. General Recomm	**5.1 General Recommendations on Planning Process**	Longer period on planning process
	5.2 General Recommendations on Implementing Process	Large number of resources availability
	5.3 General Recommendations on Evaluation Process	Indicators previously defined
	5.4 General Recommendations on Internal and External Communication	Possible difficulties to be in contact with stakeholders and the knowledge about community work

SPAIN (Galicia)

Country: SPAIN

Town: Ponteareas

Autonomous communities: Yes, specify Galicia

Fill out date: 02.05.2024

Partner:

Name, affiliation and contact (e-mail) of responder(s):

[redacted]

Partners/Stakeholders involved in the analysis:

Method of participation: Meeting, workshop

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	Collaborating with local businesses, healthcare providers, and community organizations can open up opportunities for shared funding or in-kind contributions, strengthening the project's financial foundation. Galician Health Promotion Network establishes the link between these agents and facilitates the development of initiatives.	There may be limitations in the available funds to implement and maintain the project in the long term, which could affect its sustainability. Fluctuations in funding levels or the absence of long-term funding commitments may hinder the project's ability to plan and execute activities effectively.	Grants from government agencies, foundations, and international organizations can provide additional funding to support project activities. Galician Health Promotion Network is a body that facilitates access to and application for these grants.	Some funding sources may come with restrictions or requirements that limit the project's flexibility in terms of how funds can be allocated or spent.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	A committed team of health professionals, educators, and community organizers with expertise in health promotion can drive the success of the project and foster community engagement and participation. Building strong partnerships with local health agencies, academic institutions, and community organizations can provide access to additional resources, expertise, and support for project implementation and sustainability.	There may be limitations in information systems to assess the health characteristics of the population and thus to assess impact. Frequent turnover or shortages of personnel can disrupt project continuity and impact the quality of services provided to the community.	Investing in staff training and professional development opportunities can enhance the skills and competencies of project personnel, enabling them to effectively deliver health promotion interventions and services. The implementing team belongs to the Galician Ministry of Health. This supports institutional support and connections with other ministries such as education or sports. These institutional relations allow the development of the different initiatives.	Resistance from staff members or community stakeholders to adopt new technologies or approaches to health promotion may hinder the implementation of innovative strategies or initiatives.
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	Strong community participation at all stages of the project, from planning to evaluation, can increase long-term acceptance and commitment.	If the community is not actively involved in the design and implementation of the project, its acceptance and effectiveness are likely to be limited.	Designing culturally appropriate and contextually relevant interventions can increase engagement and participation among the target population, leading to greater effectiveness and sustainability of health promotion efforts.	Deep-rooted cultural norms or resistance from certain groups within the community could hinder the adoption of the proposed healthy practices, reducing the project's impact.

	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Integration of multiple data sources, such as health surveys, electronic health records, and census data, can enrich the context analysis by providing a more holistic understanding of health needs and disparities across different population groups.	Inaccuracies or inconsistencies in data collection and reporting processes may compromise the reliability and validity of the epidemiological and sociodemographic data, undermining the credibility of the context analysis.	Identification of high-risk populations or geographic areas through the context analysis can guide the development of targeted interventions and resource allocation strategies to address specific health needs and disparities within the community.	Accessibility of information systems to assess the context is limited.
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Endorsement from governmental organizations, NGOs, or other institutions can provide resources and technical support for the implementation and sustainability of the project.	If the project relies heavily on a few community leaders or health professionals, its sustainability may be compromised if these individuals cease to be involved or change roles.	Collaborating with other local health organizations or programs can expand the project's resources and coverage, enhancing its sustainability and transferability. Government policies that promote healthy lifestyles, such as regulations on unhealthy food advertising or the creation of environments conducive to physical activity, can create a more favorable environment for the sustainability and transferability of the project.	Changes in government policies or local administration could affect the support and funding of the project, jeopardizing its sustainability.
	1.6 Integration with other Programs/Network	Integration enables programs to reach a broader audience, maximize reach, and impact by combining efforts, resources, and expertise to address shared health goals more effectively than individual initiatives.	Conflicting objectives or resource constraints among various programs may impede collaboration and hinder the integration of complementary services or interventions to address common health goals. Insufficient involvement of key stakeholders, such as government agencies, healthcare providers, and community organizations, in the planning and implementation of integrated programs may hinder buy-in and support for collaborative efforts.	Aligning program goals and objectives with broader policy initiatives or national health strategies can facilitate integration and support for collaborative efforts across different levels of government and sectors.	Fragmentation in roles and responsibilities among program partners may lead to confusion or disputes over accountability for program outcomes and resource allocation decisions.
	1.7 Other aspects (specify and describe)				

2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	Engaging stakeholders and community members in the design and implementation of the pilot project fosters ownership, participation, and support, increasing the likelihood of success and sustainability.	Insufficient funding, staffing, or infrastructure may pose challenges to the successful implementation of the pilot project and limit its ability to deliver desired outcomes.	Demonstrating the effectiveness of the pilot project through rigorous evaluation and documentation of outcomes can inform policy development and advocacy efforts to scale up similar initiatives at the regional or national level.	Inadequate support from key stakeholders, such as government agencies or funding organizations, may undermine the pilot project's credibility, funding, and sustainability.
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Leveraging local resources, expertise, and community networks can enhance the relevance, accessibility, and sustainability of capacity-building initiatives by tapping into existing knowledge and infrastructure.	A large target population makes it difficult to implement cross-cutting actions. In the case of children, there is a dependence on schools and teaching staff to carry out the actions and to be able to count on school hours to carry them out.	Establishing mechanisms for ongoing education, training, and peer support can facilitate continuous learning and professional development among participants and stakeholders.	Conflicting demands or priorities among participants, professionals, or organizations may limit their availability or willingness to engage in capacity development activities, reducing the effectiveness of training initiatives.
	2.3 Other aspects (specify and describe)				
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	Utilizing a combination of quantitative and qualitative data collection methods, such as surveys, interviews, and focus groups, enables a more nuanced understanding of project outcomes and facilitates triangulation of findings.	Outdated or inefficient information systems may impede data collection, analysis, and reporting, limiting the project's ability to monitor progress and evaluate outcomes.	Evaluating both short-term and long-term outcomes allows for a more holistic understanding of project impacts over time, informing future program planning and sustainability strategies.	Challenges such as attrition, non-response, or data quality issues may compromise the validity and reliability of outcome data, requiring careful attention to data collection protocols and quality assurance measures.
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	If the project addresses multiple aspects of health and well-being, such as nutrition, exercise, mental health, and disease prevention, it is more likely to have a lasting impact on the community.	There may be limitations in information systems to assess the health characteristics of the population and thus to assess impact.	Involving stakeholders, including intervention recipients, community members, and program implementers, in the design and implementation of impact evaluation fosters ownership, transparency, and accountability, increasing the relevance and credibility of study results.	Generalizing impact evaluation findings beyond the study context or population may be limited by contextual factors or idiosyncratic characteristics, constraining the applicability of study results to other settings or populations.

	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Utilizing a combination of quantitative and qualitative data collection methods, such as surveys, interviews, observations, and document reviews, allows for a comprehensive assessment of intervention processes and outcomes, supporting triangulation of findings.	Availability of reliable and timely data to measure process indicators may be limited, particularly if data collection systems are not well-established or if there are gaps in reporting mechanisms.	Involving stakeholders in the design, implementation, and interpretation of process evaluation activities fosters ownership, transparency, and accountability, increasing the relevance and credibility of evaluation findings.	Variability in the fidelity and consistency of intervention delivery across different settings or implementers may impact the validity and generalizability of process evaluation findings, requiring careful consideration of context and implementation factors.
	3.4 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Utilizing interactive and participatory tools, such as workshops, focus groups, or online forums, fosters engagement, collaboration, and ownership among project stakeholders, enhancing the relevance and sustainability of project outcomes.	Insufficient funding or capacity for communication and dissemination activities may hinder the development and implementation of comprehensive communication strategies, limiting the effectiveness and impact of dissemination efforts.	Using information and communication technologies, such as mobile applications or social media, can facilitate the dissemination of information and tracking of healthy practices, thereby improving the project's transferability to other communities.	Inaccurate or incomplete project information, whether intentional or unintentional, may lead to misinterpretation or misinformation among stakeholders or the public, undermining trust and credibility in project outcomes and findings.
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	Engaging diverse stakeholders, including project beneficiaries, community members, government agencies, and civil society organizations, fosters inclusivity, collaboration, and shared ownership, enhancing the relevance, credibility, and sustainability of project outcomes.	Inadequate involvement of key stakeholders in project planning, decision-making, or implementation may hinder their buy-in, support, and ownership, reducing the effectiveness and sustainability of project outcomes.	Partnerships and alliances with stakeholders who share common goals and values creates opportunities for leveraging resources, expertise, and networks to enhance project effectiveness and impact.	Power imbalances or unequal representation among stakeholders may marginalize certain voices or perspectives, leading to disparities in decision-making influence, resource allocation, and project outcomes.
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	Fostering a culture of open communication, transparency, and receptivity to feedback encourages stakeholders to share their perspectives, ideas, and concerns, facilitating continuous improvement, collaboration, and motivation.	Lack of formalized feedback mechanisms or processes for gathering input from stakeholders may result in missed opportunities for identifying areas for improvement, addressing concerns, and enhancing collaboration and motivation.	Leveraging feedback and lessons learned from crises, emergencies, or project challenges provides opportunities for reflection, adaptation, and innovation, driving continuous improvement in project management, delivery, and outcomes.	Limited funding, time, or capacity for implementing feedback-driven improvements or crisis management initiatives may constrain the ability of project teams to address identified needs or concerns effectively, limiting the impact of improvement efforts.
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	Actively seeking out and applying for grants from government agencies, foundations, and international organizations can provide additional funding to support project activities.
	5.2 General Recommendations on Implementing Process	Engaging stakeholders and community members in the design and implementation of the pilot project fosters ownership, participation, and support, increasing the likelihood of success and sustainability.
	5.3 General Recommendations on Evaluation Process	Utilizing a combination of quantitative and qualitative data collection methods, such as surveys, interviews, and focus groups, enables a more nuanced understanding of project outcomes and facilitates triangulation of findings.
	5.4 General Recommendations on Internal and External Communication	

SPAIN (Valencia, El Raval-Cuellera)

Country: Spain

Town: El Raval-Cullera (Valencia)

Autonomous communities: Yes, specify: Comunitat Valenciana

Fill out date: 25/04/2024

Partner: FISABIO

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis: M. Caturla and L. Iranzo are the technicians responsible for implementing the BP 'Grünau Moves' in the El Raval pilot (Valencia). L. Iranzo, a MD at the Public Health Centre of La Ribera Demarcation, provides a strategic perspective to regional community-based health promotion programs, crucial for project continuity. M. Caturla serves as the community-based technician directly engaging with the target population and stakeholders, thus offering valuable insights into program progress and dynamics.

Method of participation: Email

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	The funding from the CE enables investment in community work. Other sources of local funding also support this type of intervention.	Limited-time funding. Lack of awareness of other sources of funding within the community. Insufficient personnel for its management.	There is a growing commitment to this type of intervention, with increasing opportunities to seek funding.	Political and economic instability at all levels may affect the funding of public health initiatives and community programs.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	Presence of previous expert permanent staff. Hiring trained personnel with exclusive dedication. Regular online meetings. Local partnerships committed and willing to collaborate.	Temporary hiring and insufficient human resources. Staff coordination due to workload overload. Lack of adequate technological resources in the vulnerable population.	Potential to hire additional personnel through the funds.	Grant timelines not aligned with reality: in personnel hiring, project development.
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	New local associations eager to learn and make changes. Support for the working group in whatever they need, even if it goes beyond the project. Cross-cutting theme that can be approached from a different angle to generate more interest among key stakeholders. Teaching group work dynamics. Active listening skills and the ability to motivate key individuals.	New local associations without experience. Lack of interest in the project's theme. Concerns about other issues they consider more relevant; other short-term needs. Exclusion of the 'non-vulnerable' population: due to conflicts with the vulnerable or the perception that the project does not target them.	New connections and relationships formed among key actors. The focus on social determinants of health and the health map reaches everyone and generates interest.	There is no intersectoral work at the local level. Lack of influence in spheres that concern and interest key actors, unrelated to the project.
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Diversity of qualitative and participatory data collection techniques. Personnel with strong communication skills and adaptability to the environment.	Inadequate or outdated information records. Population groups that do not participate and are difficult to access.	Availability of quantitative data on open platforms. Collaboration with other projects for territorial diagnosis.	Scarcity of data on obesity and nutrition in neighbourhoods. Lack of time and human resources accelerate data collection efforts and make it less than optimal.

	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Political will (at the beginning), and from the associative fabric. Interest from key individuals. Openness to follow the steps dictated by the project	Lack of resources to assist key actors in matters of interest outside the project. Unfamiliarity with internal political dynamics, and the previous history of those responsible and decision-makers, hampers understanding the extent of support.	Key individuals willing and available for whatever is needed, on a personal basis.	Lack of resources in target communities. Failure to recognize the area as 'vulnerable'. It is believed that everything is fine and there is no need for intervention. Lack of sustained commitment. Changes in government. Poor relations between governmental sectors. Overwork of key individuals. Prejudice towards the vulnerable population by key technical personnel.
	1.6 Integration with other Programs/Network	Integration into programs and workshops already scheduled by the Health Center. Associations working on health-related topics, open to working together.	Lack of interest in childhood overweight and obesity.	Implementation of other European/national/regional projects that can be joined to this one.	Lack of knowledge about other programs/networks. Lack of personnel to address the work required to expand the network.
	1.7 Other aspects (specify and describe)		Cultural clash within the same neighbourhood. Roma and non-Roma population coexist without living together. The non-Roma population tends to have a more violent and prejudiced discourse towards the other culture.		Unhealthy habits associated with local culture and identity.
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)	Committed, open, and flexible Steering Committee. Demanding planning that allows for delays in the schedule.	Lack of continuous attendance from all individuals.	Skills and capabilities of the staff and some key actors.	Lack of personnel to coordinate everything and meet the schedule. This, coupled with the lack of experience in similar participatory processes, necessitates investing more time in the implementation of the process.

	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Committed associative and educational fabric. Availability of spaces and materials. Motivated vulnerable population for change. Knowledge of teaching and empowerment techniques.	Lack of time and personnel to delve deeper into all of this.	Community action tools and guidelines available.	Lack of political commitment and real participation spaces (co-creation level).
	2.3 Other aspects (specify and describe)	Committed implementer personnel engaging with the community for change, pushing forward.			Fear that the questionable political commitment may result in unfulfilled expectations and hopes from the citizens.
3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	The Healthy Living Tool provides a structured framework for evaluating project activities. In most groups, it is self-completed by the health network, recording assessments, priorities, and proposed improvement actions. In the case of recorded sessions, informed consent has been signed. There are photographs of the different dynamics in the various phases and activities. Attendance sheets for different activities.	Lack of time (due to insufficient personnel) prevents: - knowing all internal coordination activities of the project. - leaving room for proper documentation of activities in the neighbourhood.	Effective coordination team responsible for this.	The lack of time (due to insufficient personnel) prevents knowing all internal coordination activities of the project.

	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Transfer of (re)knowledge of a new way of working through participatory dynamics and the creation of networks, both among the population and at the technical and political levels. Health literacy. Creation of a network among citizens. Strengthening of the political intersectoral table. Strengthening of associations. Achievement of intercultural citizen coexistence (at least, contact between cultures and the reduction of prejudices and hate speech). Improvement of habits in the population related to physical activity and nutrition	Challenges in achieving intercultural citizen coexistence. Deeply ingrained unhealthy habits, linked to culture, people's limited free time, low economic resources, and the market system. Associations that fall by the wayside due to lack of interest in the project, not seeing benefits. There is always a portion of the population that remains unreachable.	Initiation of new participatory processes in the territory, with the vision of Health in All Policies and the Social Determinants of Health.	Lack of political will. Prejudices about the territory and its population: it is believed that many of the proposed actions are unnecessary. Lack of personnel. It is an issue that affects all spheres.
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Regular meetings with all groups, focusing on increasingly advanced aspects of the process. Increased interest in the proposed actions in the process. Increase in trust and familiarity with population groups. Expanding health network. Increase in the number of people attending meetings.	Local festivities and workload slow down the progress of the process.	Requesting grants for community health projects by the associative, technical, and political fabric.	A follow-up plan has not been designed.
	3.4 Other aspects (specify and describe)				

4. Internal and External	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	Project dissemination through communications, presentations, social media, websites, posters...	The slow response from higher levels slows down further dissemination of the project.	The growing interest in community action in health promotion increases the channels and spaces to share the project.	Political leaders with schedules that leave no room to present the project to them.

	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	The regular meetings and the increasing trust are generating a good internal participation dynamic. Supporting stakeholders in other matters of their interest increases communication and trust, with good feedback towards the project.	Possible loss of interest from some groups due to not observing more immediate effects and benefits. The population does not take ownership of the project, tending to think of it as something external they are collaborating with.	Support from the Public Health Department, which pressures the local government to integrate into the community health promotion action network.	High workloads of technical and political personnel, as well as poor relations between different sectors, reduce their participation and commitment, leading to delegation or avoidance of responsibility.
	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	Ease of communication via personal phone at any time of day, any day of the week, by the entire health network. If something is urgent, the response is prompt.	If it's not urgent, some key actors take a long time to respond and are not accessible.	Highly effective and efficient internal project coordination team that gets things done outside of their regular working hours.	More resources and specialized personnel in participatory processes are needed to effectively and efficiently address everything that may arise.
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	It is necessary for the entire team that will work on the project to be present from the beginning. In any participatory process, there should be at least two people working in the field with the community. It is necessary to consider in the planning that, if working in vulnerable neighbourhoods, they may not have the necessary spaces, materials, and technology for the work of the staff. If truly good results are desired, the timelines for each phase should be longer. Time is needed to understand everything surrounding the community and to earn their trust.
	5.2 General Recommendations on Implementing Process	Having the possibility to hire local individuals from the area for the project from the beginning would increase the project's sustainability. It is essential for institutional structures to invest time and resources in the project. If there is already community health experience, it is much easier to achieve the proposed objectives. The same applies to the existence of participation structures prior to the project. The transfer of the project to a larger scale requires these aspects. Always keep in mind electoral processes and possible changes in government and technical personnel.
	5.3 General Recommendations on Evaluation Process	It is necessary to have clear evaluation indicators from the beginning, before implementing any project. The internal evaluation of the process must be adapted to each context. The indicators of a participatory process are defined with the community being worked with, and this community can be very diverse. Based on these indicators, and also in a participatory manner, the follow-up plan is created for proper evaluation. The evaluation indicators of the project tend to be very generic and biased, not reflecting the reality on the ground.
	5.4 General Recommendations on Internal and External Communication	Defining the responsibilities of each actor facilitates communication and action in unexpected situations.

SPAIN (Valencia, La Coma)

Country: Spain

Town: La Coma (Valencia)

Autonomous communities: Yes, specify: Comunitat Valenciana

Fill out date: 17/04/2024

Partner: FISABIO

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis: [redacted]

Method of participation: Email

Question: **What are crucial points on transferability, scalability and sustainability of best practice implementation?**		**INTERNAL**		**EXTERNAL**	
		Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**1.1 Funding and Management** (also beyond the lifespan of the project)	The CE funding allows to invest in community work.	Lack of sustainable funding and inadequate management structures beyond the project lifespan may jeopardize the continuation of interventions.	Supportive policy environment and funding opportunities for health promotion and obesity prevention initiatives. (Joint Action, funding calls)	Economic instability or budget cuts affecting funding for public health initiatives and community programs.
	1.2 Human Resources and Technology and Information Systems (also beyond the lifespan of the project)	The project has hired skilled human resources	Insufficient human resources may hinder scalability and sustainability.	Availability of Best Practices and communication technologies and approaches to enhance scalability and sustainability.	No technicians dedicated to search for funding and writing projects.
	1.3 Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders)	The inclusion of representatives from intermediate and/or final beneficiaries, key stakeholders, and local communities ensures a participatory approach and enhances the sustainability of the project.	Limited representation or engagement of key stakeholders and beneficiaries in the working group may lead to inadequate buy-in and support for sustained efforts.	Growing awareness and interest in promoting healthy lifestyles and addressing childhood obesity at the community and societal levels.	Socio-cultural barriers and norms that perpetuate unhealthy behaviours and discourage change
	1.4 Context Analysis (epidemiological data, socio-economic data, target population, setting, …)	Comprehensive analysis of epidemiological and socio-economic data, target population, and setting pretending that interventions are tailored to the specific needs of the communities, enhancing effectiveness and sustainability.	Reliance on outdated or inadequate information. Incomplete or inaccurate context analysis may result in interventions that are not well-suited to the needs of the communities, reducing effectiveness and sustainability. Technical analysis conducted in an office setting fails to account for the ground realities and nuances of the field.	Opportunities for collaboration and partnership with other stakeholders and organizations working in related fields. Huge improving gap.	Transversal and long-term issues are not faced by policymakers. Lack of awareness or understanding among the general public about the importance of healthy lifestyles and the consequences of childhood obesity.
	1.5 Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process)	Support from policymakers, decision-makers, stakeholders, and partnerships ensures political will and commitment, increasing the likelihood of sustainability and scalability.	Limited endorsement or engagement of policymakers, decision-makers, stakeholders, and partnerships. Low long-term view for results may is a challenge.	Recognition of the importance of community engagement and participatory approaches in public health interventions.	Inadequate infrastructure and resources in target communities, limiting the implementation and sustainability of interventions.

	1.6 Integration with other Programs/Network	Integration with existing programs (XarxaSalut, UNICEF child friendly cities) and networks (work committees) maximizes resources and synergies, enhancing efficiency and sustainability.	Lack of integration and continuity related to former programs/networks may result in duplication of efforts and inefficient use of resources, reducing scalability and sustainability.	Leveraging existing resources and expertise, fostering synergies and knowledge exchange, tapping into broader support networks, accessing new funding streams, and enhancing the scalability and sustainability of interventions through collective action.	Conflicting agendas or priorities among collaborating entities, insufficient resources for coordination efforts, and resistance from established networks unwilling to adapt or collaborate.
	1.7 Other aspects (specify and describe)		The project does not use technology and information systems.		Resistance or opposition from vested interests, such as food industry lobbyists or political stakeholders, against measures to promote healthy lifestyles and regulate unhealthy products.
2. Implementation	**2.1 Carrying out Activities** (guidance of participation, steering, coordination, adherence to timetable)		Inadequate guidance or support for participation, steering, coordination, and adherence to timetables may lead to delays, inefficiencies, and challenges in achieving project objectives.	Fostering stakeholder participation, leveraging local expertise, enhancing project outcomes and sustainability.	Inability to align activities with community needs and preferences, moreover obesity and food. Deviations from timetables, leading to project delays, inefficiencies, and potential failure to achieve objectives.
	2.2 Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …)	Capacity building and empowerment initiatives provide education and training, enhancing community resilience and sustainability of interventions.	Insufficient focus on capacity building and tight deadlines may hinder effective utilization of local resources and stakeholder engagement, limiting the long-term impact and sustainability of interventions.	To offer opportunities to mobilize local resources, engage stakeholders, and empower communities, fostering ownership and sustainability of interventions.	Resource constraints, resistance to change, and insufficient community engagement, hindering the effectiveness and sustainability of interventions.
	2.3 Other aspects (specify and describe)				Resistance to participation, lack of coordination and trust.

3. Evaluation	**3.1 Outcome Evaluation** - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …)	The availability of the "Healthy Living Tool" provides a structured framework for assessing tangible and intangible products resulting from project activities. With predefined indicators and data collection strategies, the tool streamlines the evaluation process, ensuring consistency and reliability in assessing project outcomes.	Inadequate definition of indicators and data collection strategies for outcome evaluation may result in incomplete or biased assessment of project outcomes, limiting the reliability and validity of findings. The tool lacks flexibility or fails to adequately capture the diversity of project outcomes. In such cases, there may be limitations in assessing certain intangible or unexpected products resulting from project activities, leading to incomplete or biased evaluation results.	"Healthy Living Tool" presents an opportunity to refine indicators and data collection strategies based on real-time feedback and insights gathered during implementation. This iterative approach enhances the tool's effectiveness in capturing a comprehensive range of project outcomes, ultimately improving the validity and utility of evaluation findings for stakeholders and decision-makers.	Challenges in defining relevant indicators and collecting accurate data, potential biases in data collection methods, and limitations in interpreting findings, affecting the reliability and validity of evaluation results. Limitations that disrupt data collection or analysis processes (illiteracy, lack of literacy skills) it could compromise the accuracy and reliability of evaluation findings, undermining confidence in the assessment of project outcomes.
	3.2 Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …)	Incorporating both expected and unexpected effects of interventions, and strategies to measure the broader implications and outcomes, enhancing understanding of project outcomes and societal benefits.	Lack of clarity in defining indicators and data collection strategies for impact evaluation may impede the identification and measurement of both expected and unexpected effects, compromising the comprehensiveness and accuracy of impact assessment.	Documenting both expected and unexpected effects of the intervention, the evaluation provides tangible evidence of the intervention's significance in addressing community needs and improving public health outcomes. This robust evaluation framework strengthens the case for continued investment in similar community-based initiatives, demonstrating their effectiveness in driving positive societal change.	Difficulties in measuring long-term or indirect effects, challenges in attributing causality, and potential biases in data collection, limiting the credibility and usefulness of impact assessment findings.
	3.3 Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …)	Periodic meetings inform ongoing improvements	Insufficient attention to defining indicators and data collection strategies for process evaluation may hinder the monitoring of intervention progress and the identification of implementation challenges, affecting the ability to assess intervention fidelity and effectiveness.		Inadequate monitoring mechanisms, incomplete data collection, and challenges in capturing the complexity of intervention implementation, hindering the ability to assess intervention fidelity and effectiveness accurately.
	3.4 Other aspects (specify and describe)				

4. Internal and External Communication	**4.1 Strategy and Tools** (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …)	the project demonstrates strength in disseminating results through various channels, including reports, presentations, and interactive workshops. This ensures transparency and accountability while fostering knowledge sharing and learning among stakeholders.	Without a standardized understanding of vulnerability across pilot sites, implementers face difficulties in transferring best practices and ensuring homogeneity in interventions.	By incorporating evolving insights and stakeholder feedback, the project can establish a more robust understanding of vulnerability, enhancing the effectiveness of interventions.	The lack of a clear definition of vulnerability and challenges in achieving homogeneity among pilot sites pose a threat to the consistent implementation of project strategies and tools. This may result in disparities in intervention outcomes and hinder the comparability of results across sites. The lack of homogeneity among pilot sites complicates the transfer of best practices, limiting the scalability and sustainability of interventions. This may hinder efforts to address vulnerability effectively and achieve long-term impact in target communities. Miscommunication, information overload, and misuse of online meetings, which can lead to misunderstandings, disengagement, and reputational risks, undermining project credibility and stakeholder trust.
	4.2 Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …)	The personnel hired for the project bring valuable expertise in community actions, enriching stakeholder relations. Their experience enhances the definition of stakeholders' involvement, fostering accountability and gains by leveraging insights from past community initiatives.	Unclear stakeholder relations and accountability frameworks may result in disengagement, conflicts of interest, and lack of commitment from key stakeholders, undermining trust and collaboration within the project.	In-person meetings strengthen stakeholder relations presents opportunities to define clear involvement mechanisms, enhance accountability and transparency, and cultivate mutually beneficial partnerships	Best practice owner was missing in the work package.

	4.3 Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …)	Feedback collection, and improvement mechanisms enable timely response to emergencies, gather valuable insights from stakeholders, and foster cooperation, collaboration, and motivation among professionals, stakeholders, and participants, ensuring adaptive and responsive project management.	Insufficient crisis management protocols and feedback mechanisms may impede the timely resolution of issues, hinder stakeholder input, and limit opportunities for improvement, weakening project resilience and adaptability.	Gather valuable insights from other partners, and foster a culture of continuous learning and improvement, enhancing project resilience and stakeholder satisfaction.	Inadequate engagement, lack of stakeholder participation, and failure to implement feedback effectively, resulting in unresolved issues, diminished stakeholder confidence, and missed opportunities for project enhancement.
	4.4 Other aspects (specify and describe)				

5. General Recommendations (considering transferability, scalability and sustainability)	**5.1 General Recommendations on Planning Process**	Ensure a comprehensive analysis of the context, including epidemiological and socio-economic data, to inform the planning process effectively. Secure sustainable funding and establish robust management structures to support project implementation beyond its lifespan. Engage key stakeholders, including policymakers and community representatives, in the planning process to enhance buy-in and support. Integrate with existing programs/networks to maximize resources and synergies, fostering efficiency and sustainability.
	5.2 General Recommendations on Implementing Process	Provide clear guidance and support for team engagement, coordination, and adherence to timetables throughout the implementation process. Prioritize capacity building and empowerment initiatives to leverage local resources and engage stakeholders effectively. Monitor intervention progress closely and adapt strategies as needed to address emerging challenges and opportunities. Foster collaboration and cooperation among professionals, stakeholders, and participants to maximize the impact and sustainability of interventions.
	5.3 General Recommendations on Evaluation Process	Define clear indicators and data collection strategies for outcome, impact, and process evaluation to ensure comprehensive assessment. Incorporate stakeholder feedback and insights into evaluation processes to enhance relevance and validity of findings. Implement robust crisis management mechanisms and continuous improvement strategies to address challenges and optimize project outcomes. Foster a culture of learning and adaptation to facilitate ongoing refinement and enhancement of evaluation processes.
	5.4 General Recommendations on Internal and External Communication	Develop a coherent communication strategy and utilize appropriate tools to ensure effective sharing of project scope and results. Strengthen stakeholder relations through clear involvement mechanisms, accountability frameworks, and mutual gains. Proactively manage crises, gather feedback, and make improvements to enhance cooperation, collaboration, and motivation among stakeholders. Leverage visual and social media channels for dissemination, engagement, and community outreach, maximizing the visibility and impact of project initiatives.

WP5 LEADERS

Country: Spain

Fill out date: 23.04.2024

Partner: FISABIO

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis: [redacted]

Method of participation: Meeting, workshop

Question: **What are crucial points to support the transferability, scalability and sustainability of best practice?**	**INTERNAL**		**EXTERNAL**	
	Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	**Funding and Management (also beyond the lifespan of the project):** EU funding enables investment in health promotion and community work programmes, which are typically long-term, time-consuming, and require HR **Human Resources and Technology and Information Systems (also beyond the lifespan of the project):** The project has employed expert HR dedicated full-time to the local transfer and implementation of the BP **Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders):** We have observed differences among WP5 implementers based on their experience with community work, their previous involvement at the specific site, networking skills or general access to the communities. Nonetheless, significant efforts are being made by implementers to ensure the participation of both beneficiaries and stakeholders (i.e., enablers) and to establish a cohesive working group that can carry on the spirit of the BP beyond the project's lifespan **Context Analysis (epidemiological data, socio-economic data, target population, setting, …):** While Grünau Moves BP does not specifically target epidemiological surveillance of child obesity, gathering data at micro-scales, such as neighbourhoods, medium-sized towns or	**Funding and Management (also beyond the lifespan of the project):** Insufficient funding post-project or ineffective management structures may endanger the continuity of community processes, networks, and actions initiated within H4EUK project **Human Resources and Technology and Information Systems (also beyond the lifespan of the project):** Insufficient allocation of HR to community work post-project is a reality in most NHS. Community work is a long-term, time-consuming process, thus this is the main risk for sustaining Grünau Moves BP beyond the project's lifespan **Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders):** Common barriers identified by WP5 implementers include access to target beneficiaries (i.e. families and children), especially minorities; difficulties in scheduling sessions that suit all stakeholders; inappropriate formats or complex language used in R+D tools and methods; and limitations due to the social characteristics of the communities. WP5 Leaders have established settings and priority	**Funding and Management (also beyond the lifespan of the project):** Supportive policy environment and funding opportunities for health promotion and obesity prevention initiatives (e.g. JA H4EUK, funding calls, national obesity plan) **Human Resources and Technology and Information Systems (also beyond the lifespan of the project):** Opportunities for collaboration and partnership with other stakeholders and organizations working in related fields **Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders):** Growing awareness and interest in promoting healthy lifestyles and addressing childhood obesity at the community and societal levels. Opportunities for collaboration and partnership with other stakeholders and organizations working in related fields **Context Analysis (epidemiological data, socio-economic data, target population, setting, …):** Data collection at the micro-scale remains a challenge. Even at the local level, data are primarily accessible for capital cities. Opportunities emerge from AI	**Funding and Management (also beyond the lifespan of the project):** Funding calls at the national or regional levels are not as substantial as EU funding calls. Continuing with the implementation of Grünau Moves BP or investing in its scalability presents challenges. Furthermore, Grünau Moves is a multicomponent intervention, which evidence suggests is more effective; however, due to limited funds, it may only be feasible to implement it partially on a small scale in one or two settings –e.g. school(s), healthcare centre, etc. **Human Resources and Technology and Information Systems (also beyond the lifespan of the project):** Funding and HR allocated to ongoing programs already have designated tasks. Programs like Grünau Moves require a significant amount of HR and are time consuming. To make progress, it must be prioritized on agendas, a decision that isn't entirely within the direct control of technicians **Working Group (inclusion of the intermediate and/or final beneficiaries' representatives, key stakeholders):** A participative culture is lacking in general terms. Intersectoral boards are difficult to

	rural areas, poses a challenge due to its often unavailability. At this stage, the primary task involves identifying data sources at the lowest possible scale, a task that has already been undertaken by WP5 implementers **Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process):** Project partners (i.e. CAs and AEs) in joint actions like H4EUK are typically public bodies like NHS, with capacity to influence policy agendas, programs, and sometimes strategic planning **Integration with other Programs/Network:** Most WP5 implementers have already identified regional programs that may provide continuity to the tasks initiated within H4EUK project (e.g., Plan Obesidade Zero in Galicia, XarxaSalut in Valencia, Office of the Commissioner for the Poligono Sur in Andalusia, Educating City Program in Erandio-Basque Country)	population groups to guide implementers **Context Analysis (epidemiological data, socio-economic data, target population, setting, …):** Grünau Moves BP does not target child obesity surveillance. Apart, gathering micro-scale data at the level of neighbourhoods, towns, or rural areas is challenging due to its limited availability **Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process):** Support from policymakers is crucial to the implementation of Grünau Moves BP. Interventions are focused on changing the obesogenic conditions of the built environment, thus requiring the commitment of enablers (mainly public bodies). Among the criteria to select the pilot sites was the need to ensure political backing for the project and its actions. Yet, the turnover of local governments during the project's duration poses a risk to establishing partnerships. Even in periods of stability, shifting agendas may affect collaboration **Integration with other Programs/Network:** Funding and HR allocated to ongoing programs already have designated tasks. Efficient integration ensures streamlined efforts and optimal resource allocation. Yet, it can be challenging because replicating experiences like Grünau Moves at a	applications for leveraging information from clinical records and medical histories. However, specialists (and resources) are required within public bodies to undertake this task **Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process):** Supportive policy environment for health promotion and obesity prevention initiatives (e.g. national obesity plans, regional obesity plans, child obesity observatories, and specialized units or programs at certain hospitals and primary healthcare centres, respectively)	implement and operate, especially concerning the multifaceted nature of child obesity. Other issues might be deemed more relevant among beneficiaries. In Spain, the prevalence of obesity in children aged 7-9 is 17.8% in boys and 14.2% in girls, while the prevalence of overweight (including obesity) is 38.4% of boys and 39.3% of girls. However, 9 out of 10 parents of overweight schoolchildren consider their child's weight to be normal. This is the socio-cultural framework in which we operate **Context Analysis (epidemiological data, socio-economic data, target population, setting, …):** Data collection at the micro-scale remains a challenge. Even at the local level, data are primarily accessible for capital cities **Endorsement by Policy Makers, Key Decision-Makers, Stakeholders and Partnership (and/or their involvement in the planning process):** Policymaker support is crucial for Grünau Moves. Interventions focus on changing obesogenic environments, requiring commitment from enablers, mainly public bodies. Pilot site selection criteria included political backing. However, changes in local governments pose partnership risks, and shifting agendas may affect collaboration

		regional scale requires HR. To achieve this, it needs to be prioritized on agendas, a decision not entirely under the direct control of technicians		
2. Implementation	**Carrying out Activities (guidance of participation, steering, coordination, adherence to timetable):** We have established an internal methodology consisting in: (1) Monthly follow-up sessions for pilots, where they report on their activities and progress; (2) Training pills and workshops on participatory methodologies, allowing building a project toolkit; and (3) Structured implementation guide (step-by-step) and progress monitoring checklists based on main expected outcome per each step (see Report on MS5.4). Timely submissions of deliverables, milestones, and reporting to other WP's Tasks have been achieved from our part so far **Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …):** The project consortia structure has been very helpful. The partners involved include both research foundations and their national/regional public administration counterparts with internal structures to reach local public bodies through community programs in primary attention and health promotion. On the other hand, implementers with experience in community action and ongoing projects have a clear advantage. This is being channelled through workshops enabling peer-to-peer learning among partners and the creation of the project toolkit	**Carrying out Activities (guidance of participation, steering, coordination, adherence to timetable):** Regarding the monthly follow-up sessions for pilots, we have allowed certain flexibility for pilots' progress reporting to accommodate for unforeseen circumstances; delays have been minor so far. Contingency plans haven't been necessary thus far. Timely submissions of deliverables, milestones, and reporting to other WP's Tasks have been achieved from our part so far **Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …):** Community programs like Grünau Moves BP are quite demanding and resource-intensive. Implementers with experience and ongoing community projects in place have a clear advantage. This is being channelled through workshops enabling peer-to-peer learning among partners and the creation of the project toolkit	**Carrying out Activities (guidance of participation, steering, coordination, adherence to timetable):** Clear accountability frameworks, well-defined roles, aligned interests, proactive resolution of pre-existing frictions, and leveraging positive past collaboration experiences are crucial for stakeholders to define effective solutions and maintain a hands-on mindset **Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …):** WP5 partners are generally leveraging local resources, mapping health assets, and actively engaging in activities organized by stakeholders from their Core Group and Health Network. They are even creating Telegram channels to disseminate activities organized by the Town Hall, schools, health center, local NGOs, etc.; making the most of all resources present in their intervention areas that may be relevant to the beneficiaries. The This is a particularity of Grünau Moves BP being a community health-promotion intervention	**Carrying out Activities (guidance of participation, steering, coordination, adherence to timetable):** Unclear accountability frameworks, unclear roles definition, interest alignment, clear pre-existing frictions, previous collaboration experiences all contribute to the complexities of effective solutions. Challenges regarding the establishment and adherence to the calendar are constant; other issues might take precedence if accountability frameworks are not well-designed **Capacity Building and Empowerment (utilisation of local resources, involvement, education and/or training of participants, professionals, families, citizens, community associations, …):** WP5 partners may face challenges in sustaining long-term interest and participation. Several partners have raised concerns regarding the difficulties they have faced in engaging policymakers from the Town Hall. This is critical because their poor involvement poses a risk to the engagement of other bodies, namely schools, NGOs, etc., who lose trust in the process and in the project's ability to make the necessary changes to the living environment (i.e. project outcome & impact)

3. Evaluation	**Outcome Evaluation - Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …):** We have had the possibility of having a mentorship from the OECD in evaluation of health promotion best practices, which was fortunate. A first proposal of outcome/impact indicators specific for the evaluation of Grünau Moves (WP5) was drafted in the report presented for MS5.4 (GA). This was based on the aforementioned mentorship by OECD. Yet, further guidance from 'WP3 - Evaluation' is necessary to establish a coherent structure for project evaluation. Coordination with Smart Family's (WP6) output/impact evaluation is being addressed in joint meetings **Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …):** *Ídem*. **Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …):** We have established an internal methodology for process evaluation consisting in: (1) Monthly follow-up sessions for pilots; (2) Training pills and workshops on participatory methodologies, allowing building a project toolkit; and (3) Structured implementation guide (step-by-step) and progress monitoring checklists based on main expected outcome per each step (see Report on MS5.4)	**Outcome Evaluation – Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …):** Validation of the proposal made on outcome/impact indicators for Grünau Moves evaluation (see Report on MS5.4) is currently missing. Direct guidance from 'WP3 - Evaluation' is lacking, which has been requested on several occasions. We lack a certain structure and coordination regarding project evaluation. Coordination with Smart Family's (WP6) output/impact evaluation is also necessary and is currently being addressed in joint meetings **Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …):** *Ídem*. **Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …):** Potential limitations arising from WP5's process evaluation methodology may involve: limited integration of feedback by implementers in their respective pilot sites, ensuring utilization and effectiveness of the project toolkit on participatory methodologies for community action for health, and lack of flexibility in implementation due to rigid implementation guidelines and checklists, which may hinder adaptability. Finally, there may be	**Outcome Evaluation – Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …):** We were fortunate to receive mentorship from the OECD in evaluating health promotion best practices. A first proposal of outcome/impact indicators specific to the evaluation of Grünau Moves (WP5) was drafted based on their advice and examples provided in the OECD report on best practices **Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …):** *Ídem*. **Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …):** We aim to publish the internal methodology for process evaluation developed within WP5. Indeed, we will be presenting it at the EUPHA 2024 this year to seek feedback and gauge interest in this approach	**Outcome Evaluation – Tangible and intangible products resulting from the project activities (Definition of indicators, and data collecting strategies, …):** Evaluation of community health-promotion programs is not well-developed yet. These types of intervention are not usually assessed through robust methods. Addressing this issue promptly is crucial **Impact Evaluation - Intervention's expected and unexpected effects (Definition of indicators, and data collecting strategies, …):** *Ídem*. **Process Evaluation - Aspects that signal the progress of the intervention (Definition of indicators, and data collecting strategies, …):** There is a possibility of negative feedback regarding the robustness of the approach developed by WP5 to address process evaluation, or perhaps a lack of interest in it

		gaps in integrating progress monitoring with broader evaluation frameworks		
4. Internal and External Communication	**Strategy and Tools (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …):** Communication and dissemination activities involved communications in international, national, regional, and local conferences, congress, workshops as keynote speakers: (a) Spanish Presidency of the Council of the European Union and the Ministry of Health "High level meeting on Healthy cities: Improving health, equity and sustainability from the local level in the EU"; (b) 16th EPH Conference "Our Food, Our Health, Our Earth: A Sustainable Future for Humanity", Dublin (IR), 8 – 11 November 2023 (international conference); (c) 12th Concha Colomer Symposium "Live-able Cities" (ETC-PHHP), 12 January 2024 (international conference); (d) 2ª Jornada Pojecte OOASI (Observatori de la Obesitat per a la Acció de la Salut Infantil), 1 March 2024 (regional workshop). Other dissemination activities included the 1st Newsletter, News Feed for the project and FISABIO's websites, printing of the Roll up (2 units), Slogan: 'Vive El Raval' / 'Viu El Raval', Brochure 'Vive El Raval' – these are being used in FISABIO's pilot at El Raval-Cullera (Valencia). These activities were reported to WP2 for the 'Dissemination Report – Communication Plan KPI' **Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …):** Monthly regular online meetings among WP5 partners have been held since the	**Strategy and Tools (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …):** Communication in SSMM could be boosted; however, we lack the time to dedicate to this because technical tasks are our main focus. We are pending to create a publication plan for WP5 (in agreement with BP owners as well) **Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …):** Unclear accountability frameworks and pre-existing frictions among stakeholders, unrelated to the project, may lead to disengagement, conflicts of interest, or a lack of commitment from key stakeholders, undermining trust and collaboration within the project. Interest alignment is not always the best, further complicating matters **Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …):** Regarding feedback, we usually send friendly reminders, although we highly value having a high response rate, availability, and accessibility among WP5, and in general with other project WPs. We are very pleased with this	**Strategy and Tools (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …):** The topic is appealing, and so we've had several opportunities to participate as keynote speakers in international, national, regional, and local conferences, congress, workshops as keynote speakers **Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …):** Clear accountability frameworks, well-defined roles, aligned interests, proactive resolution of pre-existing frictions, and leveraging positive past collaboration experiences all contribute to stakeholders involvement and definition of effective solutions **Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …):** While a risk management plan is in place within H4EUK, it's essential to consider how this could be adapted outside the project context, especially when scaling up regionally. The national/regional mechanisms might be different in each case	**Strategy and Tools (sharing scope definition, fostering team engagement, using visual and social media channels, disseminating the results, …):** The need for funds to participate or attend international, national, regional, and local conferences, congresses, and workshops poses a challenge. Communication in SSMM could be boosted; however, we lack the time to dedicate to this because technical tasks are our main focus **Stakeholder Relations (definition of stakeholders' involvement, accountability and gains, …):** Unclear accountability frameworks, unclear roles definition, interest alignment, clear pre-existing frictions, previous collaboration experiences all contribute to the complexities of stakeholders engagement **Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …):** The potential disparity in national or regional mechanisms outside the project context could impede the adaptation of the existing risk management plan, particularly during regional scale-up efforts

	beginning of the project. These include the follow-up for pilots. BP owners also participate in these meetings, providing feedback and guidance on project implementation and any other specific matters of concern to WP5 partners/implementers. In addition, one-to-one follow-up meetings are held on request with WP5 partners/implementers; we have followed the rule of always being available to support WP5 partners, ensuring this through email, VC, and phone. Terms of Reference (ToR) regulate the relations, duties, and responsibilities of WP5 partners **Crisis Management, Feedbacks and Improvements (handling emergencies, gathering and sharing feedbacks, making improvements in cooperation, collaboration and motivation among professionals, stakeholders and participants, …):** This is done using the aforementioned mechanisms: WP5 monthly regular online meetings and follow-ups for pilots (also involving BP owners), on demand one-to-one follow-up meetings, ToR			

GENERAL RECOMMENDATIONS	
5.1 Planning process	Human resources are the key asset for Grünau Moves (WP5) replication, scalability, and sustainability beyond the project lifespan. Funding and HR allocated to ongoing (community) programs already have designated tasks. Insufficient allocation of HR to community work post-project is a reality in most NHS. Community work is a long-term, time-consuming process, thus this is the main risk for sustaining Grünau Moves BP beyond the project's lifespan. To make progress, Grünau Moves program must be prioritized on agendas, a decision that isn't entirely within the direct control of technicians.
5.2 Implementing Process	Clear accountability frameworks, well-defined roles, aligned interests, proactive resolution of pre-existing frictions and leveraging positive past collaboration experiences are crucial for stakeholders to define effective solutions and maintain a hands-on mindset. Challenges regarding the establishment and adherence to the calendar are constant; other issues might take precedence if accountability frameworks are not well-designed.
5.3 Evaluation Process	Evaluation of community health-promotion programs is not well-developed yet. These types of intervention are not usually assessed through robust methods. Addressing this issue promptly is crucial. We were fortunate to receive mentorship from the OECD. However, we lack direct guidance from 'WP3 - Evaluation' and 'WP1 – Coordination'. Validation of the proposal made on outcome/impact indicators for Grünau Moves evaluation (see Report on MS5.4) is currently missing. Thus, we don't know if we are on the right path.
5.4 Internal and External Communication	The topic is appealing, and as a result, we've been invited to participate as keynote speakers in international, national, regional, and local conferences, congresses, and workshops. However, securing funds for these engagements may pose a challenge once the project ends. Communication in SSMM could be boosted; however, we lack the time to dedicate to this because technical tasks remain our main focus.

WP6 LEADERS

Country: Finland

Fill out date: 29.04.2024.

Partner: THL

Name, affiliation and contact (e-mail) of responder(s):

[redacted]

Partners/Stakeholders involved in the analysis:

Method of participation: Email; Group call (skype, hangout or other)

Question: **What are crucial points to support the transferability, scalability and sustainability of best practice?**	**INTERNAL**		**EXTERNAL**	
	Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	-Plenty of time was spent planning the implementation, using the implementation strategy developed by JA CHRODIS - MSs have been involved throughout the planning process. -Smart family (SF) scientific evidence and base was presented to MSs through regular meetings and training. -Action Plan planning meetings	-MSs do not have enough time to get to know good practice in advance (smart family) - There is a lack of understanding among those involved in the design of the different service systems to which good practice will be transferred	-Strong support and commitment from management -A genuine will to tackle a public health challenge that has been identified	-Difficult to convince and engage management and those involved in practical implementation - The diversity of service systems
2. Implementation	- Staff retention, involvement of professionals communication activities -Organizing training courses, the interest of the content	-The turnover of the professionals in charge of the implementation activities - Insufficient training - Difference in service systems and culture	- Political environment - Strong support and commitment from the management	- Participation of target groups, participation of professionals in training - Political environment - Background of professional - Organisations do not allow the participation of professionals - The commitment of the participants (families) - Diversity of service systems and culture
3. Evaluation	-Reaching a common understanding of how success is measured -How success is measured - The objectives are realistic and clear. The indicators to measure the achievement of the objectives are well defined. - Evaluation plan	- Poorly defined and unrealistic objectives - The indicators chosen don't measure the phenomenon	- National data sources	- How data is collected from different groups - Different sources of information in different countries

4. Internal and External Communication	- Communication and contact with the MSs (monthly meetings, email) - Strong involvement of MS - Comprehensible assignment of tasks and a clear agenda	- Technical problems - Different time zones and holidays - Coordination challenges of timing of the whole JA - Communication doesn't reach the MSs target groups (professionals and families) -MS resourcing	- Interest in promoting children's health and the importance of obesity prevention is recognized. - A willingness to work together to promote the above - A general climate that supports the introduction of new practices	- Contradictory messages via social media channels - Ignoring cultural differences

GENERAL RECOMMENDATIONS	
5.1 Planning process	- Participatory planning process - Enough time for the planning phase - Local implementation groups involve also target groups (decision makers, professionals, and families with children) - Adequate support for the selection of KPIs (key performance indicators)
5.2 Implementing Process	- Adequate support - Management commitment
5.3 Evaluation Process	- Resolution of implementation challenges and possible remedial actions
5.4 Internal and External Communication	

BEST PRACTICE OWNER (Grünau Moves)

Country: Germany

Fill out date: 08.05.2024

Partner: Best Practice Owner

Name, affiliation and contact (e-mail) of responder(s): [redacted]

Partners/Stakeholders involved in the analysis:

Method of participation: Group call (skype, hangout or other)

Question: **What are crucial points to support the transferability, scalability and sustainability of best practice?**	**INTERNAL**		**EXTERNAL**	
	Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	Needs assessment and intervention planning according to PRECEDE-PROCEED and Intervention Mapping, systematic Participatory process that involves community members perspectives and interests (that might be out of the scope of health promotion) Process: Regular meetings, feedback, questions, status updates	Needs time and staff, qualification (social work) Is very complex	Existing networks in the community Available information and good access to community members	Little support from municipality and community No information available Lack of resources (time, staff) Different requirements by states and institutions Different time management Different amount of resources
2. Implementation	Fact sheets of interventions to be adapted for community (tailoring) Cooperative implementation with community agents Focus on environmental conditions (improve access and sustainability) Process: short presentations about plans and implementation	Building trust and relationship with partners needs time and depends on the resources and willingness of stakeholders Environmental changes need more time and are less effective at the individual level Losing focus on participatory approach	Strong and ambitious partners Existing networks and policies for (environmental) health promotion	Little interest and resources of partners Lack of understanding Little support from municipality and community No information available Lack of resources (time, staff) Different requirements by states and institutions Different time management Different amount of resources Cultural differences
3. Evaluation	Intervention mapping and fact sheets contain indicators for evaluation Regular meetings and presentations – process evaluation	Focus on process evaluation – impact and outcome are difficult to measure (small effects at the long-term)	Available data at community level Good documentation – sensitise project partners, that they document well to have good data	No data No support Ethical issues that cannot be solved – access to information
4. Internal and External Communication	Shared data Regular meetings	Language barriers	-	-

GENERAL RECOMMENDATIONS (all our recommendations are applicable for all of the stages. That's why we will list them here): ● better preparations: qualifications = more social workers and social scientists ● more time ● cooperation with social work in the community ● Intervention Mapping (sticking to the theory as a fundament) ● networking and participation as the main focus ● Best practice methods (factsheets) as examples -> more focus on individuality of community to develop own methods/interventions based on the needs of the community	
5.1 Planning process	
5.2 Implementing Process	
5.3 Evaluation Process	
5.4 Internal and External Communication	

BEST PRACTICE OWNER (Smart Family)

Country: Finland

Fill out date: 07.05.2024.

Partner: Finnish Heart Association

Name, affiliation and contact (e-mail) of responder(s):

[redacted]

[redacted]

Partners/Stakeholders involved in the analysis:

Method of participation:

☐ Email
☐ Meeting, workshop
☐ Group call (skype, hangout or other)
☐ Other, please specify _____

Question: **What are crucial points to support the transferability, scalability and sustainability of best practice?**	**INTERNAL**		**EXTERNAL**	
	Strengths (are internal aspects of best practice implementation)	**Weaknesses** (are internal aspects of best practice implementation)	**Opportunities** (are external conditions that may facilitate the best practice implementation)	**Threats** (are external conditions that may stand in the way of the best practice implementation)
1. Planning	- Smart family has a holistic and positive approach to lifestyle counselling, which resonates with professionals - Building understanding of the current state (e.g assessing the need for the method and clarifying the present state how professionals work) - Defining the local settings (e.g defining and engaging key stakeholders; choosing key working tools and materials together with selected professionals; identifying main challenges that need to be considered (JA Chrodis+) - Developing a pilot action plan (e.g Designing how to successfully integrate the Smart Family method into the existing practices and models of professionals: Adapting and translating the chosen materials from the Smart Family method into the local language and setting; Planning and preparing trainings for professionals) - Individual Support and mentoring of MSs pilot action plans by practice owners - Example trainings for MSs by practice owners	- MSs did not have enough time to get to know the best practice Smart family in advance - Differing operating environments and support needs	Tackling obesity in a non-invasive and non-stigmatizing way There is increasing global (and in many countries national as well) support for improving child health, providing potential for policy backing and funding opportunities	Socioeconomic factors, cultural beliefs, and personal preferences may hinder the adoption of the best practice

2. Implementation	- Training and motivating professionals – good training materials and resources in the E-learning platform for all the participants - The professionals' enthusiasm for the Smart family trainings content and materials	- Difference in service systems and culture - Professionals not accepting and applying the method – feeling insecure and interfered (different working/counselling culture) - Varying practices and utilization across different entities - The material not being ideal for the different cultural settings - Insufficient reach of the educations, professionals not being able to participate - Difficult to assess and motivate all professionals	Digital platforms could be utilized to deliver education to parents and professionals, potentially increasing the implementations reach and efficacy. Reducing stigma around overweight and obesity.	Overworked professionals and lack of interest in training and introducing innovative approaches. Not understanding the nature of Smart Family tools and using them to control families instead of supporting them.
3. Evaluation	- Reaching a common understanding of how success is measured	- Difficult to evaluate the professionals work and attitude	- National data sources	- How data is collected from different groups - Different sources of information in different countries
4. Internal and External Communication	- Communication and contact with the MSs (monthly meetings, email) - Strong involvement of MS - Comprehensible assignment of tasks and a clear agenda	- Technical problems - Different time zones and holidays - Coordination challenges of timing of the whole JA - Communication doesn't reach the MSs target groups (professionals and families) -MS resourcing	- Interest in promoting children's health and the importance of obesity prevention is recognized. - A willingness to work together to promote the above - A general climate that supports the introduction of new practices	- Contradictory messages via social media channels - Ignoring cultural differences

GENERAL RECOMMENDATIONS

5.1 Planning process	- Understand the current state - Define the local settings - Develop a preliminary implementation plan
5.2 Implementing Process	- Train and motivate professionals - Provide continuous support for professionals and communicate with defined key stakeholders - Monitor the implementation process and adjust accordingly - Adjust the preliminary plan and broaden the scope if needed
5.3 Evaluation Process	- Collect, analyze and evaluate the success of the initial implementation
5.4 Internal and External Communication	- Communicate the results of the initial implementation - Plan the future implementation