Communities of Practice for Healthy Lifestyle
CoP4HL

Writing a call for knowledge alliances
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Erasmus+/Knowledge Alliances

Aim call:

Knowledge Alliances are transnational, structured and result-driven projects, notably between higher education and business. Knowledge Alliances are open to any discipline, sector and to cross-sectoral cooperation. The partners share common goals and work together towards mutually beneficial results and outcomes.

- Boosting innovation in higher education, business and in the broader socio-economic environment
- Developing entrepreneurial mind-set and skills
- Stimulating the flow and exchange of knowledge between higher education and enterprises
Setup and writing process

• It is based on prior research and successful pilots.

• It is manifested in a well balanced network and a team of real experts in the field.

• The partners see a real relevance and benefit in developing and running the project (for the sector and themselves).

• It was developed by a professional application team
Background


Warm up

Physical inactivity: the biggest public health problem of the 21st century
  Steven N Blair
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  Epidemiology/Biostatistics, Arnold School of Public Health, University of South
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Effect of physical inactivity on major non-communicable
diseases worldwide: an analysis of burden of disease and
life expectancy

I-Min Lee, Eric J Shiroma, Felipe Lobelo, Pekka Puska, Steven N Blair, Peter T Katzmarzyk, for the Lancet Physical Activity Series Working Group*

The need for a complex systems model of evidence for public health

Harry Rutter, Natalie Savona, Ketevan Glonti, Jo Bibby, Steven Cummins, Diane T Finegood, Felix Greaves, Laura Harper, Penelope Hawe,
Laurence Moore, Mark Petticrew, Eva Rehfues, Alan Shiell, James Thomas, Martin White

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Prevention and management of non-communicable disease: the IOC consensus statement, Lausanne 2013

Gordon O Matheson,1,2 Martin Klügl,3 Lars Engebretsen,4,5,6 Fredrik Bendiksen,4
Steven N Blair,7 Mats Börjesson,8,9 Richard Budgett,5 Wayne Derman,10
Uğur Erdener,5 John P A Ioannidis,11 Karim M Khan,12 Rodrigo Martinez,13
Willem Van Mechelen,10,14,15 Margo Mountjoy,16 Robert E Sallis,17
Martin Schwellnus,10 Rebecca Shultz,1,2 Torbjørn Soligard,5 Kathrin Steffen,4
Carl Johan Sundberg,18 Richard Wailer,19,20 Arne Ljungqvist5

To date, efforts to promote a ‘home’ for prevention within healthcare have largely failed. Waiting for comprehensive, emergent reform of dysfunctional healthcare systems is unrealistic. Likewise, results from reductionist research studies have not been successfully implemented and scaled in such a way as to create population-wide impact.
Unique elements

- Challenge biggest EU problem (economy, health)
- Social innovation
- Multi-sectoral and mix of private and public (Health, Sport, Well-being, Education, Entrepreneurship)
- Community-based
- Multi-level
- Co-creation of knowledge in CoP
Innovation

Social innovation is a novel solution to a social problem that is more effective, efficient, sustainable, or just than current solutions. The value created accrues primarily to society rather than to private individuals.

Service innovation is co-creation of value by actors combining and exchanging resources within value constellations. Services are not referred to as value-in-exchange but value in use. Service innovation involves recombining capacities and actors into new innovation systems.
Definition of Community of Practice

Learning partnership among people who find it useful to learn from and with each other about a particular domain. They use each other’s experience of practice as a learning resource. And they join forces in making sense of and addressing challenges they face individually or collectively.

General definition of a Community of Practice Wenger 2011, 2015
Consortium

- 7 countries (NL, BEL, DEN, ESP, GER, LIT, POR)

- 5 local CoPs (combi university + other partners: Odense, Kaunas, Malaga, Lisbon and Groningen)

- 5 Universities
- 6 Companies (Sport & Health)
- 4 Public partners
- 2 Associate partners

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INCREASING THE IMPACT OF COMMUNITY BASED INTERVENTIONS IN HEALTHY AGEING IN EUROPE

Knowledge Partners

Project management CoP4HL
WP 1-2

European Community of Practices (COP)
WP 4 and 10

Knowledge support lab:
Entrepreneurship
Education and learning
Impact methodology
WP 3, 6-8 and 10

Local COPS (WP 5)

Local COP
Groningen (NL)

Local COP
Odense (DK)

Local COP
Cascais (PT)

Local COP
Malaga (ES)

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Groningen COP – Healthy city

- Connection with existing policies Healthy City & Moving City
- Focus: exercise friendly physical & social environment
- Neighbourhood ‘Europa park’
- From Health governance to Governance for health
Main deliverables

• Guiding principles for CoPs
• Development EU CoP
• Knowledge support lab
• Education & learning material
• Development impact methodology

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Feedback round 1 – 2016 - 77 points

Relevance 20/25

The needs analysis draws upon experiences of previous projects and desk research. An important aspect is the recognition that solutions to the identified social needs relating to healthy ageing may be partly resolved by multi-agency partnership working and community based actions, these are discussed in the proposal dialogue. The proposal should have given more detail of the types of interventions the CoP and CBI development might initiate and develop as part of the project and how these will be effective approaches.

application to healthy living can be viewed as such. The rationale and operational detail around the introduction of learner exercises in entrepreneurship through CBI’s should have been exposed and exploited more. The level of innovation is thus perceived as being low. Clearer statements describing the main results of the project should have been given as they are not made obvious in the proposal.

Methodology 16/25

The work load is inappropriately imbalanced - the coordinator leads 8 Work Packages (WP) out of 10. Only 3 partners including the coordinator were appointed as project WP leaders, 5 partners will be national leads of Community of Practice, and Co-Leads are planned for some activities. Other partners also have competences and experiences to lead Work Packages. The WP leadership should have been more evenly distributed across the consortium to ensure that more partners have a leadership role for some aspects of the project delivery. In order to address this issue the coordinator...
Feedback round 1 – 2016 - 77 points

Quality of the project team and cooperation arrangements  23/30

creative approaches. The academic track of HEI staff and their records are impressive but it is not obvious how the scientific qualities will be used in creating Communities of Practices. Health care

Despite these issues, the consortium brings together an experienced collection of highly skilled people involved in aspects of the project and the main areas, such as health, healthy living, entrepreneurship, community involvement are all covered, and a learning partnership with a deep team spirit is a very likely outcome of this project.

Impact and dissemination  18/20

individual citizens as targets, which is very appropriate to the topic. The KA has developed comprehensive plans regarding how the different target groups will be reached and brought into the project. They propose to use CBI approaches and CoPs, By using PABM (Participatory Asset Based Mapping) and Human- Centred Design (HCD), local communities and individuals have the opportunity to become engaged. Plans to develop the Support Lab into a social enterprise post project is a positive development, and will maintain that output. How the social enterprise will be supported financially is explained and it will exploit the development of CoPs.
Thank you for your attention

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