

# ACTIVE VALLECAS SPAIN

*Title in original language:*

Vallecas Activa

*Which 'life stage' for CVDs prevention targets the intervention?*

All life stages.

*Short description of the intervention:*

Vallecas Activa takes place in Entrevías (one of the most disadvantaged neighbourhoods in Madrid), situated in the district Puente de Vallecas. This programme currently integrates five projects, each in different levels of development:

## 1. Health pilot project:

General objective: to promote an active lifestyle in the population of the surroundings of the Municipal Sports Centre, in collaboration with Madrid's Municipal Health Centres and Primary Healthcare Centres and hospitals of Madrid's Regional Health Service.

WHO: Health professionals (of the Primary Healthcare Centres of the Madrid's Regional Health Service and Madrid's Municipal Health Centres) prescribe a programme for lifestyle change to people with diagnosed risk factors.

WHAT: Physical Activity programme run by sports professionals of the Municipal Sports Centre of Entrevías (City Council of Madrid) and adapted to the population's health situation, plus a health education programme, run and coordinated by health professionals of the participating health centres. It has different health programmes, depending on the target population:

- "Healthy Habits": with the aim of changing physical activity and eating habits of patients with diabetes risk, cardiovascular risk or adult obesity.
- "Families + Active": with the aim of treating children with overweight or obesity with a family perspective, combining health education for parents and physical activity for children, by age groups.
- "Exercise, moms and babies": combined programme of health education, parenting support and breastfeeding promotion and a physical activity programme with postpartum recovery exercises, hipopressive exercises, pelvic floor recovery and early child stimulation.
- "Healthy Walks": tackling sedentary behaviour with organized healthy walks, as a way of including social commitment and social reinforcement as improvement tools of programme adherence.

WHERE: The programme is located in the Municipal Sports Centre of Entrevías. The health centres involved are: CS José María Llanos, CS Entrevías, CS Vicente Soldevilla, CS Ángela Uriarte, CS Buenos Aires, CMS Puente de Vallecas, CS Alcalá de Guadaíra and Hospital Infanta Leonor.

WHEN: the people selected by the health professionals are given a "Sports Prescription" to subscribe to the programme.

HOW: the user commits to assist to 66 physical activity sessions and 8 health education workshops (approximately 9 months). The price of the programme has been reduced from the standard rate. In case of 2 unjustified absences, the participant is unsubscribed.

## 2. Education pilot project:

General objective: to identify children in school age with health risks related to their physical condition. To recognize child obesity as a vulnerable situation of a minor, and to activate a protocol of minor protection.

WHO: teachers identify children that may be developing obesity with a simple test (BMI calculation).

**WHAT:** teachers learn how to recognize child obesity as a vulnerable situation of a minor, and to activate a coordinated protocol with the health system to protect the minor.

**WHERE:** tests are conducted in Physical Education classes of the schools of the surroundings of the Entrevías Sports Centre (IES Arcipreste de Hita, Escuela Profesional 1º de Mayo, CC Cumbre Oxford, CEIP Francisco Ruano, CEIP García Morente, CEIP Giner de los Ríos. CC Liceo Cónsul, CEIP Padre Mariana, CC Santa Rafaela María, CEIP José María de Pereda, CEIP Manuel Núñez de arenas, CC Santo Ángel.)

**WHEN:** tests are conducted at the beginning and the end of the school year.

**HOW:** when the test is positive, parents are informed so they can go to the paediatrician and/or social services. If the diagnosis is confirmed, the child can be offered one of the lifestyle change programmes of the Entrevías Sports Centre

### 3. Social Inclusion pilot project

**General objective:** to ease the access to sport practice for people in vulnerable situations recognized by Social Services, and who cannot access to sport activities because of different reasons (economic, social, cultural, etc.).

**WHO:** social workers, during their social intervention, when they diagnose people in vulnerable situations

**WHAT:** give access to regular sport activities of the Entrevías Sports Centre to people in vulnerable situations

**WHERE:** in the Social Services Centres of the district Puente de Vallecas (Centro de Servicios Sociales Pablo Neruda, Centro de Servicios Sociales San Diego, Centro de Servicios Sociales Ramón Pérez de Ayala, Centro de Servicios Sociales Entrevías) and in the Entrevías Sports Centre.

**WHEN:** to subscribe to this initiative is mandatory to fulfil the social inclusion criteria and to have the “social prescription” issued by the Social Services Centre.

**HOW:** the Sports Centre will reserve at least 2 places per activity group for this initiative, with reduced prices. Sports professionals will send a three-month report to the social worker, with the social evolution of the user. To disseminate the project, 3 health education workshops have been carried out for all people receiving the Integration Minimum Income.

### 4. Employment and training pilot project

**General objective:** to give a training and employment option in Sports to people in unemployment and vulnerable situations, recognized by Social Services.

**WHO:** Madrid’s Basketball Federation, Social Services, Entrevías Sports Centre and unemployed people.

**WHAT:** to train unemployed people for becoming referees and sport monitors.

**WHERE:** Entrevías Sports Centre.

**WHEN:** on the dates of the training courses for referees and basketball monitors.

**HOW:** the sports federation commits to give a certain number of scholarships without cost to people recognized in vulnerable situations by social services that fulfil the established access criteria and find in Sports a solution for their unemployment. Those people who pass the course are offered to collaborate as referees or monitors as a paid job within the programmes of Madrid’s City Council and the Basketball Federation.

### 5. Professional motivation pilot project

**General objective:** to improve the coordination between professionals, to raise their motivation and to improve their health.

**WHO:** health professionals, social workers, assistants, sport professionals and any other person involved in the development of Vallecas Activa programme.

**WHAT:** to jointly conduct a sport activity, supervised and continuous, 2 days per week

**WHERE:** Entrevías Sports Centre

**WHEN:** on the schedule of lower occupation (15:00-16:00 h)

**HOW:** applying to the activity

*Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies*

Active Vallecas is methodologically based on the recommendations on community intervention of the Programme of Community Activities of Primary Care of the Spanish Society of Family and Community Medicine (SEMFyC) and the model of health and physical activity promotion of the Madrid Society of Nursing in Primary Care (SEMAP) and the Federation of Associations of Community Nursing in Primary Care (FAECAP).

The project integrates different programmes from different institutional levels:

- “Planes de Barrio” (Neighbourhoods plans) – Madrid City Council.
- Programme ALAS (Health, Eating and Physical Activity) and resources of the Gente+Saludable (People+Healthy) Strategy - Madrid City Council.
- Programme Active Families (child obesity and sedentarism) - Madrid Society of Nursing in Primary Care (SEMAP)
- Programmes of supervised physical activities in the Municipal Sports Centres of Madrid City Council.
- Programme “Walking in Madrid” – Sports General Directorate, Madrid City Council.
- The study “How are habits are formed: Modelling habit formation in the real world”, London University. (Eur. J. Soc. Psychol. 40, 998–1009 (2010). DOI: 10.1002/ejsp.674).
- The Project “Active School” – Region of Castilla La Mancha.
- Programmes of Reintegration – Social Services, Madrid City Council
- Initiatives of the civil society networks and sports clubs of Vallecas.
- NAOS Strategy – Ministry of Health, Social Services and Equality.
- Strategy of Health Promotion and Prevention of the National Health Service - Ministry of Health, Social Services and Equality

### *Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods*

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The programmes describe the objectives, admission criteria, follow up, schedule, duration of the programme, frequency of sessions (sport activity and health education), design of the sessions, duration of sessions, number of participants per group, age, length of time spent in the programme, incompatibility situations, attendance commitments and protocol of selection by health professionals and social workers.

### *To which type of interventions does your example of good practice belong to?*

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Active Vallecas is a community and interdisciplinary intervention project, with the joint participation of all the professional categories of the primary healthcare sector with professionals of Sports Science, Education and Social Services. This coordination of different public institutions and professional sectors allows offering a quality improvement of public services to give the most adequate response to citizens’ needs.

### *How is this example of good practice funded?*

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Regional and local government: this project does not imply an additional economic commitment

### *What is/was the level of implementation of your example of good practice?*

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Active Vallecas is an initiative of local-regional collaboration, between Education and Health, which are of regional level, and Sports and Social Services, which are of local level.

### *What are the main aim and the main objectives of your example of good practice?*

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- General Aim: to improve the efficiency of the public resources that work for the citizens’ wellbeing

- Objective of the Health pilot project: to promote an active lifestyle in the population of the surroundings of the Municipal Sports Centre, in collaboration with Madrid's Municipal Health Centres and Primary Healthcare Centres and hospitals of Madrid's Regional Health Service.
- Objective of the Education pilot project: to identify children in school age with health risks related to their physical condition. To recognize child obesity as a vulnerable situation of a minor, and to activate a protocol of minor protection.
- Objective of the Social Inclusion pilot project: to ease the access to sport practice for people in vulnerable situations recognized by Social Services, and who cannot access to sport activities because of different reasons (economic, social, cultural, etc.).
- Objective of the Employment and training pilot project: to give a training and employment option in Sports to people in unemployment or vulnerable situations, recognized by Social Services.
- Objective of the Professional motivation pilot project: to improve the coordination between professionals involved in the project, to raise their motivation and to improve their health.

*Please give a description of the problem the good practice example wants to tackle:*

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The WHO estimates that physical inactivity is the 4<sup>th</sup> main mortality risk factor, causing 1.9 million deaths globally, and being responsible of 10% to 16% cases of breast cancer, colorectal cancer and diabetes mellitus, and approximately 22% of cases of ischemic heart disease.

Improving people's health depends, among other aspects, in healthier lifestyles. These lifestyles, apart from the importance of having good quality information, have the environment in which people live as a key factor and can influence on people developing their potential with their maximum quality of life. The concept of health as wellbeing requires a global view of all institutions, beyond the health sector, to transform reality and reduce social, human and economic costs of diseases associated with sedentarism and poverty. Cooperation between institutions is a necessary condition to raise this aim.

*Is your example of good practice embedded in a broader national/regional/ local policy or action plan?*

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The project has been developed independently, but it is aligned with local, regional, national and international strategies.

*Implementation of your example of good practice is/was:*

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Continuous and integrated in the system. For this to happen, coordination is needed for the programme preparation, to approve the prices of the activities, to establish inclusion criteria, prescription, etc. Currently, integration is one of the aspects where improvements are taking place.

*Target group(s):*

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Target groups are described in the Short Description of the intervention. There are selected based on the needs detected by professionals from the health sector, social services and education sector. Also, these professionals will have a coordination tool with the Sport Services, to propose new sport programmes to tackle detected problems. A proposal questionnaire will be hosted in their computer system that they will be able to email to the corresponding Sports centre.

*During implementation, did specific actions were taken to address the equity dimensions?*

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Health pilot project: actions have been made to reduce the gap of socioeconomic inequalities by offering lower prices to access the sports centre and the activities for the most disadvantaged people, and also a gender adaption of the activities.

Education pilot project: coordination between education, social services and municipal sport services has been

established in order to help teachers in their work with families with Integration Minimum Income when vulnerable situations due to child obesity are identified. To accomplish this, it has been added a new obligation in the Individualized Integration Programme (a commitment contract signed by the beneficiaries of the Integration Minimum Income): the obligation of following the health check-ups of their sons and daughters, according to the public health system, and the obligation of attending the “Families + Active” programme (child obesity programme in sports centres) after the paediatrician refers to. Social Services pilot project: to establish the price of the access to the sports programme, social services will inform of the monthly per capita rate in their “Social Prescription”. A progressive price system has been established, which is accessible for beneficiaries of the Integration Minimum Income to people in the poverty line.

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### *In design, did relevant dimensions of equity were adequately taken into consideration and targeted?*

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Yes, the project has positive discrimination for population with an exceeded risk due to their health status or social condition. The project works on unemployment, education level, vulnerability, integration of all ethnicities, as well as other aspects, with the aim of improving the social and territorial balance through a social intervention in a disadvantaged neighbourhood.

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### *Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants?*

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The project has a global view to transform reality and to reduce human, social and economic costs of diseases associated to sedentary behaviour and poverty, combining a population strategy with an individual high risk strategy.

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### *Was an effective partnership in place?*

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A multidisciplinary approach and an intersectoral approach are two of the strong points of this project, between professionals of health, education, social services and sports sectors.

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### *Was the intervention aligned with a policy plan at the local, national, institutional and international level?*

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Yes, the project is aligned with these strategies, among others:

European strategies:

- Health 2020

National strategies:

- NAOS Strategy – Ministry of Health, Social Services and Equality.

- Strategy of Health Promotion and Prevention of the National Health Service - Ministry of Health, Social Services and Equality

Regional strategies:

- Strategy for Chronic Patients – Region of Madrid

Local strategies:

- Strategy Gente + Saludable (People + Healthy) – City Council of Madrid

- Sports Strategic Plan - City Council of Madrid

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### *Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?*

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Yes, the intervention's aims and strategy were designed by the different involved actors and shared with the target population. The design is based in 7 motivation rules:

- Set an objective: in our programs the objectives are mutually decided with the professional that makes the diagnosis and establishes the inclusion criteria (GP, social worker, etc.).
- Finish what you start: the attendance commitment to the programme is mandatory to be maintained in the programme.
- Socialize with people with similar interests: the activities are conducted in groups of people with similar interests, in a healthy and funny environment where it is easy to create new friendships.
- Learn to learn: we respect the different phases of learning development of each person. Due to this, that is why, although the activity is done in groups, each person individually counts his/her 66 sessions until they end of the program, and receives a different prescription in each learning phase. All physical activity programmes are complemented with a health education programme.
- Align your natural talent with your interest: the project generates spaces for the involved professionals to develop their natural talent performing their chosen profession with passion. This is transmitted in the value chain of the experience we create for the citizens.
- Increase knowledge of what inspires you: the physical activity programmes are complemented with a health education programme, related cultural activities and complementary information in consultation, with the aim of arousing their interest.
- Take a risk: we differentiate between faults and failures. Mistakes are part of learning and development. We find motivation in not giving up generating healthy habits.

#### *Did the evaluation results achieve the stated goals and objectives?*

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Yes, obtained results (participation, adherence, questionnaires, and improvement in health indexes) confirm that we are achieving the established aims for each project.

#### *Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?*

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Yes, there are available reports of subscription, occupation, permanence time, number of attendances, health tests, questionnaires, interviews, etc.

#### *Who did the evaluation?*

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An internal party (representatives of the intervention, own organisation)

#### *Specifically, what has been measured / evaluated?*

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Process evaluation. There are available reports of subscription, occupation, permanence time, number of attendances, health tests, questionnaires, interviews to users and professionals, etc. The questionnaires study the following aspects:

- Information about the programme obtained in the Health Centre.
- Prices of the programme
- Sport activity
- Schedules
- Sport facilities
- Health Education workshops
- If his/her aims have been achieved
- General Assessment of the programme

- If he/she knew the sport resources before this programme.

Evaluation of the impacts/effects/outcome :

- Health pilot project: It has been conducted since February 2013 until now. 230 people (2013-2014) and 441 people (2014-2015) have subscribed, referred from 8 health centres. The average adherence (follow up of the physical activity weekly sessions) has been 78%. The results of physical fitness and health have been positive, and also the satisfaction. 86% of people interviewed did not know the Sports Centre before, and 63% had not used any of the Municipal Sports Centres of Madrid before.
- Education pilot project: It has been conducted since the school year 2014-2015. 14 schools have been involved. Currently we are conducting the analysis of the number of children that have needed paediatric follow up after school's identification.
- Social Services pilot Project: It has been conducted since April 2013 until now. 17 people (2013-2014) and 91 people (2014-2015) have subscribed, referred from 4 Social Services Centres. The percentage of activity renewal is 86%. This year the 595 holders of the Integration Minimum Income of Entrevías's Social Services Centre have participated (this means 1858 potential beneficiaries, as it is a programme that influences all family).
- Employment and training pilot Project: It began on September 2014. Scholarships have been given by the Basketball Federation, so that people selected by Social Services can study a course on Sports Referee. 14 people have done the course, 2 people have finished it and are working as referees.
- Professional motivation pilot project: It began on April 2013 and it programs a supervised activity, 2 hours per week, on the schedule of lower occupation of the Sports Centre (15:00-16:00) for all professionals involved in the programme. Currently 10 people have subscribed.

#### *What are the main results/conclusions/recommendations from the evaluation?*

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- It is important to transfer the experience to other Sports Centres, Health Centres, schools and Social Services Centres, since the proximity criteria of the resources is essential. Of the 8 Health Centres and 4 Social Services Centres that refer to the Sports Centre, the majority of the subscriptions come from the closest ones, making the distance a barrier.
- The permanence percentage in the programme is very high. Coordination between the different services multiplies the health results and improves the efficiency of the resources.

Is the evaluation report available?

Links to download presentations:

<http://www.congresofagde.com/Ponencias/Ponencia%20Oscar%20Sanchez.pdf>

[http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Presentacion\\_OscarSanchez.pdf](http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Presentacion_OscarSanchez.pdf)

#### *Was there a follow-up or is any follow-up evaluation planned in the future?*

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We continue using the follow up tools developed until now, and for the season 2015-2016 the University Complutense of Madrid is designing a research on this project.

#### *Who implemented the intervention?*

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The Project is implemented by a group of people with different professions and different institutions (doctors, nurses, social workers, teachers, sport technicians and managers)

#### *What core activities are/have been implemented?*

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To coordinate team working, a document of principles declaration was agreed, with the mission, vision, values, organization chart, distribution of functions, norms, etc.

For the development of the programmes: there were elaborated materials for the health education sessions and physical activity sessions, referral prescription, follow up card, tests.

For communication: videos of the programmes, logos, design for presentations.

For management: control of subscription and follow up, attendances, questionnaires.

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### *Was the intervention designed and implemented in consultation with the target population?*

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Yes, the General Assembly is the maximum governing body of the project. The users of the programmes are part of the General Assembly and can attend to take part in the decisions that affect the project.

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### *Did the intervention achieve meaningful participation among the intended target population?*

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Yes, participation of the target population has been very active, through the General Assembly. Also, the project was presented to other existing formal participation structures as the Health councils.

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### *Did the intervention develop strengths, resources and autonomy in the target population(s)?*

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Vallecas Activa Project is an example of user's empowerment and participation. Due to the preoccupation with the continuity of the programme for 2015-2016, users have organized themselves and have collected more than 3,500 signatures to ask for its continuity to the different institutions and platforms.

The programmes developed in Vallecas Activa are programmes of habits changing for the citizens to become active leaders of their wellbeing. In this sense, the programmes have a specific length and the aim is that, once the programme is finished, the citizen is autonomous on his/her wellbeing care.

The users are self-organizing to continue the activity once they have finished it.

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### *Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?*

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Before the actions were developed, a needs assessment and situation analysis was conducted in the population of Vallecas, carrying out interviews to the target population. Also, opinion from the participating professionals was obtained, by semi-structured interviews.

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### *Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?*

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Possible collaborating agents were identified and were added to the project, in order to gain value with their contribution.

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### *Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?*

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The continuity and sustainability of the project is due to the support received and the commitment of the involved agents, since the economic funding needed does not imply deficit for the participating institutions. Currently we are working on expanding the project to the rest of the city of Madrid, elaborating an agreement between Madrid City Council and the Region of Madrid.

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### *Is there a broad support for the intervention amongst those who implement it?*

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Currently the support and willingness necessary to continue the project in Vallecas are present, and to activate this initiative in other districts of the City of Madrid.



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*Is there a broad support for the intervention amongst the intended target populations?*

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Already answered in the last question of Empowerment and Participation section.

*Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?*

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It was conducted an analysis of available resources, activity volume of each resource, previous coordination between institutions and economic cost or benefit that the project would imply for each public service involved, were it was stated that health projects do not need much money, but passion of the people who want to start them.

*Were sources of funding specified in regards to stability and commitment?*

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No, but a more efficient management of the existing resources was accomplished.

*Were organisational structures clearly defined and described?*

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To coordinate team working, a document of principles declaration was agreed, with the mission, vision, values, organization chart, distribution of functions, norms, etc.

*Is the potential impact on the population targeted assessed?*

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Yes, the experience is easily transferred and could benefit a high number of potential people. The huge volume of attention of diseases associated with sedentarism and chronicity put on risk the viability of the current health and wellbeing system. In this sense, Vallecás Activa is an example that it is possible to change reality and make public resources more efficient.

*Are there specific knowledge transfer strategies in place (evidence into practice)?*

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Currently it is being transferred to other districts of Madrid, with all the “know how” of Vallecás Activa project.

*Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?*

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We have designed a draft of an agreement for the City of Madrid where all these aspects are stated.

*What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?*

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- Connection of proactive and motivated people
- Available resources
- Ability for conflict resolution
- Coordinating team multidisciplinary and with experience in project management.
- Simplicity in innovation
- Support of people with government responsibilities.

*What were, in your opinion, the main lessons to be learned?*

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Major health promotion projects do not need much money, but passion of the people who want to start them.

*Relevant documents:*

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News published:

<http://www.madridiario.es/distrito/varios/-distritos/vallecás-activa/416798>

[http://madridpress.com/not/179685/el\\_plan\\_deportivo\\_vallecas\\_activa\\_se\\_extendera\\_a\\_otros\\_distritos/](http://madridpress.com/not/179685/el_plan_deportivo_vallecas_activa_se_extendera_a_otros_distritos/)  
<http://www.abc.es/agencias/noticia.asp?noticia=1702290>  
<http://www.eldigitaldeasturias.com/noticias/vallecas-activa-el-deporte-como-terapia-social-en-madrid/>  
[http://www.eldistrito.es/frontend/eldistrito/seccion.php?id\\_seccion=230](http://www.eldistrito.es/frontend/eldistrito/seccion.php?id_seccion=230)  
<http://www.madrid.es/portales/munimadrid/es/Inicio/Ayuntamiento/Medios-de-Comunicacion/Notas-de-prensa/Deporte-como-terapia-social?vgnextfmt=default&vgnextoid=7b4047283d149410VgnVCM1000000b205a0aRCRD&vgnnextchannel=6091317d3d2a7010VgnVCM100000dc0ca8c0RCRD>  
<http://www.expansion.com/blogs/re-imaginando/2014/11/08/hacer-mas-que-decir.html>  
<http://www.fbm.es/arbitros/46-arbitros/4769-proyecto-formacion-y-empleo-vallecas-activa-fbm>  
[http://www.madrid.org/cs/Satellite?c=CM\\_Actualidad\\_FA&cid=1354386787648&language=es&pagename=ComunidadMadrid%2FEstructura](http://www.madrid.org/cs/Satellite?c=CM_Actualidad_FA&cid=1354386787648&language=es&pagename=ComunidadMadrid%2FEstructura)  
<http://www.laquincena.es/noticias/comunidad-madrid/2014111666029/enfermeras-sermas-lideran-actividad-promocion-actividad-fisica-salud-vallecas>  
[http://www.telecinco.es/informativos/sociedad/Enfermeras-Sermas-alimentacion-saludable-Vallecas\\_0\\_1893675102.html](http://www.telecinco.es/informativos/sociedad/Enfermeras-Sermas-alimentacion-saludable-Vallecas_0_1893675102.html)  
<https://newhub.shafaqna.com/ES/ES/7027874>  
<http://www.ciudades-saludables.com/>  
<http://mapeandoporcarabanchelalto.blogspot.com.es/>  
<http://www.grupoppmadrid.es/patricia-lazaro-presento-del-proyecto-vallecas-activa/>  
[http://www.madridsalud.es/noticias/noticia670\\_2015.php](http://www.madridsalud.es/noticias/noticia670_2015.php)  
<http://vallecasdigital.com/vallecas-activa-apuesta-del-distrito-para-el-dia-del-deporte/>  
[http://www.madrid.org/cs/Satellite?c=CM\\_Actualidad\\_FA&cid=1354486575376&destacado=si&idConsejeria=1109266187266&idListConsj=1109265444710&idOrganismo=1142439320383&language=es&pagename=ComunidadMadrid%2FEstructura&sm=1109266100996](http://www.madrid.org/cs/Satellite?c=CM_Actualidad_FA&cid=1354486575376&destacado=si&idConsejeria=1109266187266&idListConsj=1109265444710&idOrganismo=1142439320383&language=es&pagename=ComunidadMadrid%2FEstructura&sm=1109266100996)

#### Congresses and Meetings:

[https://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Jornada\\_Implementacion\\_Estrategia.htm](https://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Jornada_Implementacion_Estrategia.htm)  
[http://www.recs.es/descargas/Jornada\\_Estrategia\\_Salud\\_20141017.pdf](http://www.recs.es/descargas/Jornada_Estrategia_Salud_20141017.pdf)  
III World Congress on Public Health Nutrition <http://www.nutrition2014.org/>  
[XVI Encuentro del PACAP el 21 de noviembre 2014](#)  
IV Congreso colombiano del Deporte  
Master en investigación de actividad física y deporte. UCLM  
[http://www.naos.aesan.msssi.gob.es/naos/estrategia/premios/ganadores/ganadores\\_2014.html](http://www.naos.aesan.msssi.gob.es/naos/estrategia/premios/ganadores/ganadores_2014.html)  
Congreso Nacional de Gestores deportivos “Deporte Cuestión de estado”  
<http://www.congresofagde.com/programa/>

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