



Best Practices in action: how to transfer, implement, and sustain effective health promotion interventions for children (0-12)

HEALTH4EUkids

Your Kids' Health, Our Priority

Module 1

Transferability and sustainability of Best Practices in health promotion and childhood obesity prevention



Best Practices in action: how to transfer, implement, and sustain effective health promotion interventions for children (0-12)

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Unit 1.1.4

Transferability and sustainability: an overview across EU Joint Actions and other initiatives “Inequalities and Social Determinants in Public Health”

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The following presentation was delivered during the pre-conference session of the 17th European Public Health Conference, held in Lisbon on 12 November 2024.



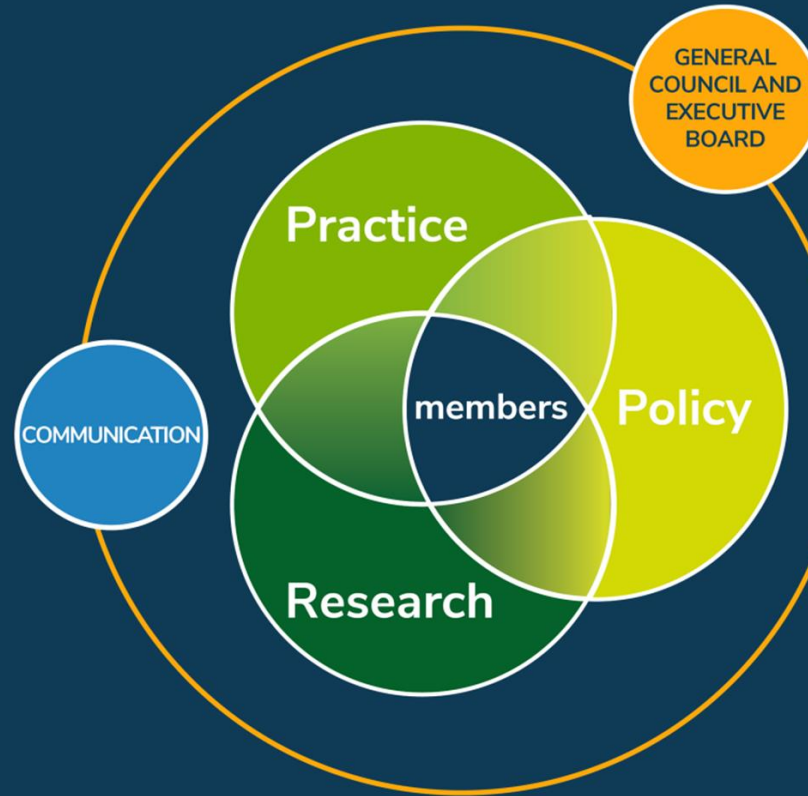
EuroHealthNet is a sustainable Partnership

EuroHealthNet

The Partnership for Health,
Equity and Wellbeing

Improve and sustain health

Reduce health inequalities



CHRODIS+
Equity Action
JAHEE
JA BestReMap
JA PreventNCDs





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Schools4Health

An EU4Health-funded project (2023-2025) which aims to introduce, strengthen, and sustain the adoption of a health promoting school (HPS) approach and other whole school approaches to health.



Rijksinstituut voor Volksgezondheid
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Welzijn en Sport



Schools4Health built on lessons from CHRODIS+

- **Invest in building a strong implementation team with committed leadership and the relevant representatives** that can provide different perspectives. (Teacher engagement and school principle support is key)
- **Invest in strong links between project 'owners' and 'implementers' in all phases of the intervention.** Maintain close contacts through exchange visits, teleconferencing and the use of social media, throughout the process. Allocate sufficient staff time and other resources to enable this.
Decide from the outset the nature of the transfer, expectations and **set out an Agreement between the two parties.**
- Make it **fun**, and invest in creating '**communities of good practice and change**'.



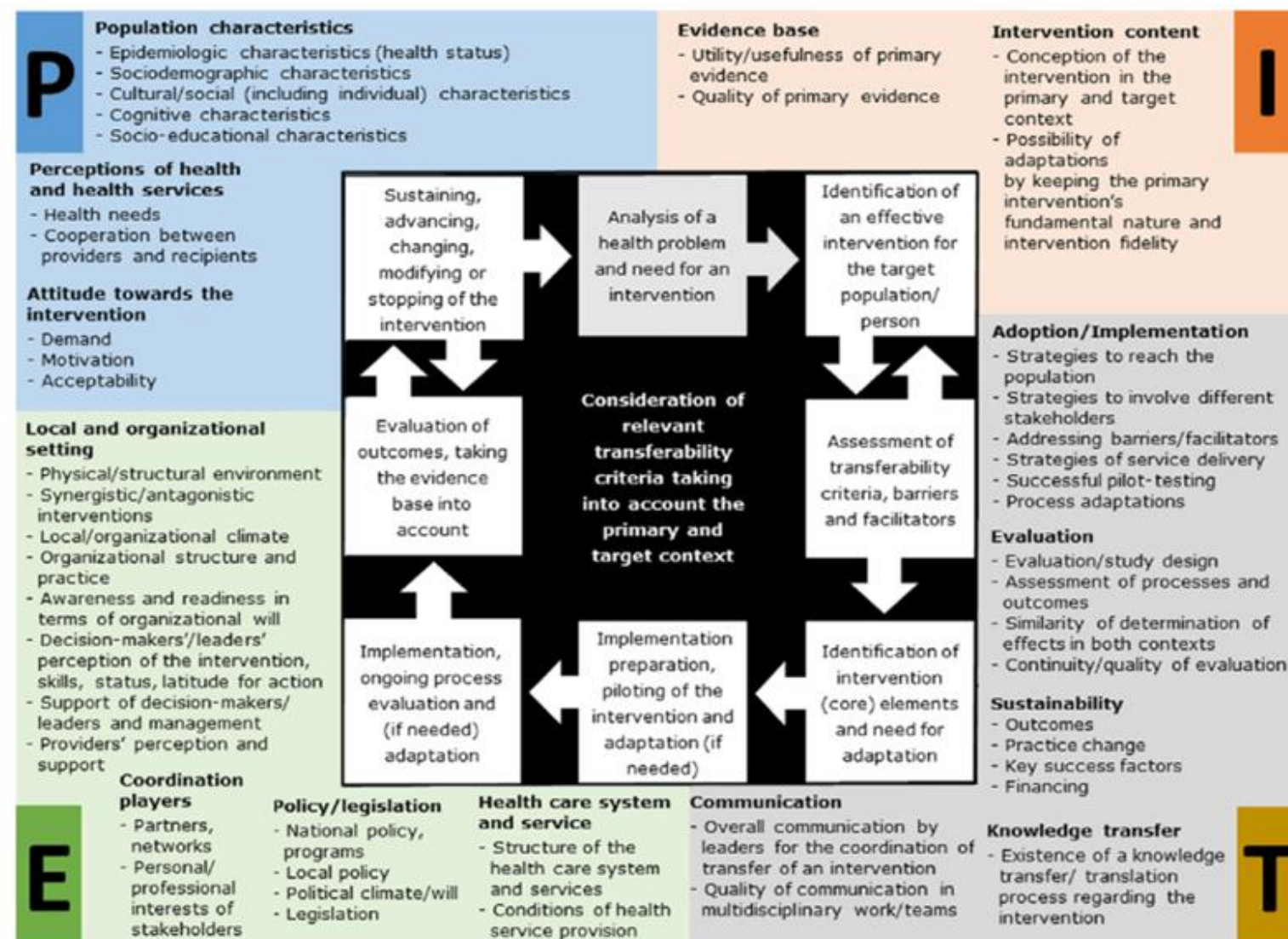


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Assessing the context or conditions of the work

- Which factors in the political, social, cultural, economic and/or legal context are critical facilitators and barriers for the implementation of this practice?
- The "Process model for the assessment of transferability" (PIET-T process model) helps frame thinking and discussions.



Findings on transferability and sustainability

- Transfer and implementation processes in the context of an EU project can involve a lot of **administration**. -> *The Regional Ministry of Health in Andalusia noted that 80% of the work they are doing in Schools4Health is administrative.*
- Public officials in many countries may not feel comfortable about speaking of real or potential barriers, which can be perceived at **critiquing public authorities**. -> *Evaluators noted hesitancy when they asked a teacher in Hungary what they could do to make their schools more health promoting.*
- It has proven **difficult to involve schools in deprived socio-economic areas** and engage the more socio-economically deprived students in pilot studies, this may lead to a **widening of health inequalities** (as per the 'inverse care law').

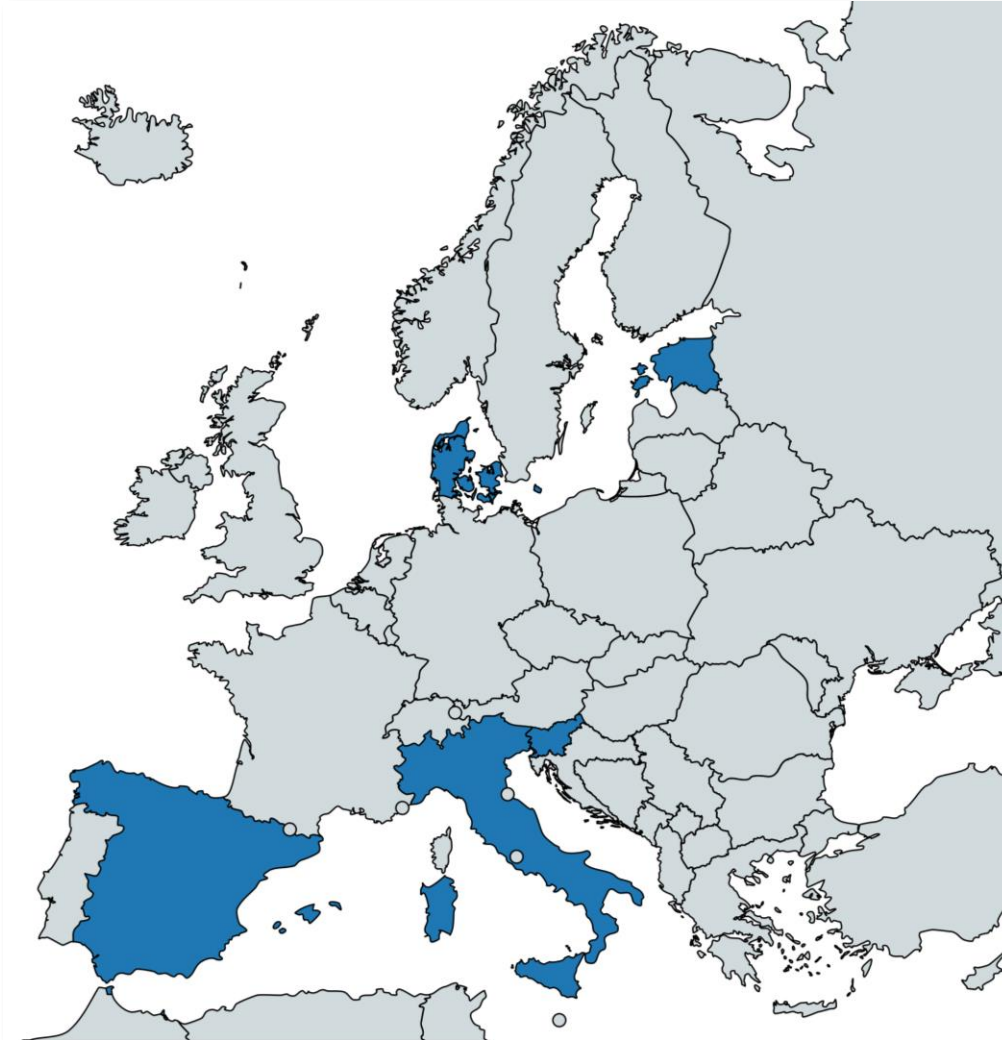


IceHearts Europe

- **Evidence-based and successful practice from Finland**
- The model provides **consistent, long-term, holistic support for vulnerable children**
- Icehearts Finland uses **team sports as a tool for engaging children with social work:**
 - Children who require special support and who have been recognised as being at risk of social exclusion early on are selected for an ice hockey team.
 - Each team is led by a mentor who supports the selected children at school, after school and at home for 12 years.
- Icehearts Finland lays the foundations for the **Icehearts Europe methodology** to be adapted to new countries and their cultural contexts, and pilot tested in numerous communities across Europe



IceHearts Europe



Spain
Italy
Slovenia
Denmark
Estonia



Situation Analysis and Needs Assessment

- SANA is used to **draw the implementation plan for the pilot countries** and **makes specific gaps visible**, e.g. regarding policy, availability of services, or data.
- Describes the **local needs in the community**, the socio-economic and other factors that put youth at risk
- The **context in which the programme will be operating**, as well as what **resources are available**
- To determine **what the gap is between the existing situation and what is desired**

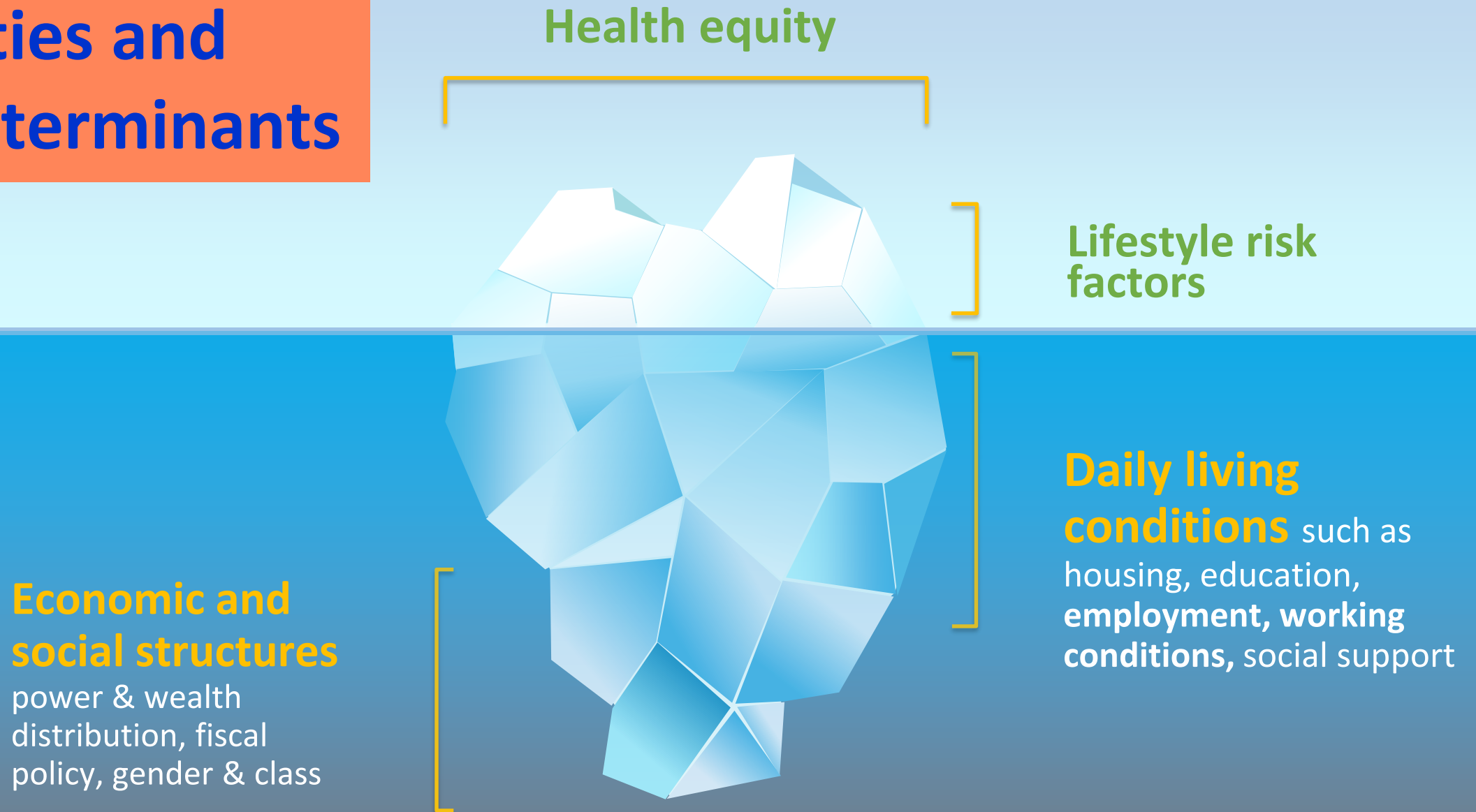


Findings on transferability and sustainability

- Different types of sports needed → *IceHockey is not the most common sport in Italy and Spain...*
- **Access to schools rarely possible, access to sports facilities** needs to be checked in advance → *Italy has to take different approaches depending on the region (different legal situation) and who owns sport facilities*
- **Legal situation for hiring personnel working with children differs vastly between countries**
- Close collaboration with schools, communities, and municipalities is a common aspect across countries – **better to embed the new practice in existing frameworks, rather than competing with existing initiatives.**



Inequalities and social determinants



Recommendations for the way forward

- Take a **health equity lens as a cross-cutting issue** throughout the process, also in practical ways to facilitate meaningful participation (cover childcare, public transport, translation, flexible timing, financial incentives etc etc)
- **Embed in local/national policies**, but also link to **existing EU instruments** such as the Strategy Rights of the child, the European Child Guarantee, the new EU anti-poverty plan or the WHO CAH strategy etc to facilitate support
- Ensure sufficient human and financial **resources required** to properly **evaluate implementation**, sustainability and impact on health equity.
- Continue to link **communities at local, national and international level**, connect and work together for **sustainability**

Thank you all for your participation!



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