

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

HEALTH 4 EU kids

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)

HEALTH 4 EU kids

Your Kids' Health, Our Priority

Unit 1.1.4 Transferability and sustainability: an overview across EU Joint Actions and other initiatives "Inequalities and Social Determinants in Public Health"

Caroline Costongs

Director EuroHealthNet

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

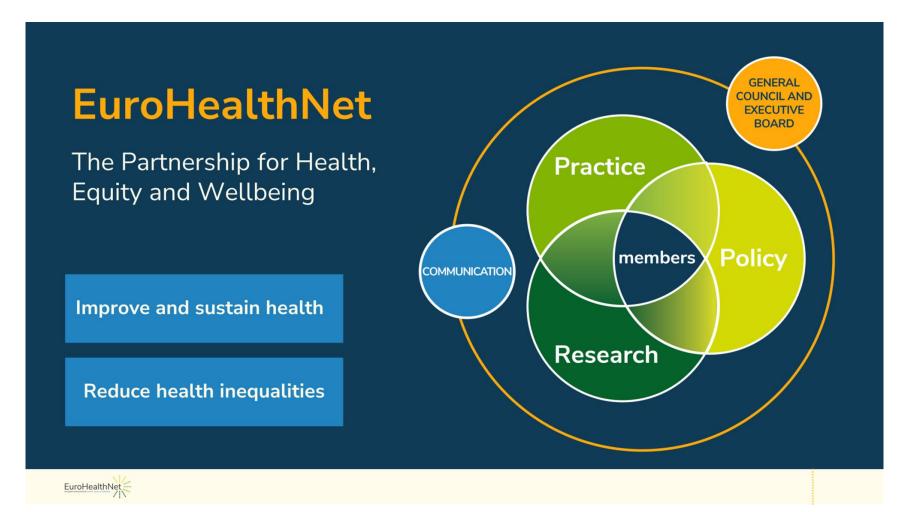








EuroHealthNet is a sustainable Partnership



CHRODIS+
Equity Action
JAHEE
JA BestReMap
JA PreventNCDs











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 en Milieu Ministerie van Volksgezondheid, 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'.









Schools4Health built on lessons from CHRODIS+

Sustaining,

advancing,

changing,

modifying or

stopping of the

intervention

Evaluation of

outcomes, taking

the evidence

base into

account

Implementation,

ongoing process

evaluation and

(if needed)

adaptation

Assessing the context or

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



Population characteristics

- Epidemiologic characteristics (health status)
- Sociodemographic characteristics
- Cultural/social (including individual) characteristics
- Cognitive characteristics
- Socio-educational characteristics

Perceptions of health and health services

- Health needs
- Cooperation between providers and recipients

Attitude towards the intervention

- Demand
- Motivation
- Acceptability

Local and organizational setting

- Physical/structural environment
- Synergistic/antagonistic interventions
- Local/organizational climate
- Organizational structure and practice
- Awareness and readiness in terms of organizational will
- Decision-makers'/leaders' perception of the intervention, skills, status, latitude for action
- Support of decision-makers/ leaders and management
- Providers' perception and support

Coordination players

- Partners, networks
- Personal/ professional interests of stakeholders

- programs

Health care system Communication and service

- Structure of the health care system
- service provision

Evidence base

Analysis of a

health problem

and need for an

intervention

Consideration of

relevant

transferability

criteria taking

into account the

primary and

target context

Implementation

preparation.

piloting of the

intervention and

adaptation (if

needed)

- Utility/usefulness of primary evidence
- Quality of primary evidence

Identification of

an effective

intervention for

the target

population/

Assessment of

transferability

criteria, barriers

and facilitators

Identification of

intervention

(core) elements

and need for

adaptation

Intervention content

- Conception of the intervention in the primary and target context
- Possibility of adaptations by keeping the primary intervention's fundamental nature and intervention fidelity

Adoption/Implementation

- Strategies to reach the population
- Strategies to involve different stakeholders
- Addressing barriers/facilitators
- Strategies of service delivery
- Successful pilot-testing
- Process adaptations

Evaluation

- Evaluation/study design Assessment of processes and outcomes
- Similarity of determination of effects in both contexts
- Continuity/quality of evaluation

Sustainability

- Outcomes
- Practice change
- Key success factors
- Financing

Knowledge transfer

Existence of a knowledge transfer/ translation process regarding the intervention



conditions of the work

The "Process model for the frame thinking and discussions.

Policy/legislation

- National policy,
- Local policy - Political climate/will
- Legislation

and services

- Conditions of health

- Overall communication by leaders for the coordination of transfer of an intervention
- Quality of communication in multidisciplinary work/teams







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 Andalucia 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

Health equity



Lifestyle risk factors

Economic and social structures

power & wealth distribution, fiscal policy, gender & class



Daily living conditions such as housing, education, employment, working conditions, social support



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 Guarentee, the new EU antipoverty 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!







Funded by the European Union. This project has received funding from the European Union's **EU4HEALTH** Programme under Grant Agreement no. **101082462**. This publication reflects only the author's view. It does not represent the view of the European Commission and the European Commission is not responsible for any use that may be made of the information it contains