



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

Module 1 - Transferability and Sustainability of Best Practices in Health Promotion and Childhood Obesity Prevention

Session 1.1 - Transferability and sustainability: an overview across EU Joint Actions and other initiatives

Unit 1.1.4 - “Inequalities and Social Determinants in Public Health”

Lecturer: Caroline Costongs (EuroHealthNet)

### **Slide 1 & 2**

It's a pleasure to be here and thanks a lot for the invitation, indeed... My name is Caroline Costongs and I know that all of you know me, but I'm around for a long time because when we talked about CHRODIS+ and CHRODIS, I still even remember CHRODIS at the project before that and before that I've been too long in the field, but it is so exciting now working on health promotion and how can we improve health of everyone in Europe with others. It's such an important task and such a complicated task as well. And I'm still figuring out what is the magic bullet and how we can do the best, and that's why I'm still in the business.

### **Slide 3 - EuroHealthNet is a sustainable Partnership**

So, EuroHealthNet, as you may know, we are a partnership of national public health institutes, some Regional Health authorities and ministries of health, that's the poor partnership, and in that sense, you can see, it's a sustainable partnership because we have been able to sustain the same partners for over almost 13 years now. And all of the lessons learned from the different projects are embedded in that sustainability. We have 3 areas which work policies. So, we monitor our European Union policies to see how effective they are to reduce health inequalities, and we try to give input. We are participating in some research projects in order to work in an evidence-based way as much as we can. And in the practice, we focus very much on transferability and looking on what works at the local level and how can we make sure that it is scaled up. So, we have been working with holders plus indeed the equity action, which was the JA before JAHEE, which is of the JA on health inequalities that was coordinated by ISS and which we supported. But also, the JA BestReMap, it's on nutrition and food and the JA Prevent NCDs we are affiliated. But here I wanted to share with you some of our insights from 2 projects: one is Icehearts and the other one is on Schools4Health.

### **Slide 4 - Schools4Health**

The Schools4Health activity is also funded by the EU4Health work programme, it's really about making every school a health promoting school. We are linked with the SHE network. This is the Schools for Health Network, which is an existing network set up by the WHO in order to make it as sustainable as possible. And we have several partners as part of this this project.

### **Slide 5 - Schools4Health built on lessons from CHRODIS+**

We are building our work on the lessons from CHRODIS+. One lesson is that it is important to invest in a strong implementation team with committed leadership if you don't have the principles of the schools or the teachers on board, it's not working. But the second lesson from CHRODIS+ is that it is important to invest in the links between the owners of the good practice that you are transferring and the implementers, that is important to have the communication up and to also work on an agreement at the start of the project to manage expectations of what of the components of the good practice is still valid and works and will be taken forward in the implementing country. And above all, to make it fun as it is important to do this and enjoyable and work in communities with good practice. That's also an important recommendation from CHRODIS+

#### **Slide 6 - Schools4Health built on lessons from CHRODIS+**

This is a model from CHRODIS+ developed by Maastricht University, the PIET-T Process model, that really puts in all of the important questions that you need to ask yourself in terms of the factors that may inhibit or enable implementation. And it's describing the settings approach, which is a bit so that Rosanna was referring to and put all the factors out there so you may want to look into that model.

#### **Slide 7 - Findings on transferability and sustainability**

What we found in very briefly on Schools for Health, administration, that is a lot when you participate in EU projects that you are all familiar with. For example, the regional Ministry of Health in Andalusia, they said that about 80% of the work that they do is administrative. I must say that it is also related to the fact that we work on getting procuring fruit for schools and that comes with a lot of administration. Another issue is that this will happen in Hungary, for example, that some officials may not be comfortable to say what goes bad or what's not good, like this teacher said. OK, they didn't really know what can be done to make schools more health promoting. And in the Schools for Health project, indeed, it is not easy to involve schools in deprived communities and with children with deprived backgrounds in pilots. And I think we may even wonder ourselves how ethical it is to involve schools in deprived areas and students with deprived backgrounds in pilot projects. Because we don't want to over promise and then not live up to the expectations if you're not able to make it sustainable. So, I think there's an ethical component here that we may need to discuss in the panel.

#### **Slide 8 - IceHearts Europe**

IceHearts Europe is a second project in which we participate and it's a very nice, good practice. It's on engaging children that are vulnerable or live in difficult circumstances, to engage them in the team sports an ice hockey team in this case, and to link them with a mentor, a social worker during 12 years. And the mentor supports the school, the children at school, after school and at home.

#### **Slide 9 - IceHearts Europe**

And it's from Finland and we are looking how this can be transferred to different countries, five different countries, Spain, Italy, Slovenia, Denmark and Estonia.

#### **Slide 10 - Situation Analysis and Needs Assessment**

And also, here there are some, first this one, of course, what, but this is what you all know and you are doing that as well in your work, you first set out the situation analysis and the need assessment in particular to see what is the gap that you want to address between the existing situation and what is desired.

#### **Slide 11 - Findings on transferability and sustainability**

And what we found is that of course, you can't transfer just like that. IceHockey obviously is not a sport still in Spain or Italy, but we also found that it is not so easy to access schools but also access to sport facilities are different in different countries. And even in Italy there's

differences in regions, how sports clubs and sport associations are organised and the different legal situations also who owns a sport facility. Also, the legal situation in terms of hiring and appointing people that work with children is very different between countries and finding that resonates very much with some of your findings. Also, that was better to embed the good practice in existing initiatives, existing policies and existing frameworks rather than competing and coming up with something new. I think that is a really very important element here.

## **Slide 12 - Inequalities and social determinants**

If we talk about inequalities and social determinants, often the good practices that we discuss are too much tackling with what you see, which is the top of the iceberg, rather than what we know is the rest of the iceberg, which is under the water. And these are the daily living conditions like how people live, the education, employment, working conditions and so on, which are the social determinants. But even the layer below which are the structural terms of health. So that inequalities in power, inequalities in wealth, fiscal policy, gender, racism, poverty. We need to address poverty, which is the structural determinant of health. Because any other health project, you know, it's a bit making it help here and there, but it is the poverty that's the root cause. And how DG SANTE works, obviously with their best practice portal, with a lot of the best practices is maybe more superficial projects where we are not able to alleviate the conditions, the poor conditions people live in, which is understandable because it's not easy to deal with poverty. But I do think that we need to have this iceberg in mind in all that we do. The iceberg actually calls from Professor Fran Baum and she will also be speaking at the plenary session on Thursday when we discuss health inequalities in times of crisis. But I like the iceberg very much.

## **Slide 13 - Recommendations for the way forward**

As a way to remind us that we need to take this health equity lens as a cross creating issue of all the work that we do, not only at the high policy level, but also very practically if you want to engage parents, you know, make sure that there is childcare for them. If you make sure that they can, there is public transport, that they can pay in the bill, that they have time, that they are not busy in their day-to-day jobs. They do need to do that in order to get the money, but that they have done the time to engage.

The second recommendation, indeed, it was mentioned by Paolo, that in CHRODIS+ the policy dialogues are really important element for transferability, so engage policy makers made them aware of the good practice not only the local and national level but also look at the EU level. There are frameworks that you can use to make the case why it is needed to implement the practice like the strategy, the rights of the European Child Guarantee and so on. There's a new European Union anti-poverty plan that's going to be designed which will also be interesting to look into.

Then my third point is evaluation. There's we need to make sure there is enough time that we can invest in the evaluation and how things impact on Health Equity because we have to demonstrate what works. We have to demonstrate that it is important, and the monies invested in the good practice in order to make sure we can continue to get the financial support for the sustainability of our work.

And lastly, indeed what we are doing here is linking up all of the communities at the local, regional, national, international level. So, for example, in the JA Prevent NCDs the idea to set up a consortium on prevention and promotion, it's trained in cancer at the moment, but I think that will be broadened up. That is another sustainable mechanism for our communities to link up to get together and to create a new working together which is key.

## **Slide 14 - Thank you**

And that's it. Thank you.