



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

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# 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 1.2.1**

**Health4EUkids: Overview of the context for supporting Best Practice implementation**  
**“Data overview from EU survey on policies and programs on childhood obesity and responsive parenthood”**

**Vincenza Di Stefano**

**National Center for Disease Prevention and Health Promotion,  
Italian National Institute of Health**



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# Background

Overweight and obesity prevalence are a global public health challenge<sup>1</sup>, especially among children<sup>2</sup>. The prevalence is rapidly increasing, with significant health risks such as cardiovascular disease, type 2 diabetes, and cancer<sup>3</sup>.

## Objective

To describe the state of the art of policies and programs on children's 0-12 obesity prevention, health promotion and responsive parenthood in EU

## Methods



Cross-sectional study



Online survey



October-December 2023



EU member states of the Health4EUKids Joint Action (HADEA n.101082462)

<sup>1</sup> Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML, Gortmaker SL. The global obesity pandemic: shaped by global drivers and local environments. Lancet. 2011 Aug 27;378(9793):804-14. doi: 10.1016/S0140-6736(11)60813-1.

<sup>2</sup> Di Cesare M, Sorić M, Bovet P, Miranda JJ, Bhutta Z, Stevens GA, Laxmaiah A, Kengne AP, Bentham J. The epidemiological burden of obesity in childhood: a worldwide epidemic requiring urgent action. BMC Med. 2019

<sup>3</sup> World Health Organization, Obesity and overweight. Last update 1 March 2024. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>



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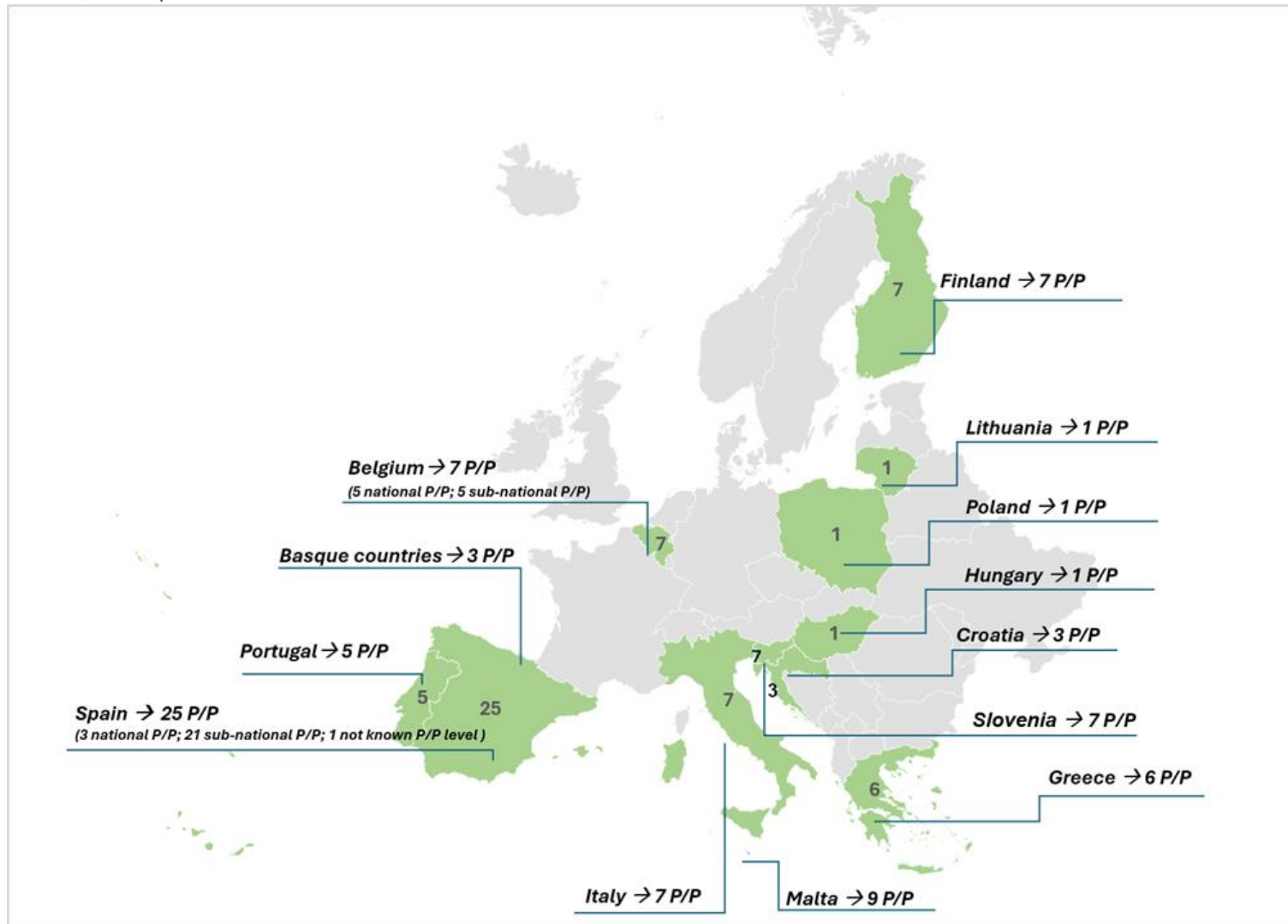
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# Results (1)



EU Policies and Programs (PPs) collected [N=79]

→ 12 MS of JA

→ 79 Policies and Programs (P/P)

- National
- Sub-national



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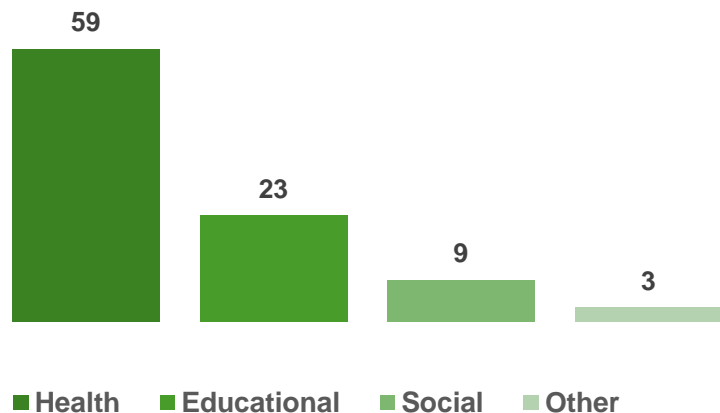
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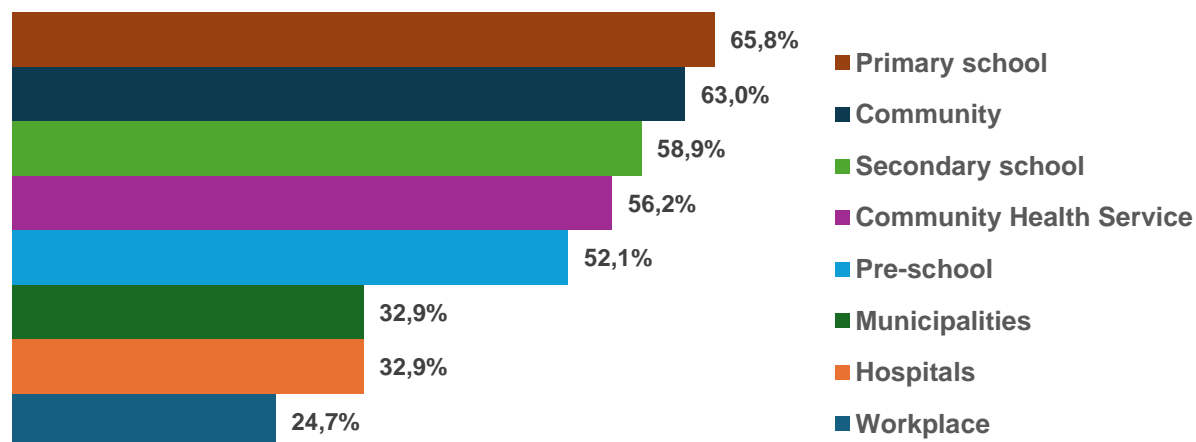
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## Results (2)

### Primary sectors (N=94)



### Setting included in the P/P [N=73]



### Target [N=73]

	%
Children 6-11 years (primary school)	78.1
Children 3-5 years (kindergarten)	75.3
Family/Parents	65.8
Infant 0-2 years	60.3
Pregnancy-Childbirth-Breastfeeding	43.8
General Public/Civil Society	42.5
Local Authority	37.0
Academia and professional organizations	32.9
NGOs/Associations	28.8
Food manufacturers and producers	28.8
Media	23.3



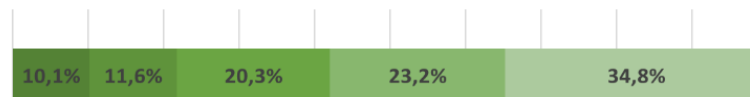
# Results (3)

## How would you characterize the Policy/Program (P/P)?

### Characteristics of the policies and programs

#### Innovation (1-Traditional - 5-Innovative) [N=69]

Degree of innovation - the extent to which it introduces new and creative approaches, ideas, or strategies to address a specific problem or achieve its objectives compared to existing or traditional methods.



#### Controversy (1-Highly Controversial 5-Consensual) [N=68]

Degree of controversy - the level of disagreement, dispute, or contention it generates among stakeholders, the public, or experts due to differing opinions, values, or concerns regarding its implementation or impact.



#### Structural or Systemic Impact (1-Marginal - 5-Fundamental) [N=68]

Degree of structural or systemic impact - the extent to which the policy or programme brings about substantial and lasting changes to the fundamental structures, processes, or systems within a society, organization, or sector. This impact is typically profound, altering the way things operate at a foundational level rather than just addressing surface-level issues.



#### Equity dimension (1-Marginal - 5-Fundamental) [N=68]

Degree of equity - how effectively the policy or programme addresses and promotes fairness, justice, and equal opportunities for all individuals or groups, particularly those who may be marginalized or disadvantaged, in its implementation and outcomes.



#### Public visibility (1-Very low - 5 Very high) [N=68]

Degree of public visibility - the extent to which the policy or program is known, understood, and recognized by the general public. This includes how prominently it is communicated, discussed, and acknowledged in society, media, and public discourse.



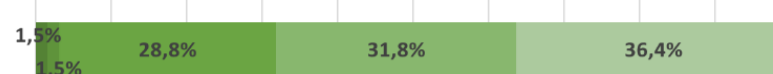
#### Transferability (1-Strongly system-dependent - 5-System neutral) [N=68]

Degree of transferability - the extent to which the policy of program's strategies, principles, or components can be successfully adapted, replicated, or applied in different contexts or settings, while maintaining effectiveness and relevance.



#### Sustainability (1-Poorly sustainable - 5-Strongly sustainable) [N=66]

Degree of sustainability - the capacity of a policy or program to endure over time, efficiently using resources and achieving its objectives while minimizing negative impacts on the environment, society, and future generations.



1 2 3 4 5

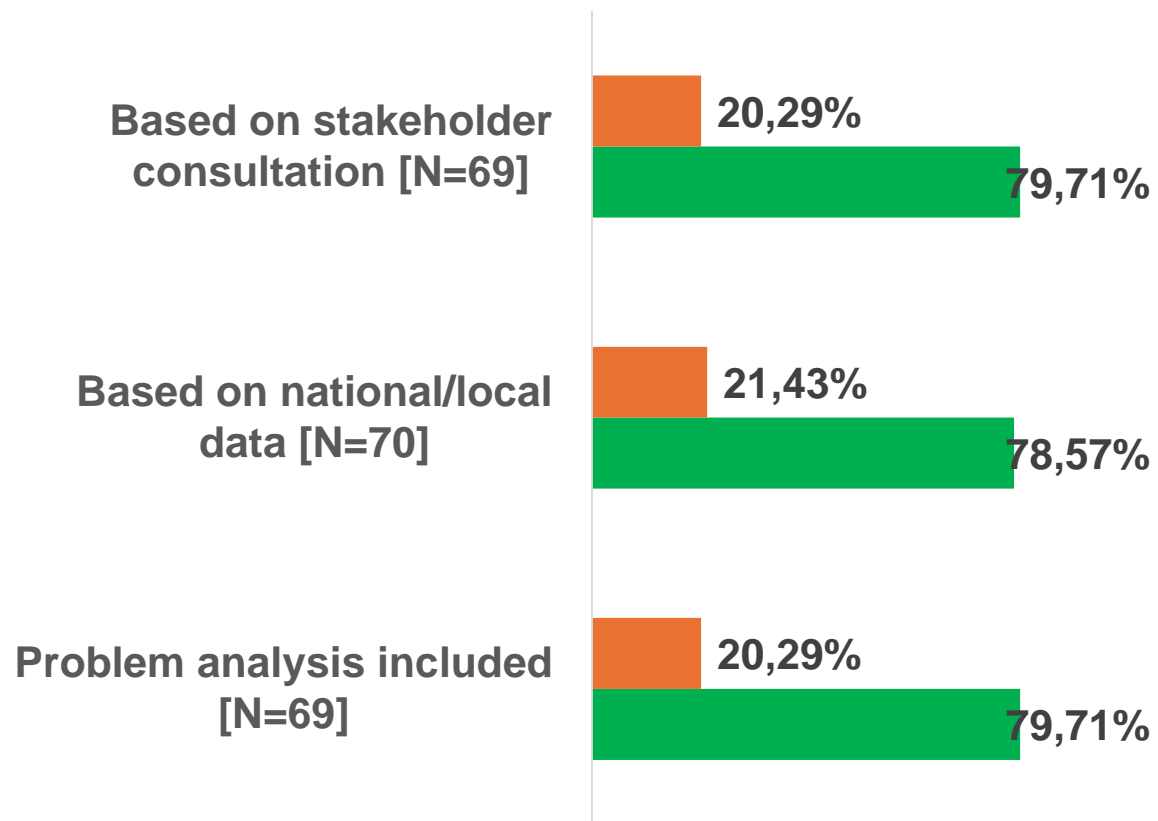


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# Results (4)

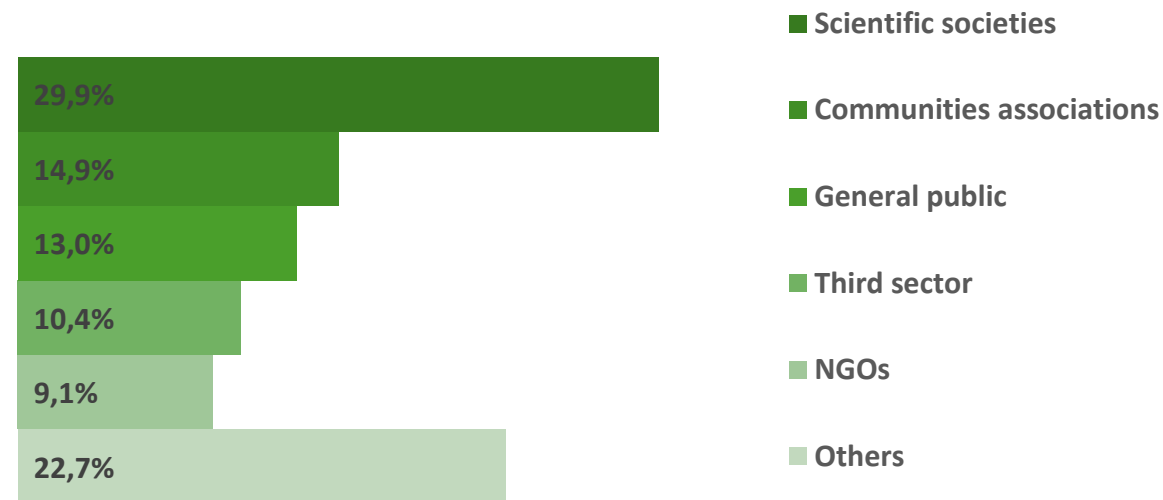
## FORMULATION/DESIGN OF P/P

### Formulation/design of P/P



NO YES

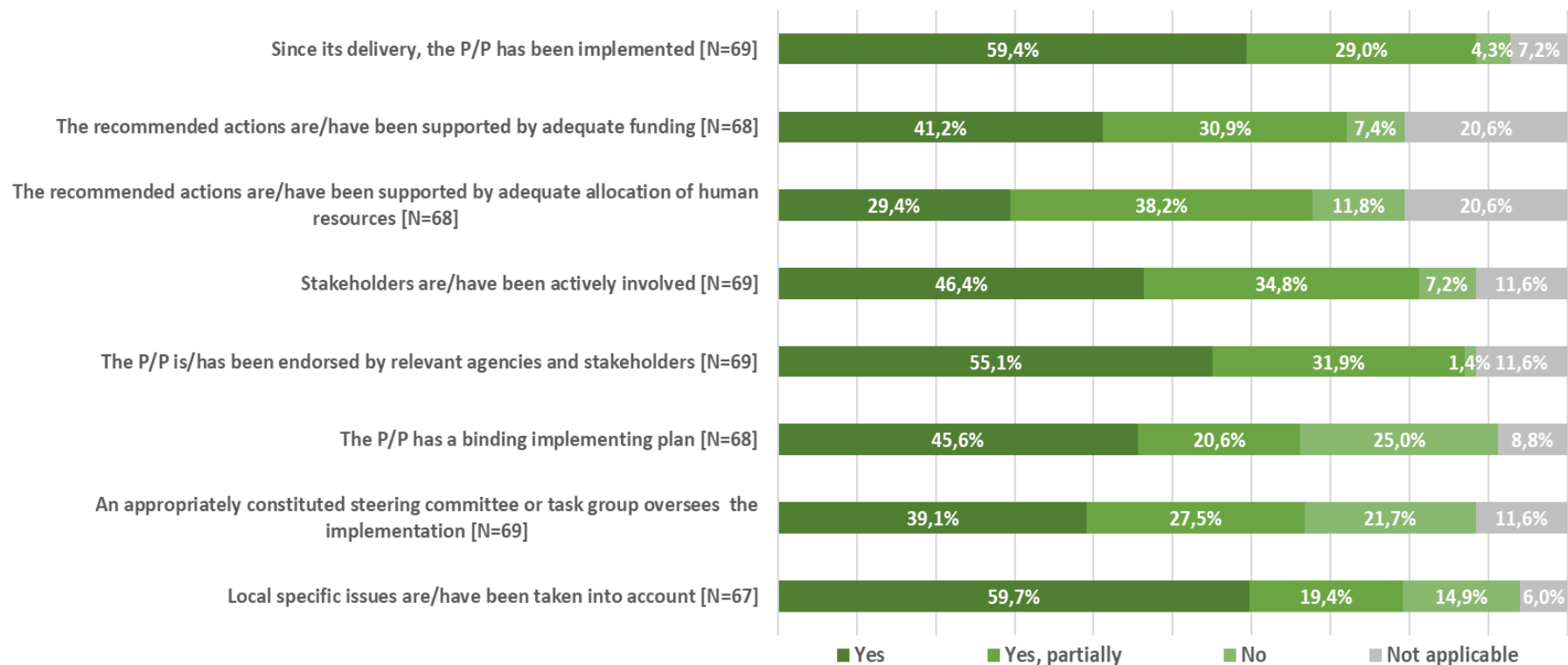
### Type of stakeholders involved in the planning process [N=154]





# Results (5)

## Implementation of P/P





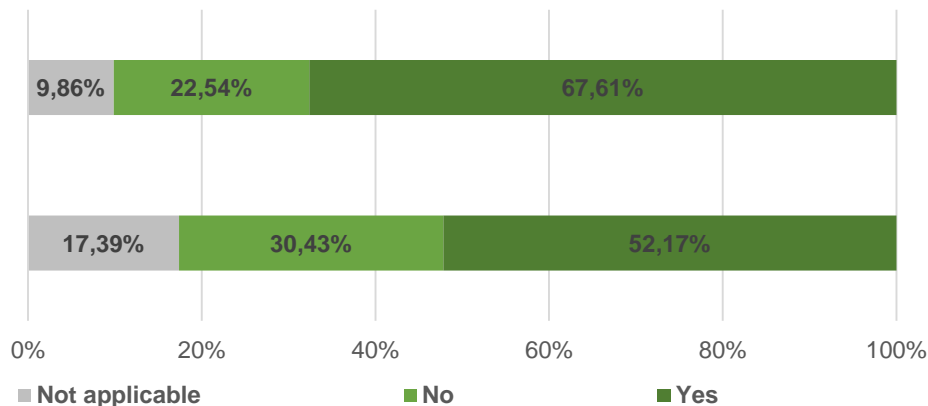


# Results (6)

## THE MONITORING & EVALUATION OF P/P

A set of outcomes, standards and indicators have been defined [N=69]

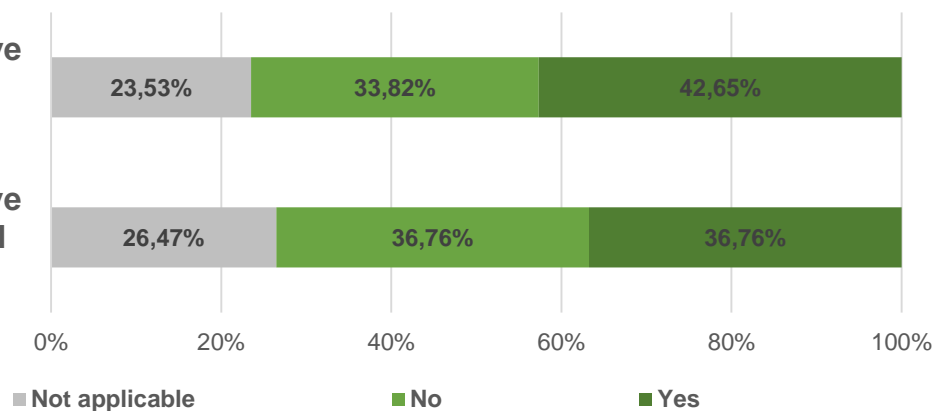
Indicators are measured on a regular monitoring basis [N=71]



## THE DISSEMINATION OF P/P

The results of the implementation process are/have been communicated to decision makers and stakeholders [N=68]

The results of the implementation process are/have been communicated to the media and the general public [N=68]





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# Overview of the analysis of open-ended responses



## STRENGTHS AND FACILITATORS OF P/Ps

- **Multisectoral approach** – Integration of health promotion across various sectors, such as education and community, with strong stakeholder involvement.
- **Training and support** – Training for professionals and involvement of various actors in health promotion.
- **Integration and universality** – The policy addresses preventive health with a focus on integration and universality of services.
- **Health promotion** – Emphasis on prevention and health promotion, supporting a wide range of interventions.



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# Overview of the analysis of open-ended responses



## WEAKNESSES AND BARRIERS OF P/Ps

- **Participation and resources** – Difficulties in maintaining high participation and limitations in financial and human resources.
- **Cultural sensitivity** – Lack of cultural sensitivity may affect the acceptance and effectiveness of preventive measures.
- **Resource shortages** – Limitations in human and financial resources hinder program effectiveness. The shortage of personnel and lack of investment in primary health care are major issues.
- **Implementation and motivation** – Dependence on motivated individuals and difficulties in maintaining long-term engagement may compromise outcomes.



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# Conclusion and key messages

Most European **policies and programs**, especially in healthcare, are **variable and context-dependent**, with an emerging cross-sectoral trend linking health, education, and social sectors.

**Better alignment between policy and implementation**, along with improved monitoring, evaluation, and stakeholder communication, **is essential but currently underdeveloped**.

The study emphasizes the **importance of aligning policy formulation and implementation** to increase the effectiveness of EU children's health policies and programs.

By identifying successful practices and local challenges, such as limited resources and inadequate communication, **the study provides practical insights to enhance program implementation and community-level impact**.



The **identification of gaps in the policies and programs** then **supported the development of the Delphi process and of the Policy Brief**, which are part of the activities of the Joint Action Health4EUKids.



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# Thank you all for your participation!



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CENTRO NAZIONALE  
**PREVENZIONE DELLE MALATTIE  
E PROMOZIONE DELLA SALUTE**



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