



## **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 1.2 - Health4EUkids: Overview of the context for supporting Best Practice implementation

Unit 1.2.1 - “Data overview from EU survey on policies and programs on childhood obesity and responsive parenthood”

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### **Slide 1 & 2**

Good morning, everyone. I'm Vincenza Di Stefano, from the Italian National Institute of Health. Today, I will present a data overview from the EU survey on policies and programs on childhood obesity and responsive parenthood in the context of the Joint Action Health4EUKids. This survey was conducted by the Italian National Institute of Health, as part of the activities of Work Package 4 “Transferability and sustainability”, which it coordinates for Italy.

### **Slide 3 - Background**

As we unfortunately know, overweight and obesity are growing public health challenges worldwide, especially among children. Their prevalence has been increasing, with serious health consequences, linked to increased risks of cardiovascular disease, type 2 diabetes, and cancers. This urgent issue calls for coordinated action across countries to ensure a healthier future for the next generations.

This survey aimed to describe the state of the art of policies and programs on obesity prevention for children aged 0-12, health promotion and responsive parenthood in EU.

We conducted a cross-sectional study using an online survey, as part of Health4EUKids JA activities, which took place from October to December 2023 and it involved all EU JA Member States. One or more respondents answered the survey for each country.

### **Slide 4 - Results (1)**

Here, in this slide, we can see an overview of the EU policies and programs (P/P) collected. The survey collected information about 79 P/P from 12 Member Countries involved in the JA: Belgium, Croatia, Finland, Greece, Hungary, Italy, Lithuania, Malta, Poland, Portugal, Slovenia, and Spain. The data collected covers both national and sub-national levels. The level of P/P described has been predominantly national (69.3%).

### **Slide 5 - Results (2)**

The main sectors covered by P/P are Healthcare, followed by the Educational and Social sectors, with a target focusing on children aged 6-11 years (78,1%) group.

The settings of P/P included *Primary school* (65.8%); followed by *Community* (63 %); *Secondary school* (58.9%); *Community Health Service* (56.2%); *Pre-school* (52.1%); *Municipalities* (32.9%); *Hospitals* (32.9%); and *Workplace* (24.7%).

We have some missing data for some reasons such as: respondents might have forgotten to include it, some policies could be under review or being written, the respondents don't know about those specific policies.

### **Slide 6 - Results (3)**

Here, we can see that the P/P are characterized by different degrees of innovation, controversy, transferability, and sustainability, although the structural or systemic impact, equity dimension, and public visibility appear to be lower among other characteristics.

### **Slide 7 - Results (4)**

The formulation and design of P/P included problem analysis (69.6 %), based on national or local data and based on stakeholder consultation.

Regarding the types of stakeholders involved in the planning process, the primary stakeholders involved include scientific societies (29.9%), followed by community associations (14.9%), the general public (13%), third sector (10.4%), and NGOs (9.1%).

About 22.7% reported *Other stakeholders involved in the comments*, such as school and educational stakeholders, food producers or the agriculture sector, politicians, or independent experts.

### **Slide 8 - Results (5)**

An overview of the implementation characteristics of the P/P collected is shown here.

As for implementation, most P/P are implemented upon release, but recommended action and allocated human resources are not fully adequate.

### **Slide 9 - Results (6)**

Regarding monitoring and evaluation of P/P were defined by a set of outcomes, standards and indicators (67.6%), which are measured on a regular monitoring basis (52.2%).

Regarding the dissemination of policies and programs collected, the results of the implementation process are communicated to decision-makers and stakeholders in 42.7% of cases; they are communicated through the media and to the general population in 36.8%.

### **Slide 10 - Overview of the analysis of open-ended responses**

Finally, in the survey, we also asked, through open-ended questions, to identify the strengths and facilitators and the weaknesses and barriers of the policies and programs.

Regarding the strengths and facilitators, the policies are supported by evidence and integrated approaches to health promotion. Key strengths include collaboration among specialists and the inclusion of comprehensive health aspects like physical activity and mental well-being. Integration across sectors and quality professional training further enhance the effectiveness of these programs.

### **Slide 11 - Overview of the analysis of open-ended responses**

Regarding the weaknesses and barriers, the main weaknesses include limited resources and financial constraints, which reduce the programs' effectiveness and sustainability. Other barriers include insufficient data updates, lack of regional implementation, and low cultural sensitivity. Success often depends on motivated individuals, making long-term engagement challenging.

### **Slide 12 - Conclusion and key messages**

To conclude, most P/P, especially in healthcare, are variable and context-dependent. It is necessary to align the policies with the implementation, in all its aspects, and to reinforce monitoring, evaluation, and communication with the relevant stakeholders.

Additionally, the study emphasizes the importance of aligning policy formulation and implementation to increase the effectiveness of EU children's health policies and programs. So, what was the next step of this study? 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.

**Slide 13 - Thank you all for your participations!**

Thank you all for your participation! Bye.