

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

Module 2 - Grünau Moves: a Best Practice to promote health and prevent obesity in children

Session 2.3 - Grünau Moves: Conducting the needs assessment and health assets map

Unit 2.3.1 – Case B “Participatory tools and methods – Living Healthy Tool”

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Slide 1

So, welcome to Module 2. Grünau Moves: a Best Practice to promote health and prevent obesity in children.

Slide 2

I am Carolina Muñoz, the chief of the Healthy Lifestyle service in the Public health department in the Spanish region of Galicia. And we will talk about participatory tools and methods for conducting the needs assessment and health assets map.

Slide 3 - Social determinants of health

We will firstly talk about why is the environment important for health. If you can see in this rainbow model of the determinants of health, you can see that we have a predisposition for develop some kind of illness due to our age, sex and constitutional factors. But we also have in the next lawyers that we have individual lifestyles and also other factors like general socio-economical and cultural environment and conditions that can determine our way of life. So, let's say that the postal code where we leave is more important than the genetic code that we have. That's why our community-based approaches were relevant to health promotion and child obesity prevention because changing this environment, this obesogenic environment, we can change their quality of life and prevent this obesity.

Slide 4 - Joint Action steps: conducting a participatory needs assessment

If we follow the steps of the project, we can see, in a Step 0, that we decided the area of intervention. Then we start with a core group and a Health Network, and the second step is to conduct a participatory needs assessment of the obesogenic environment and map health assets. This is the step in which we are going to talk about the Living Healthy Tool. After the results of that map, we co-designed and prioritized the actions to this specific area.

Slide 5 - Joint Action steps: conducting a participatory needs assessment

In this Step 2 for conducting these participatory needs assessment, we had to answer questions such as: What are the challenges and needs from the Community's perspective? and What are the most relevant determinants? Which determinants can be changed? Those

that we were talking about at the very beginning. And within the steps included in this second step, we're going to talk about in this video about the fourth one, that is the Living Healthy Tool.

Slide 6 - Step 2 needs assessment: The Living Healthy Tool

This tool is divided in 14 determinants of obesogenic environments. Here you can see some of the health environments to which we talk about. We talk about local environments. We talk about family. We talk about school and we talk about sedentary behaviours, emotional well-being and healthy sleep, which are risk factors for developing obesity. Within this tool you have this list of questions that help you to lead on the group the conversation, and make discussion prompts and make a participatory, qualitative, and quantitative analysis of the area of intervention. This tool was developed for adults and also for children. In the case of adults, you could evaluate and rate these items from 1 to 10. However, in the children version you could evaluate and write in these different items from 1 to 5 because it was easier for them to follow. Like this we can consider the risk and protective factors for overweight and obesity from a Community perspective, not an individual one. That is the reason why this tool has to be managed in a group of minimum 10 people. So, you make sure that everybody shows their opinion and is assured the discussion within the group. Like these, we identified strengths and also areas for improvement in this area of intervention. And in conclusion, we obtained some action plan tailored to the population's reality, because we are participating with a representative group of this population.

Slide 7 - Living Healthy Tool: health network evaluation

Here we can see the results of the Health Network evaluation. You have different groups in which you can see the different people that was participating from Youth associations to Galician Health Promotional Network, and also NGOs, Public Health General Directorate. Many people that were part of the community that participated in four different groups, in total 21 Ponteareas citizens representatives. Ponteareas is the area of intervention in which we participated. But after these there was required a discussion to obtain one specific evaluation that we will see later.

Slide 8 - Living Healthy Tool: school evaluation

This was in the other case the result from the evaluation in schools. As you can see in the design you have different faces for the children to choose in which one they rate each item that we were talking about before. Here you have the 5 schools that worked with us and we obtained 161 participants from different classrooms. You can see also that these five groups have different approaches, but at the end a common decision that we will see in the next graphics.

Slide 9 - Living Healthy Tool: comparison of results

After discussion you can see in the left part the Health Network evaluation and in the right part the schools network evaluation. They are different because their perspective is different on how the environment can influence on their health, quality of life. However, we have three areas that somehow are similar, and these three areas where the unhealthy food environment, the sedentary behaviours and the primary care and other public services. We can see that they agree in these areas that can be improved.

Slide 10 - Living Healthy Tool: remarks and conclusions

As a result, we can see that for developing this Living Healthy Tool, it was required some time because approximately it takes two hours for rating, to scale and also for discussion of the final decision of the whole group. It is required a person that can manage and lead the group for obtaining the results. And finally, this person or this group of person has to post, analyse and present all the results to the different participating teams. In our case was the Health Network and also each different school. This let us prioritize and decide which actions we were going to develop, and here you can see some examples that we developed regarding our area of

intervention. As we saw, they agree on the unhealthy full environment, we try to training schools about healthy eating and nutritional labelling. We also notice a sedentary behaviours, so we prioritize actions such as active breaks between school's classes to reduce sedentary hours. And we noticed that some public services were not known. So, we decided to make a route to show the children their local resources and services that can improve their health. Finally, taking into account the sedentary behaviour, we also decided to remodelling unused areas to create playgrounds and these were the kind of decisions we could took thanks to this living healthy tool.

Slide 11 - Thank you all for your participations!

Thank you very much for your attention.