

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 2.4 - Grünau Moves: Co-designing a local action program

Unit 2.4.1 – Case A “A Hungarian case study”

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Slide 1 & 2

I am Erika Antalné Petrovics, the headmistress of a school in Jászkarajenő, a village in Hungary. Jászkarajenő is located about 100 km from Budapest. In our school, the Széchenyi István Elementary School in Jászkarajenő, students are educated from 6 to 14 years old. We currently have 170 pupils. It was a great pleasure for me when I was contacted by the staff of the National Public Health Centre, which coordinates and implements the Health4EUKids program. It was a great honour for us to be part of this program.

Slide 3 - Co-design a Local Action Program

Shortly after learning about the project, we completed the situation analysis at the end of January 2024. For this occasion, we invited the key players in our municipality who would otherwise be able to help us with health education issues. The meeting was attended by the general practitioners, the nurses, three members of the board of education and the president of the parents' association. In the spring of 2024, after evaluating the questionnaire, the same team of experts started to plan the interventions and set targets. Based on the situation analysis, the available infrastructure was considered adequate, but it was also considered that active exercise, changes in eating habits and education of parents were essential for this project to be effective.

Slide 4 - Co-design a Local Action Program

We were also curious about the needs expressed by parents and children, so we launched a poll on the school's social networking site, Facebook. We asked what knowledge they had about childhood diabetes? Do they think awareness programs are necessary and what physical activity programs they would like to join. The target group was students aged 10-14 years old and their parents, about 150 people. More than 50% of the respondents answered the questions asked. The highest votes were given to joint family events, educational programs and hiking. At the same time, we also contacted businesses and associations in the municipality that could be involved to increase sporting activity. Fortunately, they were all keen to support the initiative. Finally, based on the results of the situation analysis, the Facebook survey, the local potential and the opinion of the expert group, we identified the interventions.

Slide 5 - Local Action Program: case study

For school interventions, our main objectives were:

- to reduce the import of high-sugar drinks,
- making the school canteen healthier,
- familiarising pupils with healthy foods,
- developing a healthy body image and lifestyle,
- promoting and implementing recreational programs to increase sporting activity.

Intervention points for the parent community were:

- providing joint activities for parents and their children, or what we called the healthy family challenge,
- educating parents about the dangers of childhood obesity and diabetes,
- increasing communication activities on health education,
- raising awareness of local sporting opportunities.

Slide 6 - Local Action Program: case study

Supporting factors were taken into account when designing the program. For example, the school's existing health education program, which already had a health education week every November, was very popular with the students. We have found many supportive professionals who have helped us with the educational activities. We have made a special effort to involve our former students in the outreach activities, as many of them are now in health careers. As a barrier, we considered whether the funding would be sufficient for the activities, and also how motivated parents would be. Sometimes motivating senior students can also be a barrier, so we devised a competition to collect points. All activities were scored and at the end the absolute winner received the title of Health4EUKids Champion, a trophy and the chance to wear a blue t-shirt with the program logo. Once we had formulated the main objectives and the interventions, we planned the activities on a monthly basis from September 2024 until the end of the school year. For each program, we have assigned responsibilities, drawn up a communication plan and planned the costs. This was summarised in an Excel spreadsheet and shared with the faculty members, the student council and the project participants. Teachers studied the plan sent out by email beforehand and finalised the program at the opening meeting. The teacher in charge of the student council shared it with the class representatives during the first days of the school year and the students were able to make suggestions. Before finalisation, the school's parents' organisation also gave their opinion on the program in a face-to-face meeting. This was attended by 2-3 parents from each class.

Slide 7 - Thank you all for your participations!