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Your Kids' Health, Our Priority

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

Module 3

Smart Family: a Best Practice to support and empower families in promoting well-being and healthy lifestyle



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

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Unit 3.2.1

Pre-implementation phase of Smart Family “Baseline situation by using SWOT and Scope analysis - experiences from Greece”

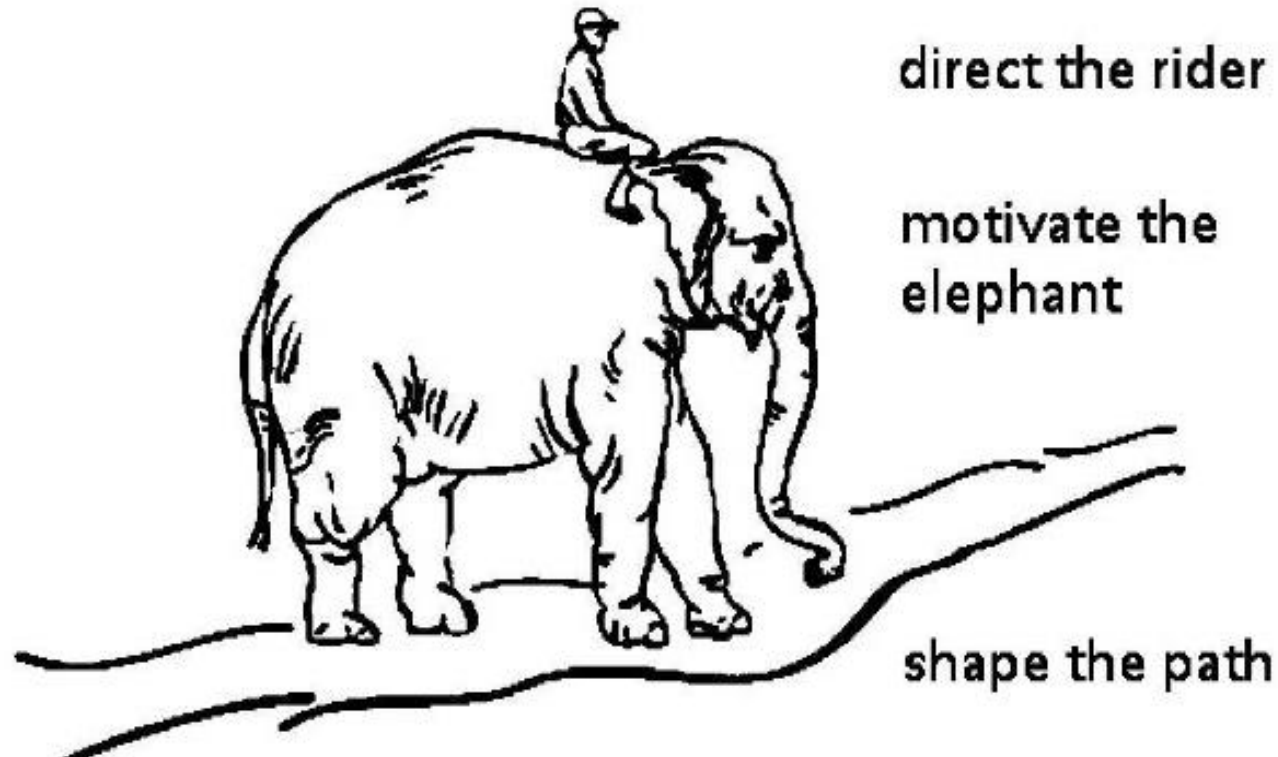
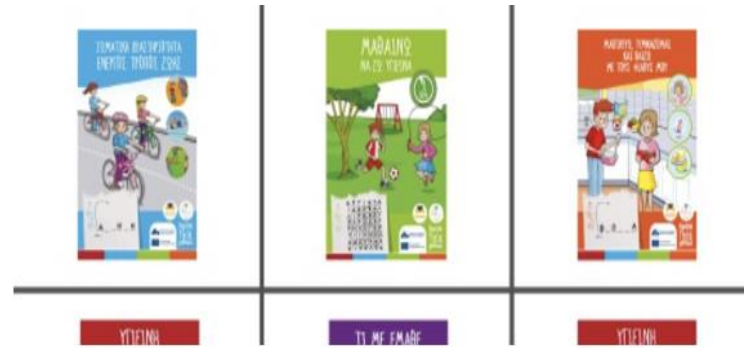
Emmanuella Magriplis

**Laboratory of Dietetics & Quality of Life,
Agricultural University of Athens**



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ΚΕΝΤΡΟ ΕΠΙΜΟΡΦΩΣΗΣ & ΔΙΑ ΒΙΟΥ ΜΑΘΗΣΗΣ •
EDUCATIONAL CENTER FOR LIFE LONG LEARNING



ΘΕΜΑΤΙΚΟ ΠΕΔΙΟ

ΕΚΠΑΙΔΕΥΣΗ, ΥΓΕΙΑ ΚΑΙ ΠΡΟΝΟΙΑ

ΤΙΤΛΟΣ ΠΡΟΓΡΑΜΜΑΤΟΣ

ΠΡΟΛΗΨΗ ΠΑΙΔΙΚΗΣ ΠΑΧΥΣΑΡΚΙΑΣ-ΕΦΑΡΜΟΓΗ ΒΕΛΤΙΣΤΩΝ

ΠΡΑΚΤΙΚΩΝ



Ακαδημαϊκοί Υπεύθυνοι:

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Ειμανουέλα Μαργαλιά, Αναπληρώτρια Καθηγήτρια, ΓΠΑ

Πάτρα, Δεκέμβριος 2024

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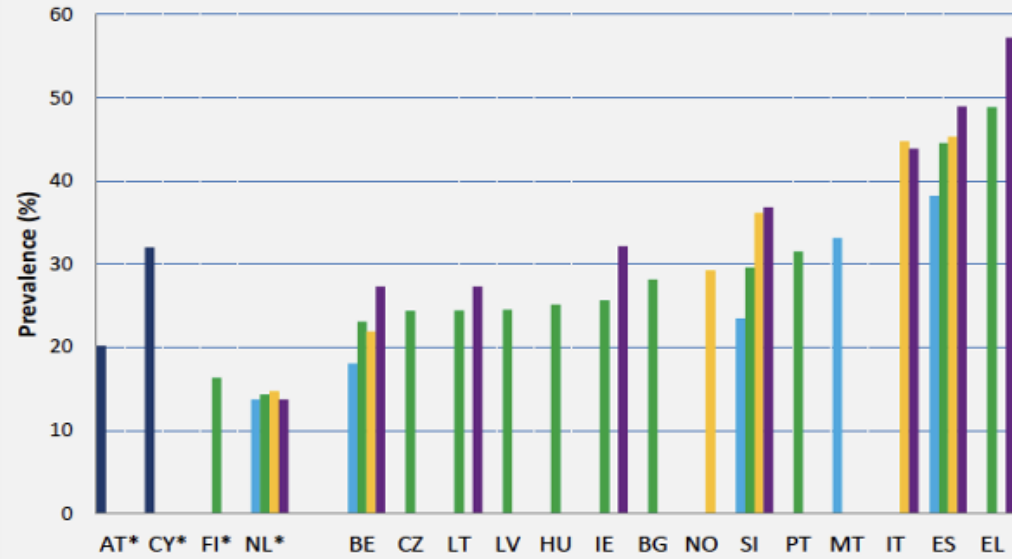
Smart Family Study in Greece: Two fronts

Modify health care professional intervention approach - family approach from general treatment to personalized in the area of Patras (pilot area) and adapt methodology for the remaining 6th Health ADM region

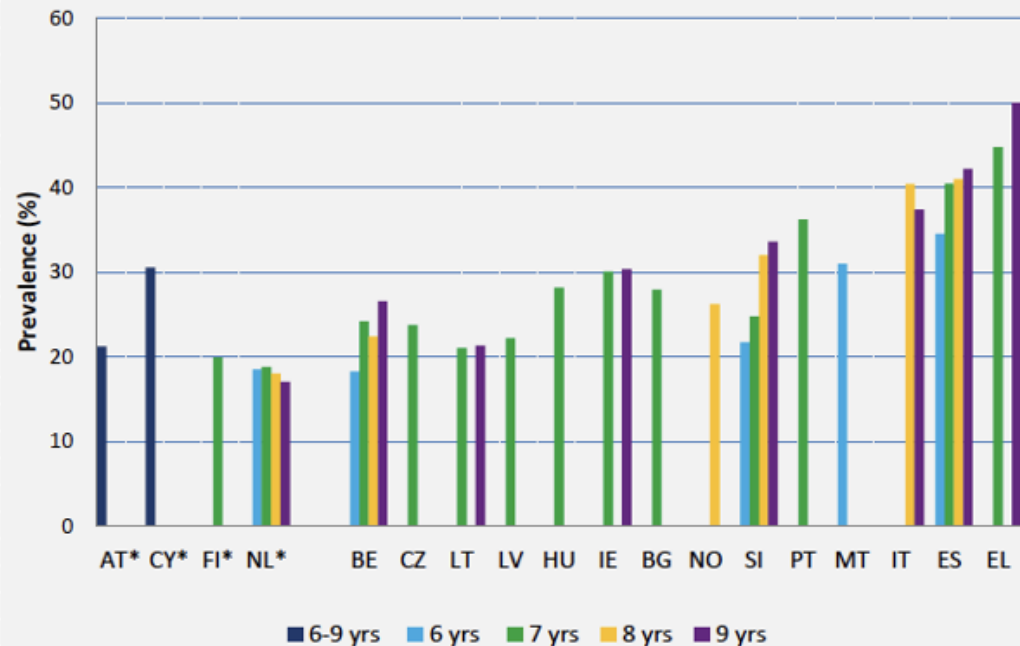
Increase Breast Feeding (BF) duration by providing knowledge & skills to women (in gestation)



2009/2010: Boys

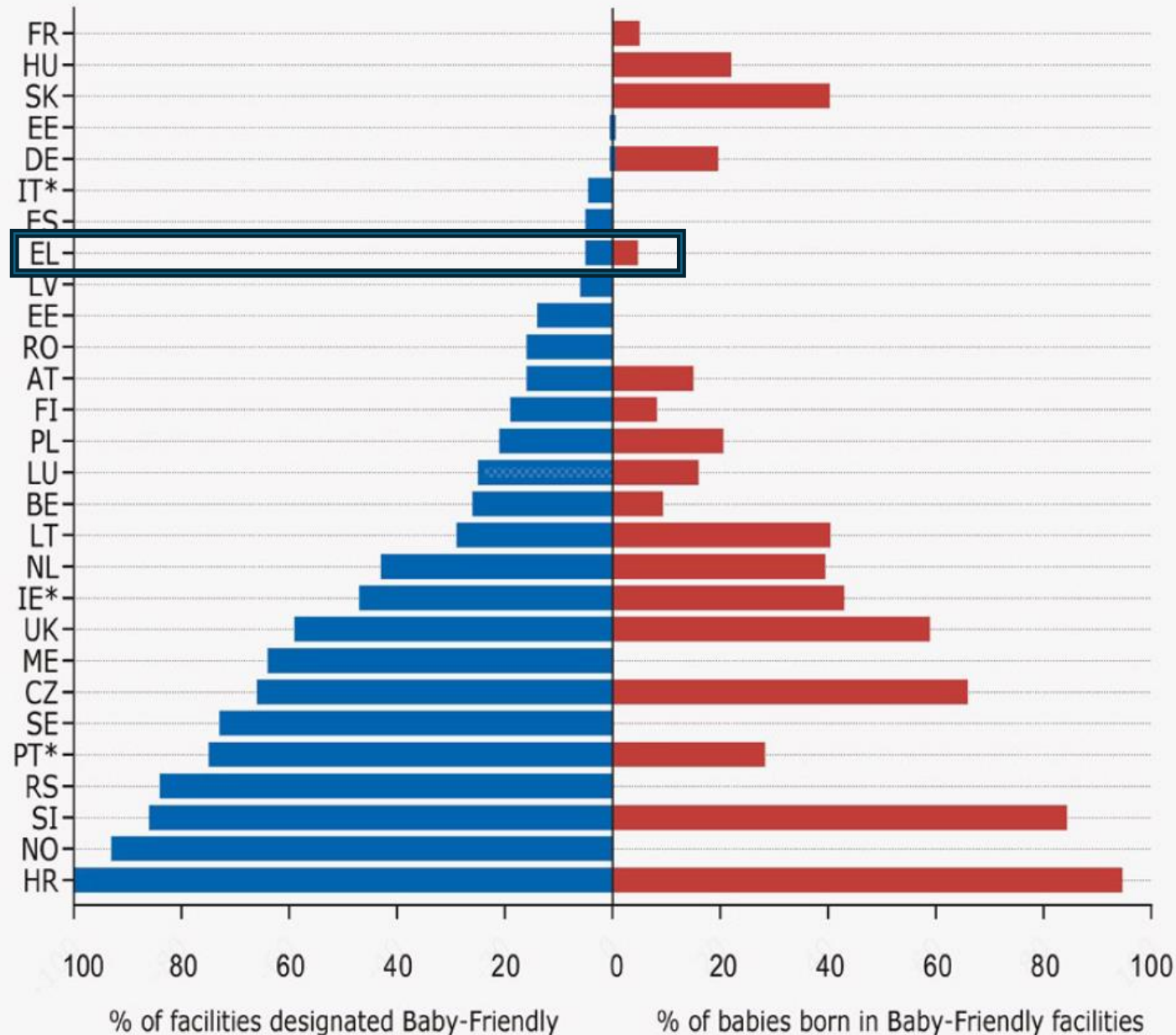


2009/2010: Girls



Smart Family Study in Greece: Two fronts

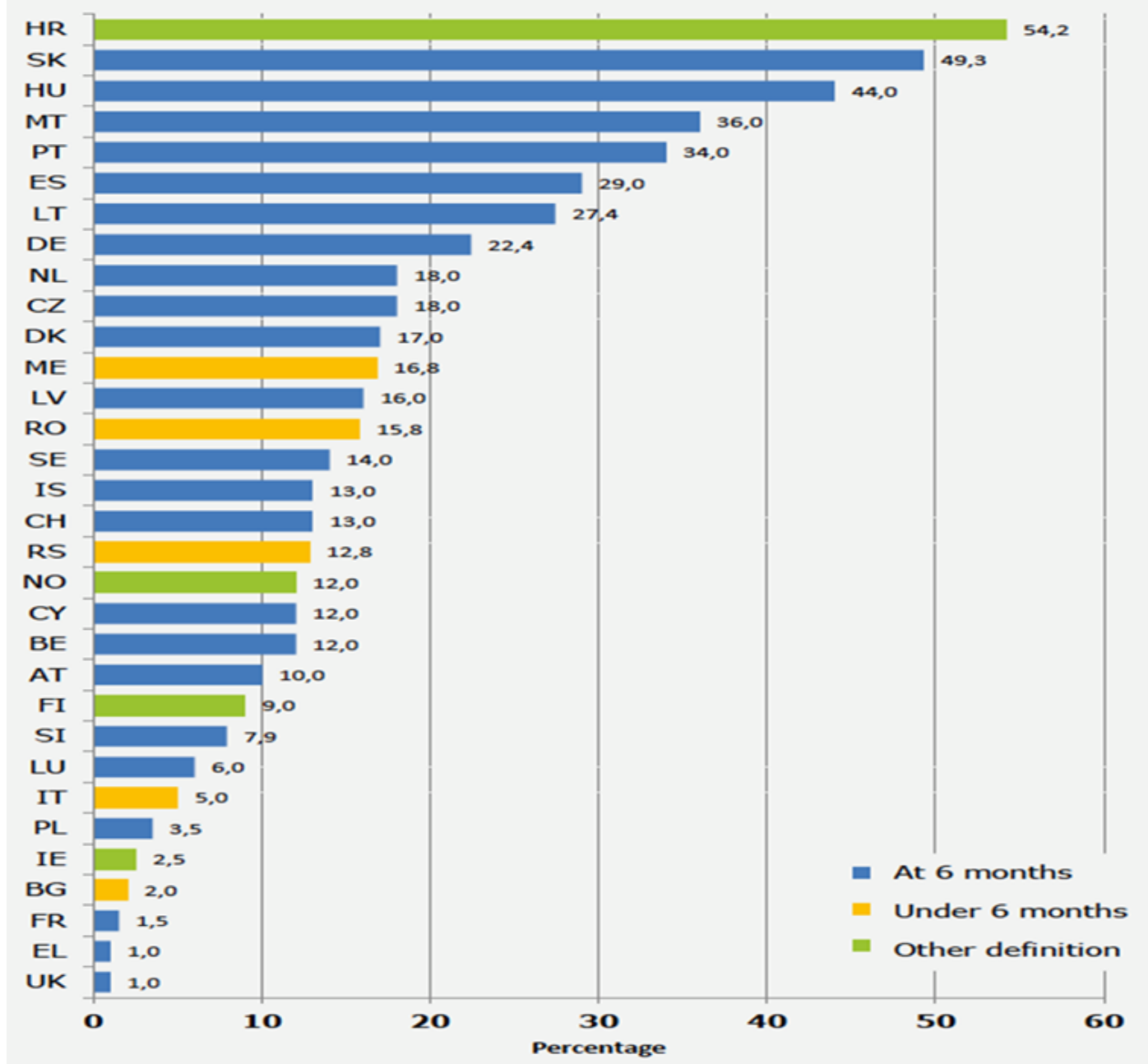
Supporting the mid-term evaluation of the EU Action Plan on Childhood Obesity (2014-2020), Report by EPHORT consortium 2018



Baby Friendly

Percentage hospitals and maternities designated as baby friendly according to the Baby Friendly Hospital Initiative (left) and the percentage of babies born in such facilities (right). Situation in 2016 (38). Empty lines represent missing data.

** Data on % of facilities designated obtained from experts (for IT and PT).*

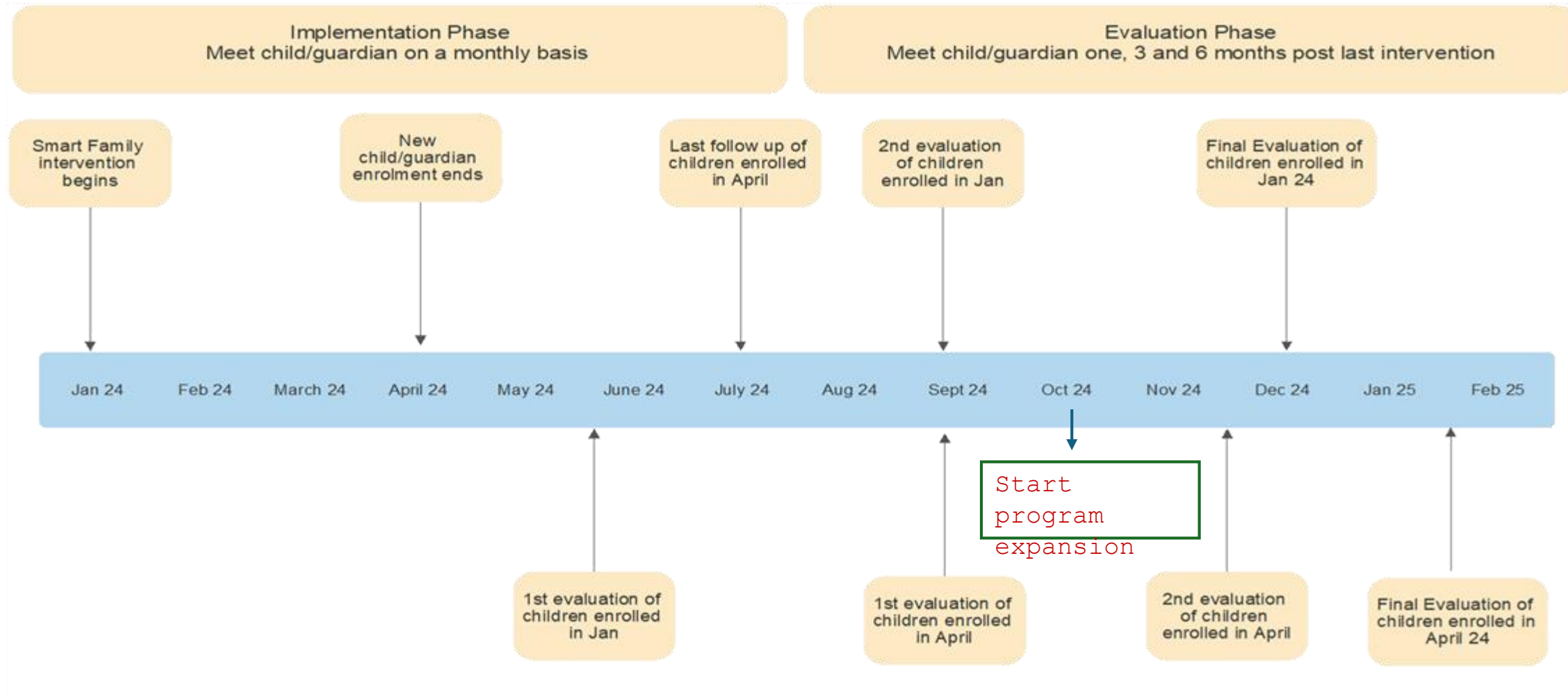


Exclusive Breast Feeding

Percentage of children exclusively breastfed in 28 EU Member States, plus Montenegro, Norway, Iceland, Serbia, and Switzerland.



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Children & Guardians (2-12 years old)



Trained	Active	Total children/families enrolled	%goal achieved as per primary aim (at least 200)	self evaluation questionnair es returned	% Response rate
47	7	41	20.5	15	31.9

Children & Guardians
(2-12 years old)



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2nd cycle commencement of Greek Smart Family

Adjust training
based on feedback
from the pilot
phase



Train health care
professionals in the
greater area of 6th
Health ADM



Adapt material &
tools for parents
based on
preliminary results

July 24

Sept - Dec 24

End of pilot Program

Initiate program to the remaining 6th ADM health paediatricians
with modifications based on primary feedback & target specific area
via school



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SWOT Modifications: Pre-Pilot vs Post-Pilot

SWOT Analysis

Key Shifts in SWOT Perspective

From theory to evidence: Concrete data replaces conceptual benefits

From general to specific: Measurable outcomes vs. broad goals

From potential to pathways: Clear expansion opportunities identified

From assumptions to barriers: Real implementation challenges revealed

From hopeful to realistic: Better understanding of participant engagement

From planning to improvement: Specific areas for program enhancement

From Theory to Evidence: SWOT Evolution

- **Pre-pilot:** Conceptual planning and theoretical benefits
- **Post-pilot:** Evidence-based assessment with concrete metrics
- **Key learning:** Implementation reveals new insights in all quadrants



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SWOT Modifications: Pre-Pilot vs Post-Pilot

SWOT Analysis - comparing Strengths

Pre-Pilot Strengths

- Comprehensive approach targeting multiple populations
- Focus on vulnerable groups in lower socioeconomic areas
- Multi-pronged objectives (breastfeeding, lifestyle, weight)
- Educational components for practitioners and parents

Post-Pilot Strengths

- **Evidence-based results:** 83.3% EBF rates at 1 month despite 72.2% C-section rate
- **Academic output:** Generated abstracts for scientific conferences
- **Clear success metrics:** BF rates, family competence scores
- **Validated tools:** HCCQ shows high scores (6.8-6.9/7) for practitioner approach
- **Smart Family Health Card:** Families can select behaviors to address
- **Multi-disciplinary engagement:** Pediatricians, dietitians, social counsellors, nurses

SWOT Modifications: Pre-Pilot vs Post-Pilot

SWOT Analysis - comparing Opportunities

Pre-Pilot Opportunities

- Policy support potential for child health initiatives
- Potential partnerships with hospitals and nurseries
- Technological advancement opportunities
- Research and development potential

Post-Pilot Opportunities

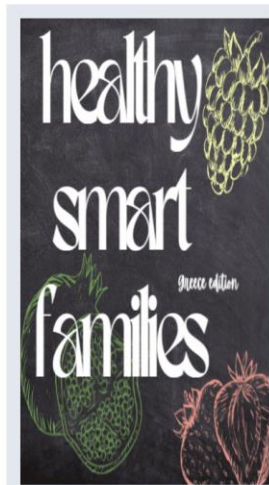
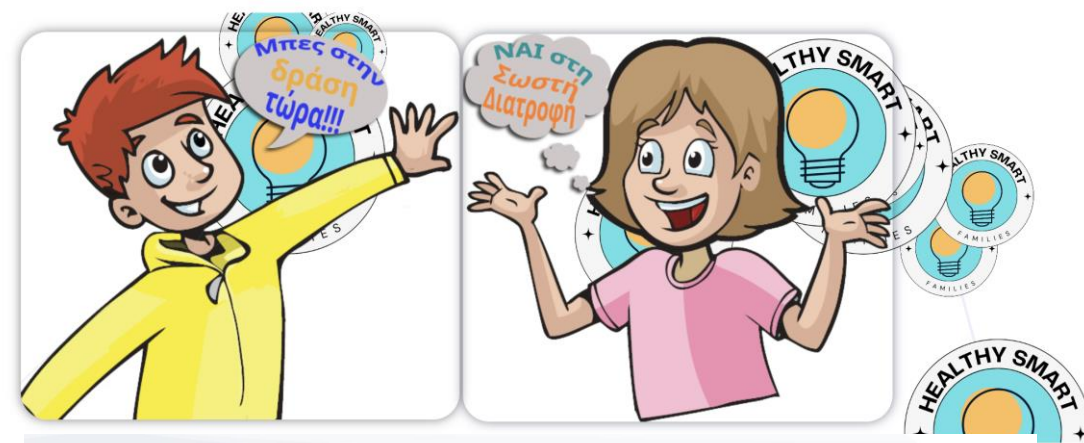
- **Publication potential:** Promising results for peer-reviewed publications
- **EU-wide implementation:** Part of European Joint Action Program
- **Protocol integration:** Methods could become standard pediatric protocols
- **Digital expansion:** Program adaptable for broader digital delivery
- **Educational standardization:** Training system for healthcare continuing education
- **Collaborative foundation:** University, hospital, and regional health authorities
- **Planned follow-up studies:** 3 and 6-month assessments for sustainability insights

SWOT Modifications: Pre-Pilot vs Post-Pilot SWOT Analysis – comparing Weaknesses & Challenges

Newly Identified Weaknesses

- Only 29% of trained health professionals actively participated
- 19.5% attrition rate in breastfeeding study
- PCS scores show higher variability in long-term maintenance
- Implementation barriers: time, personnel, and material limitations
- Voluntary participation bias toward motivated participants
- Limited geographic scope (Patras area only)
- Current focus on short-term outcomes

Greek Smart Family Website



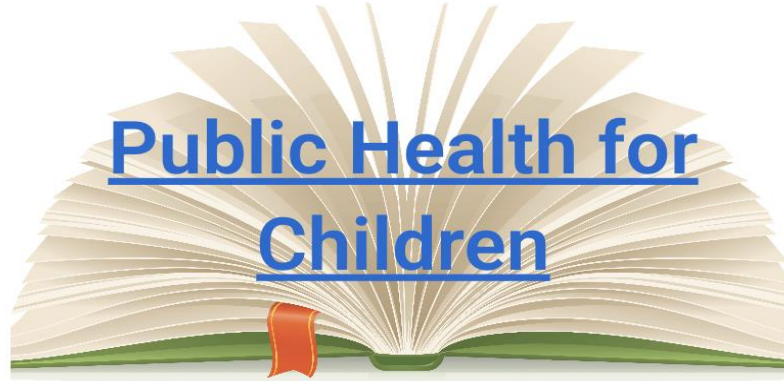


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Public Health for Children



Δ Ι Α Τ Ρ Ο Φ Η





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«Ο Άγιος Ανδρέας»

Μαιευτική-Γυναικολογική Κλινική Γενικού Νοσοκομείου Πατρών
«Ο Άγιος Ανδρέας»



820.000 ζωές παιδιών

σε όλο τον κόσμο θα μπορούσαν να σωθούν ετησίως, με την αύξηση
του ποσοστού του θηλασμού.

- Unicef



Το παρόν φυλλάδιο δημιουργήθηκε στα πλαίσια του Μεταπτυχιακού προγράμματος «Δημόσια Υγεία»
του τμήματος Ιατρικής του Πανεπιστημίου Πατρών από την φοιτήτρια Σχοινά Νεφέλη-Όλγα.

ΑΡΙΣΤΕΙΔΟΥ

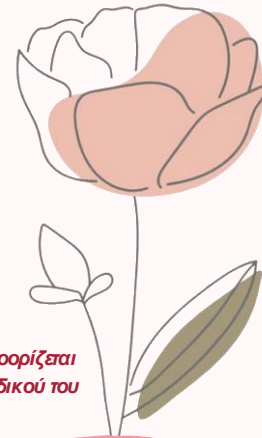
ΒΙΒΛΙΟΧΑΡΤΟΠΟΛΕΙΟ

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<https://www.facebook.com/MaieftikiAgiouAndreaPatron>

Θηλάζω

"I am all my
little one
needs."



Το γάλα κάθε θηλαστικού προορίζεται
για το όργανο επιβίωσης του δικού του
μωρού.

«Ο Θηλασμός είναι ένα δώρο της μητέρας στον εαυτό της, στο
μωρό της και στη γη».
- Πάμελα Γουίγκινς



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Breastfeeding (0+)

548915	Ερωτηματολόγιο Μητρικού Θηλασμού_Πάτρα	2 May 2024	Survey
546629	Breastfeeding 2 weeks postpartum(18 April)	2 May 2024	Survey
548670	Breastfeeding 2 weeks postpartum_online	2 May 2024	Survey
548677	Breastfeeding survey 1 month postpartum_online	2 May 2024	Survey
546643	Breastfeeding survey 1 month postpartum_patras	2 May 2024	Survey
548681	Breastfeeding survey 3 months postpartum_online	2 May 2024	Survey
547411	Breastfeeding survey 3 months postpartum_patras	2 May 2024	Survey
548695	Breastfeeding survey 6 months postpartum_online	2 May 2024	Survey
547412	Breastfeeding survey 6 months postpartum_patras	2 May 2024	Survey
548689	Breastfeeding survey _online	2 May 2024	Survey



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SWOT Modifications: Pre-Pilot vs Post-Pilot SWOT Analysis - Threats & Challenges (Post-Pilot)

Newly Identified Challenges – Health care professionals

- Low practitioner adoption rate (29%) suggests implementation hurdles
- Family confidence variability in long-term maintenance
- Competing public health initiatives for professional attention
- Low completion rates for full intervention cycle
- Limited data across different socioeconomic groups

Newly Identified Challenges – Breastfeeding

- Limited data across different socioeconomic groups
- EU funding dependency without transition to permanent support
- High C-section rate (72.2%) may undermine breastfeeding goals
- Common barriers ("latching on," "insufficient milk") require cultural shifts

In both cases: EU funding dependency without transition to permanent support

The Value of Pilot Implementation

- Revealed concrete strengths backed by evidence
- Identified specific barriers requiring attention
- Highlighted clear pathways for expansion
- Provided realistic view of implementation challenges
- Created foundation for data-driven improvement
- Transformed theoretical benefits into measurable outcomes

Moving Forward

- **Address participation rates:** Target 29% active professional participation
- **Reduce attrition:** Develop strategies for the 19.5% who drop out
- **Strengthen long-term adherence:** Focus on areas with high PCS variability
- **Expand geographic reach:** Move beyond Patras while maintaining quality
- **Develop sustainability plan:** Reduce EU funding dependency
- **Address systemic barriers:** Work with medical community on C-section rates
- **Plan for digital adaptation:** Leverage successful components for broader reach

Program Modifications based on Revised SWOT

Adaptation of Smart Family Methodology following pilot phase:

- Decrease in amount of data to collect and handle
- Decrease content material
- More specific training & tool use.

Continuous Education Program:

- Methodologies on handling children & families with overweight & obesity for health care professionals

Program Modifications based on Revised SWOT

Child Obesity seminar workshop

- A Practical Workshop for Healthcare Professionals: Translating Knowledge into Action/Practice

Data Collection

- Acquired baseline measures throughout 6th Health ADM Region.
- Will follow up in 6 months
- Aim to assess the trend and strengthen the need of new approach

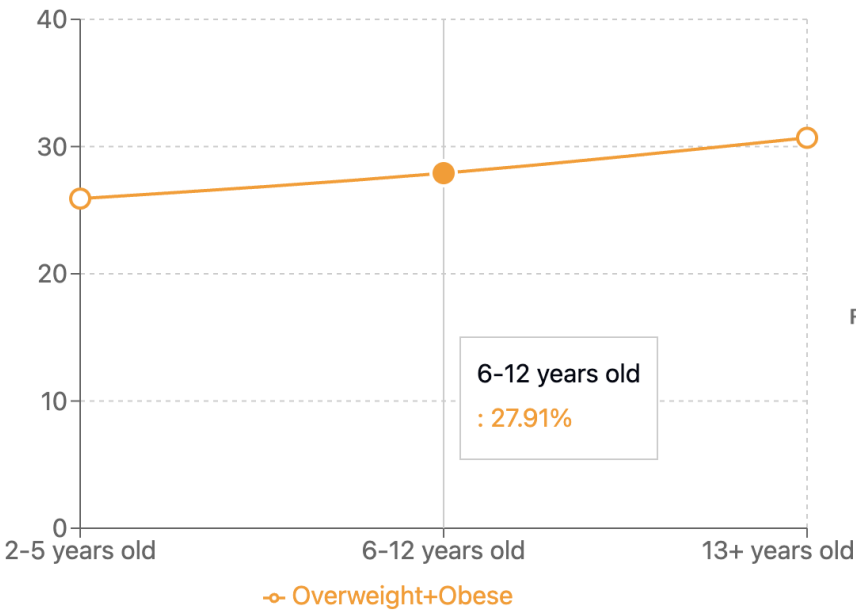


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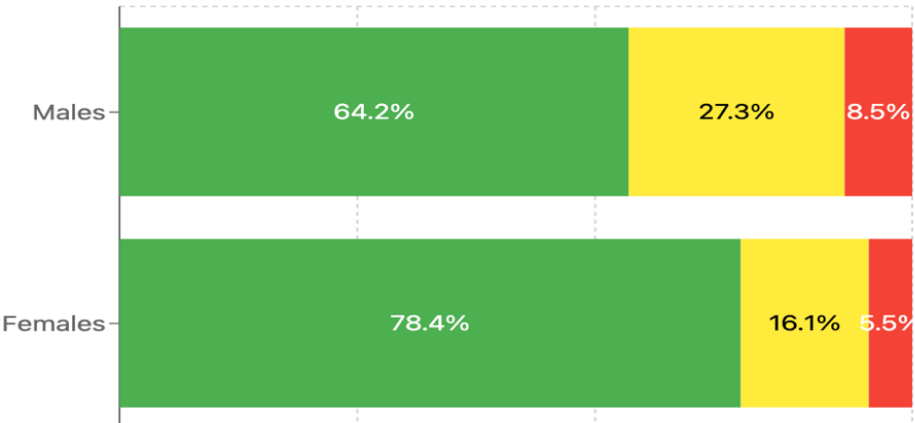
*As per IOTF standards
Mean age (sd)
10.2 (3.8)

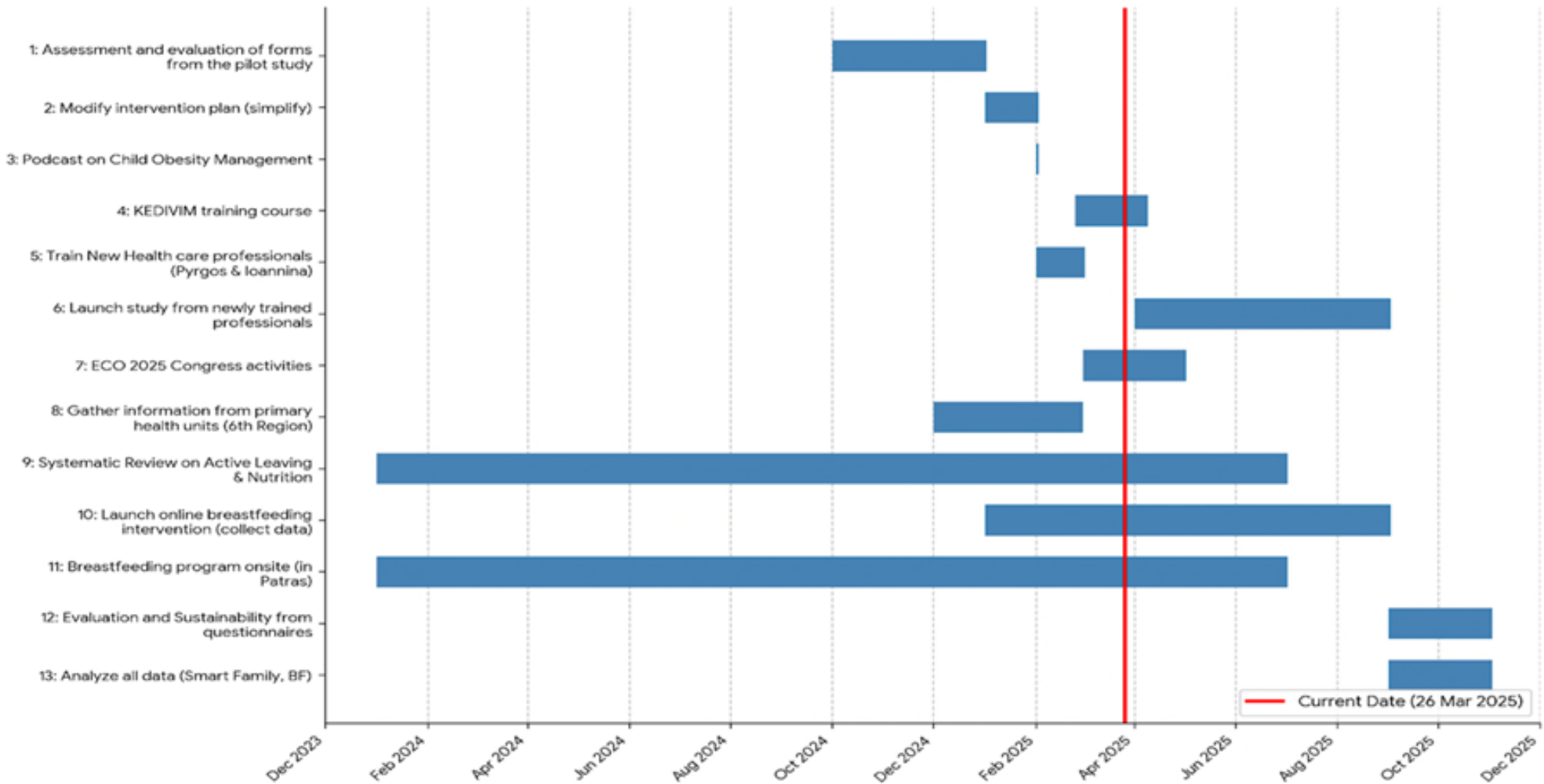
	Age group				
	2-5 year old	6-12 year old	13-18 year old	Total	Test
N	387 (14.1%)	1,424 (52.0%)	928 (33.9%)	2,739	
BMI, mean (sd)	16.2 (4.1)	18.6 (4.3)	22.1 (4.3)	19.5 (4.7)	<0.001
Children's weight status*, N (%)					
	Normal weight	283 (74.1%)	1,023 (72.1%)	639 (69.3%)	1,945 (71.4%)
	With Overweight	86 (22.5%)	297 (20.9%)	205 (22.2%)	588 (21.6%)
	With Obesity	13 (3.4%)	99 (7.0%)	78 (8.5%)	190 (7.0%)

Trend of Overweight and Obese Children by Age Group (%)



Weight Distribution by Gender (%)





Smart Family Timeframe (Gantt Chart)



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General Recommendation

Program Design & Participant Engagement

- Simplify data collection and reduce content material burden
- Address the 19.5% attrition rate with targeted retention strategies
- Focus interventions on areas with high PCS variability
- Develop family-specific support for common barriers
- Create more accessible formats for different socioeconomic groups
- Refine methodology based on implementation feedback
- Develop school-based implementation approaches

Healthcare System & Professional Integration

- Develop sustainability plans to reduce EU funding dependency
- Improve healthcare professional participation beyond current 29% rate
- Create standardized protocols and continuing education programs
- Address systemic barriers like high C-section rates (72.2%)
- Expand methodology throughout the 6th Health ADM region



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Thank you all for your participation!



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**UNIVERSITY OF
PATRAS**
ΠΑΝΕΠΙΣΤΗΜΙΟ ΠΑΤΡΩΝ

MINISTRY OF HEALTH



ADMINISTRATION OF 6TH HEALTH REGION

Peloponnese Ionian Islands Epirus & Western Greece



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