



HEALTH4EUkids

Your Kids' Health, Our Priority

WP4 in-person Meeting

PRE-CONFERENCE - 17th EUPHA Conference 2024

12 November 2024 – Lisbon, Portugal



Data overview from EU survey on policies and programs on childhood obesity and responsive parenthood in the context of the Joint Action Health4EUKids

Vincenza Di Stefano

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

vincenza.distefano@iss.it



**NATIONAL CENTRE
DISEASE PREVENTION
AND HEALTH PROMOTION**

Italian WP4 Group:

WP4 leaders – Angela Giusti and Chiara Cattaneo

ISS Working Group – Vittorio Palermo, Paola Scardetta, Francesca Zambri, Annachiara Di Nolfi,

Arianna Dittami, Gabriella Martelli, Eva Appelgren, Sabrina Sipone, Roberta D'Angelo.



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Background

Overweight and obesity prevalence are a global public health challenge¹, especially among children². The prevalence is rapidly increasing, with significant health risks such as cardiovascular disease, type 2 diabetes, and cancer³.

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



August-December 2023



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

¹ 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.

² 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

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



Results (1)

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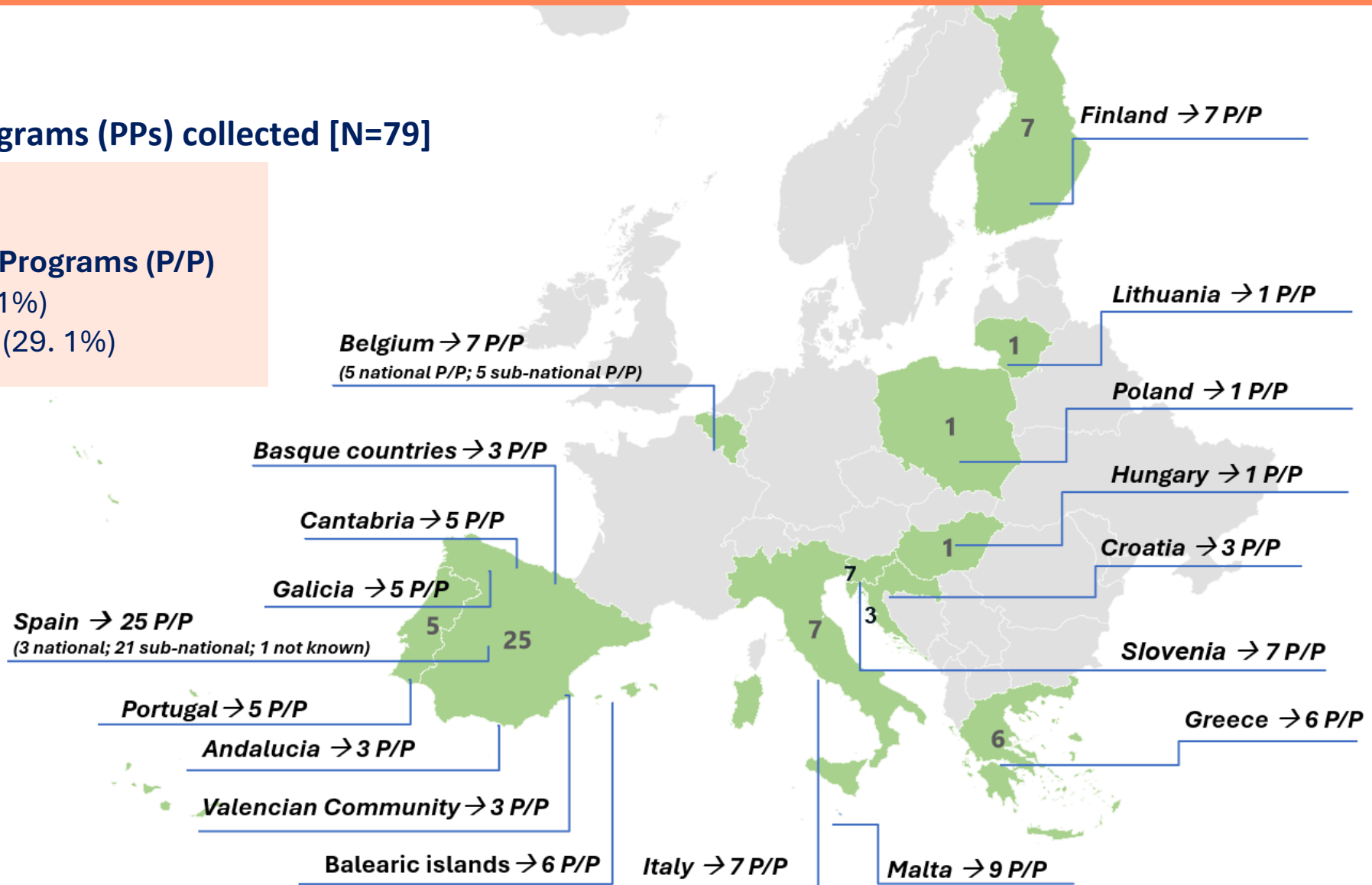
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EU Policies and Programs (PPs) collected [N=79]

→ 12 MS of JA

→ 79 Policies and Programs (P/P)

- National (67.1%)
- Sub-national (29.1%)



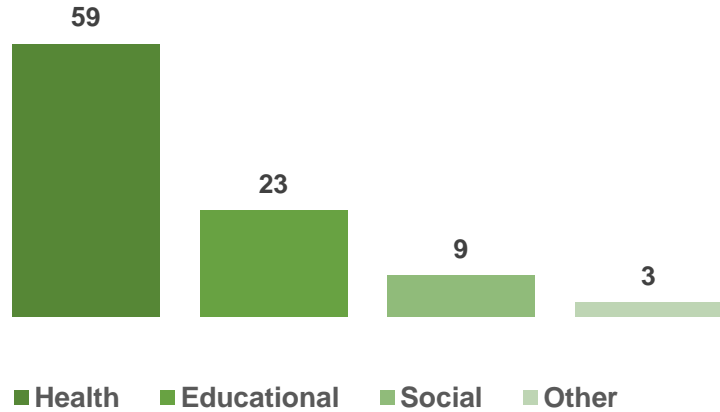


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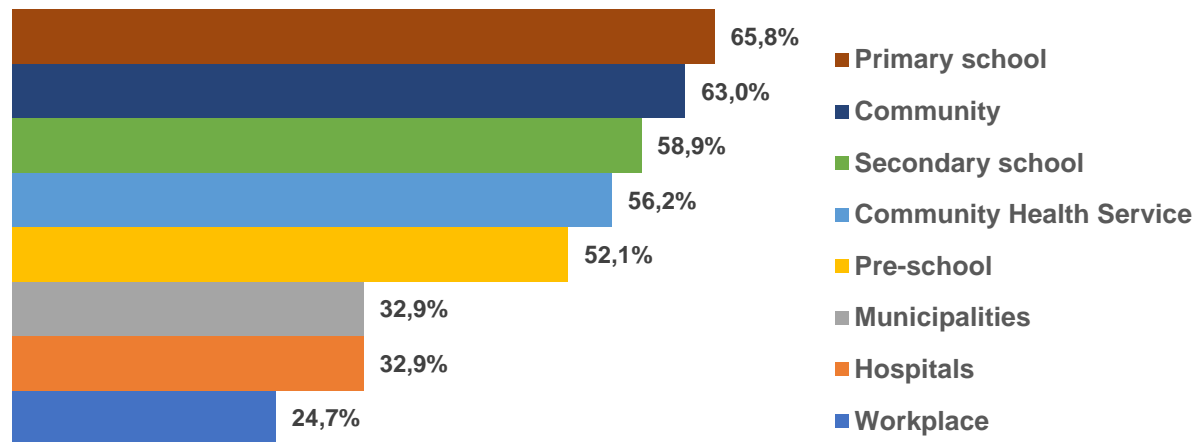
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Results (2)

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 |

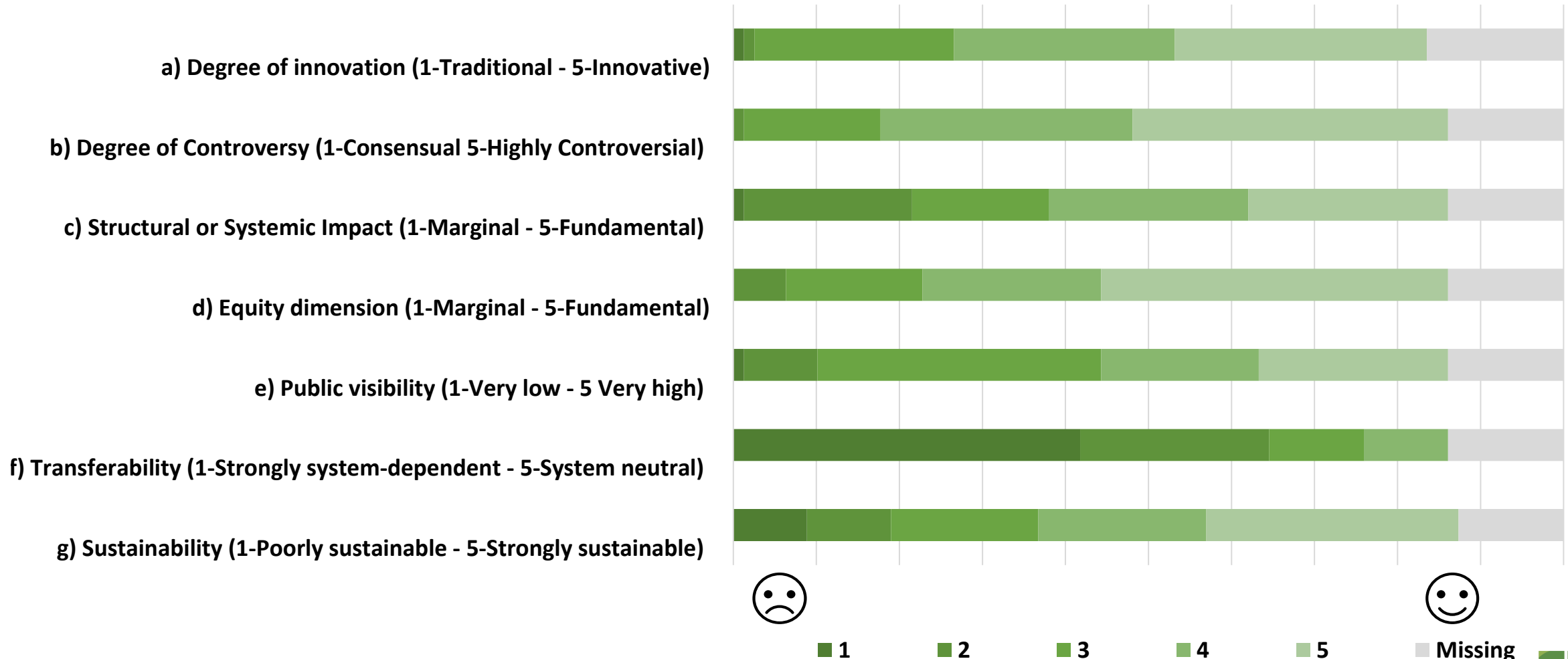


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Results (3)

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

P/P characteristics [N = 79]



■ 1

■ 2

■ 3

■ 4

■ 5

■ Missing

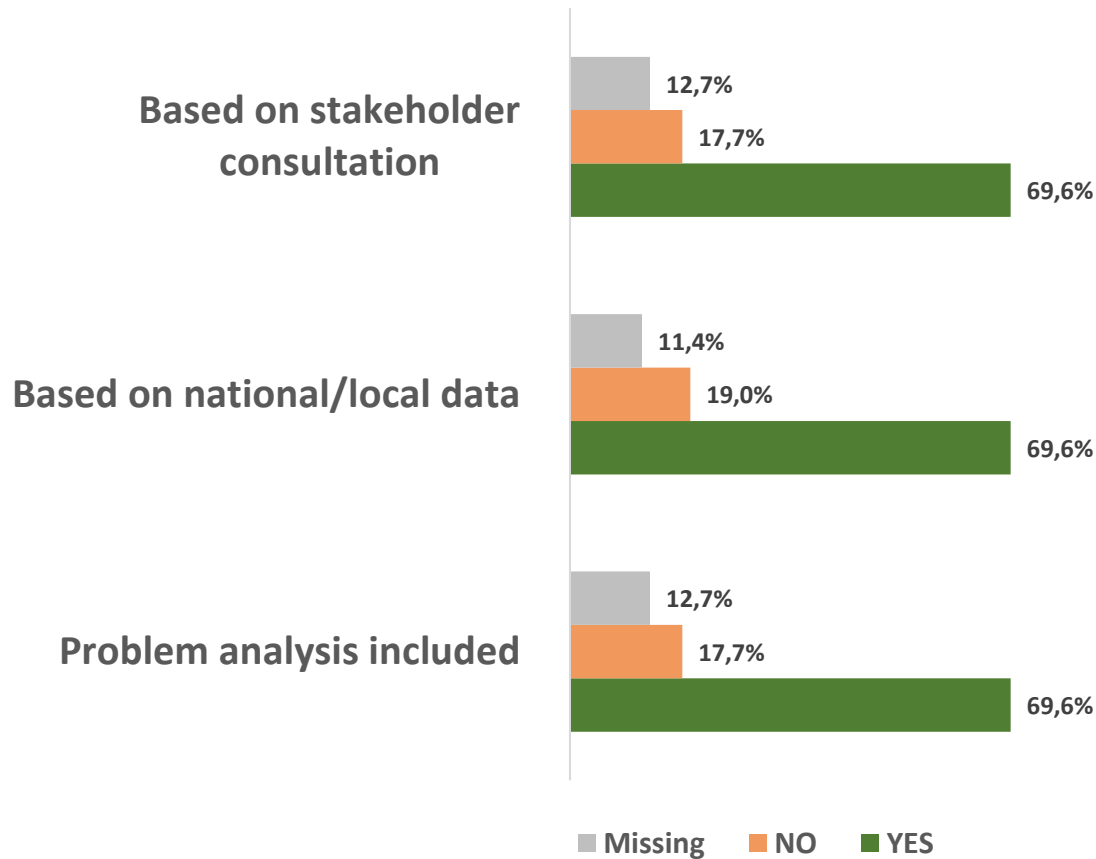


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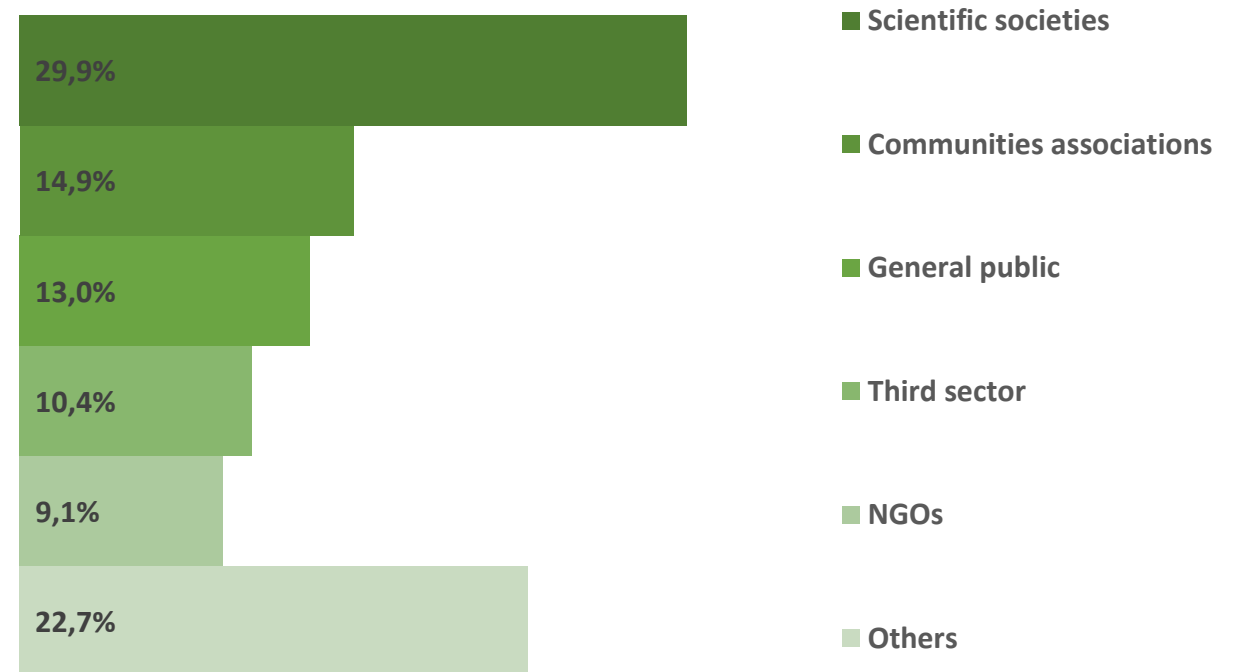
Results (4)

FORMULATION/DESIGN OF P/P

Formulation/design of P/P



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



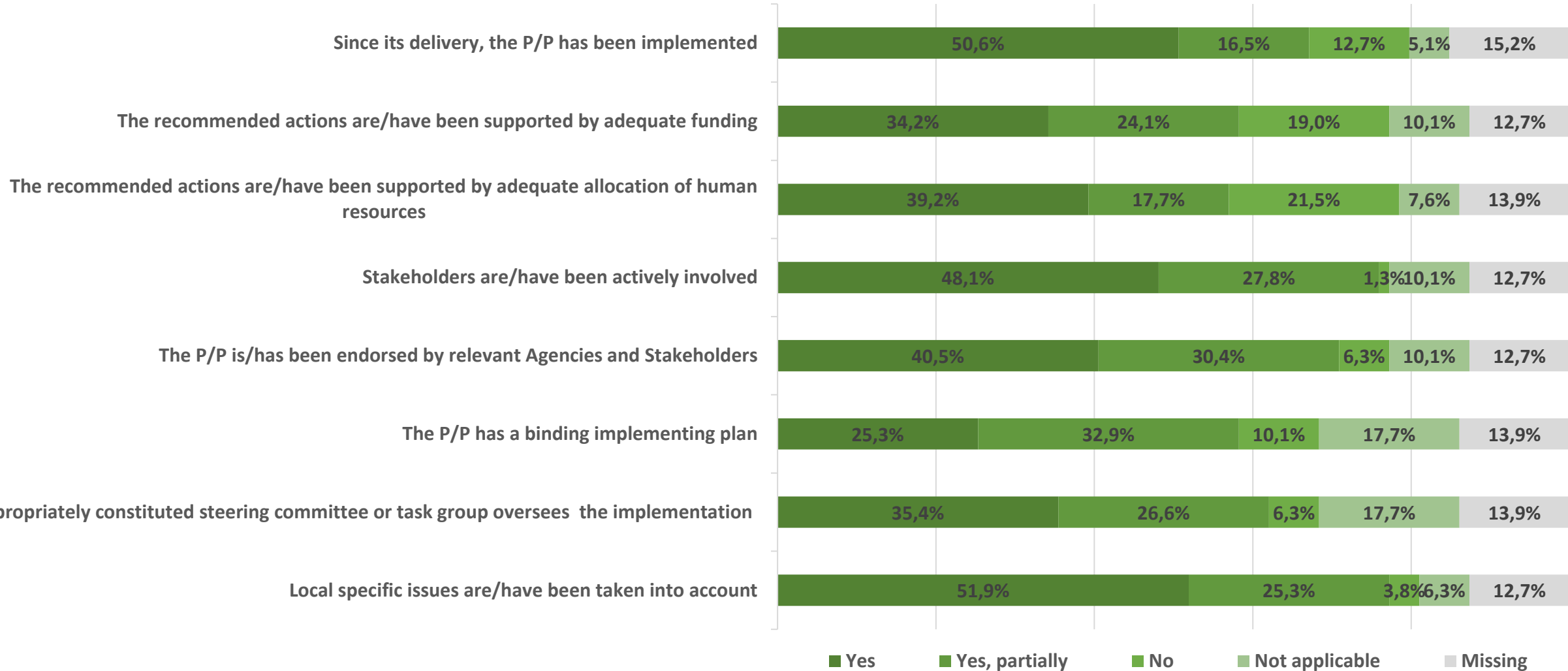


Results (5)

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Implementation of P/P



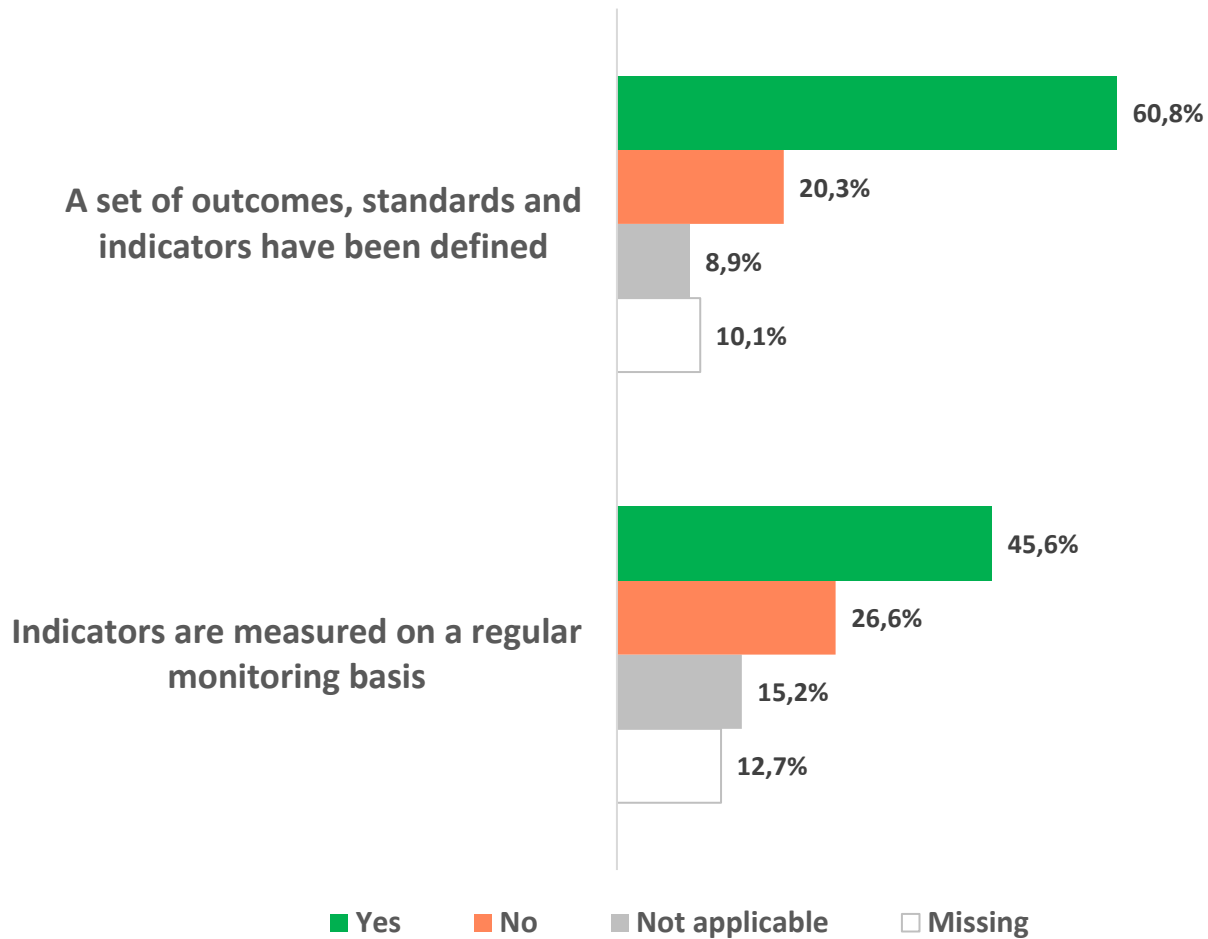


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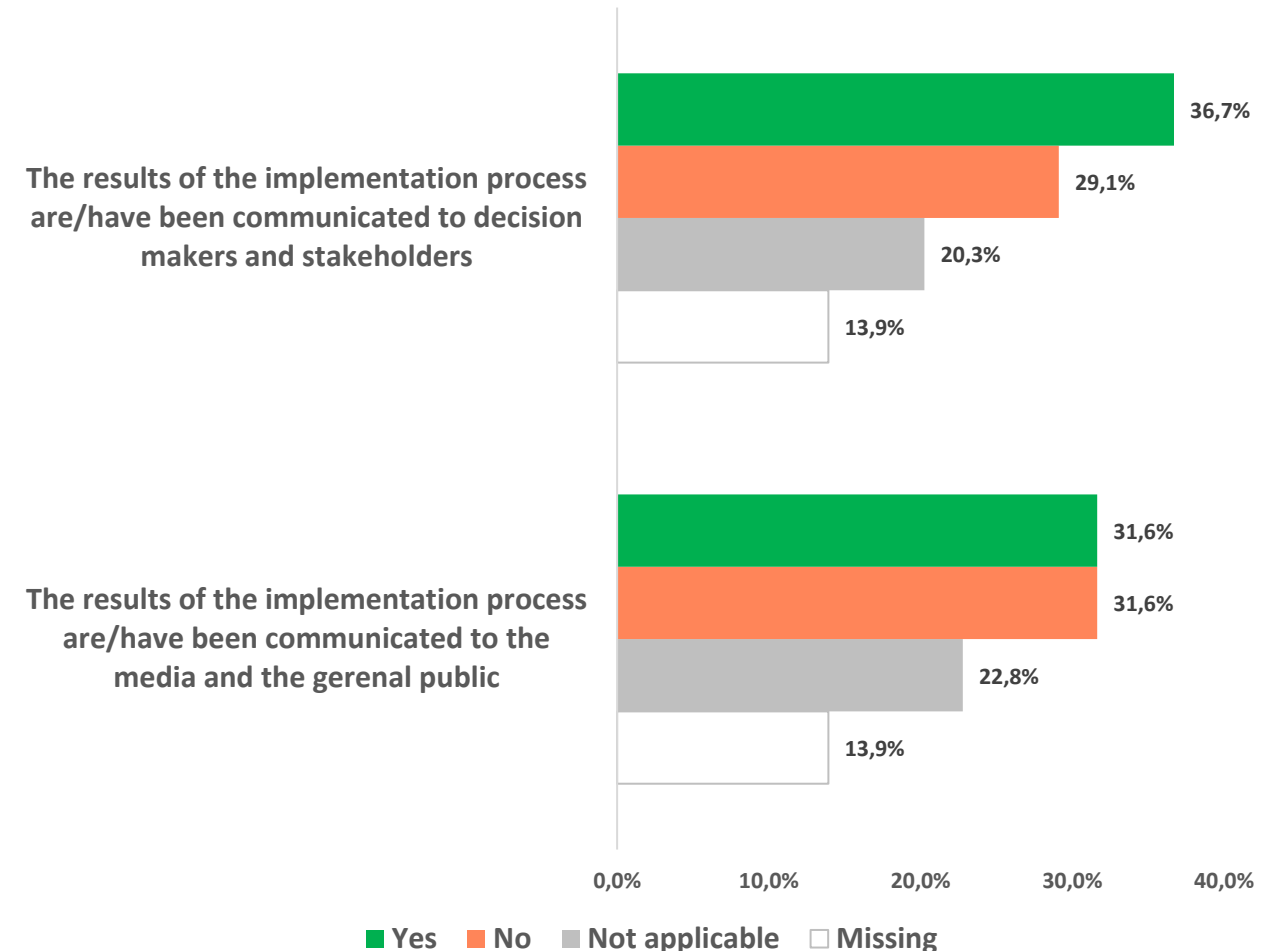
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Results (6)

THE MONITORING & EVALUATION OF P/P



THE DISSEMINATION OF P/P





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.



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** will **support** decision-makers in **the Delphi process and the development of the Policy Brief**, which are planned for the next phases of the Joint Action Health4EUKids.



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Thank you!

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