

WP4 in-person Meeting - 12th November 2024

HEALTH 4 EU kids

Your Kids' Health, Our Priority

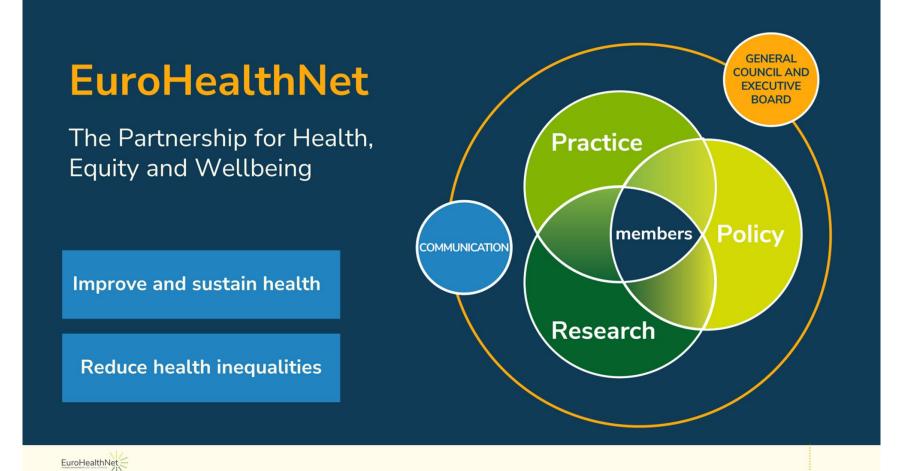
Transferability & Sustainability Inequalities and Social Determinants in Public Health

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EuroHealthNet is a sustainable Partnership



CHRODIS+ Equity Action JAHEE JA BestReMap **JA PreventNCDs**





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Schools4Health

An EU4Health-funded project (2023-2025) which aims to introduce, strengthen, and sustain the adoption of a health promoting school (HPS) approach and other whole school approaches to health.











- Invest in building a strong implementation team with committed leadership and the relevant representatives that can provide different perspectives. (Teacher engagement and school principle support is key)
- Invest in strong links between project 'owners' and 'implementers' in all phases of the intervention. Maintain close contacts through exchange visits, teleconferencing and the use of social media, throughout the process. Allocate sufficient staff time and other resources to enable this.

Decide from the outset the nature of the transfer, expectations and **set out an** Agreement between the two parties.

• Make it fun, and invest in creating 'communities of good practice and change'.



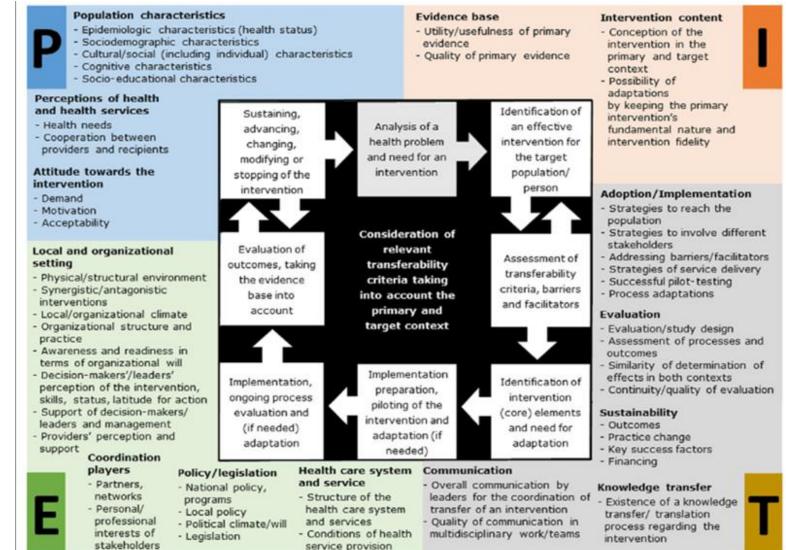


Schools4Health built on lessons from CHRODIS+

Assessing the context or conditions of the work

- Which factors in the political, social, cultural, economic and/or legal context are critical facilitators and barriers for the implementation of this practice?
- The "Process model for the assessment of transferability" (PIET-T process model) helps frame thinking and discussions.





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Findings on transferability and sustainability

- Transfer and implementation processes in the context of an EU project can involve a lot of administration. -> The Regional Ministry of Health in Andalucia noted that 80% of the work they are doing in Schools4Health is administrative.
- Public officials in many countries may not feel comfortable about speaking of real or potential barriers, which can be perceived at critiquing public authorities. -> Evaluators noted hesitancy when they asked a teacher in Hungary what they could do to make their schools more health promoting.
- It has proven **difficult to involve schools in deprived socio-economic areas** and engage the more socio-economically deprived students in pilot studies, this may lead to a **widening of health inequalities** (as per the **'inverse care law'')**.







IceHearts Europe

- Evidence-based and successful practice from Finland
- The model provides consistent, long-term, holistic support for vulnerable children
- Icehearts Finland uses team sports as a tool for engaging children with social work:
 - Children who require special support and who have been recognised as being at risk of social exclusion early on are selected for an ice hockey team.
 - Each team is led by a mentor who supports the selected children at school, after school and at home for 12 years.
 - Icehearts Finland lays the foundations for the Icehearts Europe methodology to be adapted to new countries and their cultural contexts, and pilot tested in numerous communities across Europe









IceHearts Europe



Spain Italy Slovenia Denmark Estonia









Situation Analysis and Needs Assessment

- SANA is used to draw the implementation plan for the pilot countries and makes specific gaps visible, e.g. regarding policy, availability of services, or data.
- Describes the **local needs in the community**, the socio-economic and other factors that put youth at risk
- The context in which the programme will be operating, as well as what resources are available
- To determine what the gap is between the existing situation and what is desired







Findings on transferability and sustainability

- Different types of sports needed —> IceHockey is not the most common sport in Italy and Spain...
- Access to schools rarely possible, access to sports facilities needs to be checked in advance → Italy has to take different approaches depending on the region (different legal situation) and who owns sport facilities
- Legal situation for hiring personnel working with children differs vastly between countries
- Close collaboration with schools, communities, and municipalities is a common aspect across countries – better to embed the new practice in existing frameworks, rather than competing with existing initiatives.





Inequalities and social determinants

Health equity

Lifestyle risk factors

Economic and social structures

power & wealth distribution, fiscal policy, gender & class Daily living conditions such as housing, education, employment, working conditions, social support

Fran Baum (2019) from Baum FE. More than the tip of the iceberg: health policies and research that go below the surface. Journal of Epidemiology & Community Health 2009; 63: 957



Recommendations for the way forward

- Take a **health equity lens as a cross-cutting issue** throughout the process, also in practical ways to facilitate meaningful participation (cover childcare, public transport, translation, flexible timing, financial incentives etc etc)
- Embed in local/national policies, but also link to existing EU instruments such as the Strategy Rights of the child, the European Child Guarentee, the new EU antipoverty plan or the WHO CAH strategy etc to facilitate support
- Ensure sufficient human and financial resources required to properly evaluate implementation, sustainability and impact on health equity.
- Continue to link communities at local, national and international level, connect and work together for sustainability

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