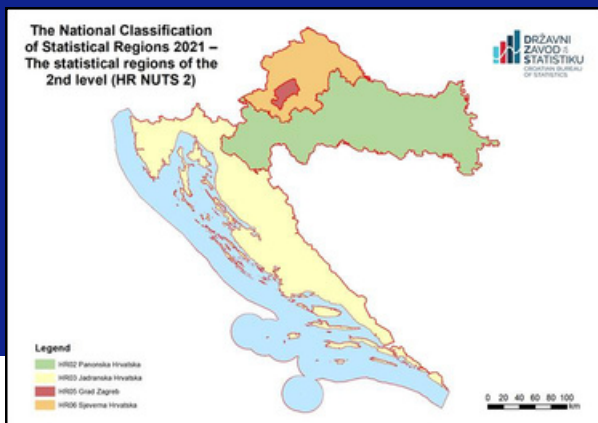


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NEWSLETTER

Croatia with Croatian Institute of Public Health (CIPH) (Hrvatski Zavod za Javno Zdravstvo) in WP6



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Target:

- Kindergarten staff
- Kindergarten nurses
- Families through kindergartens
- 117 participating kindergartens sent reports



Background:

- Setting – educational setting - kindergartens
- First training – March, 2024 – for all kindergarten professionals (participants: 128 in-person, 159 online)
- Implementation started in April 2024 (Adapted materials: Group Activities for Kindergarten classes, Educational Materials, Assessment Materials, Materials for Families, Materials for Supporting Families)
- Second training – December 2024 (Smart Card, Smart Family for Health professionals – for kindergarten nurses)

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Evaluation

- First evaluation during the first training (March 08, 2024) – 228 participants
- Second evaluation after implementation (June 04, 2024) - 272 participants



Next steps and future plans

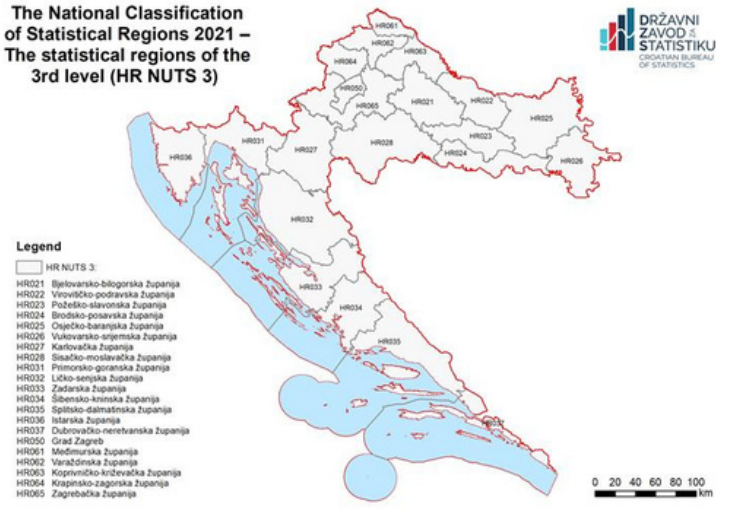
- group of 138 participants divided into four training days
- Third evaluation



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The National Classification of Statistical Regions 2021 – The statistical regions of the 3rd level (HR NUTS 3)



Implementation successes

- Strong motivation for participation
- Useful and helpful materials
- Parental involvement
- Professional networking

Implementation barriers

- Implementation deadlines
- Still low parental involvement
- Occasional need for additional guidance
- Unclear methodology

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NEWSLETTER

Lithuania with Kauno miesto savivaldybes visuomenes sveikatos biuras (KVSb) in WP6



Target group:

- Families with 1-4th grade children in Kaunas city
- 20 Families, with parents and kids

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Background:

- 1x sportshall and 1x kitchen studio + Virtual Learning Environment (Private Facebook Group)
- At least per month: 4 live group meetings with sports trainer (ones per week), 2 live group cooking lessons, 2 online consultations with dietitian, 4 online group consultations from the behaviour coach and/or psychologist, 1 live group meeting with coach and / or psychologist about parenting and stress management.
- SMART FAMILY website, addition materials from the team and lectures



Evaluation:

- Oral interviews with adult members, self-reported periodic body measurements, onsite body composition tests, questionnaires;
- Improved communication between parents and their children, longer family time spent together, more effective stress management in adults, more often cooking at home (vs eating out), more precise product selection and label reading, improved sleeping hours, higher average time of physical activity per week in adults and their children, positive changes in adult's body composition.

Implementation barriers

- Drop-outs among participants, who were unable to adopt the given recommendations
- Difficulties in adult family members to perceive the core aspects of the positive parenting and its relation to the child's health and habits.

Next steps and future plans

- Finish the one-year trail Smart family program in December with the families.
- Evaluate the results with the families.
- Start discussions with the Lithuania Ministry of Health about the Smart family practice implementation for the whole country



Implementation successes

- Loyalty of the participants (they became emotionally attached to the community and it stimulates the motivation to continue trainings)
- High dedication of the team of trainers (they are willing to take care of each different individual needs of the participants)
- Flexible timing which enables participants to choose the most suitable days and hours of participation
- Well established communication and team work within the community (youngsters became friends, parents communicate non-formally between the trainings)

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NEWSLETTER

Greece

with Dioikisi 6is Ygeionomikis Perifereias Peloponnisou Ionion Nyson Ipeirou kai Dytikis Elladas (6th Health ADM) and Panepistimio Patron (UPAT) in WP6



Evaluation

- Evaluation of round 1 professional using Professional Motivation questionnaire
- Evaluation at end of round 1 from families: Health Care Climate Questionnaire & Perceived competence questionnaire
- Preliminary results: low compliance (15 active out of 44 trained) from health care professionals will start round 2 of training the trainers having preliminary numbers in mind

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Background

- Health Care settings
- General population (through website)
- All pregnant women (hands on in Patras & online implementation of BF techniques for remaining Greece) – commenced May 2024 – (online will commence in July) to be completed Sept 2025

Target

- Health care professional (trained Jan 24th – finalize 1st round July)
- Families & all professionals interested (through “Greek Smart Family” website) – ongoing throughout the program
- Pregnant women (for Breastfeeding plan)

Implementation successes

- Strong motivation for participation
- Useful and helpful materials

Implementation barriers

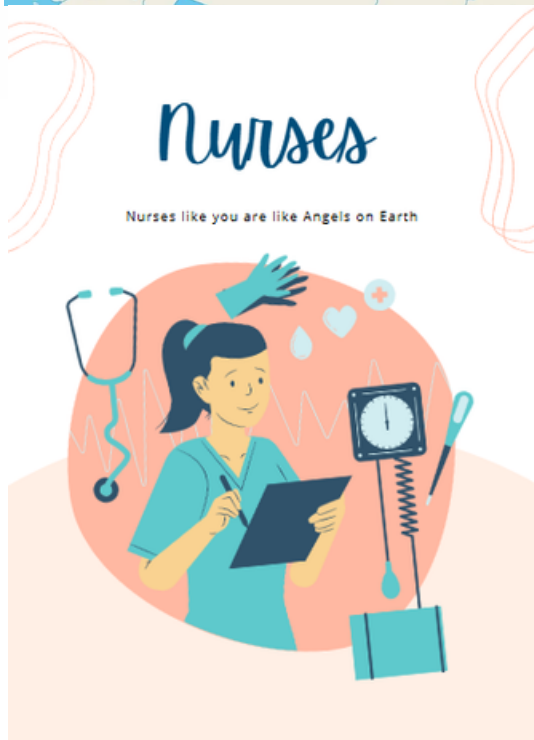
- Implementation deadlines
- Drop-outs among health care professionals

Next steps and future plans

- Second training – Smart Family (November, 2024)
- Evaluation

NEWSLETTER

Slovenia with Nacionalni Institut of Public Health (NIJZ) in WP6



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Background

- Community nurses – they visit families 9 times in the first three years and play an important role in promoting health of children
- National webpage ZDAJ.net – for parents and for professionals

Target

- Community nurses Pilot training for 10 motivated community nurses and 4 regional coordinators of the community nursing program:
- 3 online meetings in the spring – introducing the approach and identifying the most useful tools
- 2 in-person workshops – developing practical skills in applying a strength-based approach and conducting motivational interviews
- Families – enriching the national webpage for parents and professionals with Smart Family articles and tools
- Forty articles covering various topics for families with children, published weekly from June 24 to May 25.
- Promotion of the articles and tools through the Institute's social media channels.

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Evaluation

- Questionnaire Motivation for implementation shows that the nurses that are included in the pilot training are highly motivated to learn and use the approach. As the main obstacle to implementation they enlisted lack of time. They are not yet fully confident that they will be able to implement it, even though the Questionnaire for motivating and encouraging professionals shows that they are actually already using many aspects of the Smart Family approach (most of them don't judge, they ask questions, they notice the good and give praise, they show interest, they are respectful and they genuinely care).
- Questionnaire Satisfaction with the meetings shows that they were satisfied with the meetings – they find content useful and relevant to their work

Next steps and future plans

- Finalize the implementation of Smart Family tools
- Continue publishing Smart Family articles
- Hold a focus group to gather feedback
- Plan future activities to expand the Smart Family method to a broader group of community nurses

Implementation successes

- High participant motivation and strong commitment to engaging in the activities.
- In-person trainings that enhanced understanding of the method.

Implementation barriers

- Healthcare professionals are experiencing staff shortages, which places additional burdens on the remaining nurses. As a result, they often lack the time needed to provide comprehensive lifestyle counseling.
- Implementing the Smart Family approach requires a shift in perspective, which can be challenging as it demands time, training, and adaptation from healthcare professionals used to traditional methods.



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NEWSLETTER

Poland

with Narodowy Fundusz Zdrowia (NFZ) and Śląski Uniwersytet Medyczny w Katowicach (SUM) in WP6



Target

- primary school pupils (at the age of 6 -12) and their families
- health and education workers working with families



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Background

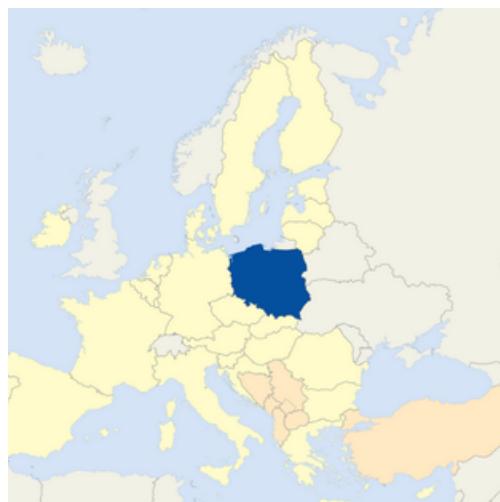
- Implementation setting- healthcare workers- mostly PHC team
- Phase I- training nursing and dietetics' students – 230 in total-from March 2024-September 2024
- Phase II- preparation of learning materials on working methods in the area of lifestyle change
- Development of a repository of teaching materials for PHC teams
- Preparation of e-learning training for PHC teams
- Creating a platform for families and health educators where all educational materials are stored and accessible

Evaluation

- Examination of the satisfaction of the PHC team
- Ex-ante and ex-post evaluation of e-learning trainees

Implementation successes

- Phase I is completed- 20.03.2024- for dietitians- 20 participants, 21.03.2024 for dietitians – 30 participants, 13.04.2024 for dietitians – 9,09.04.2024 for school nurses, school psychologists and school educationalists- 38 participants,23.05.2024 for nurses – 49 participants, 06.06.2024- nurses- 54, 08.09.2024- for dietitians- 30 participants
- useful materials
- professional's enthusiasm



Implementation barriers

- limited time for implementation
- in polish public health sector there is no path leading to dietician when it comes to children
- cultural barrier to implement a methodology focusing on 'no judgement and no pointing out mistakes'
- professionals lack knowledge on positive psychology

Next steps and future plans

- e-learning training for PHC teams to be developed till the end of year 2024
- another set of trainings for professionals gathered within PTD (Polish Association of Dietitians)



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Spain Eivissa, Balearic Islands, in WP6



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Background

- Primary Health Care (PHC): 3 Health Centers in Eivissa.

- Objectives:

O1: To train a group of PHC professionals in Smart Family model.

O2: To design an intervention for the prevention and treatment of childhood with overweight or obesity (OO) in PHC based on the Smart Family model, from the perspective of the social determinants of health.

O3: To pilot the intervention for the treatment of the childhood with OO in PHC.

O4: To pilot the intervention for the prevention of the childhood with OO in PHC.

-Timetable: O1+O2 achieved (June 23). O3+O4 (Set-oct 2023).

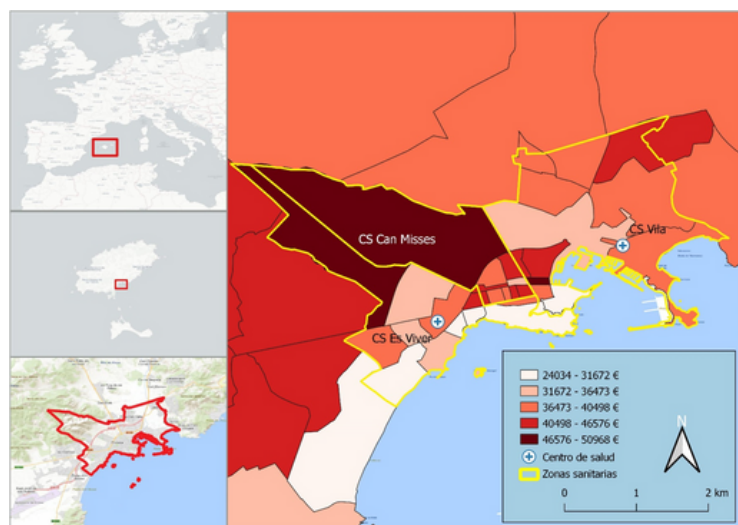
Target

- O1+O2: Pediatric nurses in PHC, and secondarily pediatricians.
- O3: 12 Families with a child (2-14 years old) with OO and social disadvantage.
- O4: 12 Families with a child (up to 14) whose mother has OO and social disadvantage.

Evaluation

- Questionnaire to professionals: implementation motivation at training (3 pre) and the motivating and encouraging professional (7 pre).

- Data collection notebook (DCN) + interviews to families at the end of the pilot (DCN piloted).



Health areas in Ibiza, Spain, where Smart family will be piloted, by income level

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Spain
Eivissa, Balearic
Islands,
in WP6



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Implementation successes (describe different levels whether cultural / organizational / professional / families)

- 3 nurses and 1 public health technician trained with Smart Family online platform (Oct-Dec 2023).
- Selection of Smart Family materials done.
- Translation and adaptation of Smart Family materials to Mediterranean context.
- 26 families identified: 20 have accepted and 6 have refused.

Next steps and future plans

- To continue the identification of families, even if they are all for treatment.
- To sign the informed consent and to fulfill the DCN.
- To start as soon as possible the pilot interventions.



Team of primary care nurses piloting Smart Family in Ibiza, Spain

Implementation barriers (describe different levels whether cultural / organizational / professional / families)

- During touristic high season it is not possible to do family interventions.
- Need to combine the counseling with community actions.
- Good manners with the city council, but little concreteness up to now.
- Need to adapt the intervention to vulnerable families.
- Need to offer incentives to the vulnerable families.
- Easier to offer obesity treatment than obesity prevention in PHC.



Magnetic board on foods for daily and occasional consumption in Smart Family pilot in Ibiza, Spain