D6.1 Definition and criteria of good practice for childhood obesity prevention programs in kindergartens and schools

Work package:

WP6 Healthy environments by integrated approaches

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JANPA – Joint Action on Nutrition and Physical Activity (Grant agreement n° 667063) has received founding from the European Union's Health Programme (2014-2020)

GENERAL INFORMATION

Joint Action full title	Joint Action on Nutrition and Physical Activity
Joint Action acronym	JANPA
Funding	This Joint Action has received funding from the European Union's Health Programme (2014-2020)
Grant Agreement	Grant agreement n°677063
Starting Date	01/09/2015
Duration	27 Months

DOCUMENT MANAGEMENT

Deliverable	D6.1 "Definition and criteria of good practice for childhood obesity prevention programs in kindergartens and schools"
WP and Task	WP6; Task 6.1
Leader	OGYEI
Other contributors	NCPHA, MoH BG, NIHD, FAU, DGE, ATEITH,OEFI, MoH I, ISS, SPKC, MISA, SUM, UBB, UVZSR, NIJZ, AECOSAN, DGS FR
Due month of the deliverable	M3
Actual submission month	M4
Type *R: Document, report* *DEC: Websites, patent fillings, videos, etc.* *OTHER*	R
Dissemination level *PU: Public* *CO: confidential, only for members of the consortium (including the Commission Services)*	PU

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EXECUTIVE SUMMARY

The Directorate-General for Health and Food Safety DG SANTE of the European Commission provided support via the EU Health Programme (through CHAFEA, the Consumers, Health, Agriculture and Food Executive Agency) to bring together 25 Member States plus Norway in a two-year Joint action on nutrition and physical activity. The aim of the Joint Action on Nutrition and Physical Activity (JANPA) is to contribute to halting the rise of overweight and obesity in children and adolescents by 2020.

As part of Work package 6 (WP6) 'Healthy environments by integrated approaches' of this joint action, a definition and set of criteria were developed to identify elements of good practice in the characteristics, development implementation as well as monitoring and evaluation of preventive programs and policies that aim to counteract childhood obesity and improve nutrition and physical activity in kindergartens and schools.

This report presents the definition and criteria of the good practice for childhood obesity prevention programs and policies and describes its development.

1. Introduction

This document is a deliverable of Work package 6 (WP6) of the two-year joint action that started in September 2015, under the title 'Joint Action on Nutrition and Physical Activity (JANPA)'.

The overall goal of WP6 'Healthy environment by integrated approaches' is to create healthier environments in kindergartens and schools by providing guidance on policy options and initiatives. In this regard, WP6 aims to collect and analyze existing good practices from WP6 partner member states based on a standardized protocol. The first task of WP6 is to set up a definition and select criteria for good practices in relation to childhood obesity prevention programs in kindergartens and schools. These selected criteria will subsequently be used to identify good practices and aid the assessment of good practice elements of the collected interventions/policies in the upcoming tasks.

Childhood obesity is a serious public health challenge in Europe. Not surprisingly, numerous local and national programs and policies aim at counteracting the increasing obesity levels by promoting healthy nutrition and physical activity in the kindergarten or school setting[1]. Some of these programs have been shown to be more efficient in preventing obesity and/or its risk factors and thus can serve as a good example for decision makers to adopt. To identify these good examples, a set of criteria has been developed to describe and summarize the characteristics of a good practice.

The objective of this task 6.1 'Set up a definition and criteria for good practices' is to create a framework for systematic assessment of the quality of certain policies and programs. Using this set of criteria, programs that can be considered good practice and can serve as an example for future initiatives that aim to improve nutrition and physical activity or prevent obesity can be identified in further work of WP6. This list of criteria can also be used to find points for improvement in existing policies and on-going programs.

[1] Community Based Initiatives targeting childhood obesity (2012). Final results of Specific contract – No SC 2010 62 51, Implementing Framework Contract No EAHC/2010/Health/01

2. Methodology

Task 6.1 was implemented from September 15th to December 15th 2015.

To carry out the task **a desk research on existing definitions and criteria for good practices** in health promotion was carried out by WP6 partners. The partners identified 33 relevant documents (see *Document Library*). The outcome of this literature review is a definition and a comprehensive set of 47 criteria which were clustered into the following categories: 1. Intervention characteristics (16 items), 2. Implementation (17 items), and 3. Monitoring and evaluation (14 items).

The literature review was followed by a **Delphi consultation** among the WP6 partners to decide on the relevance and priority of the identified criteria. Following the RAND modified Delphi methodology[2], the consultation consisted of two online rounds.

Originally (i.e. RAND approach), the Delphi process begins with an open-ended questionnaire that is given to a panel of experts to solicit specific information about a subject or content area. In subsequent rounds of the procedure, participants rate the relative importance of individual items and also make changes to the phrasing or substance of the items if necessary. Through a series of rounds the process is designed to yield consensus.

The modified Delphi technique that we used was similar to the full Delphi in terms of procedure (i.e. a series of rounds with selected experts) and intent (i.e. to reach a consensus). The major modification consisted of beginning the process with a set of carefully selected items. These pre-selected items were drawn from various sources including synthesized reviews of the literature or interviews with selected experts.

The primary advantages of this modification to the Delphi is that it (a) usually improves the initial round response rate, and (b) provides a solid grounding in previously developed work.

In the first round, the online questionnaire included the exhaustive list of criteria extracted from the literature review. WP6 members were asked to judge how *relevant* each criteria was in evaluating childhood obesity primary prevention programs in kindergartens and schools using a 5-grade scale (1=not relevant at all; 5=highly relevant). In this first round, additional criteria could be added to the list if experts found that something highly relevant was missing and proposed criteria could have been revised. Parallel with this, participants were asked to comment on the definition of good practice for childhood obesity prevention programs in kindergartens and schools.

Input was received from 11 out of 18 WP6 partner institutions. The relevance of each item was determined by the average score achieved. The scale was divided into two brackets for this analysis: average scores of 1-3 were interpreted as 'irrelevant criterion', and average scores above 3 were interpreted as 'relevant criterion'.

The first round resulted in an average score above 3 for all criteria, therefore all of them were kept for the priority setting. Besides, some criteria were modified and a new criterion was added, and the definition of good practice was revised according to the comments.

In the second round, WP6 members were asked to assess the *relative priority* for each criterion. This time the rating took place on a 10-grade scale (1-3 low priority; 4-7 moderate priority; 8-10 high

[2] C Hsu and BA Sandford (2007). The Delphi Technique: Making Sense Of Consensus. Practical Assessment, Research & Evaluation. Vol 12, No 10, August 2007.

priority). The priority of each criterion was assessed by the average score achieved. In the second round, 11 out of 18 WP6 partner institutions responded the online questionnaire.

3. Good Practice Definition and Criteria

3.1 Definition of good practice for childhood obesity prevention programs in kindergartens and schools

A *good practice* is an initiative that has been proven to work well (i.e. process evaluation) and produce good results (i.e. output and outcome evaluation), and is therefore recommended as a model.

It is a sustainable and efficient experience, with clear objectives and clearly defined target groups that is aimed to be empowered. Its activities use existing structures and it has a broad support amongst the target population, thus deserves to be shared so that a greater number of people can adopt it.

The term *childhood obesity prevention programs in kindergartens and schools* encompasses structured initiatives that target overweight/obesity and its comorbidities through promoting healthy eating and/or physical activity; and are delivered primarily in kindergartens and/or schools, although they might also involve parents and/or community or home activities.

3.2 Criteria of good practice for childhood obesity prevention programs in kindergartens and schools

Table 1 is summarizing the 47 potential criteria produced by the literature review clustered into three categories.

Table 1. List of criteria extracted from the literature review*

Good practice category Good practice criteria
1. Intervention characteristics *(16 items)*
1.1 Objectives
1.1.1 Objectives are clear and SMART (specific, measurable, achievable, realistic and time-bound)
1.2 Relevance
1.2.1 Evidence-based concept
1.2.2 The approach is proven to be successful and effective in practice (has had a positive impact on individuals and/or communities)
1.2.3 Cultural, political and social contexts (as well as barriers) were evaluated and taken into account
1.2.4 A needs assessment and/or community analysis of the targeted group has been performed [1]
1.3 Well-described (clearly defined aim, target audience, targeted behavior, approach and intervention that is available in a manual or in a protocol) [1]
1.4 Innovative concept and/or methodology
1.5 Multi-sectorial (involves professionals from different sectors)
1.6 Target group
1.6.1 Target group is clearly defined (including age, gender and socio-economic status)
1.6.2 Family involvement [5] (parents participating in programs for children)
1.6.3 Has a community component [3]
1.6.4 Special focus on vulnerable groups (efforts are made to facilitate vulnerable group's access to

Good practice category
Good practice criteria

relevant services - "low threshold" approach) [1]
1.6.5 Co-creation approach (end-users are involved in the planning to support a joint sense of ownership)
1.7 Respect values (ethical responsibility, inequalities, gender sensitivity)
1.8 Transferable (can be easily adopted in another context)
1.9 Replicable (Can be repeated at another time with same conditions) [2]

2. Implementation *(17 items)*
2.1 Pilot study has been performed
2.2 High population reach [1]
2.3 Community engagement (relevant stakeholders are involved)
2.4 Engagement of intermediaries/multipliers to promote the participation of the target population (e.g. community doctors or local school teachers are made aware of the existence of a community counselling service) [6]
2.5 High popularity and participants' satisfaction [7]
2.6 Sustainability
2.6.1 Target group is aimed to be empowered (enhance their knowledge, skills and competences so that they can make decisions independently)
2.6.2 Activities are using/integrating existing structures
2.6.3 There is broad support for the intervention amongst the intended target populations [6]
2.6.4 The continuation of the project is ensured through follow-up funding and human resources [6]
2.7 Activities address environmental factors as well (i.e. factors beyond individual control)
2.8 Technical feasibility (easy to learn and to implement) [2]
2.9 In implementation, specific actions are taken to address the equity dimensions [6]
2.10 Governance and transparency
2.10.1 Clear structures for management and decision-making are established and maintained
2.10.2 Main program documentation is publicly available (at least a web link)
2.10.3 Explicit funding sources (program should have explicit guidelines for accepting sponsorships and managing conflict of interest) [4]
2.11 Effective dissemination
2.11.1 Relevant stakeholder groups are targeted
2.11.2 Methods are proper

3. Monitoring and evaluation *(14 items)*
3.1 Financial and human resources are in place for evaluation
3.2 Methods for evaluation are properly described
3.3 Regular monitoring of results with valid pre-set indicators (using process, output and outcome indicators)
3.4 External and/or internal evaluation
3.5 Follow-up performed (at least 6–12 months after the intervention)
3.6 Cost-effectiveness calculations are made
3.7 Costs are clearly stated (indicated per budget items) [5]
3.8 Financial feasible (i.e. cost is not a barrier to repeat and/or to transfer) [7]
3.9 Most of the planned activities have been performed and most of the objectives have been reached [4]
3.10 Monitoring shows acceptable participation rates of the intervention or uptake of the policy [5]
3.11 Effects specified as not only statistically significant but also relevant in practice [5]
3.12 Outcome/impact evaluation showed significant contribution to the target behaviour or its determinants [5]
3.13 Negative consequences and/or risks evaluated [5] (including stigmatization) [4]
3.14 An analysis of requirements for eventual scaling up such as foreseen barriers and facilitators (e.g. resources, organizational commitment, etc.) is available [6]

See references in the Document library

In the first round, experts agreed on deeming each item relevant (average score >3), thus, all of them were passed onto the second round for priority assessment. Participants were also invited to add any criterion they thought relevant and missing. They were also encouraged to provide comments to individual items and send suggestions for revision if necessary. Experts modified the wording of five criteria and added one more item (i.e. criterion 1.6.3 in Table 2) to the initial list.

Experts from the 11 institutions completing the first round participated in the second round. All the 47 items plus the newly added criterion from the first round for a total of 48 criteria were presented for rating on a priority scale from 1=lowest priority to 10=highest priority. Like the first round, the average scores were examined to determine whether experts agreed on the level of priority (1-3 low priority; 4-6 moderate priority; 7-10 high priority). Items were then ranked within the three categories according to the average score they gathered.

Table 2. is summarizing the 48 good practice criteria and the average scores obtained for each item in the second round.

Table 2. Final set of criteria ranked by categories according to the average priority scores assigned by WP6 partners.

1. Intervention characteristics (17 items)	AVERAGE SCORE Score 1 (lowest priority) to 10 (highest priority)
1.2. Relevance / 1.2.2. The approach is proven to be successful and effective in practice (has had a positive impact on individuals and/or communities)	**8,6**
1.1. Objectives / 1.1.1. Aims are clear and SMART (specific, measurable, achievable, realistic and time-bound)	**8,1**
1.6 Target group / 1.6.1 Target group is clearly defined (including age, gender and socio-economic status)	**7,8**
1.9 Replicable (can be repeated at another time with same conditions)	7,6
1.3 Well-described (clearly defined aim, target audience, targeted behaviour, approach and intervention that is available in a manual or in a protocol)	7,5
1.6 Target group / 1.6.5 Special focus on vulnerable groups (efforts are made to facilitate vulnerable group's access to relevant services - "low threshold" approach)	7,4
1.6 Target group / 1.6.2 Family involvement (parents participating in programs for children)	7,1
1.2. Relevance / 1.2.3. Cultural, political and social contexts (as well as barriers) were evaluated and taken into account	6,8
1.7 Respect values (ethical responsibility, inequalities, gender sensitivity)	6,8
1.2. Relevance / 1.2.4 A needs assessment and/or community analysis of the targeted group has been performed	6,7
1.5 Multi-sectorial (involves professionals from different sectors)	6,5
1.6 Target group / 1.6.3 Teachers involvement	6,5
1.2. Relevance / 1.2.1. Evidence-based concept	6,4
1.6 Target group / 1.6.6 Co-creation approach (end-users are involved in the planning to support a joint sense of ownership)	6,3
1.8 Transferable (can be easily adopted in another context)	5,6
1.6 Target group / 1.6.4 Has a community component	4,8
1.4 Innovative concept and/or methodology	4,4
2. Implementation (17 items)	
2.6 Sustainability / 2.6.2 Activities are using/integrating existing structures	**7,7**
2.6 Sustainability / 2.6.1 Target group is aimed to be empowered (enhance their knowledge, skills and competences so that they can make decisions independently)	**7,5**
2.6 Sustainability / 2.6.3 There is broad support for the intervention amongst the intended target populations*	**7,4**
2.5 High popularity and participants' satisfaction*	7,4
2.6 Sustainability / 2.6.4 The continuation of the project is ensured through follow-up funding and human resources*	7,4
2.11 Effective dissemination / 2.11.1 Relevant stakeholder groups are targeted*	7,4
2.4 Engagement of intermediaries/multipliers to promote the participation of the target population (e.g. community doctors or local school teachers are made aware of the existence of a community counselling service)	7,0
2.10 Governance and transparency / 2.10.3 Explicit funding sources (program should have explicit guidelines for accepting sponsorships and managing conflict of interest)	7,0
2.11 Effective dissemination / 2.11.2 Methods are proper	6,8
2.9 In implementation, specific actions are taken to address the equity dimensions	6,7
2.8 Technical feasibility (easy to learn and to implement)	6,4
2.3 Community engagement (relevant stakeholders are involved)	6,0
2.10 Governance and transparency / 2.10.1 Clear structures for management and decision-making are established and maintained	6,0
2.2 High population reach	5,9
2.7 Activities address environmental factors as well (i.e. factors beyond individual control)	5,9
2.10 Governance and transparency / 2.10.2 Main program documentation is publicly available (at least a web link)	5,9
2.1 Pilot study has been performed	4,3
3. Monitoring and evaluation (14 items)	
3.12 Outcome/impact evaluation showed significant contribution to the target behaviour or its determinants	**8,3**
3.9 Most of the planned activities have been performed and most of the objectives have been reached	**8,1**
3.1 Financial and human resources are in place for evaluation	**7,6**
3.10 Monitoring shows acceptable participation rates of the intervention or uptake of the policy	7,5
3.11 Effects specified as not only statistically significant but also relevant in practice	7,5
3.2 Methods for evaluation are properly described	7,4
3.4 External and/or internal evaluation	6,7
3.13 Negative consequences and/or risks evaluated (including stigmatization)	6,6
3.3 Regular monitoring of results with valid pre-set indicators (using process, output and outcome indicators)	6,1
3.5 Follow-up performed (at least 6–12 months after the intervention)	5,6
3.7 Costs are clearly stated (indicated per budget items)	5,5
3.14 An analysis of requirements for eventual scaling up such as foreseen barriers and facilitators (e.g.resources, organisational commitment,etc.) is available	5,3
3.8 Financially feasible (i.e. cost is not a barrier to repeat and/or to transfer)	5,0
3.6 Cost-effectiveness calculations are made	4,8

*After the second round, four items clustered under 'Implementation' received the same number of points (score 7.4). Based on the WP6 members' consultation Criterion 2.6.3 was selected as the most important item among the four.

CONCLUSIONS AND RECOMMENDATIONS

The aim of the first task, Task 6.1 of WP6 of JANPA was to develop a definition and set of criteria to identify good practices for childhood obesity prevention programs in kindergartens and schools.

The modified Delphi technique was used to reach consensus on the criteria and definition of good practices with participation of 11 WP6 member institutions. Experts were presented with a list of good practice criteria extracted from the literature, divided into three categories: 1. Intervention characteristics, 2. Implementation, and 3. Monitoring and evaluation. In two consecutive rounds experts ranked the criteria according to their relevance and relative priority.

Working group members agreed that including too many good practice criteria would limit the chances of finding initiatives. Therefore the three highest ranking items per categories were decided to be considered as 'core criteria'. Expert consultations resulted in the following list of nine core criteria:

Intervention characteristics
• The approach is proven to be successful and effective in practice (has had a positive impact on individuals and/or communities) • Objectives are clear and SMART (specific, measurable, achievable, realistic and time-bound) • Target group is clearly defined (including age, gender and socio-economic status)
Implementation
• Activities are using/integrating existing structures • Target group is aimed to be empowered (enhance their knowledge, skills and competences so that they can make decisions independently) • There is broad support for the intervention amongst the intended target populations
Monitoring and evaluation
• Outcome/impact evaluation showed significant contribution to the target behavior or its determinants • Most of the planned activities have been performed and most of the objectives have been reached • Financial and human resources are in place for evaluation

All these criteria need to be fulfilled in order to qualify a program or policy as good practice.

To harmonize the good practice definition with the ranked criteria, the nine core criteria were incorporated into the final definition:

> A *good practice* is an initiative that has been proven to work well (i.e. process evaluation) and produce good results (i.e. output and outcome evaluation), and is therefore recommended as a model.
> It is a sustainable and efficient experience, with clear objectives and clearly defined target groups that is aimed to be empowered. Its activities use existing structures and it has a broad support amongst the target population, thus deserves to be shared so that a greater number of people can adopt it.

The proposed list will be used for further WP6 work, namely Task 6.2 'Collection and overview of integrated approaches in kindergartens and schools', and thereafter support Member States to develop good practices and improve existing programs and policies for tackling childhood obesity.

DOCUMENT LIBRARY

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