D7.1 Defining good models for multicomponent interventions.

Step 1 : Definition and criteria of good practice for early interventions designed to prevent childhood overweight and obesity

Work package:

WP7 Early interventions

Responsible Partner: THL

Contributing partners: SZU, aid/GIL, ISS-CNESPS, MEH, HDIR

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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.

Work package 7 (WP7) ´´Early interventions´´ contributes to the Joint Action by identifying the best programs for overweight and obesity prevention in early stages of life, targeted to families during pregnancy, breastfeeding and early childhood. Early childhood is not only a key period for understanding etiology but also for delivering potentially effective preventive interventions. The early childhood years are periods of sensitivity to environmental influences, maximum societal care and protection, multiple settings for intervention, and changeability.

In Annex 1 of the Grant agreement (p.41) the title of the first deliverable of WP7 is: "Descriptive working paper defining good models for multicomponent interventions". After the discussions between WP7 and WP6 partners, it was suggested that these two work packages, which deal respectively with interventions on children under three years (WP7) and on children attending kindergartens and schools (WP6), should harmonise their work as much as possible. It was considered important to start from a clear definition of good practice and criteria for identification, according to the first deliverable of WP6. Thus, the first deliverable in WP7 is the definition and criteria of good practice for multicomponent early interventions designed to prevent childhood overweight and obesity.

This report describes the work that has been done during the first four months of the project (M1 to M4).

Introduction

This document is a deliverable of the Work package 7 (WP7) of the two year (27 month) Joint Action that started in September 2015 under the title 'Joint Action on Nutrition and Physical Activity (JANPA)'.

WP7 aims to build a network for future monitoring and translation of research into policy and practice regarding the determinants of dietary, physical activity and sedentary behaviours. 'Early intervention' refers to actions and policies that are targeted to pregnant women/ future parents and families with children under the age of three years. Nutrition, physical activity, sedentary behaviors and sleeping habits are known to have long term impacts for the health of the population. Substantial evidence suggests that the early childhood period is likely critical to the development of obesity. Epidemiologic studies have found that early childhood obesity and excess weight gain not only predict later obesity and cardiometabolic risk but also serious morbidity during childhood.

Early childhood is not only a key period for understanding etiology but also for delivering potentially effective preventive interventions. The early childhood years are periods of sensitivity to environmental influences, maximum societal care and protection, multiple settings for intervention, and changeability.

It is crucial to have interventions/programmes focused not only on mothers but also fathers and other care-takers, as they also represent a model for future behaviour of children regarding both eating habits and physical activity. Providing counselling and proper information for future parents and informing mothers about the health benefits of breastfeeding is the first step to prevent childhood obesity.

Early intervention also refers to actions and policies targeted to health professionals (primary target group) who are involved in providing health education to the families. The objective of the first task of WP7 (Task 7.1) was written into project plan to be 'Description of policies and interventions nutrition and physical activity' (*from M0 to M4, duration 4 months).* This task was to include the following: "To list, compare and benchmark, within and between countries participating in the WP7 the policies and actions of nutrition and physical activity that are specifically targeted for pregnant mothers and families with small children. Review and map-out the specifically nutrition and physical activity-oriented actions and interventions that are being implemented by both government and non-governmental organizations. Collect examples on policy/national actions, implementation guidelines, follow up practices".

However, during the kick off meeting and the subsequent teleconference meetings with the "advanced-level" partners (partners from 5 countries : Czech Republic, Germany, Italy, Malta, Norway, in addition to Finland as WP leader) it was decided to start from a clear definition of good practice and criteria for identification, according to the first deliverable of WP6. The rest of the work in task 7.1 will be completed as part of the next task (Task 7.2). This current deliverable presents work of Task 7.1 that was done jointly by WP7 leader with WP7 advanced level partners: to set up definition and criteria for good practice during the early intervention period, and to establish a detailed methodology for WP7.

1. Methodology

Discussions to conduct WP7 started in the kick-off meeting of the project in Luxemburg. The work load will be shared mainly among partner institutions from six countries: Finland, as WP leader, and the "advanced-level" partners from Czech Republic, Germany, Italy, Malta and Norway.

1.1 Inclusion and exclusion criteria for good practice

At the JANPA kick-off meeting it was agreed that the two work packages, WP6 and WP7 should harmonize the criteria of good practice and definitions for selecting programs as they have the same aims, but are focused on different target populations (WP7 - early interventions under the age of three years, and WP6 children attending kindergartens and schools). During subsequent teleconferences among the WP7 "advanced level" partners and between WP6 and WP7 leaders, it was discussed that even though the target populations are different, it would be best if the criteria could be as similar as possible.

It was decided to start from identifying a clear definition of good practice and criteria for identification, and then to focus on the development of questionnaires to collect relevant programmes/interventions and policies from all the WP7 partners (13 countries). The WP6 leader kindly shared with WP7 the knowledge and methodology on how the WP6 set definition and criteria.

The inclusion and exclusion criteria for selection of good practices were developed between the WP7 "advanced-level" partners through e-mail consultations and teleconferences. It was also agreed to collect information through three questionnaires: one on policies and two (short and extensive) on programmes.

Reasoning for the selection of inclusion and exclusion criteria for the good practice projects:

A. Methods that can be used to promote health and wellbeing

Parents with young children are an important target group for nutrition education since taste preferences and eating habits develop early in life. Frequent and early introduction of foods in infancy increases preference to these foods, which is one of the most important determinants of food consumption. For instance liking of bitter tastes, common in vegetables, is not innate and has to be learned, unlike the sweet tastes.

Mother and child health clinics play prevalent role in family's life during pregnancy, breastfeeding and infancy. Many different functions related to health and well-being fall under the work of medical personnel, often MD's and nurses, producing substantial time constrains for their work. Therefore, new ways of merging different functions (like parenting practices, socio-emotional well-being and dietary practices) are needed. Nowadays, parents search dietary information also from Internet and social media. Internet-based interventions and peer support have been shown to give supplemental support for professional advice. Therefore more effective use of supportive, high-quality Internet and social media platforms are needed.

The evidence-based frameworks and practical methods that have multi-component approach to influence parental motivation, capability and opportunities in improving their feeding behavior and child's and family's dietary practices that have proved to be successful are the target programs in WP7.

B. Mechanisms to change life-style permanently to increase health

Food choice is a complex process made up of genetic predispositions, experiences, learning and marketing. For parents with young children eating and feeding are morally- and emotionally-laden components of their dyadic relationship with the child and their representations of themselves as parents. Individuality and complexity with respect to eating and feeding should be better acknowledged when developing nutrition education strategies. According to the Self-Determination Theory, the amount of intrinsic motivation is crucial when aiming at permanent change in eating habits or other life-style changes. By targeting the enhancement of the intrinsic motivation professionals can support a permanent progress towards health

promoting feeding and eating practices. Eating competence is a novel, evidence- and practice-based educational approach to eating. On contrary to the more conventional nutrition educational approaches, which promote externally motivated conformity to food-selection standards, eating competence model focuses on encouraging use of intrinsic motivation and cues to eat a variety of food, enjoyment of eating and flexible, positive attitude. Practical tools of the sensory-based food education (Sapere) can further be used in exploring foods in a positive atmosphere and with all the senses, particularly those foods with tastes that are more difficult for young children to appreciate.

C. *How to transfer resources from treatment of diseases to their prevention and thus support healthy life-style to increase health and wellbeing*

Maternity and child health clinics' role in preventive health education is mentioned in several policy documents as well as national recommendations. In practice, there are many obstacles in performing effective health education, including vast number of counselling topics, time constrains, lack of knowledge and skills, and inadequate co-operational structures and resources. Increasing the use of effective and more focused practical counselling methods, co-operation with NGO's as well as knowledge and skills of public health sector and merging thematic areas of health promotion will allow more efficient use of scarce resources. Also analyses of the less successful actions helps to improve future programs.

D. *How enterprises, public health, social and other civil society organisations and their collaboration can promote health and wellbeing*

Many third sector or civil society actors like have developed practical tools for counselling, education for professionals and an Internet platform as well as social media activities for families with children. These concepts are based on the ideas of family-focused counselling, importance of intrinsic motivation, and methods of solution-based brief therapy. Also some civil-society organizations have developed practical food and cooking -related activity tools for group meetings and home visits. Focus is on empowering families to increase their independent initiative. There are good existing tools and experiences of their use are utilized when conducting the interventions. New co-operation models can be established between the non-profit sector (NGO's) and business companies for developing new easy-to-use products/services but the quality of these tools must be independent from the commercial interest. Through the partners and their existing channels, we will effectively reach professionals as well as families with infants and toddlers. This will enable more effective distribution of the experiences, results and practical tools of the project.

1.2 Questionnaires

The policy questionnaire will include specific questions on policies and on basic demographic and/or economic data (e.g. population, GDP or gross domestic product per capita and/or HDI – Human development index, etc.) and other information relevant to the WP7 objectives (e.g. number of deliveries per year, number of women in reproductive age, % of women engaged in the work place, etc). It is important to critically analyse the components which could influence the transferability and reproducibility in different contexts of the identified best practices (for example, duration of maternity leave, payment of maternity leave, "childcare options" and their accessibility, etc.). This questionnaire will be finalised in the next months as part of Task 7.2.

The short questionnaire will help to identify and select relevant programs and projects according to the definition of good practice and the inclusion and exclusion criteria; the second (extensive questionnaire) will collect further information on some selected programs and projects. The relevance of using the WHO Good Practice AppraisalTool[1] as basis for both these questionnaires will be studied, as will other sources such as the example for setting the criteria that was used in another EU project, "Healthy Ageing in 2005-2007[2]" where it proved to be useful. The long/extensive questionnaire additionally will include selected

[1] http://tinyurl.com/h2yfye3
[2] http://tinyurl.com/2xb2p8

questions from the European Quality Instrument for Health Promotion (EQUIHP)[3]. The questionnaires will be electronic questionnaires. The electronic version will be developed starting from Month 5 (January 2016), and there will be two levels: step 1 (short questionnaire) and step 2 (extensive questionnaire).

2. Good Practice Definition and Criteria

2.1 Definition of good practice for childhood overweight and obesity prevention programs targeted to families during pregnancy, breastfeeding and early childhood

A *good practice* is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it.[4] Moreover innovative practices which have not been repeated, but have produced good validated results, can also be considered.

The term *early interventions* to prevent childhood overweight and obesity focuses on promoting a healthy lifestyle for pregnant women and families with children under the age of three years. It includes structured initiatives that are aimed to promote healthy nutrition, including breastfeeding, and physical activity. The objective is to prevent gaining excessive body weight and to reduce the risk of developing obesity and its comorbidities. Early intervention programmes can be conducted and implemented by both government and non-governmental organizations. In addition to universal measures, selective interventions that focus on lower socio-economic and immigrant groups should be given special attention.

References:

Food and Agriculture Organization of the United Nations (March 2014). Good practice template. http://tinyurl.com/ho59qem

Wang *et al*. Childhood Obesity Prevention Programs: Comparative Effectiveness Review and Meta-Analysis. Comparative Effectiveness Review No. 115. (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 290-2007-10061-I.) AHRQ Publication No. 13-EHC081-EF. Rockville, MD: Agency for Healthcare Research and Quality; June 2013. www.effectivehealthcare.ahrq.gov/reports/final.cfm.

[3] http://tinyurl.com/hwdmgzv

2.2 Criteria of good practice for childhood overweight and obesity prevention programs targeted to families during pregnancy, breastfeeding and early childhood

Criteria for good practice identification is needed to facilitate and standardize the search among different countries. Search for actions (programmes, intervention, counselling, policy, strategy and other forms of good activity) starts with desk top/internet search where the keywords are needed (especially for scientific literature and journal database or engines search). The list of keywords will be provided.

Member states can identify projects in their countries by using keywords in native languages. Some projects can be found through ´grey literature‘, i.e. not yet published reports, internal database of organisations, ministries, NGOs and other services for pregnant women. Also personal contact with projects providers using snow ball methods can gather usefull information.

Inclusion criteria for early intervention projects are:

- Documented in written for preliminary assesment in all part: description- summary, where, when, who and what
- Addressed to our target groups (health and social care professionals/counsellors as primary target group and pregnant women, breastfeeding women and families with children 0-2 years as secondary)
- Including contact persons or organisations for more detailed information to complete questionnaires in later stage
- Finished in 2005 or later (we need projects on up to date evidence base)
- Current, not completed – ongoing project : if interim results and evaluations are available and have clear outputs or expected results
- National, regional, local level, European/international project only with clear national impact

Exclusion criteria for early intervention projects include:

- Not clear description for identification of project provider or not clear description of target group
- Commercial project advertising a special food/drink, nutrition or other supplement etc.
- Finished before 2005
- Without any clear result even predicted and any evaluation even planned
- Projects proposals without realisation
- International project without clear national impact
- Projects financed by commercial brands

2.3 The questions for the development of the WP7 short and long questionnaires to be used to analyse the best programmes

Table 1. The questions to assist the development of the WP7 questionnaires.

1. Framework of the health promotion principles of the project
1.1 Does the project address the determinants of health in terms of the skills and capabilities of people and/or the social and environmental conditions which impact on health?
1.2 Is the project embedded within a comprehensive approach to promoting health, as elaborated in a (local, regional, national or institutional) policy plan?
1.3 Are different dimensions of equity taken into consideration and are targeted?
1.4 Are efforts made to facilitate vulnerable groups access to relevant services?
1.5 Objectives
1.5.1 Is the formulation of the objectives SMART? (specific, measurable, achievable for the target population, realistic and time-framed)
1.5.2 The intervention's objectives and strategy are transparent to all individuals and stakeholders involved
2. Project development
2.1 Relevance
2.1.1 The design is theoretically justified and addressed the sequency, frequency, intensity, duration, recruitment method and location of the intervention.
2.2 Target group
2.2.1 Have the relevant demographic features of the target population/s been identified?
2.2.2 Have the priority needs, wishes and social norms of the target population/s been identified?
2.2.3 Has the target group been segmented with regard to motivational phase and possibilities for change?
2.2.4 Is there a communication strategy which includes intermediaries/multipliers addressing stakeholders that are of relevance to promote participation in the intervention (e.g. medical professionals and community NGOs and other counselling services)
2.3 Partnership
2.3.1 Is the governance of the project clearly defined between public/private partnership?
2.3.2 Is the financial support for the project openly stated to avoid conflict of interest (also private sector involvement through foundations)?
2.3.3 Are the affiliations of the professionals involved in the project openly declared?
3 Implementation
3.1 Strategy
3.1.1 Pilot study has been performed

3.1.2 Has the engagement of the partners, target group and/or other stakeholders been assured?
3.1.3 Is it clear how the implementation will be monitored?
3.2 Intervention
3.2.1 Is the intervention aligned with a comprehensive approach to health promotion/health in all policies-approach?
3.2.2 Is the intervention aligned with a policy plan at local, national, institutional or international level?
3.2.3 Is the content of the intervention compatible with the culture, knowledge, views, customs and roles of the target population?
3.3 Leadership of intervention
3.3.1 Are the organizational structures clearly defined and described (i.e. responsibility assignments, flows of communication and work and accountabilities?
3.3.2 Are the human resource needs assessed, defined and in clear relation with committed tasks of the project?
3.4 Planning & Documentation
3.4.1 Are the methods of the activities clearly described in a working plan?
3.4.2 Is there a realistic timeframe for the project?
3.4.3 Are information/monitoring systems in place to deliver data aligned with reporting and evaluation needs?
3.5 Capacity and resources
3.5.1 Does the concept of the project include an adequate estimation of the human resources, material, non-material and budget requirements?
3.5.2 Are the sources of funding specified in regards to stability and commitment?
3.6 Participation, commitment and communication with target population
3.6.1 Has the interaction plan with all stakeholders been made?
3.6.2 Have the internal and external partners been identified who are required for adequate support and commitment at each stage of the project?
3.6.3 Is the information clear, transparent and rightly timed for the community, the target population/s and the stakeholders?
4. Monitoring and evaluation
4.1 Are there validated evaluation methods and/or tools?
4.2 Does the evaluation plan clearly outline the purpose, the questions, design, method and timing of the evaluation?
4.3 Does the evaluation plan clearly outline the tasks, roles and responsibilities for the evaluation? (data collection, analysis and reporting)
4.4 Do the evaluation questions match the objectives, context and expectations of the target group and stakeholders?
4.5 Will the information deriving from the evaluation be disseminated and fed back to all stakeholders and to the target group ?

CONCLUSIONS AND RECOMMENDATIONS

This deliverable D7.1. describes the work that was done during the months M1-M4.

The first 4 months were used for setting the definition and criteria to identify good practices for childhood overweight and obesity prevention programs targeted to families during pregnancy, breastfeeding and early childhood. WP7 leader and "advanced-level" partners set up definition, criteria and methodology for WP7 to be able to select activities from the 13 partner countries for further description and/or analysis of what works best.

Good practice is defined as:

> A *good practice* is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it.
> Moreover innovative practices which have not been repeated, but have produced good validated results, can also be considered.

The criteria for selecting the best practices contain inclusion and exclusion criteria:

Inclusion criteria for early intervention projects are:

- Documented in written for preliminary assesment in all part: description- summary, where, when, who and what
- Addressed to our target groups (health and social care professionals/counsellors as primary target group and pregnant women, breastfeeding women and families with children 0-2 years as secondary)
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