2023

WP6 H4EUK 2023

DELIVERABLE 6.1: REPORT OF SELECTED ACTIONS D6.1

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Contents

Executive summary

Objective

The general objective of WP6 is to transfer elements of this best practice to a collection of settings in participating Member States. The settings are f.ex primary healthcare, maternity clinics, schools, daycare centers etc. The target group are professionals who work with the families with children to strengthen the skills in lifestyle counseling.

Please see specific objectives from the Evaluation Plan in Google Docs:
https://docs.google.com/document/d/1Kd0GHDiEr2SHvCtatzwl_QcpuOjnw9v8/edit#heading=h.ihv636

Introduction

This report describes the WP6 Smart Family Health4EUkids process and actions for 2023. First year of the project focus on the 6.1 Preparatory phase.

Material and Methods used in preparatory phase of WP6 in 2023

The Finnish Heart Association has provided information expertise at monthly meetings, in the Helsinki meeting and in personal mentoring meeting for every participant in WP 6. The experts of Smart Family have developed an e-learning platform for all the materials and methods for MS´s to help the implementation of the Smart Family.

The experts of Smart family in the Finnish Heart Association have had mentoring meetings with each MS. In these meetings Finnish experts have mentored the planning of the practical implementation of Smart family in each MS and provided additional information and answered the participants' questions about training the professionals, pilot action plans and Smart family materials and tools.

The e-learning platform consists of six learning modules, which can be used according to the MS´s chosen setting(s) to implement the Smart Family method. The modules are planned to train the trainers in the MS´s and it can be adopted according to the implementation plan.

The modules are:

1. What is Smart Family
   In this module:
   You will hear what the Smart family health promotion model is in Finland.
   You get a first look at the Smart family multidisciplinary health promotion model.

2. “Ideology” behind Smart Family lifestyle counselling
   In this module:
   You will learn the background of Smart family method.
   You think about how obesity stigma affects children and families.
   You will learn about behaviour change and motivation.

   The chapters of the 2. learning-module are:
   a. Smart Family basics: Solution- and resource-focused approach
   b. Obesity stigma
   c. Smart Family theoretical background

3. Smart Family for healthcare settings
   In this module:
   You will learn how to bring up lifestyle issues with families without arousing guilt.
   You will learn how to encourage families to identify their strengths in their health habits.
   You will learn how to motivate families to make changes in their health habits.

The chapters of the 3. learning module are:

a. Implementing Smart Family in healthcare setting: Smart Family card
b. Implementing Smart Family in healthcare setting: Picture folder
c. Implementing Smart Family in healthcare setting: Supporting the family of an overweight child

4. Smart Family for educational settings – day care and school
   In this module:
   You will learn how to bring up lifestyle issues with families.
   You will learn how to encourage children and families identify their strengths.
   You will learn how to teach health skills through play and exploration.
   You will learn how to support a child`s healthy body and food relationship.
   You will learn how to encourage families to the positive atmosphere of the home and working together.

   The chapters of the 4. modules are:

   a. Implementing Smart Family in educational settings: Food education
   b. Implementing Smart Family in educational settings: Supporting the child´s healthy body and food relationship
   c. Implementing Smart Family in educational settings: Learning healthy skills
   d. Implementing Smart Family in educational settings: Co-operation with families

5. Smart family for parents and guardians
   In this module:
   You will learn how to encourage families to the positive atmosphere at home and working together with healthy habits.
   You will learn how to encourage families to identify their strengths in their health habits.
   You will learn how to help parents to find out how they could make little changes in their health habits.

   The chapters of the 5. modules are:

   a. Smart Family for parents and guardians
   b. Encouragement and a positive atmosphere at mealtimes for the whole family
   c. Joy of movement to the whole family
   d. The whole family´s sleep and relaxation skills
   e. Daily family life
   f. Everyone has a unique body, and each body is valuable just the way it is.

6. Smart family tools and materials
   In this module:
   You will learn what kind of tools and materials Smart family provides
   Smart family card in English

   Translated materials (English):

   - Smart family card for maternity clinics and children´s counselling
     - Smart family card for school healthcare
     - Smart family picture folder

- Smart family web pages
    - In English
    - For families in Finnish (use the Google translator plugin in your browser)
    - For professionals in Finnish (use the Google translator plugin in your browser)
    - Material bank (mostly in Finnish)
- Star tools
    - The star of our family
    - The star tool for child´s eating skills
    - The star tool for childs´movement and physical activity
- Nutrition and Food education materials:
    - Smart family food education idea bank (in Finnish - use Google translator plugin on your browser)
    - Eat 5-6 handfuls of vegetables every day!
    - Breakfast
    - Meal rhythm
    - Meal rhythm (oral healthcare)
    - Vegetable poster
    - Vegetable cards in English
    - Vegetable cards without texts
    - Snack
    - Fullness meter
    - Yummy!
- Physical activity materials:
    - Exercise worksheet
    - I can worksheet
- Body image
    - My body worksheet
- Rest and relaxation
    - Sleep
    - Sleeptree
    - Screentime
    - Clik!-worksheet
    - Family´s screen deal

Tasks for 2023

6.1 Preparatory phase

WP6 coordinator and Finnish Heart Association are in charge for Introducing Smart Family ideology and framework, based on research and implemented actions. Idea of this context analysis is to engage MSs to choose and decide best themes of actions and agents (in health and social care, education or directly families and children) that are appropriate and suitable for their selected targets for engagement at pilot action settings. There is no need to cover all possible agents in the beginning. The idea is to choose first agent with whom to begin implementing the chosen module for this agent. For instance, in Finland's system, we started the implementation and development with maternity and child welfare clinic workers.

Sub-Task Task 6.1.2

Creating WP6 leader's coordinated platform where MSs can share information and ask questions how to implement Smart family in their own country. Making agreement between MS stakeholders about how and when to have meetings to gain answers and information that would be appropriate and sufficient for each participating stakeholder. MS can choose one or more module/s. Performing all preparatory selections and actions prior to the best practice's implementation phase. To have a thorough understanding of the best practice features and to establish a detailed plan for replication of chosen module/modules in each relevant Member State. (Grant Agreement 101082462-Health4EUkids, 2022, p. 80-81)

6.2 Implementation plan

Implementation plan for Smart family Based on T6.1 results, each pilot country (Member State) defines its own implementation plan. The plans will include a detailed overview of the activities, defining concrete actors (who), functions and roles (what), timeframe (when) and setting (where). Prior to implement the modules from Smart Family, the coordination and development of the intervention system must be created jointly by participant MSs. (Grant Agreement 101082462-Health4EUkids, 2022, p. 80-81)

Pilot teams in each participating MS will set up specific aspects:

Sub Task 6.2.1 Establish an activity calendar and internal responsibilities including the set-up of the multi-disciplinary team that will oversee the implementation and informing various stakeholders in the MS. It is vital that this team has a representative from the each chosen module. Confirm and describe preferred training implementation format and methods for each participating MS. (Grant Agreement 101082462-Health4EUkids, 2022, p. 80-81)

Sub Task 6.2.2 Specify target agent/to be recruited, preferred recruitment strategies to implement, recruitment criteria considered, along with their own key performance indicators (process or health-related) based on WP3 guidelines. After having received their own information the target agents will set up plan for further training their own network. (Grant Agreement 101082462-Health4EUkids, 2022, p. 80-81)

Sub Task 6.2.3 After choosing the module and making the implementation plan, to decide the evaluation criteria (qualitative and quantitative) and process indicators. (Grant Agreement 101082462-Health4EUkids, 2022, p. 80-81)

Meetings organized in 2023

WP6 Smart family: Kick-off meeting Athens (08-09.02.2023)

Agenda (08.02.2023)

Wednesday 8, February from 09:00 a.m. to 17:00 p.m.	
09:00-09:30	**Registration**
SESSION 1	**Project overview -** *Chairs:* ***Apostolos Vantarakis****, University of Patras, Greece*
09.30-09.40	**Welcome,** ***Mina Gaga****, Alternate Minister of Health, Greece* ***John Karvelis****, Director of 6th DYPEDE, Greece*
09.40-10.00	**Welcome speech: "Child Obesity Facts. Is it all about Diet?"** ***Emmanuella Magripli****, Ass.Professor in Nutritional Epidemiology & Public Health Laboratory of Dietetics and Quality of Life; Department of Food Science and Human Nutrition School of Food and Nutritional Sciences; Agricultural University of Athens, Research Associate, Harokopio University, Visiting Faculty, United Arab Emirates University*
10:00-10:30	**Introducing Health4EUKids** ***Apostolos Vantarakis****, University of Patras, Greece*
10:30-10:50	**Grant management, Reporting and Amendments (online)** ***Alessandro Chiodini****, Scientific project Officer, Health, and Food Safety Unit, HADEA*
10:50-11:00	**Financial Questions**
11:00-11:30	**Coffee Break**
11:30-12:30	**WP1 (Coordination): Joint Action Management Plan**
	Partners presentations: Each partner will present in 3 slides their institute/research team
12:30-13:00	**WP2 (Dissemination): Communication and dissemination plan**
13:00-14:00	**Lunch**
14:00-16:00	**Visit to Acropolis museum (offered by DYPEDE)**
SESSION 2	**Starting to be operative (I)** *Chairs: Angela Giusti (ISS Italy), Rosana Peiro Pérez (Fisabio, Spain), Heli Kuusipalo (THL Finland)*
16:45-17:15	**WP3 (Evaluation): Monitoring and Evaluation framework** *Lead:* ***Péter Csizmadia*** *(NNK, Hungary)*
17:15-17:30	**WP4: Sustainability (overview)**
17:30-17:45	**WP5: Grunau Moves (overview)** *Lead:* ***Rosana Peiro Pérez*** *(FISABIO, Spain)*
18:00-18:15	**WP6: Smart Family (overview)** *Lead:* ***Heli Kuusipalo*** *(THL Finland)*
18:15-18.30	**Final considerations of 1st day** ***Apostolos Vantarakis****, University of Patras, Greece*
21.00	**Official dinner (offered by DYPEDE)**

Meeting notes: https://docs.google.com/document/d/1PeF3hg0tLYNOmXcmRWNyxBom5gqTRZbU/edit

Presentation: Smart Family_EU_kickoff_20230208_intro, Kati Kuisma and Taina Sainio. Link: https://docs.google.com/presentation/d/1MSYdSU17FJqfMYB8SSjk6SCc3tyiYgZf/edit#slide=id.p1

Presentation: Implementation strategy to implement Smart Family, Nella Savolainen. Link: https://docs.google.com/presentation/d/1nOgmDntlWhShGi3RmNGhMMaBv5idyzwc/edit#slide=id.p1

Agenda (09.02.2023)

Thursday 9, February from 08:30 a.m. to 17:00 p.m.	
SESSION 3	**Starting to be operative (Part II)** - *Chairs: Péter Csizmadia (NNK, Hungary)*
08:30-10.30	**WP6: All partners working on Smart Family**
10:30-11:00	**Coffee break**
11.00-13.00	**WP5: All partners working on Grunau moves** *Lead: Fisabio, 120-minute teamwork*
14.00-16.00	**WP4: All partners working on Sustainability**
16:00-17:00	**Final remarks** **Apostolos Vantarakis**, *University of Patras (Greece)*

Meeting notes: https://docs.google.com/document/d/1t-jnyJjcxm5lk4br1qv7oxsKmkb1EZcn/edit

WP6 Smart family meeting: pre implementation strategies (14.04.2023)

Organizing meeting kept 14 of April 2023 on Teams.

Agenda of the meeting:

1. Welcome and getting started to know each other.
2. Short reminder of the objectives and roles of participants of WP6 Smart Family.
3. Next steps and important dates for 2023.
4. Pre implementation strategies for 2023 and homework's: Nella Savolainen, THL.
5. Discussion and questions.

Participation list and meeting notes: https://docs.google.com/document/d/1TB1N21ZdXayr5l2xV21a-ju2i2eAnOep/edit

Presentations:
https://docs.google.com/presentation/d/1Y1fFQGtNGKGC29EfXN9VTE6Y3FnrB51p/edit#slide=id.g1f09623a226_0_0.
The recording of the organizing meeting:
https://thlfi-my.sharepoint.com/personal/peppi_haario_thl_fi/_layouts/15/stream.aspx?id=%2Fpersonal%2Fpeppi%5Fhaario%5Fthl%5Ffi%2FDocuments%2FTallenteet%2FWP6%20Smart%20Family%5F%20Organizing%20meeting%20%28Health4EuKids%29%2D20230414%5F135336%2DKokouksen%20tallenne%2Emp4

WP6 Smart Family: Scientific background strand in monthly meeting (18.04.2023)

Organizing meeting kept 18 of April 2023 on Teams.

Agenda of the meeting:

1. Scientific background of Smart Family in monthly meeting: Katja Pahkala (Associate Professor, University of Turku) gave a presentation on the topic of Cardiometabolic health & diseases – the story begins in childhood.
2. Discussion and questions of Katja's presentation.
3. Next monthly meeting concerns implementation strategy strand Workshop.

Participant list and meeting notes: https://docs.google.com/document/d/1VPrFjml0vEo-It3empv3eKqgKbcEwEhN/edit.

WP6 Smart Family: Implementation strategy strand Workshop (17.05.2023)

Smart Family: Implementation strategy strand Workshop was held the 17th of May 2023.

Agenda of the meeting:

11.00-11.05 Welcome, Heli Kuusipalo
11.05-11.20 Plan Action Plans supporting the implementation work, Nella Savolainen
11.20-13.00 Presentations of Member State: Setting ideas, stakeholders etc. of each Member State for implementation the Smart Family. 15 min/country
13.00-13.30 Break
13.30-14.50 Concrete next steps according to Smart Family methods and tools, Kati and Taina
14.50-15.00 Important dates! Please check your calendars for upcoming events:
Scientific background strand and workshop for implementation strategy in monthly meeting on June 14th at 13-15 CET. Additionally, after summer holidays we will hold orientation meeting for Helsinki on September 6th at 13-14 CET.

Participants and the meeting notes:
https://docs.google.com/document/d/1KsK6TJW7scL9EPnNdIA95ImNNefUzrHf/edit.

Presentation by Nella Savolainen:
https://drive.google.com/drive/folders/1OdwvPHi9TVR2eC_tH05r_MbFrOtxIRdp

Template: https://drive.google.com/drive/folders/1hj2wOTNKQuI8_zp65p6Jn1C6p3faln2k

SWOT and scope analyses: https://drive.google.com/drive/folders/1dRpQ91ZplIGBkU0v9JNZEyWkMr-b_WL3.

Presentation by Kati and Taina: https://docs.google.com/presentation/d/1AULeEzLaX-7pnLhE-e7Oky8Z4ONfmDDq/edit#slide=id.p1.

WP6 Smart Family: Scientific background strand + workshop for implementation strategy (14.06.2023)

Smart Family: scientific background strand and workshop was held the 14 of June 2023.

Agenda of the meeting:

1) Welcome and opening of the meeting (10 minutes).
2) Scientific presentation: "How to motivate parents to healthy lifestyle?" Doctoral researcher Terhi Koivumäki, University of Tampere (45 minutes + 10 minutes).
3) Presentation of Croatia: Scope and SWOT (15 minutes).
4) Updating the progress of all participants (15 minutes).
5) Upcoming events and important dates (15 minutes).
6) Conclusions and wrap-up (10 minutes).

Participants and the meeting notes:
https://docs.google.com/document/d/1KwLjAf9ErZXCGXc00MSi1Ise5vt8Kb2D/edit

Presentation by Päivi Mäki:
https://drive.google.com/drive/folders/1OdwvPHi9TVR2eC_tH05r_MbFrOtxIRdp

Presentation by Terhi Koivumäki:
https://drive.google.com/drive/folders/1OdwvPHi9TVR2eC_tH05r_MbFrOtxIRdp

WP6 Smart Family: orientation meeting for Helsinki (06.09.2023)

Smart Family Monthly meeting was held the 6th of September 2023.

Agenda of the meeting

1. Information of the Helsinki meeting
2. Registration for events
3. Link for orientation into Smart Family materials
4. Discussion and questions

Participants and the meeting notes:

Presentation by Heli Kuusipalo:
https://docs.google.com/presentation/d/1ZWJUCOa8_hb1xEJ6OJfY_aC_QQtUUbpH/edit#slide=id.p1

WP6 Smart Family: Helsinki workshop (12-13.09.2023)

Agenda (12.09.2023)

September 12 Tuesday:

9:00-9.30: Opening/Registration + breakfast and coffee.
9.30-9.35: Welcoming words from Markku Tervahauta, General Director, THL
9:35-9.45: Welcome to the WP6's meeting, Heli Kuusipalo

9.45-10.45: School health care promoting well-being and preventing obesity, Paula Häkkänen, Head Physician in Health Promotion, HUS Helsinki University Hospital

10.45–11.00: Break

11.00–12.00: WP 6 presentation of tools and E-learning for trainers Kati Kuisma and Taina Sainio

12.00–13.00: Lunch in THL restaurant

13.00–14:00: Smart family method in practice, Taina Sainio, Marjaana Kauranen, Anne Kuusisto, Kati Kuisma

- Presentation by a public health nurse/healthcare professional
- Presentation by an early childhood education professional /education professional

14:00-14:20 Coffee break

14:20 – 16.20: Smart family method in practice – workshop and mentoring. Participants break into groups: Smart Family in health care settings, Smart Family in educational settings.

16.20-16.30: Closing of meeting

19.00-21.00: Boat cruise in Helsinki archipelago and dinner on board; cruise leaving from the city center in front of the marketplace (Kauppatori)

The day begins with an opening and registration period, allowing participants to enjoy breakfast and coffee. Following welcoming words from Markku Tervahauta, the General Director of THL, Heli Kuusipalo extends a warm welcome to the WP6 meeting.

Paula Häkkänen, Head Physician in Health Promotion at HUS Helsinki University Hospital, takes the floor to discuss school health care's role in promoting well-being and preventing obesity.

Presentation of Paula Häkkänen is found here: https://drive.google.com/drive/folders/1nwcZqe4kOtg4H6h-FXP4s6cQFcz2kWQj.

After that Kati Kuisma and Taina Sainio presents the of tools and e-learning for trainers as part of WP6. Presentation is found here: https://docs.google.com/presentation/d/1EFT7XS7gGwult1REvMmZV6QUIsCK4amk/edit#slide=id.p1.

The afternoon session is about the smart family methods in practice. The session is held by Taina Sainio, Marjaana Kauranen, Anne Kuusisto, and Kati Kuisma who were sharing insights and experiences.

Presentation is found here: https://drive.google.com/drive/folders/1nwcZqe4kOtg4H6h-FXP4s6cQFcz2kWQj.

Agenda (13.09.2023)

September 13 Wednesday:

8.30-9.00: Opening + breakfast and coffee.

9.00- 9.45: Strength-based approach to lifestyle counseling, Pilvikki Absetz, PhD Professor of Public Health, Faculty of Social Sciences, Tampere University

9.45- 10.30: Parental experiences of childhood obesity, Terhi Koivumäki, doctoral researcher, Tampere University

10.30-11.00: Transportation to school visit

11.00-13.00: Visiting school and eating school lunch.

13:30-14:00: Coffee break

14:00–15:30: Pilot action plan for implementing elements of Finnish good practice Smart Family, Nella Savolainen, Senior adviser, THL.

15.30-16.00: Next steps: Timetable for the fall (Monthly meetings related to pilot actions plans) and agreeing of schedule for individual mentoring each member state.

16.00–16.15: Closing of meeting, Heli Kuusipalo

The day begins with an opening session featuring breakfast and coffee. First presentation of the day is held by Pilvikki Absetz, PhD Professor of Public Health at the Faculty of Social Sciences, Tampere University, discusses the strength-based approach to lifestyle counseling. Presentation found here: https://drive.google.com/drive/folders/1H_gp1GmDiWHH4zNgkTv3_HO1b5mddNih. The program is continued with a presentation by Terhi Koivumäki, a doctoral researcher at Tampere University, shares insights into parental experiences of childhood obesity. Presentation found here: https://drive.google.com/drive/folders/1H_gp1GmDiWHH4zNgkTv3_HO1b5mddNih.

At lunch time, there's a transition for a school visit to Käpylän Yhtenäiskoulu, with the visit itself including an opportunity to experience a school lunch and visit in the Finnish school environment. Presentations and a guided tour were held by the principal and students. The day concludes with a session on the pilot action plan for implementing elements of Finnish good practice Smart Family, led by Nella Savolainen, Senior Adviser at THL. Presentation found here: https://drive.google.com/drive/folders/1H_gp1GmDiWHH4zNgkTv3_HO1b5mddNih.

WP6 Smart Family: Monthly meeting (4.10.2023)

Smart Family Monthly meeting was held the 4th of October 2023.

Agenda of the meeting

1. Welcome, reflections of the Helsinki meeting; Heli Kuusipalo
2. Up-date of the progress after Helsinki meeting; each member state has 5-10 minutes to share.
3. Nella Savolainen presenting practical tool (Excel table) for the check-up of the implementation plan.
4. Each MS formulates their own main objective of the 2024 implementation phase of the Smart Family (one or two sentences).
5. Kati Kuisma and Taina Sainio remind the use of Smart Family webpage, present next step alternative modules and give time slots for booking of country specific mentoring appointments.
6. Any other issues.

The participation list and the meeting notes: https://docs.google.com/document/d/169jQQkO8ncP4F-xvxgRXar2on3tn0O2v/edit.

Excel file for implementation plan: https://docs.google.com/spreadsheets/d/1Whs9MjOlfU_2WsMFvSJWqFPRGbxBcau4/edit#gid=574073877

WP6 Smart Family: Monthly meeting (15.11.2023)

Smart Family Monthly meeting was held the 15 of November 2023.

Agenda of the meeting

1.Updating the progress and plans for reporting the year 2023 (Heli, Päivi and Nella)

2.Up-dating the progress of planning and preparing for year 2024 work; each partner gives the up-date of their work and status of the plans for year 2024 (challenges, schedules, introducing the work to participants/counterparts, reaching the counterparts or any other issues), 15 minutes each MS

3.Mentoring occasions (Kati and Taina)

4.Next meeting 13.12.2023 and deadlines for reporting year 2023.

Participation list and meeting notes:
https://docs.google.com/document/d/1mrhG2lPrr7YxYIUEpnq7TGNLYjCy_Mfz/edit.

Presentation: https://docs.google.com/presentation/d/1dn3oWNKNYJiPuO0-Kw4MNvfsA_O3zXzL/edit#slide=id.p1

WP6 Smart Family: Monthly meeting (13.12.2023)

Smart Family Monthly meeting was held the 13 of December 2023, at 14-16 (+1 CET) o'clock

Agenda of the meeting:

Agenda:

1. Updating the progress of the year 2023. Each MS presents their plan based on the model dia attached to the email. Finnish team gives comments for each plan. 10-15 minute for each MS for presenting and discussions.
2. Suggestion for measuring Smart family approach, Taina and Kati present.
3. Heli up-dates of the report and work done in 2023.
4. Plans for year 2024, schedules, topics for monthly meetings and deliverables.
5. Next meetings to be decided.

The participation list and the meeting notes:
https://docs.google.com/document/d/1THxFehTW_N8c4p45Pi8fiPsEMlwefDs9/edit

Model of Presentation slides:
https://docs.google.com/presentation/d/1VxHzsY41IZBMIvd1Hc4CkCpPK0kGTzmt/edit#slide=id.p1

WP6 Smart family: Mentoring timetable

Date	Time	Country	Participants emails
17.11.2023	9.00-10.00 (UTC+2, Helsinki time)	Greece	emagriplis@aua.gr; g.karidas@dypede.gr; v.iliopoulou@dypede.gr; l.laxanioti@dypede.gr; k.premtou@dypede.gr
22.11.2023	15.00-16.00 (UTC+2, Helsinki time)	Lithuania	tautvydas.lukavicius@kaunovsb.lt
8.12.2023	10.00-11.00 (UTC+2, Helsinki time)	Croatia	maja.lang-morovic@hzjz.hr; sanja.mestric@hzjz.hr;
8.12.2023	13.00-14.00 (UTC+2, Helsinki time)	Poland	Agata.Szymczak@nfz.gov.pl, kbrukalo@sum.edu.pl
12.12.2023	14.00-15.00 (UTC+2, Helsinki time)	Spain-Ibiza	mramos@dgsanita.caib.es, mcortiz@asef.es, bperis@asef.es, storne@asef.es, acasqueiro@dgsanita.caib.es
15.12.2023	12.00-13.00 (UTC+2, Helsinki time)	Slovenia	martina.mutter@nijz.si

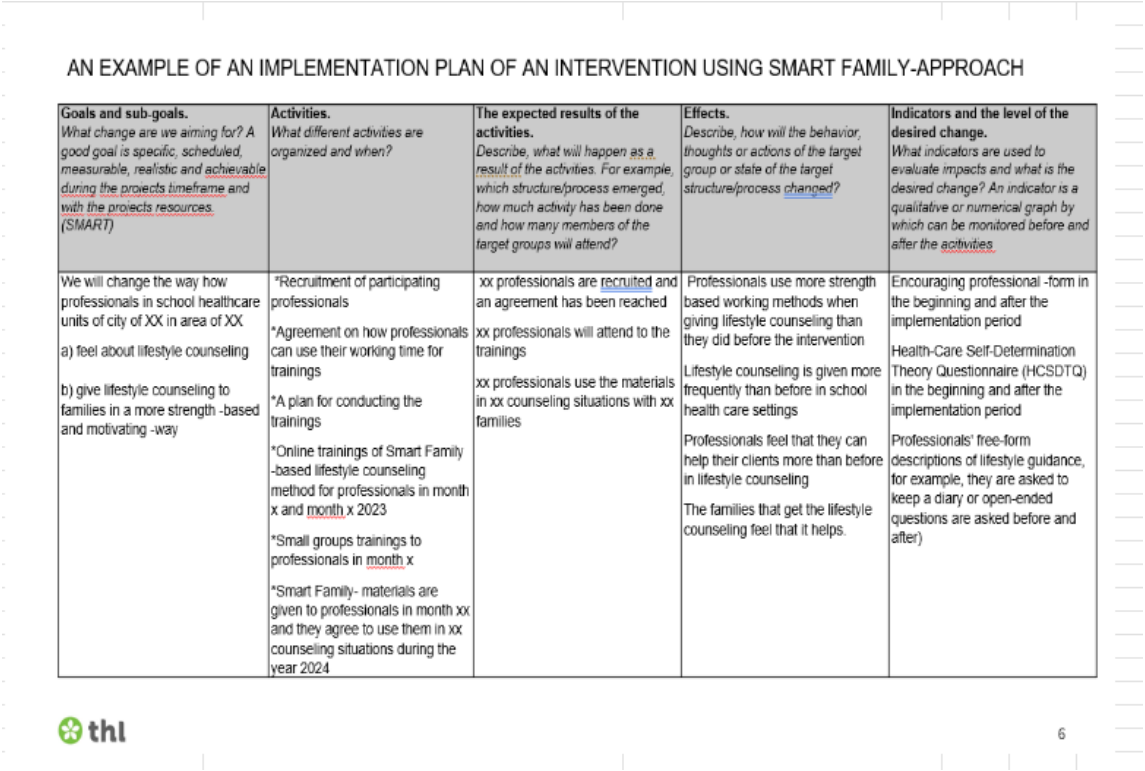
Link to timetable: https://docs.google.com/document/d/1Xu5qOyuyayhwmVoZ-3sdpsRiOuNyeep-/edit

Action Plans for implementation phase 2024

Action Plans are made by the MS Based on T6.1 results, each pilot country (Member State) defines its own implementation plan. The plans will include a detailed overview of the activities, defining concrete actors (who), functions and roles (what), timeframe (when) and setting (where). Prior to implement the modules from Smart Family, the coordination and development of the intervention system must be created jointly by participant MSs. (Grant Agreement 101082462-Health4EUkids, 2022, p. 168-169)

Pilot teams in each participating MS will set up specific aspects based on the Sub Tasks: Sub Task 6.2.1, Sub Task 6.2.2, and Sub Task 6.2.3.

A general example of implementation plan



AN EXAMPLE OF AN IMPLEMENTATION PLAN OF AN INTERVENTION USING SMART FAMILY-APPROACH

Goals and sub-goals. *What change are we aiming for? A good goal is specific, scheduled, measurable, realistic and achievable during the projects timeframe and with the projects resources. (SMART)*	**Activities.** *What different activities are organized and when?*	**The expected results of the activities.** *Describe, what will happen as a result of the activities. For example, which structure/process emerged, how much activity has been done and how many members of the target groups will attend?*	**Effects.** *Describe, how will the behavior, thoughts or actions of the target group or state of the target structure/process changed?*	**Indicators and the level of the desired change.** *What indicators are used to evaluate impacts and what is the desired change? An indicator is a qualitative or numerical graph by which can be monitored before and after the activities*
We will change the way how professionals in school healthcare units of city of XX in area of XX a) feel about lifestyle counseling b) give lifestyle counseling to families in a more strength -based and motivating -way	*Recruitment of participating professionals *Agreement on how professionals can use their working time for trainings *A plan for conducting the trainings *Online trainings of Smart Family -based lifestyle counseling method for professionals in month x and month x 2023 *Small groups trainings to professionals in month x *Smart Family- materials are given to professionals in month xx and they agree to use them in xx counseling situations during the year 2024	xx professionals are recruited and an agreement has been reached xx professionals will attend to the trainings xx professionals use the materials in xx counseling situations with xx families	Professionals use more strength based working methods when giving lifestyle counseling than they did before the intervention Lifestyle counseling is given more frequently than before in school health care settings Professionals feel that they can help their clients more than before in lifestyle counseling The families that get the lifestyle counseling feel that it helps.	Encouraging professional -form in the beginning and after the implementation period Health-Care Self-Determination Theory Questionnaire (HCSDTQ) in the beginning and after the implementation period Professionals' free-form descriptions of lifestyle guidance, for example, they are asked to keep a diary or open-ended questions are asked before and after)

thl 6

Action Plans for each MS

Slovenia: Pilot action plan for implementing elements of Finnish good practice Smart Family in Slovenia

Introduction: Why will you do this?	
1. Problem Description	o Excessive weight in women in their reproductive years and a excessive increase in weight during pregnancy. o Premature cessation of breastfeeding - a high percentage of newborns are breastfed upon discharge from hospital, but there is a significant decrease in the percentage of exclusively breastfed infants afterword. o Early introduction of solid foods into babies diets and unhealthy food in the first year.

	o High incidence of adverse childhood experiences in the population which can negatively influence health and contribute to developing obesity.
2. Available knowledge in your country about the situation	o Obesity in woman in reproductive years: the number of pregnant women with excess weight has been steadily increasing: • in the years 2006-2008, around 20% of higher educated and 30% of lower educated women with BMI>25; • in the years 2017-2019, 25% of higher educated and 40% of lower educated women with BMI>25). o Breastfeeding: • 90 % of infants are breastfeed by the time they leave the hospital; • at 6 months only 54% of women continue to breastfeed, only 5,5 % of babies are exclusively breastfed at the age of six months • at 12 months only 22% of babies are breastfeed o Introduction of solid foods: • 60% introduce mixed feeding between 4th and 6th months; • at the age of 10 months, children consume sweet foods and drinks. o Mothers often report inconsistent advice from healthcare professionals, insufficient support, and inappropriate practices. o Adverse childhood experiences: • three-quarters of adults report 1 adverse childhood experience, • one-quarter of adults report 4 or more;
3. Rationale	Childhood obesity is a significant public health issue. Both parents and healthcare professionals, aiming to assist families in reducing excess weight, understand how challenging it is to lose and maintain weight. In this project, we aim to shift the focus from illness to health and strengthen protective factors. Research indicates that the first 1000 days are crucial for lifelong health. The nutrition of parents before conception, weight gain during pregnancy and the diet of an infant/toddler in the first two years of life influence the development of obesity later in life. By promoting healthy eating and physical activity among parents, advocating for breastfeeding, encouraging the healthy introduction of solid foods, and supporting parents in establishing loving and secure relationship with their baby and toddlers, we can help families to increase their level of health and wellbeing. Expectant parents and those who have already become parents are deeply motivated to adopt healthier lifestyles, driven by their desire to provide the best for their children. During the perinatal period, healthcare professionals maintain ongoing communication with expectant couples and parents. With the appropriate support, these professionals can empower, motivate, and encourage parents to modify their habits and seamlessly integrate positive changes into their family life. Through consistent interaction, healthcare providers have the opportunity to genuinely understand parents, establish a nonjudgmental rapport, and contribute to their happiness by recognizing and acknowledging the positive aspects of their lives.
4. Specific aims	o Pilot implementation of Smart Family among community nurses

	• Introduction of the method, ideology and tools • Strengthen the competencies of community nurses teams to implement Smart Family (motivational interview skills) o Provide Smart Family materials to parents (creating a positive family environment, promoting personal physical activity and healthy nutrition,..)
5. Target population	o Community nurses • Pilot implementation of the Smart Family approach. o Expectant parents and young parents • Offering them Smart Family content on the national webpage for parents and children
6. Local Implementation group	JA team on NIJZ: Irena Krotec, Martina Mutter Community nurses: Martina Horvat (National coordinator of community nurses)
Methods: What will you do?	
7. Context	o Parents are in close contact with healthcare workers during primary preventive activities, including both individual activities and lifestyle counseling and group health education. o Community nurses visit families 1 time before childbirth, 8 times in the first year, 1 time in the second year, and 1 time in the third year. They provide universal coverage, coming to families homes where there is an opportunity for a more relaxed personal interaction. o A national website has been established to promote health and provide information for future parents and parents (ZDAJ.net). o Health education activities are often "top-down," and behavior change is challenging; within the healthcare system, the issue lies in the lack of adequate training and understaffing, making it difficult for providers to focus comprehensively on individuals. o Health inequalities.

8. Intervention	**Improvement area I:** Training community nurses to use Smart Family approach for lifestyle counseling during home visitations in pregnancy, perinatal period and in the 2. and 3. year of child's life. **Change package:** • 6 meetings with community nurses on different topics: presenting SF ideology, models of behavioral changes, basics of motivational interview, health counseling in the infant and toddler years, SF tools, discussion) • E-platform with Smart Family presentation and materials
	Improvement area II: **Providing pa** **Change package:** • Translate Smart Family articles on different topics to include on the national webpage for parent. • Translate Smart Family video and audio materials to include on the national webpage for parent • Translate Smart Family tools for self-reflection on lifestyle and include them on the national webpage for parents
9. Evaluation of the Intervention(s)	**Improvement area I: Training community nurses to use Smart Family approach of lifestyle counseling** *Goals:* • Enhanced skills and competencies of community nurses in using Smart Family approaches when counselling young families. *Evaluation:* • Community nurses' knowledge, attitude, and practice before and after the workshops will be evaluated. • Community nurses satisfaction with the lectures will be measured after the workshops. *Key performance indicators:* • Community nurses' adoption of Smart Family methods into their practice. • Community nurses' satisfaction with the lecture and its usefulness. **Improvement area II: Provide Smart Family articles for families on the national webpage ZDAJ**

	Goals: • Increased accessibility of Smart Family resources for parents on the national webpage. Evaluation: • The number of translated Smart Family articles, videos, and tools available on the national webpage *Key performance indicators:* • Number of new articles and materials available for parents on the national webpage
10. Measures	**Key performance indicators:** Describe how you plan to measure the success of the actions/measures • Community nurses are satisfied with the training and adopt Smart Family methods. • Number of new articles and materials available for parents on the national webpage.
11. Chronogram	**Pre-implementation phase (M1-M13):** Pilot action plan ready by the end of November 2023. **Implementation phase (M14-M30)** Implementation and data collection for Change package, Improvement area I-III. **Post-implementation (M31-M36)** Finalise evaluation and reporting.

Reference: http://chrodis.eu/wp-content/uploads/2021/05/guidelines-chrodis-implementation-strategy_module_i.pdf

Timeline 2023:

January:

- Recruiting community nurses interested in pilot implementation – preparing an invitation (short presentation; meetings timeline and agenda)
- Inviting different professionals to talk about specific topics related to Smart Family training
- Prepare the evaluation plan

February:

- Translating the articles SF
- Prepare for the 1st meeting

March:

- 1. meeting:

April:

- 2. Meeting:

May

- 3.meeting:

June

- 4. meeting:

July

- translating and publishing articles

August

- translating and publishing SF articles

September:

- 5. meeting
- translating and publishing SF articles

October:
- 6.meeting

November:

- Additional meeting if necessary
- Translating and publishing SF articles

December:
- Translating and publishing SF articles

Reference: http://chrodis.eu/wp-content/uploads/2021/05/guidelines-chrodis-implementation-strategy_module_i.pdf

Poland: Pilot action plan for implementing elements of Finnish good practice Smart Family in Poland, NFZ, SUM

Introduction: Why will you do this?	
1. Problem Description	Obesity and overweight affect 10 % of children and adolescents worldwide. It is estimated that by 2025 there will be 177 million overweight 5-17 years old and 91 million with obesity. According to the World Health Organisation, obesity affects on average one in three boys and one in five girls aged between six and nine. Such rapid growth is associated with an increase in obesity-related diseases. Referring to the growth rate of obesity, it is expected that in 2025 approx. 12 million children will have abnormal glucose tolerance, 4 million will develop type 2 diabetes, 27 million will have hypertension, and 38 million will have fatty liver or fat accumulation in this organ. Overweight and obesity among adolescents | Health at a Glance 2021: OECD Indicators | OECD and Library (oecd-ilibrary.org) The factors affecting obesity are complex and varied and no simple intervention can prevent childhood obesity. Action to prevent childhood obesity should be taken in multiple contexts, take different approaches into account and involve a wide range of stakeholders. Sustained interventions at several levels – at individual level in schools and communities – are likely to be needed to make behavioural changes and sectoral changes in agriculture, food production, education, transport and urban planning. Any intervention may have minimal impact when assessed in isolation, but may be important elements of the overall strategy. Measures to prevent childhood obesity must start early, from pregnancy to childhood, and must be closely integrated with other measures to control all

	relevant risk factors for non-communicable diseases (including tobacco use, alcohol consumption, unhealthy diet and low physical activity). This requires intervention at all levels of society, from communities to governments, private organisations and NGOs. Risk factors for non-communicable diseases are part of society and affect many national policies. For many low- and middle-income countries, efforts to prevent obesity – and more generally the prevention of non-communicable diseases – need to be integrated into the related issue.
2. Available knowledge in your country about the situation	Describe here the situation in your country regarding the problem ((You can use the scope analysis you have already made) According to WHO data, 12.2 % of boys and 10 % of preschool girls in Poland are overweight or obese. Obesity is most prevalent among children raised by single parents or in families with low socio-economic status. Estimates vary, but it is believed that more than 20 % of primary school pupils are overweight, and one pre-COVID-19 report commissioned by the National Ministry of Health shows that this rate is 30.5 % for all school-age children in Poland. This is well above the EU average of around 19 %. In primary and secondary school, this percentage rises to 18.5 % among boys and 14.3 % among girls. The highest proportion of overweight and obese children is recorded in the following voivodeships: Mazowieckie, Lubuskie, Lower Silesia and Kujawsko-Pomorskie, and lowest in Małopolska, Świętokrzyskie, Lubelskie and Podkarpackie. https://ptlo.org.pl/resources/data/sections/114/ws_otylosc.pdf
3. Rationale	Describe here, why do you want to solve the problem and why do you want to use parts of Smart Family -good practice in solving the problem, why do you assumpt that this will help you to solve the problem The factors affecting obesity are complex and varied and no simple intervention can prevent childhood obesity. Action to prevent childhood obesity should be taken in multiple contexts, take different approaches into account and involve a wide range of stakeholders. Sustained interventions at several levels – at individual level in schools and communities – are likely to be needed to make behavioural changes and sectoral changes in agriculture, food production, education, transport and urban planning. Any intervention may have minimal impact when assessed in isolation, but may be important elements of the overall strategy. Measures to prevent childhood obesity must start early, from pregnancy to childhood, and must be closely integrated with other measures to control all relevant risk factors for non-communicable diseases (including tobacco use, alcohol consumption, unhealthy diet and low physical activity). This requires intervention at all levels of society, from communities to governments, private organisations and NGOs. Risk factors for non-communicable diseases are part of society and affect many national policies. For many low- and middle-income countries, efforts to prevent obesity – and more generally the prevention of non-communicable diseases – need to be integrated into the related issues of food security and malnutrition. In addition, interventions to prevent childhood obesity must be part of existing plans and programmes to improve nutrition and physical activity and, in a broader vision, early childhood development programmes. Interventions that make use of certain conditions should also seek integration. For example, in many cases, schools have been able to integrate into health-promoting networks that operate in an obesogenic environment, as well as modify behavior as a school plan.

	The overall objective of the Health4EUkids project is to achieve significant health outcomes in terms of health promotion and prevention of childhood obesity. There is evidence that the development of obesity is associated with environmental factors. Socio-economic factors and living conditions therefore influence the development of obesity. Therefore, preventive approaches, which focus solely on changes in individual behaviour without context, are not very promising or sustainable. To reduce health inequalities, complex intervention approaches are needed to strengthen individuals, families and communities, as well as changing living conditions. Overweight and obesity account for around 9-12 % of deaths in older EU Member States and 16-20 % of deaths in the 12 Member States that joined the EU in 2004 and 2007. Similarly, overweight and obesity account for around 10 % of the total disease burden (DALY) in Western and Central European countries. Between 1990 and 2010, the share of overweight in the overall disease burden increased by 39 % in Europe. The prevalence of obesity in Europe is increasing in many countries and the fastest growing in groups with low socio-economic levels. In European countries with higher income inequalities, the level of obesity is higher, especially among children. The scope of the project includes the promotion of healthy lifestyles in families with children to prevent obesity in children, increase physical activity and healthy diets for children, families and communities, with a particular focus on social standards. As a first step in implementing the change in the management approach to the treatment of obesity in the Polish health system, account should be taken of the health risks of obesity, which inevitably develop in the long term, resulting in increased costs as a result of increasing morbidity and the need for medical care. The increasing prevalence of overweight and obesity in a population means an increase in the frequency of complications and associated diseases requiring treatment, thus increasing both the burden for the patients themselves and the health system. Increasing the role of paediatric doctors, doctors, nurses, school nurses, nurses and kindergartens, who have the most frequent contact with children and parents or carers, can play an important role in promoting health in the local community, especially when they have long-standing contacts with them. Long-term relationships make it possible to observe changes in patients' health, including the development of overweight and obesity. Interventions should be directed not so much to small patients themselves, but to entire families. It is only through a lasting change in lifestyles across the family that new patterns of health-enhancing behaviour can be consolidated.
4. Specific aims	Describe the objectives, what do you want to achieve • Developing a model for dealing with a family with a child with a trans-normative body weight with the support of primary health care and a habitat determinant of health • Increasing the nutritional awareness of the public and health-enhancing modification of dietary behaviour, • Improving the competence of primary care staff/teachers/educators in promoting health and preventing diet-related diseases (Train the Trainers).
5. Target population	primary school pupils (at the age of 6 -12) and their families health and education workers working with families

6. Local Implementation group	As mentioned above, the issue of excessive body weight among children requires many stakeholders to work together and therefore in the Local Group. Implementation involves a wide range of sectors, allowing piloting to be adapted to real needs and supporting it through cross-sectoral cooperation. Local Group on Implementation: — Researchers of the Silesian Medical University of Katowice – ensuring an approach of evidenced -based public health and evidenced -based social interventions; — SUM consultants (psychologists, sociologists, doctors) – providing a broad overview of the situation; Voivodship consultant for Child diabetology – Prof. Przemysław Jarosz-Chobot – providing expert support, — Employees of Rybnik and Zabrze Municipal Council – implementing a number of similar/compatible interventions; — Director of NZOZ Familia Siemianowice Śląskie – with experience in organising primary health care; — Representative of the Polish Society for Dietetics – expert support; — A representative of the Regional Centre for Methodology – representing the teaching community;
Methods: What will you do?	
7. Context	Children and families are the most important priority group of the programme. Families will be provided with the necessary knowledge and tools to help them choose healthy lifestyles and develop their skills. On a large scale, educational activities will be carried out to raise awareness of the risk factors of excessive body weight, to effectively motivate and assist families in changing their lifestyles towards a health-friendly way for the primary healthcare clinics team. The primary healthcare clinics team will be equipped with tools to work with children with excessive body weight and their legal guardians.
8. Intervention	**Improvement area I:** training nursing and dietetics' students – increasing knowledge of overweight risk factors, effectively motivate and helping families to transform their lifestyles towards a health-enhancing direction **Change package:** • Preparation of educational materials and scripts • Training about 100 first-level students in nursing and 100 first-level students in the field of dietetics
	Improvement area II: preparation of learning materials on working methods in the area of lifestyle change **Change package:** • Development of a repository of teaching materials for PHC teams • Preparation of recommendations for the issues underlying the content and form of training for nurses in Poland • Preparation of e-learning training for PHC teams • Creating a platform for families and health educators where all educational materials are stored and accessible

	Improvement area III: implementation of intervention measures in selected primary healthcare facilities **Change package:** • Recruitment of primary care units • Qualification of participants in pilot actions • Enable support to families of children with excessive body weight by PHC teams
9. Evaluation of the Intervention(s)	Combination of quantitative and qualitative methods • Examination of the satisfaction of the PHC team • Ex-ante and ex-post evaluation of e-learning trainees • Qualitative case studies in intervention area III • Quantitative indicators in intervention area III • Evaluation of the effectiveness of the tools prepared to be used by the PHC teams
10. Measures	**Key performance indicators:** Describe how you plan to measure the success of the actions/measures For Intervention Area I: • Number of students trained • Number of materials translated and adapted For Intervention Area II: • Level of satisfaction of the PHC team from completed online training • Number of participants in the PHC team who completed the eLearning Training • Prepared eLearning Training • Prepared platform with teaching materials For Intervention III area: • Number of PHC facilities included in the pilot • Number of families included in pilot • Case study
11. Chronogram	**Pre-implementation phase (M1-M13):** Context analysis Pilot action plan ready by the end of November 2023. **Implementation phase (M14-M30)** Implementation and data collection for Change package, Improvement area I-III. **Post-implementation (M31-M36)** Finalise evaluation and reporting.

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Lithuania: Pilot action plan for implementing elements of Finnish good practice Smart Family in Kaunas city

Introduction: Why will you do this?	
1. Problem Description	Kaunas city 1-4 grade children (7-11 year old) are prone to obesity and overweight because of lack of physical activity, bad nutrition habits and lack of knowledge in the family about basic public health rules.
2. Available knowledge in your country about the situation	According to the data of the study conducted in 2020 of parents in the city and districts of Vilnius, Kaunas and Klaipėda, who are raising children of primary school age, among all subjects it was found that more than half (61.2%) of the younger school-aged children never have breakfast exercise 13.5 percent children do morning exercise 1 time, 12.2 percent. – 2 times, 8.9 percent. - 3 times per week or more often. Only 4.2 percent of elementary grades students do morning exercise every day. Children living in urban areas exercise more in the morning than those living in rural areas ($p = 0.007$). Statistically no significant differences were found regarding the child's gender and parents' education ($p > 0.05$). Survey data shows that about half of the primary classes students start their day with a passive activity, which can have a negative impact on the child's physical and mental health, his growth and development, work ability, emotional state, etc. The aim of the survey was to find out the opinion of parents about the attendance of their children's clubs, whose activities increase physical activity. To that end, the question is asked: "How often?" After school, does your child attend clubs promoting physical activity?" (Figure 2). More than a third (35.2%) of primary school students attend physical activity clubs 2 times a week, a quarter (25.3%) children - 3 times a week and mostly, 17.9 percent. children - once a week and 6.1 percent. children - daily. 15.3 percent primary school students never attend, i.e. i.e. not attending at all promotes physical activity circles. Reference: https://www.hi.lt/uploads/pdf/zurnalo_vs%20info/2020_1/VS%202020%201(88)%20ORIG%20Mokiniu%20fizinis%20aktyvumas.pdf
3. Rationale	Smart Family provides professionals with a method and tools for lifestyle counseling. This knowledge is important for every family and child in order to reduce childhood obesity. For families, Smart Family provides information and support on lifestyle choices. This prevention method is engaging and supportive so families can get knowledge they are lacking.
4. Specific aims	Change families physical activity and nutrition habits during the 2024 year.
5. Target population	20-30 families that raise 1-4 grade children (7-11 year old) (family members).
6. Local Implementation group	Local Implementation group consists of Kaunas city municipality public health bureau team: Junior expert Lina Krapavickienė, Senior expert Tautvydas Lukavičius and director Gerda Kuzmarskienė. During the project on implementation phase directly with families working: nutritionist, case management specialist, chef, physical activity specialist, psychologist.
Methods: What will you do?	
7. Context	Our strengths: • enthusiasm and work capacity of the core team; • children health statistic system that can be analyzed by public health specialists at any moment; • experienced team members. Weakness: • limited autonomy to manage the calendar and working hours; • problem with the public health statistic and poorly filled children's health documents avoiding mention obesity or overweight; • lack of motivation from the families. Opportunities: • Support from local government; • electronic system with children health statistics live; • experience in similar activity and work;

	• public health and prevention knowledge; • ability to work directly with families. Threats: • Families can be lack of motivation for changing their habits (nutrition, physical activity); • food and services price increasing because of the economic changes in EU; • families ability to buy sport, swimming or other monthly subscription for physical activity; • families time for listening and participating in lessons and practical classes, working hours and lack of free time.
8. Intervention	**Improvement area I:** *Health literacy and knowledge about their lifestyle, nutrition, physical activity and stress management increased more than 15 percent after the intervention.* **Change package:** • survey before the intervention and after for all families with questions about their lifestyle, nutrition, physical activity and stress; • nutritionist consultation and monthly meeting with participated families whole year; • psychologist consultation for the families; • direct and indirect consultation with case manager, motivation and inclusion in ongoing activities and training; • relaxation skills and sleep hygiene lessons; • all material from the Smart family model from the Finnish team given to families.
	Improvement area II: *Physical activity increased more than 20 percent. BMI reduced.* **Change package:** • two times per week physical activity classes for whole family whole year; • BMI measures before project and after; • theoretical information about physical activity and possible ways to work out with family together after the practices in the project; • all material from the Smart family model from the Finnish team given to families.
	Improvement area III: *Health-friendly nutrition education for the family and improvement of nutrition-related knowledge.* **Change package:** • practical training in cooking with chef; • nutritionist consultation; • surveys about nutrition habits before and after interventions; • all material from the Smart family model from the Finnish team given to families. **Improvement area IV:** *Parenting skills and stress management for families* • psychologist consultation; • body image and relaxation classes for children and families; • all material from the Smart family model from the Finnish team given to families.
9. Evaluation of the Intervention(s)	Surveys before and after the intervention, BMI., physical active time.
10. Measures	**Key performance indicators:** • families monthly physical activity increased by 20 percent. • BMI reduced by 5 percent.

	• knowledge about physical activity, nutrition, parenting skills, stress increased more than 15 percent.
11. Chronogram	**Pre-implementation phase (M1-M13):** Pilot action plan ready by the end of November 2023. **Implementation phase (M14-M30)** Implementation and data collection for Change package, Improvement area I-III. **Post-implementation (M31-M36)** Finalise evaluation and reporting.

Reference: http://chrodis.eu/wp-content/uploads/2021/05/guidelines-chrodis-implementation-strategy_module_i.pdf

Implementation plan

Spain: Pilot action plan to implement elements of the Finnish good practice Smart Family in Eivissa, Illes Balears, España

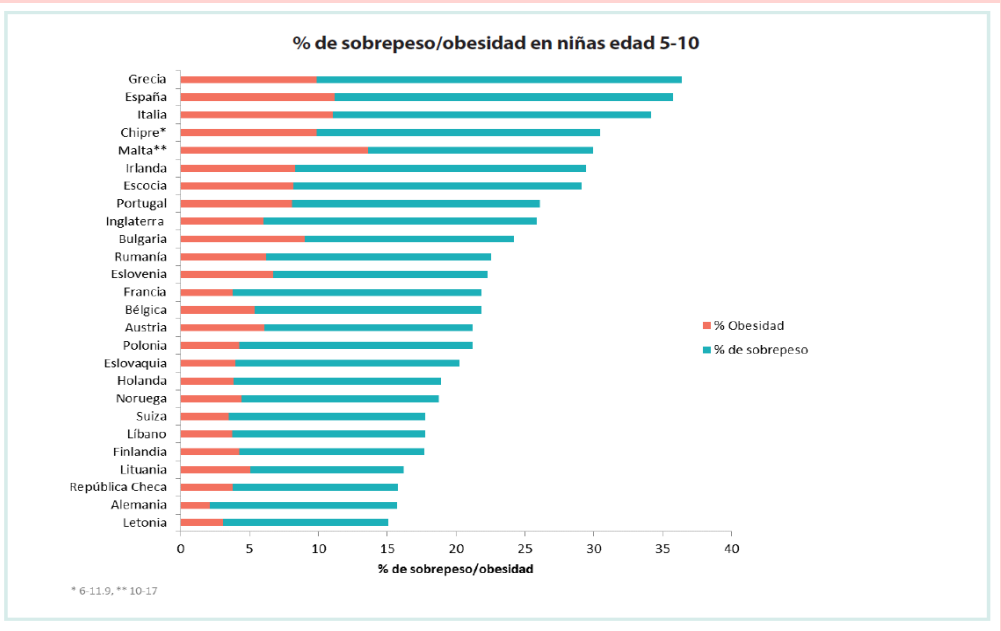
Introduction: Why will you do this?

1. Problem description

Obesity is one of the great challenges of Public Health since it is associated with the main chronic diseases and causes of death. Obesity and overweight are not due to individual factors, but to what is called the obesogenic environment, which is influenced by factors such as socioeconomic status, family, neighbourhood, educational centre, working conditions, food policies, advertising, social networks, etc. [1]. In most cases, it begins in childhood, and affects the physical, mental, and social health of children. [2].

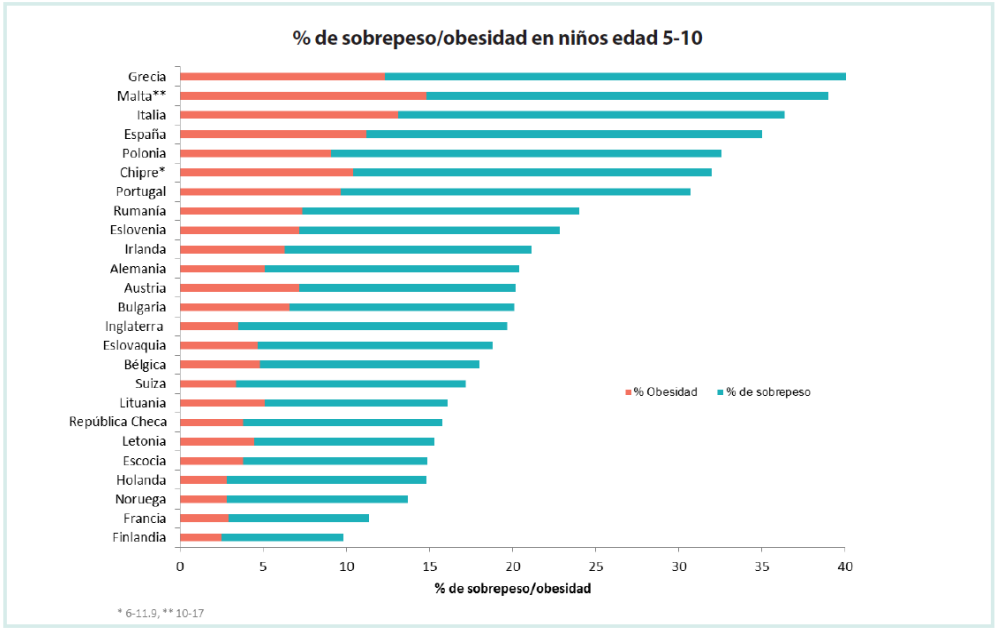
In Europe, Spain ranks 2nd in overweight and obesity in girls, and 4th in boys (Figures 1 and 2).

Figure 1. Percentage of overweight and obesity in girls aged 5 to 10 in Europe, 2017.



Source: The PASOS Study 2019, extracted from World Obesity Federation, 2017.

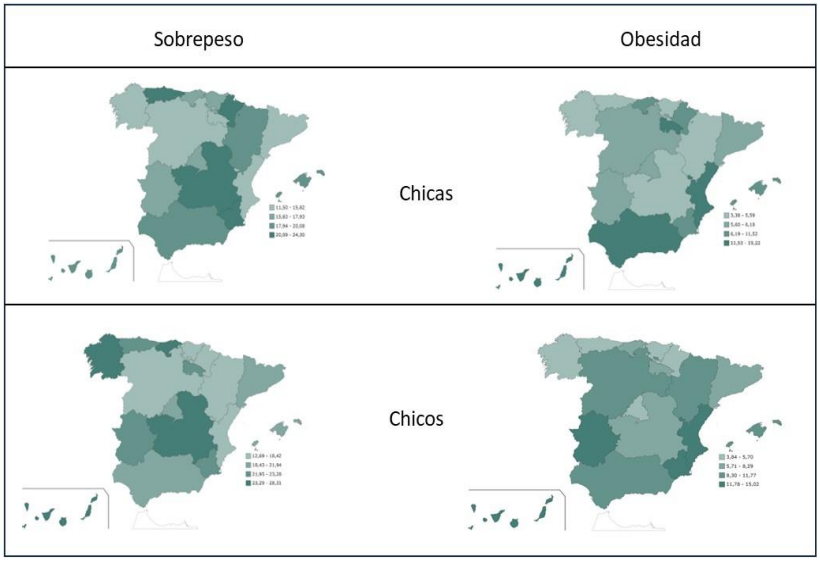
Figure 2. Percentage of overweight and obesity in boys aged 5 to 10 in Europe, 2017.



Source: The PASOS Study 2019, extracted from World Obesity Federation, 2017.

In Spain as a whole, the Balearic Islands rank 10th in childhood overweight and obesity, except for overweight in children, which rank 12th, they are below Spanish average, except for overweight in girls (Figure 3).

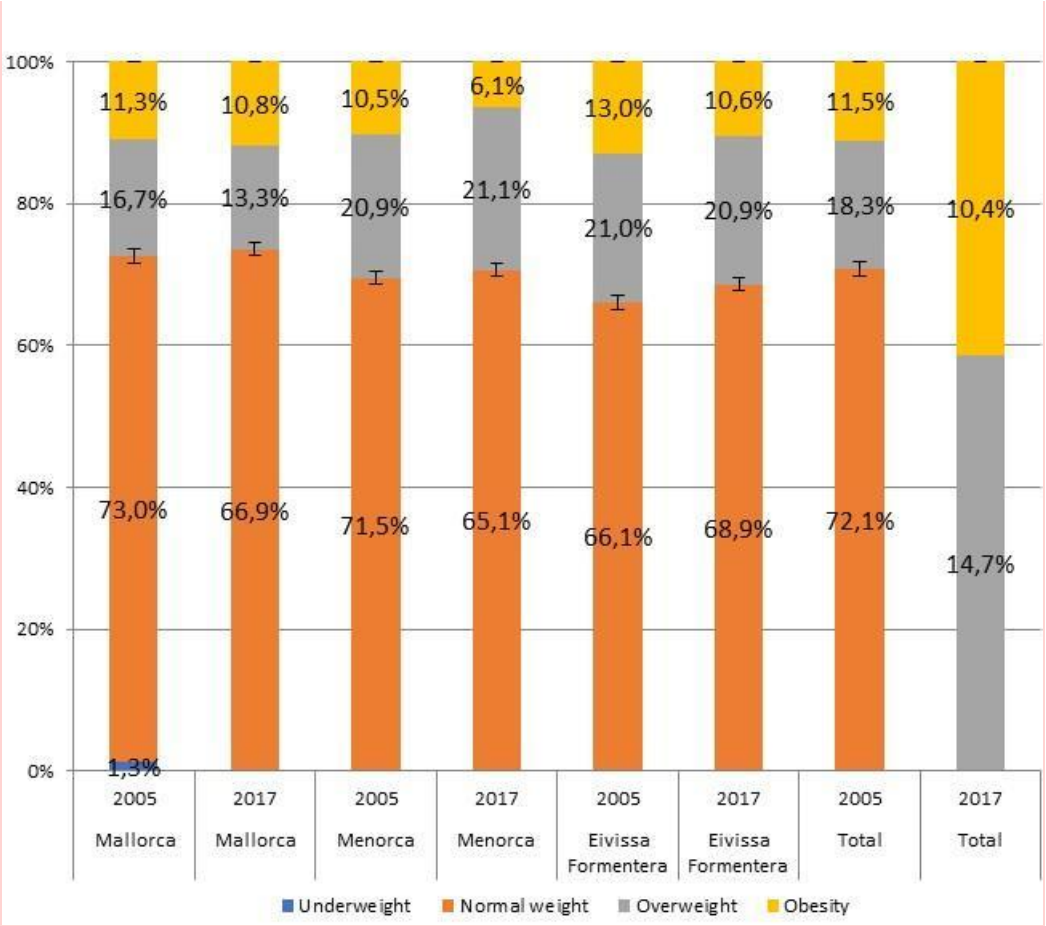
Figure 3. Prevalence of childhood overweight and obesity (2-17 years) in Spain, 2017.



Source: National Statistics Institute, based on the 2017 Spanish National Heallth Survey.

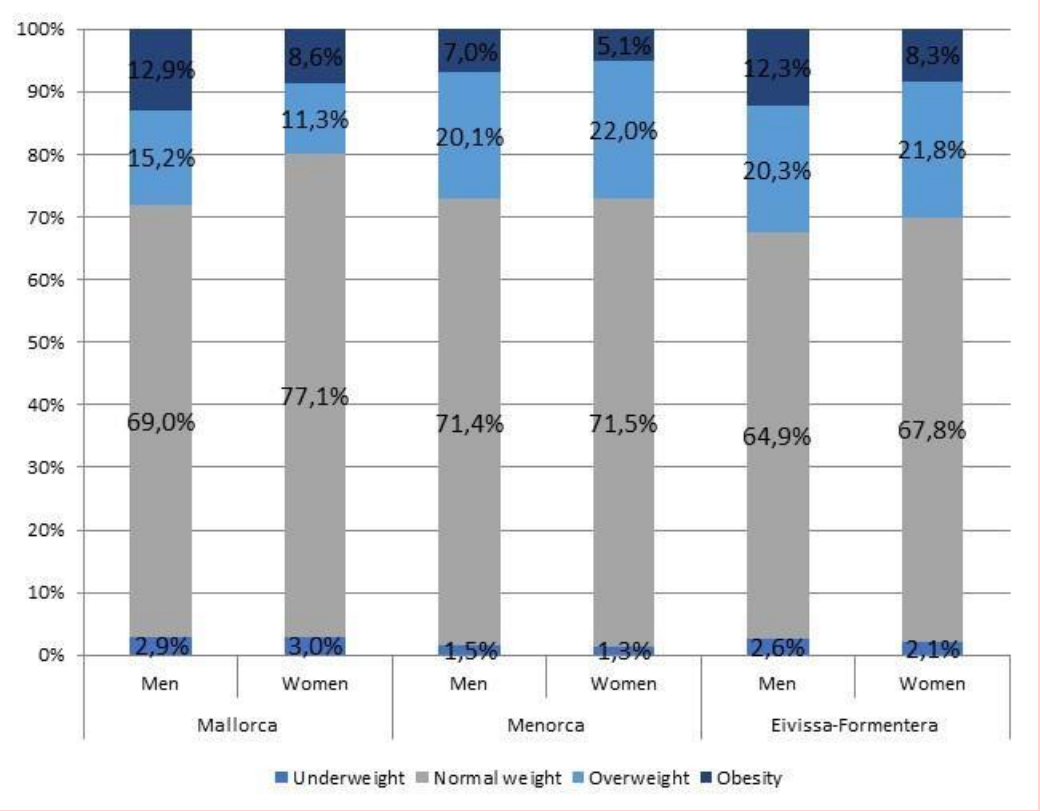
In the Balearic Islands, two studies on the prevalence of childhood overweight and obesity have been carried out. The EPOIB Studies, in 2005 and 2017. The prevalence of excess weight is higher in Eivissa compared to the other islands, although in 2017 an improvement was observed compared to 2005 (Figure 4). In 2017, 32,6% of boys and 30,1% of girls were overweight in Eivissa (Figure 5).

Figure 4. Prevalence of childhood overweight and obesity in the Balearic Islands, 2005 y 2017.



Source: The EPOIB I and II Studies. Balearic Islands Public Health Department.

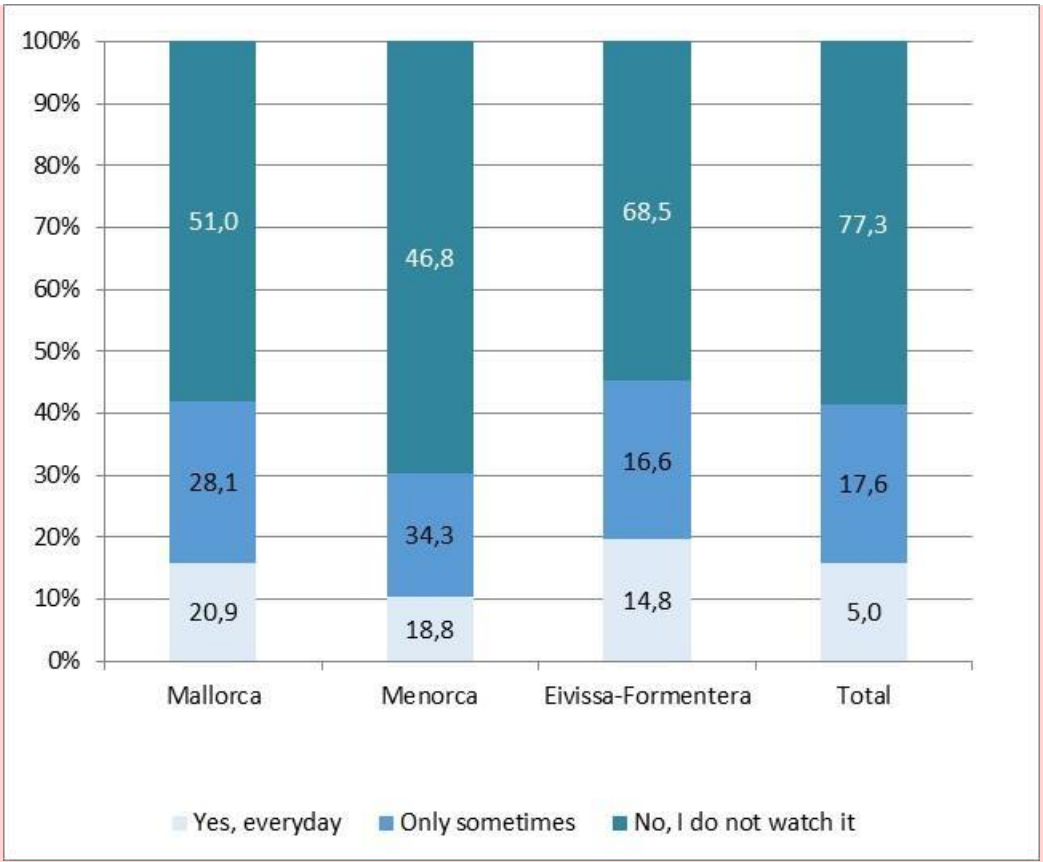
Figure 5. Prevalence of childhood overweight and obesity by sex, in the Balearic Islands, 2017.



Source: The EPOIB II Study. Balearic Islands Public Health Department.

It has been observed that the percentage of boys and girls who eat breakfast in front of the television (Figure 6), who eat cookies, industrial pastries or chips for snack (Table 1) and who go to school or IES by car is higher in Eivissa than in the rest of the Balearic Islands (Figure 7), so that in Eivissa only one in three boys and girls walk to school or IES, while in Mallorca and Menorca do it one in two.

Figure 6. Percentage of boys and girls who watch TV while having breakfast, by island.



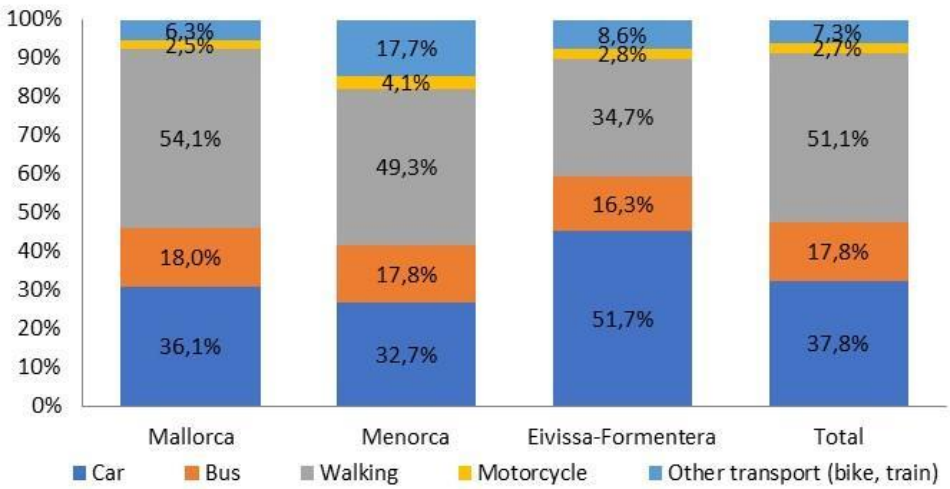
Source: The EPOIB II Study. Balearic Islands Public Health Department.

Table 1. Food consumed by children during morning snack, by islands.

	Mallorca	Menorca	Eivissa-Formentera	Total
Milk	11,0%	4,1%	14,3%	10,72%
Other dairy food	18,5%	1,3%	21,1%	17,14%
Sandwich	91,5%	93,9%	93,8%	92,03%
Cereal	8,2%	4,8%	10,0%	8,12%
Cookies	42,6%	22,0%	52,5%	41,85%
Chocolates cookies	30,2%	17,5%	38,6%	30,00%
Industrial bakery	27,9%	17,7%	31,1%	27,33%
Package juice	34,2%	19,7%	51,4%	34,94%
Natural juice or fruit	23,0%	6,5%	23,1%	21,38%
Potato chips	15,3%	10,0%	21,1%	15,51%
Soft drinks	8,8%	4,2%	8,8%	8,38%
Candy	13,8%	5,3%	8,5%	12,31%
Nuts	26,5%	8,1%	24,9%	24,52%

Source: The EPOIB II Study. Balearic Islands Public Health Department.

Figure 7. Means of transport used by boys and girls to go to the educational centre by island.



Source: The EPOIB II Study. Balearic Islands Public Health Department.

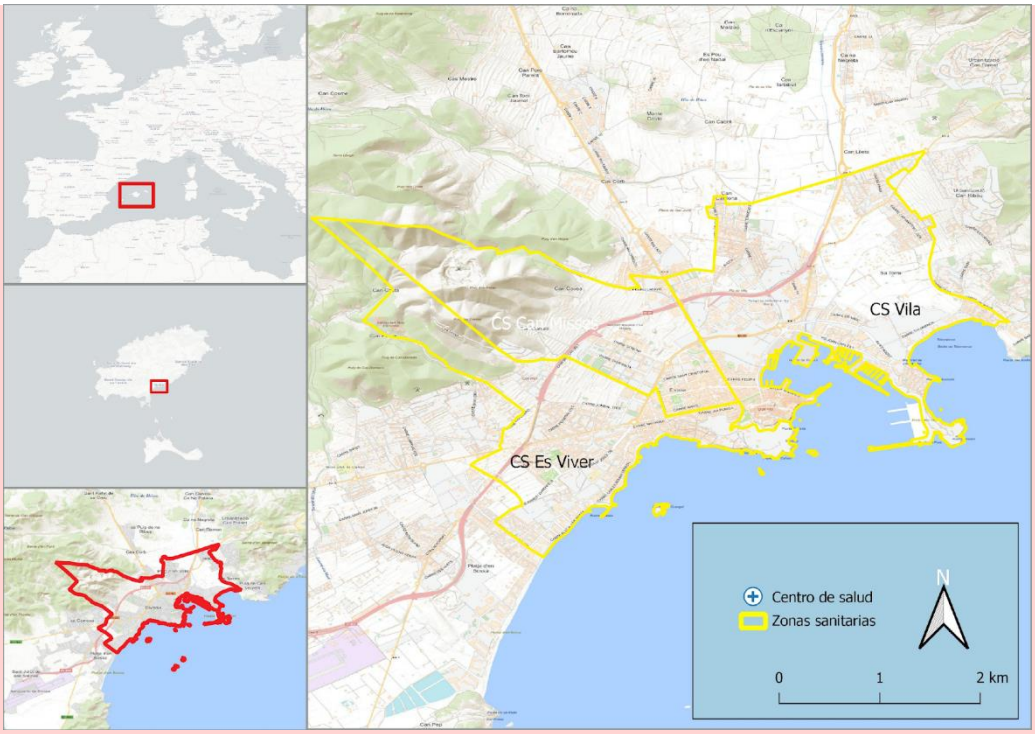
2. Available knowledge in your country about the situation

The Project will be developed on the Mediterranean island of Eivissa, which is part of the Balearic Islands, one of the 17 regions of Spain. The island of Eivissa has been a Universal World Heritage Site since 1999 due to the old city, Phoenician remains and the maritime forest of Posidonia.

In 2022, the registered population in Eivissa was 154.235 inhabitants, which represents 13.1% of the total population of the Balearic Islands. 3 basic health zones have been selected, which correspond to Health Centres (CS in Spanish) de Vila, Can Misses y Es Viver, The three in the city of Eivissa (Figure 8).

The three selected areas cover a total of 61,762 people, which represent 40% of the population of Eivissa island. The percentage of children under 16 years of age is higher in the C ES Viver than in other areas, and higher than the average for the entire island. (Table 2).

Figure 8. Location of the basic health areas of Ibiza included in Smart Family.



Source: Elaborated by Marta Fuster, Balearic Islands Public Health Department.

Table 2. Distribution of population in health zones selected, Eivissa and Balearic Islands by sex and % under 16 years old.

Geographic area	Total population	% women	% population < 16	% women <16
CS Vila	22578	49,4	13,1	13,1
CS Can Misses	17233	51,2	14,4	13,8
CS Es Viver	21951	48,7	15,2	14,8
Eivissa	154235	49,1	14,7	14,6
Balearic Islands	1176659	50,2	15,4	14,9

Source: Elaborated from The Municipal Register 2022 (IBESTAT).

Regarding their place of birth, 31% of the population of Eivissa was born outside of Spain, a higher percentage than in Balearic Islands as a whole (24%) (Table 3).

Table 3. Percentage of persons born in Spain and out of Spain by continent of birth, in Eivissa and in Balearic Islands in 2022.

Geographical area	Sexe	Place of birth					
		Spain	Europa	Africa	America	Asia	Oceania

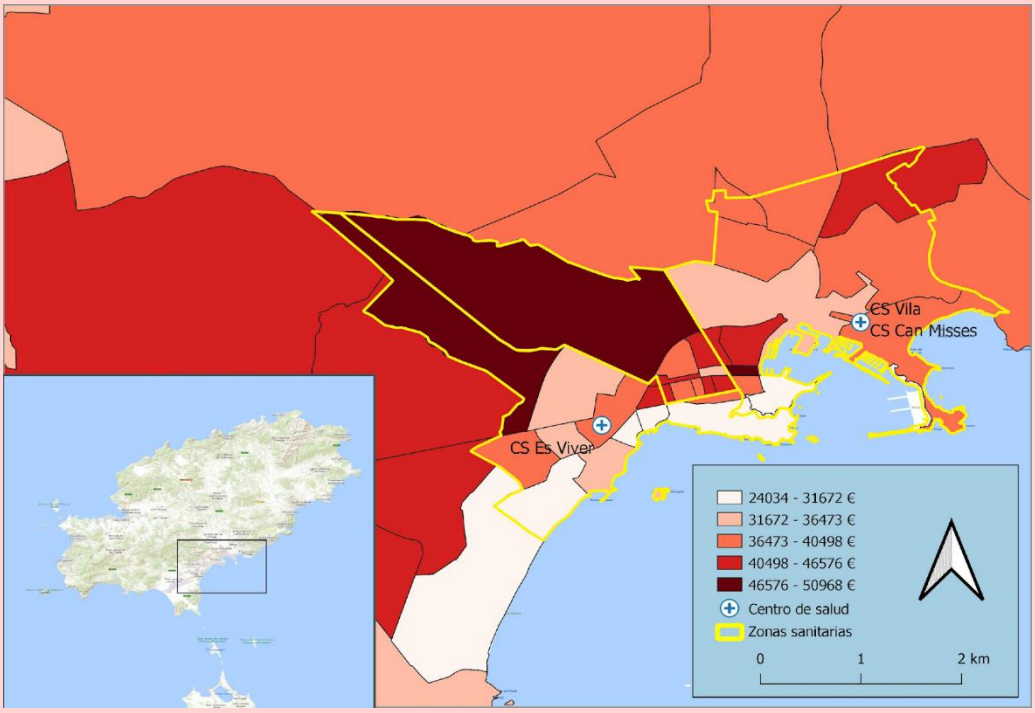
Eivissa	Men	69,2	13,0	4,7	11,6	1,4	0,1
	Women	68,6	13,8	4,7	13,2	1,7	0,1
Balearic Islands	Men	75,7	13,0	2,7	10,1	1,6	0,1
	Women	74,9	7,9	2,8	11,8	1,3	0,0

Source: Elaborated from The Municipal Register 2022 (IBESTAT).

Regarding the population attended by pediatrics in the selected basic health areas, while the CS of Vila and ES Viver serve a high percentage of immigrant population from Africa (Morocco and Senegal); South America (Ecuador, Paraguay, Colombia, and Argentina); Europe (Romania and Italy) and Gipsy population, in the CS of Can Misses the national or local civil servant population of a high socioeconomic level predominates. In the CS of Vila and Es Viver there is a constant migratory flow of families that arrive in Ibiza or return to their countries to spend seasons.

Regarding the income level of these areas, great socioeconomic inequalities are observed, both in the city of Ibiza and in the selected basic health centres areas. (Figure 9).

Figure 9. Average family income in Ibiza 2020.

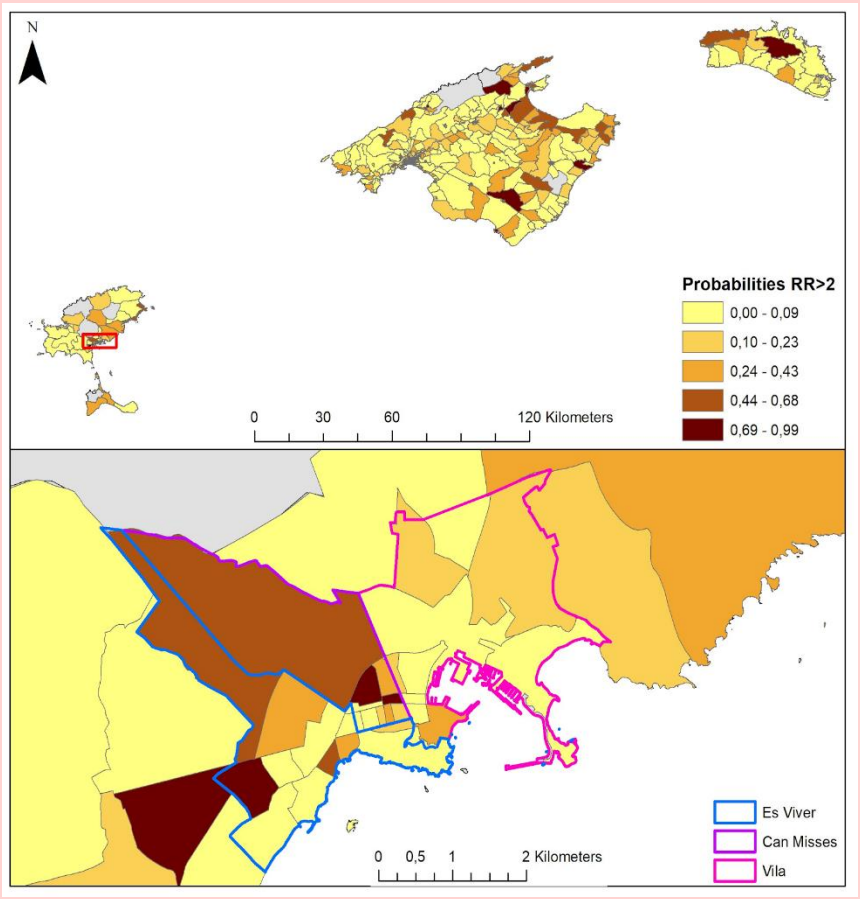


Source: Elaborated by Marta Fuster, based on data from IBESTAT.

Furthermore, in Ibiza, there is a serious housing problem, which affects not only the immigrant population, but also families who live in very precarious conditions (shared housing, caravans, etc).

Regarding overweight and obesity, there are places in each of the selected areas where the probabilities of boys and girls being overweight and obese is higher than the average of Balearic Islands, especially in Es Viver and Can Misses (Figure 10).

Figure 10. Probability of being overweight or obese as a child in the Balearic Islands, Eivissa and in the three selected basic health areas.



Fuente: Colom, A. et al. Spatio-temporal Modeling of Pediatric Overweight and Obesity Incidence: A Data-Driven Approach with Primary Care Records (Sent for publication).

In Primary Health Care, childhood overweight and obesity are addressed in different ways:

- In the scheduled visits of the child and adolescent health program, obesity prevention recommendations are given to all families.
- Opportunistically, in visits scheduled for any other reason or emergencies, identification and brief advice is made.
- Resolving doubts by phone about the information delivered in writing.
- In a group at the health centre for families with newborns.
- In educational centres, through healthy eating workshops.
- Through social networks, through short messages.
- Collaborating with programs promoted by the Town Hall, such as positive parenting workshops.

Among the topics covered are: The healthy plate, the shopping list, the food pyramid, the physical pyramid, breakfasts and snacks, motivation for change, positive parenting, complementary nutrition, myths about food, miracle diets.

These interventions are mainly carried out by paediatric nurses, with the participation in some cases of paediatricians.

3. Rationale

	Childhood obesity is associated with the main current health problems, such as type 2 diabetes, hypertension, cardiovascular diseases, some of the most frequent cancers (breast, colorectal, endometrial, prostate…), respiratory problems, bone problems and joints, among others. Furthermore, children who are overweight or obese often face self-esteem issues and are stigmatized, especially girls. Eating and physical activity habits established in childhood tend to persist into adulthood, so it's important to learn how to eat healthy and stay active from an early age. Therefore, preventing and treating childhood overweight and obesity is essential to improve the health and well-being of children, to prevent future health complications, reduce healthcare costs and thus achieve a healthier and more active society. Therefore, the prevention and treatment of childhood overweight and obesity is a Public Health priority. Currently, there is no program for the prevention and treatment of childhood obesity in the Balearic Islands, so Primary and Hospital Care professionals do "What they can". We do not know the results of these interventions, although the perception is that they are neither sufficient nor effective. For this reason, we consider it necessary to offer tools to paediatric and adult nurses, paediatricians and primary midwives, and paediatric hospital nurses, for the prevention and treatment of childhood obesity. In this sense, we think the Smart Family can help since it has been considered a good practice by the European Commission so there is solid scientific evidence of its effectiveness. The implementation of Smart Family in Eivissa will require, (in addition to the translation of the materials into Spanish and Catalan), cultural adaptation to the pattern of the Mediterranean diet and to existing health and local resources in the Balearic Islands. From this, we can develop a program for the approach (prevention and treatment) of childhood obesity from Primary Care which can apply to all Balearic Islands.
4. Specific aims	Objective 1: To train a group of Primary Health Care professionals in Smart Family model. Objective 2: To design an intervention for the prevention and treatment of childhood overweight an obesity in Primary Health Care based on the Smart Family model, from the perspective of the social determinants of health. Objective 3: To pilot the intervention for the treatment of the childhood overweight and obesity in Primary Health Care. Objective 4: To pilot the intervention for the prevention of the childhood overweight and obesity in Primary Health Care.
5. Target population	Objective 1: 3 Paediatric Nurses of Primary Health Care. 3 Paediatricians of Primary Health Care.

	Objective 2: The whole population of the Balearic Islands. Objective 3: Families with a son or a daughter up to 14 years of age, who is overweight/obese. Inclusion criteria: • Families with a boy or girl from 0 to 14 years of age with a BMI percentile ≥90, whether or not they have a pathology related to obesity (diabetes I). • Families in situation of socioeconomic disadvantage from the point of view of the Primary Health Care paediatric nurse. Exclusion criteria: • Families with a boy or a girl from 0 to 14 years of age with secondary obesity to pharmacology treatments. • Families who do not sign the informed consent. We will pilot the intervention with a sample of 12 families, 4 by team (nurse and paediatrician). Objective 4: Families expecting a baby or with sons or daughters up to 14 years of age whose mother has obesity and basic educational level. Inclusion criteria: • Families whose mother has an IMC ≥30 (Obesity). Families whose mother has a maximum educational level of ESO (16-18 years old). Exclusion criteria: • Families who do not sign the informed consent. We will pilot the intervention with a sample of 12 families, 4 by team (nurse and paediatrician).
6. Local implementation group	Motor group 3 Paediatric nurses. 2 Public Health technicians Collaborators • The rest of the Paediatric nurses, paediatricians, and midwives from de health centres of Vila, Can Misses and es Viver. • Paediatric nurses, endocrine paediatrician, and cardiology nurses at the Can Misses Hospital. • Nurses from the Child and Adolescent Mental Health Unit (USMIJ) • Nursing assistants from Vila, Can Misses and Es Viver Health Centres. • Reference nurses from educational centres and nurses responsible for healthy routes in Vila, Es Viver and Can Misses health centres. • Family doctors and family nurses from Vila, Es Viver and Can Misses health Centres. • Eivissa Town Hall and Santa Eularia Town Hall. • Social workers from Health Centres and from the Town Halls. • Councillors and municipal technicians for education and childhood from both municipalities (Eivissa and Santa Eularia). • Sports activities technician of the Island Council of Eivissa. • Health Committees of educational centres (CEIPs: Portal Nou, Can Misses, Sa Joveria, Sa Bodega, Can Cantó y Jesús; IES Sa Colomina).

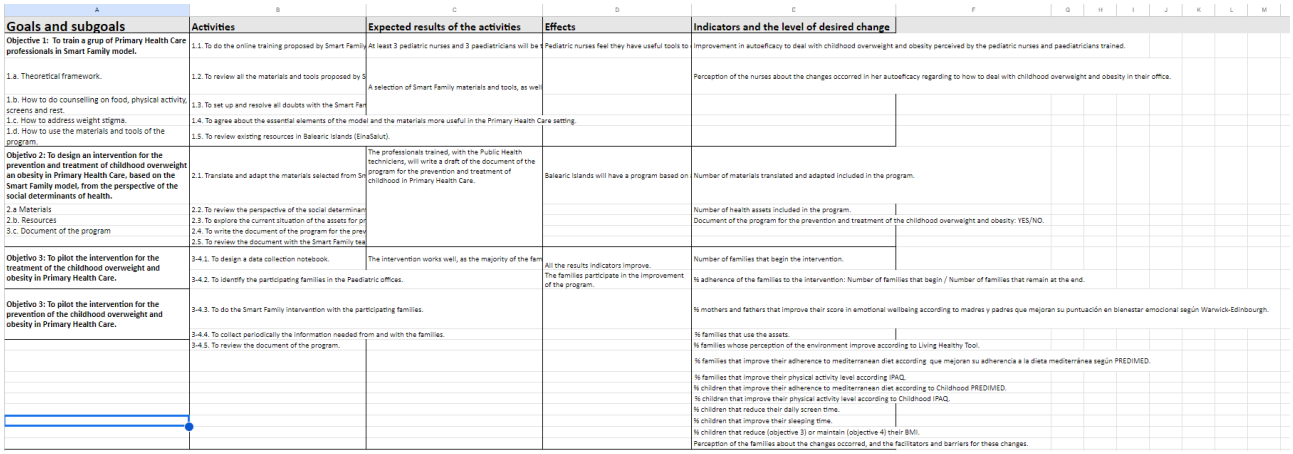
	• Figueretas Neighbourhood Association (motivated by healthy routes). It is the Neighborhood with the largest adolescent population (CS Es Viver). Evaluate other very active neighbourhood associations (Es Clot, Es Pratet, San Pablo, Cas Serres, Sa Capelleta). • Eivissa social health platform.
Methods: What will you do?	
7. Context	Some of the families in a disadvantaged situation do not go to the health centres. The community strategy can favour their approach. The intervention could be optimized if we also do interventions in the schools where all the boys and girls attend. The selection of the families will be made with an equity perspective, that is, those that are at a socioeconomic, cultural, etc. disadvantage will be prioritized. This fit very well with the new community health strategy, which proposes working at three levels: 1. From the consultation exploring the social determinants of health. 2. Through group interventions in the health centre. 3. In the Community, it can also help. The Smart Family Intervention could work simultaneously on the three levels. The integration of the Smart Family intervention with the Community Health Strategy could be also an opportunity to overcome the lack of motivation and loss of essence that Primary Health Care is currently experiencing which is crying out for change. After the recently held municipal elections, contacts have begun with the new councillors for education and childhood of the Eivissa City Council, as well as with the technicians of both departments. Their disposition is very good, and they have expressed a great desire to collaborate. It remains to do these negotiations with Santa Eulalia Town Hall. At the municipal level, the current situation is also critical since access to public sports activities is restricted because there are few places. Therefore, there are waiting lists and prices are inaccessible to some families. Some services have disappeared, such as free time monitors. The new municipal governments and the Consell Insular of Eivissa Government could address these problems. Among the possible solutions would be the opening of sports fields of educational centres during non-school hours, including Saturdays, Sundays, and vacation periods. The creation of bonuses for extracurricular sport activities for disadvantaged families. The organization of free physical activity workshops. The recovery of the free fruit distribution program schools; the creation of fruit and vegetable vouchers for vulnerable families; the implementation of PACO Y PACA PROGRAM (To promote the active movement of boys and girls to educational centres through the use of safe school routes that already exist but are not use); Adherence to the healthy cities project, and the improvement and expansion of sports equipment in public parks (baskets, rinks, skate,....)

8. Intervention	**Objective 1: To train a group of Primary Health Care professionals in Smart Family model.** Actions: 1.1. To do the online training proposed by Smart Family. 1.2. To review all the materials and tools proposed by Smart Family. 1.3. To set up and resolve all doubts with the Smart Family finish team. 1.4. To agree about the essential elements of the model and the materials more useful in the Primary Health Care setting. 1.5. To review existing resources in Balearic Islands (EinaSalut).
	Objective 2: To design an intervention for the prevention and treatment of childhood overweight an obesity in Primary Health Care based on the Smart Family model, from the perspective of the social determinants of health. Actions: 2.1. Translate and adapt the materials selected from Smart Family to Spanish and Catalan and to the Mediterranean diet, including local elements (EinaSalut). 2.2. To review the perspective of the social determinants of health for the prevention and treatment of childhood obesity. 2.3. To explore the current situation of the assets for promoting a healthy life from the 3 Health Centres participating, activating them. 2.4. To write the document of the program for the prevention and treatment of the childhood overweight and obesity in Primary Health Care based on the Smart Family model. 2.5. To review the document with the Smart Family team.
	Objective 3: To pilot the intervention for the treatment of the childhood overweight and obesity in Primary Health Care. **Objective 4: To pilot the intervention for the prevention of the childhood overweight and obesity in Primary Health Care.** Actions: 3-4.1. To design a data collection notebook. 3-4.2. To identify the participating families in the Paediatric offices. 3-4.3. To do the Smart Family intervention with the participating families. 3-4.4. To collect periodically the information needed from and with the families. 3-4.5. To review the document of the program.
9. Evaluation of the Intervention(s)	We are going to combine quantitative methods with qualitative methods. For the objective 1, we will use a questionnaire of auto efficacy, before and after the training to the paediatric nurses and paediatricians. To the nurses, we will ask also to write a story about the training. For the objective 2, the evaluation will consist on measuring the number of materials and resources included in the programme, as well as on the qualitative review of the programme by the Smart Family finish team. For the objectives 3 and 4, we have defined a battery of quantitative indicators that we collect with a note collection book for each family. We also will organize focus groups with the participant families at the end of the intervention, to explore in deep the changes that have occurred in the family, as well as the main facilitators and barriers. This qualitative study will allow us to improve the document of the program.
10. Measures	Objective 1: • Improvement in auto efficacy to deal with childhood overweight and obesity perceived by the paediatric nurses and paediatricians trained. • Perception of the nurses about the changes occurred in her auto efficacy regarding how to deal with childhood overweight and obesity in their office. Objective 2:

	• Number of materials translated and adapted included in the program. • Number of health assets included in the program. • Document of the program for the prevention and treatment of the childhood overweight and obesity: YES/NO. Objective 3 and 4: • Number of families that begin the intervention. • Adherence of the families to the intervention: Number of families that begin / Number of families that remain at the end. • Mothers and fathers that improve their score in emotional wellbeing according to Warwick-Edinbourgh. • Families that use the health assets. • Families whose perception of the environment improve according to Living Healthy Tool. • Families that improve their adherence to Mediterranean diet according to PREDIMED. • Families that improve their physical activity level according IPAQ. • Children that improve their adherence to Mediterranean diet according to Childhood PREDIMED. • Children that improve their physical activity level according to Childhood IPAQ. • Children that reduce their daily screen time. • Children that improve their sleeping time. • Children that reduce (objective 3) or maintain (objective 4) their BMI. • Perception of the families about the changes occurred, and the facilitators and barriers for these changes.
11. Chronogram	**Pre-implementation Phase (M1-M13):** Action plan finalized (November 2023) Meetings with Ibiza City Council (since July 2023) On site visit to Smart Family in Finland (September 2023) Objective 1. Motor Team training in Smart Family (September-December 2023) Objective 2. To design the intervention (November 2023-January 2024). **Implementation Phase (M14-M30):** Objective 3 and 4. To pilot the intervention (January-December 2024) **Post-implementation (M31-M36)** Evaluation of the training (December 2023). Evaluation of the design of the intervention (February 2024) Evaluation of the intervention (March-May 2024) Writing of the final rapport (May-June 2025) Writing of a paper (July-August 2025) Presentation of the results to the Health Centres and managers (September 2025) Review of the document of the program for the implementation in Balearic Islands (September 2025)

Reference: http://chrodis.eu/wp-content/uploads/2021/05/guidelines-chrodis-implementation-strategy_module_i.pdf

Implementation plan



Goals and subgoals	Activities	Expected results of the activities	Effects	Indicators and the level of desired change
Objective 1: To train a grup of Primary Health Care professionals in Smart Family model.	1.1. To do the online training proposed by Smart Family	At least 3 pediatric nurses and 3 paediatricians will be t	Pediatric nurses feel they have useful tools to	Improvement in autoefficacy to deal with childhood overweight and obesity perceived by the pediatric nurses and paediatricians trained.
1.a. Theoretical framework.	1.2. To review all the materials and tools proposed by S	A selection of Smart Family materials and tools, as well		Perception of the nurses about the changes occorred in her autoefficacy regarding to how to deal with childhood overweight and obesity in their office.
1.b. How to do counselling on food, physical activity, screens and rest.	1.3. To set up and resolve all doubts with the Smart Fan			
1.c. How to address weight stigma.	1.4. To agree about the essential elements of the model	and the materials more useful in the Primary Health Care setting.		
1.d. How to use the materials and tools of the program.	1.5. To review existing resources in Balearic Islands (EinaSalut).			
Objetivo 2: To design an intervention for the prevention and treatment of childhood overweight an obesity in Primary Health Care, based on the Smart Family model, from the perspective of the social determinants of health.	2.1. Translate and adapt the materials selected from Sn	The professionals trained, with the Public Health technicians, will write a draft of the document of the program for the prevention and treatment of childhood in Primary Health Care.	Balearic Islands will have a program based on	Number of materials translated and adapted included in the program.
2.a Materials	2.2. To review the perspective of the social determinan			Number of health assets included in the program.
2.b. Resources	2.3. To explore the current situation of the assets for pr			Document of the program for the prevention and treatment of the childhood overweight and obesity: YES/NO.
3.c. Document of the program	2.4. To write the document of the program for the prev			
	2.5. To review the document with the Smart Family tea			
Objetivo 3: To pilot the intervention for the treatment of the childhood overweight and obesity in Primary Health Care.	3-4.1. To design a data collection notebook.	The intervention works well, as the majority of the fan	All the results indicators improve.	Number of families that begin the intervention.
	3-4.2. To identify the participating families in the Paediatric offices.		The families participate in the improvement of the program.	% adherence of the families to the intervention: Number of families that begin / Number of families that remain at the end.
Objetivo 3: To pilot the intervention for the prevention of the childhood overweight and obesity in Primary Health Care.	3-4.3. To do the Smart Family intervention with the participating families.			% mothers and fathers that improve their score in emotional wellbeing according to madres y padres que mejoran su puntuación en bienestar emocional según Warwick-Edinbourgh.
	3-4.4. To collect periodically the information needed from and with the families.			% families that use the assets.
	3-4.5. To review the document of the program.			% families whose perception of the environment improve according to Living Healthy Tool.
				% families that improve their adherence to mediterranean diet according que mejoran su adherencia a la dieta mediterránea según PREDIMED.
				% families that improve their physical activity level according IPAQ.
				% children that improve their adherence to mediterranean diet according to Childhood PREDIMED.
				% children that improve their physical activity level according to Childhood IPAQ.
				% children that reduce their daily screen time.
				% children that improve their sleeping time.
				% children that reduce (objective 3) or maintain (objective 4) their BMI.
				Perception of the families about the changes occorred, and the facilitators and barriers for these changes.

Croatia: Pilot action plan for implementing elements of Finnish good practice Smart Family in Croatia

Introduction: Why will you do this?	
1. Problem Description	According to the latest WHO European Childhood Obesity Surveillance Initiative (COSI) report 35% of 8 years old children in Croatia have overweight and obesity, 37% of boys and 33% of girls, which puts Croatia well above the WHO European Region average of 29%.
2. Available knowledge in your country about the situation	Education and involvement of parents regarding healthy lifestyles (including proper nutrition and physical activity), is a must since the latest COSI report shows that even though 1/3 of Croatian children are overweight and obese, only 1/7 of parents perceives that.
3. Rationale	Projections for the future show that by 2030 we can expect 23.19% of 5-9 year olds and 16.37% of 10-19 year olds to be affected by obesity. These numbers show a great need for an intervention and change in prevention and treatment of childhood overweight and obesity. In Croatia, within the implementation of a national health promotion program “Healthy Living” we collaborate with the kindergartens and implement yearly activity – The Week of Health in Kindergartens. During this week, all kindergartens in Croatia are offered a package of thematic health promotion activities that can be administered with the children and with families. Each year we introduce a new theme that is within the scope of health promotion. This collaboration with kindergarten staff can be a good platform for piloting of Smart Family activities in Croatia. By implementing parts of Smart Family – good practice and the ideology behind the Smart Family we can strengthen capacities of the professionals, particularly nurses working in kindergartens in Croatia in health promotion, and by implementing activities aiming at endorsing healthy lifestyles from the early age we can work on early development of health literacy in children. Additionally, families can be included by offering a set of

	activities to implement at their homes or to introduce into their daily routine to achieve healthier lifestyles.
4. Specific aims	By implementing parts of Smart Family best practice we aim to create a multidisciplinary network of professionals working in kindergartens and public health institutes trained in health promotion in a novel way. This way we will support the kindergarten educators, teachers and health personnel in transferring the knowledge about the healthy lifestyles to the kindergarten children, and provide them with the new educational materials. We will introduce a new path to tackling obesity in a non-invasive and non-stigmatizing way.
5. Target population	- children aged 3-7 years enrolled in public kindergartens - kindergarten educators and teachers - kindergarten nurses - personnel working in the county public health institutes
6. Local Implementation group	JA team in the CIPH: Sanja Meštrić and Maja Lang Morović
Methods: What will you do?	
7. Context	We plan to implement Smart Family in educational setting, i.e. in a few public kindergartens. There are 1 157 public kindergartens in the Republic of Croatia, and a total of 116 044 children are enrolled. 81.2% of children attend kindergartens founded by local government and self-government units, and 78.8% of them spend eight or more hours in kindergartens. Latest data from 2021/2022 show that 12 057 of educators and teachers and 397 of health personnel work in public kindergartens in Croatia. Additionally, there are two web-pages (https://www.hzjz.hr/ and https://zivjetizdravo.eu/) where families and children of all age groups can find relevant information about healthy lifestyles (nutrition, physical activity and many more).
8. Intervention	**Improvement area I:** Raising awareness of the importance of early adoption of healthy lifestyles for lifelong health and introduction to the Smart Family approach **Change package:** We will organize a one-day lecture for the kindergarten and county public health institute's nurses/staff where we will address the importance of early adoption of healthy lifestyles for lifelong health and introduction to the Smart Family approach, covering topics of: • country context for the adoption of healthy lifestyles • the size of the problem of childhood and adult obesity in Croatia • risk factors for obesity in Croatia (physical activity, nutrition, obesogenic environment, socioeconomic status) • available public health interventions for the prevention of obesity and adoption of health lifestyles

	• introducing Smart Family Ideology • presenting possibilities for implementing Smart Family in the kindergarten • evaluating the workshop
	Improvement area II: Empowering children's and family's lifestyles and health literacy Change package: We will use existing national public health intervention – The Week of Health in Kindergartens to start with the implementation of Smart Families activities in kindergartens. During this week we will invite kindergartens to start with the implementation of Smart Family activities. In that regards we will: • prepare materials with activities from the Smart Family activity bank • prepare materials with activities from the Smart Family activity bank • prepare educational materials from the Smart Family tools and materials for the kindergarten staff • disseminate activities to the kindergartens • gather reports and evaluate the implementation of the Smart Family activities after one week and after six months and by the end of the year
	Improvement area III: Empowering kindergarten and public health institute's nurses/staff's counselling skills **Change package:** • a workshop with kindergarten and public health institute's nurses/staff where we will introduce Smart Family Card and the possibilities to use it in their everyday work • follow up and the final evaluation of the implementation of the Smart Family best practice in Croatia
9. Evaluation of the Intervention(s)	**Improvement area I: Raising awareness of the importance of early adoption of healthy lifestyles for lifelong health and introduction to the Smart Family approach** *Goals:* • Raise awareness about the importance of early adoption of healthy lifestyles for lifelong health

- Increased knowledge about Smart Family approach

Evaluation indicators (collected by the post- workshop evaluation form):

- # of professionals attending the workshop
- satisfaction with the workshop (quantitative + qualitative)
- recognizing the need for future implementation of similar workshops (quantitative + qualitative)

Improvement area II: Empowering children's and family's lifestyles and health literacy

Goals:

- Implemented activities from the Smart Family activity bank in kindergartens.

Evaluation indicators (collecting feedback after 6 months):

- # kindergartens implementing activities
- # families implementing activities at home
- kindergarten staff's satisfaction with the activities (quantitative)
- kindergarten staff's subjective impression how well children accepted Smart Family approach (quantitative + qualitative option)
- kindergarten staff's subjective impression on how well families accepted Smart Family approach (quantitative + qualitative option)

Improvement area III: Empowering kindergarten and public health institute's nurses/staff's counselling skills

Goals:

- Increased knowledge of Smart Family resources by kindergarten and public health institute's nurses/staff's
- kindergarten and public health institute's nurses/staff's empowered in using the Smart Card

Evaluation:

	• # of professionals attending the workshop • satisfaction with the workshop (quantitative + qualitative) • recognizing the need for future implementation of similar workshops (quantitative + qualitative)
10. Measures	**Key performance indicators:** Describe how you plan to measure the success of the actions/measures • **Improvement area I:** More than 30 attendees at the workshop; kindergarten and public health institute's nurses/staff are satisfied with the pre- implementation workshop and find gained knowledge important and useful for their work. • **Improvement area II:** More than 30 kindergartens in Croatia participated in the offered activities and have sent participation reports with positive feedback an the activities as well as childrens' and familiy's acceptance of the Smart Family; more than 10 families implementing activities at home; • **Improvement area III:** More than 20 attendees at the workshop; kindergarten and public health institute's nurses/staff are satisfied with the pre- implementation workshop and find gained knowledge important and useful for their work.
11. Chronogram	**Pre-implementation phase (M1-M13):** Pilot action plan ready by the end of November 2023. **Implementation phase (M14-M36)** Implementation and data collection for Change package, Improvement area I-III. **Post-implementation (M31-M36)** Finalise evaluation and reporting.

Reference: http://chrodis.eu/wp-content/uploads/2021/05/guidelines-chrodis-implementation-strategy_module_i.pdf

Greece: Pilot action plan for implementing elements of Finnish good practice Smart Family in Greece

Introduction: Why will you do this?

1. Problem **Description**	A larger number of children are becoming overweight & obese worldwide, with South European Regions having the highest increasing trends. Childhood overweight status & obesity increases the likelihood of health conditions previously seen in adult population only such as metabolic syndrome, fatty liver disease etc. Additionally, childhood obesity is related to potential psychological effects and social life disturbances. Childhood overweight often continues through adolescence [1] and adult life leading to poor physical and mental health [2, 3], as well. Overweight & obesity is more prominent in more rural communities, potentially due to growing socioeconomic disparities in these communities [4], although the majority of the interventions occur in the main urban areas.
2. Available **knowledge in your country about the situation**	Based on the most recent that has examined the health status among children (0-18 years of age) in Greece, using multistage stratified sampling [5], prevalence of overweight and obesity was estimated at 14.2%. The prevalence however was 5.1% higher in children residing in the 6th Health ADM districts. The prevalence of overweight and obesity was higher in the areas of 6th Health ADM compared to the remaining Greek areas, stressing the need to intervene in this area. The rates of breastfeeding also differed. The proportion of women that reside in the 6th Health ADM Region and tried to breast feed was 13.4% lower compared to other Greek areas, and overall breastfeeding duration is extremely low throughout Greece. A representative study that showed that 30.8% of infants that commenced, were weaned ≤2 weeks postpartum for women that reside in the 6th Health ADM Region compared to 17% of the infants from the remaining areas of Greece. The main determinants associated with this increased trend is most probably the shift from the traditional Mediterranean diet, characterized with fresh, unprocessed foods, to a more westernized diet. Recent analysis using the NOVA classification system, found that an estimated 40% of children's and adolescents' daily energy in Greece is derived from ultra-processed foods (paper submitted and under peer review). Furthermore, the general population exceed dietary guidelines for foods they are to limit, such as sweets, fast food and red meat, and consume considerably lower amounts of recommended foods, such as pulses, whole grains, and fruits & vegetables [6].
3. Rationale	Healthy diet and maintaining a healthy lifestyle are fundamental for the prevention of excessive weight gain in childhood [7]. Once childhood obesity is established it is very difficult to reverse through dietary and/or physical activity modifications [8, 9]. Early intervention, therefore, through school-based lifestyle programs & family involvement have shown great promise in controlling overweight & obesity through healthier eating & lifestyle habits. The Healthy Beginnings (HB) study demonstrated that an effective obesity prevention initiative in early childhood offers similar or better value for money compared to an existing obesity or treatment intervention in older children [10]. Overall, targeted weight-based interventions that include diet, physical activity, or both, overall have low effectiveness [7], especially community or home-based [11], although there is some evidence suggesting that interventions that include both, may reduce the risk of obesity in young children 0-5 years of age, but not if physical activity alone is used [7]. The rationale and aims are to evolve beyond treating and emphasize on a more holistic approach. This includes interventions on healthier behaviours through specific, population & family specific changes, that will promote healthy weight

	in the long term. The aim is therefore to train health care practitioners on Smart Family methodology to promote & achieve gradual behavioural changes at a population level, that will lead to long-term lifestyle changes.
4. Specific aims	**The long-term aim of the Study: To decrease prevalence of obesity among preschool and school aged children in Patras, using the following objectives.** 1. Assess attitudes & awareness of trained health care professional towards the Smart Family personalized approach in Patras. 2. To increase fruit intake to a minimum of one per day 3. to increase plant-based food intake (including vegetable protein) by 20% by all children in the intervention group 4. to increase physical activity of children by 20% from baseline daily 5. to increase breastfeeding incidence by 20% among women in Patras within the 1st hour of birth
5. Target population	The project involves two target populations. 1. Breastfeeding Intervention: Pregnant women that are between 32nd & 35th week of gestation and attend follow ups to one of the two public maternity hospitals of Patras. 2. Childhood overweight &obesity intervention: All children, irrespective of weight status, aged 2-12 years of age that reside in Patras (main city and surrounding suburbs).
6. Local Implementation group	**Apostolos Vantarakis (PhD)** is a professor of Hygiene at the Department of Medicine, University of Patras. He holds a degree in Biology and a PhD in Hygiene from the University of Patras and a MSc in Genetic Toxicology from University College Swansea, Wales (UK). He has supervised over 25 European and 50 Greek research projects on issues of sensitive social groups and environmental impact. He has has published over 135 research papers in foreign language journals, and has written and participated in over 5 books. He is a member of 10 scientific societies and Assistant Editor in 5 international journals. Also, he is Director at Postgraduate Course in Public Health and vice-chairman of the Social Care Committee, Chairman of the Service Provision Committee of the University of Patras, member of the Bioethics Committee, member of the Health and Safety Coordinating Committee of the University of Patras and chairman of the Panhellenic Union of Bioscientists. **Emmanuella Magriplis (PhD)** is an assistant professor in Nutritional Epidemiology & Public Health at the Agricultural University of Athens, with a specialty in childhood overweight and obesity. She is a Clinical Dietitian – Nutritionist by basic degree (BSc, McGill University) and has a Masters in Epidemiology (MSc, London School of Hygiene & Tropical Medicine). Her main interests are the exploration of determinants that are associated with the prevalence of chronic diseases in Greece, including obesity, to be able to implement targeted intervention programs on the community level.

	Eleni Papachatzi (MD, PhD) is a Paediatrician, working as a locum consultant in Neonatal Intensive Care Unit in the University General Hospital of Patras. She is a postdoctoral researcher in Hygiene and Public Health (Medical School, University of Patras). She holds a master's degree in public health (NSPH, Athens) and a PhD from Medical School (University of Patras). She has specialized in Paediatrics at the University General Hospital of Patras and subspecialized at the University College London Hospital (UCLH) and at St Mary's Hospital of Imperial College Healthcare NHS London Trust (Paediatric Infectious Diseases). She has presented her research work at 35 conferences (International, European, and national) while she has participated as a researcher in national multicentre epidemiological studies. She has participated in voluntary actions related to Public Health (street action, actions for vulnerable groups & minorities, population awareness, healthy living action etc). **George Karydas** is the Head of Research & Development Department, 6th Health ADM in Patras. He holds two degrees in Business Administration from the Technological University of Patras and University of Patras. Finally, he has over 20 years of experience in health sector and as a certified adult trainer in different educational levels. **Vasiliki Iliopoulou (MSc)** is an employee of the Research & Development Department, 6th Health ADM in Patras. She holds a degree in Business Administration from the Technological University of Patras and an MSc Business Finance and Management from the University of Liverpool, UK. Finally, she has over 20 years of experience in health sector and as a certified adult trainer in different educational levels. **Lambrini Lachanioti (MSc)** is an employee of the Regional Map & Primary Health Care Department, 6th Health ADM in Patras. She holds a degree as a Health Visitor from the Technological University of Athens and an MSc on Health Institutions and Policies, from the Department of Social and Educational Policy, School of Social and Political Sciences of the University of Peloponnese. She also holds a Certificate of Pedagogical and Teaching Competence from the Higher School of Pedagogical and Technological Education (ASPAITE). Finally, she has over 15 years of experience in health sector. **Kyriaki Premtou (MBA, MSc)** is an employee of the Research & Development Department, 6th Health ADM in Patras. She holds a degree on Business Planning and Information Systems from the Technological University of Patras and a degree on Business Administration from University of Patras. Also, she holds a Master in Business Administration (MBA) and a Master in Information Systems (MSc) from the Open Hellenic University. Additionally, she has a pedagogical competence and is a certified Career Guidance Counselor. Finally, she has experience on various co-financed and European projects in sectors of tourism, culture and health as well as experience in training of minors and adults in different educational levels.
Methods: What will you do?	
7. Context	• Educational Aspect: The intervention looks to directly encourage healthier behaviours and provides education material to health care professionals to achieve sustainable intervention. This will help current parents & future generations to make informed decisions about their children's health. • Accessibility of website & material developed:

	The program might face challenges reaching all the target population, especially in lower socioeconomic areas. This can be counterbalanced by the health care professionals that will be trained on the same Smart Family material & methods. Digital platforms could be utilized to deliver education to parents and pediatricians, potentially increasing the intervention's reach beyond the specific targeted area and efficacy (technological advancement). • Resource Intensive: Many health care professionals of a multidisciplinary area that work in public health care facilities will be contacted and trained following their consent. The intervention therefore requires significant resources (staff, materials, time) to properly educate professionals and parents, and to implement the proposed changes in counselling approach. • Reliance on Compliance of health care professionals & families: The success of the intervention heavily depends on the willingness of pediatricians to promote breastfeeding, health care to implement new counselling norms, and parents to feel confident that they can adhere to healthier lifestyle norms targeted to their family.
8. Intervention	**Improvement area I:** Increase incidence of exclusive breastfeeding from the first hour of birth by 20% among all women. ○ Emphasis will be given to women at high risk for C-section, since the prevalence of breastfeeding is lower in this population. **Change package:** ○ Information as per World Health Organization recommendations on infant feeding will be provided at the third follow up. ○ Smart Family counselling approach will be used throughout the counselling process and emphasis will be given on maternal specific responses provided to the following questionnaires: (i) Breastfeeding perception, (ii) Barriers and benefits & (iii) Infant Feeding Intentions (IFI).
	Improvement area II: Recruit & Train Health care professionals that work with children on Smart Family Methodology **Change package:** • Recruit health care practitioners from Patras, a city of the 6th Health ADM Region • Train the professionals (2 X 2-hour sessions) using an interactive approach to underline the importance of positive feedback (Smart Family Methods) and skill & motivation instead of “treatment” approach.

	Improvement area III: Improve family lifestyle (behaviour, dietary intake, sleep & physical activity) **Change package:** • Smart Family material of snacking ideas will be given emphazing on serving size • Pictures that show nutritional differences between specific meals & snacks • Mediterranean pyramid will be used to emphasize the importance of pulses and vegetables. Emphasize on serving size throughout the intervention. • Pictures and videos with smart ways to include specific foods in a child's meal will be provided (ie: adding lettuce & tomato slice in a homemade burger). Portion size of a vegetable serving is underlined. Xxx • Child friendly book with children performing various daily activities will be made available online. • Examples of healthy & balanced meal plans will be derived. • Non-productive screen time will be defined, and this time will be allocated to increase movement to help increase physical activity.
9. Evaluation of the Intervention(s)	**Breastfeeding Intervention:** 1. Mothers will evaluate the degree of autonomy support compared to controlling counselling received by the health care professional, they felt/perceived during the process (this will be performed online along with a quantitative FFQ at 3 months post-partum. 2. Compare BF duration following intervention compared to current area specific data. **Childhood overweight &obesity intervention:** 1. Level of change in habits from baseline will be evaluated at the end of the intervention and 6 months post intervention. Changes addressed will include: • Children's weight status will be assessed with anthropometric measurements (weight, height, waist circumference, BMI) will be taken at baseline and during all appointments (3 follow ups and 3 evaluation points). The International Obesity Task Force (IOTF) tables [12] will be used to assess children's weight status. • Children's dietary & behaviour (screen time, activity) habits will be evaluated using validated Food Frequency Questionnaires will be performed at baseline and post specific intervention follow up (at the 3rd session) and at 3 and 6 months follow up. • Validated questionnaires for trained health care professionals (HCSDTQ). Perform training follow ups with open ended questions on counselling procedures. Screen tabulated data derived from materials & questionnaires used at baseline and at each follow up. • The Short Perceived Competence Scale (PCS) for maintaining a healthy weight and exercising regularly will be administered online along with the HCCQ, at the end of the intervention (the last follow up). • Specific physical activity online questions that measure total METS at baseline, the 4th follow-up and at 1 year of the program (6 months post intervention)

	• Breast feeding initiation & duration will be evaluated based on (i) BF initiation rate & monthly rates, (ii) EBF rate and monthly rates until 6 months of age, (iii) reasons of stopping EBF & number of mothers using Infant formula and type
10. Measures	**Key performance indicators:** • Reduction of children's' weight status by 10% of children already with overweight and obesity at the end of the 1st year. • Counselling using Smart Family Methodology by 40% of the trained personnel. • 20% of families included will feel skilled & competent on achieving change. • Breastfeeding increase by 60% within the first hour & 30% for duration. • Increase in pulses, fruit and vegetable intake daily by 50 %. • Increase in physical activity level by 10% by the end of the 4 months.
11. Chronogram	**Pre-implementation phase (M1-M13):** Pilot action plan ready by the end of November 2023. **Implementation phase (M14-M30)** Implementation and data collection for Change package, Improvement area I-III. **Post-implementation (M31-M36)** Finalise evaluation and reporting.

Reference: http://chrodis.eu/wp-content/uploads/2021/05/guidelines-chrodis-implementation-strategy_module_i.pdf

Implementation plan

	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
2	*What change are we aiming for? A good goal is specific, scheduled, measurable, realistic and achievable during the projects timeframe and with the projects resources. (SMART)*	*What different activities are organized and when?*	*Describe, what will happen as a result of the activities. For example, which structure/process emerged, how much activity has been done and how many members of the target groups will attend?*	*Describe, how will the behavior, thoughts or actions of the target group or state of the target structure/process changed?*	*What indicators are used to evaluate impacts and what is the desired change? An indicator is a qualitative or numerical graph by which can be monitored before and after the activities*
3	***Aim of the Study: To decrease prevalence of obesity among preschool and school aged children in the area of Patras, using the following objectives.***	*Multidisciplinary approach through website creation and health care professional training in Smart Family methods*	*1.Families will understand and try to change specific lifestyle (including diet) areas of greater concern.*	*1. New cases of overweight among children will decrease through time.*	*1. Anthropometric measurements (weight, height, waist circumference) will be taken at baseline and during all appointments (3 follow ups and 3 evaluation points).*
4			*2. Professionals will tackle overweight & obesity using behavioral counselling*	*2. Health care professionals will adopt and evolve the new methodology and understand their roles in preventing childhood obesity*	*2. the HCSDTQ questionnaire and a WP6 "partner" agreed questionnaire for professionals of specific areas that will be continued using a 5 point Likert scale at the end of the program will be used to evaluate the Professionals probable adherence to the new methods.*

	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
5			*3. Families will feel more comfortable to speak about their child's weight problem without feeling blame.*	*3. Families feel more competent in maintaining healthy eating and exercise habits*	*3. The Short Perceived Competence Scale (PCS) for maintaining a healthy weight and exercising regularly, will be use to assess the family's feelings of confidence about maintaining healthy ways taught by the professionals. These will be administered online along with the HCCQ, at the end of the intervention (the last follow up).*
6			*4. Mothers will understand the importance of breastfeeding and feel competent that they can provide to their infants needs.*	*4. Breastfeeding incidence and duration increases in the area of Patras*	*4. Prevalence and duration of breastfeeding (including exclusive BF) will be compared with data from surveys of a representative sample in Greece.*

	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
7	**1st Objective: Modify health care professional intervention approach - family approach from general treatment to personalized in the area of Patras area**	1. Interested health care professionals will be recruited. 2. A plan for the training will be derived. 3. online training on Smart Family approach will be performed twice in November and once in December for follow up for the first group (20 participants per group). 4. The next group will be tarined in Decemeber (two trainings and one follow up in December) 5. Smart Family materials are uploaded in the website being constructed for professionals to use and they are also given to them to use with a specific agreement of use.	Professionals are recruited in two intervals by 6th Health ADM and specific tasks are presented.	professionals understand the difference between treatment and Smart Family approach	1. Specific training follow ups with open ended questions on their counceling procedure will be performed
8	Subgoal: use lifestyle counselling		Professionals attend both trainings and follow up	Smart Family/lifestyle counselling is used during sessions.	2. data derived from questionnaires used at baseline and at each follow up will be tabulated (anonymized)
9	Subgoal: understand the family's level/stage for change per lifestyle area targeting to change (diet, physical activity, screen)		professionals use the materials provided with the families they will counsil	Families from sessions feel that counseling is personalized and feel confident they can achieve the change	3. A subjective questionnaire of the level of confidence in achieving change will be given at the end of the intervention and at the end of the last follo up (6 months post last intervention)

	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
10					4. Questionnaire on environmental determinants that may negatively affect lifestyle goal from baseline (closed ended questionnaire using area/country specific known determinants from surveys and experience).
11					5. An online version of the Health Care Climate questionnaire (HCCCQ) for healthy diet and exercise (1-7 Likert scale), using a GDPR certified platformwill, be used to assess items related to visits with the health care professional. The link will be administered by the health care professional online to the family's guardian at the end of the 4th session. Only the WP6 leader in Greece will have access to the information.
12	**2nd Objective: To increase fruit intake to a minimum of one per day**	Smart Family material of snacking ideas will be given emphazing on serving size	Professionals will provide specific examples personalized to the families needs. Families will understand portion size	Professional avoid criticizing the usual snacks and emphasize on the use of good. They add fruit and not necessarily remove the bad	Professionals are asked to keep a diary of recommendations given based on identified areas of improvement.

	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
13	Subgoal: to achieve a variety of fruits in color between days	seasonal country specific fruit variety will be constructed	families will understand the importance of color in their child's diet	Families increase fruit variety avoiding the use of the one type of fruit their child usually consumes	usual intake through validated Food Frequency Questionnaires will be performed at baseline and post specific intervention follow up (at the 3rd session) and at 3 and 6 months follow up
14	Subgoal: to increase understanding of differences between juice and fuit in families	material that show differences between fruit and juice will be used - explaining their use each time	the families understand that fruit juice and fruit differ in terms of nutrients and health	fruit juice will not be used on a daily basis as a fruit repacar in a child's diet	
15	**3rd Objective:** to increase plant based food intake (including vegetable protein) by 20% by all children in the intervention group	Mediterranean pyramid will be used to emphasize the importance of pulses and vegetables. Emphasize on serving size throghout the intervention.	Awareness is created to guardians that their children can enjoy pulses and vegetables	families provide more often raw vegetables and pulses during the week	usual intake through validated Food Frequency Questionnaires will be performed at baseline and post specific intervention follow up (at the 3rd session) and at 3 and 6 months follow up
16	Subgoal: to increase pulses and legumes to at least one serving per week	Smart child friendly recipes will be given to families and ready to eat healthy meal ideas that consist of these food groups	new recipes or meals are created/bought and children try them	Children enjoy new recipes and families incorporate these in their meal options/ideas	

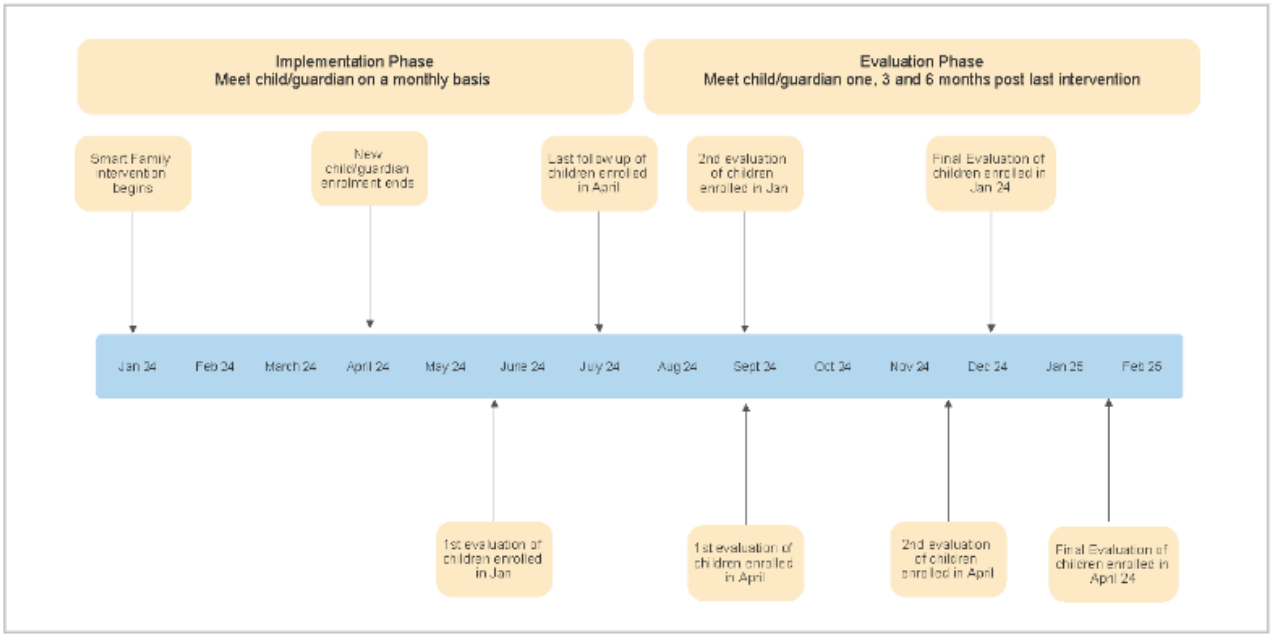
	A	B	C	D	E
1	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
17	Subgoal: to increase intake of raw and cooked vegetables within a given week	Pictures and videos with smart ways to include raw vegetables in a childs meal will be provided (ie: adding lettuce & tomato slice in a homemade burger). Portion size of a vegetable serving is underlined.	Children agree to try the new ideas. Parents understand that vegetables can be included in various ways in their childs daily meal plans. Parents do not feel overwhelmed with the 3 portion recommendations.	Families feel confident that they can increase vegetable intake daily	
18	**4th Objective:** to increase physical activity of children by 20% from baseline on a daily basis	Smart Family tools will be used to provide ideas of effortlessly increasing physical activity (videos and picture book). Specific activities will be set with family to achieve (such as walking to school with child or taking the stairs at home).	Children and guardians will understand that physical activity can easily be increased by increasing movement daily	families will increase their daily movement and include one activity per week in their program as a family	IPAQ A & IPAQ C questionnaires at baseline, at the 4th follow up and at 1 year of the program (6 months post intervention)
19	Subgoal: To decrease non-productive screen time among children 6-12 years of age. Overall decrease in screen time to less than two hours daily for children >6	Non-productive screen time will be defined and this time will be allocated to increase movement.	Children and guardians will understand that screen time adds up by summing the hours watching TV, tablets, computer and phone. The total time should be <2 hours daily unless movement is involved (active gaming)		

	A	B	C	D	E
1	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
20	**5th Objective: to increase breastfeeding incidence by 20% among women in the area of Patras within the 1st hour of birth**	A highly trained midwife in breastfeeding will recruit pregnant women during in last trimester from public health hospitals. Smart Family counselling approach will be used throughout the councelling process.	Mothers will feel confident that they are able to breastefeed and that their milk is adequate for their infants growth.	Mothers will commence the process of breastfeeding at the first hour of birth or the same day at the least.	Information on prepregnancy weight, weight gain, type of birth, pregnancy complications and infants birth weight will be collected. Also other parity and history of breastfeeding.
21		Provide a screening questionnaire of breastfeeding perception, Barriers and benefits & Infant Feeding Intentions (IFI)	The trained midwife will council based on screening assessment (following review & discussion with the team)	Mothers will gather an understanding of the importance of BF and will feel comptent (if they report yes to BF) or be more keen on BF (if they report do not know/not sure) without feeling pressured	Mothers will evaluate the degree of autonomy support compared to controlling counselling received by the health care professional, they felt/perceived during the process (this will be performed online along with a quantitative FFQ at 3 months post-partum.

	A	B	C	D	E
1	GOALS AND SUBGOALS	ACTIVITIES	THE EXPECTED RESULTS OF THE ACTIVITIES	EFFECTS	INDICATORS AND THE LEVEL OF THE DESIRED CHANGE
22	Subgoal: to increase exclusive BF proportion for at least 3 months by 10%	Woman will be trained prior to birth (around the 36th week of gatstaion) on BF techniques and will be visited on the day of birth. 3 follow ups will be performed (the first 2 week post-, the second at 3 months, and the third 6 months postpartum). The first visit and follow up will be onsite the other two via phone.		Mothers will maintain EBF for 3 months and fell confident for their infants well being	Data on feeding intervals/time, infant's growth and mothers level of confidance will be collected. Maternal depression state & well being will be examined using PHQ9 questionnaire at 3 months and be compared to baseline (during gastation). Record reason and timing of stopping BF when appropriate (or commencing formula if EBF stopped).
23	Subgoal: to increase duration of breast feeding to 6 months by 30%	Information as per World Health Organization recommendations on infant feeding will be provided at the third follow up.	Mothers will follow guidelines provided in accordance to their inafnts status and as agreed by their paediatrician.	Mothers will start complementary feeding as per guidelines and continue BF for at least 9 months.	Type of food commenced and variety included in infants's diet will be collected as well as infants growth. Total breastfeeding time points will also be tabulated.

Training the professionals	Materials for professionals to use with families	Families and kids directly	Questions, wishes?
Professionals according to our scope, that need training are general physicians, pediatricians and nurse practitioners that work with children · those based in clinics · nurse practitioners specifically based in schools* A specific website based on Smart Family approach will be developed in Greek. WP6 trained personnel from Smart Family workshops (6th health ADM personnel and a nutritional Academic) will train the health care professionals that will implement the program. What other resources do you need for training beside e-learning platform and materials?	Materials on healthy eating habits, sleep, screen time and physical activity will be targeted. Online and printed materials will be used throughout the implementation.	Materials for families and children will be used directly. For eating habits: Materials on feelings post meal, snack choices, fruits and vegetables servings, meal timing and food selection. For sleep: toddlers will be asked to For screen time & physical activity: open ended questions to address main problems will be used as provided by Smart Family Families with kids will be reached through the health care system mainly. 2 schools will be also included to address children in clusters.	The support that we will Need from Smart Family group will be the translation in English of the materia and information on the procedures they followed during the first year of implementation.

implementation Phase:



Conclutions

The result of the 2023 implementation face is for the participating Member States to implement the best practices of Smart family elements. Based on the Action plans done by the MS the implementation will be started during 2024. The good practices will be implemented in f.ex. healthcare, maternity clinics, schools, daycare centers etc. Each MS will be based on the Action plans strengthen and educate the professionals in lifestyle counseling. The implementation plan will be fulfilled during 2024-2025.

Upcoming monthly meeting dates for spring 2024 were agreed during the last Monthly meeting held on 13th December 2023. The meetings will be held on the first Wednesday each month (only exception is January): Wednesday 10th of January 14-16 (EET), 7th of February 14-16 (EET), 6th of March 14-16 (EET), 3rd of April 14-16 (EET), 8th of May 14-16 (EET), 5th of June 14-16 (EET). Topics of the meetings during implementation phase will support MS in finding best suitable practicalities for their use. It is well known that the long-term effects on childhood obesity reduction can't be measured during the short project period. Smart family ideology can help to identify the strengths of the families and we can measure the professionals' attitudes during organizing activities for the target groups for instance supportive interviews. It is important to collect lessons learnt and describe how the processes in each MS were developed. In each MS which will be analyzed and reported during 2025.

References

1)Health4EUkids 2022, GRANT AGREEMENT, Project 101082462:
https://drive.google.com/drive/folders/1HErfWc-xXZFtj-qto9CLpDE5xZnCMm66