

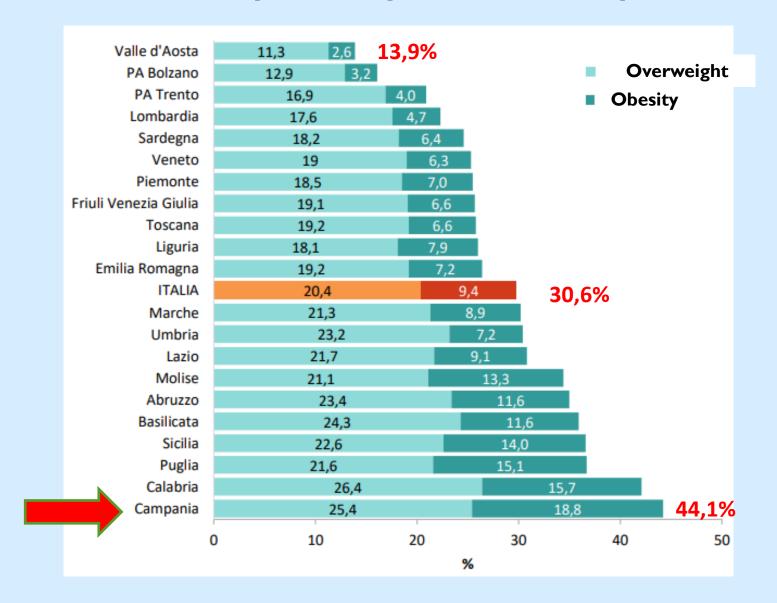


Marketplace for Best Practices in NCD prevention

Mothers as peer-educators in a low socio-economic status school-setting in Southern Italy

Nutritional Service, Department of Prevention Local Health Unit Napoli | Centro Italian National Institute of Health Unit

Childhood Overweight and Obesity: Campania Region over the top





Inverse care law and Inequalities In Health

Child obesity prevalence

Children of high social class mothers

Children of low social class mothers

10.6%

24.7%

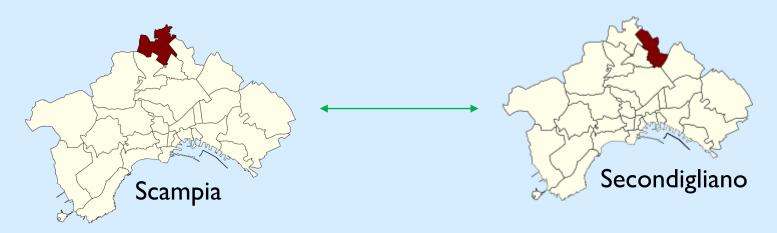






Context Analysis

Suburban areas in Naples



Area	School drop-out Rate	Unemployment Rate
Scampia	25%	30%
Secondigliano	23%	39%
Naples City	22%	27%
Campania	18,5%	20,9%
Italy	14,5%	13,1%

School Canteen Service



Naples

Service on individual demand through fee-payment



serves lunches to around 30.000 children/85.000 children attending kindergarten, primary and middle school



play a crucial role in promoting healthy foods and creating a school culture of healthy eating

School Canteen Service



- School canteens and other school food services are important educational resources as well as being an integral part of the school environment;
- When consumed daily, the food provided through the school canteen may comprise a third of a student's total daily intake and have a significant influence on their health and nutrition.





Netherlands Nutrition Centre | The recognized authority in the field of healthy, safe and sustainable food

Guidelines for Healthier Canteens



Nutritional Service, Department of Prevention Local Health Unit Napoli I Centro

Planning a menu by promoting a Mediterranean Diet



Health promotion practice about a proper nutrition



Parents (Family)

School lunch: 5 lunches/week
Home lunch: 16 lunches/week



Vs.



Threat:
Prejudices on quality of service

Opportunity:Acceptability of school menu by parents

Mothers play a crucial role in the nutrition of their children, being the ones who attend to their care, go grocery shopping and prepare meals (within both parents-employed couples the asymmetry index in preparing meals is 82% - ISTAT data)

Teachers as Role Modelling

Teachers who play a role as model of healthy behaviors in their classrooms can have an enormous impact on children eating habits.



Vs.

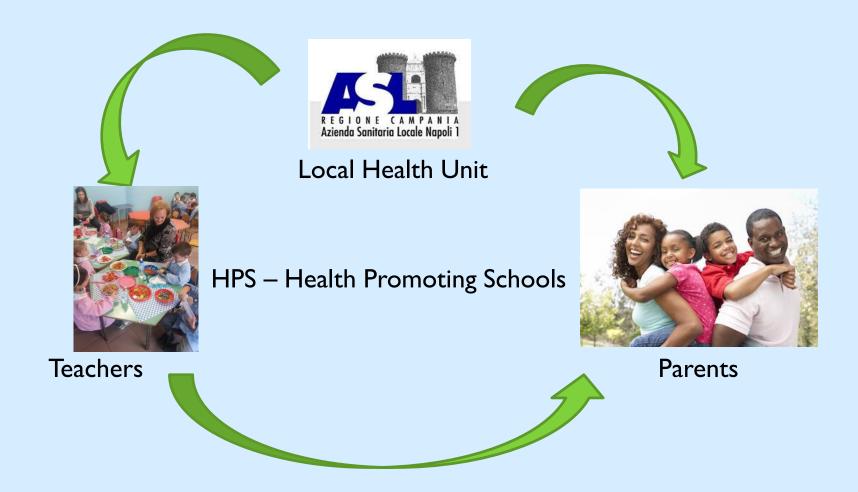


Threat:

Low level of awareness about the important role of the service

Opportunity:

Children learn by watching and copying the behaviour of others. So a teacher who makes healthy choices — including healthy eating — can have a good influence on the health of children.



It is important that Local Health Unit, parents and teachers work together to support a whole-school approach to building a school culture in which students actively choose nutritious foods and a healthy lifestyle

Aim of the practice



• Effect of Mothers as Peer Educators (MPE) in promoting knowledge about healthy behaviours towards other mothers

• Outcome: children's eating habits at school (and at home)

Very low socio-economic status school-setting

Method



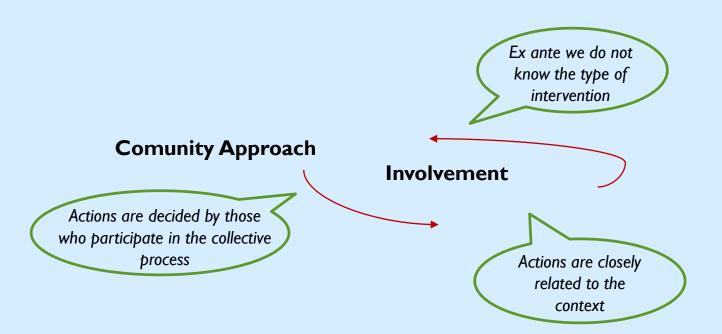
Target: 8 schools, 109 classes, 992 children aged 3-8 years

- Step I → evaluation of children's eating habits at school (<u>T0-baseline</u>)
 (through direct observation)
- Step 2 → Mothers as Peer Educators (and teachers) involved in:
 - Problem analysis ("Problem tree")
 - Solution proposal ("Objective tree")
- Step 3 → Mothers as Peer Educators shared the acquired knowledge with other mothers through small-groups meeting, social network
- Step 4 → Outcome (children's eating habits) evaluation:

TI = 5 mths T2 = 12 mths T3 = 16 mths

• Step 5 → Process evaluation through qualitative study

...talking about a practice different than usual, why?



Evaluation Quali-Quantitative

Mothers analysed problems

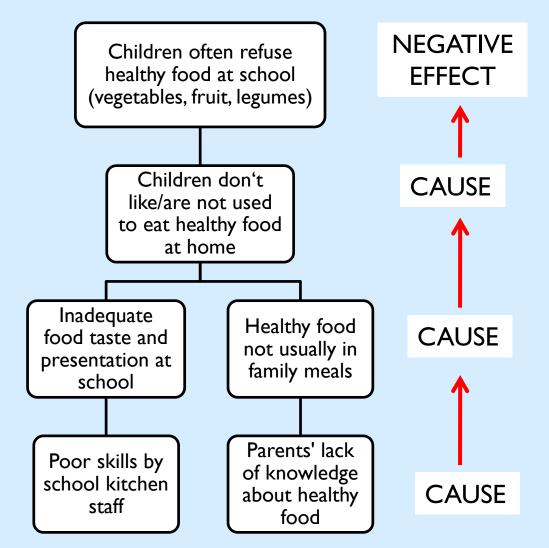
Step 2: How to build a Problem Tree?

- sheets with the same problems were put together;
- similar problems were placed close to each other;
- different problems were placed distant;
- problems that were the consequence or the cause of another problem were placed respectively above or below the problem they were related.



Mothers analysed problems

"PROBLEM TREE"

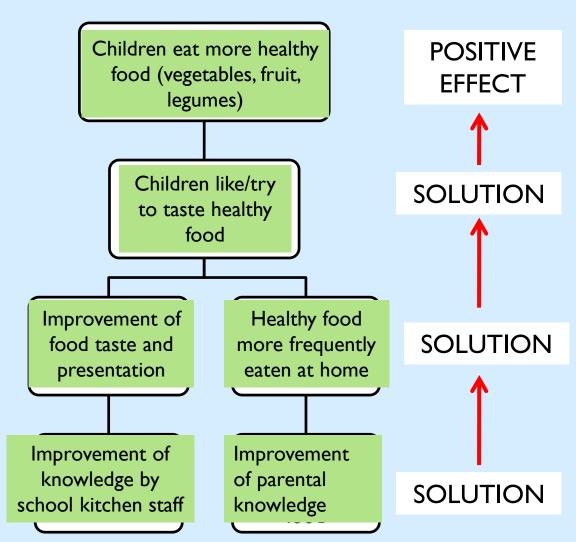




Mothers proposed solutions

Step 2: How to build a Objective Tree?

"OBJECTIVE TREE"





Solution proposed



Monday	Thursday	Wednesday	Thursday	Friday	
Fruit	Hypocaloric Biscuits	Yogurt	Bread with oil	Hypocaloric Biscuits	







Involving Mother as peer educators

Step 3: How to identify a peer educator mother?

- more suitable at playing a "leader" role (with teachers' suggestions);
- usually stands up for her interest in healthy nutrition;
- fights to improve school services;
- shows a good leadership talent.



Mothers Peer-Educator at work



Main results



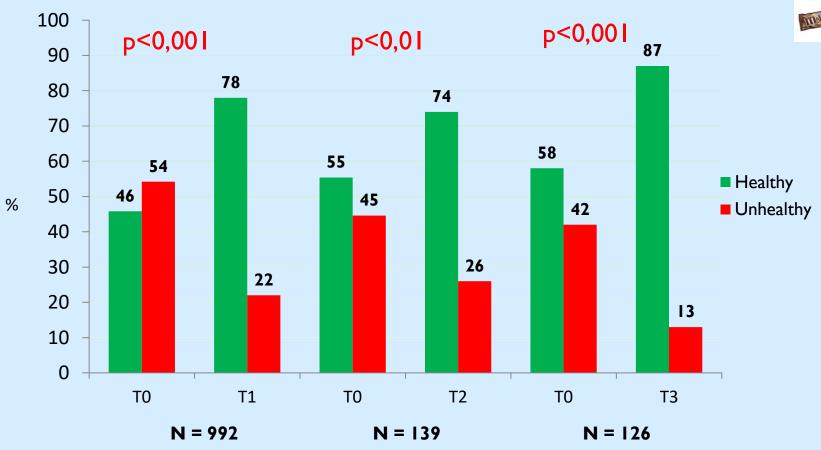
Outcomes: healthy eating habits evaluated by direct observation:

- Snack (Mid-Morning)
- Main course
- Side dish
- Fruit

McNemar test to verify differences in eating behaviours for paired-samples analysis was performed.

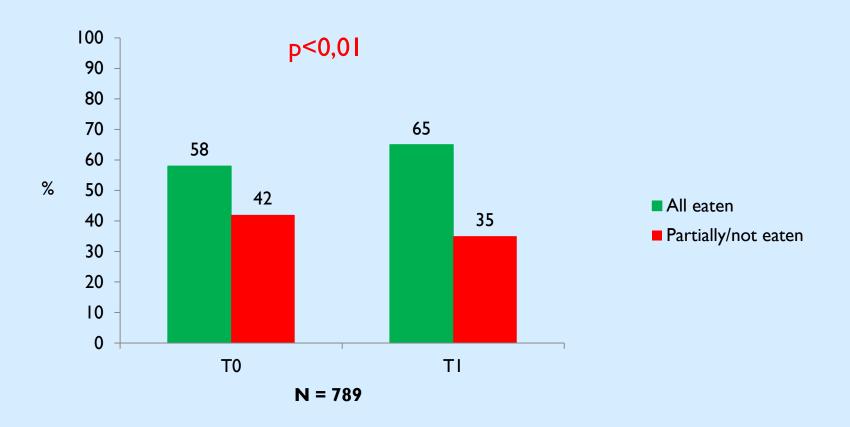
Snack (Mid-Morning)





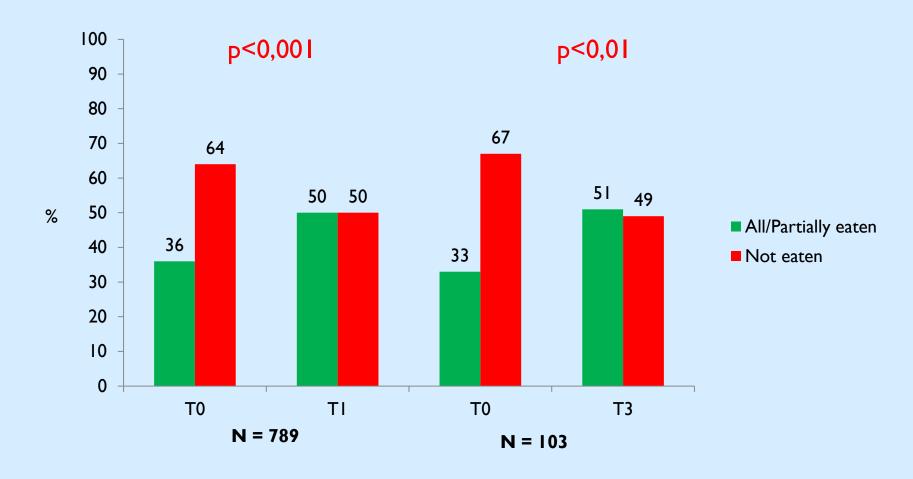
Main Course





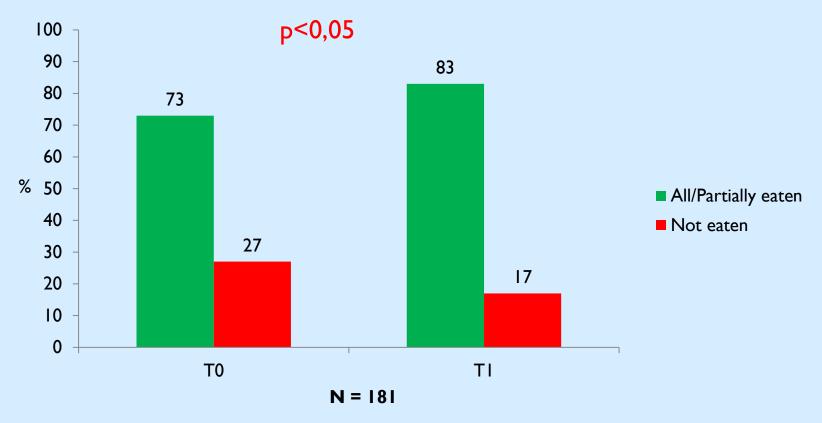
Side Dish





Fruit





Qualitative process evaluation

The main objective was to «Explore the points of view of the participants in the "Mothers as peer-educators" project to better understand the obstacles and factors facilitating the implementation of peer educators action in schools»

This objective was reached trough the Qualitative study using Focus Groups (FG):

- group discussions led by a moderator
- sharing and comparison of participants' knowledge and experiences on specific topics
- the duration between I and 2 hours
- 5-15 participants

Participant

4 FG were made, one for each type of group involved in the project:

- health workers in direct contact with the school (n° 12)
- teachers involved in the activities (n° 8)
- Mothers as Peer-educator (n° 7)
- NON Peer-educator mothers (n° 8)

for a total of 35 subjects

	Average	Educa	ation	Emplo	yment	N. Kids
	Age	Middle (n)	High (n)	Yes	Not	W. Klus
Mother Peer	37,4	3	4	2	5	2
Mother not Peer	37,5	6	2	0	8	2,6

Planning: facilitating factors

- Approach
 - Participatory and community approach
 - Attentive to the needs and the 'requests' of the various interlocutors
- Working group
 - Group with shared goals and information
 - Multidisciplinary group (doctors, dieticians, veterinaries, etc.)
 - With highly motivated people
- Interinstitutional collaboration and network construction
- The involvement of teachers an headteachers
 - is essential for the success of the intervention (specific meetings with teachers)
 - Listening position/Collaborative point of view
 - Creation of a climate of mutual trust
 - Definition of the real problems of the specific context

Planning: barriers and hindering factors

- Great commitment required by the type of approach proposed
 - Especially in terms of time to devote to building the network and collaborations
- Poor motivation of the working group
- •

Implementing: facilitating factors

- Meetings with parents
 - Preliminary observation phase during the school lunch (know the specific context)
 - Create a welcoming and non-judgmental atmosphere and trust
 - Answering / accepting requests from parents
 - Listening as a way to encourage openness
 - Get parents into processes, make them understand how things work (e.g. canteen)
 - Use a stimulus / starting point to develop discussion with parents
 - Overcoming worry and fears

Implementing: facilitating factors

- Implementation of solutions
 - Actions that are "within the reach "of the various actors
 - Graduality of change: starting with small actions
 - Sharing of "solutions"
 - Defined and shared rules
 - within the entire school staff
 - within the students
 - and parents
 - ...but flexibility not just rules
 - The activity becomes a school routine
 - Children also have a central role, to make them participate

Implementing: facilitating factors

- Identification of peer parents
 - "sometimes they are the most controversial, the least convinced. To welcome a need... that could also be to contest"
- To communicate progress and results within the different actors of the project to sharing experience and strengthening motivation:
 - At school: posters, artefacts, etc.
 - At home: with photos, drawings, etc.
 - And involving the community: open day, events, etc.

Buzzword... have fun

Implementing: barriers and hindering factors

- Actively involve all project participants
- Difficulty breaking down established habits
- Fears and distrust
- Poor motivation
- •



Conclusions



- Low social class families are hard to reach and to be involved in prevention programs (Inverse Care Law)
- In a very low social class school setting Mothers-Peer Educator involvement in promoting knowledge and behaviours on healthy habits towards other mothers did improve children's eating habits
- Long-term follow-up research is needed



Conclusions



Up-scaling

- Quantitative evaluation (2014/15 2016/17) was carried out in two suburban areas of the city;
- The practice is still ongoing and was extended in all areas of the city.
- School Years 2017/18 2018/19 (pre-Covid Situation) were involved:
 - 57 schools;
 - 7683 children;
 - II57 mothers;
 - 501 teachers.



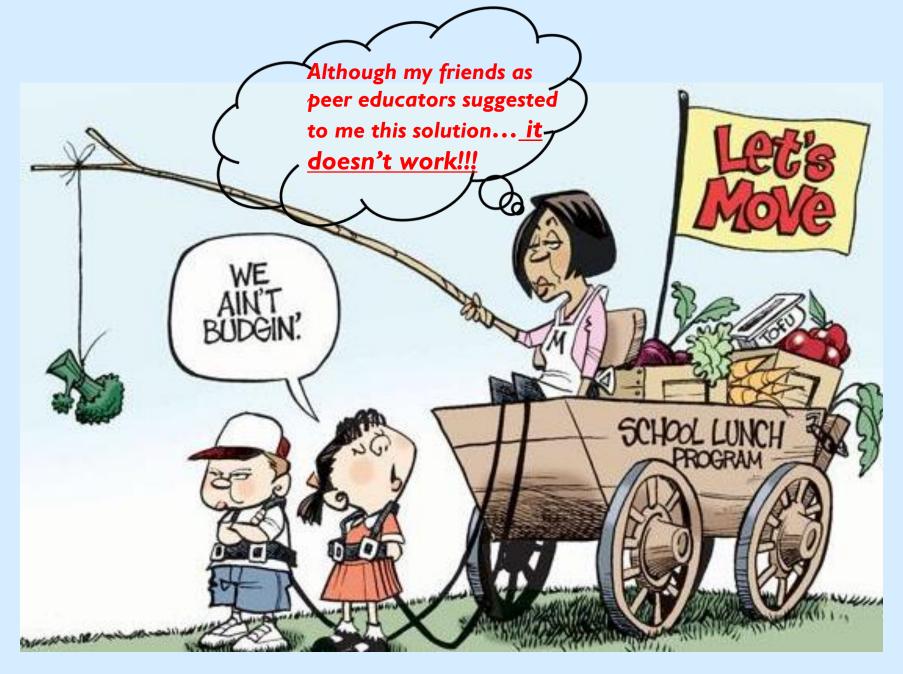
Conclusions



Regarding sustainability:

- once the process is triggered, the schools go ahead independently
- Need booster sessions with school staff and parents Regarding transferability:
- the importance of participatory actions is widely recognized in the literature
- from a methodological point of view, the intervention could allow to "work" on different aspects (for example physical activity) and in contexts other than socioeconomically deprived ones

CCM BIG Practice to verify the transferability



Thank you for your kind attention