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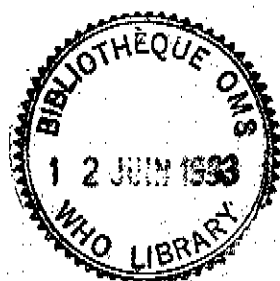
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## *DESIGNING THE COMPREHENSIVE "HEALTHY CHILDREN IN HEALTHY FAMILIES" PROGRAMME*

Report on a WHO Consultation

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EUR/HFA TARGETS 4 and 9

This activity was organized by the WHO Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.<sup>a</sup>

**TARGET 4**

**REDUCING  
CHRONIC DISEASE**

*By the year 2000, there should be a sustained and continuing reduction in morbidity and disability due to chronic disease in the Region.*

**TARGET 9**

**REDUCING CARDIOVASCULAR  
DISEASE**

*By the year 2000, mortality from diseases of the circulatory system should be reduced, in the case of people under 65 years by at least 15%, and there should be progress in improving the quality of life of all people suffering from cardiovascular disease.*

**ABSTRACT**

A comprehensive "Healthy Children in Healthy Families" programme is to be implemented within the CINDI framework. To this end a consultation was arranged to outline a strategic plan for the programme's development. After reviewing the present situation, the need was stressed for a policy regarding health promotion and the prevention of CVD risk factors in children and adolescents in order to prevent the disease in adulthood; coordination and collaboration between collaborating centres; development of process and outcome monitoring; elaboration of intervention guidelines, especially the organization of health education programmes in schools.

In accordance with these priority issues, future actions were agreed upon.

**Keywords**

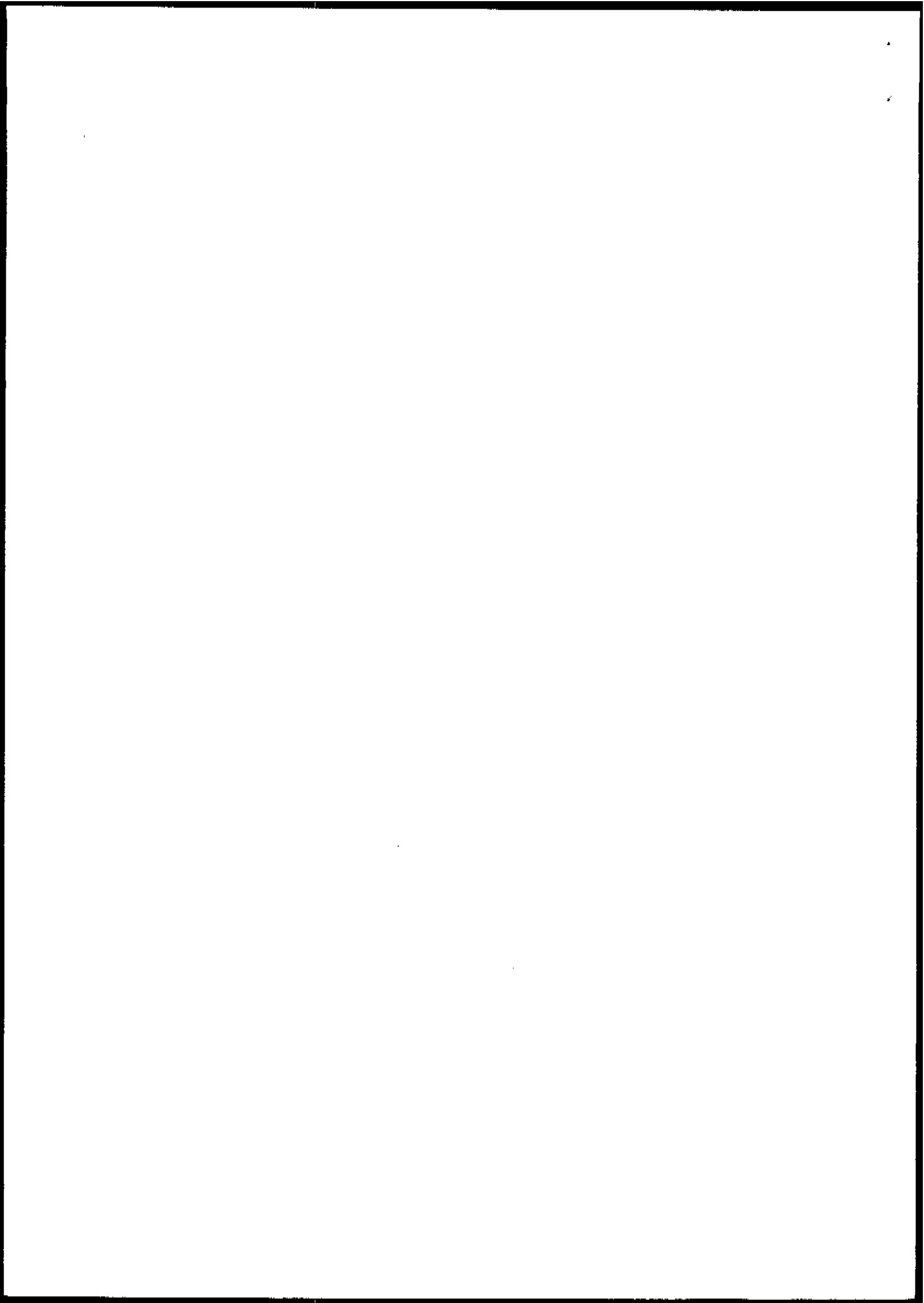
NONCOMMUNICABLE DISEASE CONTROL  
CARDIOVASCULAR DISEASES – prevent/control  
CHILD WELFARE  
ADOLESCENCE  
FAMILY HEALTH  
PREVENTIVE MEDICINE  
INTERNATIONAL COOPERATION  
EUROPE

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<sup>a</sup> Updating of the European HFA targets. Copenhagen, WHO Regional Office Europe, 1991 (document EUR/RC41/Inf.Doc./1 Rev.1).

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## INTRODUCTION

The CINDI Principal Investigators decided at their annual meeting in Canada, May 1992, to strengthen the CINDI Children's Component. To this end a comprehensive "Healthy Children in Healthy Families" programme is to be implemented.

The consultation was aimed at outlining a strategic plan for the "Healthy Children in Healthy Families" programme development. The following issues were discussed:

1. PRESENT SITUATION
2. PROGRAMME PRIORITY ISSUES AND STRATEGIES
3. FUTURE ACTION PLAN
4. RESPONSIBILITIES OF INDIVIDUAL COLLABORATING CENTRES
5. RESOURCES
6. RESEARCH

### 1. PRESENT SITUATION

It was noted that there was a great need to strengthen intervention activities among children and adolescents and to improve coordination and cooperation between CINDI participating countries interested in early prevention. This conclusion rests upon the fact that the prevalence of cardiovascular and other chronic diseases sharing the same risk factors remains high. Mounting evidence suggests that the roots of those diseases descend from childhood and youth. Health-related behaviour is established early in life and is heavily influenced by the family, as well as the social and physical environment. It is difficult to change this behaviour in adulthood. However, a growing body of evidence suggests that health promotion intervention in children and adolescents may be effective.

Unique opportunities exist in the CINDI programme for improving the situation. The CINDI programme is interventional in character. Member countries collaborate to establish mechanisms and methodologies to integrate and coordinate initiatives to prevent and control chronic diseases and promote health. CINDI has developed a general policy and protocol for the implementation, monitoring and evaluation of the programme.

There is a good national network and coordination among major players of the programme as well as good international collaboration among CINDI participating countries. Demonstration projects exist almost in all participating countries. Some countries have already elaborated certain modules on smoking prevention in schools, promotion of physical activity in families, etc. Collaboration between the two projects, CINDI Children's Component and Health-Promoting Schools, has started in some countries.

The "Healthy Children in Healthy Families" programme should be developed within the CINDI policy framework. It was noted that a number of WHO meetings on CVD prevention in childhood have taken place during the recent years. Therefore all necessary strategic documents are available (see the list of references). However, there is a lack of policies regarding the prevention and control of children's CVD risk factors; an integrated "Healthy Children in Healthy Families" protocol for collaboration should be elaborated.

## 2. PROGRAMME PRIORITY ISSUES AND STRATEGIES

The need for a policy regarding children's CVD risk factors prevention and health promotion (see Annex I), coordination and collaboration between collaborating centres, and elaboration of indicators of process and outcome evaluation (what information is needed) were considered as priority issues. To this end it was proposed to intensify the activities of the CINDI working group on the programme "Healthy Children in Healthy Families", to establish a network of the CINDI collaborating centres working in this programme, and to adopt an international collaboration protocol. The organization of health education in schools was considered to be a priority issue as well.

## 3. FUTURE ACTION PLAN

In accordance with the identified programme priority issues the following future actions were agreed upon:

- 3.1 To intensify the activities of the CINDI working group on the programme "Healthy Children in Healthy Families". The working group will be approached
  - 3.1.1 To define terms of reference of the working group (what it will do);
  - 3.1.2 To agree on the mode of work (how the working group will function); to assist to prepare a protocol on collaboration (see the relevant chapter);
  - 3.1.3 To prepare the following guidelines:
    - a document for politicians on the importance of school health education;
    - guidelines on high blood pressure in children and adolescents: - why, can we prevent the development of high blood pressure; should we reduce high blood pressure; if yes, how? etc.
    - dietary guidelines for children;
    - consensus on cholesterol measurement for children.
  - 3.1.4 To develop effective health education programmes (see Annex II)

These issues should be discussed at the session of the group during the annual meeting of CINDI Programme Directors in Joensuu, Finland, 29-30 April 1993.

- 3.2 To establish a network of CINDI centres which are working or intend to work on the CINDI Children's Component. The World Health Organization Regional Office for Europe assumed the responsibility to establish contacts among the centres.
- 3.3 To establish the process and outcome monitoring and evaluation system. This will start with an assessment of the present situation on intervention activities in children, adolescents, and families. To this end a two-step approach was proposed.

The first step is to analyse and summarize the replies to the questionnaire on the CINDI Children's Component. This summary will provide information on the following:

- (a) which centres have intervention activities and what kind of activities;
- (b) what data are available in centres

The summary will be presented to the CINDI Principal Investigators for their comments. These comments will be incorporated in the analysis of the questionnaire.

The Principal Investigators will be also approached to approve the annual reporting form on implemented intervention activities. To this end the CINDI annual reporting form was proposed. If approved, the form will be distributed to the centres to reply by 1 September 1993. The analysis of the replies will be the second step of the situation assessment.

It was strongly recommended to publish the above-mentioned material. The publication would be significantly more useful if some intervention modules could be attached. To this end the centres should be approached asking them to provide existing descriptions of prevention programmes or modules of intervention.

In the further monitoring and evaluation process it is necessary to establish a database and to start a joint baseline survey data analysis. To this end a circular letter on the joint baseline survey data analysis will be distributed by The World Health Organization Regional Office for Europe. The Data Centre for the CINDI Children's Component (Kaunas Medical Academy) is ready to start collecting data.

- 3.4 To prepare and approve the collaboration protocol and to agree upon a three-year action plan.

In order to establish a more structured collaboration and to monitor the process of the implementation of the programme, an international collaboration protocol has to be prepared (Annex III). Dr A. Zaborskis presented a draft protocol which condensed available strategic CINDI-related documents in the field of children's component. The participants discussed the document and agreed to amend it and incorporate some additional necessary components. The final version should be discussed and agreed upon at the meeting of the CINDI Children's Component network later in 1993.

In order to approve the collaboration protocol and to adopt a three-year action plan, a meeting of interested centres is to be organized later this year. Dr E. Kellerova kindly suggested to explore the opportunities to host such a meeting in Bratislava in November/December this year.

- 3.5 To organize a "Healthy Children in Healthy Families" policy framework consultation in 1994.

How to achieve an integrated approach, how to have an effect on medical practice, policy guidelines for general health promotion (why and what do we need), organizing health education in schools were suggested as components to be included in the policy framework.

- 3.6 To exchange the information on the existing school health education programmes.

#### 4. RESPONSIBILITIES OF INDIVIDUAL COLLABORATING CENTRES

This issue should be discussed at the meeting of the working group in Joensuu, 29-30 April 1993.

#### 5. RESOURCES

It was noted that technical and financial resources were vital for the further development and implementation of the programme. These issues should be discussed at the meeting of the working group in Joensuu, 29-30 April 1993.

#### 6. RESEARCH

The following topics have been defined as priority issues for research:

- primary prevention of high blood pressure;
- effective behaviour change;
- blood pressure in newborns and pre-school children;
- prevention of hypercholesterolaemia.

## ANNEX I

| ISSUES   | STRATEGIES   | PROJECTS  |
|--|--|---|
| Healthy nutrition<br>(calories, fat, salt,<br>fiber) | marketing<br>legislation<br>education<br>(school/family/<br>public/providers)<br><br>food production<br>health services              | 1. school education<br>2. family education<br>3. guidelines for health<br>professionals and<br>training modules<br><br>4. legislation<br>5. marketing |
| Smoke-free   | policy formulated<br>at school level<br>education (school,<br>family)<br>pricing<br>advertising<br>social support<br>health services | 1. school education<br>2. family education<br>3. guidelines for health<br>professionals and<br>training modules<br>4. legislation                     |
| Drug free  | education (school/<br>family)<br>restriction of drug use<br>legislation<br>health services   | 1. school education<br>2. family education<br>3. guidelines for health<br>professionals and<br>training modules                                       |
| Enough exercise                                      | education (school/<br>family)<br>community policy<br>availability of infra-<br>structure<br>health services                          | 1. school education<br>2. family education<br>3. guidelines for health<br>professionals and<br>training modules                                       |
| Social support                                       | children's clubs<br>parents association<br>teachers support<br>church<br>teachers support<br>church                                  | 1. family education<br>2. guidelines for health<br>professionals and<br>training modules<br>3. social support associa-<br>tion                        |
| Healthy environment                                  | smoke-free environment<br>legislation  | 1. family education<br>2. guidelines for health<br>professionals and<br>training modules  |

## ANNEX I (continued)

| ISSUES                              | STRATEGIES   | PROJECTS  |
|-------------------------------------|--|---|
| Alcohol                             | policy formulated at school level<br>education (school, family)<br>pricing<br>advertising<br>social support<br>health services | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules<br>4. legislation |
| Prevention of high blood pressure   | education<br>health services   | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules                   |
| Prevention of hypercholesterolaemia | education<br>health services   | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules                   |
| Personal hygiene                    | education  | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules                   |
| Dental Health                       | education<br>health services   | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules                   |
| Skin cancer prevention              | education<br>health services   | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules                   |
| Accidents prevention                | education<br>legislation<br>community policy   | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules<br>4. legislation |
| Sexual education                    | education<br>health services<br>social support   | 1. school education<br>2. family education<br>3. guidelines for health professionals and training modules                   |

## ANNEX II

## HEALTH EDUCATION PROGRAMMES

Health education programmes should be prepared for various settings: families, schools, kindergartens, health services, vocational schools, workers, the unemployed, youth culture establishments.

It was agreed that the following were the most important components to be elaborated to assist the CINDI participating countries to develop national health education programmes:

- (a) guidelines and system of teachers' training;
- (b) curriculum and general design of the programme;
- (c) training modules;
- (d) a policy document addressing politicians on the importance of health education;
- (e) a policy framework on NCD prevention and health promotion in children and adolescents (what can and should be done - legislation, education, health professionals, teachers, environment);
- (f) nutrition guidelines;
- (g) guidelines for health professionals on health promotion and CVD risk factors prevention;

An information system to monitor the implementation programme should be developed. It is very important to assess the costs of a programme.

A N N E X III

"Healthy Children in Healthy Families"

International collaboration protocol

The following content and responsible persons for the preparation of the protocol were proposed:

- (a) Justification of the programme (Dr Zaborskis);
- (b) Aims and objectives - (All participants);
- (c) Settings;
- (d) Intervention:
  - how to get the programme running (Dr Vartiainen);
  - health professionals (Dr Vartiainen);
  - health education (approach Dr Wilde to identify an expert in this area):
    - schools programme (Dr Vartiainen);
    - mass media;
    - parents education;
- (e) Developing national policy (approach Dr Petrasovits);
- (f) Monitoring and evaluation:
  - Database (indicators of monitoring and evaluation and data processing) (Dr Zaborskis);
  - Survey procedures: questionnaire, methods (Dr Zaborskis);
- (g) International collaboration and reporting (Dr Zaborskis);
- (h) Research (Drs Vartiainen and Kellerova)

## ANNEX IV

## BIBLIOGRAPHY

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- (6) Positioning CINDI to Meet the Challenges, A WHO CINDI Policy Framework for Noncommunicable Disease Prevention, December 1992.

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