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Deputy Director



# Preventing Childhood Obesity in communities



# EPODE approach

A coordinated, capacity-building approach for communities to implement effective and sustainable strategies to prevent childhood obesity.



# Vision statement

Childhood obesity will be reduced by local environments, childhood settings and family norms all being strongly supportive of children **enjoying healthy eating, active play and recreation.**



*Based on guidance from the EPODE International Advisory Board*

# EPODE philosophy

- ✓ Based on **positive** messages, prompting a **smooth awareness** of the obesity issue, both collectively and individually
- ✓ **No stigmatization** of any culture, any food habits, and no stigmatization of any diets, food groups, behaviours and body image
- ✓ A “**Step wise**” and **Experience-based** learning process of healthy diet & physical activity.



# Target groups

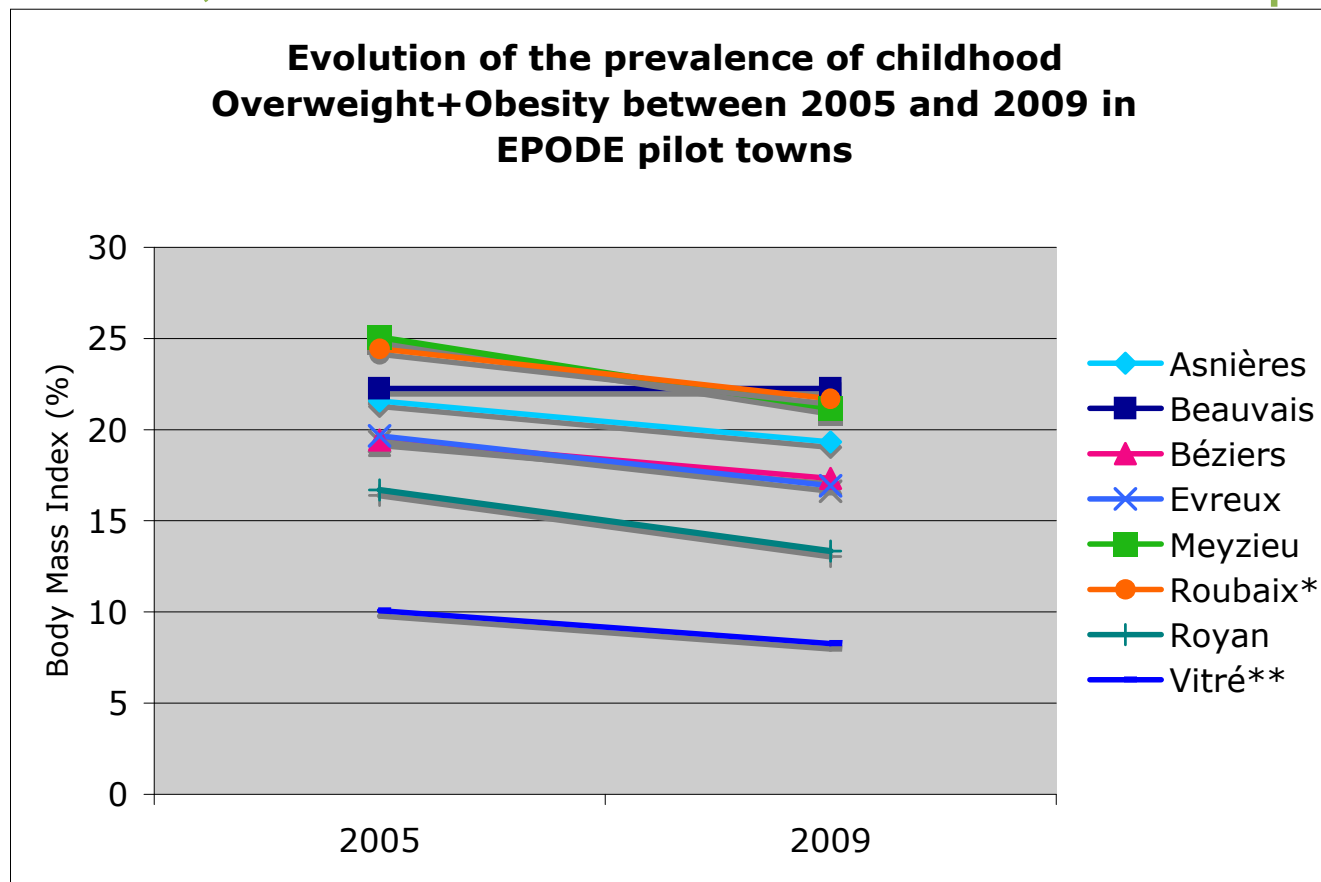
- 1 Children 0 to 12 years old and their families
- 2 Stakeholders who can influence childhood settings, food and physical activity environments, socio economic policies and socio cultural norms



*Based on guidance from the EPODE International Advisory Board*

# Some results

# Evolution of childhood overweight and obesity prevalence, between 2005 and 2009 in the pilot towns



TOTAL towns	2005			2009			p***	% Decrease
	N	% case	N total	N	% case	N total		
Obese	1192	4,81		1051	4,45		0,056	
Overweight	3900	15,76		3397	14,38		<b>&lt;0,0001</b>	
OverweightObese	5092	20,57	24752	4448	18,83	23617	<b>&lt;0.0001</b>	-9,12%

\* Roubaix : only the 7 common schools between 2005 and 2009 have been included.

\*\* Vitré : 2008 data. The CP, CE1 and CM1 school grades have not been included in 2009.

\*\*\*In bold : significant "p".

# Evolution of childhood overweight and obesity prevalence, between 2005 and 2009 in the pilot

## towns *Schools located in deprived areas*



✓ For the children from schools located in deprived areas, a non-significant ( $p=0,3845$ ) downward trend is observed in the prevalence of childhood overweight (including obesity), from 23,7% in 2005 to 23,15% in 2009:

- ◆ Overweight: from 16,91% in 2005 to 16,65% in 2009
- ◆ Obesity: from 6,78% in 2005 to 6,5% in 2009

TOTAL towns - Schools in deprived areas	2005			2009			p***	% Decrease
	N	% case	N total	N	% case	N total		
Obese	642	6,78	9466	576	6,5	8855	0,4514	
Overweight	1601	16,91		1474	16,65		0,6287	
OverweightObese	2243	23,7		2050	23,15		0,3845	

\*\*\*In bold : significant "p".



# Evolution of childhood overweight and obesity prevalence, between 2005 and 2009 in the pilot towns

## *Schools NOT located in deprived areas*



- ✓ For the children from schools located in non-deprived areas, the prevalence of childhood overweight (including obesity) decreased significantly ( $p < 0,0001$ ), from 18,64% in 2005 to 16,24% in 2009:
  - ◆ Significant decrease ( $p < 0,0001$ ) in overweight prevalence from 15,04% in 2005 to 13,03% in 2009
  - ◆ Non-significant decrease (0,0694) in obesity prevalence from 3,6% to 3,22% in 2009

TOTAL towns - Schools NOT in deprived areas	2005			2009			p***	% Decrease
	N	% case	N total	N	% case	N total		
Obese	550	3,6	15286	475	3,22	14762	0,4514	
Overweight	2299	15,04		1923	13,03			
OverweightObese	2849	18,64		2398	16,24		0,3845	

\*\*\*In bold : significant "p".

# EPODE in the world, today



**Thao**  
salud infantil  
Spain, 2007  
38 towns

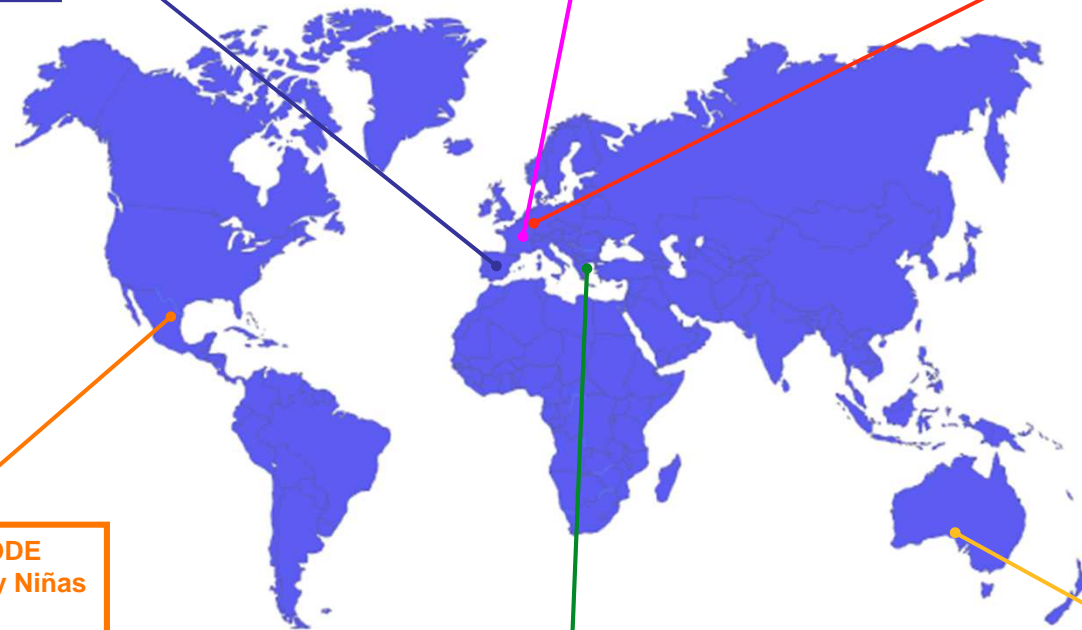
**epOde**  
France, 2004  
226 towns

**viasano**  
by epode  
Belgium, 2007  
15 towns

**EPODE**  
Niños y Niñas  
Mexico, 2010

**παιδιατροφι**  
Paideiatrofi  
Greece, 2008  
13 towns

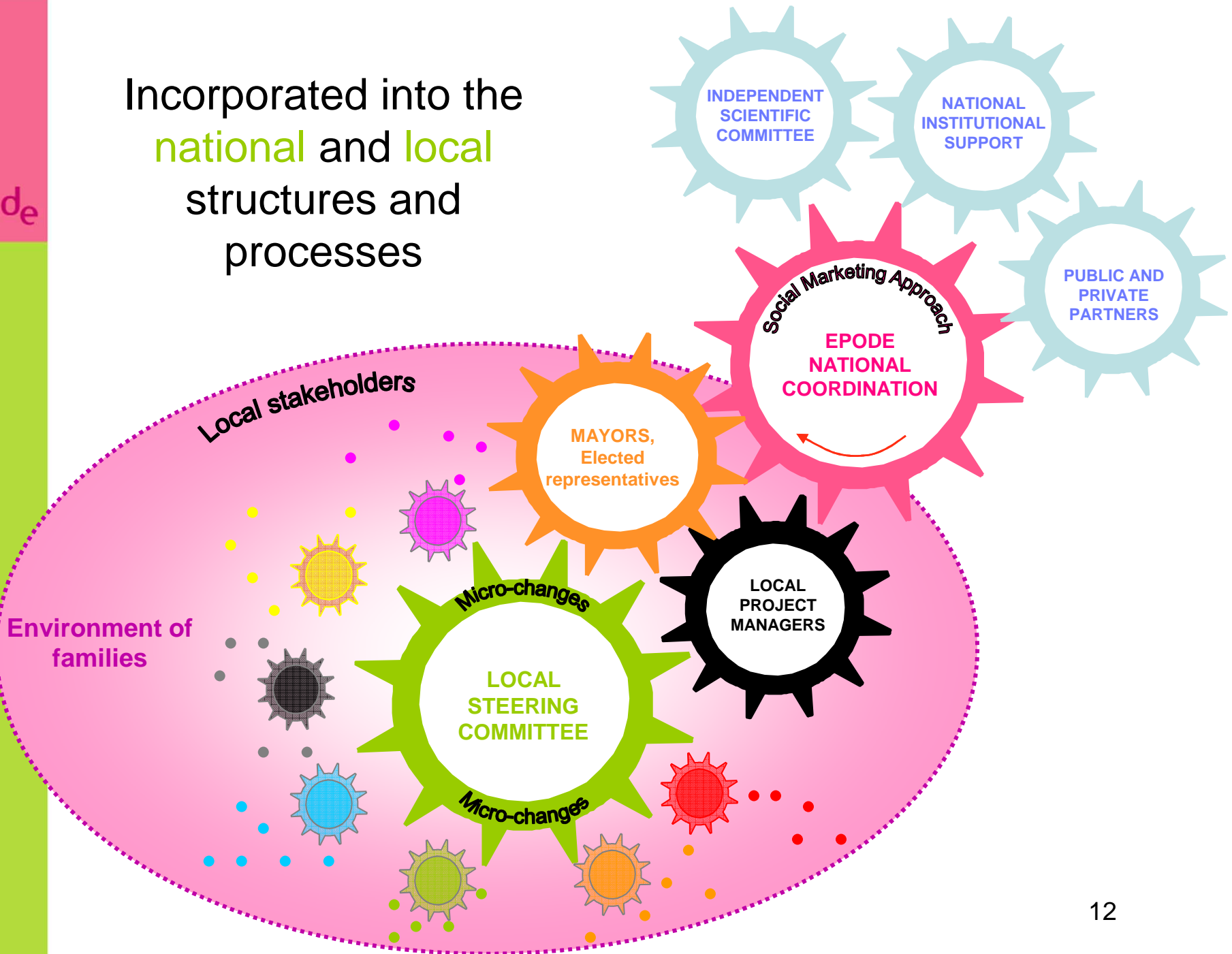
**Opal**  
South Australia, 2009  
6 councils



# 1

## Multistakeholder engagement

Incorporated into the  
**national** and **local**  
structures and  
processes



2

## Local political commitment



## Local Political commitment in each town

- ✓ To ensure a **formal commitment** of resources and political support from the leaders of the key organization's, which influence **local environments** and childhood settings.
- ✓ Each community has a formal political commitment for **5 years** from the outset
- ✓ Local authorities and elected representatives support the activities of a **local project manager** having sufficient capacity and cross-sectoral mandate for action



# Organization at local level



# 3

## Capacity Building



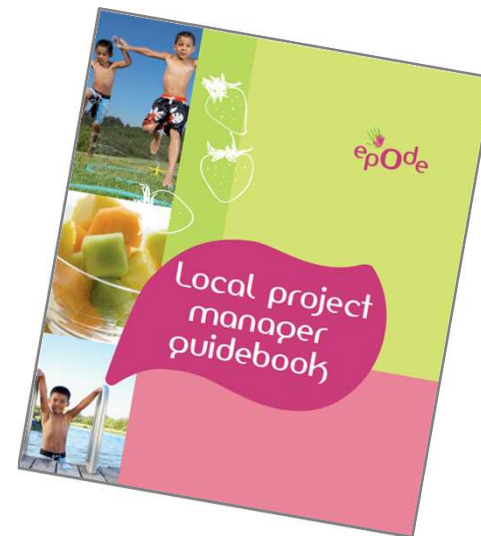
# National Coordination Team inputs

(1/3)

At national level, a **2 days initial training session** of the EPODE local project managers



EPODE **Methodology BOOK**



An **initial ROADMAP** for the set up of the programme in the town

# National Coordination Team inputs

(2/3)

At national level, **regular training sessions** (twice a year) and continuous **coaching** of the EPODE local project managers (**hotline**)



Twice a year, a **ROADMAP** Corresponding to each EPODE Theme

**Specific guidance documents**, e.g. for monitoring (e.g. BMI data collection) and launching of local projects e.g. a pedestrian School Bus...



Specific **training sessions** of local actors, e.g. on taste education, involvement of infancy professionals...

# On each site - A Local Project Manager

- ✓ **Nominated** by the mayor or the chief of the community
- ✓ **Funded** by the community
- ✓ **Assisted** by a local steering committee
- ✓ With « **cross-cutting** » abilities to work with colleagues and stakeholders and create local group dynamics
- ✓ Able to be daily « **on the field** »



# On each site - A Local Steering Committee

Appointment of a **multidisciplinary local steering committee** (education, school catering, sports, health, community life, restaurants, retailers, canteens, supermarkets...) => regular meetings for consultation and decision making



Accelerating the implementation of **local actions** as appropriate



Creation of local network dynamics to promote micro-environnement changes through **professional practices**



# On each site - Local stakeholders



➤ **Local stakeholders** are involved in the planning processes but are **trusted** with sufficient **flexibility** to adapt actions to local context.

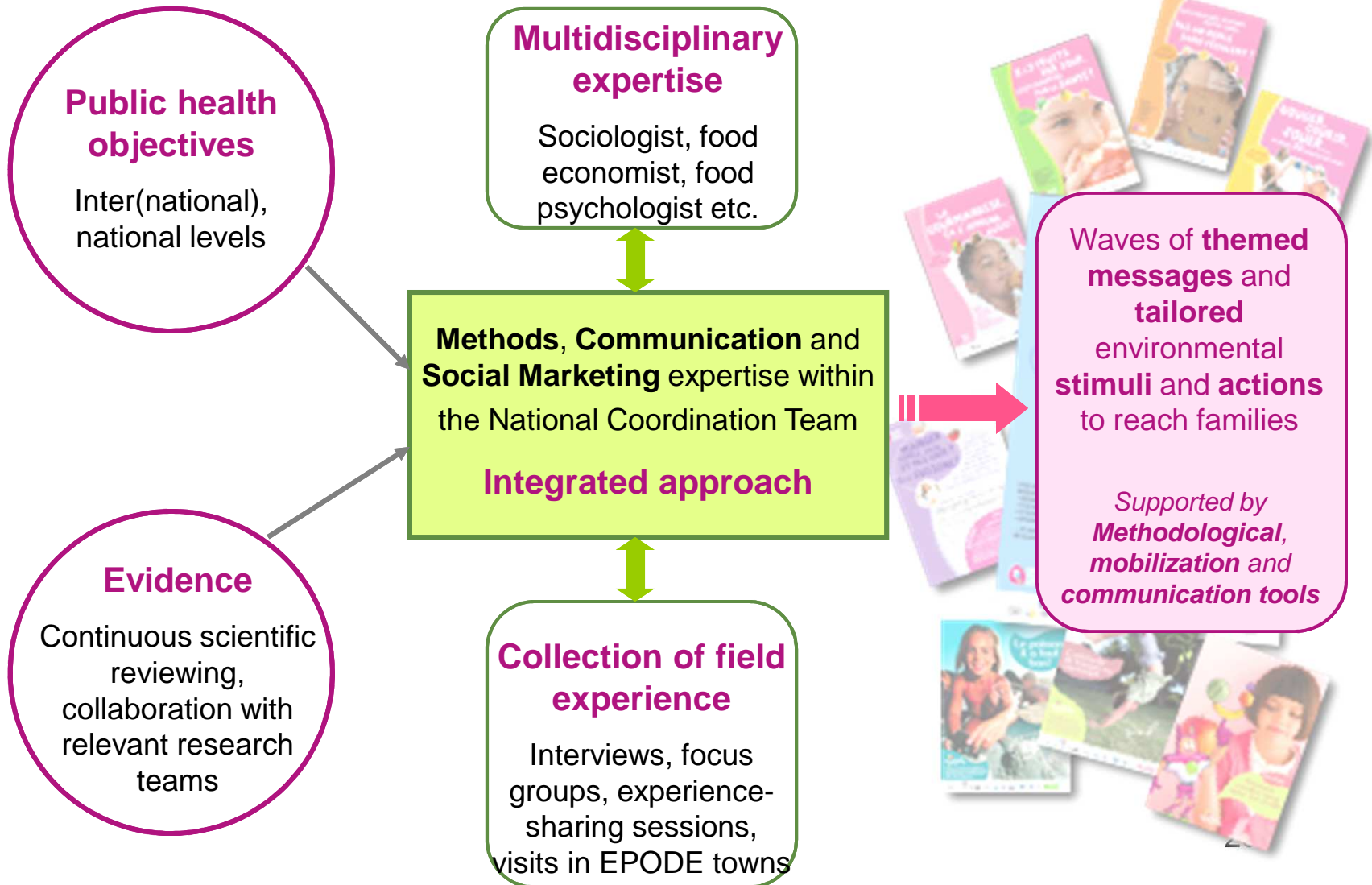


➤ Messages and actions are solution oriented and motivational for **positive behaviour changes** and do not stigmatize any culture or people.

7

# Evidence-based and Social Marketing techniques

# An integrated approach



# For primary and secondary targets

The right message is defined for the whole community but getting the message right means **tailoring** for different stakeholders.





# Examples of EPODE themes (France)



THEMES	PERIODS
Vegetable - "La saison a le goût des légumes"	Oct.-Dec. 2004
Starchy food - "La saison a le goût des féculents"	Jan.-March 2005
Dairy Products - "La saison a le goût des produits laitiers"	Apr.-June 2005
Fruits - "La saison a le goût des fruits"	Oct.-Dec. 2005
Treats - "Vive la gourmandise"	Febr.-Jun 2006
We move and we like it! - "On bouge et on aime ça!"	Febr.-Jun 2006
Easy, cheap and healthy eating? It's to be cooked! "Manger simple, sain et pas cher? ça se cuisine!"	Oct. 2006- Jan. 2007
Water - "Vive l'eau"	Febr.-Jun 2007
Health starts at the table - "La santé, ça commence à table"	Oct. 2007- Jan.2008
Playing is already moving - "Jouer, c'est déjà bouger"	Apr.-Sept 2008
Fish has everything good - "Le poisson, il a tout bon"	Sept-Dec. 2008
Physical activity, everyone gets into it "L'activité physique, tout le monde s'y met"	Febr.-Sept. 2009





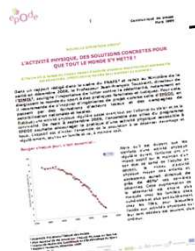
1 action sheet



1 action sheet



Press release



2 action sheets



8 action sheets



A faxed letter

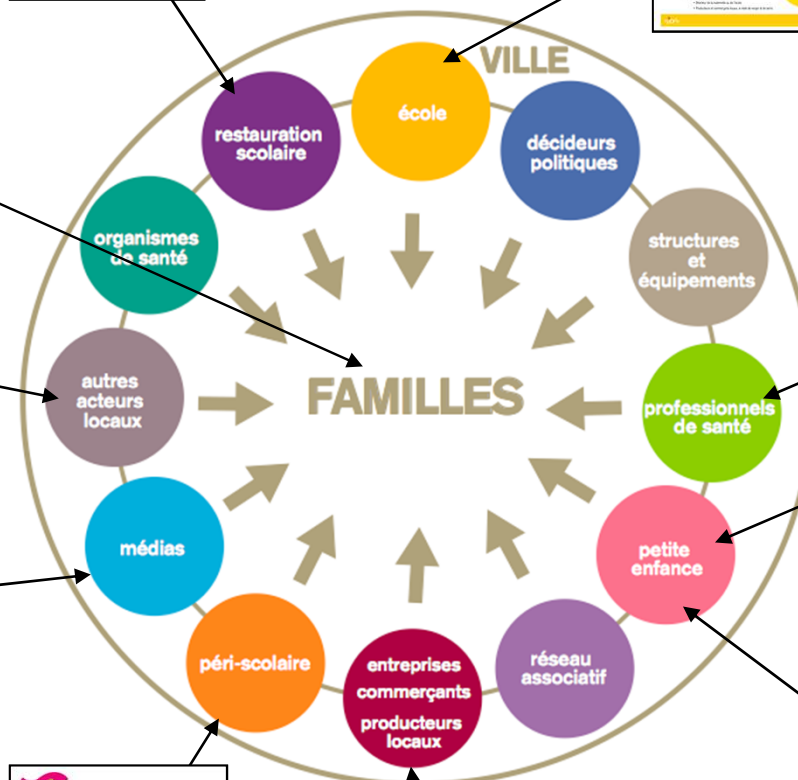
Mobilisation sheet



1 action sheet



Mobilisation sheet





# EPODE Monitoring, Evaluation and Dissemination of Results

## Practices & Challenges

# The Expert Committee Role *as regards Monitoring and Evaluation aspects*

# A multidisciplinary and independent expert board



Dr Jean-Michel Borys

- ◆ Practitioner in **Endocrinology, Diabetology and Nutrition**



Natalie Rigal

- ◆ **Child Psychologist**



Pr Daniel Rivière

- ◆ Vice-Chairman of the French Society of **Medical Practice and Sport**



Pr Monique Romon

- ◆ Professor of **Nutrition**, Head of the Nutrition Dept of Lille University and Hospital Complex, Chairman of OSEAN network



Sandrine Raffin

- ◆ **Social Marketing** Expert



Benoît Dervaux

- ◆ **Health economist**, CNRS, Lille



Dr Sophie Treppoz

- ◆ **Paediatrician**, representing the French Association of Ambulatory Paediatrics, REPOP coordinator



Pr Alain Duhamel

- ◆ **Biostatistician**, Faculty of Medicine and Biostatistics Training Unit, Lille University and Hospital Complex



Pr Claude Jaffiol

- ◆ Emeritus Professor at Montpellier Academy of **Medicine**



Monique Valaize

- ◆ **Deputy Mayor** for Public Health, Twinning Committee and Decentralised Cooperation



Dr Desbonnets

- ◆ **General Practitioner**

# BMI Measurements

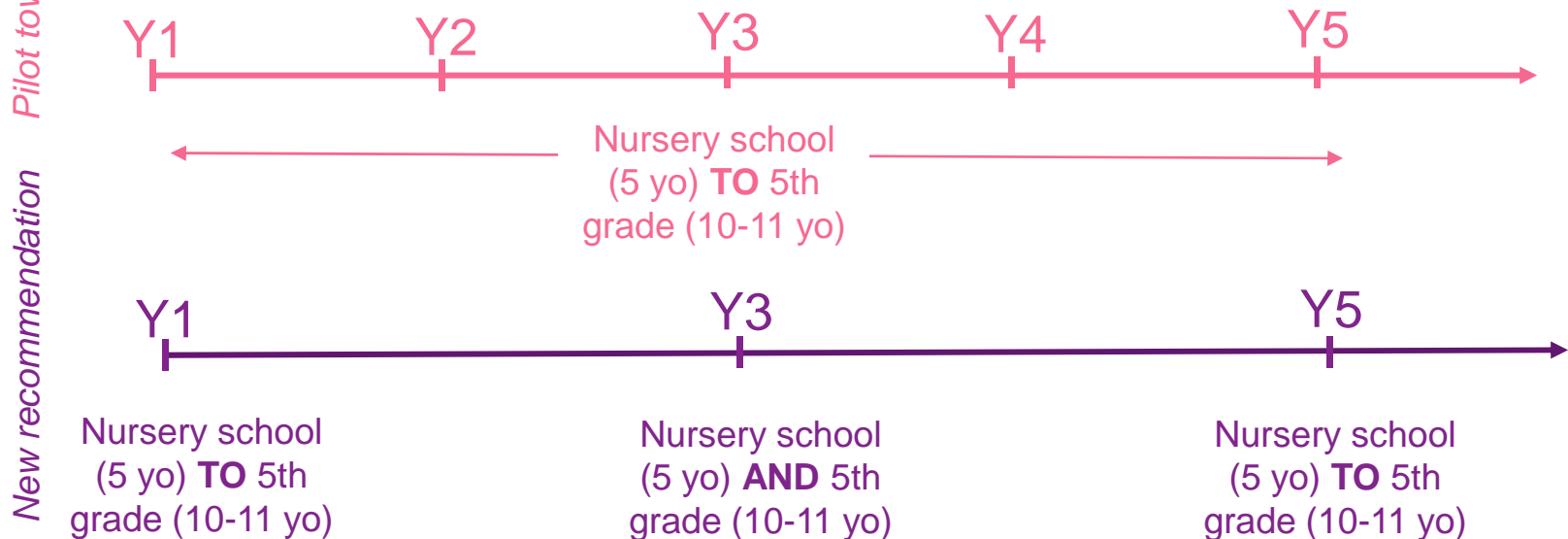
*Framework, Process, Communication,  
Difficulties and Challenges*

# BMI measurements

## Framework and Process

- ✓ At National Level
  - ◆ Collaboration with the ministry of National Education
  - ◆ Collaboration with local education administrations
  
- ✓ At Local level
  - ◆ Part of the initial training of the Local Project Manager
  - ◆ Collaboration with the National Education GPs and nurses
  - ◆ Or another solution involving other health professionals

- ✓ Data collection yearly / every 2 years :



Complementary Monitoring and  
Evaluation and Indicators  
Collected  
*Input, Process and Output indicators*



# Monitoring and Evaluation Framework

*4 levels*



- ✓ **National organization level**
- ✓ **Local organization level**
- ✓ **Setting level**
- ✓ **Child level** ← BMI Data Collection

# Data Collected at National Organization Level

INPUT

PROCESS

OUTPUT

Subject / Area	Nature of measurement
Political support	Amount and type of Ministries and politicians supporting the programme
Expert advisory	Amount of meetings organized, experts' qualifications and involvement
Networking / Scientific communication	Participation in congresses and other events
Human investment	Coordination Team human resources
Manpower competence	Coordination Team qualifications
Knowledge expertise	Experts and Coordination Team expertise
Private partners recruitment	Amount of private partners contacted and supporting the programme
Communication advocacy / press	Press Relation team report: number and type of press releases, events and clips Dissemination indicators: newsletters (number of contacts), website (traffic)
Funding	Evolution of funding
Town commitment to the programme	Evolution of the amount of towns committing to the programme
Training of local teams	Amount of trainings organised per year, perception of their quality by the Local Project Managers. Dissemination at local level*
Tools developed	Amount, type and quality (Local Project Managers' perception) of tools developed
Organisation commitment to the programme	Amount and type of organisations participating to the programme

\* = recent indicator

# Data Collected at Local Organization Level



INPUT

PROCESS

OUTPUT

Subject / Area	Nature of measurement
Material and methods	Kinds of tools developed or used at local level and methods used to mobilise the general public
Time investment	Type of contract for Local Project Managers (full/part time)
Project Managers' qualifications	Local Project Manager's qualifications
Knowledge expertise	Assistants to the Local Project Manager (MP, nurse, dietician...) involvement
Steering committee	Detailed qualifications of stakeholders involved*
Structures involved / Fields of intervention	Amount and type of structures involved / fields of intervention
Communication materials	Dissemination (amount and type) and satisfaction
Labelling	Amount and type of EPODE actions labelled
Action sheets	Development of new Action sheets by Local Project Managers, use of action sheets*
Training of local stakeholders	Utilization at local level of "train the trainer" training sessions, perception of efficiency*
Multi stakeholders' participation in organization/implementation of the programme	Type of stakeholders involved in the implementation, Perception of efficiency by Local Project Managers*

\* = recent indicator

# Data Collected at Setting Level



INPUT  
PROCESS  
OUTPUT

Subject / Area	Nature of measurement
Initial evaluation of potential stakeholders	Amount and type of potential stakeholders to be involved in the EPODE programme
Targets of interventions	For specific actions : age and SES of participating people
Targets of interventions : schools	Identification of schools located/not located in priority education areas (ZEP)
Multi stakeholders' participation in organization/implementation of the programme	Type of stakeholders involved in the implementation, Perception of efficiency by Local Project Managers*
Social environment	Amount of schools / town implementing the actions "a fruit for recreation" and school playgrounds development
People participation to the actions	For specific actions : amount and type of participation, age
Tools dissemination	Amount and type of dissemination

\* = recent indicator

# Data Collected at Child Level



OUTPUT PROCESS INPUT

Subject / Area	Nature of measurement
Social environment	Amount of schools / town implementing the actions “a fruit for recreation” and school playgrounds development
People participation to the actions	For specific actions : amount and type of participation, age
Tools dissemination	Amount and type of dissemination
Behaviour changes	“We move and we like it“ pilot study : assessment of changes in food habits and physical activity of a cohort of 944 children, primary school aged
Evolution of Body Mass Index of children aged 4-5 to 10-11 years old / 4-5 and 10-11 yo	Weight and height measured by a health professional

\* = recent indicator

# Thank you for your attention



## EPODE International Coordination Unit

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## Websites

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[www.thaosalud.com](http://www.thaosalud.com)



[www.paideiatrofi.org](http://www.paideiatrofi.org)



[www.epode-european-network.com](http://www.epode-european-network.com)



Health & Consumer Protection  
Directorate-General