

**PROTEINES** 

**PREVENTING CHILDHOOD OBESITY:**

**THE EPODE METHODOLOGY**



**December 2008**



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## **SUMMARY**

### **Background**

The prevalence of overweight and obesity has increased worldwide during the last twenty years.

The changes in lifestyle (nutrition and lack of physical activity) contribute to explain this major public health concern. The **need for concrete and effective** policies plans and programmes aimed at preventing overweight and obesity is urgent.

The pandemic of obesity in young people threatens to provoke a massive increase of numerous health complications. **Nearly two thirds of children with obesity will continue to suffer from this health condition throughout their life.** Overweight and Obesity are the main risk factors for disabling and life-threatening health conditions in young people, including type 2 diabetes, cardiovascular complications, some cancers and also psychological pathologies.

Over the last ten years, studies have demonstrated that the prevention of overweight and obesity is possible through **interventions that are based on lifestyle and environment** – particularly food and physical activity interventions (North Karelia Project (Finland), Fleurbaix Laventie Ville Santé Study (France), Kiel Study (Germany), Colac Study (Australia)).

However, there is a clear need to bridge the gap that exists between awareness and know-how: it is widely known that people need to be more physically active and have a healthy diet. The concrete way to effectively implement the necessary related lifestyles changes and, ensure sustainability is still challenged.

### **EPODE purposes**

The EPODE methodology, developed in several European countries since 2004, is a community-based intervention aimed at preventing childhood obesity by involving local stakeholders in a sustainable way. The 4 pillars of EPODE are: strong political will, a sound scientific background, a social marketing approach and multistakeholder approach.

## **EPODE Methodology**

The EPODE model is based on the **involvement of the community for the community**, at the very **heart of the "ecological niche"**: the town. It is a long-term program and methodology that integrates the family daily life and its constraints. It is a **positive, concrete** and **step-by-step** learning process on food and physical activity. EPODE is a **behaviour-centred** approach, with an educational philosophy prompting fun and non-stigmatization of any food and behaviours.

A **national coordination team** using social marketing and organizational techniques trains and coaches a **local project manager** nominated by the **mayor** (or other local leader able to champion the program) to mobilize local stakeholders. Dedicated tools and roadmaps are prepared by the National Coordination team and delivered to the project manager who will disseminate the communication tools for each stakeholder. The national coordination team gathers several skills, from strong social marketing skills to network organization techniques, trains the trainers' techniques, general public communication and press relations serving public health issues. The national coordination team operates under the supervision of a **committee of independent experts specialists** and in collaboration with professionals in the fields of education, psychology, sociology, sports and nutrition...

The local authority leader (the mayor in France) appoints the project manager who implements EPODE using the tools provided by the national coordination team. He establishes the networks and coordinates a local multidisciplinary steering committee (education, school catering, sports, health, community life, etc). This methodology enables the entire community (teachers, school catering, health professionals, parents, media...) to empower and contribute to create a healthy environment that facilitates social norms changes.

The involvement of local authorities is therefore a core component of the EPODE methodology, which aims to **curb the progression of childhood obesity**.

## **EPODE results to date**

Today 167 towns in France, 13 in Belgium (VIASANO Program) and 32 in Spain (THAO Salud Infantil Programa) are involved and EPODE is about to be launched in Greece. Success to date is measured by a large field mobilization in the French pilot cities and by the encouraging evolution of the BMI of children. Sociological evaluations focusing on the perception of EPODE in families and local stakeholders indicate particularly that the program is seen as a common positive action for the community, a "healthy lifestyle" program and a concrete aid that helps parents to guide and support their educational role towards their children.

## 1 - Obesity and the diseases of civilization

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### 1- Obesity a global public health challenge

Today, a billion adults are overweight; if into actions are taken, there will be one and a half billion by the year 2015, including 22 million children aged under 5 (WHO report "Preventing chronic diseases: a vital investment"p54). Since the beginning of this millennium, obese people have started to outnumber people suffering from nutritional deficiencies.

The OECD (Organization for Economic Cooperation and Development) estimates that obesity kills some 220,000 men and women in the USA and Canada alone - and approximately 320,000 men and women in 20 western European countries - every year.

The sudden acceleration in the prevalence of obese and overweight children in France, as in most European countries, will lead to numerous public health problems in the coming years.

The probability of a child's overweight or obesity continuing into his or her adult years varies with the age of the child. 20-50% for children who were overweight or obese prior to puberty, it rises to 50-70% for children who are overweight or obese in adolescence.<sup>1</sup>

Most of today's obese children will therefore become obese adults, but, unfortunately, they will have accumulated years of cardiometabolic risk by the time they reach adulthood. New pathologies are appearing from childhood, and even though currently these are still marginal (type 2 diabetes, for example), children are experiencing complications earlier, in particular diabetes and cardiovascular diseases, not to mention all the complications linked to overweight (e.g. skin diseases and respiratory, rheumatologic, psychological and social problems)<sup>2</sup>.

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<sup>1</sup> Source: Charles; 2000Former

<sup>2</sup> K. Strong, C. Mathers, S. Leeder and R. Beaglehole. Preventing chronic diseases: how many lives can we save? The Lancet 2005; 336: 1578 -1582

## **2- Prevention: An urgent need**

According to WHO, approximately 80 % of cases of cardiovascular diseases and type 2 diabetes - and 40% of cancers - could be avoided by a healthy diet, regular physical activity and giving up smoking, which is responsible for at least 5 million deaths a year.

**To overcome the epidemic of chronic diseases, WHO recommends in the WHO Global Strategy on Diet, Physical Activity and Healthy endorsed by WHA in May 2004 to improve lifestyle, promoting healthy diet, physical activity, and implementing smoking cessation programmes in all socio-economical settings.**

On 15th March 2005, Marcos Kyprianou (Former European Commissioner for Health and Consumer Protection) announced the creation of a European diet and exercise action platform to combat obesity: *"The EU action platform we're currently launching is Europe's contribution to the fight against this problem." Businesses, civil society and the public authorities must work together to arrest the advance of obesity in our children "*.

At the beginning of 2007, in the White Paper entitled "A strategy for Europe on Nutrition, Overweight and Obesity related health issues", the European Commission defined an integrated European initiative - both at national and local levels - to promote community strategies to fight against obesity.

**To be effective, prevention measures should be:**

- **Adopted at an early stage:**

50% of children who are obese at the age of 6 will remain so for the rest of their lives. This rate increases to 66 % for children who are obese at the age of 10.

It is essential to act as soon as possible on children's and families' environment, because **it is easier to change habits from childhood onwards**. This is also the age when children are very receptive to the advice they may be given, both in terms of upbringing generally and nutritional knowledge specifically. However, it is not so matter of focusing on obesity, as of simply talking about lifestyles, **promoting the discovery of new and varied foods and putting down some markers in terms of a balanced diet**. As regards the fight

against sedentary lifestyle, this is above all a question of **promoting daily walks and taking more exercise, not necessarily practising a sport.**

- **Involve families and society**

Childhood obesity prevention policies and programmes (cities, workplaces) should target the family unit, the environment of the family and society as a whole.

Childhood obesity can be prevented and is largely linked with the major changes that have taken place in our lifestyle in the last decades.

**It is possible to modify the environment that encourages families to adopt healthier lifestyle - combining healthy diet and physical activity.**

- **Prevention strategies**

**Preventing** the "diseases of civilization" hinge on two issues: changing the environment and changing behaviour.

**Changing the environment** depends on processes linked with community health and sustainable development policies, first and foremost those of governments, that have therefore started to regulate, legislate or sometimes encouraging self regulation approaches on food and non-alcoholic beverage supply (for example removing vending machines from schools in France, restricting food and non-alcoholic beverage promotion to children, preparing recommendations on nutritional content of food items, strengthening food and non-alcoholic beverage labelling, promoting physical activity, supporting the development of public transport etc. All of these measures aim at contributing to modify the environment. However, actions that have proven to be effective in the battle against smoking addiction, often used as an example, could not be as effective without sustainable behavioural changes.

An experiment carried out in Northern Karelia (Finland), aimed at reducing disease risk factors and improving the health of the population, is the only one to have taken both environment and behaviour patterns into consideration. Emphasis was placed on general changes that affect lifestyle, eating habits and tobacco addiction. The results are edifying: over 5000 premature deaths were prevented in Northern Karelia. Since 1977, the project has been extended to the whole country. Life expectancy at birth has increased by six years.



Studies involving children more specifically were mainly focused on interventions in the school context, aimed at promoting foods with lower fat contents and/or promoting physical exercise as a mean of preventing cardiovascular diseases.

The conclusions show that it is possible to increase nutritional knowledge and levels of physical exercise and to limit sedentary lifestyle in children through actions implemented in the school environment.

Furthermore, the "Fleurbaix Laventie Healthy Town study", which has been run since 1992 in two towns in northern France, has shown that food education combined with key involvement of all local players influence the eating habits of the whole family. *"Another notable result was that over a period of 10 years, the increase in the prevalence of childhood obesity in these two communities was halted, whereas over the same period, this prevalence doubled and tripled respectively for children of both sexes in the Nord-Pas-de-Calais region of France."* (INSERM 2006 collective assessment).

**The EPODE programme is based on key considerations: preventing a child from becoming obese by acting on the behaviour of the whole family, changing its environment and social norms.**

## 2 - The EPODE methodology

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### 1 – EPODE today

The French non-governmental organisation (NGO), FLVS, which initiated the Fleurbaix Laventie Ville Santé Study, decided to up scale its experience developed in its cities since 1992 and, as they already did for their study, the FLVS members asked a professional company specialized in methods and social marketing (PROTEINES) to design and set up an innovative methodology and programme, respecting the national French guidelines prepared by the national authorities: **“Together, let’s prevent childhood obesity”** (EPODE, Ensemble Prévenons l’Obésité Des Enfants).

The main objective is to create **new sustainable educational schemes** and a **stimulating environment** enabling the adoption of healthier lifestyles for families and children and finally to contribute to stabilise or decrease the prevalence of overweight and obesity in children, at a local level.

In a first step **10 pilot towns** were selected in 10 regions and three years later the program extended to other cities and other countries (in 2008, **167 towns in France, 32 in Spain and 13 in Belgium**) involving more than **2 million people**.

Furthermore, in order to capitalize on this experience, Protéines has established with the support of the EU DG Health and Consumers and key partners from the Commercial Sector the **EPODE EUROPEAN NETWORK**, a structure for the exchange of information and sharing of project engineering practices.

### 2 - The EPODE concept and principles

The prevention of obesity and the diseases of civilisation require an individual and collective awareness of the issues and, above all, of the solutions.

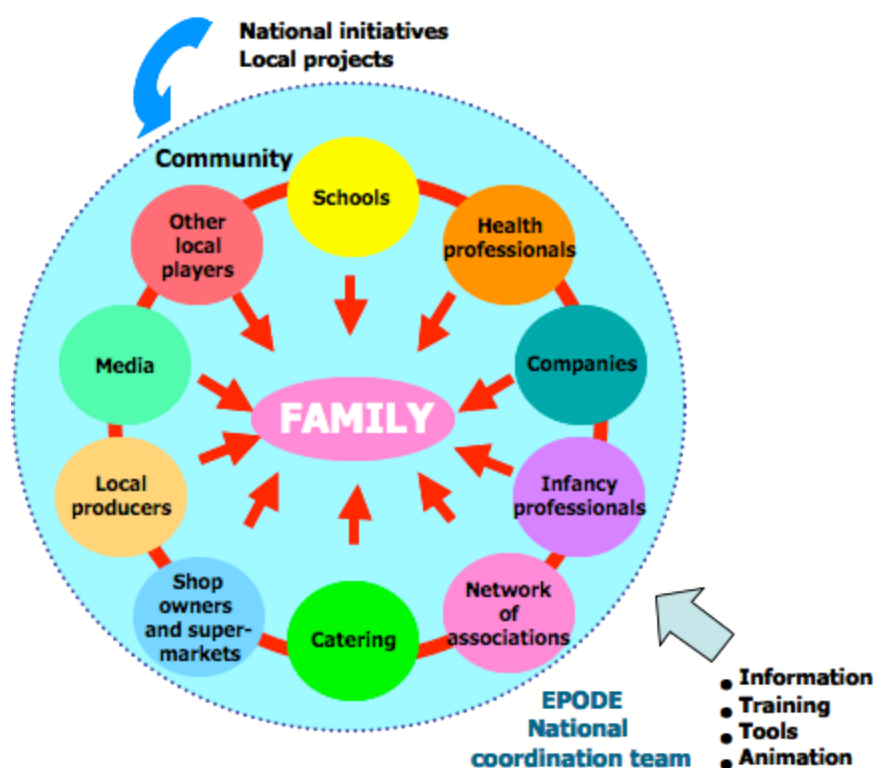
The family lives in an **“ecological niche”**, its neighbourhood, its village, town or metropolitan area. It is in this ecological niche that most of the events of daily life occur: transport, education, work, shopping, medical care, leisure or sports activities, etc. It is subject to many influences from all these players, but also from relatives and friends, the media, etc.

This is why EPODE proposes a model of prevention based on the **involvement of the community for the community** and on the participation of all the players within their **daily work**, as contributors and relays of the key messages adapted to their own field of expertise. Close to the population, this mobilisation is initiated thanks to a **local project steering committee** hosted by the town council itself, with a crosscutting power and, as a result, a set up deeply embedded in the social context.

Indeed, the program focuses on a key target, **family** and **young children** (aged from 1 to 12), who benefits from a simultaneous wealth of information and converging practical actions provided by numerous representatives of the local community.

The EPODE methodology and programme consists in **concrete preventive initiatives and environmental modifications** made with the help of local stakeholders, setting up prevention at the heart of the city network, under the control of a scientific committee. The entire community is becoming a vector of the prevention strategy developed and proposed by the EPODE program around a **more diversified and balanced diet and more physical activities in the every day life**.

The involvement of the communities is therefore a springboard for the implementation of a new sustainable culture for educating children at an early stage and continuously during childhood, and also focusing on families' lifestyle.



EPODE relies on **progressive educational methods** based on learning through concrete experience, adapted to the constraints of modern life and those of the least affluent target populations. The other lever consists in taking into account the obstacles faced by parents and the repetition of key messages.

The philosophy of EPODE is focused on a **positive apprenticeship** of a balanced diet and physical activities. It pays a specific attention to **avoid stigmatizing** obese people and children and aims at helping and concretely advising children and parents on their food choices. The pedagogy is based on apprenticeship **through experience** such as cooking classes, tasting experiences, agriculture discovery sessions, family breakfasts organized at schools with the monitoring of dieticians, walking-to-school days, active games to be practiced outdoors on week-ends or indoor within the leisure centres or during the meal's free time, adapted school yards, etc...It fosters, through cross-cutting initiatives, a pleasant, affordable, diversified food and joyful physical activities not only for the children but also for the whole family.

Furthermore, the program sets up a new philosophy of health prevention closer to the population, where real life is and where every day choices are made in order to obtain sustainable optimal results and involvement of all stakeholders.

### **3- EPODE: Innovative methodology**

Protéines Company, specialized on social marketing and organizational sciences, has designed the EPODE's methodology. Including **professionals from various fields** of expertise (health, nutrition, behaviour, group dynamics, health and neighbourhood communication), the team has set up an approach that enables the sustained and synergetic mobilization of local stakeholders aimed at creating local mechanisms, which encourage people to change their behaviour patterns.

The project has been entirely engineered to initiate and stimulate the creation of **new and sustainable methods of educating** the local public.

This specific but flexible form of the EPODE engineering, **designed to be replicable**, is now enabling EPODE methodology to develop throughout France and Europe.

The national coordination, **recruits** motivated **cities**, sets up the agenda, organises the **national involvement** of key relays – such as public-private actors, the media, Ngo's or institutions relevant to participate to the local actions, etc-, meanwhile it proposes **initial and continuous training of the local project managers** and their close team, regular best practices sharing with other project managers and national experts, well designed validated tools and roadmaps issued for the local involvement and an easy implementation of each step of the EPODE program, a resource centre and a professional permanent coaching to support and assess the local teams.

In each volunteer city, it is the **municipality** concerned that **bears responsibility** for the program for at least five years, through the appointment of a municipal multidisciplinary steering committee (education, school catering, sports, health, community life, restaurants, retailers, canteens, supermarkets etc), coordinated by a project manager appointed by the mayor.

The local project manager is assisted by a **local resource team** that gathers the expertise of a medical professional – a nutritionist or a paediatrician - a dietician and a school nurse or school doctor. This resource team benefits from the initial training and continuous training, on a yearly basis, participates to the best-practices sharing and is in charge of the local scientific quality of the program or often mobilizes to ensure the local trainings.

## The EPODE National Coordination Unit in France.

The coordination unit is one of the project's key aspects.

The multi-expertise of Protéines, including **social marketing**, has enabled the development of an original approach that takes into consideration all the factors that combine influence lifestyles and behaviours, with a view to replication integrating the local context.

Social marketing, offers a new approach focusing on **behavioural changes for target populations**. Within a methodology such as EPODE it is offering a 3 steps approach:

- Identifying the target groups and analysing constrains and levers for behavioural changes.
- Elaborating a strategy to reach target groups with a holistic approach, looking for a sustainable and deeply embedded appropriation. This step requires finding out how to involve the targets and to have them share with their reference group an experience that changes their emotional perception.
- Finally, defining a tactical process and an operational plan organized around key dimensions such as:
  - Making things easy, reachable and based on a slow rhythm of apprenticeship, adapted to the specific publics. One message at the time and taking time to set up new channels to convey messages and concrete solutions.
  - Repeating key messages and enabling their adaptation to the target's culture and perception, which requires training and trusting local stakeholders.
  - Using a multi-channel approach in order to change social reference and create a group dynamics.

After this phase of sensitization and mobilization, Protéines delivers a comprehensive program based on training, coaching, quarterly **roadmaps** and dedicated **toolboxes** to facilitate the relevant involvement of the local stakeholders.

The roadmaps are based on approaches relying on group dynamics, decision making process and social policies modification in order to go beyond sensitization and to foster a deep and sustainable change in educational schemes, as far as food habits and physical activity are concerned.

The Coordination Team of EPODE operates under the supervision of a **committee of independent specialists** and in collaboration with professionals in the fields of education, psychology, sociology, sports and nutrition. It has developed a methodology and project engineering designed to reproduce a permanent and synergic mobilisation system where towns and communities are convinced of the role they have to play.

It is still this specificity that enables the EPODE methodology to develop in France and in Europe. The Epode methodology is adapted to each country where the program is running in order to take into account the national, regional and local specificities.

### **The local team**

The local project managers appointed by **the head of the council** – “ the mayor” in France, Spain and Belgium - hired by the cities and funded **by city** must have a cross-cutting power in order to mobilize the key stakeholders at the city level.

Their local **legitimacy** and visibility are also a key aspect of the EPODE methodology, which aims at setting up a multi-stakeholders mobilization at the heart of the city. He has to have a good culture of the city context and organization, skills in animation and coordination of a local team, a very convincing and enthusiastic personality in order to pass over the difficulties and drawbacks he may meet. The **initial training** provided enables the local project manager to understand the public health challenge and the key issues and the long-term dimension of the approach. Thus, the ability to be a multiple stakeholders project leader is fundamental for the success of the implementation of the program.

The strong local political support enables the federation of the key opinion leaders and structures, to a large extent, including services who may not have perceived how important they can be in helping modifying the **environment**: urbanism, local police department to facilitate walking to school and cycling, communication and event, sport and leisure, welfare department, ...

## **Training, Roadmaps and Toolboxes**

As the methodology offers a balance between local action and coordinated national action, depending on the themes and on the opportunities to involve national structures with local branches, the **continuous follow up** of the **local project manager** by the **national coordination** ensure a fast forward implementation.

**Four times a year**, the local Project managers come together and spend a day under the lead of the national coordination team. This meeting has multiple purposes: keep up motivation and create a group dynamics between the project managers, share ideas (about 1/4 of the ideas for new activities come from the coordinators themselves), solve problems, have training updates and discover the new roadmaps around the new themes, and generally learn from each other. A **permanent link** with Proteines provides the focal point and email news goes out to the project managers almost daily and there is frequent telephone contact. Project managers get a menu of options to choose from and all social marketing materials are designed centrally to maintain the same look, consistency of message and quality of product.

Within a fixed period of time (four to six months), a generic theme is approached from many angles by the intervening parties. These are not set in a hierarchy but coordinated. These are the main actions that enable mobilisation both in terms of key messages and in psycho-sociological terms in order to ensure programme coherence, relevance and quality.

Through the local stakeholders, the attention of families is focused on a chosen food group, a healthy dietary habit or the practice of physical activities or games. The messages are built on a positive approach taking into account the constraints encountered by in their attempt to live a healthier lifestyle: price of healthier food like vegetables and fruits, lack of cooking experiences, distastes often showed by children towards healthier food choices or towards being more physically stimulated versus watching television, etc. The EPODE approach of each theme aims at mobilizing the stakeholders closely to the population to relay the key messages and to participate concretely to its adoption by target groups and families. Thus, the local coordinator disseminates specific tools along with roadmaps and briefings dedicated to each professionals willing to be involved in the operational process and ready to voluntarily participate to create a more stimulating environment for the families. Thus, the



messages transmitted to children and families in schools, kinder gardens, leisure centres or infant structures are followed up by information and advice that are made available to the entire community in social meeting spots (sport, parents, neighbourhoods), medical centres, pharmacies, shops, supermarkets and restaurants (including fast-foods).

The themes developed for the past 4 years in France were all linked to the objectives of the National Nutrition Program the French government is developing: Fruits and vegetables - one after the other because it is not the same food habits – starchy products and pulses, drinking water and less sugary drinks, cooking easily a balanced meal with little money, portion sizes and meals structures, enjoying eating properly treats. In parallel, 4 themes have focused on being more physical active, such as approaches based on ‘just playing with a friend’ or in school yards or reducing time spent in front of screens.

The EPODE Programme has also offered dedicated tool and trainings for professionals on key topics such as: taste development for babies and young children, walking to school and taking an early habit to walk, suppressing 10 O’clock break in schools, etc. Structural goals are also pursued such as the creation of secured playgrounds in lower income neighbourhoods, adapting school meals and environment, offering a non-competitive sport practice for all the families, etc.

The **tools** are benefiting from the advice of a multi-expertise scientific board and are often created with external teams specialized in each relevant field: infancy professionals and paediatricians, psychologists well known for their studies and advice on neophobia and children, school and kindergarten teachers, sport-educators, nutritionists, cooking experts, sociologists, taste development researchers, etc.

The training and relationships with **General Practitioners** (GPs) is an important part of the program. Training programs (1/2 to 1 day) are conducted in the EPODE communities. The local ‘expert’ GPs are invited to participate in an annual CME training session on obesity management. In addition, they receive specific relevant medical information 3-4 times a year and are invited by the mayor to the main EPODE events in the city. The GPs need to know how to manage overweight because referrals are made to them from the screening program.

#### **4 - Multistakeholder partnership at the core of the EPODE program: Mobilizing public and private stakeholders.**

EPODE brings together representatives from commercial sector to the private non-for-profit sector (NGOs), the academic world and local and national elected authorities in a series of successful and meaningful multistakeholder partnerships.

The programme is jointly provided by both commercial and public sectors through regional and or local public entities. The cost is evaluated as 2 to 4 EUROS per year per inhabitant altogether in a mature phase.

One Euro per year per inhabitant is funded by the commercial sector and finances mainly activities of the national coordination team, e.g its productions and coordination expenses. The rest of the funding is provided by the cities, which budget is bearing the cost of the full-time project manager plus all local expenses: publishing materials, subsidies to NGOs taking part to some actions, yearly events, etc. Cities are also contributing to the funding of the evaluation process which assesses the quality of the programme and the involvement degree of the cities. Thereafter, an evaluation process takes place every year and all the data collected are gathered in order to go through a comprehensive review process. Cities have also mobilised other financial resources mainly from national and or regional health institutions.

Some partners from the Commercial sector may be involved at local level with the agreement of local authorities and within the framework of the EPODE Charter detailed below.

The national sponsors from the commercial sector come mainly from the food industry, insurances sector, and retailers. They provide financial resources at a national level and sign up an ethical charter stipulating that EPODE is a public health prevention programme focusing on childhood obesity, independent from the commercial sector structures, looking for concrete results and for a contribution to find some solutions to create new educational schemes, consumer's empowerment and capacity for a better lifestyles for children and families. The charter stipulates that any reference to the program should never occur in a context of product promotion and would exclusively be made within their corporate

communication, as to show that they are willing to be part of the solution in giving their support to a program they believe is based on a holistic and sustainable impact.

Partners from the commercial sector are benefiting from regular reports on the implementation on the program, as they can offer their knowledge such as professional studies on consumers in order to help the coordination team understand more thoroughly the consumers' behaviour. They participate to a communication committee in order to give their input on the national communication plan, for the sake of the program's reputation.

For EPODE, the funding provided by the commercial sector through this multistakeholder mechanism is a real incentive for an innovative and creative implementation of the program, using social marketing methods.

For the partner from the Commercial sector, being a sponsor of such an independent and widely mobilizing program, is a good way to influence their own culture and to inform their teams on the overall issue of obesity. It enhances the awareness of each of their employee on their social responsibility role and helps them to take into account the public health context into their professional practice. Finally, it also fosters the involvement of their employees as being healthier lifestyle ambassadors.

EPODE is a strong commitment that has to be in coherence with the company's view of their role in providing a societal answer to this societal issue.

## **5 - Communication**

As a key factor of success, the EPODE methodology and programme includes a widespread communication and PR plan on national scale.

Since the launching of the program, regular press releases and press conferences – national and local - have generated more than 450 press clips and TV reportage. The communication has to be run with extreme cautiousness in order to stick to the philosophy of the program and to avoid any stigmatization. However, this large media coverage is an actual help for the local project manager as it stimulates the involvement of other local stakeholders realizing how they can be an active part in such an important program. Local media are mobilised to emphasize the campaigns and favour a mobilization process "in cascade", new stakeholders often being recruited through the awareness of what their pairs are doing.

EPODE website is institutional and is not yet directed towards the population. It is regularly updated in order to give a good understanding of the program objectives and of its *modus operandi*.

EPODE's newsletter, issued every trimester, is a key tool as it enables to keep up to date key opinion leaders, such as the national institutions – ministries, medical associations and prevention institutes - elected representatives, journalists, scientific organisms, etc. With such a holistic and original approach, it contributes to the understanding of the program since it provides concrete examples of what is being done nationally and locally.

Finally, EPODE coordination is presenting the program all year long to several institutions, congresses and events in order to enhance its notoriety and mobilize future stakeholders.

## **6 - Evaluation and monitoring**

### Monitoring of the actions

Since its launch in 2004, more than 1,000 actions per year have been implemented thanks to a large field mobilization in the French pilot cities by the local stakeholders.

A detailed monitoring chart of these actions, filled by the local project managers, enables a continuous follow up of the activities run in the cities.

### Influence on BMI

Assessment is made at the medical level by systematically weighing and measuring all the children, through the school medical service, to determine their BMI and the prevalence of obesity in each town.

As part of the project assessment, all EPODE communities measure and weigh children annually (n~26,000 for the first 10 communities). The school does this and get a 90-95% response rate.

For children defined as overweight or obese or having a high trajectory (all according to national guidelines), parents are then referred to the GP or paediatrician. The words used to say there is a problem with the child's weight are soft and not diagnostic of a status of body size (eg 'overweight' or 'obese'). The parents of overweight or at-risk children are urged to

consult their doctor. Management of the children is carried out through the current healthcare system and sometimes by specialised healthcare facilities when they are available. A monthly phone support tool for families, on prescription only, is available for doctors. About 5% of the children (ie about 1/4 of those referred to a GP) get referred to the call centre (about 1/2 of these are classified as obese). The call centre uses trained dieticians and the team has strong record of the use of telephone counselling.

The first assessment for the 10 communities (2005) is the one that will serve as a reference to assess the procedure at its conclusion, shows an average rate of prevalence of overweight and obesity of 20.6% for all the towns, with rates varying from town to town between 10% and 25%. As in the other studies, a clear correlation is observed between the socio-economic level of the population and the obesity rate. The least affluent neighbourhoods and towns are most at risk.

### Sociological evaluation

At the sociological level, the changes and behaviour patterns induced by the experiment are assessed.

A preliminary sociological assessment analysed the responses of the local community involved in setting up EPODE in a town. Eating is experienced first and foremost as a pleasure, more than in terms of its relation to health and its social role. The participation of the intervening parties is seen as a joint network action, involving empowerment and cohesion within the group. The local participants have created social ties inside and outside the workplace. They have discovered new areas of skills and feel valorised in their daily work. They feel they are part of a common positive action for the community. Within the families, the programme is seen as a concrete aid that helps to guide and support their educational role towards their children.

## **7 - EPODE deployment**

This experiment is a success in terms of local mobilisation.

The methodology is based on engaging high level politician champions: the mayors. Although in France they are not traditionally very engaged in health and education, EPODE

has managed to stimulate the interest of local authorities and particularly of the mayors. The local structures may need some external funding (e.g. from the state). The concept of an amount per capita is attractive.

The requirement for high-level management is also very sensible. The need for a central professional coordinating capacity is fundamental to provide support, training, materials, resources and evaluation in a sustainable manner.

The EPODE Mayors' club, created in 2005 by the mayors of the ten pilot towns, brings together local representatives officials of the ten towns but also those interested in the initiative. The association promotes the concept among other local authorities, explores the financial, material and human means to extend the network, and develop political awareness around childhood obesity to foster operational partnerships.

Today in France 167 cities are involved in the EPODE program and more will be in 2008 and later. The model is the same in all cities: national coordination and local project manager. In some regions (e.g. Nord-Pas de Calais) more than 20% of the total population is concerned with EPODE.

The program is implemented from North to South of France, in cities from 10 000 (St Jean) to 100 000 inhabitants, with low or high average SES level, with mayors pertaining to various political groups.

What makes the EPODE methodology duplicable to other regions and cities is that the approach fosters in the first hand the creation of a national coordination team with a social marketing expertise (methodology book, roadmaps, action briefing...) taking into account cultural, sociological, economic, political specificities at the local level in order to mobilize local stakeholders.

The methodology enables the empowerment of the EPODE principles by each profession (doctors, teachers, restaurants, school catering...) within their daily activities. This methodology enables to contribute to changes in the social norms of the population towards healthier lifestyles.

The EPODE methodology is currently being transferred in other cultural, economical and political settings Spain (Catalonian and Castellan parts of the country), Belgium (Walloon, Flamish and German-speaking part of the country) and Greece.

Recently, the EPODE program has also been referenced as a case study within the “healthy weight, healthy lives” cross a government strategy in England (HM Government, January 2008). As a first step in a sustained programme to support people to maintain a healthy weight, this report indicates the willingness of the government “*to invest in “healthy towns”, working with selected towns and cities to build on the successful EPODE model used in Europe*”.

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## **Contacts**

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*Web sites*

[www.epode.fr](http://www.epode.fr)

[www.viasano.be](http://www.viasano.be)

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