

# PREVENTING CHILDHOOD OBESITY: THE EPODE METHODOLOGY



*Abstract - February 2010*



## Background

The prevalence of overweight and obesity has increased worldwide during the last twenty years. The changes in lifestyle (diet 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. 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.

In order to tackle this issue, a long-term school-based nutrition information programme – **Fleurbaix Laventie Ville Santé Study**- was started in 1992 in two towns in the North of France (Fleurbaix and Laventie) and was followed by a number of community-based interventions over the next 12 years.

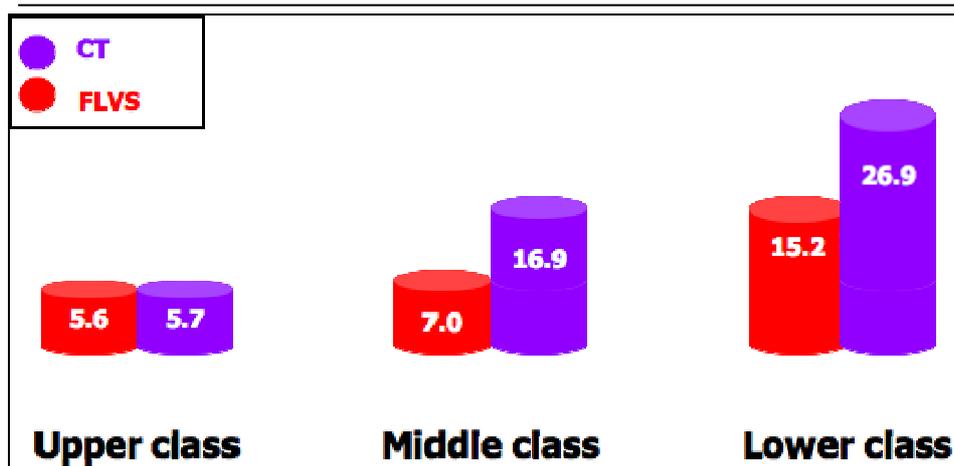
The evolution of 5-to-12-year-old children overweight (including obesity) prevalence in Fleurbaix and Laventie (FLVS) compared to Comparison Towns (CT) is presented in the table below:

	FLVS	CT	Statistics
1992	11,4 %	12,6 %	p= 0,6
2004	8,8 %	17,8 %	p < 0,0001

*Source: Romon & Al, Downward trends in the prevalence of childhood overweight in the setting of 12-year school- and community-based programmes, Public Health Nutrition, 2008 Dec 23:1-8.*

It appeared from these results that this total-community prevention programme successfully reduced childhood overweight. It also appeared that interventions targeting schools only are not efficient enough and that the involvement of the whole community is necessary to reduce the prevalence of childhood obesity.

Another key learning of this study is that this prevention programme has proven to be efficient across all socio-economic levels (see figure 1 below).



**Figure 1:** Obesity and Overweight Prevalence (%) according to Socioeconomic Groups in 2004, in Fleurbaix and Laventie (FLVS) compared to Comparison Towns (CT)

The most disadvantaged populations have benefited to the same degree as those of the wealthier families. By taking a series of coordinated societal measures, it was possible to slow down obesity and to improve children's lifestyle.

In 2004, this experience has been extended through the design, set up and implementation of a methodology consistent with the official French guidelines on nutrition, diet and physical activity: EPODE.

## EPODE purposes

The EPODE methodology, initially developed in 10 pilot towns in France from 2004, is a **coordinated, capacity-building approach** for communities to implement effective and sustainable strategies to prevent childhood obesity.

The EPODE **vision statement** is that **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**.

The aim of EPODE is to create the **political commitment, resources, support services** and **evidence base** to enable community stakeholders to implement effective and sustainable strategies to prevent childhood obesity.

## 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 programme 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 in each EPODE town or group of towns. Dedicated roadmaps, methodological and communication tools are prepared by the National Coordination team and delivered to the project manager who will mobilize and get stakeholders involved at local level (see figure 2 below).

## TOWNS

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## FAMILIES

**Figure 2:** Example of categories of local stakeholders involved in EPODE towns

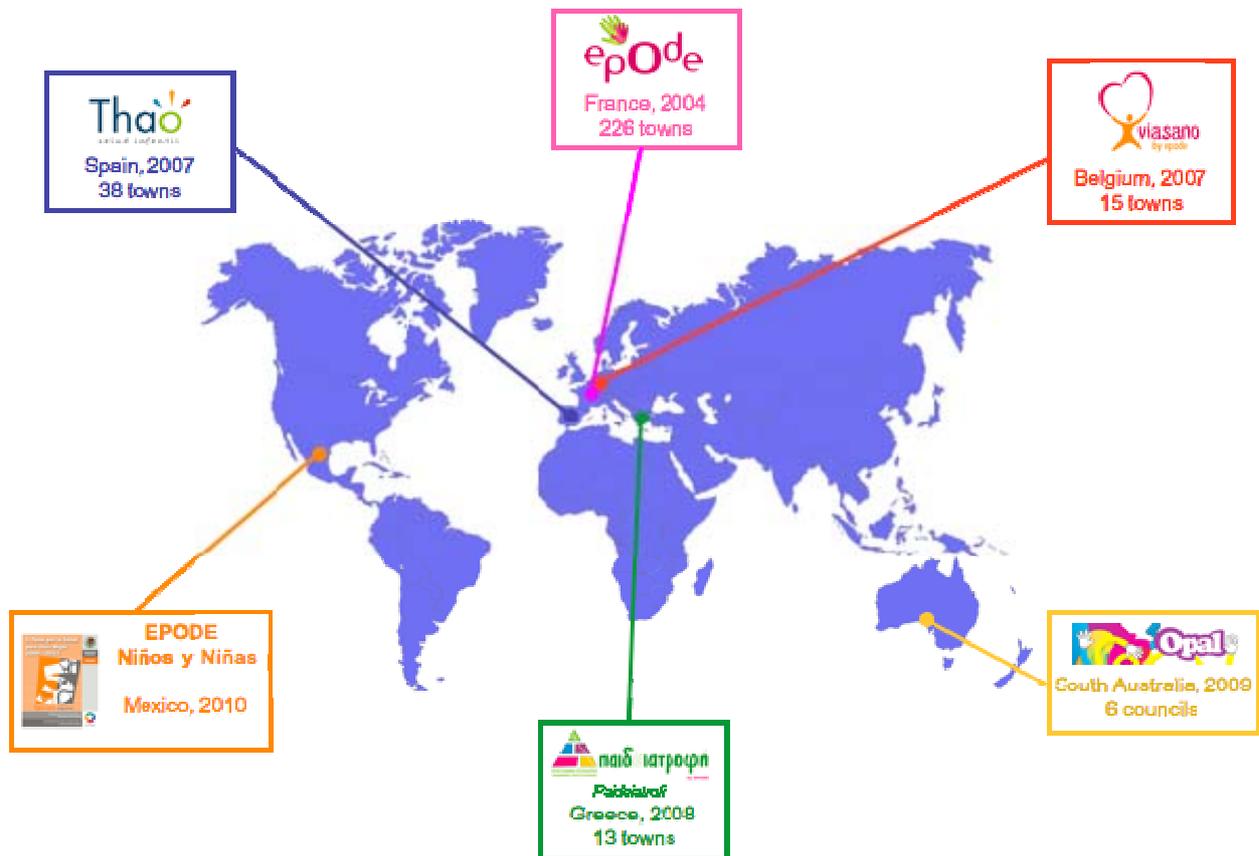
The local authority leader (the mayor in France) appoints the project manager who is in charge of the EPODE implementation at local level, using the tools provided by the national coordination team. The local project manager establishes the networks and coordinates a local multidisciplinary steering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

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

## EPODE worldwide

Today 226 towns in France (**EPODE** programme - 4,5 million inhabitants concerned), 15 in Belgium (**VIASANO** Programme), 38 in Spain (**THAO Salud Infantil** Programme) and 5 in Greece (**PAIDEIATROFI** programme) are implementing the EPODE methodology across Europe.

The EPODE methodology raised also a lot of interest **outside Europe** and is currently being implemented by the Government of South Australia in 6 local councils (**OPAL** Programme) and will be implemented as well in Mexico in the framework of the National Plan "**5 Pasos**" launched by the Ministry of Health to promote healthier lifestyles and prevent chronic diseases (see map below).



Success to date is measured by a large field mobilization and by the **encouraging evolution of the BMI of children** in the 10 French pilot towns (decrease of 10 to 15% of the prevalence of overweight children).

The EEN - **EPODE European Network** – is a European project to be run from 2008 to 2011 with the support of the **European Commission (DG Health and Consumers) and private partners**. It has been designed to **facilitate** the implementation of **CBI programs** using the EPODE methodology in other **European countries, regions and towns**.

The network, created and coordinated by the EEN coordinating team, is structured around **four committees**, involving **four major European Universities**, and built around the **four pillars** that originate from the EPODE methodology:

- **Involvement of Political Representatives**
- **Scientific Evaluation and Dissemination**
- **Methods and Social Marketing**
- **Public / private partnership**

An independent International Advisory Board gives a critical view on EEN activities and, on the other hand, gives a critical appraisal of EPODE existing data and evaluation schemes.

# CONTACT

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# WEBSITES



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