Promoting health and striving to reduce inequities

EU Platform on Diet, Physical Activity and Health
May 5th, Ispra, Italy
Adults in lower income categories are experiencing higher levels of obesity than adults in high income groups.

The social gradient can account for around 25% of the obesity prevalence in men and 50% in women.

« Minorities and the poor are clearly at a disadvantage when it comes to the adoption of healthier eating habits »
A. Drewnoski
EPODE and the community: Together we can!

- EPODE (Ensemble Prévenons l’Obésité Des Enfants) is a coordinated, capacity-building approach for communities to help them change the local social norms, behaviours, environment and have an impact to improve and promote healthy lifestyles.

- EPODE’s goal is to enable community stakeholders to implement effective and sustainable strategies to prevent childhood obesity and NCD’s at the local level.

- EPODE Model has been disseminated to 40 programme in 29 countries thanks to the EPODE International Network.

- Encouraging results with a decrease from 10 to 20% of the prevalence of overweight and obesity.
A reduction up to 50% of the health inequities amongst overweight and obesity prevalence


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<thead>
<tr>
<th>Class</th>
<th>Control towns</th>
<th>EPODE towns</th>
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<tbody>
<tr>
<td>Overweight</td>
<td>x 3</td>
<td>x 4.7</td>
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<td>Overweight and</td>
<td>x 1.2</td>
<td>x 2.7</td>
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<td>obesity</td>
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n= 633 children
Can we reduce health inequities with the EPODE model?
Timeline

- **Start**: Oct. 2012
- **Baseline**: May 2013
- **Evaluation**: May 2014
- **Final Evaluation**: May 2015
- **Finish**: 25 Sept. 2015

**Tailored interventions in the communities**

7 communities recruited 1200 families selected

**Regular interventions in the communities**

Recommendation based on conclusions drawn

**Recommendation based on conclusions drawn**

Based on conclusions drawn

**Regular interventions in the communities**

Start
EPHE Operational Board

7 communities > 219,135 inhabitants
Chaired by the Free University of Amsterdam with Prof. Jaap Seidell

Development of an evaluation framework to implement this pilot study

Development of a self-reported questionnaire based on existing validated questionnaires addressed in European populations (ENERGY, PRO-GREENS...)

Sample
1,266 children and their families
> 631 boys
635 girls
> 7.17 years old

An 86.4% average response rate...

This high average response rate is due to the recognition of the programmes within their communities and awareness & sensitization campaigns to promote the project at local level.
Identified significant gaps in health-related behaviours between low and high socio-economic groups.
Main determinants linked to health inequity

Availability
Affordability
Parentality
Nagging behaviours
Interventions: From scientific evidence to action on the ground

- **Tailored** action plan based on the baseline results
- **A whole community**-approach (non stigmatising)
- **Bottom-up** approach
- **Stakeholders empowerment**
Closing the gaps after one year intervention

indicators

Fruits & Vegetables
Water consumption
Physical activity
Sleep

France
Greece
Portugal
Bulgaria

Belgium
Netherlands
Romania

T0
T1
T0
T1
T0
T1
T0
T1
First learnings

- The community-based approach is not only a solution to reduce childhood obesity but also to reduce health inequities.
- Need of a strong partnership between scientific and fields’ reality.
- Needs of a tailored action plan based on the fields’ reality.
- Public-Private Collaboration to ensure sustainability.
Perspectives

- Need to **capitalize** on these results to **disseminate** the EPHE approach to other EU Member states.

- Need to **further investigate** the determinants and solution to reduce health inequities.

- Involvement of politicians and EU commission to **scale up** this approach and make it sustainable.
EPHE Collaboration
Thank you!

SAVE THE DATE
EPHE CLOSING EVENT
25th of September 2015, Brussels