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Community Based Initiatives (CBIs) targeting childhood obesity

Final results of Specific contract
– No SC 2010 62 51,
Implementing Framework
Contract No
EAHC/2010/Health/01 (Lot 1)

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Background

- In 2010 the European Commission called for an overview of the **Community Based Initiatives (CBIs) targeting childhood obesity** implemented in Europe
- Call launched within Framework Contract health reporting
- Dutch national public health institute (RIVM) carried out the project; in close collaboration with WHO-Euro



Background

- Community Based Initiatives (CBIs) considered as good practice approach within obesity policy
- Combined implementation at a **local level** of ..
 - Strategies targeting the individual child
 - Strategies targeting the environment / parents



Background

- Community Based Initiatives (CBIs) considered as good practice approach within obesity policy



environment





Aims of the project - presentation

Create an overview of CBIs in Europe that aim to reduce childhood obesity

- Overview of CBIs
- Gaps in information
- Recommendations for policy makers
- Tool (section 5 of report) : facilitate exchange information



Inclusion criteria:

- Original CBIs implemented between 2005 and 2011 in one of the EU27, Iceland, Liechtenstein, Norway or Switzerland
- Activities over at least one year
- Accompanied by a process evaluation
- Health objectives obesity, physical activity and/or nutrition
- Target population (also) involving children

Additional inclusion criteria were defined based on the general WHO definition for community-based initiatives, according to ... :

- Involvement of the target population.
- 'integrated' and 'intersectoral collaboration'



Overview

Number of identified CBIs and response

- Step 1: 260 potential eligible CBIs were approached by email
 - Estimation total number of CBIs in Europe: about 500
- Step 2: 88 (34%) completed an electronic CBI questionnaire. Five were excluded as basic inclusion criteria were not met.

N=83 CBIs included



Degree of implementation ... : potential target population

- For France, Hungary, Iceland, Spain and Sweden the included CBIs targeted at least 5% of the total youth population from 0-18.



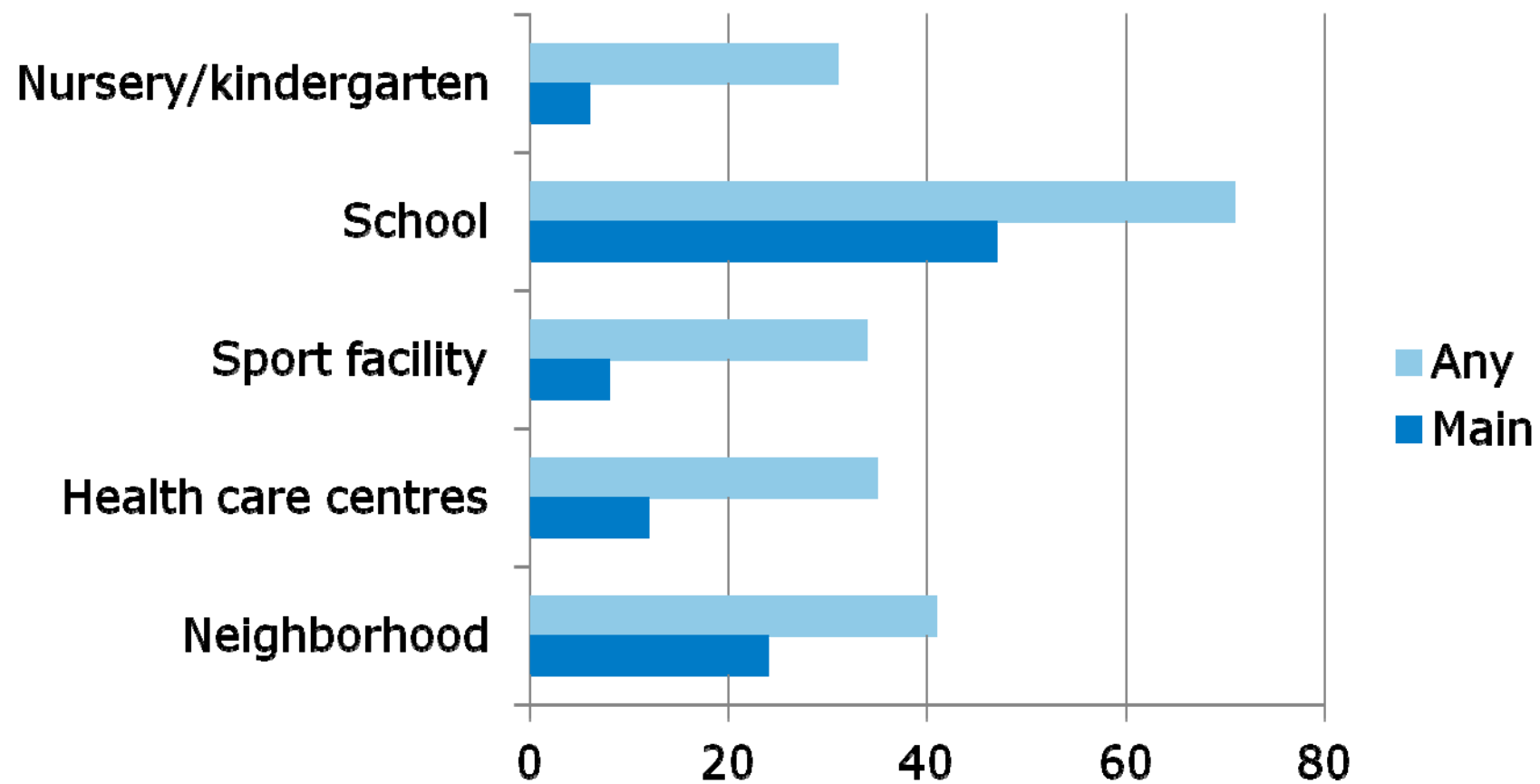
Included CBIs for 17 countries

Table 1. Number of included CBIs and total number of identified projects per country

Belgium	3 (11)	Latvia	1 (1)
Czech Republic	1 (2)	Netherlands	14 (27)
Denmark	2 (10)	Poland	2 (2)
France	4 (9)	Romania	2 (2)
Germany	5 (8)	Spain	12 (29)
Greece	2 (3)	Sweden	7 (22)
Hungary	3 (5)	Switzerland	2 (8)
Iceland	2 (3)	UK	17 (78)
Ireland	4 (12)		



Settings involved



% of CBIs

Community Based Initiatives targeting childhood obesity



Examples of strategies applied

Example skill development of parents – Parental support (Sweden)

- The parents were offered two sessions of motivational interviewing. Each session lasted 45 minutes where the parents discussed issues related to diet, physical activity and sleep with a trained health educator..

Example professional training – Lebenslust (Germany)

- During the project the kindergarten teachers' interest has increased, the project's topics have become more aware to them, so they started to care more for their own as well as their children's eating habits... Moreover, kindergarten teachers' confidence in their possibilities to influence the children's eating habits has increased during the project...

Examples activities – strategies directly targeting children

Delta project (Spain): Educational workshops for schools, children's theatertheatre, puppetry, storytelling, educational games (some of his own design), health fairs and youth meetings.



Examples

Viasano (Belgium). Viasano stands in towns events targeting families (sports fairs, neighborhoodsneighbourhoods celebrations, children day...), actions targeting city hall employees (exhibitions in the city hall, diabetes screening, fruit distribution...)

NOTE Viasano is an EPODE derived CBI

HAPPY (Hungary): Several funny group activities were offered for children, for example poster contest, flash mob, sport competitions, etc.



Gaps in information



GAPS in information

- A minority of CBIs reported information according to reach of (all) activities, costs and effectiveness
 - Note: the report shows practical output based on the CBIs where this information is available; illustrating its relevance
 - Note2: for the purpose of comparing be aware of necessity of standardization !
- Availability high quality materials (specific intervention activities), accompanied by information about **costs** and **effects**. These elements can be incorporated in future or ONGOING CBIs
 - Recommendation: develop a standardized database facility
- More insight in practical suggestions to overcome reported barriers specifically regarding the role of the (national) policy context
 - Example 1: Get commercial parties on board: where was this successful and why?
 - Example 2: Sufficient support/time/materials needed for intervention providers, in particular teachers: what are successful experiences according to linkage to school curriculum?



Recommendations policy makers



Recommendations for policy makers

- **Prioritize childhood obesity and facilitate CBIs**
 - Develop model CBIs, which has been done in at least 12 European Countries;
 - Provide (partial) funding;
 - Ensure sustainable and administratively non-complicated funding systems (e.g. through avoiding multiple funding streams with various administrative requirements);
 - Ensure sustainability of CBI activities;
 - Stimulate intersectoral collaboration and public-private partnerships;
- **Support research/monitoring according to wholistic approaches**
 - Emphasize the need for high quality process and effect evaluations in (research) programs funding the development/implementation of CBIs;
- **Support high quality research to evaluate specific intervention strategies, which can be incorporated in future or ongoing CBIs**
 - Aim at optimal standardization (study designs, outcome indicators, costs calculations, reach);
 - Standardized database facility: application for continuous monitoring (possibility to add data in each case of new implementation of local strategies)
- **Promote exchange of information !**
 - This report + (inter)national database can be helpful



Transferability as reported by CBI coordinators

- With a few exceptions based on specific elements, all contact persons considered their CBI as transferable to other national and international locations. This was due to the flexibility of most CBI designs that—almost by definition—allows for adaptation to local situations.
- Several projects mentioned that they developed codes, documentation of practices, protocols and handbooks for this purpose.
- The respondents considered continuous monitoring of further implementation as important for learning from new experiences and fine-tuning their CBI.



Report section 5: practical tool for (public health) professionals

Report is source of inspiration
Quality issues – effectiveness
Practical experiences as reported by CBI coordinators



Overall conclusion

- The survey revealed that attention for obesity at an (inter)national level has stimulated implementation of hundreds of CBIs in European countries in recent years
- The project team recommends that a database-facility becomes available soon to facilitate optimal exchange of (detailed) information or handbooks
- The report and database can inspire the development of new initiatives or improvement of ongoing CBIs. The available evidence suggests 'the more comprehensive, the better'.
- Prioritizing childhood obesity and facilitating the implementation of CBIs within a national policy framework are important conditional factors, but **the local situation and the community needs should be the primary entry point to start from.** The report and a database can subsequently assist in developing an optimal approach.