OBESITY GOVERNANCE

D9 FRAMEWORK FOR INDUSTRIAL BENCHMARKING: A TOOL FOR PLANNING AND ANALYSES OF OBESITY GOVERNANCE INITIATIVES

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Introduction

This publication, D9 of work package 5 (WP5) of the Obesity Governance project, presents a tool, which can be used for planning and analyses of obesity governance initiatives.

WP5 has the following objectives:

- Describe and evaluate best practices in Europe of reformulation of manufactured food in a governance perspective
- Develop a framework for benchmarking of governance initiatives through qualitative and quantitative evaluation of public-private partnerships
- Discuss the transferability to other countries within the region and to other regions.

The tool is a template which can be used for collecting information about specific obesity governance initiatives, like a school fruit program, a nutrition labelling campaign etc. The tool might also be used as background for developing qualitative benchmarking of obesity governance, if criteria for assessment are established.

The template has been used in WP5 in the Obesity Governance project for collecting information about best practice cases. The analyses of these best practices are presented in D8.

In order to show what type of information which might be collected with the template this publication includes three templates filled out during data collection for the analysis of three specific best practice cases.

About the template

The template is based on 'model' for an obesity governance initiative, which assumes that it is possible to identify a number of different phases in relation to an initiative:

- Activities taking place before the actual planning of the initiative. (This could be activities where the need was discussed and got acknowledged among different stakeholders)
- Planning of the initiative
- Implementation of the initiative
- Sustaining of the intervention among the target groups
- Embedding the initiative in other organisations / settings
- Transfer of the initiative to other national contexts.

The template contains the following sections:

- Background for the initiative
- Planning of the initiative: what stakeholder groups participated in the planning?
- Important elements in the initiative
- Management strategy
- Sustainability addressed?
- Implementation of initiative – compared to the planning of the initiative
- What impacts have been obtained? How can obtained results be explained?
- Have impacts been sustained?
- Have the initiative been embedded?
- Have the initiative been transferred to other contexts?

About the Obesity Governance project

The two-year Obesity Governance project (2009-2011) focuses on public-private partnerships (PPP) around manufactured food as a means to counteract obesity and overweight in Europe. The project is a health promotion project funded by the Health and Consumer Protection Directorate General (DG SANCO) of the European Commission. The main objective of the project is to study innovative approaches, such as industry involvement and public-private partnership initiatives, to counteract obesity and overweight in Europe, particularly through reformulation of manufactured food.

Template for assessment of obesity governance initiative

Name of the initiative	

Target groups	

Summary of assessment of the initiative:

Aims	
Activities	
Results	
Embedding and diffusion of the initiative	

Source of information for the assessment of the initiative:

(www, newspapers, articles, books, TV/Radio, interviews, others)	

What activities took place before the planning of the initiative?

How did considerations about the initiative start?	
What understanding of obesity and its governance were the considerations based on (concerning the roles of food supply and prices, social conditions, governmental regulation etc.)?	
Was it necessary to negotiate to obtain support behind the idea?	
Why was a partnership chosen as the structure of the initiative?	
Did the negotiations imply that the understanding of obesity and its governance had to be changed? How?	

How was the initiative planned and why did the initiative get its actual design?

Planning and management of the initiative:	
What stakeholders were involved in the planning of the initiative?	
Who were defined as the target group(s) of the initiative? Why this /these groups?	
Were the target groups involved in the planning?	
What were the roles of the involved stakeholders during the planning?	
Elements and mechanisms of the initiative:	
What was planned as the elements of the initiative (different stakeholders, organisational structures, tools, food supply etc.)?	
What tangible and intangible resources were supposed to be supplied to the initiative: knowledge, legitimacy, economic, equipment, food, etc.? How?	
How were the different elements (stakeholders,	

tools, food products etc.) supposed to interact?	
Were the intended roles of the different elements changed during the planning? Why and how?	
Was the initiative supposed to be adapted to local conditions during implementation? Why? How?	
Management of the initiative:	
What management structures were developed around the initiative? What roles were different stakeholders supposed to have? Why?	
What were the considerations among the involved stakeholders about their own influence and other stakeholder's influence on the initiative?	
What were the considerations among the involved stakeholders about their own and others' benefits and risks from participation in the initiative?	
What were the considerations among the involved stakeholders about aspects which could increase or reduce the credibility and legitimacy of the	

initiative?	
Sustainability of intervention:	
Was sustainability of the results addressed? How was this supposed to happen?	
Was sustainability of the initiative addressed? How was the initiative supposed to be sustained?	

How was the initiative implemented? (Apply to the different levels and sectors involved)

What stakeholders were involved in the implementation and what were their roles?	
What resources were allocated for the initiative (human resources, funds, materials)?	
Did the initiative get implemented as expected? Why? Why not?	
Were the expected roles of the different elements of the initiative changed during the implementation? Why?	

What results have been obtained?

How has knowledge about the results been obtained (internal evaluation, independent evaluation, applied methods)?	
Indicators: What quantitative and/or qualitative indicators have been used to describe the process of implementation and the results?	
Results: What types of results have been obtained?	
What information about results was not obtained?	
Output (participation in initiative)? Outcome (changes in food practices, health etc.)	
How can the results be explained?	
Have there been adverse effects of the intervention (vulnerable groups not addressed etc.)?	

Have the results within the target groups been sustained beyond the intervention?

If results were (not) sustained, what was the explanation?	

Has the initiative been sustained in the involved organisations?

How was the initiative embedded (new routines, changes in organisational structures, new competences, change of food supply etc.)?	
Was the sustained initiative changed based on the obtained experiences?	

Has the initiative been taken up by other organisations etc.?

How was the diffusion of the initiative obtained?	
Were changes made to the original design when taken up by other organisations? Why?	

What would be important to consider if the initiative is transferred to other national contexts?

What local and national characteristics were important to the originally obtained results? Consider following: - governmental regulation - civil society organisations' roles - professional organisations' roles - companies' and business associations' roles - trust among involved stakeholders - allocated resources	
Have the initiative been transferred to other national contexts? How?	
What were the experiences from the transfer?	

How the template can be applied: EPODE

Name of the initiative	EPODE (Ensemble Prévenons l'Obésité De nos Enfants) - FRANCE « Let's prevent childhood obesity together »
Target groups	School children (5 to 12 years old) & their families by extension.
Summary of assessment of the initiative	
Aims	To prevent childhood obesity and overweight, the key consideration is to act on the behaviour of the children and by extension on the behaviour of the whole family, so as to change the environment and social norms. It is based on a social marketing approach at the community-level (town and/or districts). Positive apprenticeship through experience of a balanced diet is used, while stigmatisation is avoided: stigmatisation of obese and overweight children as well as stigmatisation of "unhealthy" products.
Activities	The programme is a multi-stakeholder approach. The programme rests on the belief that the synergy of micro-actions can achieve big, long term structural change in children's and families' behaviour. At the national level, there is a public-private partnership between an NGO (FLVS association), a communication agency, corporate partners (which fund the initiative with local authorities) and a scientific committee. Local authorities are the main actors at the local level. When joining the programme, they recruit a local project manager, a dietician and must set up a steering committee gathering various local stakeholders. As part of the programme, local authorities receive a leaflet on the seasonal campaign twice a year as well as various sheets on best practice. It is up to them to disseminate the message in school or in other venues with the help of voluntary stakeholders (NGO, local corporate partners, mostly retailers). As far as national corporate partners, food supply and prices are not directly addressed, nor are governmental regulations.
Results	The programme's efficacy and scientific legitimacy mostly rests on the FLVS pilot study which was recently published (Romonet al. 2009). From 1992 to 2004, it showed that the prevalence of obese children was first stabilized in Fleurbaix and Laventie, then it decreased (from 14.3% in 2000 to 8.8% in 2004) whereas

	it continued to increase in control cities (17.8% in 2004) and in the overall population. According to this study, community-based interventions are also particularly efficient vis-à-vis vulnerable populations. As far as Epode is concerned, no scientific study has been published. According to the figures that are being communicated, the prevalence of obesity and overweight among 5 to 12 years old children has diminished from 9 points since 2004 in Epode pilot cities. The main indicator is a quantitative one - Body Mass Index – and little is known about the qualitative change in behaviour. Another issue has to do with the possibility to differentiate between the impact of Epode and the impacts of other national and local initiatives…
Embedding and diffusion of the initiative	The awareness of the programme is being raised by the communication agency and corporate partners which actively communicate on their involvement in the programme in various international venues (EU Platform, WHO conferences, EEN Symposium, ECO congresses...). The programme is implemented through social marketing techniques at the community level (leaflets, nutritional education, organisation of events celebrating healthy food and active leaving...). It also entails a medical component as children's size and weight are regularly monitored to assess the impact of the initiative.
Source of information for the assessment of the initiative **(**www, newspapers, articles, books, TV/Radio, interviews, others)	The author was a member of the Epode European think tank, in charge of the work package on PPP. Information comes from internet, internal and public documents, various observations (local steering committees, training of project managers...), participative observations in the EEN meetings, interviews with relevant stakeholders, notably with Professor Monique Romon. The latter, who is the president of FleurbaixLaventie Ville Santé, was the president of the PPP committee of the EEN.
What activities took place before the planning of the initiative? How did considerations about the initiative start?	The Epode initiative is an attempt to industrialise an exprimental study in 2 small cities in Northern France (see WP4). The so called FLVS study is itself inspired by a Californian community-based intervention which was imported by Dr Jean-Michel Borys (one of the initiator of the experiment) in the early 1990s.

What understanding of obesity and its governance were the considerations based on (concerning the roles of food supply and prices, social conditions, governmental regulation etc.)?	The programme develops a social marketing approach. As expressed in WP4, positive apprenticeship through experience of a balanced diet is used, while stigmatisation is avoided: stigmatisation of obese and overweight children as well as stigmatisation of ”unhealthy” products. Food supply and prices are not directly addressed, nor are governmental regulations. To prevent childhood obesity, the key consideration is to act on the behaviour of the whole familiy, to change the environment and social norms.
Was it necessary to negotiate to obtain support behind the idea?	I am unaware of any negotiation, but the initiative appears consensual: For the State, the initiative is complementary to the national programme (PNNS), it reinforces the national message (see WP4). For municipalities, it is a way for mayors to get involved through a ready-made public policy. For the food industry, the message promoted (”no stigmatisation”) is in line with their own discourse on obesity (”we are part of the solution”, ”we are not 100% responsible of the problem”), is a mean to demonstrate social investment and to avoid more severe regulations on their products. Last but not least, the program is supported by the EU Commission (DG Sanco).
Why was a partnership chosen as the structure of the initiative?	The PPP was chosen in the FLVS study because the experiment did not orignally attract public fundings. When Epode was set up, the PPP was portrayed as one of the key pillar of the programme. Beyond the need to get fundings (Epode only recently got limited fundings from the ministry of Agriculture and from the ministry of Health – 2009), the involvement of private partners is justified by the promoters for they are ”actors of the solution”. Corporate partners are seen as a media for the health messages of the programme. In practice, there is a difference between national private partners (who cannot get directly involved in the programme) and local private partners who can have a crucial role in the programme’s delivery.
Did the negotiations imply that the understanding of obesity and its governance had to be changed? How?	Not to my knowledge.

How was the initiative planned and why did the initiative get its actual design? <u>Planning and management of the initiative:</u> What stakeholders were involved in the planning of the initiative?	The FVLS pilot study gathered medical doctors, academics and communication professionals who created a NGO (*association FLVS*). It was progressively assisted by a scientific committee and a small communication agency (that later merged with Protéines agency). Among the main stakeholders involved were local General Practitioners who partook in meetings every week. School teachers were also involved. Trained by nutritionists, they designed a pedagogical programme regarding nutritional information every year. Private partners from the food, pharma and sport industry were also involved: they brought funding and expertise in communication.
Who were defined as the target group(s) of the initiative? Why this /these groups?	The governance structure of Epode was very similar: the NGO (association FLVS), a scientific committee and a communication agency (Protéines). However, as this programme became a national one, no other stakeholders were involved in the planning and management of the initiative. The involvement of private partners was strictly defined (see WP4). School children were targeted as well as their families in over 200 cities (most of which are villages). Children were chosen because the programme mostly focuses on childhood obesity and overweight. Beyond the symbolic characteristics of this population, it is at this stage that habits can be corrected or strengthened. In addition, children wanting to change their daily habits can have an influence on the overall family (the "pester power" according to communication professionals)
Were the target groups involved in the planning?	No. Epode appears as a very expert-centred programme.
What were the roles of the involved stakeholders during the planning?	In considering the formal governance structure of the programme, one has to take into account the fact that certain individual were multipositioned. One of the initiator of FLVS was a member of the scientific committee and a minor shareholder of the communication agency (Protéines). In addition, although the legitimacy of the programme rests on the

	NGO, it is Protéines that holds the legal ownership of the programme: Protéines registered the Epode's brand and associated concepts. Similarly, there is a division of tasks between the coordinating team and the scientific committee as far as the campaigns are concerned. But clearly, the scientific committee does not meet enough to have a lead in the process.
<u>Elements and mechanisms of the initiative:</u>	
What was planned as the elements of the initiative (different stakeholders, organisational structures, tools, food supply etc.)?	The main tool is to use social marketing in order to change habits (food habits, way of life, moving around) in a sustainable manner. If messages and campaigns come from the coordinating team, it is up to the local project managers in city councils to promote this campaign.
What tangible and intangible resources were supposed to be supplied to the initiative: knowledge, legitimacy, economic, equipment, food, etc.? How?	In 2009, the budget of the FLVS association was over 1m Euros. The programme is mostly being sponsored by private partners. Most of this money is used to fund the expenses of the coordinating team. City councils which join the programme have to pay a fee (3000 Eur-6000 Eur/year). In addition, cities have to commit for 5 years and hire a dedicated staff (the local project manager). Beyond economic and human resources, the programme can benefit from the professional savoir-faire of the communication agency (social marketing, fundraising, advocacy of the programme's relevance). In addition, the programmes benefit from various legitimate labels (it is sustained by various academic societies, by the European Commission, etc.) and from the scientific expertise of the Epode European Network. Local project managers also meet in training sessions (at least once a year) which is an opportunity to exchange best practices. At the local level, city councils have to set up a steering committee gathering the voluntary – public and private – stakeholders who can exchange information, experience and expertise.
How were the different elements (stakeholders, tools, food	The programme rests on the belief that the synergy of micro-actions can achieve big, long term structural change in children's and families' behaviour. It assumes that all the voluntary stakeholders wanting to make a difference will work hand in

products etc.) supposed to interact?	hand for the common good. In other words, it relies on faith, trust, and good will. The stable relationships that can be identified are the interactions between the coordinating team and the scientific committee and the interactions between the local project managers and the local steering committee (the composition of which differs greatly according to cities)
Were the intended roles of the different elements changed during the planning? Why and how?	Not to my knowledge.
Was the initiative supposed to be adopted to local conditions during implementation? Why? How?	The initiative is not a top down programme. It has to be adapted to local situations. In addition, the prescriptions are rather loose leaving city councils a room for manoeuvre in the implementation. To put it blankly, twice a year city councils receive a seasonal campaign, that is to say a pdf document that they have to print on a particular theme. It is up to the local project manager to make sure that this theme generates various events in schools or in other local venues. Similarly, they sometimes receive best practice sheets that can be useful.
<u>Management of the initiative:</u>	
What management structures were developed around the initiative? What roles were different stakeholders supposed to have? Why?	The coordinating team within Protéines was the main management body. It was formally linked to the NGO (association FLVS). It is assisted by an expert committee that validates the Epode documents from a scientific perspective. Following recent tensions between the communication agency and the NGO, the communication agency had to withdraw from the organisation. The president of the NGO denounced the contract. In addition, following the work of the EEN (work package on PPP), it was decided in 2010 to set up a PPP committee. The latter is a venue where selected public and private partners can interact and can have a view on the process, ensuring the ethical charter is respected.
What were the considerations among the involved	In overall, beyond funding the programme, private partners are not allowed to interfere at the national level. At the local level, municipalities promote (if they want) the seasonal campaigns. They can work with local private partners. But they do not

stakeholders about: - Their own influence and other stakeholder's influence on the initiative? - Their own and others' benefits and risks from participation in the initiative? - Aspects which could increase or reduce the credibility and legitimacy of the initiative?	intervene in the management of the programme. Although not acknowledged as such in the communication of the programme, local authorities are crucial in the initiative as they are the one implementing the program, funding the events as well as the local project management. Several project managers that I have met have expressed their reluctance to display the logo of the private partners on documents that they are printing. To put it differently, there is a belief that other stakeholders are benefiting too much (at least symbolically) from the involvement of local authorities. This is clearly going beyond the traditional scepticism and cultural gap between the public and the private worlds. National corporate partners are funding the programme, that is to say, the activities of the coordinating team. As they do not have the right to interfere in the designing of the programme, some of them have withdrawn because they claim they are not valued ("valorised") sufficiently. Having said that, it is clear that being involved in the programme is a subtle PR strategy (corporate communication), and an efficient lobbying tool. In a context were the food industry is being criticised for the low nutritional quality of their products and/or their marketing habits, being a partner of such an initiative is quite significant as they can be seen as "part of the solution", as corporate citizens in their interactions with public bodies such as the EU Commission. They can advocate their political agenda of self-regulation. The communication agency that has long been involved in the initiative has developed a methodology. More, they are a key mediator between the public and private partners (notably the corporate partners who they work with on other occasions). They claim to have the experience and savoir-faire to develop the programme, notably in the field of social marketing. They are also very good at advocating the programme. However, as expressed earlier, the agency may have had the tendency to use the programme as a "cash cow". According to the president of the FLVS association, excessive fees were paid to the agency. In addition, as the agency has registered the brand, they do not hesitate to claim royalties when the programme is being transferred abroad. Among the aspects that could increase the credibility and legitimacy of the initiative would be transparency among the involved stakeholders as it is not always clear what certain stakeholders do, how the funds are used, etc. A body should be set up to gather representatives of different stakeholders. Its activities should be made public. This would probably shed away the suspicion around the involvement of private partners. It is also important to monitor the activities of the communication agency: what are the interactions between EPODE and the rest

	of the activities of the agency. As far as the ownership of the programme is concerned, the brand should belong to the NGO or to the government. The agency should remain a service provider.
<u>Sustainability of intervention:</u> Was sustainability of the **results** addressed? How was this supposed to happen?	It is too early to answer this question as results are still being produced.
Was sustainability of the **initiative** addressed? How was the the initiative supposed to be sustained?	The initiative targets children who are supposed to adopt incrementally healthy habits. As explained earlier, it is the commitment of everyone, the "synergy of microactions" that will sustain this behavioural change. As it is a long term and incremental change that is expected, it requires some sort of stability among stakeholders. As such, local authorities which join the programme have to engage for 5 years. This rule does not apply to corporate partners but there is nonetheless some sort of stability. Meanwhile, the dependence on private funding requires that a certain amount of time and resources be devoted to fundraising activities.
How was the initiative implemented? (Apply to the different levels and sectors involved)	
What stakeholders were involved in the implementation and what were their roles?	From a top-down perspective, the communication agency designs the documents that are being given twice a year to local authorities. These documents are targeting a seasonal campaign (eat fish, sleep, non-competitive sport, etc.). The agency is also responsible for the training of local project managers. In effect, this can become a national venue for exchanging experiences and "best practices". It can also alert local authorities vis-à-vis call for tenders to get extra-funding. At the local level, it is the local project manager that is responsible for the programme's implementation. It is its availability and good will that design how the programme is implemented. The project manager has to set up a steering committee which gathers voluntary stakeholders. It can attract various people: from civil servants of other units of the city

	councils (education, sport...) to medical experts, managers of hospital, school nurses, school food contractors, social educators, NGO representatives. The actions targeting school children are being discussed and promoted in these meetings. It is at this stage that public private partnership can be discussed at the local level. Having said that, the composition differs according to the city, actions are not always being endorsed under the Epode's label and therefore actions are not identical from one city council to another.
What resources were allocated for the initiative (human resouces, funds, materials)?	From a top-down perspective, corporate partners allocate funds to the programme (from 150,000 Eur to 250,000 Eur/year). So do local authorities (3000 to 6000 Eur/year). Until recently, all this money was used to cover the work of the coordinating team within the agency. The agency provides human resources (time, expertise in social marketing, communication and advocacy – notably towards policitians and corporate actors), and materials (to local project managers: a dossier on Epode, sheets describing best practices, a pdf file containing a leaflet for the season). It has developed a website where project managers can post videos and news... The scientific committee provides scientific expertise to ensure that the documents designed are in line with Science. Local authorities do not get any financial help from the programme. They provide the programme with dedicated staff (project manager and nutritionist(s)) to develop the programme, which is costly. It is local authorities that print Epode's documents and distribute them. It is them which organise and animate the steering committee. It is them which design and develop actions at the local level. All this means human resources, professional expertise, bureaucratic experience, team work, communication which are not calculated (and do not appear) in Epode's budget.
Did the initiative get implemented as expected? Why? Why not?	As expressed earlier, the implementation of the programme is not mechanistic. A lot of leeway is given to local authorities. More, it is thanks to local authorities that the programme is so diversified, is being developed according to many original actions. It is often the case that existing initiatives before the launch of the programme are re-labelled Epode initiatives. Conversely, local authorities not involved in Epode can develop actions that would be labelled as Epode in Epode cities. As such, the programme would not exist without local authorities.
Were the the expected roles of the different	Epode is not a top-down programme.

elements of the initiative changed during the implementation? Why?	
What results have been obtained? How has knowledge about the results been obtained (internal evaluation, independent evaluation, applied methods)?	The programme's efficacy rests on the FLVS pilot study which has been published in 2009: ROMON (Monique), LOMMEZ (Agnès), TAFFLET (Muriel), BASDEVANT (Arnaud), OPPERT (Jean-Michel), BRESSON (Jean-Louis), DUCIMETIÈRE (Pierre), CHARLES (Marine-Aline) &BORYS (Jean-Michel), « Downward trends in the prevalence of childhood overweight in the setting of 12-year school- and community-based programmes », *Public Health Nutrition*, Vol. 12, No 10, 2009, p. 1735-1742. The success of the initiative was also celebrated in KATAN (Martin B), « Weight-loss diets for the prevention of obesity », *New England Journal of Medicine*, No 360, 2009, p. 923-925. The first results of FLVS have been validated by the FLVS expert committee. From 1992 to 2004, it showed that the prevalence of obese children was first stabilized in Fleurbaix and Laventie, then it decreased (from 14.3% in 2000 to 8.8% in 2004) whereas it continued to increase in control cities (17.8% in 2004) and in the overall population. According to this study, community-based interventions are also particularly efficient vis-à-vis vulnerable populations. As far as Epode is concerned, the size and weight of children (5 to 12 years old) in all Epode cities are being measured every 2 years thanks to a partnership with school nurses and doctors. Data are beingtreated by the Centre d'Etudes et de Recherche en Informatique Médicale (CERIM – CHU de Lille). In addition to this quantitative evaluation, 2 qualitative sociological evaluations have been carried out. The first one was developed by the Master Sciences SocialesAppliquées à l'Alimentation (Toulouse university) on social group dynamics; the second one was led by a team of researchers from the Centre de Sociologie des Organisations (Science Po Paris). The development of the program was also studied by the Epode European Network (see WP 4).
<u>Indicators:</u> What quantitative and/or qualitative indicators have	From an internal perspective, the main indicator is a quantitative one, that is to say Body Mass Index. Other indicators are mentioned on the website: 1) Methodological indicators on the setting up of a steering committee, on training and on

been used to describe the process of implementation and the results?	partnerships; 2) indicators on participation, sensitization and behavioural change; and 3) quantitative analysis on press impact factor.
<u>Results:</u> What types of results have been obtained?	For the moment, the legitimacy of the programme rests on the FLVS pilot study. No scientific study has been published on Epode. According to the figures that are being communicated at the 4th national congress of Epode (June 2010), the prevalence of obesity and overweight among 5 to 12 years old children has diminished from 9 points since 2004.in Epode pilot cities. As far as the other indicators are concerned, I am unaware of any data analysis.
What information about results was not obtained?	Little is known about vulnerable populations. Similarly, little is known about the actual relevance of the so-called 4 pillars of Epode. Regarding PPP, the task of the EEN was not really to question the relevance of PPP but how they could be improved, accepted or transferred in other countries. Similarly, the conditions are rather different from the ones that prevailed in Fleurbaix-Laventie: as expressed earlier, local authorities have a lot of leeway in the implementation of the programme. More importantly, as obesity is now a major political issue, Epode developed at a time when a national programme (PNNS) was being created. Differentiating between various initiatives is not really addressed (but it is perhaps impossible to do that). For instance, no information is being collected regarding cities not involved in Epode, but investing similar resources than active Epode cities, in order to assess the efficacy of the programme. Such control cities should be identified.
Output (participation in initiative)? Outcome (changes in food practices, health etc.)	Although mentioned among collected indicators, little is known about the qualitative change among the population. What the coordinating team does is to collect data (events mostly) celebrating the success of Epode. It is particularly the case if one collects the awareness of the programme according to press coverage (a marketing objective rather than a social marketing one). Lesser efforts are being put in order to demonstrate the success.
How can the results be explained?	It would be naïve to consider that Epode is the only causal variable that explains the results in terms of obesity and overweight prevalence. However, if results can be identified, it is certainly due to the investment of local authorities. According to me, it is local authorities that make a difference and eventually make the programme a success as they are employing

	a dedicated staff to fight against obesity. This could be demonstrated if appropriate control cities were analysed as well.
Have there been adverse effects of the intervention (vulnerable groups not addressed etc.)?	To my knowledge, no adverse effects have been addressed. But it is clear that in derelict areas, such as in the city of Roubaix, certain children suffer from malnutrition, which has an impact on the average BMI indicator of the city.
Have the results within the target groups been sustained beyond the intervention? If results were (not) sustained, what was the explanation?	Not applicable
Has the initiative been sustained in the involved organisations? How was the initiative embedded (new routines, changes in organisational structures, new competences, change of food supply etc.)?	It is very hard to know how things have changed within the 200 local authorities. From what I have observed, although it would be crucial that obesity becomes an agenda of various administrative units (not only of the health units), the linkages between services (cross-governnment working) is not easy to sustain as obesity is still seen as a minor issue. As such, it is too early to tell if these changes will be sustained when obesity will disappear from the political agenda, especially when local authorities are confronted with an economic crisis. As far as corporate actors are concerned, it would be interesting to see if engaging in Epode is followed by a change in food composition and food marketing. For instance, Orangina-Schweppes has been engaged in the reformulation of its products (in a partnership with the PNNS), said "it stopped marketing its products to the under12" and decided to implement the Epode programme in its own factories. As such, being engaged in Epode is said to be part of an overall strategy but it remains that such changes are not made compulsory in the ethical charter and are not part, so far, of the Epode methodology. To be fair, it should be stressed that not only food industries are engaged in

	Epode, there are also insurance companies and pharma companies.
Was the sustained initiative changed based on the obtained experiences?	Unknown.
Has the initiative been taken up by other organisations etc.?	Although not directly directed towards corporate partners, it seems that the programme is now being implemented by 2 corporate partners (Orangina-Schweppes and Nestlé) towards their employees. At the international level, in 2007, the programme has been taken up by Protéines in Belgium and by another communication agency in Spain (Newton 21 then the FondaciónThao). In Greece, the Paideiatrofi programme started to be implemented in 2008 under the leadership of another communication agency (Nostus). It also started to be implemented in South Australia under the leadership of the ministry of Health (OPAL programme) in 2010. Similarly, the CincoPasos programme was launched in Mexico in 2010: it is a national programme under the aegis of various public entities (department of National Education, department of Health, department of Labor, the Social Security, the department of Agriculture), in partnership with private entities. Finally, the programme has recently started to be implemented in Romania in 2011 ("I am leaving healthy too"). It was taken up by the PRAIS foundation team (which was set up by PRAIS corporate communication).
How was the diffusion of the initiative obtained?	The diffusion of the initiative was obtained through an advocacy campaign by the Protéines agency. The staff of the agency communicates a lot about the programme in relevant international venues, and they have been developing an international strategy: first through the Epode European Network, then through the recent creation of Epode International. The EEN is a think and do tank build around academics whose expertise brings legitimacy and credibility to the programme. In addition, this body can benefit from the support of the EU Commission which is an extra resource in advocating the relevance of the programme. The Epode International clearly appears as a strategy for Protéines to claim leadership on the programme, although the agency is not involved anymore in France ! It is important to stress once again, that Protéines has registered the brand and as such can claim royalties whenever the programme is being developed abroad. To put it differently, the programme is being diffused because it can appear as a niche for communication agency in a field where ready-made tools (or

	"miracle solutions") are expected by local authorities which do not have much expertise in obesity. It is even more obvious that commercial tensions have recently appeared with the ThaoFondation and Newton 21 which are also trying to transfer the programme abroad (notably in South America). As claimed by the president of THAO, Epode and Thao are twin programmes but there are no hierarchical relationships between the two.
Were changes made to the original design when taken up by other organisations? Why?	I have not been able to study all the different programmes in depth. What is clear is that the leadership of the programme does not always rest on the same entity. In France, it is nowadays the NGO (association FLVS) that leads the programme whereas it is the communication agency in Belgium and in Greece. In Spain, it was originally the communication agency but the leadership was quickly transferred to an NGO (Thao foundation) for symbolic reasons (legitimacy), although many members of the Board of the foundation are linked to communication agencies. In South Australia, the leadership is owned by the government because of a reluctance to work with private partners. Clearly, this can be explained by financial resources as money is not a problem for the South Australian government. Moreover, it appears that ethical rules are not always in line. For instance, in Spain, certain corporate partners are more or less allowed to display on their products that they are supporting the programme whereas this practice is totally forbidden in France.
What would be important to consider if the initiative is transferred to other national contexts?	It depends whether the original initiative is the FLVS study or Epode (whose scientific legitimacy rests on FLVS). But clearly, what is important is the involvement of public partners and this is clearly linked to the competencies of local authorities. In addition, one can wonder whether the results of FLVS are not partly resting on the social characteristics of the population, which is predominantly middle class. It is well known that health considerations are relatively less important for working class groups. This has also an impact on the involvement of civil society (social capital).
What local and national characteristics were important to the originally obtained results? Consider e.g. - governmental regulation	From a governance perspective, it seems important to avoid the capture of the programme by communication agencies. For the programme's legitimacy, it is best if the programme belongs to the State or to an NGO (provided it is independent from corporate partners and from communication agencies). Similarly, if results were observed, it is important that ethical rules be enforced with consistence everywhere. Here, political cultures are important since in certain countries (Spain or

- civil society organisations' roles - professional organisations' roles - companies' and business associations' roles - trust among involved stakeholders - allocated resources	Romania), there seems to be less reluctance to work with corporate partners. In France, PPPs on obesity meet a strong scepticism among the media, among health professionals and among school professionals. Similar criticisms are met in countries where there is a strong and long involvement of NGO on the food debate (such as Britain). Finally, it is important to take culture and food culture into account. Although certain messages are universal (spending less time in front of the TV sets and video games, better sleep, less salt...), social marketing strategies should also be tailored according to national habits that should be reinforced/modified.
Have the initiative been transferred to other national contexts? How?	Belgium, Spain, Greece, , South Australia, Mexico, and recently in Romania and Netherlands
What were the experiences from the transfer?	Unaware of any results so far. The success of Epode is mostly linked to its replication abroad. This is what makes it a success story although little is known about impacts on childhood obesity and overweight.

How the template can be applied: Thao

Name of the initiative	**THAO-SALUD INFANTIL** **THAO-CHILD HEALTH**
Target groups	**Target group:** Spain children between 3 and 12 years and their families. Recently the program has spread its target to early childhood between 0 and 3 years
Summary of assessment of the initiative Aims	**Aims:** Thao-Child Health is a program which prevents childhood obesity. It is implemented in Spain´s municipalities, through continuous and sustainable activities. The aims of Thao are: 1. To promote healthy eating habits 2. To encourage children to do physical activities.
Activities	**Activities:** Thao Program is based on: 1. Intervention: A particular plan and a coordinated action during six months at a local level. With the aim of changing lifestyles, through healthier eating habits and physical activity. 2. Communication: Have a broad communication through positive messages and media impact. It will help to reinforce the programs action at a local and national level. 3. Evaluation**:** • Annual measurement of the BMI, height, weight, children waist

	circumference, among others. • Surveys based on eating habits and physical activity, provided by the independent and multidisciplinary Committee experts who validate the program´s actions and materials. In order to develop the program in each city. Thao organized "seasons" which are based on food pyramid or a specific activity. **There are five seasons:** - Fruit season - Water and beverages season - Farinaceous season - Fruit and vegetables season - Dairy season - Physical activity season - Fish and seafood season
Results	**Results:** With the aim of assessing the effectiveness of the program, THAO does a research evaluation every year. The results which are going to be explained in this document are from 2008-2009 and 2009-2010. **In 2008-2009** results were taken from a sample of 17.088 children (49,5% girls and 50,5% boys). The study took place in 25 municipalities from five regional governments (Andalucía, Aragón, Baleares, Castilla la Mancha, Cataluña, Galicia, y Madrid) In this period, there were a total of 20,49% obese and overweight children. In particular, 9,26% obese and 11, 23% overweight children. **In 2009-2010** results were taken from a sample of 26.251 children (49,3% girls and 50,7% boys). The study took place in 29 municipalities from five regional governments (Andalucía, Aragón, Baleares, Castilla la Mancha, Cataluña, Galicia, y Madrid)

Embedding and diffusion of the initiative	In this period, there were a total of 29,3% obese and overweight children. In particular, 8,2% obese and 21,1% overweight children. **Embedding and diffusion of the initiative:** Those responsible for Thao-Child Health Program said "Childhood obesity is an inevitable challenge in most industrialized countries" and added that "Spain is a country that has high rates of obesity." This program has 2 important steps: 1. Primary prevention: Consist on avoiding the tendency to weight gain. So, it is fundament to involve the whole community, informing those involved in child's environment to act more effectively in education centers throughout the city (restaurants, shops, associations etc...). 2. Secondary prevention: Consist on teaching health professionals (pediatricians, nurses), to detect easily overweight children and start treating them as soon as possible.
Source of information for the assessment of the initiative **(**www, newspapers, articles, books, TV/Radio, interviews, others)	**Web pages:** ***THAO (Spain): www.thaoweb.com*** EPODE (France): www.epode.fr PAIDEIATROFI (Greece): www.paideiatrofi.org VIASANO (Belgium): www.viasano.be **Conference Call:** **Rafael Casas:** General Coordinator Scientific Area. E-mail: rafael.casas@thaoweb.com **Santiago Gomez:** General Coordinator Program´s evaluation. E-mail: santi.gomez@thaoweb.com **Maria Rosaura Leis:** Professor at the University of Santiago de Compostela and Pediatric Doctor at Clinical Hospital, Santiago de Compostela. E-mail: mariarosaura.leis@usc.es **References:** **1.** Food and life: http://www.alimentacionyvida.org/thao.html **2.** Healthy habits:www.fundacionalimentum.org

	3. Epode European Network:www.epode-european-network.com/ **4.** Focusing on obesity through a health equity lens: http://www.bvsde.ops-oms.org/bvsdeps/fulltext/obesidad.pdf **5.** Thao documents:http://www.thaoweb.com/documents/PresentacionProgramaThao-SaludInfantil_reducida_CAST.pdf **6.** The utility of physical activity and of the suitable habits of nutrition as mean to prevent obesity in children and teenagers document of consensus of the Spanish Federation of Sports Medicine. Dr. Rafael Casas. II World Congress of Public Health Nutrition, Oporto Nov 2010. **7.** The Spanish strategy for nutrition, physical activity and the prevention of obesity. Maria Neira and Mercedes de Onis **8.** Thao newsletter.
What activities took place before the planning of the initiative? How did considerations about the initiative start?	**Start of the initiative:** The initiative starts due to an increase of childhood obesity in most industrialized countries. The incidence of childhood obesity is a problem with serious consequences in the medium and long term. In particular, the program was implemented in Spain to control the rise of obesity due to the fact that it is one of the European countries with the highest obesity and overweight rates among children. THAO program is based on two important experiences in France: 1. Study Fleurbaix-Laventie Ville Santé started in 1992. 2. EPODE Program. EPODE: The programmes developed on the basis of the EPODE framework are long term, aimed at changing the environment and thereby the unhealthy

What understanding of obesity and its governance were the considerations based on (concerning the roles of food supply and prices, social conditions, governmental regulation etc.)?	behaviours. The approach is positive, concrete and stepwise' learning process with no stigmatization of any culture, food habits, overweight and obesity. The first EPODE programme was started in France in the 2003 and EPODE now extends to nearly 1,8 million inhabitants in French cities, Spain, Greece, Belgium, Québec (Canada) and in Australia. Success to date is measured by a large field mobilization in the pilot cities and by the encouraging evolution of the BMI of children in France within the pilot cities. Fleurbaix Laventie Ville Santé: study is a long-term intervention pilot programme conducted between 1992 and 2004 in two cities in the north of France which led to the stabilisation of the prevalence of childhood obesity in the two involved cities. **Considerations:** In particular, the THAO program is developed by THAO Foundation in Spain. THAO fundation coordinates the national program efforts being in contact with the local chiefs and the European coordination which is represented by the agencie Proteins of France. The program started on September 2007 in five spanish pilot municipalities: Villanueva de la Cañada, San Juan de Aznalfarache, Castelldefels, Sant Carles de la Rapita and Aranjuez. Based on the successful of the initiative and the worried about increasing rates of childhood obesity in Spain, more municipalities decided to be involved in the program: - In 2008, 32 new municipalities was included on THAO. - In 2009, 36 new town councils - In 2010, 43 new town councils - In 2011, 3 new municipalities implement the program - In 2012, 12 rural schools in Lleida This makes a total of 84 town councils in Spain.
Was it necessary to negotiate to	**Negotiation to support the idea**: It was necessary a vast negotiation to support the idea, since there was any other initiative of this kind in Spain.

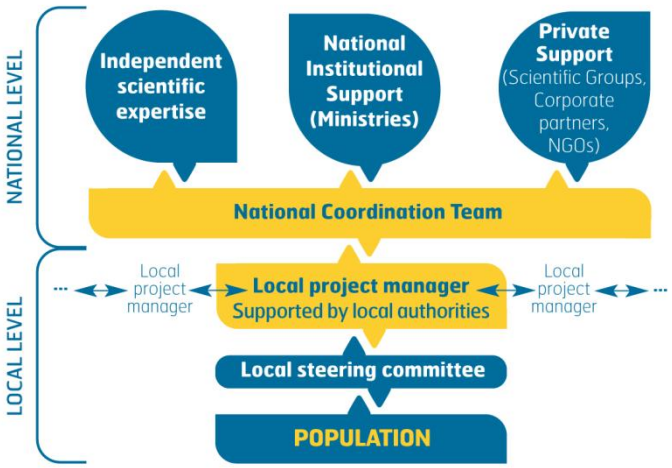
obtain support behind the idea?	Furthermore, it was very important to conciencie government entities and politics to get the proper support for an initiative of this kind.
Why was a partnership chosen as the structure of the initiative?	**Why a partnership:** A partnership is responsible for the development and dissemination of guidelines regarding the interest and possible framework of Public/Private Partnership (PPP) in the field of obesity prevention, including ethical, legal and economical aspects. With the purpose of being successful it is important to involve the whole community, informing those involved with child's environment to act more effectively in education centers throughout the city.
Did the negotiations imply that the understanding of obesity and its governance had to be changed? How?	**Understanding of obesity and its governance:** Elena Salgado, Spanish Health Minister (2005) stated that rise in childhood obesity was particularly alarming. She also said that the government's aim was to reduce obesity and to help spaniards to improve their eating habits. For instance, the Health Ministry has signed agreements with food companies, regional governments and 80 organizations related to the food and leisure industries. All of them have been involved in drawing up Spain's first ever "get healthy and lose weight" strategy. During these six years, the Spanish government has intervened in school meals, proposing a law to establish quality standards. It removed food and drink vending machines from schools and other places used by 6 to 12 years old and also controlled what kind of foods are sold in the remain standing machines. A list is being drawn up of foods which will be allowed to be sold in secondary schools, which have low fat, sugar and salt content, in the measure which comes against a backdrop of increasing child obesity in Spain. Currently 17% of primary and 60% of secondary schools in Spain have such vending machines. The idea is not banning anything, but rather not facilitating their consumption. The measure would not affect items which are not pre-packed – such as the typical bocadillo.

	On the other hand, Spain congress has recently enacted a new law named "The Food and Nutrition Safety Law" which will prohibit the sale of food and drink with a high saturated fat, salt or sugar content in schools. Acceptable levels of these ingredients in cakes, sweets, crisps and soft drinks sold in primary schools will now be regulated by the government. The new regulations, approved by all the various parliamentary groups across the board, will also force educational centres to cater for those with celiac disease (gluten intolerance). Current Health and Equality Minister, Leire Pajín, underlined the importance of the new law in terms of ensuring public health and food safety, putting the emphasis on prevention and precaution and improving coordination between various public bodies. As part of the ongoing battle against childhood obesity, the new regulations will ensure children's menus that are nutritionally balanced as well as encouraging more physical activity.
How was the initiative planned and why did the initiative get its actual design? <u>Planning and management of the initiative:</u>	

What stakeholders were involved in the planning of the initiative?	**Stakeholders involved:** stakeholders involved in Thao are part of the commercial sector, private non-for-profit sector (NGOs), the academic world, local and national authorities and regional and local public entities. They have taken part of the program promoting healthier eating habits and physical activity. With the aim of preventing child obesity through achieving a change of nutritional and physical activity habits and behaviours of children and their families.
Who were defined as the target group(s) of the initiative? Why this /these groups?	**Target group:** Spain children between 0 and 12 years old and their families. For this reason, the actions are focused on all the aspects related with the child´s environment. This program is especially focused on childhood obesity, because it is a big problem of our society today, being Spain one of the most affected European countries.
Were the target groups involved in the planning?	**The target groups were not involved in the planning**
What were the roles of the involved stakeholders during the planning?	**Stakeholders´s roles**: Big companies are involved in contributing significantly in doing research and in funding the activities of the national coordination team. In particular, sponsors such as Nestlé and Orangina Schweppes do research to reduce calories in their products. They also show in the product´s labels all the nutritional information. On the other hand at a local level stakeholders contribute to the development of the programme; and to occasional local actions (e.g. an event in a city).
<u>Elements and mechanisms of</u>	

the initiative: What was planned as the elements of the initiative (different stakeholders, organisational structures, tools, food supply etc.)?	**Elements of the Initiative:** *Stakeholders:* Private partnerships are: -Nestlé -Ferrero Ibércia SA -Seguros Médicos DKV -Orangina Schweppes Public partnerships are: -Ministry of Heatlh and Social Policy trough AESAN and NAOS strategy -Spain´s government -Sports Council -Regional governments (Madrid, Aragón, Cataluña, Castilla La --Mancha,Castilla y León, Galicia) Foundations: -Spanish Nutritition foundation (FEN) -Sports (FEMEDE) -Foundation of Mediterranean diet Sponsors: - Sevilla FC Foundation. - Joventut Badalona Foundation *Tools* 1. Educational tools with activities themes for Teachers and educational staff: 2. School and local restaurants are encouraged to offer healthy menus related with the product of the "season". 3. Families receive information explaining how to introduce "season" in their daily diet.

	4. Motivate the shopkeeper to easily show the products of the season. 5. Health professionals receive current overweight information. Thao has four characters called: "Thaoines". They are four brothers which are the image of the program. Each one has a particular characteristic, but all together forms the PERFECT BALANCE. 
What tangible and intangible resources were supposed to be supplied to the initiative: knowledge, legitimacy, economic, equipment, food, etc.? How?	**Tangible Resources:** The funding is provided by big companies and by the municipalities. Their budget is bearing the cost of the project and all local expenses: publishing materials, subsidies to NGOs that take part to some actions, yearly events, etc. **Intangible Resources:** It is fundamental the support of : 1. Private non-for-profit sector 2. Local and national authorities 3. Regional and local public entities
How were the different elements (stakeholders, tools, food products etc.) supposed to interact?	**Interaction between different elements**: The interaction of the different elements of the initiative are developed and organized by a National Coordinator which is in charge of local coordinators and experts of obesity field.

Were the intended roles of the different elements changed during the planning? Why and how? Was the initiative supposed to be adopted to local conditions during implementation? Why? How?	**The intended roles of the different elements have not changed during the planning.** Nevertheless, they should adapt to the new circumstances of each stage of the initiative. **The initiative was adopted to local conditions during the implementation,** because each particular region has their own characteristics. This is the reason why Thao is implemented at a local level. It is also the way to involve the entire community acting on the behavior of the whole family, changing its environment and social norms.
<u>Management of the initiative:</u> What management structures were developed around the initiative? What roles were different stakeholders supposed to have? Why?	**The management of the initiative is structured in the following way:**  1. National Coordination Team

	2. National Scientific Committee 3. National Local Coordinators *1. National Coordination Team* The National General Coordinator is in charge of managing the relationship between Private/Public partnership (public institutions, scientific groups, corporate partners, private companies, NGOs) and the cities where Thao is implemented. It is also responsible for coordinating the National Scientific Committee The National General Coordination provides guidance, materials and all support needed to the National Local Coordinators. <u>Membership</u> • Thao Chairman: Enrique Garcia • Thao Vice-President: Manuel Garcia • Thao General Coordinator Scientific Area: Rafael Casas • Thao National Development Director: Sarasua Francisco • Thao National Coordinator of Marketing and Communications: Julie Bodin • Thao National Coordinator of "Area Cities": Raquel Pérez • Thao National Coordinator of Programs evaluation: Santiago Gómez *2. National Scientific Committee* The National Scientific Committee is the one of the most important of the program since it is form by an independent scientific team which validates strategies and necessary actions for the proper function of Thao. It is important to point out that the committee, which is on charge of applying a scientific methodology, is coordinated by the NPS (Spanish Nutrition Foundation). <u>Membership</u> Coordinator of the NAOS Strategy:

	• Sr. Juan Manuel Ballesteros: **Coordinador de l'Estratègia NAOS** de l'Agència Espanyola de Seguretat Alimentaria i Nutrició (Ministeri de Sanitat i Política Social). Nutrition Professor of Complutense University of Madrid: • Dra. Beatriz Beltrán: **Professora de Nutrició**, Facultat de Farmàcia de la Universitat Complutense, Madrid Health Education Psychologist: • Sra. Marta Carranza: **Subdirectora General de Promoció Esportiva** i Esport Paralímpic (Consell Superior d'Esports de la Presidència del Govern) Pediatrist at the Hospital Sant Pau, professor at the University of Barcelona UAB and member at the SEEP: • Dra. Gemma Carreras: Servici de Pediatria Hospital Sant Pau. Professora associat Universitat Autònoma de Barcelona (UAB). Membre de la *Sociedad Española de Endocrinología Pediátrica* (SEEP). Endocrinologist, President of SEEDO: • Dr. Basilio Moreno: **Endocrinòleg** de l'Hospital Gregorio Marañón de Madrid, President de la SEEDO Sports Medicine Specialist: Endocrinologist at the Hospital Gregorio Marañón, Madrid: • Dra. Nieves Palacios: **Cap de Servei de Medicina**, Endocrinologia i Nutrició del Centre de Medicina d'Esport (**Consell Superior d'Esports** de la Presidència del Govern) Head of Department of Endocrinology and Nutrition Center for Sports Medicine of the National Sports Council: • Prof. Rafael Tojo: **Catedràtic de Pediatria**, Universitat de Santiago de Compostela Professor at the University of San Pablo- CE, Madrid and Chief of Bromatology and Nutrition : • Prof. Gregorio Varela-Moreiras: **Catedràtic de Nutrició i Bromatologia**, Universitat San Pablo-CEU, Madrid Department of Endocrinology and Nutrition Center for Sports Medicine at the Hospital Ramón y Cajal de Madrid • Dra. Clotilde Vázquez: **Secció d'Endocrinologia i Nutrició**, Hospital Ramón y Cajal de Madrid

	Psychiatrist. Associate Professor of Pediatrics at the UAB(Universitat Autònoma de Barcelona). Member of the Spanish Society for Paediatric Endocrinology (SEEP): • Dr. Rafael Casas: Psiquiatra i **Coordinador Nacional del Programa Thao**-Salut Infantil 3. National Local Coordinators Each municipality selects a local project manager, whose first aim is to publicize the program in their city. The local manager creates its own local team, which is integrated by professionals and persons who may support health actions with boys and girls. The local project manager can build up on existing network or can establish new networks and coordinates a local multidisciplinary committee (education, school catering, sports, health and community life).
What were the considerations among the involved stakeholders about: - Their own influence and other stakeholder's influence on the initiative? - Their own and others' benefits and risks from participation in the initiative? - Aspects	**Considerations among stakeholders, their own influence on the initiative:** National Coordination team will deliver tools and methods to the project manager who will disseminate the communication tools and encourage all kind of local stakeholder to change their professional practices, in order to create an environment to facilitate the adoption of healthier behaviors by children and their families. The influence of all stakeholders enables the entire community (teachers, school, health professionals, parents, companies) to create a healthy environment that facilitates social changes require. **Considerations among stakeholders, their own and other´s benefits:** Their own benefit is to be internationally known as a company which is compromise with their consumer´s health.

which could increase or reduce the credibility and legitimacy of the initiative?	For instance, Orangina Schweppes does feel concerned about today's health and obesity problems. As a responsible group, it offers products based on natural ingredients and promote healthy lifestyle. Furthermore, Nestle is concerned about the rise of obesity and the resulting metabolic disorders. They truly believe that "personalized programs offer consumers weight management opportunities tailored to their specific needs. Each program seeks to promote a healthy relationship with food, an active lifestyle, and a balanced approach to living."
<u>Sustainability of intervention:</u> Was sustainability of the **results** addressed? How was this supposed to happen?	**Sustainability of intervention**: The initiative will provide new approaches which are needed to address the challenge of preventing and treating obesity. Childhood obesity is a powerful predictor of obesity in adults and as the most common childhood disorder in Spain it is an increasingly common public health problem. Moreover, few public health undertakings have such a multidisciplinary involvement as required for the implementation of this initiative.
Was sustainability of the **initiative** addressed? How was the initiative supposed to be sustained?	**Sustainability of the initiative addressed:** The initiative started in 2007 and due to successful results has been extended to a large quantity of Spanish cities. Thereby, the initiative will be sustainable due to Thao is a program which prevents childhood obesity at a municipal level, based on continuous and sustainable actions in the city for a minimum of four years. However, it is not established a deadline to this initiative; so it is supposed to be indefinitely sustained. On the other hand, research have shown that obesity programs which promote healthy eating habits, encourage physical activities and have a social impact in the

	community have a high probability of being sustainable.
How was the initiative implemented? (Apply to the different levels and sectors involved)	**The initiative was implemented** on September 2007 in five spanish pilot municipalities: Villanueva de la Cañada, San Juan de Aznalfarache, Castelldefels, Sant Carles de la Rapita and Aranjuez.
What stakeholders were involved in the implementation and what were their roles?	**Stakeholders involved in the implementation:** **1.** Ministry of Heatlh and Social Policy trough AESAN and NAOS strategy **2.** Spain´s government **3.** Sports Council **4.** Regional governments **5.** Private companies: Nestlé **Stakeholders' roles**: The National General Coordinator had a fundamental role. It was responsible for managing the relationship between Private/Public partnership and the cities where Thao was implemented. It was also responsible for coordinating the National Scientific Committee and for providing guidance to all National Local Coordinators.
What resources were allocated for the initiative (human resouces, funds, materials)?	**Resources allocated for the initiative:** Private partners and municipalities provided all needed resources. Founder sponsor (Nestlé) was in charge of financing part of the expenses of the national general team. Furthermore, municipalities were bearing the cost of the project and all local expenses: publishing materials, subsidies to NGOs that take part to some actions, yearly events, etc.
Did the initiative get	**The roles of the different elements of the initiative did not changed during**

implemented as expected? Why? Why not? Were the the expected roles of the different elements of the initiative changed during the implementation? Why?	**the implementation.**
What results have been obtained? How has knowledge about the results been obtained (internal evaluation, independent evaluation, applied methods)? <u>Indicators:</u> What	**The results have been obtained** with internal evaluation, through a questionnaire and applying scientific evaluation. **Indicators:** Multiple indicators have been used regarding obesity evaluation:

<table>
<tr>
<td>quantitative and/or qualitative indicators have been used to describe the process of implementation and the results?</td>
<td>
1. Weight height index: BMI
2. Anthropometric: Measurements of weight, height, waist, hip, arm, thigh, and thorax circumference.
3. Healthy habits and physical activity´s questionnaire design for children between 8 and 12 years old.

At the end of 2011, longitudinal data on the evolution of weight will be available.
</td>
</tr>
<tr>
<td><u>Results:</u>
What types of results have been obtained?

What information about results was not obtained?

Output (participation in initiative)?
Outcome (changes in food practices, health etc.)

How can the results be explained?

Have there</td>
<td>
Results:
With the aim of assessing the effectiveness of the program, THAO does a research evaluation each year. The results which are going to be explained in this document are from 2008-2009 and 2009-2010.

<u>THAO Results (2008-2009)</u>

The study took place in 25 municipalities from five regional governments (Andalucía, Aragón, Baleares, Castilla la Mancha, Cataluña, Galicia, y Madrid)

Results have been taken from a sample of 17.088 children (49,5% girls and 50,5% boys).
<table>
<tr><td>Children Age</td><td>3-5</td><td>6-9</td><td>9-12</td></tr>
<tr><td>Children Sample</td><td>25,6%</td><td>46,9%</td><td>27,5%</td></tr>
</table>
<u>Results explained:</u>
-There are a total of 20,49% obese and overweight children. In particular, 9,26% are obese and 11, 23% overweight children.

-From 3 to 5 years:
Obese: 6,92%
Overweight: 10.98%
-From 6 to 9 years:
</td>
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</table>

been adverse effects of the intervention (vulnerable groups not addressed etc.)?	Obese: 10,05% Overweight: 10,92% *-From 10 to 12 years:* Obese: 10,11% Overweight: 12,57% As it is shown in the figures, obesity and overweight increase with age. On the other hand, girls are more obese and overweight than boys: **THAO Results (2009-2010)** The study took place in 29 municipalities from five regional governments (Andalucía, Aragón, Baleares, Castilla la Mancha, Cataluña, Galicia, y Madrid) Results have been taken from a sample of 26251 children (49,3% girls and 50,7% boys). Results explained: -There are a total of 29,3% obese and overweight children. In particular, 8,2% are obese and 21,1% are overweight children. *-From 3 to 5 years:* Obese: 6,3% Overweight: 15,0% *-From 6 to 9 years:* Obese: 9,8% Overweight: 21,7% *-From 10 to 12 years:* Obese: 7,0 % Overweight: 24,2%

	Obesity Percent	**Overweight Percent**	**Obesity and Overweight Percent**
Boys	8,32	11	19,32
Girls	10,23	11,45	21,68

As it is shown in the figures, there are more overweight than obese children.

In general, girls are more obese and overweight than boys:

		Obesity (Percent)	Overweight (Percent)	Obesity and Overweight (Percent)
	3-5	5,8	13,5	19,3
Boys	6-9	9,3	20,7	30
	10-12	7,6	25,5	33,1
Total Boys		**8**	**20,7**	**28,7**
	3-5	6,8	16,6	23,4
Girls	6-9	10,4	22,6	33
	10-12	6,4	22,9	29,3
Total Girls		**8,4**	**21,4**	**29,8**

Despite the fact that there are not statistics which show the influence of socio-economic and cultural level of the city, it is nationally recognized that excess weight children live in the poorest places.

To sum up, **the Spanish government has established new regulations to reduce obesity among children**. This new regulation puts the emphasis on prevention and precaution and improving coordination between various society groups.

On the one hand, It has intervened in school meals, proposing a law to establish quality standards. It removed food and drink vending machines from schools and other places used by 6 to 12 years old and also controlled what kind of foods are sold in the remain standing machines.

On the other hand, Spain congress has recently enacted a new law named ”The Food and Nutrition Safety Law” which will prohibit the sale of food and drink with a high saturated fat, salt or sugar content in schools.

Acceptable levels of these ingredients in cakes, sweets, crisps and soft drinks sold in primary schools will now be regulated by the government.

The new regulations, approved by all the various parliamentary groups across the

	board, will also force educational centres to cater for those with celiac disease (gluten intolerance).
Have the results within the target groups been sustained beyond the intervention? If results were (not) sustained, what was the explanation?	**The results were sustained beyond the intervention.**
Has the initiative been sustained in the involved organisations? How was the initiative embedded (new routines, changes in organisational structures, new competences, change of food supply etc.)? Was the sustained	**The initiative has been sustained in the involved organisations. It also has been embedded with 2 basic steps:** <u>Primary prevention</u>: Consist on avoiding the tendency to weight gain. So, it is fundament to involve the whole community, informing those involved in child's environment to act more effectively in education centers throughout the city (restaurants, shops, associations etc...). Therefore. it is important to focus on: 1. Information and awareness. Local stakeholders, health professionals, teachers, parents and families must be informed. 2. Performance in educational centres: The program has developed a wide range of tools for teachers who may teach notions of nutrition and balanced diet. There are also plans to promote 60 minutes of daily physical and spontaneous activities. At this stage, It is developed recreational and educational theme spaces where children learn a healthy daily diet. They are named:

initiative changed based on the obtained experiences?	"Workshops on taste". Secondary prevention: Consist on teaching health professionals (pediatricians, nurses), to detect easily overweight children and start treating them as soon as possible. Also, encourage parents to bring children to doctor´s consultation.
Has the initiative been taken up by other organisations etc.? How was the diffusion of the initiative obtained? Were changes made to the original design when taken up by other organisations? Why?	**Currently the initiative has been not taken up by other organisations.**
What would be important to consider if the initiative is transferred to other national contexts? What local and national	**The sustainability of the initiative requires the participation of all sectors of society: the family and community, the schools, the private sector, and the health system.** It is also important to inform those involved with children to act more effectively

characteristics were important to the originally obtained results? Consider e.g. - governmental regulation - civil society organisations' roles - professional organisations' roles - companies' and business associations' roles - trust among involved stakeholders - allocated resources Have the initiative been transferred to other national contexts? How? What were the experiences from the transfer?	in education places, throughout the city. It is important to point out that this kind of programs such as Epode, Viasano or Paideiatrofi, which promote healthy habits and prevent childhood obesity, are evaluated in long periods of time. Since, changes in dietary habits and physical activity are long term changes. As a consequence, it is very difficult to judge a program based on the results or in the experiences from Thao´s expansion, in such a short period of time.

How the template can be applied: FOOD (Fighting Obesity through Offer and Demand)

Name of the initiative	**FOOD** (Fighting Obesity through Offer and Demand)
Target groups	Employees targeted through their employers as well as Restaurant professionals responsible for employee feeding. The target group was reached through initiatives to improve the nutritional quality of the food offered in restaurants and workplaces Third group were the professionals in the various countries such as nutritionists and public health staff, involved in the delivery of programmes Another group were the various NGOs in countries involved in similar parallel schemes eg KeyHole
Summary of assessment of the initiative Aims Activities	 The project is financed partly by EAHC and aims to promote a balanced diet among employees in companies through the meal voucher scheme . The project has targeted companies relying on voucher systems. The project has aimed to do this by facilitating consumer choice through improved information, training of staff to offer a healthy option and increased awareness, communicated via employers to their employees. Also by changing the offer so making meals smaller portion sizes and offering a price deal on a starter + main meal as opposed to a main meal + desert Activities has been undertaken in two locations: restaurants (mainly this) and workplaces. Workplaces were only targeted if using a voucher scheme, the key was voucher schemes through existing partners of Edenred. An inventory of programmes has been undertaken in order to create an overview of specific country requirements. A questionnaire based survey has been carried out among employees and restaurateurs in the 6 project countries. Although the data is not always comparable from country o country, The survey has been aiming at ascertaining their opinions and preferences. Based upon expert advice and analysis, these surveys has been informing a series of

	recommendations. In addition a limited number of healthy menu-based pilot schemes in restaurants has been carried out as well as evaluation of the first pilots, Finally the project has involved dissemination of best practices with a stakeholder conference in Bruxelles may 2011 as one of the examples Six countries has been involved in the project Belgium (High School Lucia de Brouckère - Information and Research Center about Food Intolerances and Hygiene (HELdB-CIRIHA; Belgian Public Health Ministry (SPF SP; Edenred, Czech Republic (Stop Obesity (STOB, Edenred); France (Paul Bocuse Institute (IPB, Edenred); Italy (University of Perugia (UP), Edenred; Spain (Spanish Agency of Food Security and Nutrition (AESAN), Mediterranean Diet Foundation (FDM), Edenred and Sweden (Karolinska Institutet (KI), Edenred) In addition collaborating partners from a number of countries has been involved, The role of the collaborating partners have had the task of analysing the pilots and results of the actions, to exchange ideas and bring specific expertise and to give advice and recommendations by underlining best practice.
Results	The results include • Recommendations (http://www.food-programme.eu/en/tools/recommendations) • Tools targetting employees and in some cases employers (http://www.food-programme.eu/en/tools/employees) including hand outs, posters, stickers, brochures etc • The tools aimed at restaurant owners and chefs 8 including hand outs, posters, stickers, brochures etc • An e-Tool with a DVD with one chapter per country, with National nutrition recommendation, cooking show and a few cooking advices presented by a Chef from each nationality and produced in the national language, with English subtitles. (http://www.food-programme.eu/en/tools/e-learning-dvd-128) • A recommendation for the group to continue and follow-up the work as a partnership. • Extension of membership in this new phase to new countries

Embedding and diffusion of the initiative	
Source of information for the assessment of the initiative **(**www, newspapers, articles, books, TV/Radio, interviews, others)	1. Official website http://www.food-programme.eu/ 2. Final publication: http://www.food-programme.eu/IMG/pdf/PublicationFinale_BD_31052011_VA.pdf 3. Personal communication with project partners 4. Interview with project partner Edenred (Nathalie Renaudin, Nolwenn Bertrand) 5. Communication with Martin Caraher. London City University 6. Communication with Caroline Bollars, WHO Europe
What activities took place before the planning of the initiative? How did considerations about the initiative start?	The program came into existence when Edenred company engaged in talks with different stakeholders including the Int' Labour Union that published a book in Food at Work in 2005. During different networking activities the project shaped up over a couple of years. Edenreds background for entering into the partnership is due to that fact that its core business includes corporate service solutions for employees' convenience including easy access to lunch options. Edenred offers solutions that enable organizations to provide convenient payment solutions to employees. The company offers solutions for in house food service as well as out of house voucher solutions including the Ticket Restaurant brand launched in 1962 and which is designed to be used as payment for selected meals in commercial public restaurants. The company operates in 40 countries, has 6,000 employees, approximately 530,000 private and public sector customers and 34.5 million beneficiaries.
What understanding of obesity and its governance were the	The business idea of Edenred is that meal vouchers provides a simple alternative to corporate catering structures, especially for SME's and at the same time introducing a employee loyalty structure. In the lunch voucher solutions employers can pay for all or a part of the meal and the amounts, which the employers pay, are

considerations based on (concerning the roles of food supply and prices, social conditions, governmental regulation etc.)?	generally tax deductible. For the employee, this benefit generally is not subject to income tax. Since this arrangement allows the employer to influence the food choice it became apparent that healthy eating objectives could easily be integrated. During the genesis of the project Edenred invited partners to the project from different levels of the food and health sector. Only partners from countries where Edenred operates were selected while at the same time keeping an eye on the requirements from EAHC if the project partnership where to be funded through the health program. As a result the consortium partner sought across European project architecture with partners representing northern, southern, eastern, western and central Europe. Since healthy eating and a balanced diet was the driving force behind the project the application task force sought to guide the work by current health and lifestyle policies such as the PNSS, NAOS etc in the countries involved and agreed that the outcome of the project would be shaped in different national forms depending on cultural and political context. The initiative build on the assumption that food behaviour (and eventually obesity) can be influenced through information (KAB model) in the workplace lunch setting (either on worksite or during lunch at employer organised lunch at lunch restaurants) but also by changing and directing people towards a healthier offer so changing the environment (settings approach). The initaitive assumes that the workplace setting is an important for influencing obesity risk behaviour due to the increasing support from enterprises and public workplaces to support health promotion initiatives. Such voluntary initiatives seem to build on the fact that public regulation of eating behaviour is not feasible. Government seems to rely on the fact that conmpanies aims at meeting current calls for "nutritional" responsibility through voluntary approaches directed to own employees. Also the need to show restauranteurs that healthy options and food was not going to cost more and there was a consumer demand for this
Why was a partnership chosen as the structure of the initiative?	

Did the negotiations imply that the understanding of obesity and its governance had to be changed? How? Was it necessary to negotiate to obtain support behind the idea?	Negotiation was carried out with a number of project stakeholdes at different levels during the course of the project preparation
How was the initiative planned and why did the initiative get its actual design? <u>Planning and management of the initiative:</u> What stakeholders were involved in the planning of the initiative?	The birth of the project according to the planners were guided very much by the increasing recognition of the need for settings approach to healthy eating among policy makers as well as by the increasing company focus on the need for a company specific public health policy including the concern for a balanced nutrition for employees. Edenred had prior to the FOOD project developed own programs in line with the current tendencies and concerns of public authorities about nutrition, including the "Alimentation et Equilibre", that was developed to help meal vouchers users to benefit from balanced meals in the affiliated restaurants. The efforts ended up in a project application addressing the importance of encouraging healthy eating habits for employees during their work day lunch break and studying what messages and tools could be communicated to employees. The project also had the ambition to investigate how lunch restaurants are responding to the growing demand for balanced food.

Who were defined as the target group(s) of the initiative? Why this /these groups?	Worksite lunch environments and outside worksite employee targeted lunch arrangements (voucher restaurants)
Were the target groups involved in the planning?	ILO was involved
What were the roles of the involved stakeholders during the planning?	Edenred was coordinating and inviting stakeholders at different levels including business, NGO, research and government authorities. Their role was to detail the terms of references/project protocol before submission to EAHC
<u>Elements and mechanisms of the initiative:</u>	
What was planned as the elements of the initiative (different stakeholders, organisational structures, tools, food supply etc.)?	Consortiums building on broad parrtnerships with participation from both academia, commercial sphere, NGO an d government side is considered an asset according to the call text of the supporting EAHC health programme
What tangible and intangible resources were supposed to be supplied to the initiative: knowledge, legitimacy, economic, equipment, food, etc.? How?	EAHC supplied financial ressources to partlty cover costs. Partners supplied additional ressources through own financing. Authorities supplied legitimacy

How were the different elements (stakeholders, tools, food products etc.) supposed to interact? Were the intended roles of the different elements changed during the planning? Why and how? Was the initiative supposed to be adopted to local conditions during implementation ? Why? How? <u>Management of the initiative:</u> What management structures were developed around the initiative? What roles were different stakeholders supposed to have? Why? What were the considerations among the involved stakeholders about: - Their own influence	The different stakeholders and tools that were developed during teh course of the project were intende. Please note that the initiative din not intend to interfere with enviroment. That means that the projec tdid not adressedfood products, product reformulation, availability, accesability etc. but was entirely focused on enabling consumers to make the right choice based on information. The same pathway was assumed for the professionals (chefs, catering managers, etc)

and other stakeholder's influence on the initiative? - Their own and others' benefits and risks from participation in the initiative? - Aspects which could increase or reduce the credibility and legitimacy of the initiative?	
<u>Sustainability of intervention:</u> Was sustainability of the **results** addressed? How was this supposed to happen? Was sustainability of the **initiative** addressed? How was the the initiative supposed to be sustained?	Sustainability of the FOOD intervention was adressed through efforst to establish the project as a permanent program. The consotium has achieved to do that although withou finacial support from the EAHC. Since the conclusion the project in early 2011 the consoritum has been workin on setting up a long term program
How was the initiative implemented? (Apply to the different levels and sectors involved) What stakeholders were involved in the implementation	The implementaion is here understood as the progress of the project activities from 2009 to conclusion in 2011. The implementation was divided into 5 steps Mapping of Best practises (Report 760 p available)

and what were their roles? What resources were allocated for the initiative (human resouces, funds, materials)? Did the initiative get implemented as expected? Why? Why not? Were the the expected roles of the different elements of the initiative changed during the implementation ? Why?	Questionnaire Questionnaire to employees Questionnaire restaurants Design of tools/recommendations (approx. 100 diff . tools) Launch of tools (roadshow) Evaluation fo project (Karolisnak & Inst. Paul Bocuse) Dissemination The tools and recommendations are based on input from an initial mapping on practices carried out by the FOOD consortium. In addition the project has carried out a survey with 52.000 employees and among 5000 restaurants
What results have been obtained? How has knowledge about the results been obtained (internal evaluation,	Besides relating to national strategies and policies like PNSS, NAOS etc the project has aimed at engaging in the diet and physical activity policy making process at the European level, For instance the project has presented results and proceedings to the European Commission's Directorate-General for Health and Consumers as well as participating in the Commission's working

independent evaluation, applied methods)?	groups The project in addition has addressed the question on how company driven health promotion can contribute to more business initiatives addressing socio-economic challenges through CSR initiatives
<u>Indicators:</u> What quantitative and/or qualitative indicators have been used to describe the process of implementation and the results?	
<u>Results:</u> What types of results have been obtained? What information about results was not obtained?	The results of the project are frequently referred to as "the tools". The tools are aimed at employees and in some cases at employers, and are designed to educate and inform. Tools have included a Food Game where participants can test their culinary talents and prepare a FOOD recipe on a PC. The game includes a number of recipes prepared by chefs from the 6 participating countries. The tools have been developed to adapt to the work life balance of employees. The tools has been developed based on the recommendations issued by the FOOD partners and has been with the specific national dietary guidelines in mind. The tools can be separated in two types. One type is directly aimed at hospitality professionals and another type are targeted for the customers of the restaurant. The guiding principle in developing tools has been provide practical guidelines while at the same time trying to respect the professional constraints of the restaurant owners and chefs.
Output (participation in initiative)? Outcome (changes in food practices, health etc.)	Examples of recommendations from the six partner countries to restaurants are: Favour cooking methods such as steam, oven, or grill, Propose vegetables as accompaniment and fruit as dessert, Put whole bread on the table (Belgium); Favour cooking methods such as steam, oven, or grill, Offer dishes in 2 sizes, Offer a range of smaller portions, Increase range of vegetable salads, especially with olive or rapeseed oil added (Czech Republic; Offer dishes in 2 sizes, Offer whole bread, Offer automatically tap water to my clients (France)) Examples of recommendations from the six partner countries to employees include: Taste the food before adding salt and/or try

How can the results be explained?	other condiments, Lower the use of fat and preferably use vegetal oils, Eat at least 5 portions of fruit/vegetables per day (Belgium; Taste the food before adding salt and/or try other condiments, Lower the use of fat and preferably use vegetal oils, Eat at least 5 portions of fruit/vegetables per day. (Czech Republic; Eat at least 5 portions of fruit/vegetables per day, Choose water to accompany your lunch, Eat starchy foods for each meal. (Italy)
Have there been adverse effects of the intervention (vulnerable groups not addressed etc.)?	
Have the results within the target groups been sustained beyond the intervention?	As stated above the project partners has been seeking to sustain the project beyond the project period in the form of a non EAHC sponsored program from 2011 and on.
If results were (not) sustained, what was the explanation?	In assessing the progress and achievement of the project is important to keep in mind that the project has been partly funded by public European money.
Has the initiative been sustained in the involved organisations?	
How was the initiative embedded (new routines, changes in organisational	It is estimated that the results has impacted the work in many of the involved organisations. However it should be noted that some of the joint activities carried out in the framework of the project is building on the work already done in the involved organisations. For instance the activities of the Swedish key hole secretariat has been informing FOOD while at the same time being an integral

structures, new competences, change of food supply etc.)? Was the sustained initiative changed based on the obtained experiences?	part of the secretariat.
Has the initiative been taken up by other organisations etc.? How was the diffusion of the initiative obtained? Were changes made to the original design when taken up by other organisations? Why?	The initiative has according to available information not been introduced in other countries/organisations but partners are seeking to establish FOOD as a permanent program (in 2011) The FOOD projects outreach has included meetings, papers, conference contributions, a website including a blog
What would be important to consider if the initiative is transferred to other national contexts? What local and national characteristics were important to the originally obtained results? Consider e.g.	It is important to note that the design of FOOD is basically only addressing individual factors such as knowledge, intention, norms, and not environmental factors such as food, availability, accessability etc It is also important to note that FOOD has been present in 6 countries. Since lunch arrangements are very different across Europe potentials for implementation might be restricted in other countries No indicators has been addressed in the assessment. Only a formative evaluation has been carried out The general awareness on the project in non partner countries has been limited and point to fact the success of the project might be

- governmental regulation - civil society organisations' roles - professional organisations' roles - companies' and business associations' roles - trust among involved stakeholders - allocated resources Have the initiative been transferred to other national contexts? How? What were the experiences from the transfer?	dependant on participation