



OPEN Evaluation study: Design and preliminary results of the baseline measurements

Lisbon, November 26th 2014





Aim

To appraise the methodology of community-based programmes-targeting childhood obesity prevention across Europe- based on EPODE methodology



Objectives

1. To identify the strengths and weaknesses of the community-based programmes in reference to the four EPODE pillars
2. To identify potential improvements of the programmes' weaknesses after the OPEN interventions



Methods



Design

- 2-year follow-up study
 - Baseline measurements: June-September 2014
 - Final measurements: May-July 2016 (after the OPEN trainings)
- Descriptive research
 - Qualitative, through interviews and questionnaire
 - Quantitative scoring of the qualitative data



Study population

- Principal programme coordinators and project managers (national and/or local level)
- 13 European programmes targeting childhood obesity prevention
 - Community Based programmes (CBPs), Initiatives (CBIs) and Public Organizations, willing to implement sustainable strategies and actions to prevent obesity at local and national level

The OPEN Participant programmes

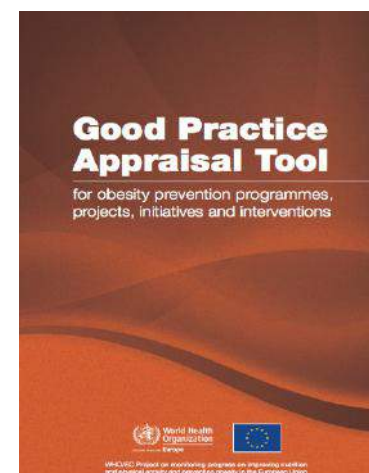




Data collection (1)

“Good practice appraisal tool for obesity prevention programmes, projects, initiatives and interventions”:

- Developed by WHO
- Self-administrated
- Assessment of
 - I. main intervention characteristics
 - II. monitoring and evaluation
 - III. implementation
- Data reviewed for missing information-discussed with the programme teams





Data collection (2)

today's results

Interview guide:

- Semi-structured interview guide, flexible to additional information
- In-person interviews
- Assessment of
 - I. General organisation
 - II. Political commitment
 - III. Public-Private partnerships
 - IV. Communication and PR
 - V. Scientific aspects and dissemination
- Proteins team and the VU team



Data analyses

Interview guide

1. Semi-transcription
2. Operationalization by Proteins team
3. Data editing and scoring by two VU researchers;
 - Eventually by Proteins team
- Scoring (0-2) conducted in reference to the EPODE pillars



Preliminary Results

Descriptive characteristics



Programme/Organisation, country	Programme range (region/city)	Year of initiation	Final target group (s)	Communities/cities/towns reached (n)	People reached (n)
Child health programme, Cyprus	Regional (Nicosia)	1995	Children and their families	8 towns (municipalities)	4.500 children and families (incl. 1000 of the control area)
Salud Madrid, Spain	Regional (Madrid)	N/A	Children and adolescents 0-17 years old	179	1.185.156 children and adolescents
Delmehorst research Institute, Germany	Local (Delmenhorst)	2008	Children from 2-10 years old and their families	1 city	45.000 (targeted)
EPODE Falndre Lys, France	Regional (Community of Municipalities French Flanders - Lys)	2004	3 months to 11 years old	8 towns	34.000 people of which 7000 children
JOGG (Youngsters at a Healthy Weight), The Netherlands	National	2010	Families with children 0-19 years old	62	1.000.000 (300.000 children)
Keep fit, Poland	National –school based	2006	Adolescents from 13-15 years old	60% of the secondary schools in the country	700.000/year
Health Promotion and disease Directorate, Malta	National	N/A	Whole population approach	N/A	N/A
MUNSI, Portugal	National	2007 (school-based pilot)	Children and teachers	1	N/A
PAIDEIATROFI, Greece	National	2008	Families with children 6-12 years old	6	N/A
IDEFICS Partille, Sweden	Local (Partille)		Children from 2-10 years old	1	7.000 children
SETS movement, Romania	National	2011	Children from 6-12 years old	3	94.000
Sporttube, Slovakia	National	2009	Children from 6-19 years old	200 schools	53.000 children
VIASANO, Belgium	National	2007	children 3-12 and their families	18 towns	700.000 inhabitants

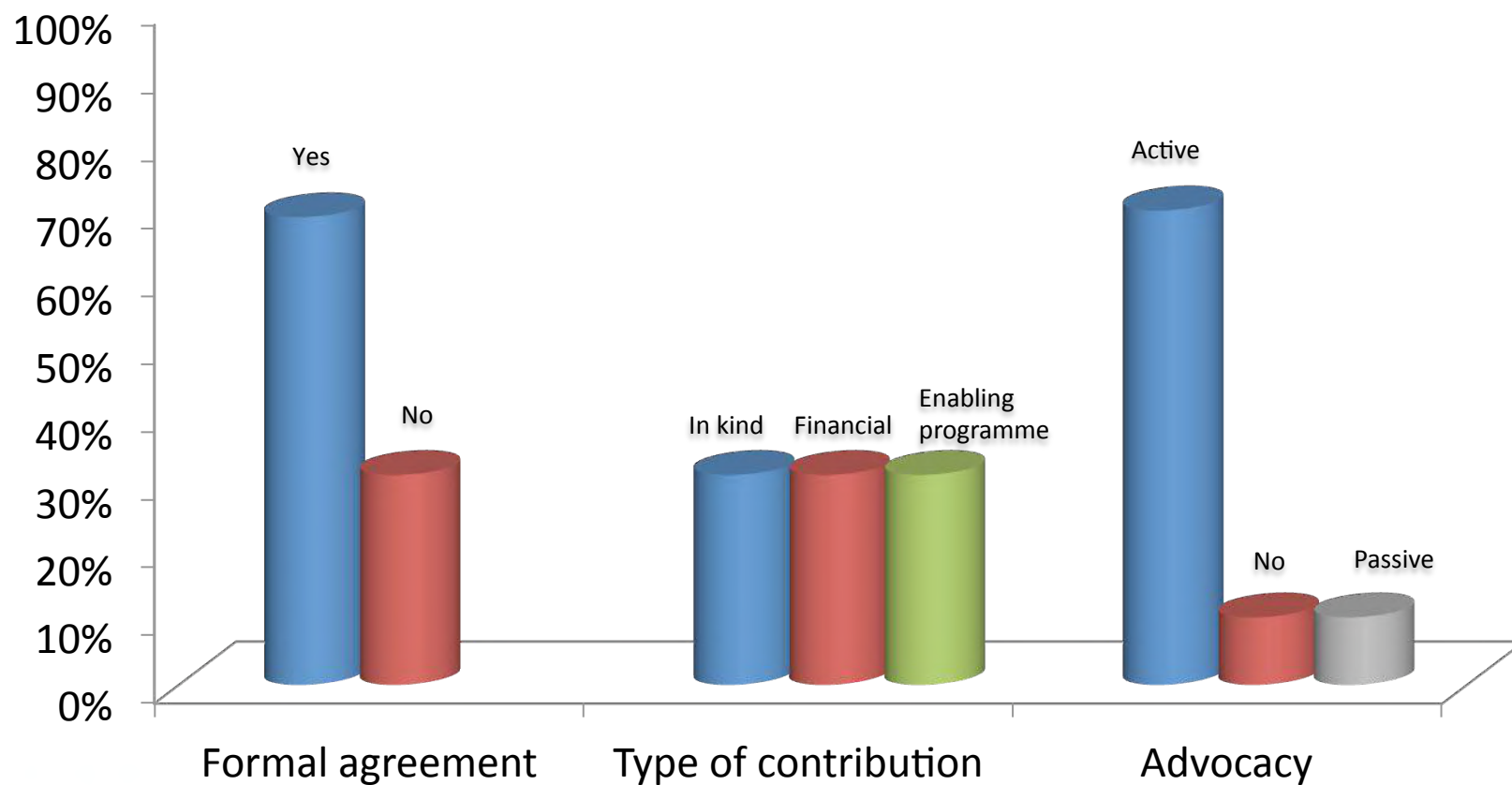


Descriptive characteristics

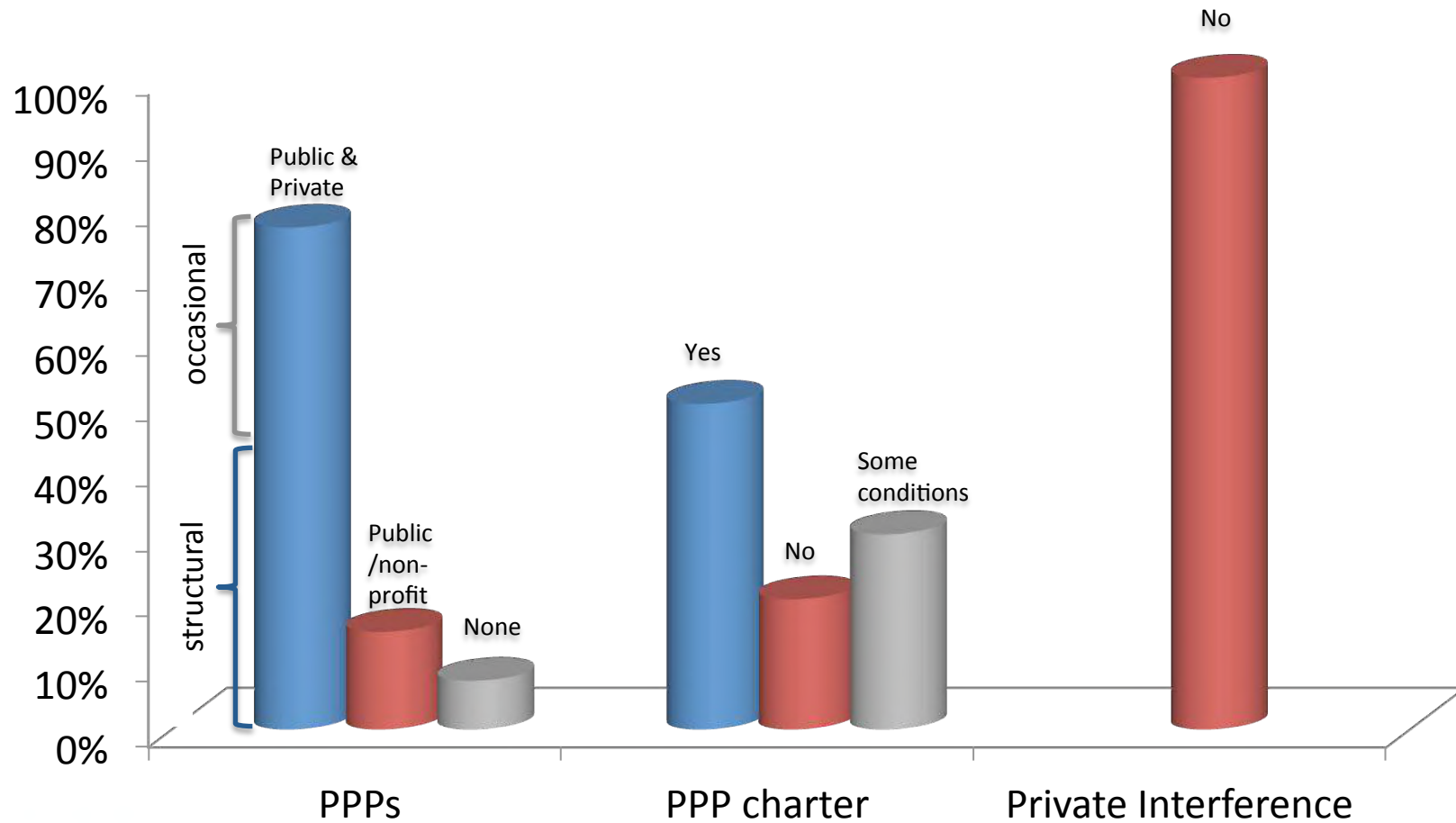
- 6 EPODE-like programmes (46%)
- Level of implementation
 - 8 at the National level, including a central and a local coordination;
 - 3 regionally
 - 2 locally (ex-IDEFICS)
- Final target groups:
 - families and children
 - five programmes include adolescent population
- Children reached: from 7.000 to 300.000
- Range:
 - 1 to 62 cities
 - School approach to community approach



Political commitment

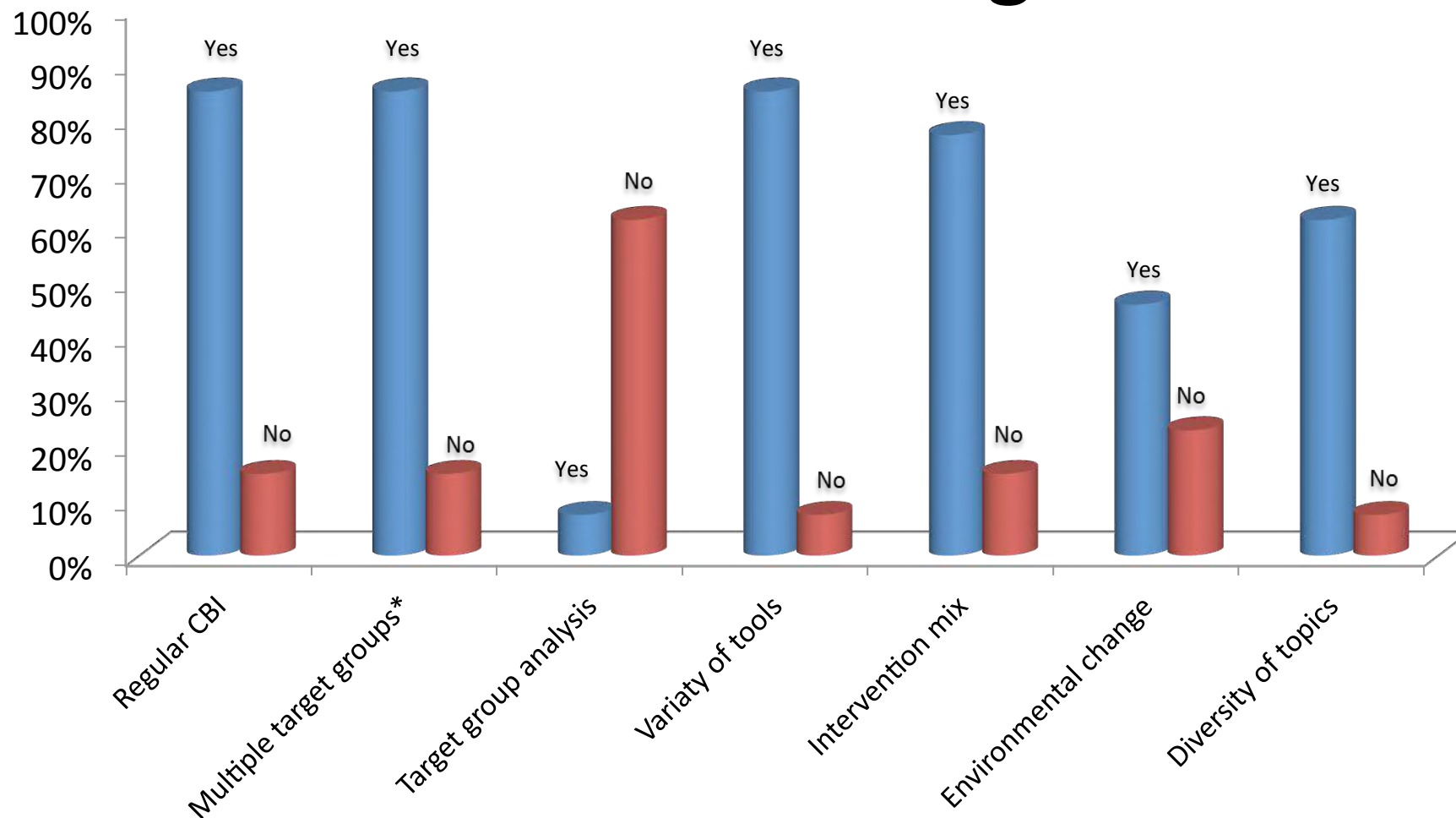


Public-Private Partnerships (PPPs)





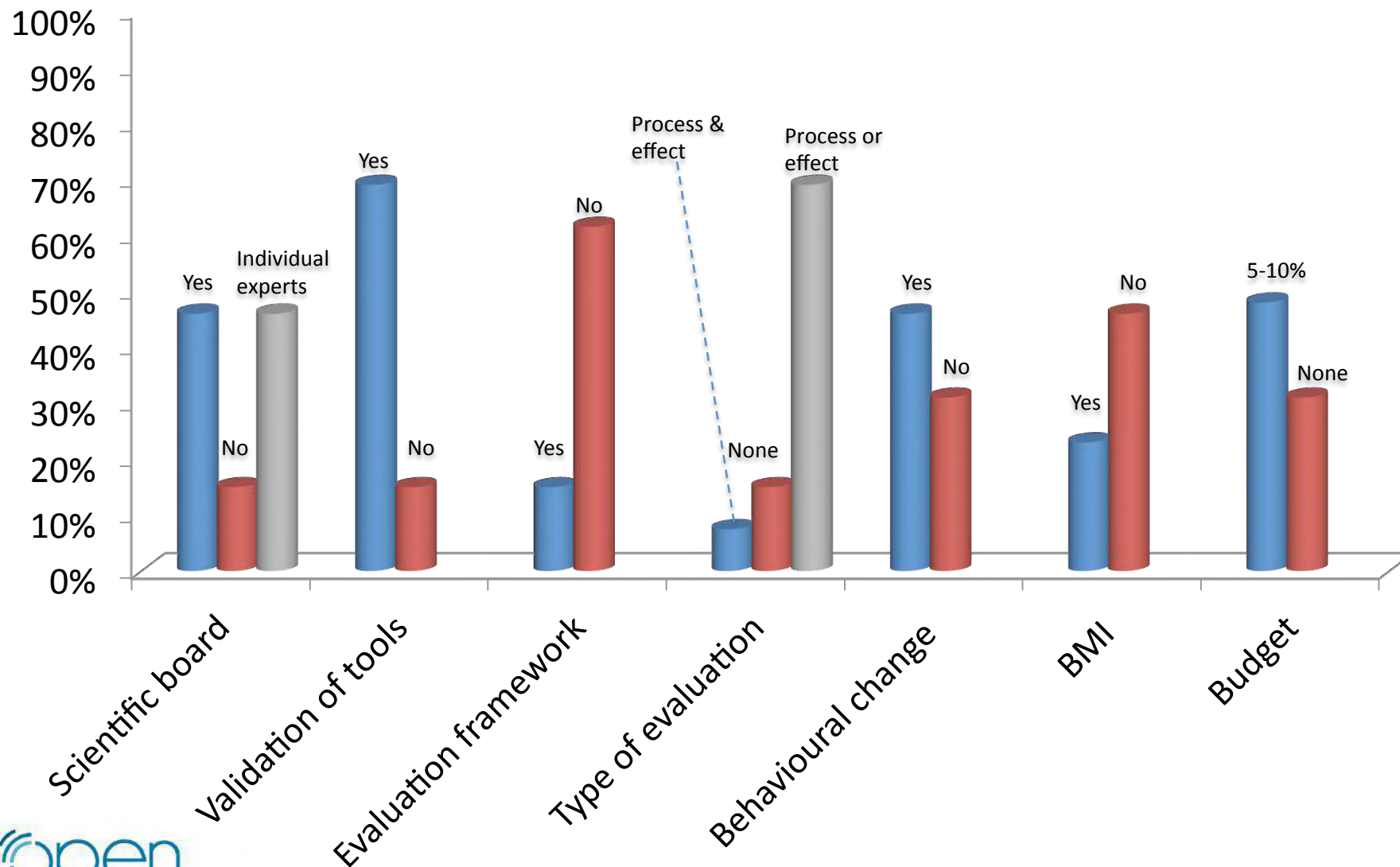
Social Marketing



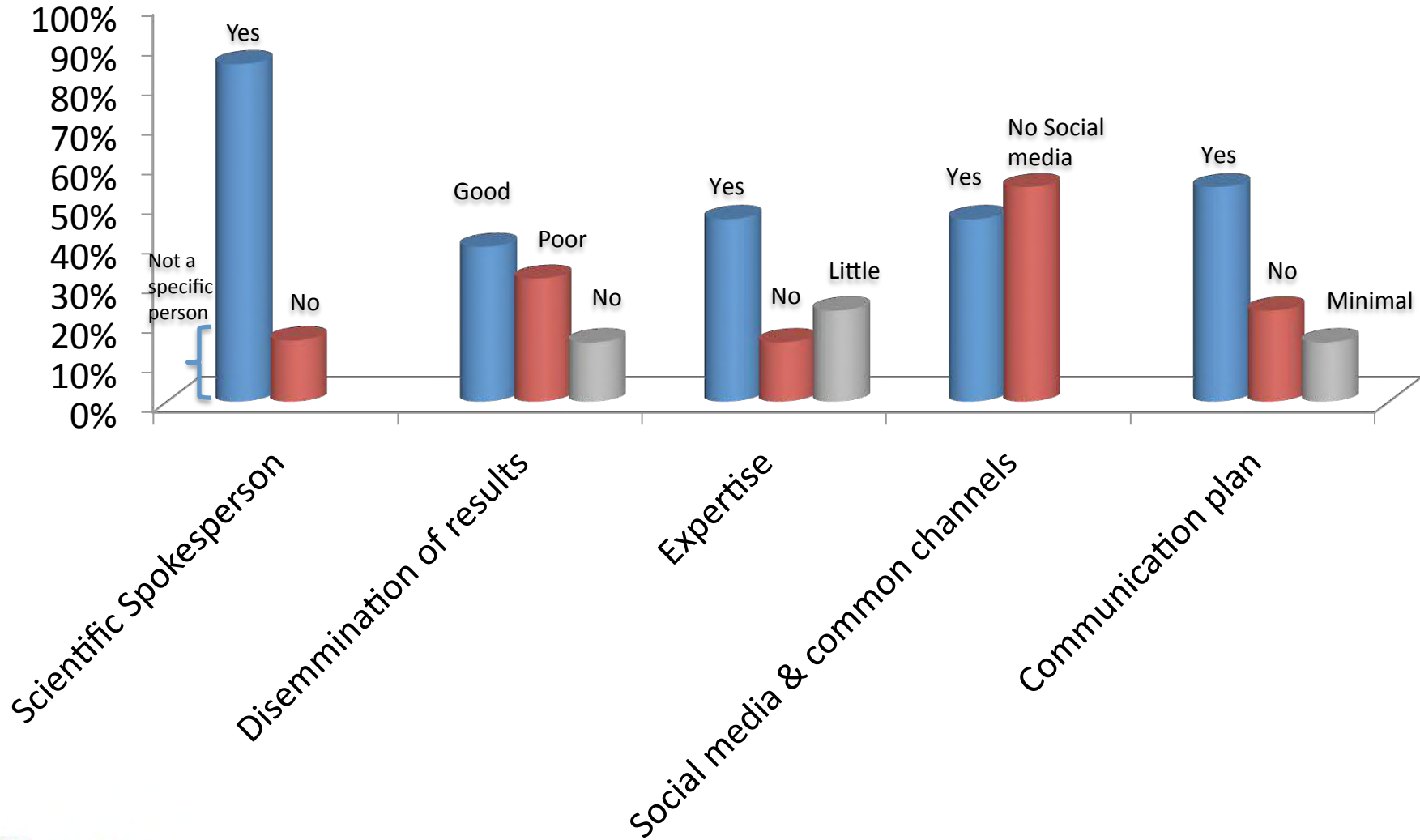
*3 or more of the following target groups: children 0-3, children 4-12, adolescents, parents, intermediate target groups (e.g. teachers), local stakeholders



Scientific aspects and evaluation



Dissemination and communication





Discussion



Variability between the programmes

1. Community-based programmes VS Community-based approaches (strategies, initiatives)
2. One setting VS multiple settings targeted
3. Various communities VS one targeted
4. Independent VS less independent communities
5. National level VS local level



Political commitment

- Best case-scenario
 - Formal agreement
 - In kind and financial contribution
 - Active advocacy
- Possible improvements
 - Increase contribution which is minimal in most cases



PPPs

- Best case scenario for PPPs
 - PPP charter
 - Inclusion of a variety of public and private partners
 - No interference of private partners in context
- Possible improvements
 - 30% of the programmes need a PPP charter
 - Inclusion of more private partners



Social Marketing

- Best case-scenario
 - Regular target group analyses
 - Environmental and behavioural change
 - Multiple target groups in different levels
 - Intervention and marketing mix
- Possible improvements
 - Adapt target group analyses
 - Focus on environmental change
 - Whole community approach
 - Improve intervention and marketing mix (variety of topics, tools, activities)



Scientific aspects and evaluation

- Best case-scenario
 - Experts gathered in a board
 - Expert validation of tools and intervention contents
 - Programme evaluation framework
 - Process and effect evaluation of the interventions
 - At least 10% of the budget allocated to evaluation

- Possible improvements
 - In all the above stated



Dissemination and communication

- Best case-scenario
 - Political and Scientific spokesperson-clearly identified
 - Dissemination of results in communities, stakeholders, partners, scientific conferences/events
 - Expert in communication
 - Use of available communication channels
 - Communication plan
- Possible improvements
 - In all the above stated



Strengths and limitations

Strengths

- In-person interviews
- 2 researchers for data appraisal (eventually 3)
- Use of two assessment tools

Limitations

- Information mostly on national level of coordination
- Scoring categories are arbitrary; though constructed mainly by the Proteins team



Conclusions

- Scoring dependent on the context; context of implementation varies between programmes
- Different aspects to be improved in every programme
- Tailored trainings for each programme



Thank you!

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