THE EPODE INTERNATIONAL NETWORK (EIN) [http://epode-international-network.com/]

The EPODE International Network (EIN), a not-for-profit association created in 2011, is the world's largest obesity prevention network with a presence on three continents through 46 member programmes from 29 countries. EIN supports and promotes the deployment and advancement of community-based programmes (CBPs) for obesity and non-communicable disease prevention across the globe through sustainable, multifactorial strategies and the promotion of healthier lifestyles.

With its 3 platforms: scientific, political and public-private, EIN plays a pivotal role between the global leaders and experts in the field of obesity prevention and its own programme members to collectively create a better society through health.

EIN optimizes the effectiveness of its programme members by:

- advocating for increased political attention to obesity prevention
- encouraging expansion of the scientific evidence base relating to obesity prevention
- facilitating information sharing between programmes
- generating global visibility for the EPODE approach and the members of EIN
- fostering links between relevant stakeholders across the public and private sectors

EPODE METHODOLOGY (MODEL) [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492853/]

The EPODE methodology, or model, which is a coordinated, capacity-building, approach for communities to help them change the local social norms, behaviours, environment and encourage healthy lifestyles is replicable and transferable to facilitate whole community (teachers, school catering, health professionals, parents, media...) impact and enable social and behavioural change. It is based on multiple components: a positive approach to tackling obesity, with no cultural or societal stigmatisation; step-by-step learning, and an experience of healthy lifestyle habits, tailored to the needs of all socio-economic groups. Through initiatives and sustainable programmes, stakeholders foster and promote healthy lifestyles in families in a sustainable manner.

EPODE methodology has four pillars: the first is a political commitment –to prevent obesity, we need a very strong political will. The second is to mobilize resources: human and financial resources. The third is to have coordination and support services. The fourth is to have an evidence-base and evaluation. These pillars facilitate implementing effective and sustainable strategies to prevent childhood obesity through a bottom-up and top-down multistakeholder approach.
EPODE IN PRACTICE

In each country or region, EPODE promotes the involvement of a multi-level and multiple stakeholders approach at central level (endorsement from ministries, support from health groups, NGOs, and private partners) and benefits from the expertise and guidance of an independent scientific advisory board that provides general recommendations related to the implementation and the transferability of the methodology in other contexts.

A central coordination team, using social marketing and organisational techniques, trains and coaches a local project manager appointed in each community by the local political leader (e.g. the Mayor) able to champion the programme.

The role of the local project manager is to mobilize a multidisciplinary local steering committee and, by peer-to-peer dynamics, a diversity of local stakeholders - in schools, pre-schools, extracurricular organizations and social network of associations, which are key settings to implement activities with children and families. The city or town is at the heart of the system.

The whole aim is to have childhood obesity reduced by local environments, childhood settings and family norms all being strongly supportive of children enjoying healthy eating, active play and recreation. The social mobilization group dynamics, involving a wide diversity of local stakeholders should play a role in impacting on local living conditions of the family, in order to facilitate the adoption of healthier lifestyles.

EPODE - A PROVEN METHODOLOGY

For promising results - a decrease in the prevalence of obesity by -10% TO -20% IN EPODE (France), VIASANO (Belgium), JOGG (The Netherlands) in communities that have implemented the EPODE model.

From 1992-2004, the Fleurbaix–Laventie towns in the Ville Santé Study (FLVS) demonstrated a -40% decrease in the prevalence childhood overweight and obesity.1

From 2004-2009 the EPODE methodology launched in 10 pilot towns across France over 5 years demonstrated a -10% downward trend in the prevalence of childhood overweight and obesity.

Most recently 1) from 2007-2010 the Viasano CBP in Belgium towns Marche-en-Famene & Mouscron show a significant -22% decrease in the prevalence of overweight after 3 years when compared to children with normal BMI levels (p<0.04).1

JOGG shows similar results in the EPODE towns versus the national trend in The Netherlands.
EPHE’s (EPODE for the Promotion of Health Equity 2013-2015) objective is to evaluate the efficiency of EPODE methodology to reduce the health gap in deprived populations in pilot communities in Belgium, Bulgaria, Greece, France, the Netherlands, Portugal and Romania by determining whether the specific tailored interventions have had a positive impact among all populations. EPHE will contribute to the EU Commission’s long-term public health strategies, supporting the sustainability of the CBP approach to obesity prevention and reducing health inequalities across EIN programme members. [http://www.ephestory.eu/](http://www.ephestory.eu/)

OPEN (Obesity Prevention through the EPODE European Network 2014-2016), led in partnership with 13 programmes, 3 Universities and 9 collaborating partners, aims to reduce overweight and obesity-related diseases among children and adolescents, including socially deprived groups by the end of 2016. Through customised best practice sharing, capacity building workshops and practical recommendations from recent research findings, the coordination teams of 13 programmes will be strengthened in scope of action, design, implementation and evaluation methods. This will accelerate behaviour and environmental change to reduce overweight and obesity related diseases among European children and adolescents. [http://openprogram.eu/](http://openprogram.eu/)

EPHE and OPEN are European projects co-funded by the European Commission and private partners - EPHE: Danone, Ferrero, Mars; OPEN: EIN thanks to a grant from The Coca-Cola Foundation.

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**REPUTATION – A GOLD STANDARD IN OBESITY PREVENTION**

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**List of Programmes Demonstrated to Work**

Among EIN’s 46 member programmes are the EPODE global gold references:

BEAT THE STREET UK, EPODE FLANDRE LYS France, EUROBIS Italy, HEALTHY KIDS Bulgaria, HEALTHY LIVING Israel, HEALTHY TRADITIONS FOR HEALTHY KIDS Romania, I’M LIVING HEALTHY TOO! Romania, JOGG The Netherlands, KEEP FIT Poland, MUN-Si Portugal, PAIDEIATROFI Greece, PHUNKY FOODS PROGRAMME UK, SPORTTUBE Slovakia, THAO Spain, VIASANO Belgium, PETICA Croatia, SALTO Austria, CESIPS Cyprus, PROJECT SPRAOI Ireland, SWEET Northern Ireland, HEALTHY KIDS Lebanon, GYERE Hungary, ADELANTE CON 5 PASOS Mexico, AGITA SAO PAULO Brazil, ELIGE VIVIR SANO Chile, MUEVETE Y METETE EN CINTURA Mexico, REAL FOOD FOR REAL KIDS Canada, WORLD FIT USA, 5 PASOS POR TU SALUD PARA VIVIR MEJOR Mexico, YA BAJALE Mexico, 5 PASOS - SONORA Mexico, 5 PASOS POR UN AGUASCALIENTES SALUDABLE Mexico, 5 PASOS POR TU SALUD EN FAMILIA Mexico, ATREVETE VIVE SALUDABLE EN 5 PASOS Mexico, 5 PASOS POR TU SALUD, Mexico, 5 PASOS - CONTROL DE PESO EN CAPULHUAC Mexico, NUTRIR - NESTLE HEALTHY KIDS Venezuela, HEALTHY KIDS COMMUNITY CHALLENGE Ontario Canada, FitWorth USA, ENERGIZE New Zealand, HEALTHY TOGETHER VICTORIA Australia, NATIONAL HEALTH RESEARCH INSTITUTE Taiwan, OPAL Australia, CAMP GROUP Berlin, GO Golborne UK, Health Promotion Board Singapore.