YEAR IN REVIEW
2014-2015

UNITING COMMUNITIES
FOR OBESITY PREVENTION
TABLE OF CONTENTS:

03
A WORD FROM THE PRESIDENT

04
EPODE INTERNATIONAL NETWORK AT A GLANCE

06
SUPPORTING MEMBERS, SCALING UP APPROACHES TO OBESITY PREVENTION

08
EPODE RESEARCH HUB PUSHING THE BOUNDARIES, CHANGING THE GAME

10
UNITING COMMUNITIES FOR OBESITY PREVENTION

12
ADVOCACY FROM THE SCIENTIFIC PLATFORM

14
- PUBLICATIONS 2014-2015
- PROGRAMME INFORMATION

Collaboration signed between EIN and PACO, Boston, November 2014

EIN at the WHO in the Framework of the Ending Obesity Taskforce, Geneva, October 2014

EPODE Canadian Obesity Forum, Toronto, April 2015

EPODE at the International Congress on Obesity, Kuala Lumpur, March 2014
Dear All,

Welcome to the EPODE International Network 2014-2015 Year in Review! The second edition of this annual report will take you back over some of the highlights of the last year. And what a year it has been for our ever expanding network of obesity prevention programmes and healthy active initiatives! Over the last year, we have increased from 36 members in 24 countries to 43 members in 29 countries, with even more programmes soon to join the family!

EPODE International Network (EIN) is a pool of expertise thanks to the diversity of its broad member base. EIN is also a convener for all of the actors involved in the prevention of obesity and brings together key stakeholders in order to forge partnerships that make a real difference to communities across the globe as they seek to overcome obesity.

In 2014, EIN brought its members and stakeholders together via regional conferences with the aim of facilitating collaboration between community-based programmes and key players from the public, private and scientific arenas. As always, our objective is to support programme members to strengthen and develop their approaches to tackle obesity, learning not only from our collective successes but also from our respective challenges.

Another highlight of this year was the signature of an agreement between EIN and its Ministers’ Club with Pedro Luis Noble and Richard Visser last November 2014 aside the Obesity Week conference. It demonstrates increasing international political collaboration to improve the approach to obesity prevention. The next regional conference will be the Pan-American Conference on Obesity, which will be held for the first time outside of Aruba, in Hidalgo Mexico from the 15th to the 16th of October 2015.

This year, not only has EIN been working to put obesity prevention at the top of policymakers’ agendas, we have also continued to pioneer several research projects. Over the last 12 months we have seen significant progress from EIN’s two European research projects: EPODE for the Promotion of Health Equity «EPHE» and Obesity Prevention through the European Network «OPEN». From reducing health inequities to understanding the different roles of the public and private sectors in obesity prevention, EIN continues to work to address the complex systems in order to overcome the obesity pandemic. We are committed to supporting childhood obesity prevention programmes and reaffirm our belief that, together we can prevent childhood obesity. Over the coming year, we look forward to learning from our members and collaborators, providing varied support and together making positive inroads in the field of obesity prevention.

Yours Sincerely,

Armando Barriguette
President EPODE International Network
The EPODE International Network is a non-for-profit organisation, created in April 2011. The mission of the network is to support Community-Based Programmes for obesity and non-communicable disease prevention, through sustainable, multifactorial strategies and the promotion of healthier lifestyles.

The objective of EIN is to optimise the effectiveness of obesity prevention programmes 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 International Network is coordinated by a dedicated unit and is supported by 3 platforms gathering a broad diversity of actors, from the scientific, political and public-private spheres.

EPODE MODEL

The EPODE model is an innovative replicable methodology that enables the entire community (teachers, school catering, health professionals, parents, media…) to create a healthy environment that facilitates social change. It approaches obesity from a community level.

In communities implementing the EPODE model, we have seen promising results. Between 2004 and 2009 in the French pilot cities, a 10% reduction in the prevalence of overweight and obesity* demonstrated the efficiency of the EPODE approach. More recently, in Belgium, the VIASANO Community-Based Programme (CBP) has seen a relative reduction of 18% in the prevalence of overweight in its pilot towns**.

WHO ARE OUR MEMBERS?

EPODE International Network has 43 members across 29 countries. Members are made up of Community-Based Programmes and Healthy Active Initiatives.

Community-Based Programme (CBP)

A Community-Based Programme is an organised programme within the community which carries out interventions in its schools and family settings within the community at large. In order to be classed as a Community-Based Programme, the programme must adhere to the pillars of the EPODE methodology.

Healthy Active Initiative (HAI)

A Healthy Active Initiative organises specific interventions that can take place within the school, community and family setting and aims to improve the health of the participants by promoting a healthy active lifestyle.

NEW MEMBERS 2014-2015

AUSTRIA  CANADA  CROATIA

CYPRUS  IRELAND  IRELAND
SUPPORTING MEMBERS, SCALING UP APPROACHES TO OBESITY PREVENTION

SUPPORTING TEAMS, SCALING UP PROGRAMMES

Over the last year, EPODE International Network has been particularly busy working with programme coordination teams across Europe to identify weaknesses and develop plans to build their capacity to tackle the obesity problem in their communities.

EIN has developed and is in the process of rolling out the ‘OPEN Project’. This forms part of EIN’s strategy to support the development of its members and assist them in finding innovative ways to target vulnerable populations in complex environments.

In the framework of the OPEN Project, 13 Community-Based Programmes were identified across 13 European countries to benefit from tailored assistance in order to strengthen their approach to obesity prevention and specifically scale up their strategy to target underprivileged adolescents.

OPEN is co-funded by the EU Commission and EIN. EIN has received a grant from The Coca-Cola Foundation for this purpose. Led in partnership with 3 Universities and 9 collaborating partners, the OPEN Project aims to reduce overweight and obesity-related diseases among children and adolescents, including socially deprived groups, by the end of 2016.

Thanks to customised best practice sharing, capacity building workshops and practical recommendations from recent research findings, the Coordination Teams of the 13 programmes will be strengthened in terms of scope of action, design, implementation and evaluation methods. In this way behaviour and environmental change to reduce overweight and obesity related diseases among European children and adolescents will be accelerated.

The WHO Good Practice Appraisal Tool & the OPEN Interview Guide are employed in order to carry out the appraisal of 13 programmes’ methodology.

WHO Good Practice Appraisal Tool

As part of the OPEN Project, all participating programmes are both qualitatively and quantitatively assessed using the World Health Organization Good Practice Appraisal Tool. This tool assess the progress of the programme methodology as we progress through the project.

OPEN Interview Guide

The OPEN Interview Guide is a combination of quantitative and qualitative process for data collection which is carried out on a qualitative appraisal basis and based on the four pillars of the EPODE model:

1. Strong political commitment
2. Public-Private Partnerships
3. Support services and communication inspired from social marketing techniques
4. Scientific and multidisciplinary evaluation
FRESHERS’ PROGRAMME SUPPORT SCHEME

Over the last year, EPODE Internacional Network has increased its level of support for its newest members, creating the ‘Freshers’ group and offering tailored training and coaching for its members, fresh to the network and the EPODE model. During the 2014 European Obesity Forum, ‘Freshers’ sessions were the opportunity for EIN’s newest members to understand the workings of EIN and to learn from over 20 years of experience in the field of obesity prevention.

These sessions also gave the EIN Coordination Team the opportunity to better understand the status of its newest members, allowing it to assess how to support these programmes in their scaling up and capacity development.

In order to continue this work, the identified Freshers will have the opportunity to answer questions from the OPEN interview guide, allowing the EIN Coordination Team an in depth understanding of the strengths and weaknesses of each new programme. Following this initial analysis, programmes will be offered the specific training and coaching that they require in order to reach the next level of Community-Based Programme development.

FROM THEORY TO THE FIELD: HOW TO TRANSFER THE EPODE MODEL?

During a transfer of the EPODE model, the multidisciplinary EPODE team visits the existing programme to deliver tailored training sessions and provide key tools to ensure the successful implementation of the programme and address any existing obstacles.

The transfer takes place over 2-3 years and during this time, the EPODE team accompanies the programme coordination team to ensure the appropriate adaptability of the EPODE model to the local context and depending on the specific needs of the programme in question.

4 EPODE PILLARS:

• **Political support**: gaining formal political commitment at central and local levels from the leaders of key organisations.

• **Public-Private Collaboration**: securing sufficient resources to fund central and local support services, implementation and evaluation.

• **Coordinated organisation**: planning, coordination and providing the social marketing, communication and support services for community stakeholders and leaders.

• **Evaluation**: using evidence from a wide variety of processes, impact and outcomes of the programme sources to inform the delivery of the programme and to evaluate.

EPODE IN ONTARIO

Ontario’s Healthy Kids Community Challenge will be launched in 45 municipalities across Canada’s most populous province. The programme, designed to encourage children to be more active and healthy, will be designed to follow the EPODE methodology. Over the past year, the EPODE International Network has been working with the government of Ontario’s Ministry of Health and Long Term Care to initiate the transfer of the EPODE model to Healthy Kids Community Challenge programme managers.
EPODE RESEARCH HUB: PUSHING THE BOUNDARIES, CHANGING THE GAME

EPODE International Network explores key issues in the field of obesity prevention in order to act as a knowledge broker for its members, disseminating key facts to help them in their endeavours on the ground. From reducing health inequity to understanding the different roles of the public and private sectors in obesity prevention, EIN continues to work to address the complex systems in order to overcome the obesity pandemic.

TACKLING HEALTH INEQUITY WITH THE EPODE MODEL

In general, evidence shows that causal pathways of the social gradient in obesity can be related to a social gradient in several obesity determinants related to dietary and physical activity behaviours. The lower socioeconomic groups are more likely to show a greater risk of positive energy balance, lower density of micronutrients in their diet, lower consumption of fruits and vegetables and lower levels of physical activity. This has to be considered in a broader perspective where important factors such as gender, income, education, ethnicity, social support, and the living environment can play a role in this social gradient. This leads to conclude on the importance of integrated and targeted prevention measures from an early age, with a clear focus on lower socioeconomic groups, to complement prevention campaigns addressed to the general population.

Health equity is the absence of systematic differences in health and its determinants between groups of people at different levels of social advantage. By its approach, the EPODE model enables communities to implement effective & sustainable strategies to prevent childhood obesity. Its philosophy includes a positive, step-by-step approach, without stigmatisation, tailored to the needs of all socio-economic groups.

EPHE* (EPODE for the Promotion of Health Equity) is a 3-year project co-funded by the European Commission and private partners that is being rolled out in towns in Belgium, Bulgaria, Greece, France, the Netherlands, Portugal and Romania. Through this project, we evaluate the efficiency of Community-Based Programmes to reduce the health gap in deprived populations.

As we reach the end of the EPHE project, we will be looking to determine whether the specific tailored interventions that were designed and implemented following the preliminary evaluations, have had a positive impact among all populations within the pilot communities. This project will contribute to long term public health strategies, supporting the sustainability of the community-based approach to obesity prevention and reducing health inequalities across EIN members.

UNDERSTANDING PUBLIC-PRIVATE PARTNERSHIPS IN OBESITY PREVENTION

The EPODE methodology created in 1992 envisioned a Community-Based model involving multistakeholders. Community involvement is key to successfully tackle public health issues. By sharing common objectives, local, regional and federal governments, scientists, civil society and business can all play a role in changing behaviours to help improve the health and quality of life for all citizens.

However changing behaviours on a community-wide scale takes time. A typical programme takes months to be fully implemented and a number of years to show results. To successfully solve the problem of childhood obesity, an EPODE inspired programme must be able to function within the community for several years.

The EPODE methodology is based on four pillars: strong political commitment, support services inspired by social marketing techniques, multidisciplinary evaluation and Public-Private Partnerships. Collaboration between the public and private sector is of paramount importance today, as we witness the impact of the current economic climate and the effects of budgetary cuts on preventive health. EPODE believes in the engagement of the public and private sector to fight against the obesity epidemic and believes that both sectors have expertise and skills that should be shared.

Many of the member programmes in the EIN face the challenge of ensuring sustainability in order to achieve long-term success in their communities. Funding includes cash but also in kind and in person services from the public or private sector; funding includes the needs of the central coordination of the communities and specific local needs. Ideally funding will come from a number of sources: foundations, governments, academic institutions and private industry. Consequently, governments at all levels have played an active role in supporting the EIN members and on the private sector side, the food and beverage industries have come forward to support CBPs at the international and at national level. While the EIN members have employed different funding models to ensure their sustainability, it is still not enough. In this regard, we strongly recognise the strong political leadership in Australia and Canada where state and provincial governments have decided to invest in prevention.

At the local level all EIN members have public-private partnerships. It takes a community to prevent childhood obesity and successful interventions typically involve local retailers, restaurants, health care providers and industry.

Managing public private partnerships requires careful planning and execution. EPODE’s 20+ years of experience in working with both the public and private sector offers guidance on how to better manage existing partnerships and forge future collaborations. For example, the EPODE Public Private Engagement Charter has been developed to help navigate the needs of the program and perceived motivations of private partners. The charter is a contract in which the partners agree to not intervene in the content of the programme, not to associate the EPODE Programme with any promotion of a branded product and to communicate their involvement with EPODE only on a corporate or CSR level.

In summary, while NGOs like EPODE prefer to concentrate on the task at hand, a great deal of time and effort must be dedicated to the issue of sustainability if programmes are to be effective at preventing obesity. EPODE has found that no one source of funding is perfect. Public funding is subject to the vagaries of the political system. Full on government support may evaporate if the governing party changes. Private sector funding may be more direct but still can be withdrawn at any time for any reason. Ideally a combination of support can help guarantee that a community based programme will continue to have the resources necessary to make a significant impact on the health of its community.
UNITING COMMUNITIES FOR OBESITY PREVENTION

BARRIERS AND FACILITATORS TO PROGRAMME IMPLEMENTATION

While it is acknowledged that child obesity interventions should cover physical and social environment at each level to maximise their effectiveness, there is a lack of evaluation data to guide the development and implementation of such efforts. To address this knowledge gap, EPODE International Network developed an online survey to its members. Here is a short summary of the published paper *

Main factors influencing effectiveness of delivered programmes:

Two primary factors were mentioned as limiting the success of programmes:
- inadequate financial support from public and/or private sources.
- the challenges associated with generating the outcome data required for rigorous evaluation.

These issues are impacted by other factors including: access to user-friendly information relating to intervention strategies and appropriate evaluation measures, assistance in building and maintaining relationships, quality assurance, and independence and transparency of EIN policies and practices.

Financial issues

Concerning the financing of programmes, many of the respondents surveyed noted that “even though all political representatives at national (minister of health) and municipal levels were very impressed by the aim of the programme and its strategy, all of our efforts to obtain sources for financing programme from public sources were unsuccessful.” Issues relating to funding are well recognised in the health intervention literature. In EPODE programmes, the financial resourcing is reliant on a complex interplay of factors that left them vulnerable on several fronts. The outcome is that project coordinators seek assistance in identifying and approaching potential contributors, guidance in establishing appropriate relationships with funding entities, assurance of the legitimacy, independance and effectiveness of the EPODE approach. It is interesting to note that these concerns are shared at the NGO level.

Evaluation and best practice sharing

Concerning programme evaluation measures and procedures, many respondents expressed a desire for fully specified evaluation criteria and instruments that enable them to produce outcome results that are comparable across different programmes. Assistance in developing appropriate procedures to facilitate the capture of physiological data, specifically difficult to access, is sought.

Regarding the desire for evidence-based strategies, reflecting best-practice recommendations in the literature, the respondents feel that they would be best equipped to implement evidence-based strategies if they have access to a user friendly databases that listed the different types of interventions that have been used in the child obesity context and the conditions under which they were found to be effective.

Insight into process issues for a better support

EIN promotes the EPODE methodology in many culturally diverse countries, encouraging adaption to each specific location rather than promoting a one-size-fits-all approach. The present study provides insight into the process issues experienced by those implementing the intervention on the ground and identifies potential means of addressing these issues to better facilitate implementation in existing and new sites. In line with these insights, the EIN is developing new tools and projects to meet its objectives.

GATHERING PROGRAMMES AND SHARING BEST PRACTICES

With over 43 programme members from across the world and 4 regional platforms, EPODE International Network brings programmes together per region each year, allowing for a valuable exchange of experiences and learnings that contributes to the progression in the approach to obesity prevention. During an EIN event, a variety of stakeholders and key opinion leaders are convened to discuss and debate the latest from the field of obesity prevention.

EUROPE

From November 26th-28th 2014, EPODE International Network held its annual European Obesity Forum in Lisbon, Portugal, reuniting 25 Community-Based Programmes from across Europe to share successes and to discuss challenges.

The first two days of the Forum were dedicated to best practice sharing and capacity building workshops, during which programme representatives had the opportunity to take part in workshops, helping them to build on the EPODE methodology. The third and final day of the Forum took the form of a plenary conference, welcoming experts and key opinion leaders in the field of Social Media, Private Partner Relations and Health Equity. At the last day, all of them had fun participating in a EIN’s bicycle challenge!

NORTH AMERICA

In May of 2014, EIN launched EPODE Canada, a regional initiative to promote the EPODE methodology across Canada. EPODE Canada augmented EIN’s contract to orient the program managers running Ontario’s Healthy Kids Community Challenge (HKCC) to the EPODE methodology. When launched in 45 Ontario municipalities, HKCC will be the largest obesity prevention program in Canada.

For the past months, EPODE Canada team has been busy with an intense stakeholder engagement program. Our goal is to ensure that all Canadian healthy active living players are familiar with the EPODE methodology and the mission of the EIN. To date the EPODE Canada team has met with more than 50 organizations including CBPs, academics, government departments, politicians and private industry. The team released a white paper outlining the benefits of EPODE to the Canadian healthcare system and a letter describing EPODE was published in the prestigious Canadian Medical Association Journal.

In conjunction with the Canadian Obesity Summit, EPODE Canada held the first EPODE Canadian Obesity Forum (ECOF) in Toronto on April 29 for Canadian healthy active living programs. Over 90 people attended this one-day workshop from as far away as British Columbia in Western Canada and Nova Scotia in Eastern Canada. Senior members of the EPODE global coordination team offered practical advice regarding program design, social marketing campaigns, public-private partnerships and evaluation. ECOF was also a platform for sharing best practices from Canadian programs such as ParticipACTION, SCOPE BC, Heart and Stroke Foundation and Right to Play.

LATIN AMERICA

In 2014, the leaders of EIN and Pan American Conference on Obesity (PACO) signed a collaboration agreement at Obesity Week in Boston. In October 2015, EIN will attend PACO which will be held in the state of Hidalgo, Mexico.

The collaboration between Minister Richard Visser, Hidalgo and Cordova Villalobos, members of EIN’s Minister’s Club, in the signing of the PACO agreement and the PACO Conference is demonstrative of the growing recognition of the importance of transnational political collaboration to prevent childhood obesity for future generations.

ASIA PACIFIC

Over 1,000 of the world’s leading researchers and experts on obesity and related diseases, including EIN’s team as well as members of the EIN’s Scientific Advisory Board & Minister’s Club, were gathered at the International Congress on Obesity (ICO) in Kuala Lumpur from March 17th – 20th in 2014. EIN made the most of this opportunity and gathered its Asia-Pacific members to share their recent news and progresses and also invited the Honorable John Hill, former Minister of Health of South Australia along with the Ministers’ Club president Cordova Villalobos to share their experiences in developing such prevention programme at a state scale.
EVALUATING THE EFFECTS OF VIASANO, EPODE PROGRAMME IN BELGIUM

2015 marks the publication of the first results from the VIASANO programme*, a community-based programme that uses the EPODE model to reduce and prevent rates of overweight and obesity in two pilot towns in Belgium.

The objective of the study was to evaluate the effects of VIASANO on the prevalence of overweight and obesity in two pilot towns in Belgium. Data from a national school health monitoring system was analysed and compared to changes in the prevalence of overweight and obesity over a 3-year period (2007-2010) in children aged 3-4 and 5-6 years in the pilot towns with those of children of the same ages from the French-speaking community of Belgium. Trained school nurses measured heights and weights of all participants using a standardized method.

The prevalence of overweight (-2.1%) and overweight+obesity (-2.4%) decreased in the pilot towns, but remained stable in the comparison population (+0.1% and +0.2%, respectively). These results suggest that a Community-Based Programme, such as VIASANO, may be a promising strategy for reducing the prevalence of childhood overweight even over a short period of time.

![Figure 1](image-url)

**Figure 1** Evolution of the prevalence of overweight (upper panel) and overweight + obesity (lower panel) in the pilot towns and the comparison population (French Community). *95% confidence interval (CI) computed only for the pilot towns (Marche and Mouscron).

EXPERT COMMITTEE

EPODE International Network's expert committee consists of 19 international experts from the fields of nutrition and physical activity and serves to provide scientific support to the programme members. This support includes monitoring and evaluation of programmes and supporting publication efforts to enhance the visibility of encouraging results and findings.

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<th>Expert Committee Members</th>
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<tr>
<td>Dr. Jean-Michel Borys MD, EPODE European Network Director</td>
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<td>Prof. Jean-Pierre Despres Department of Kinesiology Laval University</td>
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<td>Prof. Pedro Graca Portuguese Platform against Obesity</td>
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<td>Prof. Svetoslav Handijev Bulgarian Association for Study of Obesity and Related Diseases</td>
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<td>Dr. Paul Hantzberg International Cooperation for the Promotion of Elderly Care</td>
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<td>Prof. Gregorio Varela San Pablo CEU University</td>
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<td>Prof. Jan Vinck Hasselt University Superior Health Council</td>
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<td>Dr. Tommy Visscher EASO Public Health and Prevention Taskforce</td>
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EPODE PRESENTS IN INTERNATIONAL REPORTS AND CONFERENCES

McKINSEY REPORTS CLAIMS THAT EPODE IS ONE OF THE MOST PROMINENT EFFORTS IN TACKLING OBESITY TODAY

The McKinsey Global Institute released their report “Overcoming obesity: An initial economic analysis” and named EPODE as one of the most prominent efforts in tackling obesity today. This report analysed some 70 interventions for the promotion of physical activity and healthy eating and found that of all the initiatives, EPODE was one of the most comprehensive and effective models for tackling the obesity pandemic. The paper conclusion supports EPODE’s own results that interventions to promote physical activity and healthy eating should be implemented on a community-wide scale, affecting the individual and their environment. All actors should be incorporated to help ensure that all actors collaborate and invest in research and evaluation.

SHOULD AN EPODE-LIKE PROGRAMME BE EXTENDED TO THE UNITED STATES: NAVIGATING OBESITY

Through its Business Civic Leadership Center, the U.S Chamber of Commerce Foundation set out to identify a road map for stakeholders involved in preventing obesity. NavigatingObesity; A Road Map for Prevention surveyed leading obesity prevention organizations to compare their approaches, and assess the roles that stakeholders play. This research highlights the commonalities and gaps between these approaches and sets out a unified vision for how stakeholders in the United States should tackle obesity.

WHO COMMISSION ON ENDING CHILHOOD OBESITY

In October 2014 Pauline Harper, Director Advisory for EIN and Dr. Jean-Michel Borys attended the WHO Commission on Ending Childhood Obesity in Geneva, Switzerland. The objective of participating in this meeting was to take part in the discussion with other key leaders in the field of obesity prevention to identify specific roles that diverse stakeholders can play in order to address the growing obesity crisis.

OBESITY WEEK, BOSTON 2014

A key point during that week was the signing of the EIN and PACO Partnership Agreement. This agreement consolidated and officised the longstanding partnership between these like-minded organisations.

Dr. Armando Barrigüete (President of EPODE International Network), Dr. Jean-Michel Borys (Secretary General, EPODE International Network), Dr. Richard Visser (Minister of Health & Sport, Aruba), and Minister Noble (Minister of Health, Hidalgo) were present to sign the PACO-EIN Partnership Agreement that will allow for further collaborations between organisations and countries in the plight to prevent obesity.
PUBLICATIONS IN 2014-2015


PROGRAMME INFORMATION

AMERICAN PLATFORM

AGITA SAO PAULO
Brazil - 1996

REAL FOOD FOR REAL KIDS
Canada - 2004

NUTRIR HEALTHY KIDS
Venezuela - 2007

MUÉVETE Y METETE EN CINTURA
Mexico - 2008

WORLD FIT
USA - 2009

ADELANTE CON 5 PASOS
Mexico - 2010

5 PASOS POR UN AGUASCIALIENTES SALUDABLE
Mexico - 2010

5 PASOS - CONTROL DE PESO EN CAPULHUAC
Mexico - 2010

5 PASOS POR TU SALUD PARA VIVIR MEJOR
Mexico - 2010

ATREVETE VIVE SALUDABLE EN 5 PASOS
Mexico - 2011

ELIGE VIVIR SANO
Chile - 2011

5 PASOS POR TU SALUD
Mexico - 2011

5 PASOS SONORA
Mexico - 2011

5 PASOS POR TU SALUD EN FAMILIA
Mexico - 2011

YA BAJALE
Mexico - 2011

HEALTHY KIDS COMMUNITY CHALLENGE
Canada - 2014

FIT WORTH
USA - 2014
The EPODE International Network (EIN) is the world’s largest obesity prevention network. It is an international non-profit organisation based in Brussels, Belgium. The EIN Board of Directors is composed of experts from both scientific and policy communities, and is chaired by Dr. Armando Barriguete. The EIN also relies on a Scientific Advisory Board gathering high-level experts from key international public health institutions. Two global funding partners support the EIN and its activities: The Coca-Cola Foundation and Nestlé.

For more information, please visit the website: www.epode-international-network.com

Follow EIN on Twitter: @Epode_Network