

open more and more on various fields of intervention (nutrition supply, transports, housing, food aid, culture, etc.) notably in link with sustainable development.

- The health education messages receptivity is largely increased by a proximity work and on the long term, but communication work by Medias is still producing effects.
- The need of more precise data on local territories to identify and understand health local inequalities.
- The need of an evaluation system at the level of the stakes complexity and interventions.
- The need of an important and coherent investment at different level of political and social action and from Europe to the district and town. The Region and the Community have tools to promote health in socially deprived territories from a political project of reduction of health inequalities.

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VIASANO: a community-based intervention

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Background: The growing prevalence of childhood obesity throughout Europe increases the need for large-scale community-based initiatives aimed at tackling this serious public health concern. Over the last 10 years, studies have demonstrated that the prevention of overweight and obesity is possible through comprehensive and coordinated interventions that support and facilitate physical activity and healthy diets in a variety of settings and through multisectorial engagement. In order to tackle this issue, a long-term school-based nutrition information programme – Fleurbaix Laventie Ville Santé Study (FLVS) – was started in 1992 in two towns in the North of France (Fleurbaix and Laventie) and was followed by a number of community-based interventions over the next 12 years. The results of FLVS study show a decrease in the prevalence of overweight in children (1992: 11.4% in FLVS and 12.6% in Control towns (CT), $P = 0.6$; 2004: 8.8% in FLVS and 17.8% in CT, $P < 0.0001$), observed during the period when the mobilisation of the population became more generalised at community level, involving a wide variety of stakeholders. On the basis of the findings of the FLVS study, the EPODE methodology was developed in 2004 in France, as a coordinated, capacity-building approach for communities to implement effective and sustainable strategies to prevent childhood obesity. Initiated first in ten French pilot towns, EPODE is considered to be an innovative example of a community project aimed at promoting healthy behaviours in children. In 2007, the adaptation of the EPODE methodology in Belgium led to the VIASANO programme.

Method: The VIASANO programme was first launched in two pilot towns as a community-based intervention aimed at preventing childhood obesity, involving local stakeholders in a sustainable way. VIASANO proposes a

behaviour-centred approach, with an educational philosophy prompting fun and non-stigmatization of any food and behaviours. It is a positive, concrete and step-by-step learning process on food and physical activity. At national level, a coordination team using social marketing and organizational techniques trains and coaches a local project manager nominated in each VIASANO town by the local authorities. The project manager is provided with tools to mobilize local stakeholders through a local steering committee and local networks. This methodology enables the entire community to be empowered and contribute to create a healthier environment facilitating social norms changes and healthier behaviours. The added value of the methodology is based on critical components such as a strong scientific input, institutional endorsement, evidence-based and social marketing techniques, sustainable resources, brand dynamics and a monitoring and evaluation process.

Results: Today EPODE is implemented in more than 300 towns from six countries: France (EPODE, 226 towns), Belgium (VIASANO, sixteen towns), Spain (THAO, forty-two towns), Greece (PAIDELATROFI, thirteen towns), South Australia (OPAL, ten councils) and Mexico (EPODE-5 Pasos, currently launched in pilot municipalities). Evaluation to date is conducted through process and output indicators. First outcome indicators from the French EPODE pilot towns indicate an overall decrease in the prevalence of children overweight including obesity between 2004 and 2009 (from 20.6% to 18.8%, $P < 0.0001$). Today, the sixteen VIASANO towns are distributed in all regions and communities, and success to date is measured by a large field mobilization.

Discussion: The EPODE methodology raised a lot of interest across Europe, and to facilitate the implementation of similar community-based interventions in other countries, regions and towns, the EPODE European

Network project (EEN) has been created in 2008 with the support of the European Commission (DG Health and Consumers), private partners and the involvement of four European university teams. To be run until 2011, the EEN

has been designed to enrich the EPODE methodology on its four pillars: involvement of political representatives, scientific evaluation and dissemination, methods and social marketing and public-private partnership.

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Poster Abstracts: Prevalence and Body Composition

01 – The analysis of schoolchildren growth development

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Introduction: The rate of physical growth development is an important criterion for the complex assessment of health of children and adolescents. Heredity, environment, work and study conditions, nutrition and physical activity influence upon the growth development of schoolchildren.

Method: In all, 1386 schoolchildren aged between 6 and 16 years were examined: 714 boys and 672 girls. The harmonic physical growth development was determined amongst 1386 (68.3%) of examined children. Disharmonic development with the acceleration of biological development was determined amongst 336 (16.5%) schoolchildren whereas the deceleration of biological development was found amongst 132 (6.5%) children. Sharply disharmonic physical growth development was detected in 176 (8.7%) cases where sixty-four (3.2%) children have manifested deceleration of the biological development and 112 (5.5%) have accelerated development.

Results: The harmonic growth development was observed for 66% or more examined children only for the age 9–15 years. Only 32% of 7-year-old children and 22% of 8-year-old children have harmonic growth development. There were 47% and 53% of harmonically developed individuals in the groups of 6- and 16-year-old children correspondingly. The highest rate of disharmonic physical growth development was characteristic for 6-year-old children – 41.2% (due to excessive fat deposits – 29.4%, due to the deficiency of weight – 11.8%). Children aged 7 years have disharmonic growth development in 35.7% cases, where the excessive body weight is detected for 28.6%, and deficient weight – for 7.1%. Thus the main reason for disharmonic growth development was the excessive fat deposits and only the group of 9-year-old children had more cases of the deficient weight.

Conclusions: Described anomalies of the physical growth development could be related to the unfavourable impact of the environmental factors.

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02 – Severe obesity in Italian children and related factors: data from *Okkio alla Salute* national survey

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Introduction: To estimate the prevalence of childhood obesity in Italy a nationwide representative survey among third-grade students was carried out in 2008.

Method: Study population included all children aged 8–9 years whose parents agreed to opt-out consent. The

sampling unit was each class and cluster sampling identified classes for participation. Questionnaires were completed by children, parents and teachers. Children's weight and height were obtained by well-trained staff using standardized equipment. WHO age- and sex-specific