Introduction: Childhood obesity has a high prevalence across the Western world, and infancy has been identified as being important for establishing later eating patterns. There have to date, been few attempts to develop or evaluate programs aimed at the primary prevention of obesity.

Aims: To pilot and evaluate a primary preventive health visitor delivered intervention focusing on five key lifestyle areas (parenting, emotional well-being, eating behaviour, physical activity and nutrition), in terms of its impact on nutrition and physical activity patterns in infants at increased risk of obesity.

Method: The study was conducted in two phases. The first phase piloted the intervention with eight families; the second phase comprises an ongoing feasibility trial in which sixty-two women (BMI $> 35\,kg/m^2$) were recruited at booking and randomized into intervention or usual care pathways following the birth. A mixed methods approach is being used to ascertain objective outcomes including weight status and to evaluate acceptability of the program.

Findings: The pilot study demonstrated that families found the program acceptable, valuing in particular the approach of the health visitor, with its emphasis on non-judgemental listening, partnership working and shared problem-solving. A range of benefits were also identified including increased knowledge of appropriate foods for their children and the family as a whole.

Conclusions: To our knowledge this will be the first health visitor-led primary prevention intervention in the early years internationally. The results from the feasibility trial will provide the data needed to seek funding for a definitive effectiveness RCT with infants at increased risk of obesity.

Funding: Research relating to this abstract was funded by The Department of Health, UK and The Child Growth Foundation.

doi:10.1017/S1368980012002431

69 – Crossing borders for obesity prevention: the EPODE approach

JM Borys, C Roy, J Mayer, P Richard and Y Le Bodo

EPODE Coordination, Paris, France

Introduction: EPODE is a coordinated, capacity-building approach for communities to implement effective and sustainable strategies to prevent childhood obesity.

Method: At central level, a coordination team using social marketing and organizational techniques trains and coaches a local project manager nominated in each EPODE town by the local authorities. The local project manager is provided with training, coaching and 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 change and healthier behaviours. The added value of the methodology is based on critical components such as a strong scientific input, institutional endorsement, evidence-base and social marketing techniques, sustainable resources, brand dynamics and programme monitoring and evaluation.

Results: The EPODE methodology is now implemented in more than 300 towns in six countries (Spain, Belgium, Greece, France, South Australia and Mexico) and concerns more than five million people. EPODE Monitoring and Evaluation practices to date include not only outcome but also process and output indicators at central, local, settings and child levels. At child level we monitor the prevalence of overweight and obesity in children aged 5–12 years. The response rate is high (95%) in the eight pilot towns. The prevalence of children overweight including obesity decreased in the pilot towns between 2005 and 2009 (from 20·6% to 18·8%, $P < 0{\cdot}0001$). Building on EPODE experiences and multidisciplinary expertise, the EPODE European Network project is enriching the EPODE methodology and facilitating the implementation of similar initiatives in other European countries.

Conclusions: Childhood obesity is a complex issue and needs a multi-stakeholder involvement at all levels to foster healthier lifestyles in a sustainable way. The EPODE methodology contributes to this approach.

Grants from: Fondation d'entreprise Nestle France, Fondation Internationale Carrefour, Orangina-Schweppes, EPODE club des partenaires, Ferrero, Mars EPODE European Network public funding: Directorate General for Health and Consumers (European Commission).