

‘It takes a village to raise a child’ EPHE study proves that when the community puts its shoulders under it the health gap can be reduced

Brussels – September 25, 2015. *The creation of a favourable health environment for families can reduce the health gap. That is the main conclusion of the EPHE study (EPODE for the Promotion of Health Equity). By involving the entire community, parental practises are strengthened and that has positive effects in all populations. Following targeted interventions such as workshops in the schools on beverages or sleep, parent-teacher conferences on how to manage nagging behaviour and city festivities with healthy buffets, the study demonstrated that parents of low socio-economic status are now less permissive when it comes to fruit juice consumption and screen time.*

EPHE is a 3-year European project that is being rolled out in towns in Belgium, Bulgaria, Greece, France, Netherlands, Portugal and Romania. Through this project, EPODE¹ evaluates the efficiency its Community-Based Interventions to reduce the health gap in deprived populations.

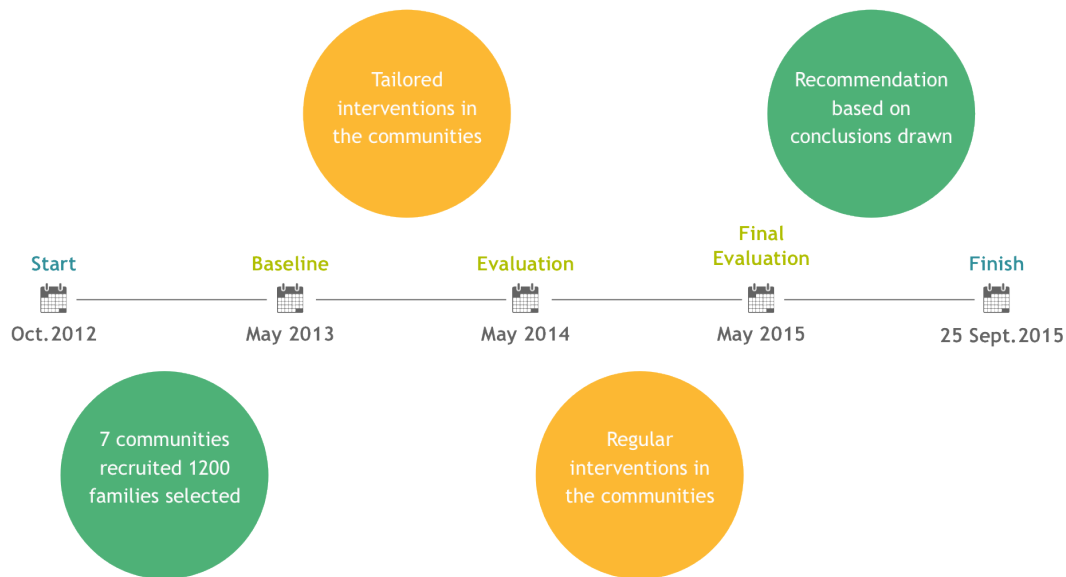
Health inequity: traditional prevention does not reach those who need it most

The results of the first EPHE survey² conducted in 2013 demonstrated that families in which the mother has a low level of education eat less fruit & vegetables and spend more time in front of the television compared to families in which the mother had undergone higher education. These findings are a clear illustration of the fact that the social gradient accounts for approximately 25% of the obesity prevalence in men and 50% in women. Add to this that deprived populations are much harder to reach, and are often disregarded by traditional prevention because of low participation rate or low compliance for example, and it becomes clear that children born in a family with lower socio-economic status are in a disadvantaged position when it comes to obesity prevalence.

The first EPHE survey proved that there were remarkable difference between socio-economic groups in parental practises and the family environment: availability of fruit & vegetables, monitoring of screen time, negative modelling, ability to retain rules etc. These determinants were addressed in a series of specific interventions, aiming to modify the overall health environment of families, by the activation of the entire community. The effects of the interventions in bridging the health gap are studied in the second EPHE survey. The third EPHE survey monitored the sustainability of the observed changed with regards to the initially identified health inequities per market.

¹ EPODE is a coordinated, capacity-building approach aimed at reducing childhood obesity through a societal process in which local environments, childhood settings and family norms are directed and encouraged to facilitate the adoption of healthy lifestyles in children.

² The EPHE baseline survey is an explorative analysis for the identification of inequalities in behaviors and its determinants between socioeconomic groups. 7 communities in Belgium, Bulgaria, France, Greece, the Netherlands, Portugal and Romania are involved – and a total of 219.135 inhabitants. 1.266 children and their families were questioned, from which 631 boys and 635 girls, average 7,17 years old. This baseline survey was completed by a follow-up evaluation, scoring the impact of specific interventions to target deprived populations and their sustainability.



The project's timeline

Main findings of the EPHE project (2nd survey)

1. Parental control on TV time pays off

Having a TV in the child's bedroom or watching TV during family meals was identified as a determinant for health inequity: in the low-education group, 60% of the children in Bulgaria, 71% in Romania and 74% in Portugal has a television in their room. 1 in 2 of the low-education group has the TV on during family meals. After the interventions, Belgian mothers of low socio-economic status **increased the monitoring of their child's screen exposure**. TV time for Belgian kids was reduction by 30 minutes (from 2 hours to 1h30 per day in weekdays)³. Mothers in Greece **increased their efficacy to control TV time** of their child and those in Portugal seem to have **decreased TV watching allowance**.

2. Understanding fruit juices leads to reduced consumption

Parental practises related to fruit juice consumption noted statistically significant improvement. Mothers of low socio-economic status in Belgium were **less likely to allow juice consumption** and **almost never rewarded good behaviour anymore with juices** in Portugal. These positive changes in parental practise did not yet translate in a reduction of consumption: an average of 1/2l per day. Only in Romania, children of disadvantage families drank up to 500ml per day less³.

3. Home availability of fruit & veggies makes the difference

Fruit & vegetable consumption has always been considered a decisive indicator for health (in)equity. Nevertheless, the EPHE study was inconclusive at this point: independent of socio-economic status, the targeted interventions had little effect on the habit of eating a plate of greens.

Differences in home-availability, as identified in the first survey, still exist: 50% of the parents who had undergone high-level education claimed that they made sure that fruit is always available at home, versus only 30% of parents from low-level education group.

³ The EPHE-project found differences between the two groups, but did not prove causality.

However, the Netherlands made the first steps in bridging the gap between low and high: independent of socio-economic status, all children **now eat at least 1 fruit a day every day**, (compared to only 5 days a week for children from low-income families versus daily for children from high-income families).

This means that community-based programmes seem to be effective, but that **behaviour change**, for all behaviours and determinants, **demands long-term interventions at all levels**.

From understanding to acting: looking forward (3rd survey)

Although it takes time to change perceptions and behaviours, the third EPHE survey demonstrates that once good habits are incorporated in a family's daily practice, they can be sustainable. Even without specific interventions, certain changes in the energy-balanced behaviour last.

The EPHE study was able to sustainably improve the behaviour of the low socio-economic group in 6 domains:

(1) Dutch parents of low socio-economic status avoid playing computer games in front of their children. (2-3) Greek and Belgian parents are more conscious in monitoring their children's TV time. (4) Belgian kids reduce their TV time with 30 minutes (to 1h30), thus reducing the gap with children of high socio-economic status (who watch 1 hour per day). (5-6) Portuguese parents avoid rewarding their children with juice and reduce the presence of soft drinks at home.

With the EPHE study, the first seeds are planted to help create awareness and understanding of good practises. Due to the short intervention period, the behaviour changes remain limited. However, **the first observed sustainable reductions of the health gap prove that the community-based approach speaks to all populations**, hence the importance for decision-makers to continue to invest in communities.

Dr. Jean-Michel Borys, founder of the EPODE methodology: "Health inequalities arise because of the circumstances in which children are born, live, grow and age. Traditional prevention often fails in addressing the determinants that make them persist.

We are proud to present today the first encouraging results of the EPHE study. The first survey has demonstrated that the role of the parents is a key determinant for health equity. The second survey shows that by creating a favourable health environment, we can support parental practise and help close the gap. It is too soon to see global projectable results in the children's behaviour, but with the first sustainable changes in energy-balance related behaviour, EPHE sends a positive signal for the community-based approach in addressing childhood obesity in all populations."



About EPHE

The EPHE project is a pan-European project (2012-2015) co-funded by the European Commission to analyse the added value of the implementation of the EPODE methodology for the reduction of health inequalities (diet & physical activity) and the opportunities to sustain the implementation of EPODE programmes via EU structural funds to end 2015. Other partners in EPHE include universities and community-based programmes across 7 European member states: Belgium, Bulgaria, Greece, France, the Netherlands, Portugal and Romania.

For more information, visit the website www.ephestory.eu. Follow us on Twitter/[@EU_EPHE](https://twitter.com/EU_EPHE)

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