

---

*Joint Action on Chronic Diseases & Promoting Healthy  
Ageing across the Life Cycle  
WORK PACKAGE 5*

*JOGG study visit*

---

*“Young People on Healthy Weight Approach”*

---

---

*Thursday 21 April  
Amsterdam, The Netherlands*

---



Co-funded by  
the Health Programme  
of the European Union

THIS PUBLICATION ARISES FROM THE JOINT ACTION CHRODIS, WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013). SOLE RESPONSIBILITY LIES WITH THE AUTHOR AND THE CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY IS NOT RESPONSIBLE FOR ANY USE THAT MAY BE MADE OF THE INFORMATION CONTAINED THEREIN.

## Content

---

JOGG – Meeting Minutes .....	3
Gemeente Amsterdam: Healthy Weight Programme .....	7

## JOGG – Meeting Minutes

---

April 21<sup>st</sup> 2016

---

Attendance: 16 participants from 8 countries:

NL	Ireland
Brussels	Germany
Italy	Spain
Iceland	Portugal

## Presentation: The JOGG Approach

---

Synthesis from Question and Answer session:

### Structure:

JOGG is based on a public private partnership (PPP). The role of the private partners is the provision of sponsorship, advice and incentives.

The single JOGG goals (physical activity, water consumption, provision of healthy breakfast, increased fruit and vegetable intake, support of healthy environments) can be found in other European countries' programmes and projects as well, but often lack an umbrella to align all actions.

To facilitate and address potential conflict of interest, guidelines are available on the core values of JOGG:

- Mutual trust is a core base for cooperation
- Transparency on who we work with and why. Definition of mutual ambitions and results
- Reciprocity; cooperation is based on mutual commitment. Both parties benefit from working together.
- Independence. No influence on our approach, strategy and communication
- No commercial targets for private partnerships
- No marketing/communication to children
- Monitoring: we monitor our activities and publish the results

### Communication

The setting family plays an important role in the provision and promotion of healthy eating for children. Parents are addressed through different means but brochures, e.g. theatre plays. The approach to include parents requires careful balance between the perceptions of support and intrusion into their educational autonomy. Within JOGG, only positive and empowering messages are communicated.

### Evaluation:

The local JOGG goals are evaluated:

- outcome (impact/effects)
  - behaviour (pa, fruit/veggie consumption)
  - healthy environment
  - process (5 pillars)
- please refer to slide *“logical framework for evaluation process”*

The Evaluation is conducted locally by the JOGG staff and supervised by the leadership (national JOGG bureau). The evaluation is part of the contract with local JOGG partners, but not mandatory to be conducted on the local level.

JOGG’s evaluation aims to

- Map the effect of the intervention, improve the local JOGG approach
- influence policy makers and financers to support sustainability
- increase participation and engagement of the members of the JOGG community (by celebrating successes and keeping them informed)
- to benchmark the process and results
- evaluation results justify actions and efforts

Besides BMI measurements in school, sometimes additional physical tests are conducted to benchmark individual parameters. However, these are prone to bias due to unreliable measurements.

### Guidance for evaluation process through

- evaluation guide
- step by step action plan
- checklist with recommended measurements
- list with recommended goals (effect and process)
- template for local JOGG evaluation plan

To **guide process evaluation**, a selection of tools is available:

- tool to monitor progress: maps how the JOGG process proceeds
- JOGG monitor: online tool to register and label all JOGG activities

- Progress conversations with this tool between the national and local JOGG managers. Fosters bi-directional communication

To **guide outcome evaluation** a JOGG questionnaire (based on CheckKid) is provided.

### Challenges of evaluation

- budget
- time consuming
- depending on others
- access to reliable data
- skills and expertise
- interest
- misconceptions

### Evaluation results from the local level:

- almost all municipalities are undertaking monitoring and evaluation activities
- over half of the municipalities have an evaluation plan
- In 20 municipalities local evaluation reports have been identified

**Participation and commitment from academia** with many PhDs researching on the programme are a key success factor. Professors serve as ambassadors and strengthen political and governmental support.

### Lessons for evaluation learned:

- make it easy and small
- limit the number of goals
- manage the expectations in time needed for evaluation
- interpret results in terms of “reason for continuation”
- partners are motivated to evaluate their own interventions, because it can improve their work

## Integrated approach

JOGG aims to link prevention and healthcare by aligning screening and dental examinations in the schools.

## Implementation and project governance

- Customized support /advice through JOGG coach, JOGG expert, JOGG adviser
- Knowledge transfer/sharing: training workshops, meetings, online platform
- Tools and materials: JOGG wiki, communication materials, campaigns
- JOGG program manager is responsible to overview all pillars

### Budget composition:

- Ministry of health (3.8 million per year)
- Annual fee from JOGG municipalities (5000 € for small municipalities, 10.000€ for bigger municipalities)
- Yearly contribution platform partners (5000€ per partner)
- Yearly contribution private partners (50.000€ per partner)

### Transfer and Knowledge transfer

---

In the perspective of the JOGG promoters, the biggest success lies in the establishment of a knowledge transfer process, which is basically a goal in its own. A team in the NL works to provide guidance and advice materials for interested international partners.

To blend JOGG activities on the background of pre-existing local programmes, stakeholder meetings have helped to “smoothen the waters” by providing an open space for discussion with other actors and decision makers and to help to highlight the added value.

The EPODE academy which seeks to sustain the knowledge transfer process on an international level is currently built up, but currently not ready yet to train international colleagues on a bigger scale. JOGG-team is thinking about starting a academy in the Netherlands.

### Fundamental elements for transfer

---

The five pillars of JOGG are at the heart of the intervention

1. Monitoring and Evaluation
2. Public Private Partnership
3. Commitment at policy level
4. Social Marketing
5. Connecting prevention and health care sector

#### How to start over?

It's important to keep things easy and small in the beginning, e.g. limit the themes to one at a time per school to begin with.

### Indispensable conditions of the context

---

Support of the ministry as well as the expertise and the willingness of the communities

Use of known/important ambassadors (science and policy) to get support for the implementation of the intervention

→ support and commitment in the local as well as a bigger context

## Municipality of Amsterdam: Healthy Weight Programme

---

Childhood obesity in Amsterdam is almost double the rate compared to the rest of the NL

- Mission: A healthy weight for all children in Amsterdam in 2033
- Vision: healthy weight is a collective responsibility and a healthy choice is the easy choice
- Strategy: Healthier behaviour in a healthier environment

Making a healthy choice should be as easy as possible. Poverty and poor education are risk factors for obesity. Concrete actions:

1. Designing a 'moving city'
2. Lobbying the food industry – no collaboration with coca-cola for example.

## Approach:

---

- Long term
- sustainable
- inclusive
- sharing responsibility ("everyone is needed")
- learning by doing
- making choices: focussing of efforts

## Aims for 2015-2018

---

3. Amsterdam must demonstrably become a more healthy organised city
4. significant reduction in the number of children who are overweight and obese in the five heaviest neighbourhoods
5. neighbourhood approach must be extended to cover five other "too heavy" neighbourhoods
6. fewer primary schools with more than 25% of pupils overweight or obese
7. all children who are obese or morbidly obese must be given appropriate care

## How support is gathered for the program

---

- Create sense of urgency, in particular through facts and figures
- Identify relevant determinants and risk factors ("What is really the problem?")
- Frame the societal dimension, e.g. obesogenic society is a wicked social problem

- Emphasise, that nutrition and healthy weight of children is not solely in the responsibility of parents

### The learning approach

---

- Inherent in the programme management through setting goals and monitoring (plz see slide: “policy rollercoaster”)
- Annual planning and control cycle
- Professionals / staff is trained first
- Professionals follow a specific learning process, as they are those in direct in contact with the children and their parents.

### Research and Development

---

- Continuous monitoring of the primary outcome (weight) in the population in Amsterdam (Youth Health Care Department). For instance, body mass index is measured annually
- Evaluation studies (process and effect evaluation) of interventions (both preventive and care interventions)
- Internal quality expert team
- External scientific advisory board
- Dissemination of knowledge among stakeholders

### Key success factors on community policy level have been

---

- to bring up long-term effects of childhood obesity to the decision makers
- to have allies among decision makers
- stress the ethical dimension of the problem (“morbid childhood obesity is child abuse”)
- to communicate absolute numbers (“25.000 children” instead of “25% of all children”)
- Shape positive public perception of the program, e.g. by overcoming general concerns (“Mind your own business”) and initial resistances among some of the parents. Support parents e.g. by offering courses on healthy cooking and affordable healthy shopping

### Sarphati<sup>1</sup> Amsterdam

---

- Amsterdam city council asked to start an innovative interdisciplinary research for prevention of non-communicable diseases. The city provides the initial funding, and the city is the “living laboratory”

---

1 Samuel Sarphati (1813-1866), General Practitioner in Amsterdam



A strong scientific base and collaboration with universities in Amsterdam is established, resulting in an innovative interdisciplinary research beneficial to effective and sustainable prevention of NCDs

- unique dynamic research infrastructure:
  - Sarpharti cohort
  - 150.000 children in Amsterdam, 10.000 newborns
  - data collection through child health care registration
  - biobank
  - innovative data collection methods
  - intervention studies
  - existing cohorts