B4: Is public health policy informed by scientific evidence?
The example of obesity prevention in children & adolescents

2) Implementation of the national policy on healthy bodyweight at the cantonal level
Is public health policy informed by scientific evidence?
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Policy-making organization chart for health promotion in Switzerland

**Steering Group PNAAP**
- **Federal Office of Public Health (OFSP)**
  - Focus: nutrition and physical activity
  - National action platform
- **Federal Office of Sport (OFSP):**
  - Focus: encouragement of sport

**Health Promotion Switzerland**
- Focus: healthy bodyweight

**Swiss Cantons**

Cantonal "Healthy Bodyweight" action programmes

- **End of 2007**
  - Being implemented in 6 cantons
- **End of 2008**
  - Being implemented in 19 cantons
- **January 2010**
  - Being implemented in 22 cantons

Source: Health Promotion Switzerland
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Regulatory framework of Health Promotion Switzerland

Health determinants

Best practice criteria

Values
Values, principles, ethical basis in health promotion/public health

Knowledge
Scientific knowledge (empirical, theoretical)/evidence
- topic-specific knowledge/health promotion knowledge
- non-topic specific structure/process knowledge

Knowledge from experts/from practice

Context
- General factors
  - social, legal, political, etc.
- Capacities for health promotion/prevention
  - International
  - National
  - Regional/cantonal
  - Local
  - Institutional

Life Phases

Environment
E.g.: available food options, advertising, available spaces and options for physical activity, movement

Settings
- kindergartens / schools
- Workforce or higher education

Family

Birth  Newborn  Small children  Children I  Children II  Children III  Adolescents  Young adults

Source: Dahlgren and Whitehead’s (1991)

Source: Health Promotion Switzerland
From a review of scientific literature to a national health promotion programme: the approach of Health Promotion Switzerland

1st An observation: The scientific evidence is not clear and is highly context-dependent
- "Midnight Basketball" Project > (USA, effect on reducing crime vs. Switzerland, insignificant effect on physical activity and crime is not an important issue).

2nd A choice: To extract from of the available scientific literature (state of the art) the main factors to be considered in the strategy and the projects (measures) adopted for its application:
- Kamath 2008 (long-term action is the most effective)
- Flodmark 2006, Katz 2009 and Katz 2008 (combining the promotion of movement and more regular physical activity)
- WHO 2009 (SOTA Cap. 2.2) (action in schools positively influences knowledge, attitudes and behaviour patterns)
- Salmon 2007 (promoting body education and pauses with movement in schools and commitment of the family) …

3rd Recommendations: On the basis of these factors and other criteria (quality, experience), a committee of experts has drawn up a list of recommended measures that are best suited for adaptation and multiplication by the cantons according to the following criteria:
- Long-term action (National Action Programme for healthy bodyweight - 12 years)
- Avoiding topic-specific measures and focusing work on living conditions (environment)
- Promoting measures that integrate and combine movement and eating habits
- Focusing on measures tailored to the school setting (good potential for effectiveness)
- Involving parents as the priority target audience for multipliers
- Giving priority to informing on the benefits of household tap water vs. soft drinks.

A set of measures developed simultaneously and consistently is what makes a programme effective.

Source: Health Promotion Switzerland, Guenter Ackermann
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The 4 thrusts of the "Healthy Bodyweight" strategy adopted by Health Promotion Switzerland:

- Multiple responses to a complex and multifactorial issue:
  - Mass communication
    - Children 0 to 1 year
    - Children 1 to 3 years
    - Children 4 to 6 years
    - Children 7 to 11 years
    - Adolescents 12 to 16 years
  - Network
  - Structural measures
  - Setting - environment

Source: Health Promotion Switzerland
Cantonal "Healthy Bodyweight" action programmes: the example of Valais (2008-15)

Measures impacting setting and environment

- Event communication
- Media
- Creating a shared spirit and goal
- Interface (documentation centre/website)
- Municipalities
  - Healthy Municipality Label
- Quality label
  - Youp’là bouge Label (for nursery schools)
- Legal framework
  - Cantonal Law on Sport
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Measures impacting target audiences and multipliers

- Children 0 to 1 year
- Children 1 to 3 years
- Children 4 to 6 years
- Children 7 to 11 years
- Adolescents 12 to 16 years
An example of good-practice implementation in Switzerland (1/2)

1st A concept promoting physical activity and healthy diet in kindergartens in German-speaking Switzerland

2004 - 2006: The Burzelbaum pilot project in Basel-Stadt canton was rated as a "success story" and had the following goals:

- Suitably adapted safe space with an environment conducive to movement;
- Staff (and parents) trained to understand the importance of movement for young children;
- Movement is an integral part of everyday life.

Since 2007, coaching for project leaders in kindergartens

2nd Health Promotion Switzerland recommends Burzelbaum within the framework of cantonal Action Programmes.

In 2008, Youp’là bouge coaching (nursery schools) in French-speaking Switzerland.
An example of good-practice implementation in Switzerland (2/2)

3rd "Transmutation" of “Burzelbaum" in German-speaking Switzerland to "Youp'là bouge" in French-speaking Switzerland

Since 2008: Working group in 3 French-speaking cantons (NE-JU-VD) to adapt the concept:

- Identical objectives in a different setting - kindergartens vs. nurseries (400);
- Creation of their own distinctive concept (training-coaching-tools-equipment);
- Establishment of their own intercantonal organization (a French-speaking Swiss lady was hired as coordinator);
- Scientific assessment of the impact on children, parents and professionals in the nursery schools.

2010 : Inclusion of a new canton (VS)

2011 : Enhancement of services: 1st day of ongoing training for French-speaking Swiss users
2012 : Enhancement of services: 1st day of refresher training by canton and launch of the "Youp'là bouge" label.
Evaluation and outcome overview

Overview of the Swiss Model for Outcome Classification in Health Promotion and Prevention (SMOC)

Outcome levels
- Health promotion measures
- Factors influencing health determinants
- Health determinants
- Health status of the population

<table>
<thead>
<tr>
<th>Outcome levels</th>
<th>Health promotion measures</th>
<th>Factors influencing health determinants</th>
<th>Health determinants</th>
<th>Health status of the population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructures and services</td>
<td>A1 Development of health promoting services</td>
<td>B1 Health promoting services</td>
<td>C1 Health promoting physical environment</td>
<td>D Health</td>
</tr>
<tr>
<td>Legal system administration Organization Networks</td>
<td>A2 Advocacy, cooperation of organizations</td>
<td>B2 Health-promoting public policy and organizational practice</td>
<td>C2 Health promoting social/ societal environment</td>
<td>Increased</td>
</tr>
<tr>
<td>Groups Communities Population</td>
<td>A3 Social mobilization</td>
<td>B3 Health promoting social potential and commitment</td>
<td>C3 Health promoting individual resources and behavioural patterns</td>
<td>- healthy life expectancy</td>
</tr>
<tr>
<td>Individuals</td>
<td>A4 Development of individual skills</td>
<td>B4 Health-related life skills</td>
<td></td>
<td>- quality of life in terms of health lower</td>
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Improvement measures proposed on the basis of evaluations by «what we have learned since 2007 in Switzerland»

General priorities:
→ Focus on promising measures in terms of dissemination, impact and sustainability (non topic-specific),
→ Give more weight to measures involving context-related elements affecting the child’s environment.

Priority:
→ Take better advantage of synergies between cantons for documentation

Priority:
→ Integrate Municipalities in a common approach to community health

Priorities:
Incorporate directives
→ in school curricula
→ in training

Setting - environment

Target audiences and multipliers

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<td>0-4 years and multipliers (childhood educators)</td>
<td>School setting and parents</td>
<td>Socially disadvantaged groups and overweight children</td>
<td>Link ongoing education to multipliers</td>
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