Summary
This project targets children from 0 to 6 years in different settings by an open competition for cities and communities in order to further develop existing local networks.

Duration
2006-2011

Objectives
The primary aim of the intervention was to test in local networks, by which measures and which partners the development of obesity in children can be permanently prevented.

Approach used
An open competition for cities, communes and communities was initiated. The idea was to further develop existing initiatives for health promotion and obesity prevention and use the knowledge and experience of the local level in a bottom up-approach.

Geographical Coverage
Germany

Primary target population
Infants and children from birth until the end of primary school (i.e. from 0 to 6 years).

Description of the intervention
First stage:
An independent jury selected 24 model regions from 450 project outlines which were handed in. The 24 projects were funded for three years (2006-2009).

Second stage:
For measures, which aimed to support the permanent implementation, 16 of the 24 model projects got additional funding for two more years (2009-2011).

Different risk behaviours were targeted in the 24 model projects. 716 individual measures, partially interconnected, were performed.

To give an overview about the variety of this Good Practice, 3 of the 24 model projects are presented here:

1) **Barleben**: In this small town, a local initiative with more than 20 partners established a model project, in which modules materials and media for the promotion of physical activity and healthy eating in kindergartens and schools were created. The staff of 11 kindergartens and schools was qualified and intensively supervised for 3 years. In a rented kitchen, healthy nutrition for these facilities and for families was prepared. A family centre was created and offered several activities
(e.g. a walk-to-school-programme). The sustainability of the project is ensured by a new established association with more than 200 members and an office which is scaling up the project in the whole region.

2) **Hillesheim**: As a network of more than 20 initiatives of child care facilities, schools, associations and private initiatives, this model project created a common prevention programme. Around 30 measures promoting physical activity and healthy eating were established (e.g. nutrition counselling for women, excursions to farms, cooking workshops, sport lessons, gardening). The mascot “Carla Cherry” acted as an expert for all areas of health promotion and motivated both children and parents. The core of the project was a “bonus system”: Children collected “Carla Cherry stamps” by participating in the measures of the programme and got rewards for their collections.

3) **Nuremberg**: The model project took place in a district of Nuremberg where 45 percent of the population has a migration background, the unemployment rate is around 17 percent and the prevalence of childhood obesity is above average. A network of social facilities, associations, schools and local authorities developed a health promotion programme including all relevant settings: family, child care, school and leisure time. Besides offering activities in the district (e.g. dance and swim courses, circus gymnastics, cooking classes for parents), the network was also involved in political decision-making processes. Results of these cooperation were events like a “car-free day”, sport lessons at school offered by a local sports club in cooperation with students and a healthy breakfast at elementary school organized by adolescents. The evaluation showed that the integrated approach reached all children in the district, which could avoid the stigmatization of obese children.

<table>
<thead>
<tr>
<th>Behavioural components addressed</th>
<th>Healthy Eating</th>
<th>Physical Activity</th>
<th>Psychosocial Components</th>
<th>Integrated approaches</th>
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</thead>
<tbody>
<tr>
<td>Targeted risk behaviour</td>
<td>Different risk behaviours were targeted in the 24 model projects. 716 individual measures, partially interconnected, were performed.</td>
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<tr>
<td>Main setting/place of delivery</td>
<td>Family</td>
<td>Child care, kindergarten</td>
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### Description of the evaluation
An external evaluation was conducted by using a multiple-method evaluation design which included both quantitative and qualitative methods. The evaluation included anthropometric measurements, sport motor tests, semi-structured interviews, observations, group discussions and document analyses.

### Legislative framework
By decision of the Federal Ministry of Food and Agriculture

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<th>Total budget in Euro</th>
<th>15-16 Million Euro</th>
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### Funding sources
Public

### Impact (incl. differences among groups)
In 8 of 22 projects the prevalence of overweight/obesity developed in a positive way. In 6 of these projects the prevalence increased less than in the control groups, in the other 2 projects the prevalence decreased. A detailed description of the impact is available in the document “Evaluation des Modellvorhabens – Abschlussbericht”.

https://www.in-form.de/profiportal/service/kinder-und-jugendliche/besser-essen-mehr-bewegen-kinderleicht-regionen/download.html

### Further information sources
https://www.in-form.de/profiportal/service/kinder-und-jugendliche/besser-essen-mehr-bewegen-kinderleicht-regionen.html

### Other remarks:

### Contact information
**Name of the responsible person**: Dr. Stefanie Eiser, Bundesministerium für Ernährung und Landwirtschaft  
Durchführende Stelle:  
Bundesanstalt für Landwirtschaft und Ernährung  
Referat 525 Ernährung und Prävention -  
Deichmannsaue 29 53179 Bonn

**Contact information**: stefanie.eiser@ble.de  Phone: 0228 99 6845-3389