

Young People at a Healthy Weight 'JOGG' Netherlands

Title in original language:

Jongeren op Gezond Gewicht- JOGG

Which 'life stage' for CVDs prevention targets the intervention?

It specifically focuses on childhood and adolescence. In principle includes all children aged 0-19 years.

Short description of the intervention:

JOGG is a movement which encourages all people in a city, town or neighbourhood to make healthy food and exercise an easy and attractive lifestyle option for young people (0-19 years). It focusses on children and adolescents themselves, along with their parents and direct environment. JOGG advocates a local approach in which not just the parents and health professionals, but also shopkeepers, companies, schools and local authorities join hands to ensure that young people remain at a healthy weight. The Dutch JOGG approach is based on the successful French project EPODE and consists of five pillars:

- Political and governmental support
- Cooperation between the private and public sector (public private partnership)
- Social marketing
- Scientific coaching and evaluation
- Linking prevention and health care

Currently, 84 municipalities in the Netherlands are using the JOGG approach to promote healthy weight among their youth. JOGG is coordinated at national level by the national JOGG foundation in The Hague, which is part of the Covenant on Healthy Weight. Former politician Paul Rosenmoller chairs the Covenant and the Dutch Prince Pieter Christiaan van Oranje and dancer Juvat Westendorp are the national JOGG ambassadors.

Activities at the national level:

- Advice on creating political and managerial support
- Training in the JOGG approach for locally involved parties
- Information on successful interventions and best practices
- Designing and providing municipalities with communication and information materials
- Directions on how to implement the JOGG approach
- Scientific research how to measure the effects of the approach

Activities at the local level:

Each city has its own JOGG-coordinator who plans various activities in relation to the 5 JOGG pillars. These activities differ between the municipalities implementing the JOGG approach. It ranges from drinking water activities at kindergarten to creating playgrounds. Municipalities commit to JOGG for at least 3 years.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

The logic model has been based upon the EPODE logic model. The clear difference between the EPODE model and the JOGG model is the starting point of the four critical components. Moreover, the JOGG approach consists of five pillars: political commitment, co-operation between the public and private sectors, social marketing, scientific support and evaluation, and linking prevention with health care. The JOGG model is being used as a model of

reference for implementation and evaluation of the local JOGG approach by the JOGG central coordination office and the JOGG communities. It is thought that the five pillars will enable intersectoral collaboration, community capacity building and increase the activities on nutrition and physical activity (output). This will lead to changes in the environment (home, schools, care and neighbourhoods) and to changes in the individuals (attitudes, awareness, skills and knowledge) and this will change the child behaviour on physical activity and healthy nutrition, leading to an increase in percentage of children with a healthy weight (outcome).

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?

Please see the answers on the individual components (objectives, methods & activities).

To which type of interventions does your example of good practice belong to?

Policy/strategy

How is this example of good practice funded?

National/regional/local government

What is/was the level of implementation of your example of good?

National and Local (municipality level). The policy/strategy is initiated and coordinated by the national JOGG foundation. The programs at local level are adapted to the needs of the municipalities and always supported by a city council member.

What are the main aim and the main objectives of your example of good practice?

Main aim is to reverse the increasing trend of young people (0-19 years) with overweight/obesity. The sub-aims are 1) To increase the amount of young people that achieve the recommended level of daily physical activity; 2) Reduce the intake of sugary drinks and increase the intake of water; 3) Increase the amount of young people that consume a healthy breakfast; 4) Increase the daily intake of fruit and vegetables and 5) Every setting (neighbourhood, school, home and health care) offers a healthy option, and promotes physical activity.

The objectives of the strategy at national level are:

- Create structural political and governmental support
- Ensure cooperation between the public and the private sectors
- Work with the principles of social marketing
- Monitor and evaluate the effect and process continuously
- Interlink preventive care and local health care structures
- Implement the JOGG themes (water, physical activity, fruit and vegetables)

Main objectives 2010-2014:

- Changing the increase of overweight and obesity among youth (0-19 years) into a decrease.
- Including 75 municipalities in the National JOGG movement

Main objectives 2015-2020

- Working on a healthy environment with structural attention for a healthy lifestyle and a healthy weight, reaching at least 1 million children and young people
- In 75 JOGG-municipalities there is a measureable increase in the number of children with a healthy weight

Please give a description of the problem the good practice wants to tackle:

The number of children with overweight is increasing In the Netherlands, one out of seven of the boys and one out of six of the girls have overweight. In some neighbourhoods, it's one out of three. Overweight and obesity in

children is a risk factor for developing overweight and NCDs in adulthood. Therefore, prevention of overweight is important at young age.

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

Overweight and obesity are a spearhead in the Dutch Health Policy. JOGG is embedded in the National Prevention Plan (Everything is health). One of the indicators to evaluate this policy plan is the amount of municipalities that implemented the JOGG-approach.

JOGG was also part of the Covenant on Healthy Weight, a joint initiative of 26 organizations in the Netherlands. This Covenant was initiated and supported by the Ministry of Health, Welfare, and Sports. In 2015 this covenant is discontinued and a special JOGG Foundation is set up which supported and finances by the Ministry of Health, Welfare and Sports.

Furthermore, JOGG is a pillar in the Partnership Overweight Netherlands. In the partnership, several stakeholders are collaborating to prevent overweight. Stakeholders include the Ministry of Health, Welfare and Sport, Health Care Insurance Board, Dutch Care Institute and the Netherlands Diabetes Federation. Local authorities who are taking part in JOGG approach are also involved. The JOGG approach at national level will be continued until at least 2020.

At local level Dutch municipalities have health policies in place. In these policies, they may focus on the prevention of overweight or obesity. Most of the Dutch municipalities have prevention of overweight as spearhead in their local policy document.

Implementation of your example of good practice is/was:

Continuous (integrated in the system)

Target group(s):

The target group of JOGG are children aged 0-19 years. Intermediary groups are: parents, teachers, educators, health professionals, sport coaches, dieticians, social workers, policy makers & private partners.

During implementation, did specific actions were taken to address the equity dimensions?

JOGG advises municipalities to target vulnerable groups in vulnerable environments. As such, at local level many activities are adapted in such a way that they best address the needs of groups with low SES or other ethnic background. To find out these needs social marketing techniques are used.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

During the development of the local activities the (intermediate) target group is involved to find out the demands and needs of the target group. To explore these needs and demands the principles of social marketing are used. Social marketing is an important part of the JOGG-approach.

Which vulnerable social groups were targeted?

The JOGG approach pays special attention to those who live in disadvantages areas and in these areas JOGG focuses on those who need the most such as children to -9 months until 4 years old.

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants, and using different strategies?

At local level, every setting (neighbourhood, school, home and health care) is included. At those settings, healthy options and physical activity is promoted.

School:

JOGG established a Charter for Healthy Food Supply at schools, to promote healthier food supply in school canteens. Charter parties are linked with schools in the JOGG municipalities. Moreover, the foundation connects the JOGG approach with the School Canteen Brigade and other national initiatives like the Healthy Schools program in these municipalities. Ambition – Realising a healthy school environment for all children and young people going to school. An environment with attention for a healthy lifestyle and a structural school policy on healthy nutrition, sports and physical activity is created.

Sports club:

Healthier Canteen Guidelines have been established to improve the food supply in sport canteens. To be effective, the JOGG foundation aims at extension and intensifying the realisation of Healthy Sport Canteens and uses the cooperation and infrastructure of the JOGG approach. Ambition – Creating a healthy environment in sport canteens, including structural attention for a healthier food supply.

Work:

Promote healthy lifestyles of youngsters who (almost) enter the labour market and adults surrounding them. Companies and organisations are encouraged to promote healthy lifestyles and to translate the ambition and objectives of JOGG to their own policy and actions. Ambition – Youngsters and adults work together in an environment with attention for vitality and a healthy lifestyle and with a structural policy on healthy supply of foods and drinks and increased physical activity and sports. This policy for vitality and healthy lifestyle is discussed and designed by employers and employees.

Besides these aspects, JOGG also addresses the direct environment of the youth by promoting infrastructural changes, safe neighbourhoods, more green and play areas in the municipalities.

Was an effective partnership in place?

At national level the JOGG movement is coordinated by the Foundation 'Jongeren Op Gezond Gewicht', based in The Hague. Former Dutch politician Paul Rosenmoller chairs the foundation and is the national JOGG ambassador, besides the Dutch prince Pieter-Christiaan van Oranje and dancer Juvat Westendorp.

At national and local level JOGG works together with partners from both the public and private sector (Social partners: Association of all Dutch healthcare insurers, Dutch Heart Foundation, Dutch association of Dieticians, Netherlands Olympic Committee* Netherlands Sport Federation, Association of all drinking water companies in the Netherlands, Royal Association for Physical Education, Branch Association for Supermarkets and Food Services in the Netherlands, Federation of the Dutch Food Industry, Association of Dutch Catering Organisations, Dutch council for Primary Education, Dutch council for Secondary Education, Dutch council for Intermediate Vocational Education. Private partners: Albert Heijn (leading food retailer in NL), Albron (food service organization), Zilveren Kruis Achmea (Health Care Insurance company), Friesland Campina (dairy company), Nutricia, Unilever; Knowledge partners: Nutrition Centre, National Institute for Public Health and the Environment, National Institute for Sport and Physical Exercise.

At local level, partners include: schools, municipals and municipal health services, council housing, general practitioners, dieticians and physiotherapists, supermarkets, religious institutions, social media, police, sports clubs, business and associations. At local level the parties vary but there is always a combination of public and private partners.

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

JOGG is aligned with EPODE and is member of the EPODE international network.

At national level, JOGG was embedded in the Covenant on Healthy Weight, a joint initiative of 26 organizations in the Netherlands. From 2015, JOGG became a foundation. JOGG is also part of the National Prevention Plan and

JOGG is a pillar in the Partnership Overweight Netherlands. In the partnership, several stakeholders are collaborating to prevent overweight (see other question about alignment with national and local policy plans). At local level JOGG is always embedded in the health, social welfare and sports policy. The local governor signs the JOGG agreement and the local JOGG coordinator is appointed by the local government.

Was the intervention implemented equitably, i.e. proportional to needs?

JOGG advises municipalities to target vulnerable groups in vulnerable environments. As such, at local level many activities are adapted in such a way that they best address the needs of groups with low SES or other ethnic background (e.g. using social marketing principles).

Were potential burdens, including harm, of the intervention for the target population addressed?

Social exclusion and discrimination on weight were considered and JOGG professionals are made aware of the fact that their action may result in harmful effects. JOGG professionals work with interventions and programmes that take adverse effects into account.

At national level, the communication is in a positive manner.

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

The local activities of JOGG are developed using the community-approach. Members of the (intermediate) target groups are involved during the development and implementation of the local activities.

Did the evaluation results achieve the stated goals and objectives?

At the moment, the overall progress of JOGG has been monitored in 5 municipalities:

- Zwolle: between 2009 and 2012 the percentage of primary school children with overweight decreased from 12.1% to 10.6%
- Utrecht: in the period 2010-2014 the percentage of primary school children with overweight in the JOGG neighbourhoods decreased from 25% to 22%
- Dordrecht: between 2012 and 2013 the percentage of primary school children with overweight in Dordrecht West decreased from 35.2% to 34.1%.
- Amsterdam: between 2011 and 2013 the percentage of primary school children with overweight at two JOGG schools in Nieuw West has decreased from 41.5% to 37.4%
- Rotterdam: in 2013 the percentage of primary school children with overweight in Rotterdam has stabilised.

For the evaluation of the local activities there is a progress and activity monitor. This implementation of this tool started at the end of 2013. The monitor registers the progress on the different pillars, reach of the municipalities. In 2016 the results will be presented of the all the 84 municipalities.

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

For the monitoring and evaluation of JOGG a specific Evaluation Framework is developed (Koperen, et.al.2013). This framework is based on the CDC's evaluation framework. Process and outcome indicators are directed on the local team, advocacy, community capacity building and nutrition and physical activity interventions.

At national level: monitoring and evaluation is an important part of the logic model, the working plans and ambition documents. The part of the total activity budget varies on annual basis, but monitoring is one of the continuous activities.

The national JOGG foundation developed a progress and activity monitor to be used at local level. At local level, all municipalities address monitoring and evaluation in their action plans and most of them even design a specific

monitoring and evaluation plan. JOGG advises to allocate 15% of the total budget to evaluation of the approach. Activities are monitored constantly using the activity monitor. Questionnaires (including diet, intake of liquids, breakfast, physical (in)activity, environment) and BMI measurement at the start and after 3 years are used. Some municipalities choose to measure BMI on a yearly basis.

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

The progress and activity monitor is developed for the process evaluation and serve as a standard tool for monitoring progress and evaluates local activities.

Monitoring takes place continuously, both at national and local level. Funds, human resources and material resources are allocated to monitor the implementation of JOGG.

Who did the evaluation?

Internal and external parties

Specifically, what has been measured / evaluated?

Process evaluation (respondents, method, participants satisfaction): At local level, the process is monitored twice a year, using the activity and progress monitor. The progress on the five pillars (political and governmental support; cooperation between the private and public sector; social marketing, scientific coaching and evaluation, linking prevention and health care), plus communication and local organization is monitored. At national level the program will be evaluated in 2016 on process (e.g. five pillars, communication and organization) and effects (behavioural changes and overweight).

Evaluation of the impacts/effects/outcome: The local youth health monitor is used to discover trends in health of the youth from 0-19 year. Every four years municipalities are obliged to monitor the health of the habitants of their municipality. This monitor is carried out by the regional Municipal Health Services. Municipalities are recommended to use the behavioural questionnaire which is developed for the evaluation of the behavioural effects of the local activities of JOGG. The behavioural questionnaire include questions on diet, intake of liquids, breakfast, physical (in)activity and environment) and BMI measurements at the start and after 3 years. On national level the program will be evaluated on effects by the National Institute of Public Health and Environment in 2016.

What are the main results/conclusions/recommendations from the evaluation?

JOGG municipalities Zwolle, Utrecht, Rotterdam, Dordrecht and Amsterdam are the first municipalities who have shown results for JOGG in the JOGG communities since the start in 2010.

- Zwolle: between 2009 and 2012 the percentage of primary school children with overweight decreased from 12.1% to 10.6%
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- Rotterdam: in 2013 the percentage of primary school children with overweight in Rotterdam has stabilised.
- In the fall 2013, several JOGG municipalities presented their local JOGG approach and activities in the TV show Operatie NL Fit.

- In 2014, 10 JOGG municipalities continue their JOGG approach after the first 3-year period of cooperation.

35 of the 75 JOGG municipalities started with the thematic approach DrinkWater.

All JOGG municipalities have an online toolkit and inspiration kit of the thematic approach Physical Activity for Free at their own disposal. In October 2014, this second theme was introduced nationally at television via the Physical Activity for Free commercial.

Process evaluation: Besides, the 6 national private partners, about 120 partners are locally active. There are partners from the nutritional, sport, water, societal, financial and educational sectors.

In the context of the 5th pillar of JOGG, connecting prevention and health care, 8 municipalities started with the new lifestyle program Lifestyle Energy Fun & Friends, based on the MEND program. MEND is a community weight management program for children aged from 7-13 year. This program was shown to be effective in England.

Is the evaluation report available?

There are several local evaluation reports available in Dutch.

Was there a follow- or is any follow-up evaluation planned in the future?

The programme runs until at least 2020. Monitoring will continue yearly.

In 2014, 10 JOGG municipalities continued their JOGG approach after the first 3-year period of collaboration.

Who implemented the intervention:

The national JOGG foundation coordinates the JOGG approach.

In order to ensure high quality performance the local JOGG coordinators are trained by the national foundation. In the first six months, the local JOGG coordinators are coached by a trained JOGG coach who works with them locally.

Every municipality gets thorough support from the national foundation of up to a max of 40 days a year. All local coordinators and professionals have access to the online wiki platform on which they can find templates for their action plans, timelines, but also examples of other municipalities and instructions and inspiration on how to work on the five pillars.

What core activities are/have been implemented?

The national foundation focuses on:

- Advice on creating political and managerial support
- Training in the JOGG approach for locally involved parties
- Information on successful interventions and best practices
- Designing and providing municipalities with communication and information materials
- Directions on how to implement the JOGG approach
- Scientific research with which to measure the effects of the approach

At local level, the local JOGG coordinator plans various activities in relation to the five JOGG pillars. They focus on healthy schools, healthy sport canteens, healthy work, free physical activity and drink water.

The ambitions are described in comprehensiveness of the intervention or policy

Was the intervention designed and implemented in consultation with the target population?

The social marketing component of the approach ensures that both locally and at national level certain target groups, such as parents, professionals and children are consulted and involved in the design and implementation of activities, both at local and national level.

Did the intervention achieve meaningful participation among the intended target population?

JOGG has started with the local dissemination of the approach in 2010 in Zwolle. Currently, 84 municipalities (of the 393 municipalities) in the Netherlands are using the JOGG approach to promote a healthy weight among the youth. Within most JOGG municipalities the programme specifically focuses on the neighbourhoods that experience the greatest challenge in terms of socio-economic and health status.

The number of beneficiaries is estimated to be around 500,000 inhabitants

Did the intervention develop strengths, resources and autonomy in the target population(s)?

At local level, the community approach ensures working on the empowerment of the target group. Municipalities work with activities or interventions that strengthen skills and make youth more confident in controlling their lives and choices. At national level empowering by working on self-confidence and strengthening skills is a key value.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

Locally, municipalities are strongly encouraged to perform a needs assessment and to involve all the relevant stakeholders/partners at municipal and neighbourhood level as well as to consult the target group. The output of such a need assessment varies across municipalities.

Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?

The local activities are developed with the intermediate target groups such as teachers, management of schools, health, welfare professionals, sport foundations and private parties such as the local supermarket and companies. This involvement promotes the participation of the target group.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

Municipalities commit to JOGG for at least 3 years and are obliged to pay a commitment fee (for which they get support from the national foundation). In addition, they appoint a local JOGG coordinator for at least 2 days a week. One requirement to start with JOGG is that the approach is adopted by the full council of the municipality and that they embed JOGG in their local policies. Also, the local municipalities are expected to continuously monitor and evaluate the effects, activities and progress of JOGG.

At national level a foundation is started for the JOGG program. The national JOGG foundation support local authorities and their local partners in their sustainable efforts to help the youth to live healthier. The ministry of Health, Welfare and Sports finances this foundation.

Is there a broad support for the intervention amongst those who implement it?

The number of municipalities that implement JOGG is rapidly increasing each year. It is aimed that each year 15 new municipalities join JOGG. From the start in 2010 until now there are already 84 municipalities who have adopted the JOGG-approach.

Is there a broad support for the intervention amongst the intended target populations?

At local level support of the target groups is ensured by the use of social marketing techniques and their support is measured in qualitative research.

At national level the satisfaction of the local JOGG participants with the support of the JOGG foundation and the needs are measured.

Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?

There are several templates for the implementation of JOGG on local level such as a template for the ambition plan, financial plan and activity plan. At national level there is a financial report of the last 5 years.

[https://jongerenopgezondgewicht.nl/userfiles/CGG-JOGG%20financieel%20verslag%202010-2013%20A%20\(1\).pdf](https://jongerenopgezondgewicht.nl/userfiles/CGG-JOGG%20financieel%20verslag%202010-2013%20A%20(1).pdf)

Were sources of funding specified in regards to stability and commitment?

At national level the funding of JOGG consist of financial support of the Ministry of Health, Welfare and Sports, contribution of the municipalities (5000/10.000 euro per year) and financial contribution of private partners.

At local level the budget varies but every municipality invests in the commission of a JOGG-coordinator for three years.

Were organisational structures clearly defined and described?

Local level: during the planning phase of JOGG one of the first steps is to organize a stakeholder meeting in order to find out who want to commit to the approach. As a second step stakeholders can take place in the local organisation of JOGG (Steering group, partner group, working groups)

Possible local stakeholder: alderman, civil servants from various sectors (urban planning, healthcare, sports, economy), communication or social marketing specialist, general practitioner, dietician, care professionals, prevention workers, social workers, neighbourhood specialists, parents, teachers, day care providers, companies, children, media

National level: stakeholders form the backbone of JOGG throughout all steps of the approach. During the planning phase stakeholders were involved in defining the mission and structure of JOGG.

Stakeholders: Ministry of Health, Welfare and Sport, private companies, universities, expertise centres

There are several good practices of municipalities and templates in Dutch and can be used by the JOGG-coordinator.

Is the potential impact on the population targeted assessed?

Not of this program but is estimated in model studies that a decrease in the percentage of children with overweight will result in less chronic diseases and health gain.

Are there specific knowledge transfer strategies in place?

Commitment to JOGG requires 10.000 euro. In return, the national JOGG foundation supports municipalities at most 40 days a year. In addition, local JOGG coordinators are trained by the national foundation. In the first six months, the local JOGG coordinators are coached by a trained JOGG coach. Furthermore other strategies are: social media, newsletters, best practices, conferences, coaching, workshops, articles in (inter)national magazines and study books and the presentation of best practices and templates on the website

Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?

JOGG is already implemented in 84 municipalities. For further scaling up there need to be more financial resources and a different organization: more regional organization of the support of the JOGG-coordinators.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

- Political commitment: Healthy weight, as part of a healthy lifestyle is an important topic in local politics and adopted in relevant policy documents. Mayor and aldermen are familiar with, interested in and actively involved in the JOGG movement.
- Co-operation between the public and private sectors: Both public and private entities are closely involved with JOGG. For instance as part of the local project team they could generate ideas, provide communications resources, or contribute financially to JOGG's activities
- Social marketing: The essence of social marketing is to get to know your target group. Social marketing applies a "customer oriented" approach in order to create sustainable behaviour change. JOGG municipalities apply the principles of social marketing to their local situation.
- Scientific support and evaluation: The JOGG approach will be and is monitored and evaluated both in terms of process and outcome. JOGG municipalities use the most effective interventions and will measure the effects. The process will be evaluated and adjusted if necessary. BMI, health behaviour and the healthy environment of young people in JOGG communities will be monitored.
- Linking prevention and health care: In Dutch JOGG towns, (care)professionals identify overweight at an early stage. By linking preventive care with health care structures young people will receive the support they need.

What were, in your opinion, the main lessons to be learned?

On local level lessons learned are:

- To disseminate the norm for healthy behaviour a political and governmental support is essential. Governors can connect the different sectors within the municipality (and beyond) required for a comprehensive approach.
- Social marketing is a valuable addition to existing behavioural change strategies, where the focus is on seducing rather than banning. No there is more insight in how parents experience lunch at school and what the deeper motives are for mothers to let their child outside to play or not. That was the starting point for the target group.
- Public-Private Partnership (PPP): business brought knowledge, expertise, manpower and money in. These experiences have led to a clear vision and frameworks for PPS in the approach to healthy weight.
- Involvement of residents and organizations increases by involving them in the preparation and implementation of activities in their area.
- There is a need to take a long breath and remain active on different parts. Sports, healthy eating, social, education and business: an integrated approach is a condition.

On national level

- Next years there have to be more focus on embedding the activities in local policies and organizations
- Support for the implementation of the JOGG approach has to be organized at the regional level instead of national level. Because of the increase of the number of municipalities support on the national level is almost not possible anymore..
- More attention for the monitoring and evaluation at local and national level to have more insight in the results and to readjust the different components of the program
- Optimization of the different components of the JOGG-approach

Web page related to the intervention

www.jongerenopgezondgewicht.nl

References to the most important articles or reports on the intervention

Koperen, van M. e.a. (2014). Design of CIAO, a research program to support the development of an integrated approach to prevent overweight and obesity in the Netherlands. BMC Obesity 2014, 1:5
<http://www.biomedcentral.com/2052-9538/1/5>

Contact details of person who may be contacted for further information

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