

A close-up photograph of a woman with blonde hair tied back, holding a baby. The woman is looking towards the camera with a gentle expression. The baby is wearing a blue and white striped shirt and is looking slightly to the side. The background is softly blurred, suggesting an indoor setting.

# Moving baby's: A campaign with nursery rhymes in Flanders

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Kind & Gezin

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# 1. The Campaign



## Identification of the problem

- **Childhood obesity** and **overweight**: worldwide growing epidemic
- WHO:
  - 2013: > 42 million children < 5 years
  - 2025: if this trend continues: 70 million children
- Childhood obesity: higher risk for obesity, diabetes,... as an adult
- 'Tracking' = learn young, learn fair
- Growing evidence for influence of physical activity and sedentary behaviour (beside nutrition)

# The Baby Movement



## “Moving baby’s are one step ahead”

- Part of Flemish Action plan Nutrition and Movement 2009-2015
- Campaign was launched on 25th March 2014 in Flanders and Brussels
- Wide spread of campaign via media, well baby clinics, gynaecologists, website K&G, partners,...
- Goal: raising awareness of parents and professionals in childcare on the role of movement in prevention of overweight and obesity + supplying simple tools



# Campaign material

Tv-spot



Posters well baby clinics, childcare, gynaecologist



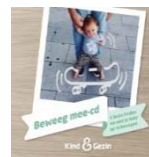
Floorstickers



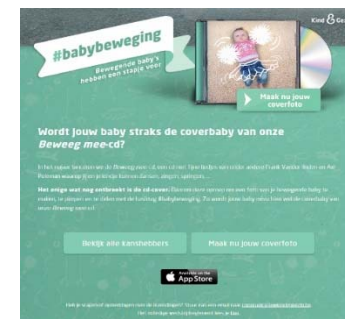
Leaflets



Music album nursery rhymes



Social media #baby movement



## Results of the campaign

### **Music album**

- 12.000 downloads in one month and the album went platinum after one month
- 35.000 copies distributed

### **# Baby movement**

- More than 3000 pictures were posted on the Facebook page of Child & Family.



## 2. The Study

- Master's thesis for Master of Science in Health Education and Health Promotion (University of Ghent, 2015)
- **Process evaluation** of the campaign
- Final step of *Intervention Mapping Protocol* (Bartholomew, E. et al, 2016)
  1. Needs assessment
  2. Program outcomes and objectives
  3. Theory-based methods and practical strategies
  4. Intervention program
  5. Adoption and implementation
  6. **Evaluation plan**

## Why evaluate the campaign?

- 2 types of evaluation for health programs:
  - **outcome evaluation:** were the objectives of the program met?
  - **process evaluation:** was the program carried out as planned?
- Process evaluation using model of Saunders et al. (2005):
  - 'reach (participation rate)'
  - 'delivered dose (completeness)'
  - 'received dose (exposure & satisfaction) '
  - 'fidelity'
  - 'recruitment'
- Were parents with low SES and non-Dutch speaking parents enough reached?

## Measurement tools and population

- 2 self report questionnaires (electronically) distributed (Opinio):
  - Primary target group: parents of children < 3 years
  - Secondary target group: team members (nurses and family supporters)
- distribution: via well baby clinics, intranet (only for team members), website K&G, Facebook-page K&G
- From November 2014 until February 2015

## Data-analysis

- SPSS Statistics version 22
- Descriptive statistics:
  - Demographic data (SES)
  - Data per component of process evaluation Saunders et al. (2005)



## Results of the study: Parents

- **Sample:** 115 parents (10% non-Dutch speaking parents, 13% low SES)
- **Reach:**
  - 86% of the parents knew the campaign
  - 63% used the recommended tips and tricks
  - 75% of the parents were motivated to exercise more with their babies
  - low SES-group and non-Dutch speaking parents were not enough reached
- **Received dose (satisfaction):** parents were very satisfied about the campaign itself, less about the information they received from the nurse
- **Received dose (exposure):** the parents “received” (or were exposed to) aprox. 25% of all campaign material

## Results of the study: team members

- **Sample:** 134 team members
- **Reach:** all the team members knew the campaign
- **Received dose (exposure):**
  - team members knew about the cd, posters and leaflets
  - Less about the TV spot, floorstickers and #baby movement
- **Received dose (satisfaction):** team members didn't feel enough supported to implement correctly, not enough time in contact with parents
- **Delivered dose (completeness):** not all campaign material was delivered to parents (50%)

## Discussion

### Recommendations:

- Families with low SES and non-Dutch speaking families must get more involved -> risk population!
- Better information flow from employers (developers of the campaign) to the team members (implementers)
- Involve parents of older children more because of fewer contacts at the consultation (1m, 2m, 3m, 4m, 6m, 9m, 12m, 24m, 30m)

### Limitations

- Campaign and questionnaire only in Dutch



Thank you!  
Questions?

