



## **Actions and guidelines on addressing childhood obesity**

**Children and Obesity  
and associated avoidable chronic diseases**

**Grant agreement 2003 305**

**October 2006**

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### **Developed in the context of the Commissioned part-funded project on Children and obesity and associated avoidable chronic diseases**

This document is essentially a plan for implementation of the priority policy options identified during the consultations carried out at European and national level between November 2005 and April 2006.

It is divided into 15 sections comprising the plans agreed at European and national level. The document is based on the report on *'Policy options to prevent child obesity'* published in October 2006 and available on the European Heart Network's website<sup>1</sup>. It is recommended to read this report to understand the context in which the actions and guidelines have been developed.

The actions have been shared with the organisations that participated in the policy options consultations and they have agreed to support the actions and include them in their own action plans as appropriate. In some countries, plans and activities were already underway or in the pipeline. In these countries, the national coordinators agreed to support these initiatives.

The guidelines are essentially addressed to this wider network of health organisations (NGOs). Some recommendations involve institutional organisations (e.g. European Commission, EFSA, governments, governmental agencies) and, thus the implementation of the recommendations goes beyond the control of these organisations. However, the NGOs commit themselves to encourage actively the relevant institutions, political decision makers to address the concerns.

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<sup>1</sup> <http://www.ehnheart.org/files/policy%20options%20final-150305A.pdf>



The European Heart Network acknowledges the financial support received from the European Commission for this project. Neither the European Commission nor any person acting on its behalf is liable for any use made of the following information.

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## **Actions and guidelines on addressing childhood obesity**

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### **1. European level**

#### **1.1. Goal: Controlling sales of foods in public institutions**

Since the aim of the project is to contribute to tackling the obesity epidemic among children and young people, public institutions are limited to institutions frequented by children, such as schools, kindergarten, preschool day care centres, etc.

Information and education about healthy eating initiatives are undermined when children encounter catering outlets and vending machines selling obesity promoting foods in particularly schools and other institutions visited by children. Controls should be introduced to ensure that catering outlets and vending machines in public institutions sell only healthy foods. This would improve the quality of their provision and reinforce healthy eating messages.

- **Objectives**

- High quality standards for food in schools, whether provided as part of a meal, from vending machines or other sources such as tuck shops.
- Health criteria included in public procurement tenders for sales of foods in schools.

- **Actions and Guidelines**

- Explore to which extent high quality standards can be agreed at EU level for food in institutions visited by children, whether provided as part of a meal or from vending machines, tuck shops etc, through:
  - Commission-sponsored meeting with Member States and EFSA in the framework of the Nutrition and Physical Activity (NPA) network.
- Examine existing EU public procurement rules and determine if it needs amending so as to contribute to health through:
  - Commissioning research.

#### **1.2. Goal: Controls on food and drinks advertising**

It has been established that advertising has an impact on children's food preferences, purchase behaviour and consumption at both brand level and category levels and that this effect is independent of other factors. Among those concerned with public health, advertising of unhealthy food and drinks, i.e. foods and drinks that are high in fat,

particularly saturated fat, salt or sugar and low in essential minerals, is considered as a significant contribution to poor dietary health, including childhood obesity.

A considerable amount of money is spent on marketing of foods to children, with the great majority spent on TV advertisements. The majority of food advertising to children is for unhealthy food. Marketing on the Internet and in schools should also be addressed.

- **Objectives**

- The Television without Frontiers Directive to prohibit TV advertising of 'unhealthy' food to children between 6am and 9pm.
- Protection of children from all other forms of 'unhealthy' food marketing, including through schools and the Internet and through any other broadcast and non broadcast media.

- **Actions and Guidelines**

- Disseminate the existing evidence showing the impact of advertising unhealthy food products on children.
- Lobby for appropriate amendments to the Commission proposal to amend the Television without Frontiers Directive through:
  - Coalition building;
  - Meeting with EU decision makers, including MEPs, Member States Representatives;
  - Involving national organisations;
  - Developing contacts with the media.
- Collect EU data on marketing practices in schools, via the Internet, on broadcast and non broadcast media, and any other form of marketing through:
  - Encouraging the EU to make EU funds available for developing effective structures and procedures to monitor the nature and extent of food marketing to children and its regulation throughout Europe.
- Determine what are the most appropriate measures to protect children from all other forms of 'unhealthy' food marketing, including through schools and the Internet and through any other broadcast and non broadcast media through:
  - Commissioning/collecting research on effective measures and interventions.

### **1.3. Goal: Mandatory nutritional information labelling**

Generally, consumers do not understand some of the technical terms used on the current labels. Nor do they understand which nutrients are most important to look at, what counts as a lot or a little of a nutrient in a product, whether small differences in nutrient levels between products are important and how to trade off high levels of one

nutrient against low levels of another nutrient. This information would also be of great help to health professionals in their consultations with patients.

- **Objectives**

- Mandatory standardised comprehensive and comprehensible back of pack labelling.
- Mandatory simplified front of pack nutrition schemes. This should be in addition to mandatory full nutrition labelling on the back of pack labelling.

- **Actions and Guidelines**

- Develop position papers to support the introduction of European legislation on mandatory nutrition labelling through:
  - Bringing together research into different nutrition labelling initiatives.
- Respond to Commission consultations on labelling.
- Disseminate information to all relevant decision makers of research done in this field.

#### **1.4. Goal: Common Agricultural Policy reform and Subsidies on healthy foods**

The reform of the fruit and vegetable common market organisation (CMO) in the EU presents an opportunity for inter-sectoral approaches to offer benefits to consumers and farmers alike, while improving the health of the European population.

- **Objectives**

- The fruit and vegetable CMO to take health aspects into consideration.
- Health and agriculture sectors to coordinate activities to promote fruit and vegetables consumption.
- Fruit and vegetables to be available on the market at affordable prices for everyone.

- **Actions and Guidelines**

- Ensure that the fruit and vegetable regime promotes the reduction and eventual phasing out of withdrawal compensations and
- Ensure that withdrawn produce under CAP can be used for human consumption through:
  - Responding to Commission consultations on the reform of the fruit and vegetable CMO.
  - Promoting the subject in the Platform on Diet, Physical activity and Health.

- Impact on EU decision makers so that CAP funds for producers of fruit and vegetables are used in combination with promoters of health through:
  - Coalition building at EU level;
  - Meeting with EU decision makers, including DG SANCO and DG Agri, MEPs, Member States Representatives.

### **1.5. Goal: Improve training for health professionals**

Health professionals require training and support of various sorts, including how to recognise and diagnose obesity risks in infancy, childhood and adolescence, how to offer advice to families without appearing prejudiced or patronising, and how to involve their professional organisations in lobbying for preventative services as well as other wider measures. If adequately trained, health professionals – including paediatricians - can have an influence on their patients and may influence their patients' health behaviour through appropriate guidance.

- **Objectives**

- Health and nutrition aspects and promotion of healthy lifestyles should be part of the curriculum of health professionals in all EU countries.

- **Actions and Guidelines**

- Encourage European associations of health professionals to advocate for inclusion of nutrition in the curriculum.
- Encourage European associations of health professionals to develop training modules on nutrition, which should be included in existing EU Lifelong Learning projects.
- Promote existing master programmes on nutrition as complementary courses for (medical) health professionals.
- Ensure that continued (medical) training courses give appropriate credits to courses on nutrition and prevention.

These four action points can best be realised through:

- The organisation of meetings and conferences with relevant professional organisations to promote these actions;
- Promoting the subject in the EU Health Policy Forum.

## **2. Austria**

### **2.1. Goal: Increase teaching in schools about food and health education**

The main goal of the project is the fight against child overweight and obesity. Prevention is essential to avoid cardiac heart diseases. Public institutions like schools are the best place to reach children and parents to raise awareness for a healthier lifestyle.

- **Objectives**

- Modification of the school curriculum on food and health education.

- **Actions and Guidelines**

- Explore the possibilities for a modification of the curriculum in Austrian schools through:
  - stimulating experts in health education to get involved in this project;
  - stimulating the Austrian school authority to achieve these modifications.

### **2.2. Goal: Improved health education in the media and community**

Health education is important to avoid diseases or to improve the state of health. Mass Media have the force to reach children and adults alike and to impact on lifestyle behaviours of the Austrian population.

- **Objectives**

- Implementation of ongoing information campaigns on healthy lifestyle via TV, newspapers and the internet.

- **Actions and Guidelines**

- Provide consistent information to journalists and TV editors on health topics.
- Explore the possibilities to set up a continuous health campaigns in newspapers, TV, posters and internet through:
  - contacting the Austrian general manager of the public TV channel to implement healthy lifestyle campaigns in the production plan;
  - contacting the Ministry of health and education.

### **2.3. Goal: Improve communal sports facilities**

Physical activity is essential for children's health. It is therefore necessary to provide adequate sports facilities and to inform the public about the facilities. More information material on the positive health effects of sports is necessary.

- **Objectives**

- Develop information and motivation campaigns on positive effects of sports on health.

- **Actions and Guidelines**

- Inform parents about the existing sports facilities for children.
- Set up a “motivation campaign” for physical activity in schools through:
  - Posters and leaflets for parents and children;
  - Providing printed material in schools.
- Encourage the ministries of sports, health and education, the school authorities, sports associations and the industry to participate in these campaigns.

#### **2.4. Goal: Improve training for health professionals**

Health professionals are the first contact for people with an increased obesity risk or who are already obese. It is important to provide them with adequate training so that they can provide information and support to children and adults on how to improve their lifestyle.

- **Objectives**

To make the promotion of healthy lifestyles part of the curriculum of health professionals in Austria.

- **Actions and Guidelines**

- Encourage Austrian associations of health professionals to advocate for inclusion of nutrition in the curriculum.
- Encourage Austrian associations of health professionals to develop training modules on nutrition.
- Promote existing master programmes on nutrition as complementary courses for (medical) health professionals.
- Ensure that continued (medical) training courses give appropriate credits to courses on nutrition and prevention.

These action points can be realised through:

- cooperation with relevant professional organisations to promote these actions.

## **2.5. Goal: Controlling sales of foods in public institutions**

Public institutions like schools and kindergarten should offer healthy meals, food and drinks. It is important to cooperate with the supervisory school authority to restrict access to unhealthy foods in schools and other institutions visited by children.

- **Objectives**

- High quality standards for food and drinks in schools and kindergarten, whether provided as part of a meal or from vending machines.
- Issue national nutrition guidelines for schools and kindergarten and other institutions visited by children.

- **Actions and Guidelines**

- Inform and stimulate the local ministry, experts and school authorities about the importance of high quality standards for food in schools whether provided as part of a meal or from vending machines and other sales outlets.
- Development of national guidelines for schools and kindergarten, through:
  - Nutrition experts and the Austrian school authority.
- Cooperation between the Austrian Heart Foundation and local bakeries to offer healthy products at a cheaper price in school canteens.

### **3. Denmark**

#### **3.1. Goal: two mandatory physical activity lessons per day in schools**

- **Objectives**

- Make sure children are physical active at least 1.5 hours per day (two lessons).
- Make children aware of the importance of physical activities for their well-being and health.

- **Actions and Guidelines**

- Examine to which extent two mandatory physical activity lessons can be implemented at a national or local level through:
  - Influencing relevant authorities in cooperation with partners in the Danish network , such as members from the board of teachers of physical activity, Members of the association of nurses and doctors working in schools, members of the board for teachers of home economics, children's dentist and parents groups;
  - Influencing the political agenda.
- In cooperation with partners strengthen the annual physical activity day.
- Raise awareness by providing theatrical play (Rumlerikkerne) for small children through their day care centres.
- Encourage health authorities to monitor school children's physical fitness through simple in-school tests.

#### **3.2. Free healthy meals in schools**

- **Objectives**

- Make sure children receive at least one free healthy meal per day.
- Raise children's awareness of the benefits of healthy eating.

- **Actions and Guidelines**

- Explore to which extent standards for healthy meals can be set at EU-level and at national level.
- In cooperation with partners explore practicalities and costs of free healthy meals.
- Participate in the current setting of nutritional standards for healthy meals offered by the public system.

- Make sure that all children have one free piece of fruit in schools.
- Make sure that health criteria are included in all food products available in schools.

### **3.3. Food and health education in schools**

- **Objectives**

- Make sure children are aware of the importance of healthy eating and lifestyle to prevent the development of obesity and its consequences as adults.

- **Actions and Guidelines**

- Influence authorities in cooperation with partners to make sure the concept of a healthy lifestyle is permanently on schoolchildren's agenda.
- Influence schools through teachers and parents organisations to make sure healthy lifestyle is implemented in the day to day education.

### **3.4. Change planning and transport policy**

- **Objectives**

- To make it easy and safe to be physical active in everyday life.

- **Actions and Guidelines**

- In cooperation with partners, provide information on the importance of being physically active to decision makers in the field of transport and city planning.
- In cooperation with partners offer cost/benefit studies on this matter.

### **3.5. Subsidies on healthy foods**

- **Objectives**

- To prioritise consumers' intake of healthy food.

- **Actions and Guidelines**

- Establish food-based dietary guidelines within the ambit of EU and at national level by:
  - Being involved in the development of national definitions of healthy food;
  - Being involved in the development of national regulations on the advertising of unhealthy food products (i.e. high in sugar, salt, fat and low in vitamins and minerals);

- Being involved in the development of taxation of food to make sure unhealthy food is taxed higher than healthy food.

### **3.6. Influencing the politicians through information and meetings**

- **Objective**

- Strengthen the already existing regulations on foods and drinks advertising to children in accordance with the suggested amendments raised in the TV without frontiers Directive.

- **Actions and Guidelines**

- To continuously provide information and have meetings with the national as well as the European political system.

## **4. Estonia**

### **4.1. Goal: Improve food and health education**

- **Objectives**

- Improve education, and increase the number of school lessons on diet and exercise, cooking, food labels, advertising, etc to help create an educated and independently thinking consumer generation.

- **Actions and Guidelines**

- Cooperation with teachers, directors, parents, children from different age groups and relevant organisation to promote the importance of food and health education through:
  - Distribution of relevant materials in schools, organizations, health institutions, etc.
  - translations of important material generated during the Children & Obesity project.
- Carry out a research project that gives an overview of the real situation of the quantity and quality of food offered through school cafeterias, vending machines, etc. through:
  - Cooperation with the leading universities in Estonia, and other relevant local and international scientific institutions.
- Carry out research on the content of the currently offered health education via:
  - Comparative research on best practice from other countries (such as Finland).

### **4.2. Goal: Improved health education in the media and community**

- **Objectives**

- Creating an environment that promotes healthy eating habits and healthy lifestyle and induces people to become educated consumers.

- **Actions and Guidelines**

- Develop evidence-based position papers.
- Translate and distribute best practice position papers from other countries for relevant organisations and ministries in Estonia.
- Ask media services to broadcast programmes and messages which promote healthy eating, cooking, etc.via:
  - Developing a daily TV programme with a popular chef and nutrition specialists cooking a healthy meal or a healthy menu.

- Additionally daily information on different nutrients, and their effects on health (ie salt, sugar, certain minerals, etc. ).

#### **4.3. Goal: Change planning and transport policies**

- **Objectives**

- Create an environment that invites people to be physically active, e.g. via safe and well lighted cycling roads, health trails, etc.
- Increase active transport of children to school (cycling, walking).
- Increase daily physical activity for children.

- **Actions and Guidelines**

- Develop promotion campaigns to encourage car users to find alternative ways of moving and make them realise the health risks associated with insufficient physical activity through:
  - Joining European and global physical activity campaigns, European physical activity week, car free day, walk to school day, etc.
  - Developing campaigns that explain the differences in value between “time won by using the car to cover short distances” and “health investment made by covering that distance by foot or bike.”
- Promote physical activity for children during after school activities through:
  - Changing the surroundings of schools inviting children to be physically active, opening up school sport halls and gym classes so that children can use them after school hours and in week-ends);
  - Promoting conditions so that children can be physically active during their free time (safe playing on the streets, in parks, etc).
- Develop research to find out what is the actual state of people’s physical activity levels in different areas of Estonia; develop research on how to increase people’s motivation to be more physically active in general and use public transport through:
  - Developing contacts with universities (sociology dept), state offices or business to carry out this research.

#### **4.4. Goal: Subsidies on healthy foods**

- **Objectives**

- Government payments to ensure healthy food is cheap and available.

- **Actions and Guidelines**

- Develop lobby activities to the Ministry of Social Affairs, Ministry of Education, Ministry of Agriculture, Ministry of Culture, local governments to give financial support to healthy foods through:
  - Cooperation with politicians to draw their attention towards health through family politics and healthy diets at home;
  - Cooperation with schools to try to make the menu healthier in schools, kindergartens and work places.
- Develop public recognition programmes to acknowledge schools and kindergartens that use healthy eating principles in their food menus (use vegetable oils, less salt, vegetables, and fruits) through:
  - Using appropriate media channels to reflecting the above mentioned recommendations.

#### **4.5. Goal: Improve training for health professionals**

Health professionals require training and support of various sorts, including:

- how to recognise and diagnose obesity risks in infancy, childhood and adolescence,
- how to offer advice to families without appearing prejudiced or patronising, and
- how to involve their professional organisations in lobbying for preventative services as well as other wider measures.

- **Objectives**

- Health and nutrition aspects and promotion of healthy lifestyles should be part of the curriculum of health professionals in all EU countries.

- **Actions and Guidelines**

- Use the experiences, development strategies and educational systems of countries with higher health cultures to train nutrition and physical activity specialists.
- Translate important materials, publishing, and distribution to relevant organizations, institutions, specialists, etc.
- Create guidelines for proper nutrition and physical activity, based on principles of heart and cardiovascular health and good general health condition.

- Provide and distribute these guidelines to all relevant individuals and institutions at different regulatory levels. Distribute guidelines and experiences from other countries on how to detect, cure and prevent obesity.

## 5. Finland

The Finnish Heart Association invited four other NGO's (Cancer Society, Association of Clinical and Public Health Nutritionist, Finnish Centre for Health Promotion, Mannerheim League for Child Welfare) on 24 January 2006 to discuss policy options in the field of childhood obesity. The participants agreed on five priorities:

- Improving training for health professionals;
- Controlling sales of foods in public institutions;
- Multi-professional networking;
- Improve food and health education;
- Increase resources in health care.

A number of different initiatives and activities aimed at children and obesity are run by the Finnish Heart Association (FHA), working alone or together with NGO's and other partners.

### 5.1. Goal: Improving training for health professionals

Individualised dietary counselling helps maintain healthy weight among children. The Finnish STRIP project, a randomised heart disease risk factors intervention study, has shown that regular lifestyle counselling reduces children's exposure to the known environmental atherosclerosis risk factors and contributes to early prevention of coronary heart disease.

#### • Objective

- To include nutrition, physical activity and promotion of a healthy lifestyle in the curriculum of the health professionals.

#### • Actions and Guidelines

- Although there is a lot of continuing education available in the field of health care, there are many shortcomings in the organisation, coordination and realisation of the education. The following actions have already been undertaken to counterbalance this point:
  - The Children's Health Forum ("Forum") organised an annual workshop "Listen adult. Is anybody at home?" on September 29. The theme of the workshop was how to fit the family life with in the work. The Forum continues as an alliance for the Children and Obesity Project and a platform for dialogue and the development of collaboration. Its primary objective is to give support to parents, professional educators and health workers, while keeping the main target in mind: children and young people themselves.
  - The State Province Offices, Association of Clinical and Public Health Nutritionist and FHA's district offices are organising continuing education. The education concentrates on overweight and obesity, physical activity, nutrition and the unhealthy food marketing to children and was targeted primarily at people working with children in health services and the schools.

## **5.2. Goal: Controlling sales of foods in public institutions**

### **• Objectives**

- To influence the adults around children, so that they remember the importance of what and how children eat and give it the consideration it deserves. In practice, this means that homes as well as school would pay more attention to food;
- To remind people of moderation and regularity in eating;
- To bring together various actors and to support the Finnish food industry by developing tasty and healthy snacks;
- To remove vending machines from the schools and to replace them with healthier snacks.

### **• Actions and Guidelines**

- There is growing concern that the Finnish free school meal system is beginning to crumble. The Smart Snacks project launched by Sitra (The Finnish National Fund for Research and Development) is gathering together various actors to examine the current situation regarding children's eating habits and to establish which measures should be required to improve them. The Smart Snacks project focuses on schoolchildren's nutrition and snacks. The Smart Snacks project includes health and nutrition research, development of healthy products, pilot projects, communications and experimental projects. Good practices will eventually be emulated. Five food companies and the catering company Sodexo have contributed to the planning of the Project. The companies will introduce new products to schoolchildren, and then study the attractiveness and health benefits of the products. NGO's are bringing the message to adults. Sitra is providing funding for the project in excess of €1.5 million over the next 2–3 years. The Finnish Heart Association has the responsibility for the communication of the Project.
- Minister of health and Social services Liisa Hyssälä proposed that the school committees start thinking about the possibility of removing the vending machines from schools and providing healthier snacks.
- Minister Haatainen from the Ministry of Education underlined that the school environment should encourage children's health. Selling of sugary drinks and confectionery in the school should be part of the cooperation between schools and parents.
- Some schools have started to remove vending machines and to offer free and/or moderate-priced healthy snacks.

### **5.3. Goal: Multi-professional networking**

- **Objectives**

- To provide support, tools and knowledge for personnel at child welfare clinics to promote good dietary and physical activity habits at the level of the entire family.
- To aim on health promotion. The Government Resolution on the Health 2015 is a co-operation programme that aims at health promotion in all constituent parts of society. The concept 'settings of everyday life' and 'course of life' play a key role in the programme. Local decisions in homes, day care centres, educational institutions, services and transport may all either further or detract from potential for good health. Owing to their autonomy and extensive powers, the local authorities have good potential to achieve the targets of the programme.
- To emphasize prevention of obesity among children health related rather than weight related issues, and it should be as multidimensional as possible reaching from the child's close family environment up to municipal and national measures.

- **Actions and Guidelines**

- The Finnish Medical Society Duodecim and the Academy of Finland have given the Obesity Consensus Statement. As a purpose of the consensus statement is to give updated information to health care providers, decision makers, voluntary organisations, media and general public. Treatment of obesity is a great challenge for health professionals. Obesity develops over a long period of time and is difficult to treat. More effort should be invested in its prevention. Prevention should begin in early life. Creating living conditions that promote healthy food choices is of great importance. Governmental actions are needed together with actions implemented by municipalities, health care, food industry and trade, NGO's and media.
- Current care Guidelines for Childhood obesity: the cornerstones of prevention include, for example, guidance towards recommended eating habits, limiting the time spent watching TV or playing computer games by agreeing on a suitable daily allowance, increasing physical activity and focusing on the knowledge, attitudes and living environments of school staff and pupils. It emphasizes that a multidisciplinary approach should be employed when striving towards these goals through co-operation between health professionals, child care providers, school staff and those organising sporting and other leisure time activities.
- The FHA focuses its activities on children and their families. Among the first activities are to develop a nation-wide model for child welfare clinics that focuses on monitoring heart health factors systematically and on strengthening the role of family-based lifestyle guidance. Especially, this project aims at providing support, tools and knowledge for personnel at child welfare clinics to promote good dietary and physical activity habits at the level of the entire family. The model will be tested in 2006 in ten maternity and child welfare clinics in different parts of Finland.

#### **5.4. Improve food and health education**

- **Objectives**

- To teach healthy eating habits is primarily the parents' responsibility. However, schools also have a crucial role to play.

- **Actions and Guidelines**

- National framework curriculum for comprehensive education and upper education forms the basis for drawing up local curriculum, which is usually done by municipalities. The framework for comprehensive schools is more detailed than before. For the first time, student welfare, as cooperation between the home and school, has been included in the curriculum. A new subject is health education, which will be taught as an independent subject. Before that, health education was incorporated into other subjects.
- Thematic entities in a curriculum for upper secondary schools include: communication and media skills.
- Health from vegetables campaign carried out by the Finnish Horticultural Product Society, the FHA and the Finnish Cancer Society started in mid –August 2006 in the schools and continued till the end of October. The campaign aims at increasing consumption of vegetables, fruit and berries among children and young people. The campaign included following components: the cookery book, the interactive website [www.raastavanalka.fi](http://www.raastavanalka.fi), events etc.

#### **5.5. Increase resources in health care**

In Finland pre-school children and families with children can best be reached through child welfare clinics. At the moment, the biggest problem child welfare clinics are faced with is the overload of clients and work, which is caused by the scarcity of human resources. In many municipalities, the number of children that public health nurses are responsible for exceeds the recommendations by one-third, and sometimes by as much as 50%. The same lack of resources applies to health care provided at schools, the role of which can be very important for children's health at the transition phase from pre-school level to comprehensive school.

##### **For the Public Health**

The Finnish Heart Association together with the Diabetes Association has published a statement for the coming Government Programme. The Parliamentary Elections is in March 2007. Members of the Parliament are elected in Finland every fourth year. The Government Programme is an Action Plan agreed by the parties in the Government.

The following proposals of the statement support the before mentioned policy options on childhood obesity:

- To have a healthy way to grow old as a part of the early childhood education;
- To secure a good growth milieu for children through city planning and building;
- To strengthen resources and guidance of the action in child welfare clinics and school health care;
- To increase the financial support for the school lunch and snack and to stop the sale of the confectionary in the schools;
- To restrict the marketing of the products that promote unhealthy lifestyles to children.

## **6. France**

The countries participating in this project need to spearhead the recommendations. In view of the many obesity prevention initiatives in which the FFC partners are directly or indirectly involved, particularly those launched by the government, it seemed relevant to highlight the wealth of existing programmes in France and to give an overview of obesity prevention among young people in France since 2004.

### **6.1. Introduction**

A series of epidemiological studies among both adults and children has shown that obesity is increasing in France. Moreover, the growth rate is higher among the younger generations.

One of the principal environmental factors is the gradual decrease in physical activity. Other determinants include nutrition, metabolism and psychological and social factors, the corollaries of changing eating habits and life styles.

More than ever preventive measures are required to stem the impending epidemic. Recently, several initiatives were taken. In October 2005, for example, the Office Parlementaire d'Evaluation des Politiques de Santé (OPEPS, the French parliamentary office for health policy evaluation) published a report on the prevention and management of obesity. In March 2006, the Conseil National de l'Alimentation (national food board) adopted a recommendation proposing 116 measures to prevent obesity among children. The first phase of the PNNS (national nutrition and health programme) was wrapped up in 2005. This programme focused on both food and physical activity. Proposals for a second PNNS (2006-2008) were submitted to the Minister of Health in April 2006. Two of the three action plans of PNNS 2 are entirely or partly devoted to obesity.

### **6.2. Epidemiology**

The ObEpi (Obesity – Epidemiology) 2006 survey reported the following figures: In 2006, 12.4% of all adults (people of 15 and over) in France were obese (i.e. 5.91 million people). Obesity increases on average by 5.7% p.a. Survey results showed for the first time a slight slowdown.

29.2 % of the population is overweight (i.e. 13.9 million people).

Younger generations of a given age have a higher body mass index than the older generations had at the same age.

As shown by past surveys, the prevalence of obesity is heavily influenced by socio-economic factors. The frequency of obesity is inversely proportional to household income. Moreover, the regions most affected by obesity remain the North (18.1%), the East (14.1%) and Greater Paris (13.4%).

The published results of the 2006 survey do not include figures for children. The ObEpi 2000 survey included the following figures: obesity (2.4%), overweight (10.9%) and excess weight (13.3%) for children aged 2 to 17.

### **6.3. Regulation**

Act no. 2004-806 of 9 August 2004 on public health policy

After a slow start, this law is gradually coming into use.

Automatic vending machines in schools were prohibited with effect from 1 September 2005 (**Article 30**)

**The Public Health Code has been completed by a chapter III, worded as follows:**

*"Article L. 2133-1. – Any advertiser of television commercials for food whose nutritional composition can damage the health of children or adolescents in the case of excessive consumption must finance the production and broadcasting of a nutritional information message. This message must be broadcast on the same television channel during the same time slots as the advertising message. The advertisers concerned may group themselves to produce and broadcast a common nutritional information message.*

*"Article L. 2133-2. – A Conseil d'Etat decree, adopted after hearing the recommendation of Agence Française de Sécurité Sanitaire des Aliments (French food safety agency) and Institut National de Prévention et d'Education pour la Santé (national prevention and health education institute), shall determine the application conditions of this chapter, particularly:*

- The nutritional profiles and categories of foods covered by Article L. 2133-1;
- The conditions for determining the length and frequency of nutritional information messages and their minimum and maximum length;
- The procedure for validating nutritional information messages."

Nevertheless, this law is still not fully applied, as witness three written questions asked by senators demanding application of the decree:

**Fight against obesity: publication of the decree is essential to implement health messages.**

Written question no. 23750 by Mr Bernard Seillier (region: Aveyron - party: RDSE) published in the Journal Officiel (OJ, gazette) of the Senate on 29/06/2006 - page 1757  
Mr Bernard Seillier wishes to draw the attention of the Minister of Health and Solidarity to the application conditions of Act no. 2004-806 of 9 August 2004 on the public health policy.

As part of the reform of our entire health system, the Public Health Act was to promote an ambitious prevention policy. The State, responsible for guaranteeing health protection, has determined public health objectives, particularly the inclusion of a health message in advertising campaigns for food products.

Article L. 2133-1 of the Public Health Code stipulates that television and radio advertising for beverages with added sugar, salt or synthetic sweeteners and food

products manufactured, marketed and circulated from and received in French territory, must henceforth, pursuant to the law, include health information validated by Agence Française de Sécurité Sanitaire des Aliments and Institut National de Prévention et d'Education pour la Santé. The same information obligation applies to actions to promote such beverages and products.

Advertisers can avoid this obligation by paying a fee to Institut National de Prévention et d'Education pour la Santé. This fee is intended to finance the production and broadcasting of nutritional information and education campaigns, particularly in the relevant media and through local actions.

In accordance with the letter of the law, the application conditions of Article L. 2133-1 of the Public Health Code are determined by Conseil d'État decree after hearing the recommendations of Agence Française de Sécurité Sanitaire des Aliments and Institut National de Prévention et d'Education pour la Santé and after consulting the Bureau de Vérification de la Publicité (advertising verification office). The law was adopted two years ago and still no such decree has been issued.

The senator therefore wishes to ask the Minister when publication will occur of the application decree for Article L 2133-1 of the Public Health Code, which is essential to issue health messages connected with the promotion of food products, and therefore to strengthen the fight against obesity.

### **Fight against obesity and application decrees for the Public Health Act**

Written question no. 23713 by Mrs Françoise Henneron (region: Pas-de-Calais - party: UMP), published in the JO Sénat on 29/06/2006 - page 1756

Mrs Françoise Henneron wishes to draw the attention of the Minister of Health and Solidarity to the application conditions of Act no. 2004-806 of 9 August 2004. This text set public health objectives, especially the inclusion of a health message in campaigns to promote food products. Article L. 2133-1 of the Public Health Code stipulates that television and radio advertising for beverages with added sugar, salt or synthetic sweeteners and good products manufactured, marketed and circulated from and received in French territory, must henceforth, pursuant to the law, include health information validated by Agence Française de Sécurité Sanitaire des Aliments and Institut National de Prévention et d'Education pour la Santé. The same information obligation applies to actions to promote such beverages and products. Advertisers can avoid this obligation by paying a fee to Institut National de Prévention et d'Education pour la Santé. This fee is intended to finance the production and broadcasting of nutritional information and education campaigns, particularly in the relevant media and through local actions. In accordance with the letter of the law, the application conditions of Article L. 2133-1 of the Public Health Code are determined by Conseil d'État decree after hearing the recommendations of Agence Française de Sécurité Sanitaire des Aliments and Institut National de Prévention et d'Education pour la Santé and after consulting the Bureau de Vérification de la Publicité (advertising verification office). The law was adopted two years ago and still no such decree has been issued.

The senator therefore wishes to ask the Minister when publication will occur of the application decree for Article L 2133-1 of the Public Health Code, which is essential to issue health messages connected with the promotion of food products, and therefore to strengthen the fight against obesity.

### **Information campaigns to fight the increase in obesity**

Written question no. 17196 by Mr Jean-Claude Merceron (region: Vendée - party: UC-UDF), published in JO Sénat on 21/04/2005 - page 1118.

M. Jean-Claude Merceron wishes to draw the attention of the Minister of Health and Solidarity to the increase in obesity and its corollary, type 2 diabetes, in France. Article 30 of Act no. 2004-806 of 9 August 2004 on public health policy prohibits the presence of automatic vending machines for beverages and food products in schools with effect from 1 September 2005. While this prohibition exists, which is praiseworthy, it must be accompanied by information campaigns about a healthy life style in order to fight bad eating habits, a sedentary life style and lack of physical exercise. The senator therefore wishes to ask the Minister whether he is considering the adoption of measures to implement such information campaigns before the 2005 school year.

#### **6.4. Programme national nutrition santé (PNNS - national nutrition and health programme)**

In order to fight obesity and the pathologies associated with malnutrition, France adopted in 2001 the Programme National Nutrition Santé (national and health programme), making it the first European country with an overall strategy.

The first PNNS (2001-06) introduced a series of official nutritional reference points. In accordance with the French eating culture, these reference points combine public health objectives with the principles of taste, please and conviviality. They have been validated scientifically and are widely recognised for their relevance. They have been promoted on a massive scale by means of guides= brochures?(more than 5 million copies) and communication campaigns.

The PNNS is also a living tool. Every month, a steering committee of public health experts, government officials and industry players (agribusiness, civil society). meets to discuss nutritional initiatives. This little parliament is chaired by Professor Serge Hercberg.

Nutritional policy has gradually been stepped up. During the last two years, the government has increased its nutritional budget by 30% p.a..

The increase in obesity and the pathologies connected with malnutrition makes it necessary to strengthen France's nutritional policy with new aims in the areas of:

- prevention, i.e. nutritional education as well as the food supply;
- early detection and treatment of nutritional disorders (obesity, undernutrition);
- focus on poor population groups and people in precarious circumstances and initiatives to involve associations and local governments.

Lastly, the plan steps up nutritional research and the fight against stigmatisation. The PNNS 2 (2006-2008) introduces a series of quantified objectives to reduce nutritional deficiencies. It includes nine priority objectives (such as a 20% drop in the prevalence of overweight ; a 25% decrease in the number of people who eat little or no fruit and vegetables; a 5% decrease in the average cholesterolemia; and a 25% increase in people engaged in physical activity), which it will monitor and subject to regular evaluation.

The joint nutritional effort of the government and health insurance sector will cost EUR 47 million in 2007 (excluding food aid spending), including EUR 10 million for communication and education initiatives, EUR 8 million for local actions, EUR 13 million for treatment of obesity and undernutrition and EUR 15 million for research and expert analyses. The public nutritional research budget has tripled during the last two years to EUR 9 million (allocated by Agence Nationale de la Recherche, France's national research agency). This makes France one of the foremost nutritional research hubs in the world.

Whereas the first Programme National Nutrition Santé focused on education and awareness campaigns, the second programme addresses the quality of the food supply.

In order to reach the objectives of the French Public Health Act and the WHO recommendations more rapidly, the government is urging agribusiness players to accept individual or collective commitments with regard to the nutritional composition of foods and their presentation and promotion.

A committee of experts is preparing terms of reference for these commitments, expected to be ready in the spring of 2007. France will be the first country to propose such commitments. Institutional catering companies have been asked to sign similar commitments. Lastly, the government will issue a regulation with nutritional references for school caterers.

An Observatoire de la Qualité Alimentaire des Produits (observatory for food quality) will be organised to monitor the quality, particularly the nutritional quality, of food products. At the end of 2006, a preliminary study coordinated by the INRA, the French national institute for agricultural research, will determine the budget and the institutional participants in the observatory to be set up by the Ministries of Consumption, Health and Agriculture in conjunction with industry players. They will inter alia call upon the expertise of the INRA and Agence Française de Sécurité Sanitaire des Aliments (AFSSA, the French food safety agency). Its mission will be to monitor the food supply market according to health and economic criteria. Based upon a series of specific indicators, the observatory will publish an annual report on the nutritional state of the food supply.

The European directive on food labelling is currently being revised at France's request in order to improve information on quality and nutritional additives.

Until recently, France did not have a plan for treating obesity. The PNNS 2 provides for such a plan based on early detection, the creation of a treatment network and significantly improved training for health professionals. In the current environment,

too many children at risk are screened too late and not even treated. The detection programme will be spearheaded by small and medium-size industries, school doctors and general practitioners. Once these professionals have been made more aware of the risks of overweight, they will be informing parents of the existence of interdisciplinary medical networks for the treatment of obesity. These health professionals are in direct contact with the children concerned and will therefore be following their treatment.

## **6.5. Studies**

**ELPAS** (Etude Longitudinale Prospective Alimentation et Santé - longitudinal prospective food and health study) is a large-scale nutritional intervention study launched in September 2005 at the initiative of the French authorities (Ministry of Research and the Education Authority of Paris) and private partners (Avenance Enseignement, CEDUS, Fondation Louis Bonduelle).

The purpose of the ELPAS study is to evaluate the impact of simple nutritional changes on the health of children and adults, taking account of their level of physical activity and their standard of living. During the 2005-2006 school year, nearly 1,000 pupils in Paris, averaging eight years of age) and almost 1,000 parents regularly reported their food consumption, their level of physical activity and their standard of living. Both adults and children received personal assistance, including health checks at the beginning and end of the study, supervision and regular nutritional advice during the entire period of the pilot.

The main purpose of the ELPAS study was to evaluate the impact of simple changes in nutrition on clinical parameters (particularly the fat mass and the body mass index) in children and adults.

The families were divided at random into three groups:

- a control group, which was given general nutritional information but no personal nutritional advice;
- two intervention groups, which received specific, personal nutritional advice. Intervention group A was invited to reduce its intake of lipids (fat) and to increase consumption of complex glucids (bread and feculents). Intervention group B received same instructions as group A but also had to limits it intake of simple glucids (sugars).

The originality and strength of the ELPAS study lies in its logistics, based upon the use of innovative tools designed specifically for the study itself.

The group of children (with an average age of 8) included boys and girls in almost equal numbers. The average body mass index of the children was 16.6, i.e. a normal body mass index for the age bracket in question. 17% of the children were overweight, including 3% obese children. Their total daily energy intake, their consumption of lipids, glucids and proteins, was on average similar to the intake observed among children of their age in France.

Every month during the entire school year the 2,000 participants went online to the web site [www.elpas.fr](http://www.elpas.fr) in order to upload precise and exhaustive data about their

individual food consumption. Every participant had to report three complete days of food consumption per month (one week day, one Wednesday and one day during the weekend). Every quarter, they also had to answer an online questionnaire about their level of physical activity. Additionally, specially trained nurses visited the participants at home to measure a series of chemical and biological parameters at the start and end of the study. Each family in the two intervention groups was followed during the entire year by a dietitian from the ELPAS team, specialised trained to provide the general population with personal dietetic advice. Every month, this nutrition professional contacted all participants to take stock of their food intake and to provide them with simple and pragmatic nutritional advice related directly to the objectives of their intervention group.

The intervention strategies developed in the light of the study led to a significant change in the food of the children in the cohort towards the recommended nutritional intake. This change involved an increased daily energy intake, which did not affect the average body fat of the children during the intervention.

It would be interesting to know whether this close individual attention will bring about a lasting change in nutrition with consequences for the build of the young people in the groups. Additional analyses will be needed to refine the results, such as the impact of other factors than food.

As regards this last point, note that the participants did not change their level of physical activity during the period of the study. Other analyses will make it possible to verify whether the nutritional changes introduced in the two intervention groups led to modulation of the intake of micronutrients, fibres or essential fatty acids.

ELPAS was not just a scientific study. It was also used to brief thousands of children on nutrition and food and to create a group dynamic. With the help of the Municipality of Paris and the Educational Board of Paris and at the request of teachers and school directors, the ELPAS dietitians paid more than 400 visits to participating primary schools in order to make children more aware of the importance of balanced nutrition.

## **6.6. French Research**

There are several French obesity research initiatives. The first is an indirect approach through various nutritional research programmes, particularly those run by INSERM (the French medical research institute) and INRA, and, more recently, through a specific call for tenders by Agence Nationale de la Recherche (ANR).

Nutritional research involves many teams from public research establishments (INSERM, INRA, CNRS) and universities. In 2003, INSERM issued a report on the nutritional research resources available in France. For example, INSERM's own nutritional research involves 60 laboratories, 106 researchers, 89 technicians, 9 clinical investigation centres (CIC) and human nutrition research centres (CRNH) in Lyon, the Ile-de-France region, Nantes and the Auvergne region. The nutritional budget accounts for 4.8% of INSERM's total budget. INRA's Human Nutrition department consists of 32 teams, 137 researchers, 278 agricultural engineers and

technicians (ITAs) and 110 teacher-researchers. Several CNRS teams are engaged in nutritional research. The term "nutrition" is in the theme index of nine CNRS units, three of which focus particularly on obesity.

Since 2001, INSERM and INRA have stepped up human nutrition research with several calls for tenders and programmes to complement recurrent nutritional research support. The first aim was to organise national and foreign working groups to determine research objectives and calls for tenders in order to focus French research on public health priorities, to promote the organisation of interdisciplinary and inter-organisational networks, to attract teams from other areas to nutritional research and, lastly, to identify internationally competitive teams and areas. The medium-term objective was to develop and implement a national nutritional research programme (Programme National de Recherche en Nutrition).

This programme (PRNH) was launched in 2004 by INSERM and INRA in order to support human nutrition research.

The PRNH has changed with the creation of Agence Nationale de la Recherche (ANR), the national research agency. As a member of Agence Nationale de la Recherche, INRA is responsible for managing the national human food and nutrition research programme (Programme National de Recherches en Alimentation et Nutrition Humaine - PRNA). ANR has given INSERM the task to manage the evaluation and administration of a call for tenders for cardiovascular, obesity and diabetes research. Launched in July 2005 by ANR, the national research programme into cardiovascular diseases, obesity and diabetes (Programme National de Recherche sur les Maladies Cardiovasculaires, l'Obésité et le Diabète - PNR-COD) was set up to support high-level fundamental, clinical and therapeutic research in these three areas and to establish cross-functional links. The obesity programme focuses on the following key words: pathophysiology (biology of fatty tissue; energy, genetic and genomic metabolism, behavioural and environmental factors); complications; therapeutic targets and strategies; biomarkers.

The cross-functional link between the three areas is "metabolism, inflammation and the cardiovascular system". The accumulation of fatty tissue, chronic hyperglycaemia and early arteriosclerosis are characterised by the chronic background inflammation at the origin - at least partly - of metabolic and cardiovascular diseases. Interdisciplinary approaches using cellular models, animal models and studies of human beings and human populations are needed to understand the pathophysiological bases of the inflammatory processes involved in cardiovascular diseases.

In conclusion, French obesity research was recently boosted by the stimulating programmes conducted by INSERM, INRA and ANR and by recurrent support for teams from scientific and technical public establishments (INSERM, INRA and CNRS) working on this theme. In response to several calls for tenders, the budget for research in this area was raised significantly. Obesity accounts for a growing but still small share of research areas which receive support. The research programmes themselves are still too recent for evaluation purposes. France is the fifth-ranked obesity research hub in the world.

## 7. Germany

### 7.1. Goal: Improved communal sports facilities

Physical activity of German children is usually insufficient. Instead of making sports or playing outside, children often spend their leisure time in front of the TV or computer. At school sports lessons are too short and in everyday life physical activity is restricted, since people use the car even for short distances. In urban areas the building structure provides only limited opportunities for sports and games.

- **Objectives**

- Raise awareness of the importance of physical activity for the health of children;
- Coordinate strategies to make sports more attractive and to promote fun;
- Provide access to more play areas, sport fields exercise and recreation facilities with adequate equipment and at a low cost;
- Promote innovative sports projects e.g. through awards;
- Provide access to sports facilities in schools, by allowing them to be open after-school hours.

- **Actions and Guidelines**

- Encourage initiatives of sports organisations dealing with adequate sports projects through:
  - Contact and discussion with stakeholders from sports organisations, e.g. the German Olympics Sports Association.
- Extension of already existing school sports projects, e.g. the rope skipping project „Skipping Hearts“ through:
  - Press releases and use of internet.

### 7.2. Goal: Control of marketing terms

Generally, consumers do not see through the marketing terms of the food industry. Often they trust health claims, e.g. if products rich in calories are promoted as “healthy” because they contain minerals, vitamins or milk.

- **Objectives**

- Monitor implementation of the nutrition and health claims regulation to ban health claims for foods high in energy density and with an undesirable nutrition profile.
- Develop a uniform definition of “unhealthy” food.
- Introduce of a simplified food labelling scheme, categorising foods based on their energy level, e.g. with symbols, indicating energy density such as “very high”, “high”, “medium” and “low”.

- **Actions and Guidelines**

- Lobby for improved food labelling legislation and implementation of the nutrition and health claims regulation.
- Develop good contacts and cooperation with consumer organisations (e.g. the Federation of German Consumer Organisations) dealing with improved food labelling.
- Promote improved control of marketing terms in meetings with relevant professional organisations.

### **7.3. Goal: Improved nutrition and health education**

The subject of nutrition and health education is often neglected in the school curriculum. If at all, nutrition and health education is only taught as part of other subjects and not as an independent subject which links different aspects of health and well-being.

However, nutrition and health education has now been recognized and accepted as an essential part of general education and as a significant measure to prevent obesity. A current study<sup>2</sup> shows ways for a reform of nutrition education in all school systems.

- **Objectives**

- To incorporate health education as an integrated concept (including lifestyle, nutrition, physical activity and personal competences) and as a continuum in the school curriculum of all children, irrespective of the school system and the school level.
- To include nutrition and health aspects, including promotion of a healthy lifestyle, in the training of teachers at university level.

- **Actions and Guidelines**

- Provide information about balanced diets and healthy lifestyles for children so that it can be used to introduce and promote health education in schools. This can be achieved through:
  - Meetings with German health organisations;
  - Contact with the media;
  - Contacts with schools;

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<sup>2</sup> Revis study: a reform of the Nutrition and Consumer Education in German Schools, [www.evb-online.de](http://www.evb-online.de)

#### **7.4. Goal: Controls on food and drink advertising**

TV is the most popular media for food advertising for children, although, schools have gained in importance for marketing too. Due to the federal structure each German state has its own school laws making the situation of sponsoring and marketing in schools rather complex.

Advertising with misleading descriptions is forbidden, which is among others the case when a false impression of the product is created. Nevertheless, in such cases current jurisdiction often dismisses the argument of misleading assuming that the so called “average” consumer is educated enough to see through the ads.

- **Objectives**

- Improve legal regulations of food marketing; create nation-wide uniform standards for school sponsoring.
- Protect children from all forms of “unhealthy” food marketing, including through schools, the internet and any other broadcast and non broadcast media.
- More explicit rules that do not leave room for diversity in interpretation and a revision of the principle of the “average” consumer.

- **Actions and Guidelines**

- Develop a position paper on control of food and drink advertising to protect children from all forms of unhealthy foods.
- Lobby for an amendment of existing rules regarding food advertising.
- Develop contacts with consumer organisations.
- Promotion of the subject in meetings with relevant professional organisations.

#### **7.5. Goal: Controlling sales of foods in public institutions**

The term public institutions refers to schools and day care centres and other institutions frequently visited by children, since the target groups of the project are children and young people. At present there are no mandatory rules for the quality of meals in schools and day care centres. A working group with members from relevant institutions (German Nutrition Society and others) has developed criteria for adequate and healthy nutrition in schools. Now these recommendations have to be put into practice. This is of special importance because a significant increase in the number of all-day schools (where food catering is provided) is expected in 2007.

- **Objectives**

- Develop binding quality standards for food in schools or day care centres, whether provided as part of a meal or sold from school kiosks or vending machines.

- Set up more model projects providing innovation in school catering.
- Provide more incentives for schools which provide healthy foods and meals, e.g. by using a certificate “Health promoting school”.
- Encourage the participation of parent organisations in all matters of school catering (e.g. tender and award of contracts for catering services and kiosk owners).

- **Actions and Guidelines**

- Support consumer and nutrition organisations e.g. the working group “School and Nutrition”, which has already developed criteria for adequate and healthy school foods through:
  - Contacts with the German Nutrition Society;
  - Press releases and public relations.
- Support local projects, e.g. the model project “FRANKfood” which provides healthy school meals via the use of local foods, through:
  - Contacts with the consumer advice centre in Frankfurt.

## 8. Iceland

In Iceland there has been, over the last few years, an enormous awakening for the rapidly growing problem of childhood obesity. A number of corpuses have come forth and taken part in discussions about the problem. At institutions systematic approaches have been worked out.

The Icelandic Heart Association (IHA) has decided that its effort is best used by supporting the two organisations which have put most efforts into the fight against childhood obesity, namely the Surgeon General Office or the Office of the Chief Medical Officer (Landlæknisembættið) [www.landlaeknir.is](http://www.landlaeknir.is) and the Institute of Public Health (Lýðheilsustofnun) [www.lydheilsustofnun.is](http://www.lydheilsustofnun.is) .

IHA consulted these two organisations on came to the following list of priority options in the fight against childhood obesity.

- Controlling sales of food in public institutions
- Improve communal sports facilities
- Change planning and transport policies
- Improve food and health education
- Controls on food and drinks advertising

These 5 priorities can largely be achieved by lobbying politicians both at the parliament as well as at the local councils. This sort of lobbying is already well under way as described below and a number of steps have already been taken.

The report ‘Marketing of Unhealthy Food to Children in Europe’ of the project ‘Children, Obesity and Associated Avoidable Chronic Diseases’ has played an important role in these lobbying activities. It has caught the attention of various groups interested in the problem of child obesity and increased the awareness on the size of the problem with are dealing with.

In 2005, the Prime Minister of Iceland set up a committee to map out and identify the obesity problem in Iceland. The IHAociation was one of the stakeholders consulted and the report on the ‘Children, Obesity and Associated Avoidable Chronic Diseases’ project was very well received and will be mentioned in their final report.

### 8.1. Goal: Controls on Foods and Drinks Advertising

The Icelandic Heart Association has put considerable effort into lobbying for option 5 ‘Controls on food and drinks advertising to children’.

The report ‘The Marketing of Unhealthy Food to Children in Europe’ was sent to all Members of the Icelandic Parliament. In the summer of 2006, the Icelandic Parliament adopted a Parliamentary Resolution, calling on the Minister of health to examine the grounds for setting rules on limiting advertisements on food high fat, sugar or salt aimed at children and adolescents. The call on the Minister of health includes a statement asking him to work towards forming a coalition between food producers, importers and advertisers, that these unhealthy food products will not be

advertised on television before 9 pm. A major component of the arguments with the directive was the report 'Marketing of Unhealthy Food to Children in Europe' from the 'Children Obesity and Associated Avoidable Chronic Diseases Project', as clearly stated in the resolution.

The Chief Medical Officer (landlæknir) has issued clinical guidelines on Obesity of children and adolescents with respect to prevention and treatment (see [www.landlaeknir.is](http://www.landlaeknir.is)).

## **8.2. Improving communal sports facilities and Change planning and transport policies**

Regarding the options 'Improve communal sports facilities' and 'Change planning and transport policies' there is an active lobbying and discussion going on with a number of city councils around the country. This activity is largely led by the Institute of Public Health (Lýðheilsustofnun) (see [www.lydheilsustofnun.is](http://www.lydheilsustofnun.is)) Other Organisations, such as the IHA supports this by appropriate input.

## **8.3. Controlling sales of food in public institutions and Improve food and health education**

These two options are actively pursued by the Institute of Public Health (Lýðheilsustofnun) with an active discussion and other input from other organisations, such as the Chief Medical Officer (landlæknir). The IHA follows the developments.

## **Conclusion**

The main achievements in Iceland from this project 'Children Obesity and Associated Avoidable Chronic Diseases' can be listed as follows;

- Increased awareness of the publication on the 'Marketing of Food to Children in Europe' of the project 'Children Obesity and Associated Avoidable Chronic Diseases Project' among decision makers such as Members of the Icelandic Parliament. This led to the acceptance of a resolution regarding food advertisements to children in the Icelandic Parliament<sup>3</sup>.
- Providing support and tools for those organizations in Iceland that have over the last two years increased their efforts into the battle against childhood obesity.
- By getting together with these two organisations (Landlæknir and Lýðheilsustöð) and finalising a list of goals likely to be achievable, the Children and obesity project and the IHA have contributed to their action plans.

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<sup>3</sup> The Parliament resolution is available via this website: Althingi, [www.althingi.is](http://www.althingi.is)

## 9. Ireland

As with other countries as part of the CHOB project, Ireland looked at five policy options in line with the PORGROW model:

- Controlling sales of food in public institutions;
- Improve communal sports facilities;
- Change planning and transport policies;
- Subsidies on healthy foods;
- Controls on food and drink advertising.

However since the commencement of the Children and Obesity project and building on the work of the EU co-funded European Heart Health Initiative (EHHI) project, the Irish Heart Foundation and the National Heart Alliance (NHA)<sup>4</sup> made a decision to focus specifically on two areas of work in relation to policies.

- Control of advertising unhealthy food to children
- Physical activity, young people and the built environment, which links with the two other policy options above –
  - Improve communal sports facilities and
  - Change planning and transport policies.

Over the last 3 years we have prepared two papers on these two policy areas, consulted and collaborated with various partners including government departments and ministers, engaged with the media, generated extensive publicity, and presented to politicians.

In addition Ireland has produced an excellent report on tackling obesity, with reference to many issues related to childhood obesity – Report of the National Taskforce on Obesity (NTFO). *Obesity – the policy challenges* (2005).<sup>5</sup> Throughout the term of this project, the Irish Heart Foundation was a member of the taskforce and along with NHA aimed to support this work, rather than duplicate this national effort.

### 9.1. Goal: Implementation of Irish National Plan to combat obesity

In May 2005 the Department of Health and Children established a national taskforce (with representation from the Irish Heart Foundation), which undertook a year-long consultation process and published a report called “Obesity - The policy challenges”. In summary it is a comprehensive account of the complexity of the problem, documenting the nature and extent of the ‘toxic environment’ which largely influences the development of obesity, leading to increasing levels of diabetes and heart disease.

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<sup>4</sup> The National Heart Alliance was established by the Irish Heart Foundation in 1998 with funding from the EU and from the start aimed to look at policies to provide a healthier environment. At present there are almost 40 organisations in the alliance.

<sup>5</sup> National Taskforce on Obesity (2005) *Obesity - the Policy Challenges*. Department of Health and Children. Government Publications Office. Dublin. [www.healthpromotion.ie](http://www.healthpromotion.ie)

The report, which was launched by the Prime Minister An Taoiseach, Bertie Ahern, suggested strong Government support and outlined over eighty recommendations and policies for various different sectors and settings, e.g. high level government; education sector: social and community sectors; health sector; food commodities, production and supply; physical environment. The report highlighted the need for 'joined-up' policy, cross collaboration between all key stakeholders and real practical engagement by both the public and the private sectors. The report included recommendations on banning vending machines in primary schools, a new education and training programme for health professionals, guidelines for food labelling, an examination of fiscal policy and its impact on overweight and obesity, and guidelines for the detection and treatment of overweight and obesity.

- **Objective**

- Immediate, integrated and comprehensive approach to implementing the above.

- **Actions and Guidelines**

- The Irish Heart Foundation and NHA will continue to lobby for full implementation of the above.
- As already noted both organisations have identified two main areas of priority for specific action, which are reflected in the objectives and actions below.

## **9.2. Goal: Control on food and drinks advertising**

Since the commencement of the Children and Obesity project, the NHA and Irish Heart Foundation had identified this as a policy issue for action. The NHA, facilitated by core funding mainly from the Irish Heart Foundation, developed a position paper, which was published to media and all politicians in November 2005. The paper sets out actions on a settings basis.

The following objectives and actions reflect two years of discussion with NHA members and other stakeholders as well as a presentation to the Parliamentary Joint Committee on Health and Children (July 6th, 2006); ongoing media activity; meetings with all political parties and various stakeholders, with notable outcomes already achieved: discussion and consideration of the topic by the Oireachtas (Joint houses of the Parliament) Committee on Health and Children and inclusion of a policy on food marketing in school guidelines for second level schools.

### ***Media***

- **Objective**

- The Children's Advertising Code of the Broadcasting Commission of Ireland (BCI) code should restrict advertising of unhealthy foods before a 9pm watershed to provide adequate protection to children.

- **Action**

- IHF and NHA will continue to lobby for this through media; coalition building; and meeting politicians;

- **Objective**

- Cable and satellite television undermine the impact of restrictions under the BCI code. The Irish Government, EU and other relevant bodies need to ensure that the “Television Without Frontiers” Directive is amended to prohibit television advertising of ‘unhealthy’ food to children and to support meaningful national measures.

- **Action**

- In partnership with EHN, EHN members and NHA to advocate for amendments to this directive to prohibit advertising to children.

### *Government*

- **Objective**

- The Irish Government needs to introduce additional measures to protect children from all other forms of food marketing, not just TV advertising, including through schools and the Internet as well as other media - even though these are minor outlets, currently, compared to television.

- **Actions and Guidelines**

- IHF has commissioned research on commercial activity in schools to highlight the level of advertising and marketing in Irish schools.
- Publish this research to highlight the issue.
- Build partnerships to gain further support for activity this issue.
- Work with existing organisations such as National Heart Alliance members and “Commercial Free Education” to lobby for protection for children from exposure to marketing in Irish schools.

- **Objective**

- Stronger and more consistent counterbalancing is needed in the advertising of healthy foods directed at children.

- **Actions and Guidelines**

- The Government and relevant statutory bodies need to support the promotion of a healthy diet, for example the consumption of fruit and vegetables.

- The national nutrition policy being developed by the Department of Health and Children should provide consistent evidence-based guidelines to health professionals, parents and carers to protect the health of children.
- The Government should support work at European level to:
  - Restrict the claims by some food manufacturers regarding the nutritional profile of their foods, especially those high in fat, salt and sugar. Claims concerning the benefits of certain products may lead consumers to eat too much of something that should make up only a small part of a good diet.
  - agree a common definition of unhealthy foods.
- In the context of healthy lifestyles for children, all Government Departments have a role to play as outlined in the National Task Force on Obesity report launched in May 2005.
- The Irish Heart Foundation will aim to work with other players including Government agencies such as the Health Service Executive and Safefood (the Food Safety Promotion Board), to develop national education campaigns e.g. our annual Irish Heart Week.
- The Irish Heart Foundation has just completed a revised Nutrition policy due for publication before year end, to help health professionals in setting dietary goals and targets.

### ***Home***

- **Objective**

- Parents have responsibility for dietary patterns in the home and need to be aware of the marketing strategies that impact in the home through television, the Internet, texting and product packaging.

- **Action**

- Parents, carers and guardians need support from the Department of Health and Children, the Health Service Executive and the Department of Education and Science, as well as other statutory and voluntary bodies on guidance for implementing healthy dietary patterns in the home.

### ***Pre-schools, schools and the non-formal education sector***

- **Objectives**

- The school environment needs to be guided by a healthy food policy which:
  - ensures that healthy food and snacks are provided in schools, for example, meals, tuck shops and vending machines;
  - considers healthy food advertising and sponsorship in the school and for school related projects and facilities;
  - ensures comprehensive education for pupils, teachers and parents on healthy food choices;

- ensures implementation of the Food and Nutrition Guidelines now available for pre-school and primary schools.

- **Actions and Guidelines**

- Food and Nutrition Guidelines for a schools policy are now being drawn up for second level schools. The Department of Health and Children has agreed to include a section of marketing of foods in the school environment.
- Education and practical skills should be provided in primary and post-primary schools and non-formal education sector that will encourage and enable children to eat a healthy diet, with a solid understanding of the Food Pyramid.
- The Department of Education and Science should take the lead in these areas. NHA member organisations will work to support schools and the education of young people where appropriate.
- Young people need to be appropriately equipped to deal effectively with conflicting messages in a multimedia world. Additional resources need to be developed to support the appropriate strand of Social and Personal Health Education, as well as educating young people through other avenues, for example youth clubs.
- The Irish Heart Foundation and NHA will work with these players to progress these issues.

*Child healthcare services – hospitals and residential facilities*

- **Objectives**

- The healthcare environment needs to be guided by a food policy, which:
  - ensures that healthy food and snack options are provided and offered in hospital and residential facilities;
  - healthy food and snacks are available in hospital shops and vending machines;
  - considers healthy food advertising and supports the reduction of vending machines that do not offer healthy options;
  - integrates an educational component into treatment services for patients and parents on healthy food choices;
  - and implements the national healthy catering guidelines now available for health service organisations.

- **Actions and Guidelines**

- The NHA calls on the Department of Health and Children to take the lead on this with the Health Service Executive. NHA members, especially the Health Promoting Hospital Network (HPHN), will work within their own organisations to support child healthcare services in the development of an effective healthy food policy.

## ***Retail Sector***

- **Objectives**

The retail sector, which has a role in determining placement of product, should implement a code of practice to control placement of unhealthy foods at toddler and child level.

- **Action**

- As a member of the NHA, the Food Safety Authority of Ireland is facilitating discussion with the NHA and industry on this issue.

### **9.3. Goal: Controlling sales of foods in Public Institutions**

- **Objectives**

- As for preschools, schools and child health care services and hospitals above.

- **Action**

- Implementation of recommendations in the National Taskforce on Obesity report:

Ref. 2.1 schools should have policies to address what is being provided in school meals, including breakfast clubs and school lunches;

Ref. 2.8 banning of vending machines at primary school level;

Ref. 2.9 policy for vending machines at second level; and

Ref. 5.9 a practical healthy nutrition programme should be established by the health services, the appropriate food agencies and the catering institutions to ensure that all catering facilities provide healthy options.

The Irish Heart Foundation and NHA will lobby government departments and other agencies to implement these recommendations.

## ***Monitoring and data collection***

- **Objectives**

- In order to inform policy makers, effective structures and procedures should be established to monitor the nature and extent of food marketing to children and its regulation in Ireland and all countries throughout Europe.

- **Action**

- Support work undertaken by EHN at European level through lobbying our own MEPs and ministries.

- **Objectives**

- Research and information is specifically required on the impact of advertising on children across age, gender and social class.

- **Actions and Guidelines**

- The Irish Heart Foundation has already commissioned research on the school environment and will continue to identify possible areas.
- The Irish Heart Foundation and NHA will advocate politicians, Health Service Executive, and all academic institutions.

#### **9.4. Goal: Improve communal sports facilities:**

- Discussion with various stakeholders and the report from the National Task Force on Obesity recognised that the main issue with regard to sports facilities was access and threat of litigation in the event of accident.

- **Objectives**

- Improve access to existing facilities.

- **Actions and Guidelines**

- Implementation of National Taskforce on Obesity report recommendations.

Ref. 6.3 The Irish Financial Services Regulatory Authority should examine the high costs of public liability and their impact on physical activity. It should foster initiatives to address these costs.

Ref. 6.8 Local authorities should work in partnership with community groups to actively promote sporting and leisure opportunities that support active living.

Ref. 6.15 The private leisure industry should be encouraged to make its facilities more accessible to lower socio-economic and minority groups through partnership with local communities, local authorities, and health boards.

Completion of consultation with various stakeholders and compilation of specific recommendations or endorse above recommendations from NHA paper on Physical activity, young people and the built environment by year-end.

## **9.5. Goal: Change planning and transport policies**

### **• Objectives**

- Implementation of National Taskforce on Obesity report recommendations:

Ref. 6.1 The Department of the Environment should develop coherent planning policies for urban/rural housing, transport and amenity spaces to encourage spontaneous increases in physical activity in children.

Ref. 6.5 The Department of Transport and the Department of the Environment should apply a specifically designated percentage of all road budgets to the construction of safe walkways and cycleways.

Ref. 6.6 The Department of Transport should increase the provision of safe and efficient public transport and set targets for the reduction of car use.

Ref. 6.7 Local authorities should ensure that their mission statements, corporate plans and planning policies take account of their impact on healthy living.

### **• Actions and Guidelines**

- Completion of consultation with various stakeholders and compilation of specific recommendations or endorse above recommendations from NHA paper on Physical activity, young people and the built environment by year-end.

## **9.6. Goal: Subsidies on healthy foods**

### **• Objectives**

- To address anomalies in taxation whereby some healthier food products e.g. bottled water and fruit juices carry a higher value added tax rate than alcohol and take-away food.

### **• Actions and Guidelines**

- Implementation of recommendation in NTFO report which states that the Department of Finance should carry out research to examine the influence of fiscal policies on consumer purchasing and their impact on overweight and obesity, for example risk benefits of taxation that supports healthy eating and active living, subsidies for healthy food such as fruit and vegetables’.
- The Irish Heart Foundation to prepare submission to department of Finance to allocate funding to undertake this research.

## **10. Italy**

### **10.1. Goal: Food and health education in schools**

Food and health education in schools is currently insufficient. School should promote educational projects in synergy with government institution and NGOs to promote healthy lifestyles, including diet and physical activity. It is important that these projects also involve the parents since they are one of the main actors in making daily food choices for their children.

- **Objectives**

- Include nutrition and cooking classes and increase the amounts of physical activity in the school curriculum.
- Develop educational projects focused on reducing the number of hours a child spends watching television, playing videogames, etc.
- Involve parents in these classes (that could be also extra-curriculum classes).

- **Actions and Guidelines**

- According to the “National Plan of Prevention” drafted by the Italian Health Minister, better cooperation is necessary between the Regional Authorities, Health General Direction, Local Health Corporations, NGOs and school, in order to promote food and health education programmes at school.
- Develop annual plans for health education in schools through working in cooperation with Regional authorities, health general direction, local health corporations and schools.
- Develop workshops, cooking classes, education activities intended for children, their parents and teachers.

### **10.2. Goal: Improved communal sport facilities**

Physical activity has an important role to play in the fight against obesity. Whereas it is important to inform children of the importance of regular physical activity, it is equally necessary that they are surrounded by a “healthy environment” inducing them to a healthy lifestyle: sport facilities should be more accessible and available.

- **Objectives**

- Planning policies targeted at increasing physical activity.
- Cities and towns should provide more playgrounds and parks.

- Flexibility of access to school grounds, children should have access outside school hours.

- **Actions and Guidelines**

- Encourage Italian associations dealing with health of citizens to advocate for improving communal sport facilities through:
  - Coalition Building.
- Monitoring Italian policies on the matter.
- Encourage local authorities to promote and to support physical activity in the local communities (streets provided with bicycle paths, promenades, etc).

### **10.3. Goal: Improved health education in the media and community**

The promotion of unambiguous healthy lifestyle messages in the community must be supported by appropriate education and awareness campaigns targeted at both parents and children. The media play a strategic role in disseminating information on the fight against child obesity.

- **Objectives**

- Promote healthy lifestyles.
- Create awareness about all the risks of obesity and encourage people to consult with health professionals.
- Disseminating positive messages without being patronising.

- **Actions and Guidelines**

- Set up national or regional communication campaigns through the media to raise awareness of CVD risks, stressing the importance of physical activity and healthy nutrition to avoid CVD through:
  - TV spots (using popular personalities) during shows and cartoons which are very popular among children;
  - Promotion of healthy messages on the radio;
  - Organisation of press campaigns (leaflets, brochure and price affordable books);
  - Internet campaigns (including via ALT's website);
  - Conferences.

#### **10.4. Goal: Controlling sales of foods in public institutions**

It is unacceptable that junk food such as fatty snacks, confectionery and sweet drinks can be found in public institutions such as schools and hospitals. They are very dangerous to children amongst others because they undermine the effectiveness of all the initiatives promoting healthy lifestyle.

- **Objectives**

- Introduction of standards for healthy foods in schools.
- School canteens to offer healthy food.
- Vending machines to provide healthy food (i.e. apples, vegetables, etc).
- Catering outlets for schools to respect these health standards.

- **Actions and Guidelines**

- Meetings with schools, institutions, local health corporations and health professionals to develop these standards on healthy meals to be respected in school canteens through:
  - Stimulate periodical controls at schools to make sure that canteens serve healthy food which is respecting the standards (working in cooperation with Regional Authorities, Health general Direction, Local Health Corporation and School);
  - Working in synergy (advocacy with other NGOs dealing with the matters) with the “Italian department for education” (MIUR) and “Health Ministry” in order to draft a strict food code that must be respected by catering outlets and by the companies which provide supplies for vending machines and other sales outlets at school trough commissioning research

#### **10.5. Goal: Controls on food and drink advertising**

Advertising plays an important role in influencing purchase behaviour. Every year a considerable amount of money is spent to advertise obesity-promoting foods to children. Italy does not have a strict code or regulation on marketing of products to children. There is only a self-regulation code for TV and another one for the Internet.

- **Objectives**

- Stimulating MEPs and national government to adopt decisions and regulations preventing the advertising of unhealthy food and drink products in all media through:
  - Working both at national and European level targeting the “TV without Frontiers Directive”.

- Banning all the other forms of marketing addressed to children like for example in schools and in the Internet.
- **Actions and Guidelines**
  - Use the data collected during the Children and obesity project (on the marketing of unhealthy food to children) to develop position papers.
  - Develop contacts with the media.
  - Develop contacts with the MEPs, Member State Representatives to the European Union.
  - Lobby and cooperate with several other association active in this field to obtain changes in the legislation.
  - Monitor marketing practices in schools, on TV and the internet
    - to guarantee that everyone respects the rules of the existing self-regulation code;
    - to evaluate the quantity of marketing of unhealthy food to children.

## **11. The Netherlands**

### **11.1. Goal: Controlling sales of foods and drinks in public institutions**

Since the aim of the project is to contribute to tackling the obesity epidemic among children and young people, public institutions in this document are institutions where the vast majority of users/visitors are children like schools and sports, recreation and leisure facilities.

- **Objectives**

- To obtain quality standards for food and drinks in public institutions whether provided as (part of) a meal or from vending machines.
- Health criteria included in public procurement tenders for sales of foods and drinks in schools.

- **Actions and Guidelines**

- Explore to which extent quality standards can be set at national level for food and drinks in schools and other public places frequently visited by children, whether provided as (part of) a meal or from vending machines or other sources such as tuck shops.
- Provide recommendations on improving nutritional content (standards).
- Develop guidelines for schools and other public institutions frequently visited by children regarding the (free, or at low cost) provision of fresh water.

### **11.2. Goal: Controls on food advertising**

It has been established that advertising has an impact on children's food preferences, purchase behaviour and consumption at both brand level and category levels and is independent of other factors. Among experts and institutions in the field of public health, advertising of unhealthy food and drinks, i.e. foods and drinks that are high in fat, particularly saturated fat, salt or sugar and low in essential minerals, is considered as a significant contribution to poor dietary health, including childhood obesity.

A considerable amount of money is spent on marketing of food to children, with the great majority spent on TV advertisements. A majority of food advertising to children is for unhealthy food as defined here. Marketing on the Internet and in schools should also be addressed.

- **Objectives**

- Protection of children from all forms of 'unhealthy' food marketing, including through schools and other public places children often visit and the Internet and through any other broadcast and non-broadcast medium.

- **Actions and Guidelines**

- Develop evidence-based position papers.
- Lobby for appropriate changes in self-regulation and where necessary in legislation through:
  - Coalition building (with like-minded and where possible opponent partners);
  - Meeting with decision makers, including MEPs;
  - Involving national (health and youth) organisations;
  - Developing contacts with the media.
- Collect national data on marketing practices in schools and other public places often visited by children, on the Internet, on broadcast and non-broadcast media, and any other form of marketing through:
  - Encouraging the government to provide funds to collect data on the nature and extent of food and drinks marketing to children, and to monitor compliance with existing regulations in the Netherlands and Europe.
  - Encourage consumer groups to monitor the marketing of fatty and sugary foods and drinks directed at children.
  - Commissioning research and collecting data on effective measures and interventions.
- Determine what are the most appropriate measures to protect children from all other forms of 'unhealthy' food and drink marketing, among others through:
  - schools and other public places children often visit;
  - the Internet and
  - any other broadcast and non-broadcast media.

### **11.3. Goal: More research into prevention and treatment of obesity**

Most scientifically controlled, evaluated studies on actions to prevent child obesity have been undertaken in schools, clinics or family settings, where child behaviour and bodyweight can be monitored most easily. The results of these formal trials have been disappointing: various systematic reviews have concluded that the effects of intervening in these contexts are weak and may not be long lasting. The main exceptions, in which greater success has been shown, are found where interventions have targeted children who are already overweight, using intensive programmes.

- **Objectives**

- Improve understanding and knowledge on better prevention and treatment of child obesity.

- **Actions and Guidelines**

- Stimulate and fund research on the benefits of physical activity, on the causes and consequences of adopting particular dietary and life-style patterns, and on social science research on why people find it so hard to control their weight. Research on

the impact of the social, cultural and economic environment on (the prevention of) weight gain should be included. The focus will be on research involving children.

#### **11.4. Goal: Food and health education: Include food and health education in school curriculum**

In many European countries health education in schools has far less priority compared to the more ‘academic’ subjects. Schools can play an important role in teaching children and young people how to stay or become healthy, and to appreciate the importance of food and physical activity for one’s health.

- **Objectives**

- Teach children to learn to recognise and appreciate healthy dietary practices and healthy physical habits in primary and secondary schools.

- **Actions and Guidelines**

- Quality standards for food and drinks in schools, whether provided as (part of) a meal or from vending machines. The Heart Foundation’s participation in the School Canteen project set up by the Nutrition Centre and the development of a quality mark for healthy schools are part of this process.
- Ensure that school inspection criteria include appraisals of school health programmes, including food and drink provision (especially provision of fresh water), physical activity provision, health and nutrition education. In the next two years, the Netherlands Heart Foundation will set up lobby activities to include healthy schools and the quality mark for healthy schools in the school inspection criteria.
- Develop more and easily accessible, independent educational material for parents and children. Next year, the Netherlands Heart Foundation will introduce “Lekker Fit!”, a method on physical activity and nutrition for all groups in primary schools in cooperation with a major school method supplier. This method includes materials for parents. The parents evening programme will also be included.
- Develop school-based programmes for improving children’s health and nutrition knowledge, improving the provision of foods available in the school either by broadening choices to include more healthy items or restricting the availability of unhealthy items. The School part of “Lekker Fit!” will be developed. Via the website [www.gezonderwijs.nl](http://www.gezonderwijs.nl) (healthwise), which will be introduced in April 2007, the Netherlands Heart Foundation will provide practical information to teachers and school directors on physical activity and nutrition.
- Increase physical activity classes to a minimum of at least one hour per day on average. A lobbyist will be hired to promote and emphasise the importance of fighting Heart Disease. Part of his job will be to lobby for increased physical activity in schools.

- Promote (e.g. via subsidies) the distribution and marketing of fruit and vegetables to children; review tax exemptions given to the marketing of energy-dense foods to children. This will be achieved through the development of a lobby campaign. Meanwhile, the Netherlands Heart Foundation will support the project “Schoolgruiten”, whereby children are offered fruit at schools, via subsidies from the Government.
- Introduce a specific programme and devote resources to refurbish and renovate play areas around schools so that they inspire play, movement, sport and outdoor education and activities. A playground competition will be organised in 2007 to stimulate schools to “pimp” their playground and make it an attractive playground.
- Develop and implement food and drink policies for day care to secure healthy food and drink services. Via the website [www.gezonderwijs.nl](http://www.gezonderwijs.nl), the Netherlands Heart Foundation and the Nutrition Centre will try to implement a food and drink policy.
- Implement policies for physical activity in schools and out-of-school care, such as the provision of suitable playgrounds and indoor areas for physical activity, and ensuring adequate staff numbers to make physical education, sports and exercise possible.

#### **11.5. Goal: Improve communal sports facilities: Improve provision of sports and recreational facilities in schools and communities**

- **Objective**

- To increase the availability of and access to sports for children so that they reach the goal of one hour physical activity per day.

- **Actions and Guidelines**

- Increase the skills and competence of physical activity teachers with regard to the importance of physical activity and prevention of obesity during education and in refresher courses. The Netherlands Heart Foundation supports the work of the NISB and the KVLO and cooperates with them to increase the skills and competence of physical activity teachers. Through the “Lekker Fit!” programme, teachers can situate their lessons in a broader perspective. The Eurofittest allows teachers to test physical activity.
- Realise attractive play zones, green zones, bike and walk paths and sportfields. The Netherlands Heart Foundation works together with the KNAU (dutch athletic union) in developing walking paths and organising playground competitions for schools.
- Stimulate government, insurance companies and communities to offer reduced price sportpasses or subsidies for physical activity. The Netherlands Heart Foundation works together with insurance companies and governments to realise these objectives.

- Lobby for changes in the amount of hours of statutory physical activity and increased competence of physical activity teachers in schools through:
  - Coalition building;
  - Meeting with decision makers, including MEPs;
  - Involving national (health and youth) organisations;
  - Developing contacts with the media.

## **12. Norway**

As with other countries as part of the CHOB project, Norway looked at different policy options to combat child obesity. At the meetings that took place, the following policy options were considered as priorities:

- Subsidies on healthy foods;
- Change planning and transport policies;
- More Physical education in school;
- Food and health education;
- Taxes on obesity-promoting foods;
- Controlling sales on food in public institution.

### **12.1. Subsidies on healthy foods**

- **Objectives:**

- Make healthy foods less expensive.

- **Actions and guidelines**

- Advocacy for reduced taxes on healthy foods.

### **12.2. Changing planning and transport policies**

- **Objectives:**

- Make the road close to schools safe so that parents let their children walk to school.

- **Actions and guidelines**

- Advocacy for safe roads close to schools.

### **12.3. More Physical education in school**

- **Objectives:**

- One hour per day with physical activity for children during school hours.

- **Actions and guidelines**

- Lobby for one hour per day with physical activity for children during school hours.

#### **12.4. Food and health education**

- **Objectives:**
  - Increased knowledge and awareness of the relationship between different diets and health.
  - Increased knowledge of what foods are healthful.
  
- **Actions and guidelines**
  - Norwegian Health Association offers a school program, Petter Puls, that encourages children to be physically active and to eat more healthful foods.
  - Advocacy for signposting scheme in Norway similar to the Swedish Keyhole.

#### **12.5. Taxes on obesity-promoting foods**

- **Objectives:**
  - Make foods high in fat and sugar, more expensive.
  
- **Actions and guidelines**
  - Lobby for higher taxes on foods high in sugar and fat.

#### **12.6. Controlling sales on food in public institution**

- **Objectives:**
  - High quality standards for food in schools, whether provided as part of a meal or from vending machines.
  
- **Actions and guidelines**
  - Lobby against food products high in fat sugar and salt in vending machines in schools.

## **13. Slovenia**

### **13.1. Goal: Improve food and health education in schools**

Children need to learn to recognise and appreciate healthy dietary practices. They also need to learn how to prepare healthy food, and they should learn about nutrition as well as understanding and interpreting food labelling and advertising.

In Slovenia the curriculum in primary schools does not provide enough classes on healthy dietary practices and healthy lifestyle. The situation in secondary schools is even worse. Studies revealed that even students in the College of Nursing Studies do not have sufficient knowledge of healthy lifestyle.

We shall make efforts to create the right conditions for children's and adolescents' health at school and at home.

#### **• Objectives**

- Health and nutrition aspects and promotion of healthy lifestyles should be part of the curriculum in primary schools. It would be useful to introduce additional education in primary schools (workshops for healthy nutrition, cooking classes, etc.) or a new subject called Education for a healthy lifestyle.
- Establish dietary practices for children and youth to find out which type of food mostly contributes to obesity in our population and to offer advice on improving dietary practices. According to clinical experience the problem lies in excessive intake of simple carbohydrates in the form of sweets – fast food and sweet drinks, like fruit juices, non-alcoholic drinks containing artificial colourings and non-alcoholic fizzy drinks.
- Physical education is being eliminated from the school curriculum, whereas in the nine-year primary school it should be practiced every day.
- Assess the physical activity habits of pupils in primary schools and offer advice on how to improve them.
- Parents have to receive sufficient information about proper dietary practices for themselves and for their children and about adequate physical activity.

#### **• Actions and Guidelines**

- Lectures, workshops, cooking courses, contests, prize games about healthy diet and physical activity in primary schools. Informative education activities will be intended for children, their parents and teachers. It would be useful to offer advice that children and youth would consume a properly balanced diet, avoid elimination diets and excessive intake of simple carbohydrates and saturated fats.

- Stimulating the government to introduce a regulatory policy that would introduce daily physical education into the school curriculum and stimulating the government to create and adopt the national programme for physical activity of the children and youth.
- All political, professional, institutional and civil authorities should act together in setting up an efficient policy for maintaining and strengthening children's and adolescents' health. The goal of health education at school should be extended to include the concept of a healthy school environment. Stimulating local and national governmental structures to arrange recreational surfaces, parks, pavements, cycle tracks, etc. in all villages and regional recreational zones across Slovenia will thus become an important action, especially since these surfaces could also be used by schools for physical education. Furthermore, if pavements and cycle tracks were neatly arranged, pupils' way to school, on foot or on bike, would be safe and contributing to health.
- Actions already implemented are:
  - Workshops for pupils and teachers of primary schools,
  - Round tables and seminars on healthy dietary practices,
  - Science day called »Valentine's heart«,
  - Recreational events for pupils, parents and teachers
  - The Slovenian Heart Foundation prepared a pilot project entitled "For a healthy heart and heart culture". The project started in the autumn of 2006 in the Primary School Ledina in Ljubljana; it is also completed by TV programmes dealing with the topic of "Healthy and active child".
  - The Slovenian Heart Foundation is preparing a manual for primary school pupils based on the English version of the "Eat your words" manual. It is now being adapted to the Slovene circumstances.
  - The journal "For the Heart" has a column "The Heart's Core". The texts are prepared by children and their tutors and intend to promote children's thinking around healthy lifestyles.
  - Handing out questionnaires to the pupils about their dietary habits. After making an evaluation, we offer advice about improving these habits. Preparing understandable and interesting written instructions and recommendations for a healthy lifestyle intended for pupils.

### **13.2. Goal: Improved health education in the media**

Health education and promotion of health via the media should be improved to provide citizens with more information and an improved understanding on body weight control. This would include outlining the health risks associated with overweight or obesity, and highlighting nutritional and lifestyle patterns beneficial to weight control.

#### **• Objectives**

- To keeping the general public informed about healthy lifestyle and the importance of regular and sufficient physical activity and provide education in this field

- **Actions and Guidelines**

- Publishing free of charge leaflets and brochures and price affordable books within the scope of the “For the Heart” collection.
- Organisation of workshops for healthy dietary practices and healthy lifestyle.
- Individual consultations supplied via “For the Heart” consultancy offices, via the Forum on the website and via the telephone line of the doctor’s office.
- Monthly press conferences on this topic.
- Offering information on the website of the Slovenian Heart Foundation.
- Identifying health-friendly food products with the “PROTECTS HEALTH” label and promoting this kind of labelling. The Slovenian Heart Foundation has been performing this activity for 14 years and over 220 food products have been labelled in this way.

All these activities are already being implemented by the Slovenian Heart Foundation.

### **13.3. Goal: Controls on food and drinks advertising**

Political measures should be taken to limit promotional activities influencing consumer purchase and eating habits, especially those targeted at children. This would include statutory regulations restricting the ways in which obesity-promoting foods can be advertised and promoted. These restrictions have to apply especially to advertising and promotion targeted at children, particularly during and after children's television programmes, and to the use of celebrities and cartoon characters used to advertise food and drinks products aimed at children.

- **Objectives**

- The television without Frontiers Directive to prohibit TV advertising of 'unhealthy' food to children.
- Protection of children from all other forms of 'unhealthy' food marketing, including through schools and the Internet and through any other broadcast and non broadcast media.

- **Actions and Guidelines**

- Stimulating MEPs and national governmental structures to adopt decisions and legal regulations that will prevent the advertising of unhealthy food and drink products in all media.
- Lobby for appropriate amendments to the Commission proposal on the revision of the Television without Frontiers Directive through:

- Coalition building;
- Meeting with EU decision makers, including MEPs, Member States Representatives;
- Involving national organisations;
- Developing contacts with the media.

#### **13.4. Goal: Subsidies on healthy foods**

Subsidies on healthy foods should improve patterns of food consumption. Introducing subsidies to lower the prices of healthy foods, making them more affordable and thus influence peoples' decision-making in favour of healthier foods.

In Slovenia, health-friendly food products are more expensive than food products with lower nutritional value. Inhabitants with low family income cannot afford to buy them or buy them very rarely. Fruit and vegetables are so expensive that they cannot be included in daily recommended quantities for population diets.

- **Objectives**

- At national level the price of healthy products such as fruit and vegetables, should be lowered so that people can have better access to a healthier diet.

- **Actions and Guidelines**

- Lobby the national government to subsidise the price of more health-friendly food products, fruit and vegetables, so that these products become more easily accessible.

#### **13.5. Goal: Controlling sales of foods in public institutions**

Healthy eating initiatives are undermined when consumers, including children, encounter catering outlets and vending machines selling obesity promoting foods in public bodies, particularly schools, health centres and hospitals. Controls could be introduced to ensure that catering outlets and vending machines in public institutions sell only healthy foods; this would improve the quality of their provision and reinforce healthy eating messages.

- **Objectives**

- High quality standards for food in public bodies (e.g. schools and hospitals) whether provided as part of a meal or from vending machines or any other outlet.
- Health criteria should be included in public contracts for food suppliers in schools.

- **Actions and Guidelines**

- Stimulating local and national governmental structures to adopt a law controlling the sales of snacks high in fat, of sweets and sweet drinks in public bodies (e.g. in

schools and hospitals) and prohibiting vending machines which sell this type of food.

- Stimulating people in charge of school catering menus to order more health-friendly food and/or food ingredients for schools meals.

## **14. Sweden**

Since the Swedish Heart-Lung Foundation's new strategy is to focus on research into cardiovascular diseases, the Swedish section will describe activities of other important players in the country.

### **14.1. Healthy dietary habits and increased physical activity**

In November 2003, the Swedish Government commissioned the Swedish National Institute of Public Health (SNIPH) and the National Food Administration to develop an action plan to promote healthy dietary habits and to increase physical activity in the Swedish population. The aim of the action plan is to prevent the growing prevalence of obesity and other diseases related to unhealthy dietary habits and physical inactivity.

The document was sent to the Swedish Government at the beginning of 2005. The action plan proposes 79 initiatives within 13 different policy areas: working life, housing, public health, research, health and medical care, sport, consumer affairs, food, the environment, tax, transport, education and elderly care. Central agencies, municipal authorities, county councils, NGOs, universities, university colleges and county administrative boards have been suggested as the lead players. The proposed initiatives are mostly based on public health research, on recommendations made by the World Health Organization and best practise.

The report underlines the importance of integrated public health efforts in municipal authorities, county councils and at national level. It further highlights the importance of good collaboration between the public, private and voluntary sectors and of the necessary investment being made. Parts of the document include specific key elements affecting child obesity.

### **14.2. What will happen to the action plan for good dietary habits and increased physical activity?**

In 2005, funds were made available for the action plan. The action plan was also circulated for comment during that same year. The document is used today as the basis for government work on good dietary habits and increased physical activity. The Swedish Cabinet Office announced an official communication to the Swedish Parliament during spring 2006, which describes future work on these issues. A great deal is already happening at all levels within the public administration. Many municipal authorities and county councils use the action plan when planning public health initiatives. The report below indicates initiatives that were started in 2005.

#### **Sweden's National Institute of Public Health (SNIPH) has been given four government tasks in the regulatory letter for 2006:**

- To investigate the conditions for mapping out food availability in municipalities (initiative 10). To report by 31 December 2006.

- To report what has been done to assess the health consequences of changes in marketing, price, availability and consumption of energy-packed and nutritionally poor foods (initiatives 9 and 38). To report within the framework of the annual financial statement 2006.
- The SNIPH shall start a cross-sector, long-term development project to look into the significance of the built environment on the physical activity of children, adults and the elderly, and to identify effective interventions and research requirements (initiatives 4, 5 and 79). To report by 31 December 2008.
- The SNIPH shall start developing a health communication strategy for good dietary habits, increased physical activity and the prevention of obesity (initiative 13). To report within the framework of the annual financial statement 2006.

The SNIPH is continuously occupied in monitoring the development of food marketing that targets children, as an element of development work for making health consequence assessments (initiative 9).

The SNIPH has started a methods manual about motivational conversation techniques which include food and physical activity (initiative 22).

A guide to providing physical activity on a doctor's prescription [FaR – fysisk aktivitet på recept] is being developed in the advisory group for FaR under the leadership of SNIPH (initiative 23). Sweden's municipalities and county councils have started discussing how FaR can be implemented in the county councils' ordinary activities.

The SNIPH is working on assessing the health consequences of the reform of agricultural policy within the fruit and vegetable sector (initiative 38).

The SNIPH is writing a book about physical activity and public health for information promoters (initiative 45).

**Sweden's National Food Administration has been given the following task concerning the action plan:**

- To draw up advice for meals at pre-school, family day-care, after-school centre, school and upper secondary school (initiative 62). To report by 1 February 2007.
- To draw up guidelines for food in the workplace (initiative 1).

In addition to this, the National Food Administration is working at a general level to promote good dietary habits, touching upon many of the proposals in the action plan.

**Sweden's National Board of Health and Welfare** have been commissioned by the Swedish Government to investigate the preconditions for a national database for reporting and monitoring childrens' height and weight, including an estimate of the costs of various types of data acquisition as well as how details of the frequency of breast-feeding can be included (initiative 11). The task shall be implemented in

consultation with the SNIPH, Sweden's municipalities and county councils as well as child and school healthcare representatives. The assignment is to report by 30 June 2007.

In 2006, the National Board of Health and Welfare will start a project for developing guidelines concerning methods for preventive activity within healthcare and nursing (initiative 22). This includes the development of indicators for health promotion in healthcare and nursing.

The National Board of Health and Welfare has been commissioned by the Government to provide national support for quality development in meal and nutrition issues within care of the elderly (initiative 76). The assignment shall submit an interim report by 1 April 2006, and the final report by 1 April 2007.

**The Swedish Sports Confederation** has, on its own initiative, allocated SEK 5.2 million to 22 different research projects that are to assess the effects of '*Handslaget med idrotten*' [eng.trl. Shaking hands with sport] (initiative 26). Only one of these projects affects the health economy.

A new plan for equality was adopted at the Swedish Sports Confederation general meeting in May 2005. The Confederation has granted a scholarship for a research paper based on a questionnaire survey of 24 specialist confederations entitled 'How can sports organisations contribute to good eating habits in children and adolescents' by nutritionist Linda Hallberg of the University of Stockholm (initiative 27).

The Swedish Sports Confederation and FRISAM are working together through SISU Idrottsutbildarna, the Swedish sports training organisation, with the county councils, which have the task of training leaders within their organisations (initiative 29). The majority of the 21 districts within the Sports Confederation are involved in this work.

The Swedish Sports Confederation has initiated a strategy project on the role of sport in public health work, submitting a plan to the Executive Committee of the Swedish Sports Confederation in spring 2006 (initiative 30).

In 2005, the Swedish Sports Confederation and SISU Idrottsutbildarna produced the training material 'Sociala ledarskapet' [eng.trl. Social Leadership], one of the fields of which covers eating disorders and sports anorexia. The significance of eating habits on health is frequently an element of many training courses organised by specialist federations and also by SISU Idrottsutbildarna (initiative 31).

**The Swedish Government** (the Ministry of Education, Research and Culture) has recently acted in partnership with 12 other EU countries to stop a proposal for a revised EU TV directive, which threatens Sweden's ban on TV advertising to children (initiative 32).

**Sweden's Minister for Agriculture, Food and Consumer Affairs**, Ann-Christin Nykvist, issued a food manifesto in July 2005, stating the government's direction in

this work during 2005-2006. The food manifesto takes up issues concerning food, its problems and possibilities, and the way the government is working on these issues. The manifesto concerns increased commercial concentration on own-brand goods, organic and fair-trade labelled foods, food safety, improved health information, labelling, marketing aimed at children and guidelines for food in public activities, at the workplace and in schools. The manifesto concerns initiatives 1, 13, 32, 33, 43 and 62, but there is no concrete guidance on how the work is to be carried out. New tasks with links to the action plan have been proposed in the Government's Consumer Policy Bill 2005/06:105:

- The Government intends to take action to strengthen the position of children, within the framework of the revision of the EU's TV directive, by limiting any advertising in TV transmissions that is designed to capture the attention of children under the age of 12 (initiative 32).
- The Government intends also to investigate the possibility of introducing a rule into marketing legislation which generally commits businesspeople to pay attention to children's general exposure in commercial contexts if the industry's internal measures do not have a sufficient effect (initiative 33).
- The Government is giving the National Food Administration the task of developing health information about good eating habits (initiative 45).

The Government has held several discussions with the food industry (initiatives 37). However, lasting structures for this dialogue have, as yet, not been established. The industry is investing in product development of low-fat and low-sugar products. However, no commitments have been made to greatly reduce the marketing of foods aimed at children.

**Friluftsrådet** [Sweden's National Council for Outdoor Recreation] has initiated a dialogue with the authorities affected in order to develop the preconditions for outdoor activities (initiative 49). The Swedish Environmental Protection Agency has strengthened its research skills in the field, and created the Unit for Outdoor Activities and Physical Planning.

The National Council for Outdoor Recreation has been given a further SEK 10 million in state funding to distribute among the outdoor organisations (initiative 50). The annual sum is now SEK 25 million and is given, for example, to operations that emphasise children and adolescents, people with foreign origins and the elderly. The council is to make an assessment of how the funds are used. The Council has decided to initiate a discussion into how charitable organisations, in similarity with 'Handslaget med idrottsrörelsen', should be given increased financial support to encourage more people to be physically active.

**The Economic Council of Sweden** arranged a seminar on financial means of control and public health 'Regulating unhealthy consumption' in May 2005, with prominent American economists (initiative 54). Research projects are currently underway into

the value of financial means of control in public health work in Denmark, Norway and Sweden.

**The Swedish Road Administration**, in consultation with SNIPH, is to develop examples of methods for assessing health consequences of initiatives within one or more parts of the Road Administration's operation where it is considered most relevant (initiative 57). The assignment is to report by 31 December 2006. Cycling has recently been included in the national roads database in order to make it possible to estimate the input of resources.

The Roads Administration is prioritising the work on children and adolescents in traffic (initiative 61). In February, the Roads Administration is issuing the report 'Vägledning' (guidance) which is based on good examples from regional work on child impact analyses. The work starts out on the basis of the transport policy objectives and the UN Convention on the Rights of the Child.

The overall aims of the proposal for new school legislation have included schools promoting respect for human rights, health and socially, economically and ecologically sustainable development (initiative 62).

**The National Council for Outdoor Recreation** has resolved to allocate funds for the Stockholm Institute of Education for formulating a syllabus for basic and further training of teachers at colleges specialising in Outdoor Education, which forms a mandatory module of compulsory schooling (initiative 74).

- Municipalities, county councils and county administrative boards have been influenced by the basic data and are working in various ways on the initiatives. For example, many are working on physical activity in schools and are in discussions on how to limit the intake of sugar in foods, sweets and soft drinks during school hours.

## **15. United Kingdom**

### **15.1. Goal: Changing transport and planning policies**

To encourage walking and cycling for everyday travel and to create public spaces which support physical activity, especially active play.

- **Objectives**

- Local transport plans which positively favour walking and cycling.
- Policies which ensure that physical activity is built into planning processes.

- **Actions and Guidelines**

- Work with the sustainable transport charity, Sustrans on developing national walking and cycling plans and in particular for the 2012 Olympic Games.
- Advocate to government significant improvements in planning legislation and guidance to promote walking and cycling and recreational and leisure facilities.
- Work with Commission on the Built Environment (CABE) to develop health promotion guidance for architects and planners and public health professionals.

### **15.2. Goal: Controlling sales of food in public institutions**

**Schools** – in view of progress so far with the introduction of mandatory nutrient-based standards for school lunches and regulations on healthy vending, goals should focus on promoting uptake of school meals and monitoring of new standards.

- **Objectives**

- Nationally implemented nutrient-based standards for school meals and food-based standards for all food served in schools.
- High uptake of school meals, especially free school meals.

- **Actions and Guidelines**

- Regular monitoring mechanisms for school food services should be specified in contracts.
- Caterers, local education authorities and the Department for Education and Skills should cooperate to develop a set of tools, including menu planning software, to facilitate the monitoring of standards for school meals.
- Governing bodies and school boards should require an annual report on the provision and uptake of school meals and other food made available in schools.

## **Other public institutions including hospitals, nurseries and for young people**

- **Objectives**

- High quality – nutrient- as well as food-based - standards for food served in public institutions, whether provided as part of a meal or from vending machines.

- **Actions and Guidelines**

- Support the dissemination and use of existing guidelines.
- Identify gaps in the information needed.
- Develop training and guidance for caterers.
- Advocate health promoting marketing in public premises, especially vending machines.
- Encourage government to specify nutrition requirements in public food procurement contracts.

### **15.3. Goal: Improve communal sports facilities**

High quality sport and exercise facilities should be affordable and accessible to all families and young people.

- **Objectives**

- Remove barriers of price and physical access to sport and exercise facilities.
- Build facilities such as sports centres and swimming pools where there is currently no provision.

- **Actions and Guidelines**

- Advocate government funding for new build, especially within the rebuilding of schools (via schemes such as Building Schools for the Future capital investment programme).
- Provide guidance to local authorities on encouraging wider strategic use of sports, recreational and leisure facilities.
- Advocate long-term strategic planning for sports, leisure and recreational facilities based on proper community needs analysis and public and private investment plans - as recommended by the Audit Commission (2006).
- Advocate for subsidised admission for children, families and young people.

- Advocate the introduction of flexible opening hours to meet the needs of local community.
- Address policies at facilities which currently discourage young people from participating unsupervised by parents or other adults.
- Ask local authorities to develop integrated travel plans for easy, inexpensive public access to recreational and leisure facilities.

#### **15.4. Goal: Common Agriculture Policy reform and subsidies on healthy foods**

The reform of the CAP as it applies to the production of fruit & vegetables and to dairy produce in the EU presents an opportunity for improving the health of the European population.

##### **• Objectives**

- The fruit and vegetable common market organisation (CMO) to take health aspects into consideration.
- Health and agriculture sectors to coordinate activities to promote fruit and vegetable consumption.
- Health and agriculture sectors to coordinate activities to discourage high-fat produce consumption.
- Fruit and vegetables to be available on the market at affordable prices for everyone.
- Reduced-fat dairy produce to be available on the market at affordable prices to everyone.

##### **• Actions and Guidelines**

- Advocate and campaign that the fruit and vegetable regime promotes the reduction and eventual phasing out of withdrawal compensations.
- Advocate and campaign for withdrawn fruit and vegetable produced under CAP can be used for human consumption, especially in schools and public institutions.
- Advocate and campaign for the abolition of milk fat disposal measures and promote the provision of low-fat milk in schools.
- Advocate and campaign for incentives for dairy producers to reduce the fat content in milk.
- Advocate and campaign for the end EU-funded campaigns promoting high-fat produce and foods.

- Advocate and campaign for subsidised marketing for fruit and vegetables.

### **15.5. Goal: Training for health professionals**

Health professionals from all relevant disciplines have an important role to play in helping children and their families maintain a healthy body weight, and in reducing their risk of developing avoidable chronic diseases. To help them, health professionals should receive appropriate training and guidance to ensure that they have the competencies and skills for the prevention, diagnosis and management of overweight and obesity. Health professionals can also play a key role as powerful advocates for improved preventive services and wider public health policy measures.

- **Objectives**

- Nutrition and lifestyle issues should be a compulsory part of the continued training curriculum for all health professionals in the UK.

- **Actions and Guidelines**

- Professional organisations to develop national standards for public health competencies and incorporate these into core training for all health professionals.
- Professional organisations should ensure that continued (medical) training courses give appropriate credits to courses on nutrition and disease prevention.

### **15.6. Goal: Control on food and drinks advertising**

Advertising and marketing for unhealthy (HFSS) foods has a direct and indirect effect on children's food preferences, purchase-related behaviour and diet-related health. The advertised diet contrasts strongly with the recommended diet and children and young people are subjected to a high volume of advertising and promotions for foods across all media, including TV, press, radio, billboards, cinema, direct marketing (including text messaging) and the internet.

- **Objectives**

- Children (up to the age of 16) should be properly protected from HFSS food and drink advertising and marketing in broadcast and non-broadcast media.
- National regulations should be put in place to restrict HFSS advertising on TV before the 9pm watershed.

- **Actions and Guidelines**

- Monitor implementation of new broadcast rules on food and drink advertising to children.

- Maintain pressure on government to review and tighten rules - in light of monitoring - to impose a 9pm watershed on TV.
- Monitor marketing and promotions in non-broadcast media.
- Work with government to develop new mandatory rules for non-broadcast media.
- Maintain lobbying pressure on the European Commission (through Department for Culture, Media and Sport, and UK MEPs) for an amendment to the TV Without Frontiers (AVMS) Directive that would introduce a 9pm watershed restriction on HFSS advertising.
- Encourage the European Commission to undertake a health impact assessment of the AVMS Directive.

### **15.7. Goal: Mandatory nutritional information labelling**

There is clear evidence that consumers in the UK remain baffled, bombarded and confused by nutritional labelling on food packaging and as a consequence are not in possession of the best available information, at point of purchase, to enable them to make healthier food choices. This is especially critical when buying processed and pre-prepared food products where hidden levels of fat, saturated fat, sugar and salt may be high.

#### **• Objectives**

- Mandatory, standardised and comprehensive nutrition labelling on back-of-pack that is clear and easy to understand.
- Mandatory, standardised and simplified front-of-pack nutrition signposting scheme (in addition to back of pack labelling), using red, amber and green to indicate high, medium and low levels of agreed key nutrients.

#### **• Actions and Guidelines**

- UK dietary guidelines for macro-nutrients should be reviewed by an independent scientific authority such as the Scientific Advisory Committee on Nutrition (SACN) with a view to updating the 1991 COMA dietary reference values (DRVs).
- Health NGO's should encourage manufacturers and retailers to adopt the core principles agreed by the UK Food Standards Agency.