



EUROPEAN PARLIAMENT

DG INTERNAL POLICIES OF THE UNION

Policy Department Economic and Scientific Policy

**On the European Commission's Green Paper
"Healthy Diets and Physical Activities"**

Briefing Note

(IP/A/ENVI/OF/2005-103)

IP/A/ENVI/NT/2006-26

PE 373.606

This study was requested by the European Parliament's Committee on the Environment, Public Health and Food Safety.

Only published in English.

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Manuscript completed in May 2006.

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FOREWORD

There is no magic cure in coming to terms with obesity and overweight. Awareness alone does not help. Neither do beautiful words. Awareness is however a good start, awareness at the highest political level, as well as awareness among consumers such as small children and their parents. The healthy choice should be available, affordable and attractive. Activity and application should be encouraged at all levels.

As several policy areas are involved, the responsible government bodies, ministries, agencies and stakeholders have to increase their cooperation around these issues and continue to build on strategic alliances for healthy food choices and an environment that facilitates physical activity. Factors associated with successful programmes and activities have to be identified.

EXECUTIVE SUMMARY

The aim of the Commission Green Paper *on Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases* is to open a broad-based consultation process and at launching an in-depth discussion involving the EU institutions, Member States and the civil society, in order to identify what contribution could be made on Community level when it comes to promoting healthy diets and physical activity.

What added value can EU actions bring? Indeed resolutions or other policy statements together with network activities bring added value in encouraging and supporting policies and actions on Member State levels, regional and local levels. Already in the Council Conclusions on Obesity 2002, the Council underlined the need to take a cross-sectoral approach including i.e. the health, social, food educational, cultural and transport sectors. Especially in coming to terms with socio-economic health differences and ensure that the needs of the most disadvantaged are fully addressed a multidisciplinary approach is needed.

Resolutions and statements increase the political pressure for action. It definitively carries a cachet, demonstrates the political will and sets the overall political climate around these multidisciplinary issues. The prevention of overweight, obesity and chronic diseases has to be placed high on the political agenda and involve all relevant policy areas including funding, and to embark on long-term commitments.

Several Member States have policies and/or action plans relating to Diet and Physical Activity. Some specific national programmes are listed. Numerous examples of local, regional and national (in Member States as well as third countries) practices to enhance physical activity are found on the Internet. Among the commitments within the European Platform on Diet Physical Activity and Health there are only a few ones dealing with physical activity. When it comes to best practices a few examples from New Zealand, Switzerland, the United States, Canada and some EC Member States are described.

Different approaches to advertising to children are described, e.g. in Denmark advertisements for chocolate, sweets, soft drinks, snacks and other similar products may not indicate that the product may replace regular meals. In Hungary advertising in schools or public educational institutions are only allowed if permission is given by the school principal. Since the ban on advertising directed

to children in Quebec was introduced, the obesity rates and soft drink consumption have been among the lowest in Canada.

Most probably, marketing (including availability) and advertising have had the greatest impact on our beverage consumption. Advertising has been used for decades. TV-commercials and the Internet have just increased the possibilities. The Center for Science in the Public Interest claim in their report « Liquid Candy, How Soft Drinks are Harming American's Health) that « *Soft drink companies are among the most aggressive marketers in the world* » and that they have used a myriad of techniques, and also unethical ones, to increase sales.

The consumers need to be informed in a comprehensive way. It would be useful to develop and communicate simple and uniform messages for diet and physical activity that everyone could memorize. At the same time it has to be ensured that simple messages are not misinterpreted and give rise to harmful effects. Knowledge from nutritional and food safety experts and good communicators is needed to formulate simple messages.

Recommendations on possible action are given after each chapter as a source for inspiration. These recommendations are either from the literature or the author's.

Regional (county or municipality) action programmes and plans regarding overweight and obesity, diabetes and physical activity do exist. They shall not be forgotten as such programmes and plans play an important role. Policies, on any level, should never be left to stay as beautiful words separated from reality.

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1 INTRODUCTION

The European Parliament Committee on Environment, Public Health and Food Safety has requested a written briefing on some aspects of the *Green Paper on Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases*. The main contents of the Green Paper are listed in appendix 1.

This briefing should address in particular the following questions:

1. Considering the relevance of socio-economic factors, what added value can EU actions bring and what immediate action can be taken at Community level? How can/do EU programmes and funding (such as structural funds, research funding) influence/ promote or possibly hamper actions in the Member States geared at tackling obesity and promoting a healthy lifestyle? Is there EU legislation that obstructs certain initiatives and actions to be taken in the Member States?
2. What actions are taken in the Member States to promote physical activity given that people are consuming fewer calories but obesity is on the rise?
3. What best national or local practices and policies can be disseminated or replicated at the EU level - looking beyond the EU to action taken in other countries?
4. What is the link between commercial communication of certain foods to children and obesity, and what effects do the different approaches to advertising to children in the Member States have in tackling obesity amongst children? The example of soft drinks consumption and fluid calories will be further looked into.

The present policy brief, deals with these different issues, focusing on the added value that the EU level can give and also the example of soft drinks consumption. Recommendations for action are given after each chapter. Suggested immediate and future actions found in the literature, are included in Chapter 5.

The Commission Green Paper is sometimes called *The Obesity Green Paper*. As the full title reflects, the Green Paper does not only deal with overweight and obesity, but also chronic diseases. The other diseases that are mentioned in the Green Paper are: Cardiovascular diseases (CVD), certain types of Cancer, Diabetes type 2, Hypertension and Osteoporosis. All of them are non communicable diseases to be distinguished from communicable or infectious diseases.

The aim of the Commission Green Paper is to open a broad-based consultation process and at launching an in-depth discussion involving the EU institutions, Member States and the civil society, in order to identify what contribution could be made on Community level when it comes to promoting healthy diets and physical activity. The main contents of the Green Paper are listed in appendix I.

It is underlined that the responses on the consultations should not be scientific papers but concrete and evidence-based proposals for policy building mainly at EU level.

Recommendations on possible action are given after each chapter as a source for inspiration. These recommendations are either from the literature or the author's.

2 ADDED VALUE

What added value can EU actions bring? Indeed resolutions or other policy statements together with network activities bring added value in encouraging and supporting policies and actions on

Member State levels, regional and local levels. Some of the important Council resolutions or statements are compiled in Table 1.

Table 1. Some of the Council resolutions and other important political statements

June 2000 Council Resolution on action on health determinants – Portuguese Presidency¹

December 2000 Council Resolution on Nutrition – French Presidency²

December 2002 Council Conclusions on Obesity – Danish Presidency (see Appendix 2)

June 2005 Council conclusions on Obesity, Nutrition and physical activity– Luxembourg Presidency³

Sources: author's compilation from the Commission website and Official Journal

The conclusions from December 2002 have great relevance for today and are included in appendix 2. The Council underlines the need to take a cross-sectoral approach including inter alia the health, social, food educational, cultural and transport sectors.

In its recommendations on 3 June 2005 the Council calls upon the Member States, and where appropriate the European Commission, to conceive and implement initiatives aimed at promoting healthy diets and physical activity.

Coming to terms with socio-economic health differences and ensuring that the needs of the most disadvantaged are fully addressed a multidisciplinary approach is needed, involving not only the food chain but also policy areas i.a. Economic, employment and social policy; Regional policy; Research policy; Public Health⁴. Food surveys have shown that food habits are worse among population groups with less education and lower income (Jansson 2004). Both overweight and obesity and lack of physical activity tend seem to be more common in lower socio-economic groups. Infrequent consumption of fresh vegetables is more common in lower socio-economic groups in the North of Europe than in the south (Mackenbach 2006). Low income groups are also more sensitive to price changes. If prices on fruits and vegetables rise they intend to eat even less fruits and vegetables (Schäfer Elinder personal communication).

Poor physical activity and eating habits are rather the result of a non supportive (sometimes even called obesogenic i.e. causing obesity) environment than a conscious individual choice (Prevention Institute in Oakland website 2006).

As a general rule, information and knowledge have to be improved. Health determinants have to be addressed and *emphasis will be placed on key factors associated with lifestyle, socio-economic situation and the environment, such as smoking, drinking, drug addiction, nutrition and stress.*

Individual health messages will seldom be sufficient to eliminate health inequalities (Mackenbach, 2006), although experienced nutritionists in low income areas underline how important the spoken word is, to meet people face to face in a discussion where they identify their problems. Such personal contacts or meetings can never be compensated by a brochure translated to a hundred languages or a fantastic Internet site, although information material can support the spoken word. To support the local diet/health work, external expertise is needed as a long-term commitment not only as a project (Callmer 2005). The solutions to problems of unhealthy diets, lack of physical activity and overweight are primarily to be found in actions on the national or local level, but action at Nordic and international level is needed to support these efforts. (Nordic Action plan. Draft proposal 2006).

¹ http://ec.europa.eu/comm/health/ph_information/implement/wp/lifestyle/docs/ev_20060426_co02_en.pdf

² See annex of

http://ec.europa.eu/comm/health/ph_determinants/life_style/nutrition/documents/nutrition_report_en.pdf

³ See http://ec.europa.eu/comm/health/ph_determinants/life_style/nutrition/documents/ev_20050602_en.pdf

⁴ A programme of Community action in the field of public health 2003-2008 was decided in September 2002 by the European Parliament and the Council (Decision 1786/2002/EC).

Schools have a significant impact, through policies, healthy school environments and curriculum on what children eat (Quigley and Watts Ltd, 2005). Urban and also rural planning and a safe neighbourhood are factors that could affect physical activity.

2.1 Two Charters

Two charters are expected to be presented under the next half of 2006 – a *European Charter on Heart Health* and an *European Charter on Counteracting Obesity*.

The Heart Health Conference in Luxembourg on 29 June 2005, with representatives from Member States and several societies of cardiology, recognized the need for continued European Commission, European Parliament and Council endorsed activities within the general framework of a heart healthy Europe – inter alia to raise awareness among the European population of those characteristics associated with cardiovascular health, i.e. avoidance of tobacco, adequate physical activity, low blood cholesterol and blood pressure. These factors are summarized as « 0-30-5-140-90 » i.e. zero consumption of tobacco, at least 30 minutes of physical activity a day and blood cholesterol levels below 5 mmol/litre and blood pressure below 140/90. (Luxembourg Declaration 2005)⁵.

A *Heart Health Charter* is planned to be drafted by the European Commission and to be presented at a conference in Kuopio, Finland under the Finnish Presidency (Eamonn Bates Europe 2006). Another forthcoming charter deals with obesity, *European Charter on Counteracting Obesity*, and is planned to be presented and adopted at the Ministerial Conference in Istanbul November 2006. The aim of the charter is to serve as political guidance in strengthening action against obesity in the WHO European Region. It is expected to be reflected in national policies, legislation and action plans. (Manuscript 2006).

2.2 Several Networks

In the Green Paper it is stated that « *Community action may exploit synergies and economies of scale, facilitate Europe wide action, pool resources, disseminate the best practice and thereby contribute to the overall impact of Member State initiatives* ».

From March 2005 the *The European Platform on Diet Physical Activity and Health* with the objectives to bring together relevant players who are willing to commit and to devote an increasing level of resources and efforts, share initiatives and contribute to integrate the issues into a wide range of EU policies. The World Health Organization helps countries with action plans and is one of the observers of the platform.

Three comprehensive Networks within the European Community are described below:

- The European Network on Nutrition and Physical Activity (NPA) established 2003;
- The European Platform on Diet Physical Activity and Health established 2005;
- EuroHealthNet which participates in the above platform.

The European Network on Nutrition and Physical Activity (NPA) was established 2003 by the Commission. The participants are experts (most of them nutritionists) nominated by the Member States. Also WHO and NGO's participate in this network. As indicated in the Green Paper (paragraph IV.2.1) this network will be closely involved in analysing the feedback to the Green Paper.

⁵ <http://www.escardio.org/NR/rdonlyres/97677661-EEA7-4AA3-81C3-1B59C2D6A542/0/LuxembourgDeclaration.pdf>

The European Platform on Diet Physical Activity and Health - « the platform » - is chaired by the Director General of DG SANCO. The initiative to form the platform came from Commissioner Kyprianou. The platform has created a very useful database of initiatives and commitments from the participants. The main parts of the participants are stakeholders e.g. European food industry organisations. Several professional networks e.g. The European Association for the Study of Obesity (EASO) and the European Federation of the Associations of Dieticians (EFAD) participate as well. WHO, the European Parliament and European Food Safety Authority (EFSA) are part of the platform as observers. A very few Member States seem to be among the participants. It is important to point out that all platform members have to make a commitment. At present (Feb 2006), the major part of the commitments deals with diet and a few with physical activity. (Commission website 2006). The platform is further described in the chapter “Looking for best practices”.

EuroHealthNet consists of experts from national health promotion agencies in 31 European countries. This network is a member of the platform and has made a commitment for 2006, i.e. to up-date and complete a compilation and dissemination of significant national health promotion activities contributing to obesity prevention and healthy lifestyles within EU Member States. (Synopsis commitments 29 March 2006).

Many other useful networks do exist, but I have chosen to describe the above three as they involve experts from governments and/or agencies and that it might be difficult to distinguish between them for those who are not directly involved in their work.

Resolutions and statements increase the political pressure for action. It definitively carries a cachet, demonstrates the political will and sets the overall political climate around these multidisciplinary issues.

The prevention of overweight, obesity and chronic diseases has to be placed high on the political agenda and involve all relevant policy areas including funding, and to embark on long-term commitments.

Recommendations on possible action:

- To find new and more powerful approaches, it is necessary to continue in exchanging experiences, especially in tackling health inequalities in a systematic way. The European Union can play an important role in facilitating exchange between its Member States and also with third countries (Mackenbach, 2006).
- Encourage commitments and monitor how Member States implement e.g. the Council resolutions and conclusions, programmes and/or plans from a cross-sectoral approach (author’s suggestion).

2.3 Common Agricultural Policy (CAP), Funding and research

CAP and promotions of actions for agricultural products

The Common Agricultural Policy (CAP) regulates inter alia the production and prices on fruit and vegetables. Prices are maintained by withdrawal support and by tariffs on products from third countries. Fruits and vegetables are very price elastic and in order to increase consumption the market prices should be reduced.

The Swedish National Institute of Public Health has published two reports (1996, 2003) on public health aspects of the European Union Common Agricultural Policy (CAP). They suggest recommendations for change in four sectors: fruit and vegetables, dairy, wine and tobacco.

In its first report (1996) the institute concluded that CAP makes inefficient use of subsidies and for having negative public health effects in the EU. Since 1996 the CAP has become more health-oriented in terms of increased funding and action in the area of food safety. However, the links between agriculture policy, diet and public health are still largely ignored.

In its second report the Institute concludes there is a need to bring the CAP in coherence with public health objectives and also to continuously assess the health impacts of the CAP. This is also implied by article 152 and 153 of the Amsterdam Treaty from 1999. The CAP currently gives production incentives to the production of sugar, fat and alcohol, the consumption of which needs to be reduced for health reasons. Therefore there has to be a radical change in the CAP if society shall be able to tackle obesity epidemic and other non-communicable diseases (Schäfer Elinder L. 2004).

At a joined WHO/FAO Food Policy meeting in Rome on 17 May 2006 it was discussed how agriculture and agriculture policy can contribute to a healthy diet. The Swedish position is that the EU should not stimulate the production of fat, sugar and alcohol and reduce the availability of fruit and vegetables. To reach low income groups the prices on fruits and vegetables have to be lowered. The amounts of fruits and vegetables withdrawn have been greatly reduced during the last decade, but tomatoes, nectarines, pears and apples still constitute large quantities of withdrawals. The compensation costs 60 million Euros per year, i.e. tax money transferred to agriculture could be better used. (Schäfer Elinder, personal communication). Furthermore, consumption aid to butter counteracts efforts to reduce the intake of saturated fat in the population.

Research

In Europe there is an alarming lack of theory-based intervention research concerning nutrition, physical activity and obesity. The most successful interventions are arena based, have a multilevel structure and combine legislation, media activities and health communication (The Swedish National Institute of Public Health 2005). Research is also mentioned in other chapters.

Recommendations on possible action:

- Public health impacts should be assessed and considered in relevant international negotiations and in particular regarding reforms to the CAP. The effects of product support should be given particular consideration (Swedish Action plan on healthy dietary habits and increased physical activity 2005);
- Find means to phase out withdrawal and destruction of quality fruit and vegetables. (Schäfer Elinder 2006);
- Member States should explore the possibilities in Regulation 1071/2005 and the guidelines for promotion of agricultural products on the internal market, as far as promotion of healthy eating is concerned (author's suggestion);
- When it comes to all types of funding, either structural funds or research funds, it is important that the results are easily available and actively communicated between different professional groups, but also to policy makers. The cooperation between authorities and researches is very important (author's suggestion);
- Nutrition should be regarded as a part of food safety. Science should not only be regarded as natural sciences e.g. chemistry, microbiology, toxicology etc, but also behavioural science plays an important role when it comes to nutrition or actually any risk communication issue. EFSA should therefore be ready to also consider the scientific issues on consumer behaviour. (author's suggestion);
- One of the most important elements of an integrated approach is that the responsible people at different levels get the possibility to exchange knowledge and ideas, the financial resources to realise their ideas and have the time and knowledge to fulfil and evaluate the effects of their initiatives (author's suggestion);

- Continue to strengthen the research on obesity (Council conclusions, see Appendix 2).

2.4 Labelling

The *nutrient value declaration* is a factual presentation of at least the content of energy, protein, carbohydrates and fat. At present a nutrient value declaration is not obligatory for all foods, but for foodstuffs for particular nutritional uses. The rules on Nutrient value declaration are harmonised by the directive 90/496/EEC.

Voluntary healthy eating symbols have been introduced in many countries (e.g. Sweden, Finland and Australia). The National Food Administration made an ordinance on symbol labelling (the key-hole) as early as in 1989. A revision was made in June 2005 (National Food Administration 2005). The labelling of foodstuffs with the key-hole symbol indicates a low fat, sugar or salt content or high dietary fibre content. The symbol may be used on different categories of foods and different criteria adjusted to these categories apply.

The fat content criteria for the different categories fulfils the reduced fat criterion on at least 30 % in the forthcoming regulation on nutrition and health claims, while the criteria for fibre are of a comparative nature (more fibre than similar normal products) and at present more liberal than the criteria in the annex of the forthcoming regulation on nutrition and health claims. The key-hole is a trademark owned by the National Food Administration but used by food business operators on food labels, and is thus an example of partnership.

The Finnish Heart Symbol, launched by the Finnish Heart Association and the Finnish Diabetes Association in 2000 (Finnish Diabetes Association website 2006) follows the same type of concept as the Swedish key-hole, i.e. to facilitate consumer choice and inform consumers that products labelled with the symbols are a better choice in the given food category.

Recommendations on possible action:

- Symbols and simplified signals shall not replace the need for full nutrient labelling on packages. Symbols should be seen as a voluntary complement to nutritional labelling (author's suggestion);
- Sometimes the best practice is subsidiarity. If it is not possible to agree on voluntary symbols or logos on food labels for healthy eating choices, this has to be left to the national level. As indicated in the forthcoming regulation on nutrition and health claims there will be a system for authorisation of nutrition claims in the form of pictorial, graphic or symbolic representation, complying with the general principles of this Regulation, which are not included in the Annex and are used according to specific conditions and criteria elaborated by national provisions or rules, see Article 27 paragraph 4 in the Common position 2005 on the regulation on nutrition and health claims;
- Increase consumer awareness of the calorie content in beverages e.g. alcoholic drinks and soft drinks (author's suggestion).

3 ACTIONS TO PROMOTE PHYSICAL ACTIVITY

Physical Activity

Several Member States have policies and/or action plans relating to Diet and Physical Activity e.g. France, Germany, Hungary, Ireland, the Netherlands Spain, Slovenia and United Kingdom (WHO Database 2006 and the Commission Green Paper 2005). Some specific national programmes are listed in Table 2. As an example the French nutrition health programme,

includes nine priority objectives whereof one is to increase the daily physical activity by 25 % in the number of people who spend at least half an hour daily on fast walking (or equivalent) (French government website 2006). Another example of the increased attention and awareness of physical activity in relation to nutrition is that the fourth edition of The Nordic Nutrition Recommendations (Nordic Council of Ministers 2004) has a chapter on physical activity. Regional (county or municipality) action programmes and plans regarding overweight and obesity, diabetes and physical activity do exist. They shall not be forgotten as such programmes and plans play an important role. Policies, on any level, should never be left to stay as beautiful words separated from reality.

Table 2 Specific national programmes dealing with obesity

Programme or Action Plan regarding obesity:

Czech Republic, Denmark, Ireland, Portugal, Spain

Strategy for prevention of Cardiovascular diseases:

Estonia

Resolution on Health-enhancing Physical activity:

Finland

Action plan for Physical Activity:

Norway, Slovenia, United Kingdom

Source: author's compilation from WHO Database

Numerous examples of local, regional and national (in Member States as well as third countries) practices to enhance physical activity are found on the Internet. Some examples are given in Appendix 3. Among the commitments within the European Platform on Diet Physical Activity and Health there are only a few ones dealing with physical activity.

WHO has proposed their Member States to celebrate the Move for Health day every 10 May or another day which suit them better. Country initiatives related to Move for Health are published on the WHO website.

Plenty of good examples come from the United States. The intervention project in California, "Safe Routes to School" embraced 4700 pupils in 15 schools. The aim is to promote walking and cycling to school by a cross-sectoral strategy and actions like inventory of cycle and footpaths to school, cycle and go to school-days, cycle training etc. After two years, walking and cycling to school had increased more than 60% (The Swedish National Institute of Public Health 2005).

Recommendations on possible action:

- **Improve public knowledge by developing and introducing a consistent, coherent, simple and clear message regarding physical activity and spread through multiple channels (author's suggestion);**
- Politicians should make sure that programmes and action plans on any level are not left to stay as beautiful words, but as incentives for long-term commitments with a cross-sectoral approach. (author's suggestion);
- Continue to share information and build on practices and experiences in other countries at different levels (author's suggestion);
- Encourage Member States to celebrate the 'Move for Health Day' every 10 May or another day which suit them better (author's suggestion).

4 LOOKING FOR BEST PRACTICES

The question *What best national or local practices and policies can be disseminated or replicated at the EU level – looking beyond the EU to action taken in other countries* is not easy to answer. Some national or local practices have already been commented or listed in the chapter on physical activity and the appendix with examples on physical activities in EC Member States and third countries. All regions where cities have safe parks and forest areas nearby for recreation and physical activities could serve as good examples.

On 11 – 12 May 2006 the European Platform on Diet Physical Activity and Health arranged an EU/US conference on Good Practices from which many good examples could be expected. The forthcoming WHO Ministerial Conference on counteracting obesity in Istanbul on 15 – 17 November 2006 will also give input.

The Trans Atlantic Consumer Dialogue (TACD) is a forum of US and EU consumer organisations (inter alia BEUC – the European Consumers Organisation) which develops and agrees joint consumer policy recommendations to the US government and European Union to promote the consumer interest in EU and US policy making. TACD has put forward recommendations to the EU Summit, which will take place in Vienna in June 2006 (website <http://www.tacd.org>).

A few examples on best practices, from third countries and also some Member States are described below. Further examples can be found on the WHO website and the Commission website information on the European Platform on Diet Physical Activity and Health especially the synopsis of commitments for 2006.⁶

The European Commission has in its *Green Paper on Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases* pinpointed the direction and possible tools and areas for action at Community level. Among structures and tool the European Platform on Diet Physical Activity and Health is mentioned first.

The main participants in the platform are stakeholders. As already mentioned, the European Parliament, EFSA and the WHO participate as observers. As the EuroHealthNet is one of the participants of the platform also agencies and ministries in some Member States and third countries (Iceland, Switzerland) can take advantage of the professional exchange in the platform. The United Kingdom Government is the only Member State listed as a platform member (Annex 1 of the Synopsis referred to above). It is important to point out that all platform members have to make a commitment. Since the start the number of members has grown from 12 to over 30 members. One of the aims is to report and review outcomes and experience, to assemble evidence of what works and define Best Practices. 92 commitments are listed in the Commission Synopsis of Commitments for 2006. The actual sum is even higher as one action could include several actions at different levels, e.g. the UK commitment consists of approximately 80 actions whereof one is the launch of a national obesity campaign.

Examples from third countries and some Member States

New Zealand. "Fight the Obesity Epidemic New Zealand Incorporated" (FOE) is a voluntary organisation, founded in 2001 at a meeting of the International Diabetes Federation and WHO in Kuala Lumpur. The vision of FOE is to halt and reverse the increases in obesity and associated health problems (e.g. type 2 diabetes in children) in New Zealand. What they have done so far

⁶ <http://www.euro.who.int/document/e78578.pdf> i.a. Influences on food choices, North Karelia project, recommended activities.

http://ec.europa.eu/comm/health/ph_determinants/life_style/nutrition/platform/docs/synopsis_commitments.pdf
Commitments 2006 EU Platform on Diet, Physical Activity and Health

(inter alia a submission on the review of the Advertising Standards Authority's Children's and Food Advertising Codes) can be read on their website⁷.

FOE's latest submission (April 2006) includes a report with inter alia causative factors likely to be driving increases in obesity (e.g. larger portion sizes, changes in the availability and relative price of less healthy foods and drinks, changes in how children travel to school, changes in breastfeeding practices, ethnic differences in children's obesity-related behaviours), the effectiveness of current obesity prevention approaches and interventions that are required (e.g. banning the advertising of unhealthy food to children, food sold to children in schools).

FOE also publishes a useful newsletter and *Obesity News* with electronic stories about obesity published around the world⁸.

Switzerland The website⁹ Health Promotion Switzerland "*Creating opportunities together*" presents plenty of information. *A stimulating, coordinating and evaluating health-promotion measure* is the most important area of activity of Health Promotion Switzerland. Their long-term strategy focuses inter alia on a Healthy Weight and *how Switzerland can respond to the obesity epidemic*. Their cross cutting themes are equity of health and economic evaluation. A state-of-the-art report on obesity prevention is available at their website. (Health Promotion Switzerland website 2006).

The American Dietetic Association published a position paper on Food and nutrition misinformation in their journal JADA 1995. Such a paper could be useful when looking into communication strategies. Another paper published in the Journal of the American Dietetic Association deals with fraud and quackery and the role of health professionals (Short 1994).

A good example of coming to terms with misinformation comes from Finland. The National Food Agency issued a brochure titled "*Humbug or not*" to help consumers to find their way in the wide market of natural products and to find the right products for their needs and to avoid questionable products (National Food Agency, Finland 2002. English version).

United States. The Physical Activity Program by the Washington State Department of Health¹⁰ has introduced an example of a simple and clear message on physical activity saying: Be healthy. Be active. Spend at least 30 minutes a day, at least 10 minutes at a time and at least five days a week. See also the website for the Washington coalition for promoting physical activity¹¹.

Quebec province in Canada, Norway and Sweden have a ban on television advertising to children.

France has detailed rules on marketing of food to children (Hawkes 2004) and has also introduced a ban on food and drink vending machines in schools. A sugar tax on so called "alcopops" has shown that regulating the sales of such foods can be effective, as the sales declined (Obesity News 2006).

United Kingdom. School food has been put in focus and from autumn 2006 school dinners (meals provided in the middle of the day at schools) in England will exclude inter alia crisps, chocolate, fizzy drinks. Fruits and vegetables will be given to every meal.

Also the Scottish, Welsh and Northern Irish Governments are planning to ban unhealthy food from school dinners (BBC website 2006).

In the Swedish Action Plan for healthy dietary habits and increased physical activity a simple and clear message regarding the diet is made with the following model:

⁷ <http://www.foe.org.nz>

⁸ <http://www.foe.org.nz/publications.html>

⁹ <http://www.gesundheitsfoerderung.ch/en/activities/default.asp>

¹⁰ www.doh.wa.gov/CFH/NutritionPA/physical_activity.htm

¹¹ www.BeActive.org

- *Double the consumption of fruits and vegetables (recommended consumption is at least 500 grams per day for adults and approximately 400 grams per day for children 4-10 years)*
- *Double the consumption of bread, particularly wholegrain bread (recommended consumption is 150 – 200 grams of bread per day)*
- *Change to liquid cooking fats and oils*
- *Choose keyhole-labelled dairy and processed meat products¹²*
- *Double the consumption of fish (recommended consumption is 2-3 times per week)*
- *Halve the intake of salt (recommended intake is 5-6 grams per day)*
- *Halve the consumption of soft drinks, sweets, ice cream, crisps, cakes, cookies and alcoholic drinks (max 15 per cent of energy intake should come from such products, including alcohol which should not exceed 5 per cent of energy intake).*

Finally the Commission website is an excellent source of information that is important to keep and develop. Good ideas might also be collected from the Commission Regulation on promotion of agricultural products 1071/2005.

Recommendations on possible action:

- Encourage involvement of Member States in sharing the experiences from WHO and platform activities. (author's suggestion);
- Consider further third-country-exchange similar to the conference on Good Practices between the European Union and the United States (author's suggestion);
- Pay attention to best practices in countries and regions that have adopted action plans on diet, physical activity and health and/or specific programmes where socio-economic aspects are included (author's suggestion);
- Pay attention to best practices in countries and/or regions where successful cross-sectoral approaches have been made. All places where it is easy to find bicycle stands outside buildings, where there are easily found staircases could serve as good examples. (author's suggestion).

5 DIFFERENT APPROACHES TO ADVERTISING TO CHILDREN

Marketing means *product promotion, distribution, selling, advertising, product public relations and information services* according to the definition in the WHO International Code of Marketing of Breast-milk substitutes (1981). In the review, *Marketing Food to Children: the Global Regulatory Environment*, carried out by Corinna Hawkes for the WHO 2004 marketing was referred to as processes that are very visible to the consumer, i.e. advertising and promotion. Six marketing practises widely used by companies were identified: television advertising, in-school marketing, sponsorship, product placement, Internet marketing and sales promotions. Information about the marketing regulations in 73 countries (whereof 22 EC Member States) from all over the world is given. The available information on Member States showed that all

¹² The Key-hole symbol is explained in the chapter on labelling.
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had either statutory regulations, self-regulating guidelines and/or specific restrictions. In Denmark for example, advertisements for chocolate, sweets, soft drinks, snacks and other similar products may not indicate that the product may replace regular meals. Ireland has something similar in the Code of Advertising Standards from 2001. France has many detailed approaches linked to eating behaviour. In Hungary advertising in schools or public educational institutions are only allowed if permission is given by the school principal.

An updated report of *Marketing Food to Children: the Global Regulatory Environment* has been discussed at a WHO Forum and Technical Meeting “Marketing food and non alcoholic beverages for children” in Oslo 2-5 May 2006, and will be published by the WHO in due course. The range of the “age of a child” as defined in national broadcast legislation, was from less than 12 years to less than 16 years, with the following distribution among the European Member States:

UK (less than 16 years), Germany (less than 14 years), Finland, Netherlands, and Sweden (less than 12 years). Denmark extends the definition and includes young people under the age of 18 years. According to the UN Convention on Children’s rights the age limit for children is 18 years (The Swedish National Institute of Public Health 2005).

Hawkes found that most regulations do not specify what is meant by “child-directed marketing” although Quebec and Norway did so. She also points out that advertisement could be viewed by children but actually be directed at parents or targeted at teenagers. The following elements were considered to define marketing directed to children:

- If the product or services is intended exclusively for children or very interesting for them;
- If the marketing is presented in an attractive way to captivate children (colours, images, music, sounds, voices; involving activities e.g. collecting or drawing or characters with whom children are likely to identify);
- Place and time of the marketing activity.

Quebec and two countries (Norway and Sweden) have banned television advertising to children. The ban on advertising to children in Quebec reduced the exposure to commercials for sugary cereals which has been linked to a reduction in such products (Hawkes page 20, 2004). The Swedish ban on television advertising to children has not been scientifically evaluated as concerns public health effect (The Swedish National Institute of Public Health 2005).

Since the ban on advertising directed to children (under the age of 13) in Quebec was introduced the obesity rates and soft drink consumption have been among the lowest in Canada with fruits and vegetable consumption rates being among the highest (Jeffery B. Manuscript 2006).

6 COMMERCIAL COMMUNICATION OF CERTAIN FOODS TO CHILDREN AND OBESITY

When it comes to food choice consumer attitudes and behaviour are affected by many different factors, e.g. tradition, availability, trademarks and price. Price is a very important factor. A survey of trends in adolescent overweight in the United States from 1971 – 2004 by family poverty status, food choice and physical activity showed that 23% of older (15 – 17 years) adolescents from poor families were overweight, compared with 14% of non-poor in the same age group. Poor children were significantly more likely to get more calories from soft drinks and they also engaged less in physical activity than non-poor children. (Reuters website 2006). Among younger (12-14 years) adolescents the prevalence of overweight was about the same

between poor and non-poor groups. The older adolescents have more money and more opportunities to buy their own food and probably also to determine their own physical activity. The results of the survey suggest that policy and prevention efforts should address these behaviours in order to reduce emerging socio-economic differences in overweight among adolescents (Miech et al 2006). 20% of the toddlers (1-2 years old) in the United States consume soft drinks. The average soft drink consumption among these very young consumers is seven ounces a day (Jacobson 2005) which is equivalent to 2,1 decilitres (author's calculation).

Soft drink consumption and fluid calories

40 years ago soft drinks were offered to children in small amounts and only at special occasions. Nowadays, a couple of 33-centilitre bottles or cans a day is nothing extraordinary for a kid. It is a fact that one of ten Swedish young men consume more than a litre of soft drinks a day (Swedish Action plan on healthy dietary habits and increased physical activity 2005). Instead of drinking tap water people quench their thirst with soft drinks or bottled water.

In 2004 soft drinks or candy were sold in 60% of 400 Swedish senior level schools (a survey from a Swedish Dentist association). In 2005 this figure had declined to 20%. A greater number of schools was however interviewed 2005 (1138 of 1819 senior level schools answered the web interview). Among the 1138 respondent schools 40% sold soft drinks, candy and/or other sweets e.g. lemonade, buns and cookies. The increase in soft drink consumption has become a public health problem. Dentists are pointing out the correlation between decreased dental health and soft drink consumption (Svensson 2004). A large Californian survey found that children (ages 6-8 and 15 years) of less educated parents have higher rates (20%) of decayed and filled teeth (Jacobson 2005).

The older children get, they get more money to spend and can afford buying soft drinks. Most soft drinks can be obtained for a low cost while so called energy drinks (most of them are carbonated beverages with high caffeine content) are expensive.

The pricing practices also encourage people to drink large servings (Jacobson 2005). Together with salty foods, like crisps, the thirst increases even more.

Research also indicates that liquid calories are more likely to promote obesity than solids. Canadian researchers have found that girls who drink more soft drinks than milk build up less bone mass (Jacobson 2005).

Most probably, marketing (including availability) and advertising have had the greatest impact on our beverage consumption. Advertising has been used for decades. TV-commercials and the Internet have just increased the possibilities. The Center for Science in the Public Interest claim in their report «Liquid Candy, How Soft Drinks are Harming American's Health» that «*Soft drink companies are among the most aggressive marketers in the world*» and that they have used a myriad of techniques, and also unethical ones, to increase sales (Jacobson 2005).

Sales of soft drinks have declined in the United States by 7% (1998 – 2004) i.e. from 213 litres per persons to 198 litres¹³ per person, but still soft drinks are the single largest source of calories especially among teenagers. The annual production of carbonated non-diet soft-drinks in United States corresponds to 60 000 kcal for each American (Jacobson 2005). If these calories are not «burned» they will result in about 7 kilos of overweight in one year (author's calculation).

There is still room for increasing the sales volume as long as the price is affordable. People could easily afford a doubled consumption. The PR-people are well aware of that and that is why they still put more money and engagement in all kinds of advertisement and marketing activities.

¹³ Author's calculation from 56,1 gallons for 1998 and 52,4 gallons for 2004.
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Recommendations on possible action:

- TV-advertising of unhealthy foods to children should be banned. The Directive “Television without frontiers” should be amended in that direction to protect the legislation that is in force in Norway and Sweden and to extend the protection to cover all children in the European Union (Matthews A, Cowburn G, Rayner M, Longfield J and Powell C. 2004);
- Water fountains in government buildings, schools, parks and other public spaces should be introduced (Jacobson 2005);
- Ban on vending machines and sales of soft drinks, candy etc in schools and other catering places directed to children and to introduce a tax on soft drinks (Jacobson 2005);
- Encourage comparable intervention studies. In order to make statistics of soft drink consumption easier to compare, it would be useful if American reports also include decilitre/litre references and not only ounces/gallons as the volumes of ounces and gallons also differ in United States and the United Kingdom ¹⁴ (author’s suggestion);
- Declaration of the calorie content of soft drinks and other food items on menus and menu boards (Jacobson 2005).

7 FUTURE AND IMMEDIATE ACTIONS

The Council conclusions on Obesity and its underlining of the cross-sectoral approach (see appendix 2) are still valid. What immediate action can be taken at Community level?

With the measures already taken by the European Institutions the EU is on the right track. The above mentioned Council Conclusions and the Green Paper have somewhat answered the question what immediate action should be taken. The feedback from the consultation on the Green Paper will soon be analysed and show further proposals.

It is necessary to recognize that these issues deserve careful and continuous attention and to put these issues high on the political agenda. It is very important to ensure that the policies affect the reality and do not stay as beautiful words.

The issue do concerns many sectors and at different levels. Some suggestions and recommendations for actions found in the literature are shown below.

Recommendations on possible action:

- *Raise awareness, promote the overall political climate and international collaboration for the fight against obesity and place it high on the public health and political agenda in the Region (aim of the Ministerial conference on counteracting obesity 2006);*
- *«EU Commissioners and Council members should pool knowledge and combine efforts across the food, agriculture, trade, media, education, sport and transport sectors, whilst engaging other stakeholders including NGOs to develop new initiatives to support healthier lifestyles » (Rigby and James International Obesity Task Force Position Paper 2003);*

¹⁴ 1 fluid ounce corresponds to 0,030 litres in the United States and 0,028 litres in the United Kingdom. 1 gallon corresponds to 3,79 litres in the United States and 4,55 litres in the United Kingdom (Longmans Dictionary)

- *Public health impact should be assessed and considered in relevant international negotiations and in particular regarding reforms to the EU Common Agricultural Policy. The effects of product support should be given particular consideration. (Swedish Action plan on healthy dietary habits and increased physical activity Draft 2005);*
- *An «active Europe policy should be adopted with a vigorous reassessment of urban development, transport policies and other constraints that place unnecessary limitations on activity within the physical infrastructure» (Rigby and James International Obesity Task Force Position Paper 2003);*
- *Promotion of breastfeeding (French Presidency 2000) taking the document «Protection, promotion and support of breastfeeding in Europe: a blueprint for action» into account (author's suggestion);*
- *Develop information and education. Encourage the exchange of information and networks. Establish and develop various researches especially on intervention and evaluation studies. While confusing and contradictory nutrition messages exist, it is difficult for consumers to choose healthy diets. Without proper training the consumer is unable to find his or her way among all the available information. The use of new technologies, e.g. the Internet, could become one way to provide information to the consumer (French Presidency 2000);*
- *Protection for children from the «aggressive» advertising and marketing techniques that sustain the pressure to adopt unhealthy patterns of consumption and activity. These preventive measures need immediate action (Rigby and James International Obesity Task Force Position Paper 2003);*
- *Steps must be taken across the EU to protect children who are vulnerable targets of a marketing machine, which increasingly focuses on the classroom as a shop window and the school corridor as its market place (Rigby and James 2003).*

Develop Rules of thumb - A few messages that everyone could memorize

The consumers need to be informed in a comprehensive way. It would be useful to develop and communicate simple and uniform messages for diet and physical activity that everyone could memorize e.g.

Double/Half – e.g. double the consumption of fruits and vegetables, but halve the intake of salt, soft drinks, sweets etc (from the Swedish Action Plan for healthy dietary habits and increased physical activity)

Five a day (fruits/vegetables)

30 – 10 – 5 which means “Spend at least 30 minutes a day, at least 10 minutes at a time and at least five days a week”. (from Washington State Department of Health and www.BeActive.org)

At the same time it has to be ensured that simple messages are not misinterpreted and give rise to harmful effects. Knowledge from nutritional and food safety experts and good communicators is needed to formulate simple messages.

The magic cure coming from above does not exist. Awareness alone does not help. Neither do beautiful words. Awareness is however a good way to start; awareness at the highest political level as well as awareness among consumers. The cross-sectoral approach is of utmost importance.

The views expressed in this paper are those of the author and are not necessarily those of any government body or the Swedish National Food Administration.

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APPENDIX 1 – MAIN CONTENTS OF THE GREEN PAPER

The main contents of the Green Paper on *Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases* are:

- I. State of play at EU level
- II. Health and wealth
- III. The consultation procedure
- IV. Structures and tools at Community level
- V. Areas for action (including cooperation beyond the European Union)
- VI. Next Steps

Annexes in Green Paper

1. Prevalence estimates of diabetes mellitus by country
Deaths in 2000 attributable to selected risk factors (European region)
Overweight and obesity among adults in the EU
Rising prevalence of overweight in children aged 5-11
2. Relationship between diet, physical activity and health.
3. References

APPENDIX 2 - COUNCIL CONCLUSIONS OF 2 DECEMBER 2002 ON OBESITY

Source: *Official Journal C 011* , 17/01/2003 P. 0003 - 0003

THE COUNCIL

- EMPHASISES its great concern about the serious health, social and economic impact of the increasing prevalence of overweight and obesity in individuals, particularly children, and in the European Community,
- REFERS to scientific results showing that obesity is the major cause of a range of serious associated diseases, and indicating that 15 % of children and adolescents in Europe are suffering from obesity, and that this number will increase dramatically in many Member States unless appropriate action is taken,
- REAFFIRMS the Council Resolution of 3 December 1990 regarding the action programme on nutrition and health(1), the Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 15 May 1992(2) on nutrition and health, and the Council Resolution on health and nutrition of 14 December 2000(3),
- REFERS to the focus, which the EU Conference on Obesity in Copenhagen on 11 to 12 September 2002 put on the multiple problems caused by obesity, and the urgent request from leading international experts to act as quickly as possible on the basis of the existing documentation, simultaneously with the gathering of new knowledge,
- UNDERLINES the need, in preventing and responding to the problems resulting from obesity, to take a cross-sectoral approach, including, inter alia, the health, social, food educational, cultural and transport sectors.

INVITES THE MEMBER STATES to take account in their national public health policies of the need to address the issue of obesity.

INVITES THE COMMISSION TO:

1. reinforce its efforts to prevent and combat obesity and, in particular, its response to the invitations of the Council in its Resolution of 14 December 2000;
2. support the Member States in their efforts to prevent and manage obesity, taking into account the potential risk of eating disorders, particularly by developing innovative measures and approaches concerning nutrition and physical activity;
3. continue to strengthen the research on obesity;
4. ensure that prevention of obesity is taken into account in all relevant Community policies, and, in particular, in the framework of the programme of Community action in the field of public health (2003 to 2008).

(1) OJ C 329, 31.12.1990, p. 1. (2) OJ C 148, 12.6.1992, p. 2. (3) OJ C 20, 23.1.2001, p. 1.

APPENDIX 3 - EXAMPLES ON PHYSICAL ACTIVITIES IN MEMBER STATES AND THIRD COUNTRIES

France <http://www.villesante.com/epode/> Tips for parents run out of inspiration. La semaine de la Nutrition et de l'Activité Physique et sportive was held for the third year, 13 – 20 May 2006.

Iceland. In trying to make children to inter alia increase their physical activity, an Icelandic commercial project called LazyTown was created in the 1990s. The information on LazyTown obtained from the Internet shows a comprehensive concept with board games, books, cd:s etc. and also includes food advice and food products (e.g. bottled water and whole wheat bread without sugar). <http://www.lazytown.com>

Sweden Commitment by The Swedish Orienteering Federation. « Naturpasset » (which means Nature passport, author's translation) an activity aiming to provide easy access to orienteering without the element of competition (www.orientering.se English text). Naturpasset includes a map with several posts to visit anytime you like

United Kingdom Everyday sport: <http://www.everydaysport.com/> is an interactive web site where i.a. different plans to get started can be chosen as part. The web site is part of The Everyday sport campaign that brings together the public, private and voluntary sector.

United States. <http://www.completestreets.org/> Text from the page declares that : too many of our streets are designed only for speeding cars, or worse, creeping traffic jams. They're unsafe for people on foot or bike — and unpleasant for everybody. The website includes early success stories from regions. Interactive maps to help improving even further <http://www.bikelib.org/completestreets/>

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