

September 2004

# HeartMatters

Bulletin of the European Heart Network



10

# 1

## editorial



## Children and Obesity – a Heavy Burden

by Susanne Volqvartz  
Chair European Heart Network

**Data from several studies suggest that childhood obesity has increased steadily in Europe over the past two to three decades. In Europe, almost 20% of children are overweight or obese.**

Obesity, poor diets, smoking and physical inactivity are the leading causes of heart disease and stroke. Some obese children already have multiple risk factors for type-2 diabetes, heart disease and a variety of other co-morbidities. New figures show that overweight children are three to five times more likely to suffer a heart attack or stroke before they reach the age of 65 than children with a normal weight.

To raise the awareness of the grave consequences of overweight and obese children and to start tackling the problem, the European Heart Network (EHN) started its new project "Children, Obesity and Associated Avoidable Chronic Diseases" on 1 March 2004 with part-funding from the European Union (EU).

In the framework of the EU co-funded project "European Heart Health Initiative", which ended on 31 December 2003, EHN focused mainly on the physical activity side of the problem. Looking at underlying reasons why children seem to

be less active nowadays, EHN and its partners proposed a range of measures aimed at increasing levels of physical activity among children and young people. EHN and its partners argued for the establishment of national plans for the enhancement of physical activity and published a report on the state of development of national action programmes.

In its new project, EHN will turn its focus, at least initially, onto the other side of the obesity epidemic: diets. The objectives of the project are to measure and analyse the impact of food marketing to children and young people; to determine policy options aimed at addressing obesity in children; to complement activities and approaches at national level; and to stimulate concerted action among the partners in the project.

The project, which will run over 32 months, will undertake research into the nature and extent of food marketing to children and young people. The research will be

carried out in 20 European countries and will involve 24 partners, including EHN and its member organisations in the 20 countries, the International Association of Consumer Food Organizations, the International Diabetes Federation, European Region and the British Heart Foundation Health Promotion Research Group.

**"It is essential that all stakeholders take seriously the responsibility resting upon them to act forcefully to counter the obesity epidemic, sooner rather than later."**

Prevention of obesity requires a broad-based public health approach that involves multisectoral action. Such an approach arises from the fact that the goal of improving the diet and increasing the physical activity of individuals and

**"Overweight children are three to five times more likely to suffer a heart attack or stroke before they reach the age of 65 than children with a normal weight."**



## “ huge leaps are needed”

populations is not achievable solely by promoting individual awareness and individual knowledge. Collective action, including the development of international strategies, together with supportive government policies, are essential in order to advance public health and minimise the hazards associated with a global epidemic of obesity. Therefore, EHN welcomes the adoption of the World Health Organization's (WHO) Global Strategy on Diet, Physical Activity and Health in May 2004. One of the WHO observers, the World Heart Federation (WHF), actively participated in the development of this strategy. In this issue of Heart Matters the WHF takes a critical look at the WHO strategy and the high stakes involved.

At EHN's Annual Workshop in May 2004, the central theme was how to design and deliver health promotion interventions that emphasise near-term evidence-based mental and physical benefits to populations in Europe from improved nutrition and physical activity behaviours. The reports from several European countries published in this edition of Heart Matters show that many heart foundations are already involved in developing action programmes in the field of physical activity and nutrition.

So steps are being taken to address the issue of overweight and obesity, especially among children, but huge leaps are needed. It is essential that all stakeholders take seriously the responsibility resting upon them to act forcefully to counter the obesity epidemic, sooner rather than later.

# contents

- 1 Editorial  
Children and Obesity – a Heavy Burden
- 3 Feature articles  
The Irish Presidency of the EU and cardiovascular health promotion  
  
The WHO global strategy on diet, physical activity and health: Good news, bad news and the way forward
- 8 Country activities  
  
Belgium  
Estonia  
Finland  
Germany  
Greece  
Ireland  
Italy  
Norway  
Portugal  
Slovenia  
Spain  
Sweden  
UK (Northern Ireland)
- 31 Contact information

Heart Matters, focusing on cardiovascular disease prevention, is a publication relevant to policy makers, public health experts and organisations involved in health promotion, disease prevention and public health research.

# 2

# The Irish Presidency of the EU and cardiovascular health promotion

by Susanne Løgstrup, Director, European Heart Network

The Irish Presidency of the European Union (EU) took place from 1 January to 30 June 2004. Recognising that the EU faces major challenges in relation to cardiovascular diseases, and looking at the high death rates from these diseases in several countries in Europe, the Irish Presidency considered that now was the time for the EU to take a planned approach to reach consensus on preventing and tackling cardiovascular diseases. Several initiatives were taken by the Irish Presidency to promote the prevention and reduction of cardiovascular diseases. Two of these are outlined in this article.

- From 24-26 February 2004, the Irish Presidency, with the support of the European Commission and in partnership with the European Heart Network and the European Society of Cardiology, hosted an expert conference on the promotion of cardiovascular health.
- On 2 June 2004, the Council of Ministers adopted Council Conclusions on Cardiovascular Health in Europe.

## EU conference "Promoting Heart Health, a European Consensus"

The conference, entitled "Promoting Heart Health, a European Consensus", brought together senior health policy representatives from the 25 Member and Accession States, as well as national, European and world experts in cardiology, health promotion and public health.

The conference analysed the complementary approaches of population-based strategies on the one hand and strategies targeting individuals at high risk or already diagnosed with a cardiovascular condition on the other hand.

Although many individual Member States had already adopted a range of strategies for cardiovascular disease prevention, there was agreement that it was appropriate at European level to:

- Recommend lifestyles and health behaviours to promote and maintain cardiovascular health, to include diet and physical activity;
- Agree strategies addressing risk factors for cardiovascular disease, including tobacco use, blood cholesterol and blood pressure levels;
- Recommend multisectoral collaboration to create EU-wide environments to promote and support cardiovascular health;
- Provide comprehensive guidance to Member States on multisectoral health promotion actions and on guidelines for clinical practice to promote heart health.

The Conference provided background information on the epidemiology of cardiovascular disease in the EU and on factors which influence risk; population health, health promotion strategies and the creation of environments which support heart health were also discussed. Furthermore, the conference explored high risk strategies in people with cardiovascular disease and in those identified as being at high risk.

# 3

## Council Conclusions on Heart Health

The conference led to Council Conclusions on the promotion of heart health which were adopted by the Health Council on 2 June 2004. At this meeting, the Council of health ministers came to the following conclusions:

- Cardiovascular disease – heart diseases, stroke and other atherosclerotic vascular diseases – is the largest cause of death of men and women in the European Union;
- The European Union is experiencing declining rates of mortality from cardiovascular disease, but increasing numbers of men and women are living with cardiovascular disease;
- The majority of cardiovascular disease is preventable, predominantly through lifestyle changes as well as through the appropriate use of medicines;
- Strategies to promote cardiovascular health need to address the whole population and those at high risk of or living with cardiovascular disease;
- Population strategies need to address health determinants including lifestyles, risk factors, and social and physical environments to support health;
- Unhealthy lifestyles, particularly tobacco consumption, as well as unhealthy diet and physical inactivity amongst European citizens, are risk factors to be addressed in the development of national and European Union policy;

- Heart health promotion and preventive strategies are cost-effective investments with measurable health, social and economic benefits;
- Member States should consider the development and implementation of guidelines for those at high risk or living with cardiovascular disease;
- Comparable data is needed across the European Union to monitor cardiovascular disease mortality, morbidity and relevant health behaviours and risk factors;
- Evidence-based information on the promotion of cardiovascular health is already very strong, but more research is needed in Europe.

In the Conclusions, the Council of Ministers also outline different tasks and responsibilities for Member States on the one hand and for the European Commission on the other hand.

The Council of Ministers invites the Member States to consider:

- The inclusion in national public health strategies of health promotion, population and high risk strategies to promote cardiovascular health and improved quality of life aiming at the reduction of the incidence and burden of cardiovascular disease;
- The further development and introduction of health impact assessment to measure the health impact of all national public policies;
- The adoption of a societal and multisectoral approach to promote public health, including cardiovascular health, by involving all relevant governmental and non-governmental organisations, at both national and local levels;
- The further development and implementation of national action plans on tobacco use, including smoke-free environments, and on diet and physical activity to promote public health, including cardiovascular health;
- The implementation of evidence-based, sustainable and cost-effective community prevention programmes that are accessible and affordable to meet the needs of those most at risk of developing cardiovascular disease;
- The possibility of establishing national guidelines for the prevention of cardiovascular disease and of considering the use of risk charts for the assessment of individual risk, having regard to Member States' organisation and delivery of their respective health services, ethical, legal, cultural and other relevant issues, and available resources;
- The integration with existing national cardiovascular health plans on a multisectoral basis, including the collection and publication of relevant comparable data on programme implementation;
- The implementation of standardised surveillance systems for cardiovascular mortality, morbidity, health behaviours and risk factors.

The Council of Ministers asks the European Commission, within the limits of the Public Health Action Programme, to support Member States in their efforts to promote cardiovascular health, and to:

- Take into account the results of national and international research, and existing national cardiovascular health strategies;
- Encourage networking and the exchange of information between stakeholders, including professional, non-governmental and consumer organisations;
- Consider the identification of best practice guidelines, in consultation with Member States, to enhance the coordination of population and individual high risk group health and prevention policies and programmes;
- Strengthen the comparability of data on healthy lifestyles and behaviours across Member States, as well as to study the possibility of using standardised procedures and methods for monitoring and surveillance of cardiovascular disease mortality, morbidity and risk factor data across Member States;
- Take a multisectoral approach to promoting cardiovascular health, preventing cardiovascular disease and assessing the health impact of other public policies of the European Union;

- Include examining the economic cost of cardiovascular disease against the improved health status arising from a comprehensive public health strategy by Member States to reduce the burden of these diseases;
- Continue to work towards the development of a comprehensive and integrated European food and nutrition policy, to include, among others, physical activity programmes, population dietary guidelines, and address the impact on public health of promotion, marketing and presentation of foodstuffs;
- Study ways of promoting better cardiovascular health, including:
  - Actively encouraging further advances in tobacco control policies;
  - Supporting and promoting the regular exchange of experience in the area of health determinants and cardiovascular health;
  - Facilitating the collation and appraisal of scientific evidence in the area of cardiovascular health promotion provided by experts in the field, in particular to provide support to national guidelines and information for high risk groups;
  - Facilitating the exchange of information about cardiovascular health professions and training courses;
- Consider bringing forward further proposals on health determinants of major importance for the promotion of cardiovascular health.



# The WHO global strategy on diet, physical activity and health:

## Good news, bad news and the way forward

by Janet Voûte, Chief Executive Officer, World Heart Federation

### Good news

The WHO Global Strategy on Diet, Physical Activity and Health<sup>1</sup> was adopted by the World Health Assembly on 22 May 2004. The Director General of the WHO, Dr Lee Jong-wook, called this a "landmark achievement for global public health policy."<sup>2</sup> In a world where cardiovascular diseases cause approximately 17 million deaths annually, or one out of every three deaths, this strategy comes none too soon.

The Global Strategy on Diet, Physical Activity and Health, when taken together with the Framework Convention on Tobacco Control, provides an excellent toolkit for addressing the three major lifestyle risk factors: unhealthy diet, lack of physical activity and tobacco use. These three risk factors lead to chronic diseases (including heart disease, stroke, diabetes, chronic obstructive pulmonary disease, and some cancers) which, taken as a whole, represent 60% of global deaths and 50% of the total disease burden.<sup>3</sup>

The frightening global trend towards obese populations and particularly obese children provided further impetus for the Strategy. According to a recent report by the International Obesity Taskforce, 155 million school children are overweight, and more than one quarter of them are obese.<sup>4</sup>

**The Global Strategy toolkit consists of a number of recommendations<sup>5</sup> including the following:**

#### **Policies promoting a supportive environment**

1. Formulation of multi-sectoral and multi-stakeholder policies and strategies.
2. Formulation of national dietary and physical activity guidelines.
3. Promotion of food products consistent with a healthy diet, including the provision of market incentives to promote the development, production and marketing of food products that contribute to a healthy diet.
4. Introduction of fiscal policies to influence food choices.
5. Consideration of agricultural policies and their effect on national diets.
6. Introduction of transport and environmental policies that promote physical activity.
7. School policies that improve health literacy, promote a healthy diet and provide physical education and facilities.
8. Consideration of current marketing practices, especially those aimed at children, in particular the promotion of foods high in fat, salt and sugar.
9. Utilisation of international standards such as the Codex Alimentarius to strengthen public health efforts.

#### **Policies aimed at individual change**

1. Provision of accurate information through education and public awareness campaigns and adult literacy programmes.
2. Accurate nutrition labelling and monitoring of nutrition and health claims on foods.
3. Practical advice by health professionals for patients and families on the benefits of a healthy diet and increased levels of physical activity, combined with support to help patients initiate and maintain healthy behaviours.
4. Provision of clear, simplified messages with regard to healthy diet and physical activity (reduced salt/sugar/fat intake, increased fruit and vegetable intake, etc.).

<sup>1</sup> World Health Assembly Resolution WHA 57.17.

<sup>2</sup> <http://www.who.int/mediacentre/releases/2004/wha.3/en>

<sup>3</sup> World Health Report 2003.

<sup>4</sup> Obesity Reviews, (2004 Issue 5) N. Stettler, "The Global Epidemic of Childhood Obesity: Is there a role for the Paediatrician?"

<sup>5</sup> Article by Amalia Waxman in "Heartbeat" June 2004.

# 5

For the Strategy to be implemented, not only the WHO but also other UN agencies, the EU, national governments, NGOs and industry will have to be involved and committed to improving the health of the global population. Strong NGO support was mobilised to support the unanimous adoption of the strategy. That support remains critical to the future implementation plan.

## Bad news

The bad news about the Global Strategy is that it is not as strong as it could have been. It became disconnected from its original scientific underpinnings and was weakened first by the United States and then by the Group of 77, and in particular the sugar growing countries.

Several years of consultation with nutrition, cardiovascular disease and other experts from around the world contributed to the thinking behind the WHO strategy. These experts produced a joint Food and Agriculture Organization (FAO)/WHO report referred to as Technical Report 916. In this report, specific population nutrient goals were developed to serve as a reference and support for the creation of new national dietary guidelines. The report called for 15-30% of calories from fat with less than 10% from saturated fats and less than 1% from trans fats. It called for more than 400 grams of fruit and vegetables per day and less than 10% of total caloric intake from free sugars.

The United States criticised this report and the sugar reference in particular at the January 2004 Executive Board meeting.

## The way forward

For the implementation of the Global Strategy to be successful, the WHO must make sure the effort is properly funded. International NGOs such as the World Heart Federation must not only continue to work in concert with other NGOs such as the International Obesity Taskforce and the International Diabetes Federation, but those efforts need to be even better coordinated at all levels: international, regional and national. Industry behaviour must be carefully monitored and the

Industry associations such as the Grocery Manufacturers Association and their European counterpart the CIAA (Confédération des Industries Agro-Alimentaires de l'Union Européenne) have expressed their support for the Strategy. However, it remains to be seen how that verbal support will translate into real action.

They criticised the quality of the science, an argument the WHO refuted, but rightly or wrongly later lost. Despite several years of work and substantial scientific consensus among the experts, all reference to Technical Report 916 was removed from the final WHO strategy.

When negotiations began at the World Health Assembly in May 2004 the hand of the World Sugar Research Organization and other sugar lobbyists was in evidence. Several sugar-growing countries had submitted criticisms of the proposed text, but interestingly enough, the wording of that criticism from several countries was identical. Countries such as Brazil, Cuba and Mauritius criticised the WHO strategy as potentially damaging their trade positions.

As a result, new language was added to the final strategy document. This new language, such as the following "to ensure that public policies adopted in the context of the implementation of this strategy are in accordance with their individual commitments in international and multilateral agreements, including trade and other agreements,

so as to avoid trade restrictive or distorting impact," dilute the strength of the Global Strategy by making it secondary to trade.

The WHO Global Strategy on Diet, Physical Activity and Health reveals once again the weak bargaining position of health advocates when confronted by trade issues and experts. Increasing the health community's knowledge base in the areas of trade and industry is just one of the next steps required for a successful implementation of the strategy at international, regional and national levels.

Furthermore, in countries where malnutrition persists, careful effort must be made to coordinate under and over-nutrition programmes into one logical healthy nutrition framework. The two sides of the nutrition equation must learn to work effectively together.

NGOs must constantly use carrot and stick methods to encourage positive industry change. At all levels multilateral partnerships should be developed (see table below). Public/private partnerships must be initiated to put real muscle into making markets work for health. However, the selection process for identifying potential private sector partners must be rigorous.

Research must be disseminated on successful community-based and national programme initiatives. Governments must be helped to develop national prevention programmes.

The World Heart Federation is committed to the successful implementation of the WHO Global Strategy on Diet, Physical Activity and Health. We will continue to add our voice to the debate in all available agenda-setting meetings and occasions (WHO, UNESCO, UNICEF, OECD, World Economic Forum, the media). Broad support has been mobilised and an obesity statement endorsed and issued to

all members. We will continue to work in partnership with other NGOs and we will actively enter the dialogue with industry to promote positive change in product portfolios and marketing practices. We will selectively build public/private partnerships to put more marketing muscle into positive health messages. The most important challenge for the World Heart Federation is to mobilise its continental and national member

network to become even better advocates for healthy diets and increased physical activity.

For more information, please contact Janet Voûte, Chief Executive Officer World Heart Federation  
 5, avenue du Mail  
 1205 Geneva, Switzerland  
 Tel: +41 22 807 03 20  
 Fax: +41 22 807 03 39  
 Email: janet.voute@worldheart.org

**Partners critical to the Global Strategy implementation:**

Level	Partners (some examples)		
	Public Sector	Civil Society	Private Sector
<b>Global/International</b>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNESCO</li> <li>• UNICEF</li> <li>• OECD</li> </ul>	<ul style="list-style-type: none"> <li>• International NGOs such as World Heart Federation, International Obesity Taskforce, International Diabetes Federation</li> </ul>	<ul style="list-style-type: none"> <li>• Multinational companies e.g. food, beverage, distribution, hotel, restaurant, insurance and banking</li> <li>• Industry associations</li> </ul>
<b>Continental/Regional</b>	<ul style="list-style-type: none"> <li>• WHO Regional Offices</li> <li>• Regional organisations, e.g. European Union, ASEAN</li> </ul>	<ul style="list-style-type: none"> <li>• Continental NGOs, e.g. European Heart Network, Inter-American Heart Foundation, Asia-Pacific Heart Network, African Heart Network</li> </ul>	<ul style="list-style-type: none"> <li>• Corporate regional offices</li> <li>• Regional industry associations</li> </ul>
<b>National</b>	<ul style="list-style-type: none"> <li>• Governments</li> <li>• Ministries of health, finance, agriculture, education</li> </ul>	<ul style="list-style-type: none"> <li>• National NGOs, e.g. national heart foundations</li> </ul>	<ul style="list-style-type: none"> <li>• National corporate affiliates</li> <li>• Industry groupings</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Towns</li> <li>• Schools</li> <li>• Transport</li> <li>• Public areas, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Members of NGOs</li> <li>• Parents' associations</li> <li>• Families</li> <li>• School boards</li> <li>• Patient groups</li> </ul>	<ul style="list-style-type: none"> <li>• Restaurants</li> <li>• Catering services</li> <li>• Workplaces</li> <li>• Fitness clubs, etc.</li> </ul>





# A fit Flanders: promoting good health through an active lifestyle

Lack of exercise and unhealthy eating habits cause obesity and other health problems. In order to tackle this, in 2003 the Flemish government of Belgium began a multi-annual campaign entitled "A Fit Flanders" [Vinnig Vlaanderen]. In 2003, the campaign focussed on more exercise, while the central issue for 2004 is healthy eating. Both issues will be further developed in parallel as part of an overall good health policy. The emphasis is on the positive effects of exercise and a healthy diet. Eating together and participating in group sports are also social events that enhance individual well-being.

An attractive web site offers a wealth of information on both campaign issues. In the first year, the media campaign released a series of fun television adverts, adverts in newspapers and journals, and a set of posters distributed to schools, businesses, local authorities and social and cultural associations. In 2004, the focus will be on a series of vibrant local community events.

### **Live life to the full by taking half an hour of exercise every day**

National and international experts agree that a healthy diet and regular exercise clearly benefit health. But what does "regular exercise" mean and how intensive must that exercise be?

This varies according to age.

#### **Young people, aged 6 to 20:**

- A minimum of 60 minutes of exercise every day;
- Intensive exercise twice weekly to strengthen muscles and make the body more supple.

#### **Adults, aged 20 to 64:**

- A minimum of 30 minutes of moderate physical activity every day;
- Can be broken down into smaller periods of at least 10 minutes each;
- Exercises that target the body's strength and suppleness are also desirable.

#### **Older people, aged 65 and over:**

- All older people can undertake light to moderate physical activity as part of their daily routine;
- Exercises that target the body's strength and suppleness are also desirable.

Only exercise that significantly boosts the heart rate is truly good for the health.

A brisk walk and cycling are two examples of moderate physical activity. Swimming and gardening are also good forms of exercise. Of course, intensive physical activities, including the majority of sports, are even better.

A host of information on the importance of exercise together with a list of practical tips for young and older people, schools, households and businesses, a fitness test, a fitness calendar, interesting articles and much more are found on the Vinnig Vlaanderen web site. Associations that organise exercise activities can join Vinnig Vlaanderen as partners. The campaign's overarching aim is to point individuals to the many different types of organised sport available to them in Flanders.

The 2003 media campaign on exercise was assessed with a public survey. The television adverts were rated higher than the other adverts and posters. The majority of those polled considered the campaign a worthwhile initiative and welcomed the interest shown by the government in promoting exercise. Most of those questioned who recognised the campaign also indicated that they already undertook 30 minutes of physical activity each day.





### **Test your eating habits - discover what you need for improved fitness**

Greater awareness of healthy foods is an absolute necessity. An increasing number of Flemings are confronted with obesity and the ensuing physical and psychological problems. Our food is too fatty, too sweet and too copious!

But what is the best strategy for convincing people to adopt a healthier diet?

Vinnig Vlaanderen is challenging young and old alike to reconsider their diet using four simple tests developed by the Flemish Institute for Health [Vlaams Instituut voor Gezondheidspromotie – VIG]: a liquids test; a fruit and vegetable test; a fibres test; and a fat test. Becoming more aware of our own eating habits is the first step on the road to change. These tests have been handed out at each local event held so far.

Although the 2004 campaign is not based on adverts, it has been given essential media support by the educational journal "Klasse", lifestyle broadcaster "Vitaya" and the journal of the Association of Flemish Towns and Cities [Vereniging van Vlaamse Steden en Gemeenten].

Two projects have also been launched in schools. Parents were asked to give their children a piece of fruit to take with them to school every Monday, which will now

be "fruit day" at school. Similarly, schools themselves have been asked to provide fruit to their pupils free of charge at least once a week starting next year. So far, more than 450 schools have signed up for this project, which was thought out by Logos (networks of local health authorities) and the VIG. A separate "fruit at school" button on the Vinnig Vlaanderen web site allows teachers to download letter templates and further information.

Local authorities also play an essential part in the campaign, as employers and in terms of their responsibility for promoting good health. They have initiated projects targeted at the population as a whole together with Logos and a series of associations. The highly popular "walks for health" are just one example of this.

The campaign also aims to enhance awareness of healthy eating within the corporate world. Catering companies and external health services are being invited to adopt the Vinnig Vlaanderen menu and promote it within companies. This healthy menu can also be found on the web site. Businesses are being encouraged to replace biscuits with fruit during meetings and to include brown-bread sandwiches in their lunch menu.

### **Conclusion**

The movement launched by the Flemish government in 2003 to raise awareness of the advantages of more exercise and a healthier diet has a positive approach targeting individuals in their everyday lives. Networks have been created, partnerships established, and Vinnig Vlaanderen has become a well-known concept. Now we must build on that experience, as only a long-term, multi-faceted approach will provide concrete results.

For further information: [www.vinnigvlaanderen.be](http://www.vinnigvlaanderen.be)

# Estonian Heart Association projects

Cardiovascular morbidity and mortality is a major problem in Estonia. In common with other European countries, Estonia's children and young people have several risk factors for chronic non-communicable diseases. In a recently published study carried out by L. Suurorg and I. Tur in 2003 it was revealed that about 10.8% of 15 and 16-year-old Tallinn schoolboys and 11.0% of schoolgirls of the same age are overweight; about 27.2% of these boys and 37.1% of the girls are physically inactive and 31.2% of the boys and 26.2% of the girls are regular smokers.

Because of these findings the Estonian Heart Association has concentrated on working with children and young people.

### Heart Week in Estonia

The activity peaks of the Estonian Heart Association are scheduled within the Heart Week. In close cooperation with the Finnish Heart Association, the Estonian Heart Association has produced a series of published materials about heart health. The target group consists of kindergarten, primary and secondary schools.

The materials published and disseminated in schools and kindergartens include:

- leaflets on heart-friendly ideas for eating and moving and recreation;
- materials for the teachers to help them to bring heart health promotion ideas into their daily activities;
- a brochure for the children and the families about heart health;
- materials for cooks that include recipes for healthy food for the heart.

Very popular among children in the kindergartens are the colouring books on healthy eating habits and physical activities.

In 2003 the Heart Week was dedicated to physical activity and was carried out under the slogan "The heart needs to be trained wisely". In 2004 the Heart Week slogan was "Steps for your heart health".

The Heart Race, first held in 2000 during the Heart Week, aims to promote healthy lifestyles and especially physical activity as a part of heart health among the whole population. The length of the race is 1000m for children and 5000m for adults. There are several starting groups for competitors, including joggers, women, children and walkers.

The Heart Race is also a charity campaign meant to help children with congenital heart disease, and is held in cooperation with other organisations. Everybody is encouraged to check their heart health during the race by having their blood pressure measured and their blood cholesterol checked.

The Estonian Heart Association also disseminates materials about heart health.

### World Heart Day

The other activity peak is in September when World Heart Day is celebrated. This year as in many other countries special attention will be paid to children and young people.

Several information leaflets about cholesterol, blood pressure, and the connection between salt and blood pressure have been published and disseminated by the Estonian Heart Association. There are series of brochures published for people who are already suffering from heart disease and in addition regular monthly lectures are given by health professionals.

# 10

## News from Finland

by Anna-Liisa Rajala, Finnish Heart Association

# National Action Plans to increase physical activity in Finland

Finland has a national strategy for health-enhancing physical activity. The Public Health and Sports Act forms the legal basis of health-enhancing physical activity. The Ministry of Social Affairs and Health manages and develops public health work and preventive health care, while the Ministry of Education does general management and develops physical activity services.

The Ministry of Social Affairs and Health established a committee to set goals for developing activities related to health-enhancing physical activity (2001). A majority of Finns move too little for good health. Increased physical activity would considerably improve the population's functional capacity, health and well-being, and prevent illnesses. The aim of the committee was to increase interdisciplinary governmental work on physical activity by a task force including the health, education, transportation and environment sectors as a minimum. The committee underlines the importance of sufficient physical activity at all stages of the life span (53 recommendations). As a result the government passed a resolution to increase health-enhancing physical activity.

The committee proposed increasing the budget for health-enhancing physical activity to 3.4 million € per year.

The committee underlines the importance of sufficient physical activity at all stages of life. It is particularly important to encourage children and older people to take exercise and their opportunities for exercise must be safeguarded. Physical activity should be an everyday activity for all people and families should be activated to participate together.

The Ministry of Social Affairs and Health set up the advisory committee on health-enhancing physical activity, HELI (2002 - 2005), to coordinate the implementation of action. The tasks of the committee

include monitoring the activities related to health-enhancing physical activity in various sectors, coordinating the work carried out by different actors, taking initiatives and putting forward development proposals, and initiating and financing research, information, experimental and development projects. The committee set up ten working groups.

### Promotion of physical activity among children and young people

The objectives are to ensure that every child and young person has the possibility of daily physical activity and exercise in schools and day care centres; to make physical activity a part of every school and day care centre; and to increase the role of exercise in after-school activities.

For youngsters the most important working groups are "Children's and Young People's Physical Activity" and "Family Physical Activity". The groups aim activities at the school and pre-school physical education curricula, the quality of after-school activities and the development of the physical activity environment for the young. They intend to develop among other things a versatile and enjoyable "Physical Activity School" model which teaches basic skills for physical activity and non-competitive "free range" physical activities, and they will promote safe environments to support formal and informal physical activity. The national survey on the physical exercise condition of the schoolyards is already available (2004).

### Finnish Heart Association (FHA) promotes physical activity

Voluntary organisations, including FHA, have an active role in promoting physical activity independently, networking and in the health-enhancing physical activity committee. Promotion of physical activity has traditionally been an important part of FHA's mission.

The FHA's policy aims at: Physical activity for the general public, children and young people and patients; creating facilities to make it possible to practise physical activity; and producing programmes and materials for physical activity.

FHA has participated in the work of the advisory committee on health-enhancing physical activity.

FHA has a physical activity alliance targeting the whole population. It aims to promote exercise or other sufficient and regular physical activity to become a stable lifestyle among as many Finns as possible, and to implement the European recommendations "Children and Young People – The Importance of Physical Activity".

### FHA's recommendations

FHA's first nutritional and physical activity recommendations, primarily aimed at health care personnel, are now available. The two sets of recommendations have been released as one document to emphasise the importance of nutrition and physical activity together and separately.

# 12

## National Action Plan for Promoting Heart Health proposes new activities

The evaluation of the implementation of the first phase of the Action Plan proposed new policy areas: closer cooperation between health care systems and efforts to decrease differences in CVD prevalence between social groups, as well as more attention to obesity and psycho-social risk factors.

For the second phase four new alliances ("Children", "Young People", "People of Working Age" and "Elderly People") and a steering committee have been appointed. Physical activity promotion is crucial in all age groups, while promoting muscular strength and flexibility has a special importance among the elderly. FHA will continue as a coordinator of the implementation of the Action Plan.

## Children's Health Forum - to increase the well-being of children and young people

The Forum informs decision makers and other authorities about key factors and activities. The fourth annual workshop, "Listen adult. Is media poison or possibilities?", took place in November 2003. It discussed the role of media, including the Internet, in the life of children and young people.

## Young Finland: Activities and output

Young Finland is a member organisation of the Finnish Sport Federation (SLU). It has been operating since 1987 as the spokesman for encouraging children and young people to participate in physical activities. This mission is accomplished with a variety of partners including FHA. The purpose is to ensure that every child has the right to practise some sort of physical activity. Young Finland has a crucial role in the work groups (children and young people) of the HELI committee.

## New: UKK Physical activity pie

The commonly accepted recommendation that "Every adult should accumulate 30 minutes of moderate intensity physical activity most, and preferably every day of the week" has created problems because it has been interpreted to mean that any possible exercise is sufficient for health. The ideal situation, however, is to move more than the recommendation states.

The UKK Physical activity pie is a new way to outline a recommendation for health-enhancing physical activity. It sharpens recommendations for health-enhancing physical activity. Being "in healthy shape" includes for instance good aerobic capacity, strong bones, healthy joints, an efficient heart, muscular strength, good balance, flexibility, overall good function and a healthy weight and waist circumference.

The UKK Physical activity pie has two equal halves (See the picture). The lower part of the pie (Basic physical activity) describes everyday activities like walking to the workplace, meaning something in which health is not the main motive to move. The physical activity recommendations in the upper part of the pie (jogging, swimming, weight training etc.) have been developed precisely to promote health.

New recommendations propose: Basic physical exercise 3-4 hours per week and specific exercise 2- 3 hours per week. Basic exercise should be carried out every day and specific exercise at least every second day. The ideal level includes both halves of the pie. The targets of the specific physical activity can be different according to personal preferences and age.

Physical activity pie: Adequate = either half; Optimal = both halves



© Mikael Fogelholm & The UKK Institute, 2004

# "To move is to be healthy": daily physical activity protects your health

In February 2004, the Ministry of Health, Family and Handicapped Persons, the social insurance system and the National Institute for Prevention and Education for Health (L'Institut national de prévention et d'éducation pour la santé) launched the first national campaign to promote physical activity based on the National Nutrition Health (NNH) Programme.

Started in 2001, the five-year NNH Programme has the objective of improving the health of the entire French population by improving one of its major determinants: nutrition. Nutrition deals with intake, but also with the expenditure of energy, i.e. food and physical activity. To increase by 25% the population that practises the equivalent of at least half an hour of rapid walking every day is one of the goals of the NNH Programme.

### Many do not exercise enough

According to the 2002 Health Nutrition Barometer, 34.3% of people aged between 12 and 75 years do not achieve the physical activity level recommended by the NNH Programme. The SU.VI.MAX Study (Oppert et al., 2000) shows that 41.5% of men and 50.1% of women aged between 35 and 60 years do not achieve the recommended level of physical activity. There are significant differences in the practice of physical activity according to factors such as age and sex.

Higher numbers of young people aged between 12 and 24 perform physical activity for at least 30 minutes a day (79% of males and 68.2% of females). On the other hand, with increasing age the exercise level decreases; among people aged between 25 and 44 years, 71.6% of men and 61.4% of women practise physical activity. Finally, of people aged between 45 and 75, 64.1% of men and 57.6% of women practise physical activity; this means that one man out of three and two women out of five in this age group do not exercise enough for health. It is important to note that walking is one of the more common activities for adults; for instance they walk to their job, do some shopping or see someone to the station on foot.

### Work and leisure are sedentary

According to the CREDOC qualitative study conducted in 2001, sedentary occupations still play a major role in modern lives, with several disparities observed according to sex. Men are more keen than women regarding using computers, playing video games or watching television. The day before the interview, 41.2% of men had used a computer compared with 28% of women. This figure diminishes with increasing age: 51.7% of users are among the 12 to 25-year-olds while 12.6% are over 54. The average time spent each day in front of the television (130 minutes) does not differ according to sex, but it increases significantly with increasing age: 93 minutes for 12 to 14-year-olds compared with 152 minutes for 65 to 75-year-olds.

### Using the media to encourage physical activity

This statement led the French authorities to launch a major communication campaign to promote physical activity, following the success of the campaign to increase the consumption of fruits and vegetables.

The new action aims to put physical activity in the French population's top priorities. "Each day do at least the equivalent of 30 minutes of intensive walking" is the motto everybody needs to know ... and follow.

Directed at the general public, the action mainly focused on women and people over 45 because they have more sedentary lives. The message was widely spread by the media (TV, radio, newspapers and magazines) and through the organisation of outdoor activities.

Published in the national daily newspapers, the advertisements were available during three days from 12 to 15 February. The aim? To increase everyone's awareness that physical activity is a public health issue. Thirty-second television adverts broadcast from 15 February to 14 March tended not to dramatise the effort linked with the practise of physical activity, presenting it rather as a natural and easy daily activity. Radio ads aimed to convert the "I'll do it someday" attitude to a "Let's do it now" way of life by presenting the means to achieve the "30 minutes per day" target. Four different messages were spread from 23 February to 14 March.

### Activities for the general public

Last but not least, outdoor activities were organised, for instance at the huge Saint Lazare metro and train station in Paris. Yellow footprints were stuck on the floor showing the "right way" to go, i.e. by taking the stairs instead of the escalators. Mass distributions of flyers were organised to convince people that "it's easier than it seems at first". People enjoyed the original entertainment.

13



## Skipping Hearts

Physical activity is not only fun, but also good for your health. Recent surveys have shown that children and young people are spending more and more time in front of the TV or the computer and less time on physical activity. Being more active physically is important not only for fighting obesity in childhood, but it is also a determinant for preventing cardiovascular diseases in adulthood. This is one of the reasons why 30 years ago the American Heart Association defined rope skipping as a sport that ideally strengthens the cardiovascular system. The programme by the American Heart Association was successfully run and created a national boom in schools and clubs. Rope skipping became a school activity and the pupils soon developed their own new jumps and tricks.

### Rope skipping in schools

"Skipping Hearts" is a project implemented by the German Heart Foundation and the German Gymnastics Association that derives from these ideas. In 2003, the programme was started as a pilot project for schools. The British Heart Foundation kindly granted permission to use portions of their publications concerning rope skipping so that no texts or illustrations had to be recreated, as existing materials were easily adapted for German pupils.

Up to then in Germany rope skipping had been considered more a playground activity than a sport – a prejudice more and more initiatives and organisations would like to change. As this sport is not only healthy, but also easy to learn even by untrained people, rope skipping was chosen by the German Heart Foundation to address children and young people between ten and fourteen years old in order to motivate them to be more physically active. Easy training sequences, methodical devices and information in words, illustrations, fancy music and short films facilitate the introduction of this interesting and varied sport.

### Launch in Rhineland-Palatinate

The project was first applied to schools in Rhineland-Palatinate. The reason for choosing this "Land" out of the 16 German states was good personal contacts

between the school ministry and schools. This is very important in Germany for convincing the person in charge (usually the headmaster) to participate in a project, because schools are flooded by a great many project proposals.

In phase one, information was sent out. As professional equipment is very important to avoid injuries, while it also allows the highest quality results and provides motivation and fun, schools participating in the programme received the following material: a set including three ropes, one long rope, a teacher's manual, a CD-Rom and various cards to plan and organise training classes. Teachers gave the children instructions on the discipline itself, as well as short explanations concerning the specific terms (jumps, tricks, etc.) because the German manual retained the English names for these special tricks. Pupils coming back from school quite impressed their parents by explaining that Double Dutch (two long ropes and two jumpers) derives from a couple of Dutch sailors who were twisting their ropes more than one hundred years ago in the harbour of New York. One of them suddenly had the idea of jumping between these two ropes and originated the term Double Dutch.

The German Heart Foundation sponsored the material that was distributed by the German Gymnastics Association. In order to avoid mass ordering without really using the material (based on the idea "What is rare is more attractive"), each school was supposed to order no more than three sets.

### Competition as a motivator

All schools participating in the project were requested to participate in one of the two final contests. In phase two, the schools then formed teams, practising for the contests.

The first competition, organised by the German Gymnastics Association and sponsored by the German Heart Foundation, took place in October 2003 in Daun (phase 3). Thirty teams from eleven schools participated in this event on the theme of "training together – getting fit together – winning together". After a short

warm-up, over one hundred pupils in teams consisting of three people showed their training results. Three disciplines had to be demonstrated: speed (endurance), synchronisation (one rope) and coordination (long rope). To make comparison and judgement of the performances easier, the pupils were separated into age groups of 13 and 14-year-olds and 12-year-olds and younger.

This first contest in Daun showed that rope skipping is indeed a contest sport that can be practised everywhere and above all in physical activity classes in schools. The winners received another rope skipping set. To motivate friends or classmates in school to start practising this sport as well, all participating schools were given an extra set for free at the end of the day.

The second contest took place in March 2004 in Ludwigshafen. This contest listed 60 teams, each team again consisting of three pupils. Age groups were the same as in Daun, as were the skills that had to be performed. A professional rope skipping session filled the time between pupil performances and the rating of the teams by the jury. The pupils were fascinated by the tricks and claimed that they will keep on training and practising until they achieve the same level. In order to enhance their motivation, the professionals later explained the tricks step by step; as "semi-professionals" the children easily learned the new tricks.

As the pilot project was run very successfully, a wider implementation in other Länder is planned in the future.



## News from Greece

by Charalambos K. Andrikopoulos, Director, Stimanga Primary School, Corinth, Greece

# Physical activity programmes in the primary schools of Greece

Although the famous teachers and philosophers of ancient Greece emphasised that the physical and intellectual abilities of the young should be developed in harmony with each other, physical activity used to be rather undervalued in the educational programmes of schools in modern Greece.

### A new law as a motivator

However, about twenty years ago new awareness of the importance of physical activity led to the government undertaking certain actions intended to promote physical activity in the primary schools. In 1985, the 1566 law was adopted. This law stated that "primary school should aim at the intellectual and physical development of students, both of which should be considered within the wider aim of education".

In accordance with this law, a large number of gymnastics teachers who had received specialised training in four-year university programmes were hired to organise and teach physical education in the primary schools throughout the country. Thus, in contrast to the majority of the European countries, where physical education lessons were conducted by the regular classroom teachers, Greece was one of the first countries to appoint well-trained gymnastics teachers in all primary schools. Although the cost of this action was considerable, it proved to be the cornerstone in the promotion of organised physical activity programmes in the primary schools of the country.

In the context of athletic team-work, there are three main targets within the scope of the programmes: the biological, the psycho-pedagogical and the social.

### A successful reform

In 1995 the authors of the programme in force, taking into consideration all the benefits and drawbacks of the previous programmes, as well as the international trends in the field, the prevailing weather conditions, our athletic and folklore traditions and the country's socioeconomic reality, reformed the programme's objectives. After the final

programme was introduced in schools, the teachers soon realised that it totally suits the new perceptions of physical education. In addition it has focused this subject clearly in the consciousness of Greek students and their parents.

### Creating life-long physical fitness

The purpose of physical education programmes in primary schools should not be exclusively to support the physical development of the students. Such programmes should also promote a long-lasting, healthier lifestyle, contribute to children's psychological and intellectual development, and to their harmonious integration in our society through a variety of kinetic and athletic activities. The subject is addressed to the three basic aspects of a student's personality: the physical, the mental and the intellectual. Moreover, it also targets the development of cooperation, team-work and discipline through play.

The annual programming for nursery school and the two first years of primary school includes:

- Gymnastics;
- Athletics – gymnastics games;
- Throwing games;
- Games with balls;
- Games involving movement and music activities.

In the first few years of school the pupils play for the sake of the games, but for the teacher a game is another way to educate. For the second to the sixth years in school, these games include:

- Volleyball;
- Handball;
- Football;
- Basketball;
- Greek traditional dances.



The new Gymnasium of the primary school in the village of Stimanga, Greece

Pupils in the later primary school years should realise that exercise must be a part of their daily life thereafter, aiming not only to achieve a feeling of well-being, but also to minimise health hazards, especially those related to cardiovascular diseases.

Throughout the school year school championships are organised with the participation of every local city department. Furthermore, trained gymnastics teachers search for talents in the younger students revealed in their climbing, their strength and their running abilities.

The fact that the Olympic Games were held in Athens this summer of 2004 gave the Greek government the ability to create a new programme in schools, the Olympic education programme. Gymnastics teachers were appointed to teach the history of the ancient and modern Olympics. They also taught the Olympic sports, and at the end of every school year they presented athletic and cultural events with the participation of all the students in each school.



### **Scheduling and infrastructure favour physical education**

Another important factor contributing to the increase in the teaching hours of Physical Education is the new longer school day recently adopted; school now lasts till late in the afternoon. The subject of athletics is compulsory, so children are exercising their bodies and minds and at the same time making their extended stay at school more pleasant and productive.

The development of similar activities in the whole country required the acquisition of a technical infrastructure, which was certified through the construction of new school buildings and special gymnastics rooms and equipment. The development of the necessary infrastructure was expanded even in small villages, for example through the new gymnasium built in the village of Stimanga, a 900-inhabitant village located about 140 km from Athens.



Physical activity lesson in the primary school

Last but not least it must be stressed that no matter how many changes have already occurred or will occur in the coming years, a gymnastics teacher should always be an educator who has acquired a high level of education. Gym teachers should constantly enrich their scientific background, following the new developments in the fields of the social sciences, pedagogy, psychology and athletics which will give them the chance to organise lessons constructively, making them pleasant and attractive for the pupils.

After all, increased physical activity may be presented as a lesson, but it should be rather considered as an attractively proposed lifestyle for the younger and more promising part of our society, the children.

For further information, please contact the Hellenic Heart Foundation;  
Vas. Sofias. Avenue 133;  
155 21 Athens; GREECE  
Tel: + 30 210 640 1477  
Fax: + 30 210 640 1478  
Email: [elika@aias.gr](mailto:elika@aias.gr)

## News from Ireland

by Maureen Mulvihill, Irish Heart Foundation

# Ireland's children are most active in Europe, but there's no room for complacency

### What is the problem?

The 2002 National Health & Lifestyle Surveys (SLAN) found that a high percentage of the adult population was not engaging in any form of regular physical activity. In addition, almost half the population reported being overweight, and obesity was identified as a growing problem that affects 13% of the population.

The recent Health Behaviour among School Children survey across Europe showed very positively that Irish children were among the most active in Europe. But in Ireland, as in other countries, girls are less active than boys, and there is a strong decline in levels of activity by age 15. A more recent study found that 20% of Irish children up to age 18 were overweight and a further 5% obese, so there is no room for complacency.

### Government initiatives

The National Cardiovascular Health Strategy "Building Healthier Hearts" (1999) helped highlight the importance of physical activity in reducing the risk of cardiovascular diseases. Arising from this strategy ten health promotion officers were appointed in each health board to promote physical activity in the community. Many new initiatives are being developed, including a national General Practitioner (GP) exercise referral programme and school playground markings. Since then, as in other countries, concerns about the increasing rates of obesity and overweight have brought into sharper focus the need for more physical activity across all populations.

In response to this growing problem, the Minister for Health and Children, Micheál Martin TD, launched a new physical activity campaign last year aimed at those who do not engage in any form of regular physical activity. The strapline "Let it Go, Just for 30 Minutes" aimed to impress upon the Irish population the need for regular activity – at least 30 minutes for adults – most days of the week.

This year Minister Martin also established a National Taskforce on Obesity, which will prepare a strategy by the end of the year to tackle the obesity challenge. In the meantime, this Autumn a new public awareness campaign will have a dual focus on balanced nutrition and regular physical activity.

The Irish Sports Council strategy for the development of sport in Ireland has led to several projects, including the setting up of a total of 16 Local Sports Partnerships (LSPs). These partnerships promote more participation and activity by working with all agencies involved in sport, such as local authorities, sports clubs, health boards, educational institutions and NGOs.

The Irish Sports Council has also developed resources to support teachers and other adults in introducing young people to sport, as part of the Physical Education curriculum.

More recently Ireland became the first country to launch a national children's play policy, under which a commitment to build more public playgrounds has been made.

At European and international level, Ireland has played a key role in highlighting the importance of physical activity. Cardiovascular health was the health focus for Ireland's Presidency of the European Union, and in June, the Council of Ministers adopted Council Conclusions in which physical activity was an important component (see also p. 3).

### Irish Heart Foundation initiatives

#### Irish Heart Week

In line with the plans agreed under the European Heart Health Initiative, children and physical activity was the theme of Irish Heart Week 2003. The aim was to provide information and support to parents and caregivers on the importance of physical activity for young people.

#### Schools

The Irish Heart Foundation's Action For Life provides a valuable, practical and easy to use educational resource package to assist teachers in planning and teaching play, games and physical activity as well as basic skills as part of the physical education curriculum.

At primary level, over 3,000 teachers have been trained in Action for Life and over 60% use this programme as part of their physical education programme. At secondary level over 500 physical education teachers have been introduced to the resource.

The Irish Heart Foundation is continuing to develop materials for schools including:

- Ten-minute activity breaks called "Bizzy Breaks" for primary schools, with teacher guidelines and music;
- A resource to help teachers teach Action for Life to children with special needs;
- A module for physical education teachers to increase participation among teenagers which is currently being tested in some Irish schools.

The North Eastern Health Board in partnership with the Irish Heart Foundation developed a pack to promote playground markings for primary schools, which is now available nationally.

#### **Slí na Sláinte**

The Slí na Sláinte (Path to Health) walking routes are an integral part of the Foundation's work to create a supportive environment for physical activity. Almost 150 routes have been established throughout the country in partnership with local authorities, and more routes are planned for workplaces and hospitals. Nearly 300 walks will take place throughout the country to mark World Heart Day on 26 September 2004.



# Sports, physical activity plans and population health

# 19

## ALT and the Italian CVD alliance

In 2003, the Italian national CVD alliance "Forum per la Salute Cardiovascolare" (Forum for cardiovascular health), including many associations, public institutions and private organisations committed to the prevention of CVD, agreed to prioritise promoting physical activity especially among young people between 2004 and 2006. This declaration of intent is consistent with the aims of the EHHI (European Heart Health Initiative) project, ended in 2003, and the new ongoing project "Children and Obesity", which provides a further opportunity for ALT and its alliance to develop a national strategy promoting physical activity and healthy lifestyles as a path to cardio and cerebrovascular health. These issues have been underpinning the activity of the Association and of its partners over the last few years, as shown in other nationwide health projects, such as "Slí na Sláinte" ("A path to health").

## Encouraging walking

Since 2001, "Slí na Sláinte" routes have been promoted all over Italy to encourage the whole population of all ages to practise the easiest and cheapest kind of physical exercise, walking. Several measured and marked walking routes are laid out within local communities for public use, and down the path, colourful and distinctive signals are erected at kilometre intervals in order to help walkers measure the distance they have covered. More routes are planned.

## National level physical fitness programmes and initiatives

The year 2004 is providing a good breeding ground for national plans promoting physical activity and population health in Italy: 2004 has been declared "Heart Year"; it is the European Year of Education through Sport (EYES) all over Europe and the year of the World Olympic Games. Italy is going to be the host country for the 10th edition of the "World Congress Sport for All", to be held in Rome in November, and of the 2004 edition of the "European Student Games". These circumstances are consistent with the priorities set out in the current Ministry of Health's "National Health Plan

2003-2005", which has one whole section dedicated to the promotion of "Healthy lifestyles, prevention of disease and public communication on health", stressing the importance of physical exercise among other healthy practices. Within the "Heart Year 2004" the Ministry has launched a series of media campaigns tackling unhealthy eating, childhood obesity and physical inactivity, and has created a network of Italian heart foundations called the "Heart Alliance", which has committed to promote healthy lifestyles at national scale. The campaign is being given wide dissemination via television, radio, printed material and the websites of the Ministry and of the Heart Alliance members.

The Italian Ministry of Education is also playing an important role in the promotion of health and sport during childhood and in the creation of cross-sector partnerships to back its programmes. Apart from the curricular modules dedicated to physical education and sport, the Ministry has been promoting education through sport in extracurricular programmes and among different ages. For example the triennial programme "Perseus", which ended in 2002, aimed to enhance education, sport and physical exercise within Italian schools after the last reform.

In Italy the EYES programme was inaugurated by the Ministry of Education on 20 January 2004 in Villa Erba (Cernobbio). The programme is resulting in a proliferation of events and initiatives over the country encouraging young people to practise sport as a pleasure and an educational stage rather than merely for competition.

Furthermore, on 6 June 2004 the Italian National Olympic Committee (CONI) inaugurated the first edition of the "National Sport Day", which from now on will be celebrated every year on the first Sunday of June, when sport infrastructures are made available to everybody for free. Although the initiative was taken in the framework of 2004 Olympic Games, its main purpose is the promotion of sport for all, at any age and physical condition. Warmly welcomed by the Italian Government, CONI's idea was launched by a national media campaign featuring

famous Italian athletes and VIPs urging people to experience the pleasure of sport.

## Cooperation from the food industry

In the corporate world, the commitment of Federalimentare, a major Federation of Italian food industry companies, must be highlighted. In cooperation with different partners, it recently engaged in a long-term programme focusing on healthy lifestyles. In particular, Federalimentare set up a partnership with the Ministry of Health to design a "Shared programme for the prevention of obesity and diabetes", while a cooperative project with the Ministry of Education, the Italian Federation of Sport Medicine and the National Association of Cardiologists will implement a "Project for school: healthy lifestyles, correct diet and physical activity" to introduce these issues into the curriculum of Italian schools. During the Federalimentare's Annual Assembly in Parma (home of the European Food Safety Authority) on 6 May 2004, dedicated to healthy lifestyles, the findings of a survey on the lifestyles of the Italian population were presented. Italians seem to be more aware of the dangers of unhealthy food than of a lack of physical activity.

Thanks to Federalimentare's programme on healthy lifestyles, for the first time the Italian food industry is addressing eating habits and physical activity at the same time, as a comprehensive approach to population health. In particular, the federation initiative is aligned with WHO's "Global strategy on diet, physical activity and health", which recognises the positive role of the food industry as a key partner to promote a broad social strategy enhancing healthy lifestyles.

In conclusion, the Italian context is presently conducive to the development of comprehensive programmes which promote physical activity and healthy lifestyles at national level. The creation of networks such as the Forum for Cardiovascular Health and further cross-sector relationships (food industry, Ministries, etc.) aiming to implement national and long-term programmes of intervention, is crucial for the effectiveness of any advocacy or action-oriented initiatives.

## News from Norway

by Olov Belander, Norwegian Council on Cardiovascular Disease

Nasjonalforeningen  
for folkehelsen



# An action plan to make the Norwegians more active

In "Heart Matters 7" (March 2003) we described the White Paper "Prescriptions for a Healthier Norway" by the Norwegian government. The report has now been followed up with a national action plan, which includes strategies for how to make the Norwegians more physically active.

The national action plan is intended to be presented to the government in September 2004. Since the plan is not yet complete at this time, the following description is only a summary of the ideas it is likely to include.

In 2004, the Ministry of Health granted 1.3 million € (10 million NOK) to voluntary organisations that had ideas and projects for promoting physical health. Projects targeting young people and inactive groups were prioritised. The organisations introduced applications for 80 million NOK. Clearly there are many ideas for making the population more active.

### Organisation of the action plan

To work out the plan, the Ministry of Health has involved other ministries and organisations. This involvement may give ownership to the design and implementation of the plan. The following ministries are involved in the work with the action plan.

- Ministry of Health
- Ministry of Social Affairs
- Ministry of the Environment
- Ministry of Children and Family Affairs
- Ministry of Local Government and Regional Development
- Ministry of Culture and Church Affairs
- Ministry of Labour and Government Administration
- Ministry of Transport and Communications

These eight ministries are represented in a steering group. The work is led by a project group together with the Ministry of Health.



For the last year Nordic walking has been a popular activity in Norway.

A reference group has also been established in which the Norwegian Health Association and other organisations are represented. This reference group has had the opportunity to devise proposals. As many of the organisations in the reference group are going to carry out the action plan in the local communities, it is important that organisations working with public health have the opportunity to influence the content and gain ownership of the plan.

### The action plan

There are strong indications that a lack of physical activity will become a significant health problem in the future in Norway as it is elsewhere. The Government wishes to curb this negative trend, and create collective strategies to make the population more physically active.

The plan will be developed on the basis of primary prevention and strategies that make it easier to be physically active. Stimulating inactive groups and groups at high risk for lifestyle diseases is an important goal of the plan. First of all the strategy will include initiatives that will change individual attitudes and behaviour.

The action plan will have its foundation in existing activities, knowledge and experience in Norway and other countries. Cooperation between the voluntary organisations and the regional and local authorities will be crucial to the success of the future work.



## A multi-pronged approach to physical activity

The strategy to make the Norwegians more active will have various strands:

- Influence the individual's health behaviour and life style. This will be done through information and supervision in the health care system.
- Focus on low intensity activities and good opportunities to be physically active at work, in schools and kindergartens. Physical activity in leisure time is also an area that will be prioritised.
- Make surroundings which invite people to movement, games and activity. Examples are safe walking paths and more biking routes.

The possible economic consequences of the increased physical activity will be described in the plan. Earlier Norwegian calculations show that increasing the activity level in the population to 30 minutes of activity per day could prevent 525 new type 2 diabetes cases every year. This alone is equivalent to saving 120 million € (1 billion NOK) per year for the Norwegian community.<sup>(1)</sup>

## Conclusion

The Norwegian Government's increased focus on physical activity is a very positive step. The action plan, whose purpose is to activate the inactive groups to promote a healthier Norway, will be an important tool in future work.

Much of the main substance in this action plan is not new for many of us. Hopefully the action plan will not end up as just another document, but will be used in both national and local work. The plan must also be followed up with economic support from the government so that it will be possible to implement all the local projects that have the goal of activating the inactive groups.

<sup>(1)</sup> Statens råd for ernæring og fysisk aktivitet. Fysisk aktivitet og helse, anbefalinger. Report no. 2. Oslo, 2000.

# "Take a hike" for better heart health

A recent study conducted by the Portuguese Observatory of Drugs, which included about 18,000 people, showed that young people in Portugal are smoking less. In 1998, about 31% of youngsters under 16 years of age smoked, but four years later this figure was reduced to 28%.

Although this is good news, physical activity is still very much a weak point for Portugal. In 1998, the index of participation in sports for the Portuguese population between 15 and 75 years of age was only 23% (34% for males and 14% for females).

A study conducted by the Portuguese Heart Foundation (PHF) in 2000 showed that 98% of the population knows that physical activity is a good preventive measure for cardiovascular disease; however, only 32% of the people surveyed practise any physical activity on a regular basis.

During 2003 and the beginning of 2004, sudden unexpected deaths of young people who were performing physical activity shadowed the subject. The most famous death was of Fehér, the international player who died during a football match. Such unusual occurrences, which are of course widely reported in the media, call into question the utility of physical activity in the minds of the general public, which is an unfortunate development.

### Portuguese Heart Month

The UEFA Euro 2004 football championship that occurred during July was already focussing the attention of the media in May, and the news covered sports rather than physical activity. Since public attention was distracted, in 2004 the Portuguese Heart Foundation's Heart Month effectively lasted only two weeks, the first two of the month of May. Therefore it had to be a very good campaign with a strong, simple message.

"Take a hike" was the message selected. This expression, used by very young people, is always spoken with energy.

### Television support for "take a hike"

A television advertisement was broadcast that depicts a patient asking his doctor for advice; the doctor answers "take a hike". There were t-shirts all in white with the "take a hike" slogan in bold black that everyone could read.

The ceremonial session that always opens the heart month was covered by the mass media as usual. This year it featured the Health Minister and several other key individuals, not only in the health field, but also representatives of the education minister and the Portuguese Sport Institute.

### Heart-friendly outdoor activities

In the Expo Park in Lisbon almost everybody likes to walk during the weekends, so it was the perfect place to promote the Heart Month theme. The Portuguese Heart Foundation organised a diversified day with several types of physical exercises so that parents and their children could participate under the supervision of physical education teachers.

The following weekend, due to our alliance, "ADEXO", the Association of formerly obese and very obese patients, organised a similar programme in the very same place. Adexo also invited other institutions to participate, including the Soup's Brotherhood, the Bread's Brotherhood, the Portuguese Association of Nutritionists and many others.

The PHF also held its traditional Heart Regatta in association with the Lisbon Navy Club. This regatta is unique in that each participant hosts extra crew members invited by the PHF, most of them journalists present to report for their newspapers not only concerning the race but also including all the information that we provide to them about cardiovascular prevention. The weather was fine, but the wind failed to cooperate.

The PHF has an alliance with the department for sports and physical activity in the town council which is enriched by previous successful projects with the physical activity teachers involved. For the two last weekends of May the PHF was invited to participate in a project promoting physical activity that involved students, schools, young people and their parents. It took place on a farm near the sea, Sintra, a monumental place not far from Lisbon. The "Sintra anima", which means "Sintra livens up", was a very good experience mainly because of the new alliances that the PHF was able to create with new departments and with new physical activity teachers of other town councils nearby.

## News from Slovenia

by Nataša Jan, M.Sc. (Biol.) Slovenian Heart Foundation

# Slovenia and physical activities undertaken for a healthy heart

Cardiovascular diseases (CVD) represent one of the major causes for premature illness, disability and mortality in Slovenia as in most European countries. In Slovenia CVD accounted for 39% of all deaths in 2001, with the risk considerably higher in men.

Numerous studies performed during the last three decades show that an active lifestyle is an important health protection factor. At least 75 to 85% of new CVD cases are caused by physical inactivity, poor diet, smoking, excessive body weight and obesity, elevated blood pressure and cholesterol levels.

### Physical activity reduces disease risks

Physical activity protects us from several chronic non-contagious diseases, including atherosclerosis, hypertension, stroke, non-insulin dependent diabetes, osteoporosis and colon cancer, while offering social, environmental and economic advantages. Regular exercise reduces heartbeat rate, blood pressure, triglycerides in the blood and blood clotting; it raises the HDL cholesterol level and has a positive effect on

psychophysical conditions. Due to higher energy consumption, it helps maintain an appropriate body weight. It protects children and teenagers from developing atherosclerosis early in life.

Aerobic activities – racing, rapid walking, cycling, swimming – are the best since they stimulate the heart and lungs. Walking upstairs instead of taking the lift, going shopping on foot, walking to the office, etc., may be considered regular physical activities. At least 30 minutes of moderate physical activity daily strengthens health.

The prevalence of CVD risk factors is high among the Slovenes. According to some sources, the rate of physical activity among adults fell in the 1990s. Consequently, just one third of the adult population is believed to be sufficiently physically active for protection against CVD, whereas the share of people just barely active enough fell from 50% to 40%. Our main concern lies in the fact that the share of the population that is completely inactive has considerably increased, from 15% to 25%.

### Encouraging physical activity for better health

In Slovenia we are carrying out several high-quality programmes to stimulate the population to establish a healthy lifestyle through regular exercise.

The Ministry of Health plans to establish effective cooperation among different spheres of activity, and also to form its own legislation, strategies and programmes in the field of public health to contribute to decreasing the occurrence of CVD.

One measure is the Health-Enhancing Physical Activity (HEPA) strategy to protect and promote health through exercise and sports recreation, which is being implemented with the assistance of several external partners and associates. With this project Slovenia is included in one of seven European networks acting in health enhancement by promoting physical activity and sports recreation among the inhabitants of different European countries.

# 23

## Sport for health

Non-governmental organisations in Slovenia are very active in the field of enhancing health. The most active is the Slovenian Heart Foundation, at national and local level. Every year the Foundation organises approximately 320 marches all over Slovenia, which have become very popular gatherings for members and non-members. Besides, the Foundation organises numerous sports-recreation events (cycling, races, walking, etc.), attended by 20,000 people every year. The importance of regular physical activity is emphasised in published brochures, the journal "For the heart" (Za srce), distributed free of charge at public events, and the books of the "For the Heart" collection.

In 2004 the Alpine Association of Slovenia started a broad campaign to attract people to mountain climbing. This activity is very popular in Slovenia, and the alpine huts and houses are numerous and nicely equipped, with 248 alpine associations taking care of them.

CINDI Slovenia performs several prevention activities and enhances health at the national level. One of them is also to promote regular physical activity. It carries out the campaign called "a 2 km walking test" (assessment of physical capability or fitness index by means of a 2 km walking test, followed by consultation as to adequate recreational activities considering age, sex, body weight, time needed for walking and heart rate). The test is repeated after six months and any possible individual improvement is recorded. In cooperation with the Slovene Sports Union it carries out the campaign called "Slovenia in physical exercise".

The Slovene Sports Association and the Slovene Sports Association of Children and Young People will continue in 2004 with the project "Hurray, free time", which is intended for young people wishing to spend their free time after school, at weekends and during summer vacations in the company of their mates on sports grounds (free of charge). In 2003 over 19,000 young people participated in 184 programmes.

The Sports for All Board projects, carried out by the Slovene Olympic Committee, are very successful with mass attendance from all over Slovenia. The purpose of numerous campaigns and events included in these projects is to attract as large a share of the Slovene population as possible to engage in regular, quality-based physical or sports activities. Other organisations involved in the preparation of these actions are the Faculty of Sports, the Cycling Federation of Slovenia, the Tourist Association of Slovenia, the Slovene Sports Union, the Swimming Federation of Slovenia, the Slovenian Heart Foundation, the Slovene Dance Association and others. The projects are called: "Slovenia runs for health" (this year there will be 12 Olympic races and 66 other races over Slovenia), "Slovenia cycles" (47 cycling events this year), "Slovenia swims", "Slovenia skis", "Slovenia dances", "Wind in your hair – let's fight drugs through sports" and "Recipe for a healthy life with sports". This last project is a schedule calendar, intended for all ages, which enables us to regularly monitor our body weight, heart rate and blood pressure. The instructions for daily activities are described per different programme units for individual target groups.

In spite of the many different programmes available in Slovenia for enhancing physical activity, a great deal remains to be done with regard to arranging parks, cycling tracks (especially in residential districts), pavements for pedestrians, footpaths, sports-recreation grounds and other options for daily physical activities.

## News from Spain

by Beatriz Juberías, Spanish Heart Foundation

# Towards a comprehensive strategy on diet, physical activity and health

In May 2003 a law promoted by the Ministry of Health and Consumer Affairs (Law 16/2003, 28 May 2003) was promulgated as an instrument to coordinate and regulate the National Plans of Health and policies acting on the most important illnesses, with the objective of creating a homogeneous approach in the environment of the National Health System. These Comprehensive Plans are focused primarily on reducing inequalities, increasing the quality of care and giving information to patients, professionals and the general population.

The development of policies to modify habits shows the concern of the Spanish Health Ministry. Cardiovascular Diseases (CVD) are the main cause of death among the Spanish population. In 2000 CVD caused 35% of deaths (30% of males, 40% of females) (National Survey Institute (INE)).

### **Eight Working Groups designed the Comprehensive Plan on Ischemic Cardiopathy 2004-2007:**

- Prevention of CVD and promotion of healthy habits;
- Diagnosis and treatment of cardiovascular risk factors;
- Acute coronary syndrome;
- Chronic coronary disease;
- Myocardial revascularisation and cardiac transplant;
- Secondary prevention and cardiac rehabilitation;
- Information systems;
- Research.

The plan was drawn up through the planning and coordination of scientific societies headed by the Spanish Society of Cardiology and public health administration; this experience has awakened the interest of European scientific societies and authorities. This Plan is currently being applied throughout the nation in accordance with the Ministerial Order of 6 March 2003.

The Spanish Heart Foundation is the body designated to implement the actions in the Plan that are addressed to the general public and patients. The promotion of healthy habits and lifestyles is important in order to reduce risk factors and therefore CVD. Studies carried out in Spain have related cardiovascular risk and lifestyles; 46% of the population acknowledges that they do no physical activity during their spare time, 14.45% of the population aged 25 to 60 is obese, and the prevalence of smoking is 35.7% of the population aged over 16. In addition there is evidence of insufficient intake of fruits and vegetables, especially among youngsters.



It has been observed that the population has insufficient information and education. Tobacco use, obesity, sedentary lifestyles and unbalanced nutritional habits are increasing in the population in general and especially among young people, which means that preventive recommendations made until now have not produced the desired results. Professionals are not sufficiently involved in the prevention of cardiovascular risk factors and there is enormous pressure to give incentives to tobacco consumption because of strong economic interests.

Objectives of the "Comprehensive Plan on Ischemic Cardiopathy 2004-2007" in the chapter on "Prevention and Promotion of Healthy Habits" are as follows:

**Physical activity:**

- Increase the percentage of the population practising physical activity in their spare time to 50% of 10 to 25-year-olds, and 30% of 25 to 74-year-olds.
- Increase the average caloric expenditure in physical activity to 2,000 Kcal per week in the population aged 10 to 25, and 1,900 Kcal/week for 25 to 74-year-olds.
- Avoid sedentary lifestyles.

**Nutrition and obesity:**

- Increase the percentage of the population eating five portions of fruits and vegetables a day to 60% within the next five years.
- Reduce intake of saturated and trans fats to 3% and reduce intake of salt.
- Change the increasing tendency to obesity within the next five years in order to reduce the prevalence of obesity in men by 3% and in women by 5%.

- Keep and promote the Mediterranean Diet as a way to prevent obesity.

**Tobacco:**

- National Plan of Tobacco Consumption Prevention and Control 2003-2007 to reduce consumption to 28% of the population aged over 25 and 36% between 16 and 25 years old in five years.
- Delay the start in tobacco consumption until the average age of 14.

**Alcohol:**

- Avoid the promotion of alcohol consumption and reduce the intake among the population aged 18-24 by 5% and 3% over 25 years old.

In addition, a Working Group on Nutrition and Physical Activity composed of scientists and experts has been created to study the problem. The working group is developing a National Strategy of Nutrition and Physical Activity, which will focus mainly on the promotion of healthy nutritional habits and physical activity as a way to prevent overweight and obesity in young people. In a 2002 study a rate of 30% for overweight and 12% for obesity was observed among Spanish youngsters.

The Ministry of Health and Consumer Affairs is currently broadcasting a massive media campaign called "Take Care of your Heart" with key messages for the population's health in general and heart health in particular: increase intake of fruit, fish and vegetables; quit smoking; consume alcohol only in moderation; take regular physical activity; and pay attention to cholesterol and sugar levels.

The guide "Physical Activity and Health" was published in May 2004 as a result of the agreement signed by the Ministry of Health and Consumer Affairs, the Ministry of Education and Culture, and the Home Office. Data from the latest National Health Surveys show that around 80% of the population fail to practise the minimum physical activity needed to keep healthy. This guide, targeting parents, aims at preventing illnesses and medical concerns during childhood and adolescence, combining physical activity and health. It tries to encourage health education in the schools.

## News from Sweden

by Janina Blomberg, Swedish Heart-Lung Foundation

# New plans for a slimmer Sweden

Obesity and overweight is a growing problem in Sweden as in many other countries. Among a population of close to nine million, 2.5 million are defined as overweight and 500,000 as obese. The definitions are based on the body mass index (BMI), with overweight at 25-29.9 and obesity at 30 or more. The figure for obesity has doubled in Sweden just in the last 20 years. There are considerable socioeconomic and cultural differences, making this a matter of social class. Approximately four percent of Swedish children and young people overall are defined as obese, and in some geographical areas as many as 25% of the children and young people are overweight or obese.

The medical, sociological, economic, psychological and cultural consequences of overweight and obesity are well known, but the question is how countries come to terms with these problems. Swedish authorities and scientists have been aware of this for a long time and are gradually finding ways to strengthen and concentrate their efforts to prevent overweight and promote physical activity.

### **Intensifying the fight against overweight and obesity**

Several national organisations are already working together at regional and local level to promote good eating habits and physical activity among the citizens. Local councils, county councils, NGOs and associations play an important part in this

work. On a national level, the government has implemented decisions on free school lunches in primary and secondary schools and also added physical education to the curriculum for primary, secondary and advanced secondary schools to emphasise the responsibility of the schools to contribute with good eating habits and to offer regular daily physical activity. It has been the mission of the Swedish National Agency for School Improvement to monitor and support the school's work to implement the goal of at least 30 minutes of activity per day per student.

In spite of preventive measures the negative developments are continuing. Therefore promotion of good eating habits and physical activity is being intensified at local, regional and national level.

### **New government goals**

In April 2003 the Parliament accepted the government's bill for a national public health goal. Apart from focusing on good health for all citizens despite conditions and class, it also showed a new view on the public health policy, focusing on the causes of illness instead of on illnesses themselves.

Subsequently in November of 2003 the National Institute of Public Health and National Food Administration was commissioned to produce an action plan for good food habits and physical activities. The targets of the action plan are the private and the public sector as

well as non-profit organisations. The results will be presented at the latest on 30 December 2004.

The proposal is to contain measurable goals and strategies to reach them, such as proposals on what actions to take at local, regional and national level. Every proposal will be accompanied by a budget with cost estimates and calculations; each proposal will also indicate who will be responsible for implementation.

### **Discussion points**

In spring 2004 a few concrete suggestions and proposals from the survey were aired at hearings and in press releases from the commissioned group. They are by no means official and must be seen as suggestions and bases for discussions. Whether they should ultimately be recommendations or regulations remains to be seen.

- Children in primary school are to be given one fruit a day.
- The authorities may monitor the goods sold at school cafeterias and food shops in schools to minimise sweets and cakes and maximise fruit etc.
- Nurseries and kindergartens can minimise sugar or sweet foods and soft drinks at meals and breaks.

- Birthdays parties and other functions at kindergartens with sweets, cookies and ice cream can be held once a month instead of on the correct occasion to reduce excessive sugar consumption.
- The possibility of serving breakfast at all schools should be looked into.

Discussions should be held with employers and the unions regarding working conditions. Are there adequate places for workers to eat food brought from home? Are there fringe benefits such as fruit baskets at work and the opportunity to work out during office hours? Are there enough lunch and coffee breaks? Many unions have negotiated to swap coffee and long lunch breaks for quitting earlier in the afternoon, making work more stressful and intense. There should be reflection about this trend.

There are literally no public water dispensers in Swedish society any more. They have given way to food and drink machines of all sorts. Since Sweden has relatively good quality tap water, the opportunities to drink that instead of soft drinks or expensive bottled water should be made possible in schools, work places and public areas.

#### Tax incentives for healthy food

The group has also looked at different ways of promoting healthy food through tax reductions and other economic regulations. At first glance it might seem easy to tax soft drinks or "bad" fat, but of course there is a need to define "bad" food.

Other methods include granting tax deductions or abolishing VAT on certain fruits and vegetables to increase demand. This is an ongoing discussion but it is important to raise the question. All efforts, small and large, are important to deal with the increasing problem of overweight and insufficient physical activity.

# News from the UK (Northern Ireland)

by Andrew Dougal, Northern Ireland Chest Heart and Stroke Association



## Active living for heart health

Northern Ireland has one of the worst rates of heart disease in the world. Changing the diet of the population has been a prime objective of the Northern Ireland Chest, Heart and Stroke Association (NICHSA) for the past three decades.

Breakfast in most restaurants and cafes is now as likely to consist of fruits and fibre as the standard Ulster Fry – a frightening confection of sausages, bacon, egg and fried bread known locally as "a heart attack on a plate".

Our biggest challenge continues to be the amount of exercise – or lack of it – taken by local people.

One in four women takes no exercise at all (national survey by Cancer Research UK, 2003). Three out of four fail to take the recommended amount.

### So what is being done to encourage exercise?

We in the Northern Ireland Chest, Heart and Stroke Association have established a programme called Highway to Health in local Council areas. This consists of signposted routes designed to encourage people to take in the beauty of their home district while getting valuable exercise. We are not alone in our efforts.

### The Active Living initiative running in Belfast since 1998

"Our work aims to encourage all citizens to become physically active," says Ruth Fleming, Chair of the Active Living Group. "At present, we are exploring how we could best demonstrate the social benefits of physical activity in practice." The Active Living programme currently centres on four Active Living Weeks arranged throughout the year: the Week of Swimming in March, the Week of Dance in May, the Week of Cycling in June and the Week of Walking in September. During each week, a programme of taster sessions, demonstration classes, open tours and shows is arranged to give citizens an opportunity to try out new activities in a relaxed atmosphere. The idea is to encourage people to take up physical

activity in their daily lives, and to show that it can improve their quality of life as well as their physical health.

Strategic responsibility for Active Living lies with the Active Living Group. The group was founded in 1998, as part of a Healthy Cities Multi-City Action Plan (MCAP) on Active Living. The MCAP brings together cities from across Europe, and aims to promote physical activity as a part of daily life throughout Europe. The work of the group focuses on sharing good practice, and Belfast has been an active member. Belfast was also the first to develop the Active Living Weeks.

The active living weeks, coordinated by Belfast City Council, have been steadily increasing in popularity.

### Active Living Programme expanding

Following the success of these weeks, the Active Living Group is currently planning to extend the Active Living Programme. In 2003, the group secured three-year funding from the New Opportunities Fund to do this, and new activities will include events throughout the year combining activity and entertainment, such as tea dances for senior citizens.

Research funded in part by NICHSA found that the population was very inactive in terms of physical exercise. Since the Northern Ireland Physical Activity Strategy was launched in 1996 following the research, the population of Northern Ireland has slowly become aware of what it should be doing to stay healthy. Now the focus is on increasing participation further.

"We have seen a particular increase in women participating, and young women have said organised walking groups have helped them socialise," says Kim Kensett, Coordinator of the Eastern Physical Activity Coordination Group. The group focuses in particular on the sedentary population, the aim being to show that physical activity can be enjoyable. People are encouraged to see walking differently and not as simply a means of transportation.

Other major initiatives include a physical activity referral scheme involving 22 leisure centres, a playground marking scheme for schools intended to encourage interest in traditional physical games and prevent obesity in children, and Activate, a health education programme for the over 50s incorporating healthy eating messages.

The Northern Ireland strategy was used in the development of the WHO Global strategy on diet, physical activity and health, and some projects were mentioned as examples of good practice.

### NICHSA wants people out of their cars to increase fitness

Like every other area of the developed world, Northern Ireland has become dependent on the car. The fact that the region is predominantly rural – making train and bus routes uneconomical – means that private transport has become more important than public. Children are taken to school in the family car instead of walking.

This must change if we are to save Northern Ireland from the curse of cardiovascular disease. Walking is the easiest and cheapest method of ensuring that the population obtains the exercise it needs, so the Northern Ireland Chest, Heart and Stroke Association will continue to promote this simple, enjoyable path to a healthier life.

Through the local councils, we have 40 Highway to Health (Slí na Sláinte) Walking routes in Northern Ireland.

For further information, please contact the Northern Ireland Chest, Heart and Stroke Association (NICHSA)  
Chamber of Commerce House  
22 Great Victoria Street,  
Belfast BT2 7LX  
UNITED KINGDOM  
Tel: + 44 2890 320184  
Fax: + 44 2890 333487  
Email: adougal@nichsa.com



# Contact

## European Heart Network

**Ms Susanne Løgstrup**  
Director

Rue Montoyer, 31  
B-1000 Brussels  
Belgium

Telephone: +32 2 512 9174  
Fax: +32 2 503 3525  
E-mail: ehnet@skynet.be  
Website: www.ehnheart.org

**Ms Marleen Kestens**  
European Coordinator

Telephone: +32 2 502 1541  
Fax: +32 2 503 3525  
E-mail: ehnet@skynet.be

**The European Heart Network plays a leading role in the prevention and reduction of cardiovascular disease through advocacy, networking and education so that it is no longer a major cause of premature death and disability throughout Europe.**

## National coordinators Children and Obesity Project

National coordinator: Austrian Heart Foundation  
Contact person: **Ms Susanne Skalla**  
Telephone: +43 1 405 9155  
Fax: +43 1 405 9156  
E-mail: skalla@herzfonds.at  
<http://www.herzfonds.at>

National coordinator: Belgian Heart League  
Contact person: **Mr Jean-Pierre Willaert**  
Telephone: +32 2 649 8537  
Fax: +32 2 649 2828  
E-mail: Ligue.cardio.liga@tiscali.be  
<http://www.liguecardiologique.be>

National coordinator: Czech Heart Foundation  
Contact person: **Dr Ivo Stolz**  
Telephone: +420 2 610 8379  
Fax: +420 2 472 1574  
E-mail: ivst@medicon.cz

National coordinator: Danish Heart Foundation  
Contact person: **Ms Dorthe Fremm**  
Telephone: +45 33 670 040  
Fax: +45 33 931 245  
E-mail: dfremm@hjerteforeningen.dk  
<http://www.hjerteforeningen.dk>

National coordinator: Estonian Heart Foundation  
Contact person: **Dr Mari Laan**  
Telephone: +372 697 7304  
Fax: +372 654 2574  
E-mail: Mari.laan@lastehaigla.ee  
<http://www.sydameeliit.ee>

National coordinator: Finnish Heart Association  
Contact person: **Ms Anna-Liisa Rajala**  
Telephone: +352 44 53 42  
Fax: +358 505 207 898  
E-mail: anna-liisa.rajala@sydanliitto.fi  
<http://www.sydanliitto.fi>

National coordinator: French Federation of Cardiology  
Contact person: **Ms Céline dos Santos**  
Telephone: +33 1 44 90 70 21  
Fax: +33 1 43 87 98 12  
E-mail: Cdosantos.ffc@club-internet.fr  
<http://www.fedecardio.com>

National coordinator: German Heart Foundation  
Contact person: **Ms Christine Raap**  
Telephone: +49 69 955 128 141  
Fax: +49 69 955 128 345  
E-mail: raap@herzstiftung.de  
<http://www.herzstiftung.de>

National coordinator: Hellenic Heart Foundation  
Contact person: **Dr George Andrikopoulos**  
Telephone: +30 210 640 14 77  
Fax: +30 210 640 14 78  
E-mail: elikar@aias.gr

National coordinator: Hungarian Heart Foundation  
Contact person: **Dr Andras Nagy**  
Telephone: +36 76 519 502  
Fax: +36 76 482 014  
E-mail: nagy@kmk.hu  
<http://www.mnsza.hu>

National coordinator: Icelandic Heart Foundation  
Contact person: **Mr Vilmundur Gudnason**  
Telephone: +354 535 1800  
Fax: +354 535 1801  
E-mail: v.gudnason@hjarta.is  
<http://www.hjarta.is>

National coordinator: Irish Heart Foundation  
Contact person: **Ms Maureen Mulvihill**  
Telephone: +353 1 668 5001  
Fax: +353 1 668 5896  
E-mail: mmulvihill@irishheart.ie  
<http://www.irishheart.ie>

National coordinator: Italian Association against Thrombosis (ALT)  
Contact person: **Ms Gloria de Masi Gervais**  
Telephone: +39 02 720 11 444  
Fax: +39 02 720 21 776  
E-mail: europa@trombosi.org  
<http://www.trombosi.org>

National coordinator: Netherlands Heart Foundation  
Contact person: **Ms Karen van Reenen**  
Telephone: +31 70 31 55 624  
Fax: +31 70 34 790 46  
E-mail: k.van.reenen@hartstichting.nl  
<http://www.hartstichting.nl>

National coordinator: Norwegian Council on CVD  
Contact person: **Ms Elisabeth Fredriksen**  
Telephone: +47 231 200 82  
Fax: +47 231 200 03  
E-mail: Elisabeth.fredriksen@nasjonalforeningen.no  
<http://www.nasjonalforeningen.no>

National coordinator: Portuguese Heart Foundation  
Contact person: **Dr Luis Negrão**  
Telephone: +351 21 38 150 00  
Fax: +351 21 38 733 31  
E-mail: fpcardio@mail.telepac.pt  
<http://www.fpcardiologia.pt>

National coordinator: Slovenian Heart Foundation  
Contact person: **Dr Tadej Battelino**  
Telephone: +386 1 436 95 62  
Fax: +386 1 436 12 66  
E-mail: Tadej.battelino@mf.uni-lj.si  
<http://www.zasrce.over.net>

National coordinator: Spanish Heart Foundation  
Contact person: **Ms Beatriz Juberías**  
Telephone: +34 91 724 2373  
Fax: +34 91 724 2374  
E-mail: proyectos@fundaciondelcorazon.com  
<http://www.fundaciondelcorazon.com>

National coordinator: Swedish Heart-Lung Foundation  
Contact person: **Ms Janina Blomberg**  
Telephone: +46 8 566 24 237  
Fax: +46 8 566 24 229  
E-mail: Janina.blomberg@hjärt-lungfonden.se  
<http://www.hjärt-lungfonden.se>

National coordinator: National Heart Forum  
Contact person: **Ms Jane Landon**  
Telephone: +44 20 7383 76 38  
Fax: +44 20 7387 27 99  
E-mail: Jane.Landon@heartforum.org.uk  
<http://www.heartforum.org.uk>



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 information in this publication.