

May 2006

# HeartMatters

Bulletin of the European Heart Network



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## Put your heart in it

EHN believes that it is important to address cardiovascular disease (CVD) both through its risk factors and the wider determinants. Work is needed at many levels to combat the number one cause of death throughout Europe. In this issue of **Heart Matters** we report good news and news that could be better. The good news is that the fight against heart disease goes on, with a variety of programmes in all the countries of our member organisations, targeting a range of stakeholders and involving partners from institutions and industry. The less-good news is an EU health action programme that does not emphasise the key diseases in the way we had hoped.

Because EHN advocates a matrix approach to health at European level, including risk factors and societal determinants, we therefore regret that when adopting its opinion on the proposal for a new health action programme the European Parliament did not make a clear reference to those diseases that constitute the major health burden in the EU. These are cardiovascular diseases, diabetes, mental health, cancer and pulmonary diseases.

We believe that a strong signal from the European Parliament could have helped strengthen the European Union's main health objective which is to ensure that health is properly considered in all relevant EU policies.

By emphasising the health gains that are within reach – notably gains from reduction of premature deaths and suffering from CVD – the European Parliament could have provided an impetus to the EU's role as a coordinator and facilitator of exchange of views and best practices as well as a guarantor for a high level of health protection. Altogether, this is a missed opportunity for health to assume a more prominent place in EU policy making. It is worsened, of course, by the Council's decision to cut funds for action on health in the EU dramatically.

But we are still putting our heart into the fight. In March 2006, the European Heart Network and the European Society of Cardiology jointly organised a conference on "Women's health at heart – promoting cardiovascular health and preventing cardiovascular disease". This conference confirmed that efforts to prevent CVD, both for men and women, need to be stepped up in Europe, especially in the Eastern European countries where mortality and morbidity from CVD are higher than ever.

The "Women's health at heart" conference highlighted the fact that too little attention is given to women and CVD even though CVD is the number one killer of women – accountable for 55% of all deaths among women in Europe. An example of the issues

concerning women and CVD can be found in this edition of Heart Matters. Sweden reports on its "red dress campaign" for women, which responds to the urgent need to better inform women on the risks they run of having cardiovascular diseases. Austria also reports on special interventions for women.

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Not surprisingly, many EHN member organisations report on their activities on nutrition and physical activity. Belgium describes its national health and nutrition plan, launched in April 2006, while Finland outlines its new nutrition recommendations, stressing amongst others the need to achieve a balance between energy intake

and energy expenditure. Italy, which has set up its own platform on nutrition, physical activity and health, reports on the interaction between the different stakeholders. These activities are linked to addressing obesity. In the UK, where combating childhood obesity is high on the agenda, a large-scale campaign involving social marketing has been successfully targeted at children. But different intervention campaigns also continue to inform parents and teachers about the importance of healthy eating habits.

Information on specific actions on nutrition is provided by Norway, The Netherlands and France. The actions vary from the establishment of a national alliance to develop a food labelling system to help consumers choose healthier products in Norway, to an education programme aimed at educating parents in The Netherlands, and a campaign directed towards health professionals and volunteers working with the needy and poor in France, to a campaign focusing on informing people about CVD risk factors and cholesterol in Greece.

Physical activity is the focus for campaigns in Austria, Estonia, Ireland and Slovenia. Such activities covers outdoor fitness programmes and advocacy campaigns on how the built environment can support children and enable them to be more physically active.

Our member organisations learn from each other by sharing their progress in Heart Matters, as well as informing decision and policy makers at European level about how CVD is being fought. We urge everyone to put their heart in it for a healthier Europe.

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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.

# Children's Environmental Health Action Plan – a new tool to promote physical activity across Europe

by Génon K. Jensen, Executive Director, EPHA Environment Network (EEN)



For children and young people, physical activity and better nutrition are crucial to fighting the rising epidemic of obesity and reducing the risk of cardiovascular disease. As 80% of Europe's young people live in urban areas, policy changes in city planning, including school settings, are another front for the health sector to ensure that messages about children increasing their exercise are coupled with real possibilities for doing so.

Transport policies prioritise motorised traffic rather than safe, easily accessible bike lanes and walking routes. This limits the possibility for physical activity in children's daily routines. Competing demands on urban development plans, and lack of participation from the health sector, from parents and from young people themselves also negatively affect the prioritisation of green areas, playgrounds and sporting facilities by local authorities.

A Europe-wide policy framework now exists thanks to the World Health Organization (WHO) and committed governments, institutions and health advocates – the **Children's Environment and Health Action Plan for Europe (CEHAPE)**. Adopted in 2004 by environment and health ministers from 52 countries at the WHO Budapest Ministerial Conference, it provides practical ideas and goals on protecting Europe's children from environmental pollution and environment-related stressors that adversely affect their health. It highlights the fact that safe and balanced nutrition is still an unmet need for too many children. It recognises that the prevalence of obesity and the attendant risk of developing chronic diseases such as diabetes and cardiovascular disease are a direct consequence of unhealthy diet and inadequate physical activity.

## The child's environment – key to increasing exercise and reducing obesity

Within CEHAPE, countries work on four overarching Regional Priority Goals (RPGs):

- safe water and adequate sanitation;
- protection from injuries and adequate physical activity;
- clean outdoor and indoor air;
- chemical-free environments.

The second RPG focuses on **reducing morbidity from lack of adequate physical activity by promoting safe and secure**

### human settlements for children through:

- child-friendly urban and sustainable transport planning, promoting cycling, walking and public transport, in order to provide safer and healthier mobility within the community;
- safe facilities for social interaction, play and sports for children and adolescents;
- reduction in the prevalence of overweight and obesity through health

promotion activities in accordance with the WHO Global Strategy on Diet, Physical Activity and Health and the WHO Food and Nutrition Action Plan for the European Region of WHO for 2000–2005;

- promoting physical activity in children's daily life through information and education, and pursuing synergies with other sectors to ensure child-friendly infrastructure.

The European Environment and Health Committee (EEHC) facilitates work on these issues. It brings together environmental and health ministries, intergovernmental organisations and health advocacy groups such as the EPHA Environment Network (EEN) to discuss the latest scientific evidence and policy developments on improving child health. The Committee's reports, agendas and statistics are available at <http://www.euro.who.int/eehc>.

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## CEHAPE action pack – case studies for all sectors



WHO provides countries with a menu of evidence-based actions along with documented experience. The actions are broken down into environmental risk factors and environmental health objectives. Actions to achieve each objective (CEHAPE table of actions) are indicated, and real life examples (WHO collection of case studies), if available, are shared.

Actions to be undertaken by national and local authorities are grouped into six categories:

- legislative;
- educational/health promotion;
- participation of stakeholders;
- knowledge-building;
- monitoring; and
- service delivery.

## 2006 focus on urban environments and obesity

Governments are now drafting national child action plans and consulting with stakeholders in order to present their priorities at the 2007 mid-term review of the Budapest Ministerial commitments. In the first half of 2006, the EEHC and its

Examples of actions for Regional Priority Goals II include:

- enacting legislation to promote selection of healthy food and encourage the food industry to make such foods available to children and adolescents, particularly in schools;
- providing nutritionally balanced school meals for children;
- developing infrastructure and programmes to promote safe walking and cycling to schools;
- promoting sustainable modes of transport and mobility management plans taking into account the specific needs of school-age children.

technical counterpart, the CEHAPE Task Force, will focus on country progress for Regional Priority Goal II, which combines work on reducing accidents with increasing physical activity and combating obesity.

More information can be found on the **WHO website:**

[http://www.who.dk/eprise/main/WHO/Progs/CHE/Policy/20050629\\_1](http://www.who.dk/eprise/main/WHO/Progs/CHE/Policy/20050629_1)

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## Helping children to be more active: country highlights

### **Austria – young people design school mobility plans**

The School Mobility Management Plans project aims to improve environment, health and road safety for children on the way to school by increasing the number of playgrounds, creating school mobility plans and promoting walking and cycling. Following the successful pilot project in four schools, it will be expanded to all Austrian schools. Teaching materials are available at [www.schoolway.net](http://www.schoolway.net).

### **Italy – walking bus**

By involving school authorities and parents, the municipality of Rome launched the walking bus as a fun and healthy way to get children to and from school while providing exercise and improving the quality of urban environmental around schools. Parents act as the bus drivers of the walking bus, picking up the children at designated bus stops before dropping them off at school. Authorities hope to extend it to all schools in Rome.

### **United Kingdom – public transport and health**

SUSTRANS, the sustainable transport charity, works on projects encouraging people to walk, cycle and use public transport for health, safety and environmental reasons. Their aim is to create a Safe Route to School for every child in the UK. A school travel kit and resource materials are available at <http://www.saferoutestoschools.org.uk/>

### **A new country web map launched by WHO**

<http://www.euro.who.int/eehc/ctryinfo/ctryinfo> provides an overview of the 52 individual countries' activities, and is continuously updated by the countries themselves.

### **Involving health advocacy groups**

As a leading child environment health advocate and member of these bodies, EEN stimulates the debate and sharing of best practice on how to turn the "exercise more" message into an obtainable reality.

EEN would like to hear from organisations working on increasing physical activity or reducing obesity through better urban environments for young people. Such ideas will be shared on the EEN country web map **Healthier Environments for Children** – [www.cehape/env.health.org](http://www.cehape/env.health.org).

Other ways organisations can help influence their own country's child action plans include:

- contacting the governmental environment and health focal point to suggest priority actions for the national CEHAP;
- contributing their report, survey or innovative initiative to the WHO or EEN web maps;
- providing their expertise to the meetings on RPGII: CEHAP Task Force, 30-31 March 2006 in Dublin and the EEHC, 15-16 May 2006 in Oslo.

## European policy developments

### Green paper on "Promoting healthy diets and physical activity"

On 8 December 2005, the European Commission published its Green Paper on "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases."

For many years, EHN has been arguing that a comprehensive and integrated EU food and nutrition policy is needed. EHN has also called for an EU health policy that enhances physical activity. The European Commission's Green Paper is a first step in that direction.

This Commission Green Paper is meant to be a consultation document on a broad range of issues related to obesity, with a view to gathering information for European action concerning reducing obesity levels which could complement, support and coordinate existing national measures.

In its reaction to the Green Paper, which was sent to the Commission by the 15 March 2006 deadline, EHN brought out the following points:

- it is necessary to raise the awareness of the measures, policies and interventions needed to promote healthy diets and physical activity;
- the public health action programme can co-fund systematic reviews of evidence of effectiveness of measures, policies and interventions, training seminars and information meetings, and help to identify the essential elements for making information campaigns effective;
- information about existing evidence should be provided directly to the Member States as well as to relevant European umbrella organisations, which will ensure further dissemination amongst their national member organisations.

In response to the specific questions the Green Paper raises about consumer information, advertising and marketing, EHN responded that there should be mandatory nutrition labelling of six food characteristics. These are energy, saturated fat/trans fats and sodium, plus total fat, added sugar and dietary fibre. Better education for all age groups about nutrition and diet and about what is on the label, accompanied by a harmonised signposting system, will help consumers understand the information provided on

labels. Furthermore, voluntary codes ("self-regulation") are not an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods.

When it comes to consumer education, public-private partnerships could make a useful contribution if public and private agencies send the same message and agree not to promote conflicting messages. Messages have little impact if the surrounding environments are not supportive of them, however.

Comprehensive policies in schools should ensure that children have education and practical skills which will enable them to eat a healthy diet. Food provided for children in schools should be a result of high nutritional quality standards for food in schools, whether provided as part of a meal or from vending machines or other outlets. Energy-dense and high salt snacks, high sugar soft drinks and confectionery that is high in fat or sugar should not be available in schools. Relevant sectors of industry should abstain from targeting their marketing of unhealthy food and drinks at children and young people in schools and elsewhere.

The Green Paper asks for reactions concerning good practice for regular physical activity in schools. EHN notes that to improve the level of physical activity in schools, a number of measures must be envisaged. These include an increase in the number of hours devoted to physical education in the curriculum across the EU, with a statutory three-hour minimum per week dedicated to physical education. The concept of the health promoting school advocated by EHN and other organisations should be further developed. This concept involves taking a whole school approach to health and ensuring that physical activity is a core component of school life. Support in the wider community is also vital. Easier access to facilities and activities must be provided, especially to activities that are not solely competitive. Access should target disadvantaged areas.

The Commission invites contributions on how employers can contribute to healthy diets and increased physical activity. When looking at food availability, physical

activity and health education at the workplace, every workplace should have a healthy work life balance policy in which employers have high quality standards for foods and provide clear information on the nutritional composition of the various offerings which makes it easy for employees to compare healthier to less healthy options. Employers should introduce a number of measures to encourage physical activity, for instance by giving decision prompts, i.e. signposting to remind people to take the stairs, and by switching support away from company cars to support for cyclists and pedestrians.

In its conclusion, EHN points out that an obesogenic environment refers to all aspects of the environment that promote behaviours that contribute to overweight/obesity, including aspects which promote unhealthy eating. To ensure that physical activity is part of people's daily routine, measures needed include the development of an integrated transport strategy that emphasises walking and cycling, ensuring that streets are safe and well-lit to encourage walking and cycling and that stairs are prominent, accessible and well-lit in new buildings. These policies can be achieved through public-private partnerships.

Measures that will help reduce inequalities include general (legislative) measures that reach the whole population, availability of inexpensive healthy food, such as fruits and vegetables, and easy access to well-kept and inviting recreation areas and to affordable participatory sports activities.

Based on a consultation with eight European/international health organisations, EHN notes that the issues that should receive first priority at a European level are:

- controlling sales of foods in public institutions;
- controls on food and drink advertising;
- mandatory nutritional information labelling; and
- Common Agricultural Policy reform including subsidies to healthy foods.



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## Revision of Television without Frontiers Directive

In December 2005, the European Commission adopted a proposal for the revision of the existing Television without Frontiers Directive (89/552/EEC). The objective of the proposed revision is to modernise and simplify the regulatory framework for broadcasting, or linear (scheduled) services, and introduce minimum rules for non-linear (on demand) audiovisual media services. The proposal covers linear audiovisual media services (e.g. cable television) and non-linear audiovisual media services (e.g. digital television).

In the framework of the pan-European project on "Children, obesity and associated avoidable chronic diseases", the extent and nature of food marketing of unhealthy food to children was assessed. One of the findings was that of TV advertisements for food aimed at children,

the percentage that promoted unhealthy foods ranged from 49% to 100%. Referring to article 152 in the Treaty and several Council Conclusions, EHN believes that the revision of the Television without Frontiers Directive presents an ideal opportunity to make a contribution to halting and reversing the epidemic of obesity and to preventing avoidable diet-related chronic diseases, in particular cardiovascular diseases.

EHN recommends that the revised Directive:

- establish a basic tier of qualitative rules applicable to all commercial communications regardless of audiovisual media;
- prohibit advertising of unhealthy food and drinks to children;

- define children's programmes appropriately so as to ensure that advertising, sponsorship and product placements will not lead to an increase in exposure to commercial communications promoting unhealthy food and drinks to children. The definition of children's programmes should be broad enough to take into account all programmes where a significant proportion of the audience are children, based on the acknowledged audience profile of the programme. Restrictions should not be limited to those programmes whose stated target audience are children, but should also include programmes that are likely to be watched by children;
- prohibit product placement in programmes that are watched by children.

## Women's Health at Heart Conference

On 7 March 2006 the European Heart Network (EHN) and the European Society of Cardiology (ESC) organised a conference entitled "Women's Health at Heart – Promoting Cardiovascular Health and Preventing Cardiovascular Disease".

### The following call for action was adopted at the conference.

- The European Union needs to mobilise its health community to ensure that cardiovascular health is properly considered in all relevant EU policies.
- The EU's role as a coordinator and facilitator of exchanges of views and best practices must be applied across all fields. The EU health action programme (Programme of Community action in the field of health and consumer protection (2007-2013)) must therefore make a clear reference to those diseases that constitute the major health burden in the EU, namely cardiovascular diseases, diabetes, mental health, cancer and pulmonary diseases.

- The 7<sup>th</sup> Framework Programme for Research should provide sufficient funds for cardiovascular research, including gender-specific research.
- The Commission should continue to support activities that promote cardiovascular health, for example by collecting relevant information, establishing expert networks, and drafting guidelines on prevention and on screening through the existing and future EU public health action programmes.
- In order to ensure the best cardiovascular health for all Europeans, gender-specific aspects must be taken into account in every EU strategy for future research and action.
- EHN and ESC call upon the Council of Ministers to adopt an EU Recommendation on a concrete EU-wide cardiovascular strategy from the European Commission encompassing:
  - cardiovascular health promotion;
  - mechanisms in support of the Member States' strategies and activities;

- guidelines on risk assessment, optimal preventive methods, treatment, rehabilitation and screening.

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## EU Platform on Diet, Physical Activity and Health

In March 2004, the European Union's Directorate-General Health and Consumer Protection (DG Sanco) launched the EU Platform on Diet, Physical Activity and Health. The members of this platform have agreed to share information with each other on their initiatives related to the issues of obesity, diet, physical activity and health, setting out what they intend to achieve and by what means. Platform members were asked to submit their actions carried out in 2004 and 2005 (baseline actions) and their commitments for 2006 in an online database.

For the baseline activities, 23 platform members have submitted 319 actions. Of these actions, 28% were submitted by NGOs. The activities introduced by all members mainly relate to the following

categories: promotion of healthy lifestyle (24%); nutrition information (20%); education (14%); dissemination of information (9%); and product development (8%). All other activities (advertising, marketing, monitoring/evaluation, policy development, research and surveys, training, selling) cover less than 5% of the activities. Most of these activities are oriented towards the general public or children and adolescents.

When considering the Commitments for 2006, 70 activities have been submitted by 14 members. Most of these commitments come from NGOs (47%), the advertising sector (16%), consumer organisations (16%) and catering (11%). To a great extent the types of activities cover the same subjects as for the baseline activities:

promotion of healthy lifestyle (18%); education (17%); nutritional information (15%); dissemination (13%). In the dissemination category, advertising represents 9% of all activities. Here too, the main target audiences overall for the actions are the general public (19%) and children and adolescents (19%). However, industry (12%), health professionals (10%) and policy makers (9%) are also well represented here.

A review of these commitments is coming up soon, and in order to complete the existing information, the Commission will ask for more information on the evaluation of activities and events that will take place in 2006 (the commitments).

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<sup>1</sup> For more information on the platform and its members, please go to [http://europa.eu.int/comm/health/ph\\_determinants/life\\_style/nutrition/platform/platform\\_en.htm](http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/platform/platform_en.htm)

## News from Austria

by Petra Scharff, Austrian Heart Foundation

# Promoting physical activity in Austria

In Austria cardiovascular diseases are the main cause of loss of productivity and of death. Around 45% of all deaths are caused by cardiovascular diseases. An increase in physical activity is one of the measures that would have a significant positive influence on the Austrian population's health. On the occasion of World Heart Day 2005, the Austrian Heart Foundation took the opportunity to promote physical activity in the following ways:

### Football for better heart health

The Austrian Heart Foundation and the Austrian Football League promoted the World Heart Day theme at five football matches on 24 and 25 September 2005 in Vienna and other parts of Austria. The Federal President of Austria, Dr Heinz Fischer, supported this event. For this purpose the Austrian Heart Foundation produced a special leaflet and invited the spectators attending the football games to participate in a lottery. The leaflets included a description of the positive effects of football and suggested it as a healthy sport for all. Before the beginning of the matches the football teams displayed a banner with a health slogan. The management of the football stadium demonstrated its support for the Austrian Heart Foundation by showing the World Heart Day message on the display panel and by having the moderators of the matches make announcements during the matches. The presidents of the Austrian Heart Foundation and the Austrian Football League invited the Austrian journalists to a press conference to promote the occasion.



### Focus on women

Cardiovascular disease is still the most frequent cause of death for women. In Austria, of the more than 35.000 people who die of heart and cardiovascular

diseases each year, 60% are women. Low awareness of the risk of heart disease specifically for women is the main reason for this fact. The project "proWomen Zell am See" is a pilot programme especially designed by the Austrian Heart Foundation to identify women at risk and to intervene on a long-term basis. The programme started in a district with a female administrator, in three villages with female mayors managed by a female coordinator.

As the first step all the women in these three villages between the ages of 15 and 60 (1,990 women) were contacted by the mayors and invited to fill in a questionnaire concerning their eating habits, physical activities, smoking behaviour, blood pressure, blood sugar, cholesterol, body mass index and stress.

As the second step information on diet, exercises, quitting smoking, etc. were assembled. Several different physical activity events took place as well, and the women were very enthusiastic about Nordic Walking, cross-country skiing and different gymnastic exercises. In May 2006 a second questionnaire will be distributed, and during the summer the Austrian Heart Foundation will evaluate the outcomes and will make a decision about how to continue this campaign.



### Nordic Walking activities

Nordic Walking will be one of the principal topics of the spring programme of the Austrian Heart Foundation (see also News from Slovenia for more information about this sport).

In Vienna a rental system for Nordic Walking sticks was initiated which allows everybody the use of Nordic Walking sticks. In addition, interested parties have the possibility of learning the Nordic Walking technique from a professional trainer. Both special services are free of charge and should especially reach the less-affluent classes of the population. The



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Austrian Heart Foundation also organised Nordic Walking courses, with groups of ten people, and the assistance of a professional trainer.



### Workout for every person with health insurance

Sixty percent of the Austrian population practise physical activity fewer than one or two times monthly – this is the finding of a study by the Austrian ministry of sport. The study also shows that 86% of Austrians are basically interested in physical activities. For 55% – more men than women – the main reason for exercising is to have a well trained body. Another 28% exercise for health reasons and 22% percent for increased well-being.

The Austrian politicians are discussing a special motivation system to help people to be more active: every person with health insurance should have the possibility of exercising at the expense of the health insurance system. Only a small personal contribution is meant to be paid by the insured person. All courses that are offered by accredited associations are meant to be implemented – from "healthy back gym" to volleyball. The plan is to reserve a budget of 3 million euros for this purpose.

### More physical activity in Austrian companies

In order to increase health awareness in companies a pilot project started in every federal state of Austria in 2005. One company was selected in each of the states to participate in this health promotion programme. After every staff member in the company undergoes a medical examination, a special physical training programme will be developed. Costs will be shared between the company and the Health Ministry, with each paying 50%. An evaluation of the project is planned in six months; this phase began in the spring of 2006.

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## News from Belgium

by Nicolas Guggenbühl, Dietician and nutritionist

# What is Belgium doing to control obesity?

In Belgium, official awareness of the importance of diet and exercise has resulted in numerous initiatives designed to control the huge rise in obesity. The task is not an easy one and isolated initiatives have little chance of bringing about a lasting change in lifestyles. Therefore, following the example of several other European countries, Belgium is now implementing its own "National Nutrition and Health Plan" (PNNS), aimed at improving the health of the population by increasing public awareness and motivating the various players involved. The plan promotes a better dietary balance and more physical exercise (2006 – 2010). The prevention of obesity, best started as early in life as possible, underlies several of the nutritional objectives and strategic approaches in this Plan.

### Reference points

From a nutritional viewpoint, the Belgian PNNS draws much of its inspiration from the "Global Strategy on Diet, Physical Activity and Health" adopted by the World Health Organization (2004). Seven nutritional objectives have been defined, five of which directly tackle the problem of obesity from a preventive (rather than curative) perspective, focusing on the following themes: energy, fruit and vegetables, lipids, carbohydrates and fibre, and water.

The fight against physical inactivity, particularly in children, is an integral part of the nutritional objective concerned with maintaining a balance between energy intake and expenditure. Along with encouraging children to be active during their leisure time, the intention is to adapt existing sports infrastructures suitably and to provide areas designed to facilitate more active leisure pursuits.

### Belgium's National Nutrition and Health Plan - seven nutritional objectives

#### Energy

- Promote a better match between energy intake and energy expenditure.
- Increase physical activity levels (at least 30 minutes walking or another equivalent activity per day)

#### Fruit and vegetables

- Increase the population's consumption of fruit and vegetables, to reach a minimum of 400 g a day.
- Reduce the number of "small eaters" of fruit and vegetables, particularly among the young (schoolchildren and teenagers)

#### Lipids

- Limit fat intake (i.e. bring it down to no more than 35% of the total recommended energy intake)
- Improve the composition of fat intake (give preference to unsaturated fats rather than saturated or trans fats)

#### Carbohydrates and fibre

- Promote carbohydrate consumption (i.e. aim at a minimum of 50% of total recommended energy intake) by emphasising complex sources of carbohydrate (starch etc), such as unrefined or only slightly refined foodstuffs (wholegrain cereals, pulses etc)
- Reduce consumption of added simple carbohydrates (sugars etc.)
- Increase consumption of fibre

#### Salt

- Limit salt consumption and partially replace it with iodised salt.

#### Minerals, trace elements, vitamins, other substances

- Reduce specific intake deficiencies (iron, folates, vitamin D, calcium) in certain population groups (the young, pregnant and breastfeeding women, the elderly)
- Correct iodine deficiencies
- Promote an optimum diet

#### Water

- Encourage people to drink more water (at least 1.5 litres a day)

### Coherent messages

The Belgian approach is based on the principle that eating should remain a free choice. It is therefore based more on information and education than on authoritarian measures (e.g. taxing unhealthy foodstuffs). Although it is recognised that information is not enough in itself to change behaviour in the area of

diet and physical exercise, it has been thought necessary to give people clear, valid and coherent messages, in order to counteract the great confusion that currently prevails with regard to the relationship between diet and health. Accordingly various communication tools are being developed (television advertisements, brochures, website), some of which are directly aimed at children (e.g. a "food fact booklet" concerning the diet of children between the ages of 3 and 12).

### At school

Within the school environment, the Belgian National Nutrition and Health Plan (PNNS) will work on incorporating the idea of "diet and physical exercise" into educational programmes and activities by harmonising existing programmes and creating health education modules in training programmes for future teachers. Behavioural factors will be emphasised by encouraging a balanced diet and physical activity, which will be promoted in various subjects rather than in specific lessons, in this way reaching out more widely to pupils across the different levels of teaching.

By means of a ministerial circular, the PNNS also hopes to encourage the various Belgian language communities (French, Flemish and German) and the competent authorities to bring the composition of school meals into line with PNNS recommendations. Dialogue will be encouraged between the parties concerned with a view to promoting a healthy diet and sufficient physical activity in schools. In addition to better school meals, this will involve promoting the drinking of water and making it available free of charge, offering a more balanced choice of drinks and snacks (the problem of what vending machines should sell), providing adequate sports infrastructures, etc.

Lastly, the PNNS will promote partnerships with the private sector to encourage initiatives falling within the framework of the PNNS objectives. A specific logo will be awarded for identification purposes. Such are the various measures, whose impact will have to be assessed.

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# Health and fitness from the outdoors

The Estonian Heart Association has been actively promoting the healthy way to be physically active. The organisation's focus is on introducing and promoting healthy ways to be physically active. Though these are widely accepted principles in Europe, they are still new in Estonia.

### Raising awareness

The majority of Estonians do not think of physical activity as a part of their daily lifestyle that is important for maintaining a healthy mind and body. Most people who are active do not know how to optimise physical activity for their health (i.e. the correct amount, level of physical activity etc.). Fewer than 10% of the people in Estonia get sufficient physical activity.

One of the central reasons may be that as a post-Soviet state, Estonia is still struggling with the paradigm of emphasising and glorifying competitive sports. This paradigm is something the Estonian Heart Association has set out to change.

Furthermore business groups in Estonia are influential, resulting in the promotion of health related information and products that are expensive and are not based on scientific evidence (i.e. extreme diets, pills, expensive gyms, etc.). Therefore, another task of the Estonian Heart Association is to make people realise that within their reach are safe (i.e. scientifically proven), simple, and cost-effective ways to exercise and eat right.

### Tools for encouraging physical activity

Described below are some of the most recent "tools" provided by the Estonian Heart Association to assist people in moving in the right direction. By accepting daily physical activity as part of their lifestyle people can take charge of their own health.

In December 2005, the Estonian Heart Association was happy to present a very special calendar – "Physical activity throughout the year – health and fitness from the outdoors! Calendar 2006". This calendar contains valuable information on different types of physical activities and hints on optimising exercising from the perspective of health. It also encourages people to keep track of their daily physical activities by making entries each day using the abbreviated codes that are provided. Functioning as an information source as well as a personal physical activity "workbook", the calendar introduced the UKK Institute's Physical Activity Pie, which combines physical activity recommendations for health and fitness, for the first time in Estonia. The calendar is sold in many bookstores all over Estonia, and the Estonian Heart Association has introduced it to different groups and people (city governments, companies, etc.) in several Estonian cities.

### Promoting seasonal exercise

A programme "Well-being to heart with physical activity" consists of two seasonal sessions. The green session lasts from April to November, and the white session from November to April. The programme encourages people to be physically active in the outdoors throughout the year. The aim is to have people walking every day for at least one hour – that equals 8000 steps towards heart health. As part of the programme information brochures are provided that give an overview of the right level for exercising, energy expenditures of certain physical activities, and a chart for recording daily physical activity.

In addition to the activities above, the Estonian Heart Association provides public educational events and consultation sessions, disseminates informational brochures and participates at public sports events to

achieve its goals. Last year a significant amount of educational work was done with the general public and city government executives in the framework of the "Tallinn is moving" project (organised by the Sports and Youth Department of the Tallinn City Government). The Association is in the process of expanding its collaboration with the Tallinn City Government to help distribute the healthy heart message.

Promotion of physical activity health awareness has been directed toward very different groups of people: teachers, local sports organisations, local municipalities, personnel departments, workers, executives, and parents. Last year at an international educational seminar for teachers that took place in Estonia, the Estonian Heart Association introduced physical activity and health related principles that are well known in Europe.

### Following Finland's example

In the work of introducing the proper ways to be physically active in Estonia, the Estonian Heart Association has observed the great examples set by the Finnish Heart Association, as well as other Finnish health organisations. The Estonians have been fortunate to utilise valuable Finnish materials and physical activity models that have already proved successful. The well-received green and white seasons, and the idea and the information for our physical activity calendar are based on materials from Estonia's Finnish neighbours.

Finland is internationally recognized for its remarkable progress in the promotion of a healthy lifestyle. The tangible support and inspiration the Estonian Heart Association receives from Finland is another great example of how like-minded health organisations in neighbouring countries can support each other, and grow stronger together.

# New Finnish nutrition recommendations

The national nutrition recommendations for the whole population are issued by the National Nutrition Council. The National Nutrition Council is an expert body under the Ministry of Agriculture and Forestry, whose members serve three-year terms. The members are representatives of authorities handling nutrition issues, consumer, health promotion and catering organisations, and food industry, trade and agricultural organisations. The president of the Council is Director General Pekka Puska, who is also the President of the Finnish Heart Association.

The aims of the National Nutrition Council (2005-2008) are:

- to observe and improve the nutritional situation in Finland by making Nutrition Recommendations, creating Action Programmes and observing how the Action Programmes are fulfilled and what the effects on the nutritional situation are;
- to promote comprehensive nutritional risk monitoring;
- to submit proposals and reports and issue statements that concern the nutritional and health situation in Finland and take into account the food chain as a whole, from farm to fork;
- to observe the development of nutrition policy in Europe and to promote the Council's information services.

### New 2005 recommendations add physical activity to good nutrition

The Finnish nutrition recommendations were revised in 2005, based on the new Nordic Nutrition Recommendations which were approved in 2004 by the Nordic Council of Ministers. The goal of the recommendations is to improve the diet of the Finnish people and public health in Finland. The most important diet-related health problems are cardiovascular disease, osteoporosis, diabetes, obesity and dental caries. To tackle these problems it is important that Finns:

- achieve a balance between energy intake and energy expenditure;
- have a balanced nutrient intake;

- increase the intake of carbohydrates with a high fibre content;
- decrease the intake of refined sugars;
- decrease the intake of hard fat and increase the proportion of soft fats;
- decrease the intake of salt (sodium);
- have a moderate level of alcohol consumption.

Recommendations on physical activity are also included. The adult population should undertake a minimum of 30 minutes of daily physical activity of moderate intensity. For prevention of weight gain more physical activity, about 60 minutes, may be needed. For children and adolescents there should be a minimum of 60 minutes of physical activity every day.

### Short food-based guidelines

There are also short food-based dietary guidelines in the new recommendations. These guidelines help in choosing food which meets the demands of the recommendations. The guidelines aim at an increased consumption of vegetables, fruit, berries, potatoes, whole-grain cereal products, low-fat milk products, fish and lean meat. They also aim at limiting the consumption of salt and salty foods as well as sugar and sugar-rich foods.

### Simple advice to the consumers

The nutrition recommendations can mainly be used for planning mass catering, as basic material for nutrition education and training and as reference values for estimating the food consumption and nutrient intake of groups. They are not applicable to diet assessments for individuals. For ordinary people the recommendations are in fact very difficult to understand. That is why the National Nutrition Council is now preparing special material for consumers. The material will contain the basic food-based guidelines expressed in a very simple and concrete way.

### Changes to the granting principles of the Heart Symbol

Sugar content is currently taken into consideration when granting the right to

use the Heart Symbol. New criteria include three product groups. The limit of maximum sugar content varies across the groups, depending on the general sugar content of similar foods in the market. The new criteria are the following:

- yoghurts, low-fat curd cheese and other similar products: sugars ≤ 12g/100g;
- pastry, biscuits, rusks: sugars ≤ 20g/100g;
- breakfast cereals: sugars ≤ 16g/100g.

The main aim of this change is to prevent products with a high sugar content from having the right to use the Heart symbol. It also aims at reducing energy intake from these common and frequently consumed foods and in this way also at reducing the risk of overweight.

By sugars we mean all mono- and disaccharides that the product contains, including sugars naturally included in fruit, berries and milk as well as added sugars.

By February 2006 the right to use the symbol had been granted to 259 products from 27 companies. According to a consumer survey carried out in December 2005, 82% of Finns (89% of women) over 15 years of age know the Heart Symbol by sight. Especially encouraging is the finding that 42% of consumers (49% of women) claimed to have made their food choices especially because of the symbol often or occasionally.

At the beginning of year 2000 the Finnish Heart Association and the Finnish Diabetes Association launched the Heart Symbol, which tells the consumer at a glance that the product marked with this symbol is a better choice in its product group regarding fat and sodium. Many consumers find it difficult in practice to put together a healthy diet. The Heart Symbol makes it easier. It is an easy-to-notice addition to the nutritional information on the food packages and helps the consumer to pick out a better choice regarding the quality and quantity of fat and sodium.

# Food for thought – sustenance for life

The INPES (Institut National de Prévention et d'Education pour la Santé – National Institute for Disease Prevention and Health Education) has been creating tools for nutritional education for several years, particularly within the scope of the National Health and Nutrition Programme (Programme National Nutrition Santé or PNNS).

### Good eating habits summarised in a brochure

In the framework of this programme, a brochure entitled "Alimentation Atout Prix" [Food for Thought – Sustenance for Life], which was first published in 1997, was updated in 2005. It is meant to be a nutritional training and guidance tool aimed at professionals and volunteers working with the needy. The brochure places proper eating habits in the context of promoting health and well-being for others. It touches upon a broad range of related problems such as a non-stressful life, hygiene, substance abuse, leisure activities, as well as self-confidence, mental attitude, positive criticism and social life.

This brochure was updated by a working group composed of health education professionals, representatives from the national health administration, and members of volunteer organisations working with poor people on a daily basis (food banks, the Red Cross, charity organisations such as Secours Populaire), specialists from INSERM (National Health and Medical Research Institute), CERIN (Nutritional Research and Information Centre), as well as an advisor on social and family counselling.

### Passing on the message

With the brochure "Alimentation Atout Prix" the organisations involved tried to achieve two goals: to train professionals

and volunteers of non-profit organisations working in the medical and social field on the one hand and to promote positive actions about healthy eating habits with the poor on the other hand.

"Alimentation Atout Prix" sets out five broad objectives:

- To provide those working in nutrition education with ideas about ethics based on their own cultural references and those of the needy, as well as suggestions about what to do when faced with public needs and demands for more appropriate and constructive actions;
- To discuss eating habits from three interrelated angles – buying food, preparing meals and eating – and to help develop the corresponding knowledge and know-how;
- To allow its users to explore their own ideas and attitudes, discover factors related to their social and economic environment in order to better understand what influences them in everything related to food;
- To encourage personal solutions, adapted to each individual;
- To give added value to the participants' eating habits and personal resources while at the same time encouraging or reinforcing the joy to be found in preparing meals and eating, etc.

The binder is organised in the following way:

- **Introduction: "The tool in all its forms"**  
Intended to be a user's guide, the first pages outline how the binder is designed and organised, describe the special characteristics of the final target "the needy and the poor", touch on specific issues (scope of nutritional education

which extends far beyond simply teaching about balanced meals: buying and preparing food, varied eating styles, social relationships and inner wealth connected with meal preparation, introduction to other health issues), explain how the tool is to be used (methods and educational reference points), and suggest complementary activities and tools, with real-life and virtual experiments.

- **Preamble: "Ethics surrounding nutritional education"**  
The issue of ethics is especially intended to help professionals working with the needy to create the most appropriate actions. It also offers the possibility of group discussions among team members where members express and analyse their own emotions. It may help these persons accept their responsibility by identifying the limits of what can be done.

- **Three chapters offering "instruction" sheets and slides.**

- "Buying wisely and well": Factors influencing purchases are discussed in this chapter, along with the variety and quantities of food purchased, the budget devoted to food and making a shopping list.
- "Preparing wisely and well": This chapter covers factors involved in meal preparation (desire, know-how, knowledge about nutrition, eating enjoyment), in equipping a kitchen (storage, maintaining the cold chain, cleaning, preparing and cooking), simple, tasty recipes and meals ready on time.
- "Eating wisely and well": The third chapter discusses why we eat, how eating habits are established from childhood, frequency of meals (meal times, number of meals, choice of food), and the role the senses play (sight, touch, smell, taste – sweetness, saltiness, acidity and bitterness).

Suggestions are given to help reach a balanced diet by adapting it to fit each person's environment.

### The context of eating habits

There are many meanings behind the act of eating and drinking. Eating is not just satisfying a physiological need. It represents the crossroads of emotional, cultural and social life. Each individual assigns a different importance and role to food and drink – nourishment and staying alive, a sign of affection, good hygiene and good health, hedonistic pleasure, social enjoyment and personal identity.

More information on this brochure can be obtained from the NPES (Institut National de Prévention et d'Education pour la Santé) on the following website: <http://www.inpes.sante.fr/>.



## News from Greece

by Stylianos Tzeis, MD, Research Fellow of the Hellenic Heart Foundation; George Andrikopoulos, MD, FESC, Scientific Advisor of the "Cholesterol Month" of the Hellenic Heart Foundation, President of the WG of Preventive Cardiology of the Hellenic Cardiological Society



# Greece's "Cholesterol Month" reveals gaps in awareness of the obesity epidemic

Despite the significant decline of cardiovascular mortality, largely attributed to recent advances in therapeutic management, optimism concerning primary prevention of cardiovascular diseases in the majority of European countries has been tempered by the unfavourable nutrition trends in modern societies, which have resulted in the clustering of diabetes and coronary risk factors such as dyslipidemia, hypertension, metabolic syndrome and obesity. Obesity has reached epidemic proportions. The implementation of an effective action plan focusing on cardiovascular disease prevention should include among its top priorities the improvement of public education regarding the relative contribution of modifiable metabolic risk factors (obesity, physical inactivity, and atherogenic diet) in the development of atherosclerotic cardiovascular diseases.

### Finding out where the gaps in knowledge are

With this context in mind, the Hellenic Heart Foundation organised the "Cholesterol Month", a coronary risk factor screening programme, which was conducted in high-trafficked parts of two urban areas (Athens and Thessaloniki) in Greece. During this programme, 16 106 volunteers were subjected to total cholesterol

measurement by research nurses and were also questioned by specifically trained physicians about their self-reported occurrence of cardiovascular disease risk factors. Furthermore, in order to evaluate the viewpoint of the general population which might enable us to properly redirect health care-offered information, participants were asked to rank the cardiovascular risk factors in order of perceived relative significance.

### Greeks need more information about risk factors, especially obesity

The results of the Cholesterol Month represent an urgent call for action. The prevalence of overweight and obesity in our sample population was 63.2%, while only 25% of participants considered that they had excess weight. This reveals a limited awareness of optimum weight in the general population.

It should also be emphasised that the majority of the individuals questioned considered that stress was the most important cardiovascular risk factor, underestimating the contribution of obesity, diabetes mellitus and smoking in the adverse cardiovascular risk profile (Figure). Although the pathogenesis of atherogenic cardiovascular diseases is a complex issue, hypertension, cigarette smoking, dyslipidemia

and diabetes mellitus are considered the most important risk factors at the population level, in the vast majority of the European populations.

The alarming prevalence of obesity and the impaired perception of the relative significance of traditional coronary risk factors represent the key messages of this screening programme, which emphasised the need for the development of a more effective, multilateral cardiovascular disease preventive strategy. The improvement of public awareness is expected to trigger active lifestyle modification and adoption of healthier nutritional attitudes, thus paving the way to tackling the obesity and diabetes epidemics in the long term and in turn contributing to the prevention of avoidable coronary artery disease.

### Help needed at European level

But how can these conclusions be transformed into effective actions? Unfortunately, the only way to achieve a measurable effect at European level would be to persuade decision makers that prevention of cardiovascular diseases is affordable and cost-effective. Eventually, politicians will have to decide on the fundamental principles of a large-scale prevention programme. In this context, informing the representatives in the European Parliament may be equally as important as informing the general population. It is to be hoped that their conclusions will be based on widely available solid data and not on subjective perceptions like the ones faced during the "Cholesterol Month."

## News from Ireland

by Maureen Mulvihill, Irish Heart Foundation



# Irish National Heart Alliance promotes physical activity

In Ireland, the National Heart Alliance (NHA) was established by the Irish Heart Foundation in 1998 under the European Heart Health Initiative as an independent non-governmental organisation. The NHA aims to increase cooperation among organisations involved in the fight against heart disease, and in particular to review policy at national level and make recommendations where appropriate. Forty organisations in the Alliance include representatives from a wide range of medical and health professional organisations including physicians, health promotion, public and occupational health, Health Services Executive, Healthy Cities, Health Promoting Hospitals Network and academia.

The Alliance has completed several projects with a particular focus on children, including the "Position Paper on Physical Activity for Children" (2001) and the "Statement on Childhood Nutrition" (2002) (available on [www.irisheart.ie](http://www.irisheart.ie)).

In 2003 two areas of work were agreed by the NHA members. The first was a position paper proposing policy options to the Irish Government on the "Marketing of Unhealthy Food to Children". This was based on the evidence documented in the EHN report (2005) on the impact of marketing on children's food consumption. A major strength of the document is that it is supported by a broad range of organisations. In addition we also secured support from other relevant bodies such as the Children's Rights Alliance and Barnardos (Children's Charity).

Physical activity for children was identified as the second priority area for the NHA. A working group on physical activity was established, with members from Dublin City University, the Irish Cancer Society, the Health Service Executive, the Irish Sports

Council and the Irish Heart Foundation. In consultation with NHA members, it was decided that the focus should be on how the built environment can influence rates of physical activity for young people and that a position paper should be drafted on the issue. For the paper, now being circulated in its initial draft, the working group looked at the current activity levels of Irish children and at the environmental barriers to physical activity.

### How active are Irish children?

Research for the draft paper found that in Ireland young people are not meeting the current recommendations of 60 minutes of moderate physical activity every day. The Health Behaviours of School-Aged Children (HBSC) survey found that participation in regular physical activity was decreasing as children got older – from 59% of 10-11 year olds active four or more times a week to 53% of 12-14 year olds to 35% of 15-17 year olds.<sup>1</sup> The Take Part studies examined physical activity levels of 2,500 students between the ages of 15 and 17 largely around Dublin.<sup>2,3</sup> Sixty percent of these students did not meet the current recommendations for physical activity and were classified as not regularly active. Females were significantly less likely to meet minimum physical activity requirements than males.

Low levels of physical activity among young people is of particular concern given the current health status of Irish children and young people – one in every five children aged 5 to 12 years and 22% of 15 to 17-year-olds are overweight or obese.<sup>4</sup>

### How the built environment could support young people's physical activity

For the draft position paper, Dublin City University on behalf of the NHA Working

Group examined Irish and international literature relating to young people and environmental barriers to physical activity. By changing the environment, young people can be encouraged to take part in more physical activity.

### Key findings:

- Key places important for youth physical activity are neighbourhoods, schools, and facilities for physical activity (e.g. playgrounds, parks and sports/recreation facilities).
- Neighbourhood streets provide an area for play and active travel. The community environment should be functional, safe, aesthetically pleasing and have mixed-use purposes.
- The design of the school environment may influence physical activity. Schools can facilitate active travel through educational campaigns and through policies that prioritise pedestrians and cyclists on school grounds.
- The school environment may also influence physical activity by providing supportive environments and places to be active including playgrounds/yards, sports fields/courts, sports halls/gymnasiums and swimming pools.
- Facilities for physical activity should be convenient, accessible and low cost. Rural Irish youth cite a lack of facilities for activities as the most common reason for not joining an activity that they would like to join.<sup>5</sup>
- The presence of facilities for physical activity alone is not enough to influence physical activity.<sup>6,7</sup>

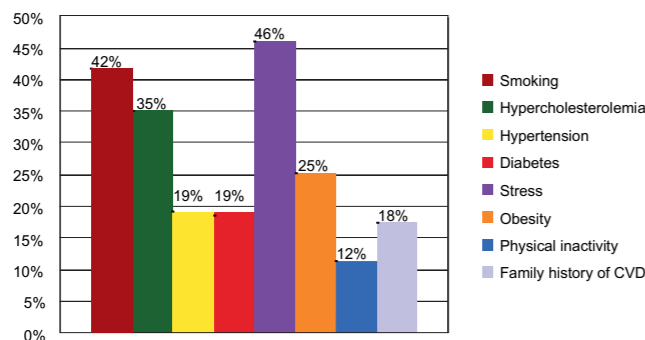


Figure. Perception of risk factors: Ranking of the major cardiovascular risk factors in order of perceived relative significance as depicted by the answers of 16,106 study participants. The study participants were asked to rank only the risk factors that they considered significant. In the short list of the most important risk factors that each study participant created, stress was included 11,164 times, while obesity and diabetes were included 5,771 and 3,408 times, respectively. In this figure, the values represent the proportion of participants who valued the respective risk factors as the most important ones. Note the markedly underestimated role of diabetes, obesity and physical inactivity in contrast to the overestimated role of stress.

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All members of the National Heart Alliance have been invited to consider the draft position paper in the context of their own work and to give feedback on the ways each organisation could use the final position paper.

### Forging new alliances

In addition for 2006, the NHA Working Group plans to consult with external agencies and stakeholders that play a role in determining the built environment, for example town planners, architects, traffic

planners and government departments, to consider how multi-sectoral action and policies could create a more supportive environment.



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<sup>1</sup> Kelleher, C., Nic Gabhainn, S., Friel, S., Corrigan, H., Nolan, G., Sixsmith, J., Walsh, O. & Cooke, M. (2003) National Health and Lifestyles Surveys. Centre for Health Promotion Studies, National University of Ireland, Galway.

<sup>2</sup> Woods, C.B., Nelson, N., O’Gorman, D., Kearney, J., & Moyna, N. (2005) The Take Part Study: Physical Activity Research for Teenagers. Centre for Sports Science and Health, Dublin City University.

<sup>3</sup> Woods, C.B., Foley, E., O’Gorman, D., Kearney, J., & Moyna, N. (2004) The Take Part Study: Physical Activity Research for Teenagers. Centre for Sports Science and Health, Dublin City University.

<sup>4</sup> Irish Universities Nutritional Alliance. (2005). National Children’s Food Survey. www.iuna.ie.

<sup>5</sup> de Roiste, A. & Dineen, J. (2005). Young People’s Views about Opportunities, Barriers and Supports to Recreation and Leisure: A Research Report by Cork Institute of Technology on behalf of the National Children’s Office. Dublin: Brunswick Press.

<sup>6</sup> Leslie, E., Owen, N., Salmon, J., Bauman, A., Sallis, J. F., & Kai Lo, S. (1999). "Insufficiently active Australian college students: perceived personal, social and environmental influences." Preventive Medicine 28, 20-27.

<sup>7</sup> Romero, A. J. (2005). "Low-income neighbourhood barriers and resources for adolescents’ physical activity." Journal of Adolescent Health 36, 253-259.

## Important steps in the right direction

Obesity is no longer a peculiar pathology – it has become a dramatic problem for our society, intimately related to social well-being and to lifestyles in the developed countries.

During the last few months of 2005, in order to promote a radical change in this field and to make people sensitive to the problem of obesity, the Italian media started a public service advertisement campaign to stimulate the Italians to increase their physical activity and turn to a healthy diet. The main message of the TV spot was that “physical activity is healthy”: it is necessary for good health.

### Platform on childhood obesity

As obesity and all dietary disorders are increasing more and more among children, school is an important setting for educating children concerning healthy diets and for giving them the ability to look at advertisements with a critical eye. ALT (Italian Association for the Fight Against Thrombosis (Associazione per la Lotta alla Trombosi-Onlus)), which coordinates the European project “Children, Obesity and Associated Avoidable Chronic Diseases” in Italy, initiated the Platform on Childhood Obesity, which includes medical associations, scientific societies, institutions, consumers, food industry representatives and advertising companies.

The Platform soon faced a difficulty: there are many different institutions (School, Health and Agriculture Ministries) dealing with nutritional education. That is the reason why there are a great many projects, promoted by different public and private agents, different in targets, methods, resources, etc. and not always coordinated to cover the field and avoid duplication of efforts.

### Italian Department for Education (MIUR)

Even though nutrition is not currently a school subject, the “Moratti Law” (Lex 53/2003, executive order 59/2004) includes it in other subjects such as “education for human society” and “Science”. In any case, this law does not prescribe strict programmes, but provides national targets the students are supposed to reach. Therefore during primary school, students should be able to describe their own diet and understand whether it is a healthy diet. After primary school, students should understand the meaning of “calorie”, and they should be able to analyse nutritional claims and be aware of the importance of a healthy diet.

In order to reach these targets, MIUR defined the following programme: it consisted of a training period for teachers, then a national contest for schools entitled “The language of food: history of nutrition in Italy from the origins to our times”. Finally, MIUR, in association with Federalimentare (Italian Federation of the Food-processing Industry), a member of the Platform on Childhood Obesity, published “Guidelines to a healthy lifestyle” which underlines the relationship between nutrition, physical activity and health, offering a model for health education to all people (teachers, students, families, etc.) interested in promoting a healthy lifestyle. The Moratti Law gives schools a certain amount of autonomy in organising all these activities, although funds are restricted. Furthermore the regional authorities, the districts, the municipalities and local health corporations go a long way towards projects of nutritional education at school. With a great many projects (some of them very effective), it is important to establish joint coordination, which would probably increase effectiveness.

### Projects at school

The best school nutritional education projects were based on the following themes:

- rediscovering local food and tradition;
- knowing the fundamentals of a healthy diet;
- making the companies managing school canteens sensitive to healthy diets;
- learning to read labels and understand marketing techniques.

Every year in Lombardia (a member of the Platform), the regional authority promotes school education projects concerning a healthy diet, dealing with physical activity and with a healthy lifestyle. The project “Food into play” formulated by the District Council of Milan is an example. The project involved 6,000 children who played with food. The Municipality of Milan advanced the project “+ Fruit + Vegetables” whose target is to make students aware that eating fruit and vegetables is healthy.

The District Council of Bologna, Emilia Romagna, adopted the same policy. The projects “Eating together” and “Snack with taste” convert breakfast, snack time and canteen meals into learning times for children.

The Regional Authority of Lazio financed the project “Being familiar with taste” which touches on different subjects from nutrition to agriculture, from lifestyle to local tradition. Another interesting project for a primary school in Rome was “A healthy lifestyle, why not?” This educational programme consisted of several lessons on nutrition held by doctors for selected students; once educated, the students held lessons for all their schoolmates.

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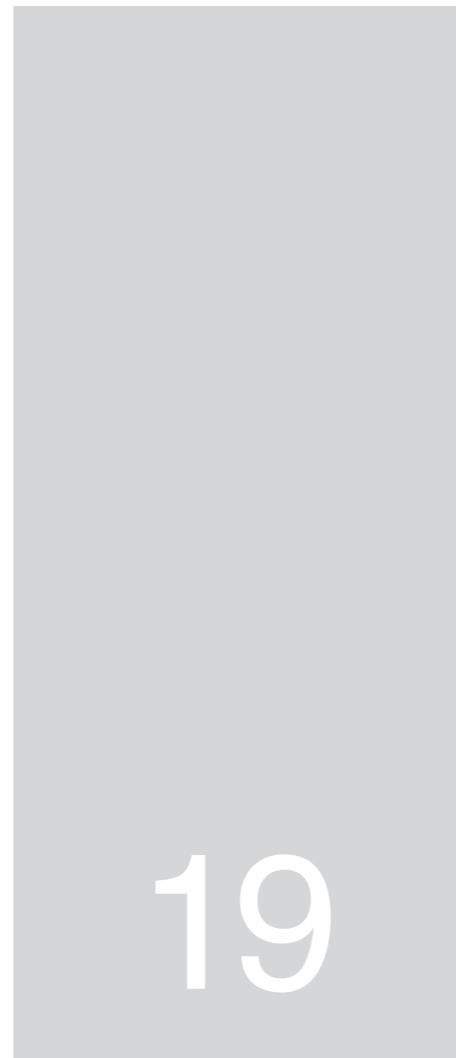


In Campania the Naples Local Health Corporation implements a project based on nutritional diseases (obesity but also diabetes, bulimia and anorexia) in order to promote healthy eating habits. In Naples as well some schools implemented the projects "Let's nourish health", "Mens sana in corpore sano" and "Four-leaf Project", inviting students to healthy nutrition. In Sicily the regional authority implemented a nutritional education project that involved more than 25.000 students last year. A project promoted by the CONI (Italian National Olympic Committee) of Caltanissetta is particularly interesting: "10,000 steps and more against obesity" inviting students to adopt a healthy diet and regular physical activity.

Some consumers organisations proposed educational programmes concerning the theme of healthy nutrition. Among these is COOP's (National Consortium of Consumers Cooperatives and a member of the Platform) "Educational programme for students" that has been attended by more than 1.7 million students in the last 20 years. In 2005 Altroconsumo (a member of the Platform), a major consumer association, carried out a food campaign characterised by several articles in its magazines and by a photography contest for pupils under 16. The contest's theme "A healthy dish" was interpreted by students in various ways, and they also attended some lessons on nutritional education.

### Conclusions

It is still not easy to introduce nutritional education at school because of the different institutions dealing with it. Another obstacle is the incompleteness of educational programmes and documents for teachers. More coordination between institutional agents and end users is desirable in order to develop rigorous and effective programmes concerning nutritional education.



## News from the Netherlands

By Karen van Reenen, Netherlands Heart Foundation

### Fat Seducers, an educational evening programme for parents



The Netherlands Heart Foundation (NHF) is an active partner in the Childhood Obesity project, which was initiated by EHN in 2004. In the first phase a survey was carried out on the nature and amount of food marketing to children. NHF also asked two graduate students at the Vrije Universiteit Amsterdam to carry out research on marketing and children. They conducted a survey on food marketing and regulation, and a survey on food marketing and parenting, and presented their results at an invitational conference on food marketing and children in March 2005.

#### Televised nutrition information

When Teleac/NOT, the educational public broadcaster in the Netherlands decided to dedicate a part of the television programming of their annual National Parents Evening to food marketing and children, they turned to NHF for help. Together with the Nutrition Centre (Voedingscentrum), the Consumer Organisation (Consumentenbond) and three parents organisations (VOO, NKO, Ouders en Coö), NHF wrote an educational programme aimed at parents with children in primary schools.

The television programme NHF and its partners devised, "Fat Seducers", consists of a talk show with parents, and several short film clips on subjects such as the ubiquitous food marketing aimed at children, food claims on packages, and the different appealing techniques marketers use to sell their products. The

television programme was broadcast in October 2005. Later on, schools could order a videotape or DVD from Teleac NOT so they could organise their own parents evenings.

#### Parents evenings in schools

Following the structure of the previous National Parents Evening programmes, NHF also drafted a brochure that contained everything schools needed to organise parents evenings themselves. Items such as an invitation letter for parents, a description of the evening for the school's newsletter, what schools have to do to prepare for the evening and a list of utilities are included in the brochure.

In addition to the theoretical information, very practical instructions are part of the programme. For example, photographs of children's products are shown and people are asked to fill in a form on what they would buy, what the food claim or advertisement on the package is and what their reason for buying it would be. People were also asked questions concerning the calorie content of products and how long children would have to exercise to burn these calories. All products in the project were looked at and supervised by the other partners. The brochure also advised working with a health educator from the NHF or an expert from one of the parent's organisations to organise such a parents evening.

#### More help for teaching nutrition in schools

While preparing the brochure it became clear that some schools might need further assistance with the difficult subject of nutrition, advertising and claims. Pilot research involving family visits showed that parents were keen on getting advice on the amount of food that children of

primary school age really need. Rather than leaving programmes up to the schools, the NHF decided to use the brochure "Fat Seducers" as a starting point for a Parents Evening Programme that would be organised by NHF's free-lance health educators.

The brochure "Fat Seducers" was sent to all the primary schools and day care centres in The Netherlands in September 2005. After a large audience watched the television programme in October, a number of newspapers and television magazines featured articles about the subject. More than 150 DVD/videotapes were ordered by schools and day care centres. The Internet site for the National Parents Evening was accessed by 1220 visitors. Of the large number of visitors to the website [www.hartvoorschool.nl](http://www.hartvoorschool.nl) it is not easy to distinguish between regular visitors and people specifically interested in "Fat Seducers".



In 2005 about 17 parents evenings on "Fat Seducers" were organised. The evaluation forms NHF received, showed that people think it is an important subject. For spring 2006, another 33 parents evenings are planned, and more will follow. NHF developed a flyer offering information on both the parents evenings and the television broadcast, and mailed the flyer, as well as a newsletter, to the schools in the NHF network.

#### Education while waiting for a ban on advertising to children

Experts at the Netherlands Heart Foundation believe that the influence of food marketing to children is huge and that it is necessary to have a ban on advertising of unhealthy food to children. Meanwhile NHF also considers it very important to educate and influence parents because they need to know how best to look after their children's health.

## News from Norway

by Carina Alm, Norwegian Health Association

# Partnerships in promoting better nutrition

Since 2004 the Norwegian Health Association has been a member of the Kostforum (Nutrition Forum). This is an alliance working to encourage people to eat a healthier diet and live a healthier life. Kostforum is addressed to industry, decision-makers and the general public. The network consists of five member organisations (all NGOs):

- the Norwegian Health Association;
- the Norwegian Association of Heart and Lung Patients;
- the Norwegian Diabetes Association;
- the Norwegian Cancer Society;
- the Norwegian Asthma and Allergy Association.

### Labels for healthy products

One of the Norwegian Health Association's main tasks the last two years has been working toward the signposting of healthy products. Until now there has been no system for labelling "healthy products" in Norway that is equivalent to the Swedish "Keyhole System". The Norwegian Health Association has worked through Kostforum to try to put this wish for a healthy eating symbol on the agenda of decision makers.

Satisfactory food labelling is an important consumer demand and has been a topic for Nordic cooperation since the 1980s. Norwegian authorities have not made efforts so far to introduce or implement any signposting system but are waiting for a Nordic (or European) strategy for a common label. A survey in Norway last autumn showed that 77% of Norwegian consumers are positive regarding labelling of healthy products, 19% didn't have any opinion and only 4% were against it.

### Stimulating action by involving more partners

The Kostforum thought this work was evolving too slowly and put the issue on the agenda by arranging a seminar last October for the authorities, NGOs, the Norwegian Food Safety Authority and other interested parties. There were invited speakers from the Australian Heart

Foundation (The Tick), from Sweden (The Keyhole), from the Finnish Heart Association and from Denmark to present their experiences in labelling healthy products. This was a successful seminar with many high level participants.

After the seminar Kostforum was invited to the National Council of Nutrition to present their views of the topic. The Council concluded that it regarded some kind of signposting positively and wished to examine it further. In particular it was interested in the effect signposting could have in inspiring food producers to develop new and healthier products.

On 9 February 2006 a working group from the Norwegian Ministry of Health and Care Services arranged a new seminar on the same topic. This seminar was part of the work in the Nordic Council of Ministers. Norway is supposed to present its view in the summer of 2006 and the working group has a deadline of 1 April 2006 to formulate the official position. The Nordic Council of Ministers wishes to evaluate the possibilities of a common Nordic health labelling (signposting) system in the Nordic action plan for better health and quality of life through diet and physical activity. This plan is expected to be adopted by the Nordic ministers in the summer of 2006. The Norwegian Food Safety Authority says that it is prepared to start with signposting as soon as the authorities have made up their minds.

### A push from the food industry

ICA Norway and COOP Norway (two of the biggest retailer companies) do not want to wait any longer for the authorities to make up their minds. They have just started to mark the shelves with healthy products in their food stores in green (the keyhole colour). This is exactly how they started in Sweden in the 1980s before the keyhole system was introduced. This initiative is accompanied by a major media campaign to teach the consumers why and how to use the keyhole system. ICA and COOP have further plans to use

the keyhole on their products, but intend to start "carefully" and hope not to provoke the authorities too much. They also welcome other companies who want to adopt the keyhole system.

Kostforum has considered different traffic light systems, for example by labelling with green, yellow or red symbols. Such a graded labelling system may be highly desirable from the point of view of many consumers. However, it is less likely that producers and retailers are willing to cooperate by labelling their products with negative symbols in red or even in yellow. Labelling according to this principle would, probably, have to be enforced by law. The experiences from Australia, Finland and Sweden show that a positive labelling system such as the Tick or the Keyhole can be introduced in successful cooperation with the food industry. This is considered a more realistic approach at the present stage. In the future negative labelling may be considered.

### Government involvement still needed

In the small Nordic countries we believe that a government-backed scheme would be the best alternative. This could be put into practice in close cooperation with non-governmental organisations concerned with health. We do not trust purely commercial organisations to be best suited to organise such labelling schemes.

Kostforum endorses the introduction of food labelling in Norway according to a model similar to the Swedish Keyhole System. We believe it is realistic to do this in close cooperation with the other Nordic countries to obtain a common labelling system. We hope that a common European system can be organised in the future.



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## News from Slovenia

by Asst. M.Sc Danica Rotar Pavlič, MD, President of the Slovenian Heart Foundation, and Prof. Matjaž Ovsenek, President of the Slovenian Heart Foundation's Branch office for Škofja Loka, Poljanska and Selška Valley

# Nordic walking – a novelty in recreational activities offered by the Slovenian Heart Foundation



In the years 2005 and 2006, the Slovenian Heart Foundation offered its members new recreational options. The Foundation is especially proud of the novelty, as the idea arose within the local community when a new branch of the foundation was established in Škofja Loka. The enthusiasts and initiators of new activities have transferred what they practised for decades from their local environment – i.e. walking with poles across hilly, mountainous and also flat terrains.

### A new twist on an old sport

Although ski walking with poles has been known in Slovenia ever since the first cross-country ski races were organised in the beginning of the last century, it has been practised on a massive scale only over the last year. Until now this type of walking with poles was mainly used by competitors engaged in cross-country skiing when they were training without snow. The poles are usually slightly shorter than ski poles used in races and they make it possible to imitate rather closely the running otherwise performed in classic ski technique. In Finland, the homeland of cross-country skiing, at the turn of the millennium there was a trend toward mass use of ski walking with poles in all seasons (called Nordic walking), which was stimulated even more by their strong industry of producing cross-country poles.

Nordic walking is currently the greatest recreational sports trend in Europe. INWA (International Nordic Walking Association)

is the leading world organisation in this field, and Slovenia's ZNHS (Slovenian Nordic Walking Association) is a member organisation.

### A little instruction is necessary

The participants in the course in Nordic walking are first familiarised with the basic features of walking poles. Special poles are used for Nordic walking. Similar to the poles used for cross-country skiing, but shorter, they are made of composite materials and are light, firm and durable. Their handle is ergonomically shaped, and the grip makes it possible to engage the upper part of the body in the exercise.



The teaching of the Nordic walking technique is an important part of the course. Although the movement is similar to ordinary walking, with this exercise 90% of all muscles are engaged. Nordic walking is different from ordinary walking with poles, therefore it is important to master the basic technique, which involves using the poles and dynamically performing a prolonged alternate step sequence. As the steps are significantly longer than with ordinary walking, the hands are involved in a considerably longer movement amplitude than in traditional trekking with poles. The strength of the hands and shoulder girdle is improved, and practitioners of the sport substantially solidify their bottom and back muscles – and the most important factor, of course, is that the cardiovascular system is strengthened.

The intensity of physical exercise can be rather closely adjusted to each person's



physical condition, therefore Nordic walking is intended for all people, regardless of their age and fitness level. It can be practised by beginners engaged in a sport activity for the first time who would like to gradually activate their body. They are the ones for whom walking with poles is most recommended. However, Nordic walking is also intended for all people who regularly engage in different sports activities. Even top sportsmen can benefit from intensive walking with poles.

It is known from experience of these courses and lectures that Nordic walking is a very effective, universal, safe and accessible health preventive sports activity, suitable for people of all ages. It should not be forgotten, either, that this is an outdoor exercise in fresh air and nature, which reduces fatigue, stress and irritability and increases the feeling of well-being.

## News from Sweden

by Ulrica Kleffner, Swedish Heart-Lung Foundation

# Women's hearts in focus in Sweden

Women and heart disease is a very topical subject in Sweden right now. The "Women at heart – Go Red!" campaign is intended to increase knowledge of heart disease in women and raise funds for research into the female heart. The campaign is a collaboration between the Swedish Heart-Lung Foundation, the Swedish Society of Cardiologists and the 1.6 Million Club, which represents women over 45 in Sweden.

Karin Schenck-Gustafsson is a consultant cardiologist at Karolinska University Hospital and director of the Centre for Gender-Related Medicine at the Karolinska Institute in Stockholm. She has been interested in women and heart disease since the late 1980s and it is largely thanks to her that the campaign has now become a reality in Sweden, based on the American model. Sweden is one of the first countries in Europe to run the campaign, and the idea is for it to coincide with International Women's Day on 8 March each year.

### Heart disease, not cancer, is main killer of women

"A survey carried out in autumn 2005 revealed that 70% of Swedes believe cancer to be the most common cause of death in women," explains Karin Schenck-Gustafsson. "Most women think they will die of breast cancer, despite the fact that they are ten times more likely to die of a heart attack. It is extremely important to raise awareness that many women have heart attacks, and that the symptoms are often different for women than for men. If women don't think they are vulnerable to heart attacks and also cannot recognise the symptoms, then it is hardly surprising if they don't seek medical attention. At present women with heart attacks come into hospital later than men, leading to a higher death rate. This is why this knowledge is vital!"

### Publicising the risk factors

A number of events were held around Sweden on International Women's Day, enabling women (and interested men) to find out more about women and heart disease and, above all, to listen to talks on how factors such as lifestyle, obesity, exercise, smoking and stress affect the heart.

"Women essentially have the same risk and health factors as men," says Karin Schenck-Gustafsson. "Blood lipid disorders, high blood pressure, smoking, stress, diabetes, obesity and physical inactivity increase the risk of heart attacks, while eating plenty of fruit and vegetables and drinking only small quantities of alcohol reduce it. There are also risk factors specific to women, for example high blood pressure or diabetes during pregnancy, complications of childbirth and early menopause."

### Recognising the signs of heart attack in women

Karin Schenck-Gustafsson believes that women over 60 who have any of the risk factors should pay extra attention to shortage of breath, dizziness and extreme fatigue, all of which can be a sign of a heart attack. "Women don't always get the classic symptoms of chest pain, as is often the case for men. However, it is important to remember that some women, particularly older ones, may get the typical chest pain."

It is not only the symptoms which may be different in women; in-patient investigations and treatment also differ for men and women. Among other things, it has been observed that Swedish men undergo coronary x-rays and balloon dilatations more frequently than Swedish women. "Whether this is right or wrong, we don't

know," says Karin Schenck-Gustafsson. But what is wrong, in her opinion, is the fact that female patients are not given medication to lower blood lipids, thin the blood, counteract heart failure and prevent high blood pressure to the same extent as men.

### Being aware of the differences

"At present, diagnosis and treatment of heart disease is largely based on the male perspective, despite the differences between the male and female heart. Women have smaller hearts and narrower coronary vessels. They have a generally higher pulse throughout their lives and their ECG output differs from men's. Women are also more likely than men to experience side effects from medicines, as well as other types of side effect," says Karin Schenck-Gustafsson. During the "Women at heart – Go Red!" campaign, the Swedish Heart-Lung Foundation is collecting funds which are being earmarked for cardiac research relating to women. Karin Schenck-Gustafsson would like to see more in-depth research into the differences between men and women in terms of heart attacks. Perhaps there is a need for the gradual introduction of new clinical guidelines to reflect these differences? She would also like to see research into areas such as arrhythmia and heart failure.

The "Women at heart – Go Red!" campaign has led to many newspapers in Sweden highlighting women and heart disease, and large numbers of articles being written on risk factors as well as lifestyle and symptoms.

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## News from the UK

by Ian Fannon, British Heart Foundation

# Childhood obesity in the UK

Childhood obesity is high on the agenda in the UK. The Government's White Paper on public health, published in November 2004, has set numerous targets for reducing the causes of childhood obesity in England – from regulating food advertising to children to making food labelling clearer for consumers. In Scotland, Wales and Northern Ireland too, major steps are being taken, including the Scottish Executive's "Hungry for Success" initiative.

But this is not an issue confined to the halls of Westminster. It has been thrust into the public spotlight over recent years, and particularly so since celebrity chef Jamie Oliver's influential campaign, "Feed Me Better", highlighted the issue of unhealthy school meals on national television last year. This led to commitments from the English Government to improve nutritional standards for school meals. Food manufacturers and retailers are also under increasing pressure to reduce salt, saturated fat and sugar contents of their foods.

However, Jamie Oliver's campaign, although very successful, focused on school meals – whilst most children make significant food choices outside school, spending an average £2 a day on snacks high in fat, salt and sugar.



Research after the British Heart Foundation's (BHF) 2004 campaign about children and physical activity, "Well Fit!", showed most children (62%) thought their mothers were chiefly responsible for their health. The BHF's "Food4Thought" campaign, launched in November 2005, was intended to shift this perception so that children felt more responsible for their own diet, and their own health.

The objective was to encourage 11 to 12-year-olds to think about how food affects their health and, by doing so, to decrease their risk of heart disease, diabetes and other serious conditions. The campaign

also focused on communicating to central and local governments, the food industry, schools and parents the need for all to play a part in helping children make healthier choices.

### Implementation

Five arms of the BHF mobilised to form a project team, overseen by a project manager, and worked together to produce a cleverly woven campaign, with a total budget of around £1.6 million.

**Marketing:** An arresting advertising campaign was devised showing the gory ingredients of burgers, hot dogs and chicken nuggets, obscured with a 'censored' stamp. A £1.3 million media plan encompassed posters, online, radio and school exercise books, a radio promotion, and roadshows in 12 UK city centres, with handouts given to children and parents passing by. All of the marketing aimed to drive children to the campaign microsite.

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**Online:** A campaign microsite, [bhf.org.uk/food](http://bhf.org.uk/food), was designed to engage and inform children about food. It hosted a virtual reality game, Beat City, and offered the opportunity to “peel off the advertising censored stamp to reveal the full ingredients”, triggering their interest in learning more about food choices. Teachers were able to order the resource pack and download materials from [bhf.org.uk/foodinschools](http://bhf.org.uk/foodinschools).



**Education:** A teachers' resource pack was designed in the shape of a pizza box, containing lesson plans and food-shaped teaching aids, and sent on request to 5,000

schools. In addition 605,000 celebrity-backed student action packs were mailed out.

**Public Affairs:** Clear policy calls were developed for all audiences and a targeted lobbying campaign was devised. Letters were sent to Members of Parliament (MPs), local authorities and food industry leaders. Postcards for children to send to MPs were included in the teachers' pack and as e-postcards on the microsite.

**PR:** An omnibus survey of children aged 8-14 provided the news angle for the November 7 launch: one in three children don't know chips are made from potatoes. A 'policy pizza', detailing policy calls to each of the audiences, was delivered to Number 10 Downing Street by TV presenter Gabby Logan and two school children. Photocalls were organised for regional media to cover the roadshows and MP visits to schools.

### Evaluation and results

The campaign's public-facing element ran for over a month, but the work in schools and in lobbying Government and industry continues today, whilst the website still attracts thousands of visitors every month. The results below show the measurable effects of the campaign up until the end of February.

**Marketing:** Post-campaign research has revealed a big shift in children's views, with 66% now thinking they are chiefly responsible for their own health. About 76% of children thought the campaign told them something important, making 64% want to do more to keep healthy.

**Online:** The microsite received 39,000 visits on its first day – a record for the BHF. It went on to attract 280,000 visits in November and 150,000 more since. Children spend an average 8 minutes on the site, and

have viewed over 1 million pages. Beat City has been downloaded 23,500 times.

**Education:** All 5000 pizza boxes have now been sent to schools, youth groups, nutritionists and dieticians and all 605,000 action packs to pupils. Feedback from teachers has been excellent, with many schools very grateful for an innovative way of introducing nutrition into the classroom.

**Public Affairs:** A Food4Thought Early Day Motion was signed by 123 MPs – the highest BHF has achieved. A survey by a leading public affairs agency in January showed 85% recognition of Food4Thought among MPs. There have been supportive letters from 11 MPs or Welsh Assembly Ministers (AMs) and 17 local authorities. 65 e-postcards were sent to MPs by children.

Food4Thought was welcomed by Education Minister Jane Davidson in the Welsh Assembly. The policy pizza delivery prompted letters from Ministers in the Department of Health and Department for Education and Skills. Several meetings have been set up with food industry leaders and the Department of Health has invited BHF to help frame a forthcoming obesity campaign.

**PR:** The chips story was covered by almost all mainstream national media and most of the mainstream TV networks covered the policy pizza delivery. Cuttings are still coming in, but by mid-January, the total was 514 items of coverage in national, regional, consumer and trade media. Highlights include 16 columns or leader articles, almost all of which were extremely supportive of the campaign's aims.

A Google search in mid-November showed at least 700 UK and 9,200 global websites had mentioned the campaign, including Newsround and Radio 1 websites, which ran reader polls, and numerous 'blogging' websites – really helping to create a debate around the campaign.

A media analysis shows the PR campaign reached 56% of adults, an average 3.8

times – meaning the campaign should be well remembered by most of those exposed to it.

### Wider impact:

- BBC children's programme, Blue Peter, has contacted the BHF, leading to a joint-working opportunity.
- Cartoons in the Times and Scotsman used the ads to satirise controversial political moves.
- Fast food giant McDonald's responded to the campaign, taking out national press advertising on November 10, claiming their food to be much healthier than the adverts portrayed. This was exactly the sort of debate the BHF had hoped to create.
- The National Union of Teachers invited the BHF to talk about the campaign to their members.
- The chips survey was discussed on Channel 4's The F Word – a popular cooking programme by celebrity chef Gordon Ramsay.

### Creativity

This campaign was skilfully woven together, with all elements feeding off each other. The ads were attention-

grabbing, enticing children with the censored stamp to find out more online. The teachers' pack was particularly imaginative and helped shape the PR tactic of the journalist teasers and policy pizza delivery. This idea in turn communicated the BHF policy message that there is no single 'solution' to combat childhood obesity – that it is everyone's responsibility. This original tactic backed up the provocative ads with solutions.

Finally, the tactic which launched the campaign onto an international stage was highly inventive. The idea that children

might not know what chips were made of seemed so improbable the BHF nearly omitted the question from the survey. Journalists lapped it up and it led to wide-scale debate about children's knowledge of food – meeting the BHF's main campaign objective.



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**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.**

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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.