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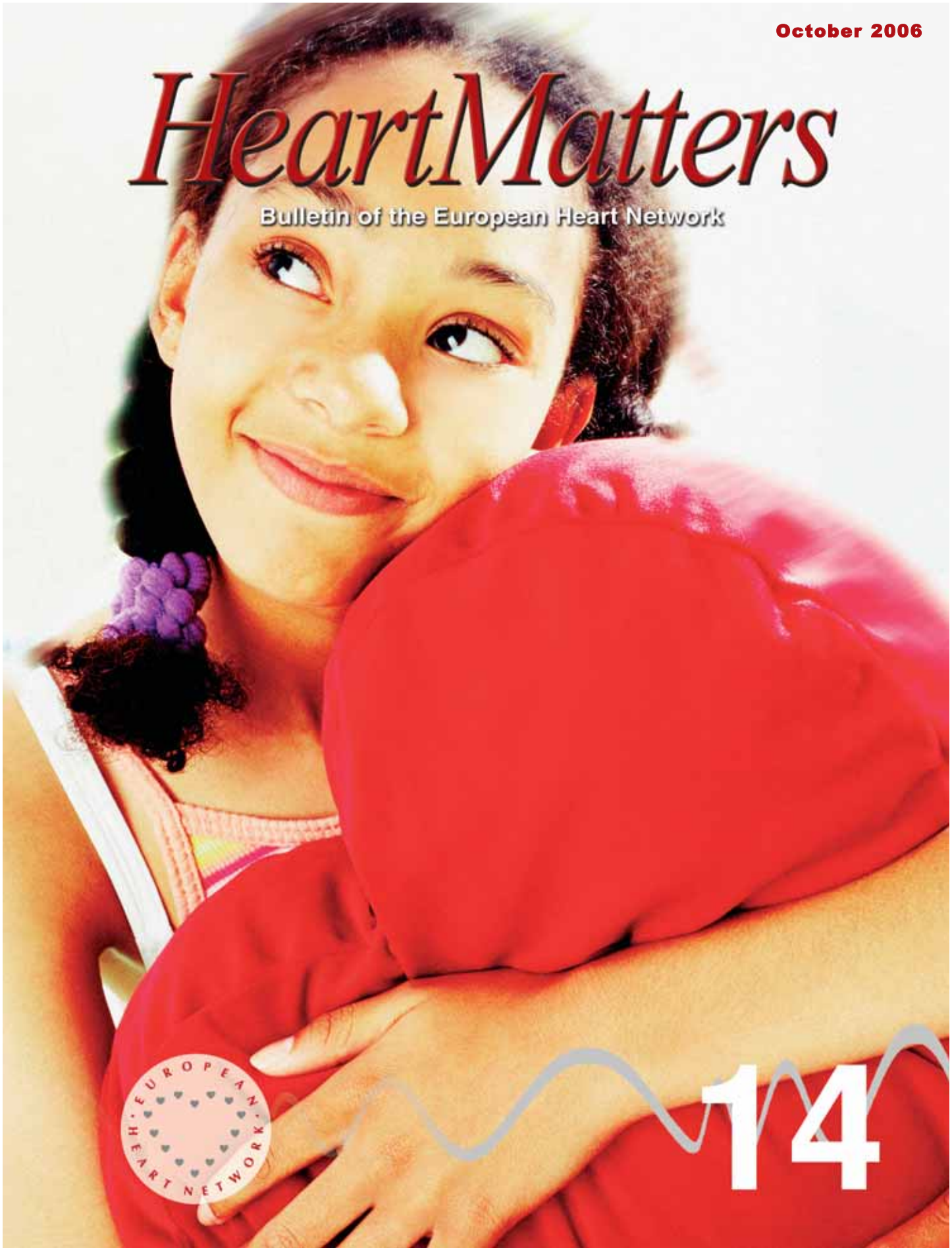
HeartMatters

Bulletin of the European Heart Network



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1 editorial

Taking up the challenge of a thinner, healthier Europe

by Peter Hollins,
President, European Heart Network

In March 2004, the European Heart Network and 20 national heart foundations and associations started working on a project on "Children, obesity and associated avoidable chronic diseases", part-funded by the European Commission. In the first phase, which ran from March 2004 till February 2005, we collected information on the impact of marketing for unhealthy foods on children's consumption patterns.[1]

The second phase of the project (March 2005 - November 2005) was dedicated to the dissemination of information collected during the research phase of the project. An evaluation of these two phases of the project showed that in all EU countries the understanding and the debate around marketing of unhealthy food to children and the current obesity trends have clearly increased. The problem of childhood obesity is complex, and there is no magic solution to it. Combined efforts of all stakeholders involved in the debate will be needed to reverse the trend.

In the last phase of this project, from December 2005 to October 2006, EHN and its members are looking at policies that impact on childhood obesity and prioritising those measures so that it becomes clear where the stress should be in each country. The feature article prepared by Tim Lobstein positions these priorities in a European context. He compares the results of the EHN project, which focuses on childhood obesity, to those of the PorGrow project, which deals with policies to prevent obesity in general. A similar stakeholder consultation exercise organised by the European Regional Office of the World Health Organization took place in February 2006.

In order to prevent childhood obesity, certain measures must be taken at national level. Countries involved in the EHN project have carried out consultation exercises with national stakeholders involved in the debate on childhood obesity. The purpose of these meetings was to see what NGOs and like-minded organisations could agree on as priority options in their countries in the field of childhood obesity. The outcome of these consultations can be found in this issue of Heart Matters.

Several international organisations now have the problem of obesity and how to reduce it high up on the political agenda: WHO will discuss this at their ministerial meeting in Istanbul in November 2006. It is interesting to see that it will not only be the health ministers, but also among others ministers from agriculture and economic affairs who are invited to attend this meeting to be directly involved in the debate. This clearly shows that there is general acceptance that obesity is not just a problem of individual responsibility, but that the environment we live in also has to create the conditions to enable our citizens to become and remain healthy.

"There is general acceptance that obesity is not just a problem of individual responsibility, but that the environment we live in also has to create the conditions to enable our citizens to become and remain healthy."

Making economic affairs and agriculture ministers, amongst others, think about these aspects is already one step in the right direction. Efforts are also necessary at the level of transport ministers and urban planning whereby policies which encourage people to engage in more physical activity in their daily lives will contribute to healthier lifestyles.

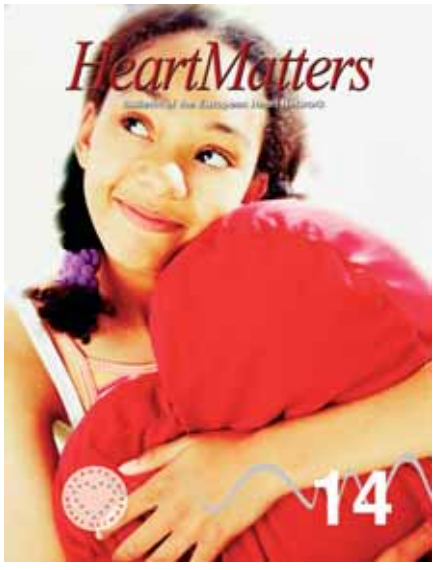
Cooperation between different organisations is also one of the key

[1] The marketing of unhealthy food to children in Europe, EHN, Brussels, 2005.

elements in the concept of social marketing, which is defined as "the systematic application of marketing concepts and techniques, to achieve specific behavioural goals, for a social or public good". The second feature article in this issue of Heart Matters shows how the concept of social marketing can be used in the field of health promotion and lead to health-related behaviour changes. There is a role to be played by EU policy makers here as well in that the interventions can have an impact if they are coordinated, developed, implemented and evaluated at transnational rather than national or local level.

"Social marketing interventions can have an impact if they are coordinated, developed, implemented and evaluated at transnational rather than national or local level."

We hope EU policy leaders will take up this challenge and help Europe's citizens to live a healthier life.



contents

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.

Child obesity prevention - finding the right strategy

by Tim Lobstein
IOTF Childhood Programme Coordinator, London, and Research Fellow, University of Sussex, Brighton, UK

"Preventing obesity is essential to protect children from chronic disease. Despite a lack of clear evidence about what works, the first steps towards a rational strategy for obesity prevention can now be taken."

The facts

Nearly a quarter of European Union schoolchildren are now overweight and at risk of becoming obese. Five million EU children are already obese, and the number is rising by about a third of a million each year.

Obese children are likely to suffer a number of chronic disease risk factors - over a million children in the EU will be suffering obesity-related hypertension and be showing raised levels of blood lipids, a similar number will be in the early stages of liver disease, and nearly two million will be hyperinsulinaemic - yet virtually all of these children will be unaware of their early stages of disease, and even if they were the paediatric services have little to offer them.

Once a child is substantially overweight, successful weight loss is difficult to achieve, for children as it is for adults, and interventions require intensive health care resources. Prevention of obesity is to be preferred, for the child's sake as much as for the social and economic costs that otherwise ensue.

The evidence

The most rational approach to health care interventions is based on scientific evaluation of controlled trials. This approach is highly suitable to the testing of pharmaceuticals and evaluating surgical procedures, where a carefully controlled environment can distinguish experimental effects from the other confounding factors. In public health, however, this approach is limited.

The most common settings for controlled obesity prevention trials are schools, where specific inputs (e.g. educational sessions, food services, physical activity sessions) can be measured and the experimental designs can ensure a degree of scientific validity to the results. Other settings that are suitable for controlled interventions include pre-school community settings, health care facilities and workplace settings.

The use of these settings which are most amenable to controlled trials has limited the information available to policy-makers, and has led to concerns that 'evidence-based policy' is too narrow in its focus. There are serious problems using their outcomes to determine policy: school, community and workplace interventions have been criticised for their lack of sustainability (few trails report on long-term effects), lack of transferability and high levels of resource requirements. Furthermore, the majority of such interventions have had little or no effect in preventing overweight and only modest effects in altering obesity determinants such as diet and physical activity patterns.

An overview of the evidence suggests that multiple actions - such as those which form a "whole school" approach to health (including meals, classroom activities, vending machines, sports and play activities) - are more likely to have a sustainable beneficial impact than single actions alone. This principle forms part of a more profound one: the more that an environment is consistently able to promote healthy behaviour the greater the likelihood that such behaviour will occur.

Successful interventions in dietary change have been shown among younger children using programmes that adopt the multimedia strategies used in marketing, such as videos, toys and cartoon characters, and with clearly defined positive and negative role models.

At a national level, interventions such as that undertaken in Finland to reduce cardiovascular disease have shown the value of combining health education approaches (including multimedia campaigns) with structural changes such as pricing policies, agricultural support measures, food labelling and mass catering interventions. A similar policy mix will be needed for countering obesity.

From these suggestions it can be appreciated that the targets for obesity interventions can be broadened to include the so-called "food consuming industries" (the food manufacturers, caterers and retailers who control much of what farmers produce as well as determining the quality of most of the food consumed), local government, schools and the work place as well as the media, non-governmental organisations, political lobbies and legislators.

The expertise

Besides reviewing the available evidence, policies are informed by expert group opinions. Indeed, in the absence of extensive, reliable evidence of successful interventions in preventing obesity, expert opinion provides the most comprehensive guidance available. Expert opinion is also able to consider target groups, settings and approaches which are not amenable to controlled trials but which, on the basis of other forms of evidence, are likely to be important in controlling the obesity epidemic at a population level.

Most expert reviews have reflected on the sort of evidence described above and have concluded that broader policy options will be needed to tackle obesity. Three World Health Organization expert consultations have considered obesity and one, held in June 2005, specifically focused on child obesity. This consultation included a range of suggestions for school and pre-school interventions, but also recommended:

- Initiatives taken to promote child health / prevent obesity at local level (e.g. home and school) will be more successful if they are accompanied by initiatives taken to reduce obesogens in the environment (e.g. controls on food marketing, improved street safety).
- Child obesity is a global problem which varies according to local contexts. Solutions will require both global and local policies which reflect the context. In this sense, national governments are enablers of local policy and are players in determining global policy. National governments should be encouraged to develop obesity action plans, with a body commissioned to monitor progress.
- Policies to prevent obesity and promote health will require the participation of many sectors (e.g. education, transport, food supply, social welfare) and stakeholders (e.g. food manufacturers, fast food operators, school authorities, parents and children's representatives), and a process which includes these elements in the development of policy has a greater chance of success.

The review also noted that child obesity is best prevented by focussing on the promotion of child health. Positive health messages (encouragement towards healthy diets and plentiful physical activity) are preferred to messages which criticise or stigmatise those who engage in obesogenic behaviour, and also avoids the risk of under-nutrition.

The World Health Organization has also recommend that civil society - such as non-governmental organisations - should be encouraged to put health on the political agenda, organise campaigns to stimulate action, urge governments to promote public health policies and monitor progress to see that policies are implemented.

This aspect of the development of a rational programme for preventing child obesity is often forgotten or left until the last minute, but is in fact an essential part of the whole process. The engagement of stakeholders in the development of policies greatly increases the likelihood that the policies will be successful: the stakeholders will be more likely to feel they 'own' the programme having participated in making the decisions, and the stakeholders can also predict the problem areas avoiding failure before it has a chance to begin.

The three ingredients required to make the recipe are thus:

- evidence where it is available
- expert opinion to consider possibilities where evidence is not available
- stakeholder participation to ensure that the actions are feasible and acceptable to all the participants.

A tool for raising awareness

The last two decades has seen the development of several useful tools to encourage local and national health promotion campaigns in general, and in developing obesity prevention campaigns in particular. Examples of general tools for participatory health policy-making include Health Impact Assessment, Community Mapping and various other action-research approaches. Tools for exploring and reaching agreement among stakeholders include Multi-criteria Mapping, Public Juries, Focus Groups and Delphi iterative consensus building.

Tools more specifically related to the development of obesity prevention policies include the ANGELO model (Analysis Grid for Environments Linked to Obesity) which provides a matrix for considering various dimensions in the environment which may be acting to promote obesity. This can be used to raise awareness about the upstream and downstream influences on diet and physical activity in a structured manner.

The initial distinction is between environments that impinge directly on the individual - the immediate setting or 'micro-environment' - and environments that are more widely experienced throughout a population - the policy-set macro-environments.

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Matrix of obesogenic factors in the environment

Micro-environmental	Macro-environmental
Behavioural settings, e.g. homes, schools, communities	Societal sectors, e.g. food and agriculture, education, media, government, public health, health care
Physical Economic Policy/Political Socio-cultural	Physical Economic Policy/Political Socio-cultural

Adapted from Egger and Swinburn (1997)[1].

An example of a micro-environmental matrix (for diet-related obesogens) and a macro-environment matrix (for physical activity-related obesogens) are shown below:

Examples of micro-environmental influences on food and diet

Physical	Economic	Policy/ Political	Socio-cultural
• Location and type of food stores • Vending machines placement and products	• Pricing policies • Freely available school water fountains	• Family rules related to meals • School teaching curriculum for nutrition or cookery	• Traditional foods on school menus • Use of celebrities for product promotion

Examples of macro-environmental influences on physical activity

Physical	Economic	Policy/ Political	Socio-cultural
• Automobile industry sales and marketing • Easy access to coast, national parks, lakes etc	• Subsidies for public transport provision • Fuel taxes, road use taxes	• National curriculum for physical education • Building controls on stairs and elevators	• Traditional leisure-time activities • Sports promotion in the media

The ANGELO model provides an easily-understood framework to highlight potential upstream causes of obesity. It leads on to questions about how these upstream causes themselves are created, and how they might best be controlled - for example, how the built environment or the food environment is produced. In the case of food, it is possible to consider the food chain from the farm, through processing and distribution to marketing, retailing and catering and final consumption. This in turn throws up a range of potential areas for discussion: agricultural policy, for example, which may encourage the production of certain types of food commodity (dairy, beef, vegetable oil, sugar) and the discouragement of others (the removal of small farms, the loss of orchards, the destruction of fish, fruit and vegetables) or the effect of a transition from subsistence agriculture to cash cropping. Although apparently unrelated to obesity, such policies affect the relative availability of different foods and their relative prices, both of which are major determinants of dietary patterns.

A similar approach can be taken to the built environment experienced by a community and the driving forces that shaped its production and use, and the resulting influences on the physical activity levels enjoyed by the members of that community.

[1] Egger G, Swinburn B. An 'ecological' approach to the obesity pandemic. BMJ 1997; 315: 477-480

Interventions are investments

Preventive health interventions, particularly relating to food and physical activity, can be described not as costs to the nation but as investments to promote health. There is good evidence that health is indeed an economic benefit to society, affecting the working capacity and GDP of a nation. There is also growing evidence that a quality diet provided to the mother and infant affects the long term intellectual capacity of the child. This economic approach to investments is a crucial feature which has been neglected by the medical profession and public health community for too long.

When considering obesity-prevention options it is useful to simulate a financial investment portfolio. An investment portfolio in financial terms typically includes a mixture of 'safe' low-return, reliable savings schemes and 'risky' potentially high-return gambles. Similarly, we can describe options for health improvement and obesity prevention in terms of a mixture of reliable actions that have low returns in terms of preventing obesity, and more risky, but potentially more effective options.

This approach can be summarised in a 'promise' table in which the risk element is displayed in two dimensions, one summarising the likelihood or certainty of effectiveness and one summarising the likely population impact. The risk can be measured in terms of the likelihood of success, with several components, including the expected effectiveness, the expected reach across the population and sustainability across time.

A 'promise' table for determining investment risk and gain

Certainty of effectiveness	Potential population impact		
	Low	**Medium**	**High**
Low	Least promising	Less promising	Promising
Medium	Less promising	Promising	Very promising
High	Promising	Very promising	Most promising

Source: Swinburn Gill and Kumanyika 2005[2]

An intensive intervention within a small group might be a good investment in terms of effectiveness, as it can be expected to result in changes in behaviour and other outcomes. However, the overall return may only be small if it affects only a small number of people, and will thus have only a slight impact on the health status of the community as a whole.

Stakeholder participation

A difficulty with the practical implementation of anti-obesity measures is that policies are not adopted by governments on the basis of pure science, expert agreement or even financial investment criteria. Pressures are put upon government agencies, legislative bodies and other key policy-makers from a variety of interest groups, which will influence the policy-making judgements. It is therefore essential that the various needs and demands of such interest groups are accounted for in a comprehensive model for preventing child obesity.

In addition to ensuring that the views of interest groups are taken into account, it is also necessary to consider the views of those who are being targeted - i.e. those involved in delivering a programme of action (such as community workers, health staff, teachers, parents) and those receiving the benefits from the programme (primarily children and their representatives).

Effectively, this broadens the policy-making arena to include a wide variety of 'stakeholders' who have a perspective on what should be done. The implication of this is that the selection and prioritisation of policy options should be undertaken in a forum that includes representatives of this broad constituency. The purpose is to reach a consensus view on (a) the sorts of policies which are feasible and appropriate, and (b) the policies which should be enacted most urgently, according to certain agreed criteria.

Recent moves to explore stakeholder views on obesity prevention strategies have been undertaken in several research programmes. The largest of these is the PorGrow project. PorGrow stands for Policy Options for Responding to Growing Challenges from Obesity in Europe and the project has undertaken detailed structured interviews with a range of stakeholders in each of nine countries: UK, Finland, France, Spain, Italy, Cyprus, Greece, Hungary and Poland. The project was funded by the European Commission, and the stakeholders interviewed in each country include: farmers, food

[2] Swinburn B, Gill T, Kumanyika S. Obesity prevention: a proposed framework for translating evidence into action. Obesity Reviews 2005;6:23-33.

manufacturers, advertisers, caterers, public health professionals, government health officials, government finance officials, sports experts, town planners, health journalists, trade union officers, consumer groups and health groups.

The second investigation into stakeholder views was undertaken within the European Heart Network's (EHN) project on Children, obesity and associated avoidable chronic diseases (CHOB), also part-funded by the European Commission. As part of this project, a series of stakeholder meetings were organised by participating member organisations in several member states and by the EHN at European level.

The third stakeholder consultation took place as part of the preparations by the European Regional Office of the World Health Organization for the November 2006 ministerial conference on obesity in Istanbul. A meeting of non-governmental organisations concerned with obesity prevention, convened in Brussels in February 2006, participated in a structured questionnaire procedure designed to elicit information on the organisations' views in a form that could be compared with the results from the other two investigations.

The results of these different inquiries showed remarkable consistency. The options divided into highest, middling, and lower priority. The results from the EHN CHOB project are listed in the table below, along with the scores (out of 100) given by the participants in the WHO meeting and by the PorGrow participants. It should be noted that the EHN participants were focussing specifically on measures to combat obesity in children, whereas the other investigations were considering obesity in the whole population. As can be seen in the table, the EHN CHOB highest-ranking options also achieved higher average scores from stakeholders in both other investigations, and the EHN lower ranking priorities were given lower average scores by the other groups also.

Comparison of EHN CHOB ranking of options with other stakeholder appraisals

Options for tackling obesity	WHO-Euro NGOs	PorGrow health NGOs	PorGrow all participants
EHN CHOB higher priority			
Improved food and health education in schools	71.5	73.9	74.8
Controlling sales of foods in public institutions	62.6	54.7	54.0
Controls on food and drink advertising	66.3	59.4	54.0
Subsidies on healthy foods	62.6	47.5	43.3
Change planning and transport policies	65.8	49.7	46.9
Improve training for health professionals	65.3	64.3	66.1
Improve communal sports facilities	61.9	61.7	59.7
Health education in the media and community	71.1	63.6	67.0
average	*65.9*	*51.4*	*58.2*
EHN CHOB medium priority			
Common Agricultural Policy	63.9	52.4	49.1
Mandatory nutritional information labelling	67.9	59.3	57.9
Incentives to improve food composition	56.0	55.2	49.9
Controls on food composition	67.5	60.9	58.6
Taxes on obesogenic foods	53.8	37.3	36.2
More obesity research	64.3	59.5	58.9
Controls on marketing terms	64.6	59.1	56.3
average	*62.6*	*54.8*	*52.4*
EHN CHOB lower priority			
New government body	51.7	60.6	54.1
Physical activity monitoring devices	44.7	46.3	51.7
Incentives for healthier catering menus	46.0	59.1	58.9
Substitutes for fat and sugar	41.9	40.2	42.3
Medication for weight control	43.9	37.2	44.3
average	*45.6*	*48.7*	*50.3*

The conclusions to be drawn from these stakeholder appraisals can be summarised as follows:

- No single option will be successful, but a range of options combining elements from different approaches (local and societal, educational and informational, affecting food supply and physical activity environments) will be needed in a comprehensive strategy.
- Educational initiatives are an essential feature to enable citizens to make healthy choices, but informational aspects should give clear nutritional signals on processed foods, so that the healthy choices can be practiced.
- Technical solutions, such as artificial food ingredients, pedometers or pharmaceutical means of weight control, are not viewed as providing effective long-term solutions.
- Upstream interventions, such as changing transport policy to reduce car use or reforming CAP to improve the supply of healthy foods, are supported by many citizens but have commercial implications that need to be approached sensitively: their implementation needs to be clearly rationalised in terms of the wider health and social benefits they can bring.

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Social marketing - focusing on "the customer", not "the message"

by Catherine Slater, Senior Social Marketing Advisor, National Social Marketing Centre - Clive Blair-Stevens, Deputy Director, National Social Marketing Centre

In June this year, the National Consumer Council launched the first national review of social marketing in England - "It's our Health!" The review, undertaken by the National Social Marketing Centre (NSM Centre), found that by applying the latest social marketing techniques, significant improvements could be made to the impact and effectiveness of England's health promotion efforts. Overall, it estimated that a 5% increase in healthy behaviour could save the National Health Service (NHS) and care services close to £1 billion. This is equivalent to the current projected NHS deficit for 2006.[1]

"'It's our Health!' is a blueprint for how social marketing can dramatically improve the impact of government health campaigns. It also sets clear recommendations for building positive relationships between the government, the private sector and charities to deliver improvements."
Jeff French, author of the report and Director of the National Social Marketing Centre.

The review findings and recommendations have been accepted by the Department of Health (DoH) in England, which is now responding to the report by devising a new National Social Marketing Strategy for Health in England. This strategy will represent the first of its kind globally.

Though predominantly focused on England, the review has implications that extend far wider. Many of the findings mirror challenges in implementing social marketing throughout Europe, and the recommendations posed echo potential strategies that could also be adopted to increase the impact of health promotion interventions across the EU. In undertaking the review, the NSM Centre also developed a robust set of eight core **"Social Marketing Benchmark Criteria"** that can be readily used by organisations across Europe to guide commissioning, development and review of related work.

Specifically, at the first National Social Marketing Conference in England, organised by the NSM Centre in September 2006, leading international social marketer Prof. Alan Andreasan welcomed the advances made by the work being done in England, citing the ground-breaking developments in thinking around social marketing concepts and techniques. He applauded the fact that these developments are also being made accessible to people operating in the public health arena. In taking these advances beyond England, the NSM Centre foresees the rich experience across the EU leading to a growing body of social marketing champions in the future.

[1] The effect of preventable ill health, added to mental ill health and the costs to society, totals £187 billion a year. This includes the costs to:

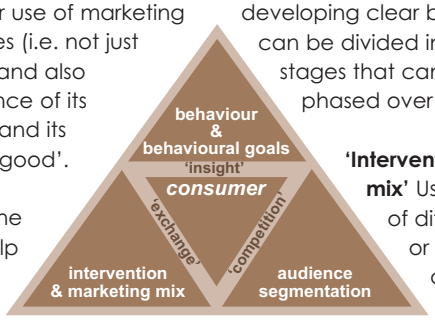
- individuals (price of alcohol, cigarettes, private treatment and care, loss of income due to illness) £74 billion
- employers £11 billion
- NHS and other public care services (social services, fire services, and the criminal justice system) £12 billion
- the wider social impact from premature death and disability £84 billion

Defining social marketing

"Social marketing is the systematic application of marketing concepts and techniques, to achieve specific behavioural goals, for a social or public good." French, Blair-Stevens, 2006.

Developed by the Centre following a review of the different ways social marketing was described and defined in the literature, this definition seeks to focus attention on the broader use of marketing concepts and techniques (i.e. not just commercial marketing) and also emphasises the importance of its clear behavioural goals and its primary focus on 'social good'.

The Centre developed the **'customer triangle'** to help highlight six key components:



Customer or consumer orientation + Insight A strong 'customer' orientation with importance attached to understanding where customers are starting from, their knowledge, attitudes and beliefs, along with the social context in which they live and work.

Behaviour and behavioural goals Clear focus on understanding existing behaviour and key influences on it, alongside developing clear behavioural goals, which can be divided into measurable steps or stages that can be put into action, phased over time.

'Intervention mix' and 'marketing mix' Using a range (or 'mix') of different interventions or methods to achieve a particular behavioural goal. When used at the strategic level this is commonly referred to as the 'intervention mix', and when used operationally it is described as the 'marketing mix' or 'social marketing mix'.

Audience segmentation Clarity of audience focus, using 'audience segmentation' to target effectively.

'Exchange' Use and application of the 'exchange' concept - understanding what is being expected of 'the customers', the 'real cost to them'.

'Competition' Use and application of the 'competition' concept - understanding factors that impact on the customers and that compete for their attention and time.

Recognising that social marketing has 'two parents'

One parent is 'marketing', which can provide important learning, insight and skills, often unfamiliar to those schooled in the public sector. The other parent, however, is firmly the public and not-for-profit 'social' sectors. The experience of many years of social campaigning and reform work offers powerful learning on ways to inform and influence different behaviours. Therefore the idea that what is concerned is just a few "clever commercial marketing tricks" needs to be firmly rebutted. The experience and learning from public health, health education, community development and engagement have all helped directly inform social marketing today.

Department of Health Policy Background

Historically in England, health promotion has focused on informational and awareness-raising approaches to communicating health messages. Though this is critically important, in recent years it had become increasingly apparent that such interventions alone would be unlikely to affect the complex health behaviours underpinning current public health problems in England. Instead, it was recognised that sustained and coordinated action across sectors and at all levels would be needed.

As a result, in 2004 the DoH made a commitment in its cross-government white paper "Choosing Health" to improve the nation's health by assisting people to make healthier choices, and to take increased steps in meeting its current Public Service Agreements. Social marketing was specifically highlighted in this paper as an important and currently under-utilised approach that had real potential to enhance both national and local work. A key outcome of this commitment was the commissioning of the review of social marketing.

The Review

The review was undertaken by the NSM Centre, and funded by government. The review team used a broad mix of research methods and approaches to gather data between April 2004 and June 2005. Methods included both formally commissioned research and meetings with policy makers and practitioners at the national, regional and local level. Meetings included: Government, NHS, wider public health system, NGOs and the academic and commercial sectors. Key questions addressed covered:

- what the international evidence base for social marketing really tells us about effective practice;
- what different stakeholders understand social marketing to be about;
- what practices were being used nationally and their effectiveness in delivering health-related interventions.

This research led to the production of 12 reports feeding into the final report. Full details of the final report can be found on the NSM Centre website www.nsms.org.uk.

The review included an initial analysis of social marketing in Europe - "Social Marketing for Health in the European Union - initial selective review" by Clive Needle. The review examined the extent to which the concepts and techniques of social marketing for health are understood and applied within EU Member States. The research comprised the 24 EU Member States (excluding the UK), three candidate countries and three EEA states.[2]

Key findings & recommendations

The NSM Centre review produced a wide array of findings that were summarised in five broad conclusions and supporting recommendations, outlined below. In short, the review found that there is now a growing evidence base to demonstrate that, when applied effectively, social marketing can add real weight to health improvement efforts at all levels. If applied at both the strategic and operational levels, it has the potential to significantly improve both national and local health improvement efforts.

Underpinning all of the recommendations is the need to adopt a long-term customer-focused social marketing approach that encompasses influencing policy and shaping the whole strategic implementation mix. This involves moving beyond vertical health promotion interventions to an approach which considers the broader environment and wider influences, leading to the establishment of overarching behavioural goals.

Strategic Aim:
To increase the impact and effectiveness of health-related programmes and campaigns at national and local levels, by ensuring that social marketing principles are adopted and systematically applied.

Strategic Objectives:

- To achieve an enhanced consumer-focused approach based on best social marketing principles and practice, that "puts the consumer at the centre" of all development and delivery work.
- To increase the effective use of resources, and their overall impact, by better mobilising available assets and developing a diverse resource base.
- To enhance leadership, prioritisation and development of expert commissioning roles.
- To build capacity and skills to integrated social marketing within existing intervention methods.
- To reconfigure research and evaluation approaches, to ensure that all work can directly assess movement towards relevant behavioural goals, and to better capture and share learning.

Specific recommendations which lend themselves to taking action were made under these five strategic objectives. The objectives ranged from establishing explicit and publicly accessible prioritisation of health promotion interventions to the establishment of mission-driven budgeting and training and development programmes in social marketing.

[2] Sixteen substantive responses were received, from Lithuania, Czech Republic, Poland, Sweden, Slovenia, Switzerland, Finland, Netherlands, Slovakia, Hungary, Belgium, Germany, Latvia, Greece, Malta, and Ireland.

Responses to the review

Having originally commissioned the review, the Government in England has responded positively and immediately to it. The Department of Health (DoH) is now reviewing its own work and looking at ways it can implement the key findings of the review. A dedicated Social Marketing Development Unit has been set up within the DoH with the specific responsibility for integrating social marketing within its policy and communications. In response to the review, the DoH is currently devising a national strategy, with input from the NSM Centre, which is intended to bring together existing public health work streams into a more integrated, audience-focused approach. It is hoped that this will circumvent the tendency for each separate topic area to target similar audiences with an array of messages and approaches.

In addition, the NSM Centre is now focusing on building wider understanding, capacity and skills in social marketing in England. Our role increasingly involves working alongside people to help different sectors look at ways that effective social marketing approaches can be integrated into their work. There is much good work and practice to build on, although there are also some areas where a social marketing approach can clearly improve the impact and effectiveness of efforts.

Social marketing in Europe

The review recommendations focus predominantly on actions to be undertaken by the DoH in England. However, many of the findings and subsequent recommendations mirror those of the European specific review, and therefore have the potential to be applied both within individual Member States and across the EU.

Our review found that across Europe there was considerable interest in social marketing. However, most countries are not yet systematically applying a social marketing approach, and the few that are carrying out social marketing are doing so in a variety of ways. The review also found that there was interest in learning more about social marketing, as well as a growing interest in developing a more strategic approach to its use across Europe. Individual efforts are already being made across states.

Lessons can be drawn from such interventions, recognising the value and limitations of transferability across borders. Greater international leadership could assist in the coordination, development, implementation and evaluation of interventions that is necessary if the EU is to play a role in social marketing. The potential complexities that arise from increasingly adopting a social marketing approach in the EU, at both strategic and operational levels, mean that the role of DG SANCO* and the involvement of other international organisations such as WHO and OECD as key champions is important. Devising ways to articulate the benefits of social marketing to such audiences, so that it is clearer how they can help achieve their other policy goals, will be an important next step in engaging people in considering and using social marketing.

Opportunities for social marketing across Europe

It is clear that the way public health works is not going to change overnight, as there is still a great deal to be done to help build a wider understanding and appreciation of the potential of social marketing. A straightforward set of core criteria, the **Social Marketing Benchmark Criteria**, provides a practical way that together public health organisations can build a more consistent approach across Europe, and at the same time better capture the learning and insights from the work across different audiences and agendas.

There are real grounds for optimism that by working together, organisations can increase the impact and effectiveness of their individual and collective effects to improve people's health throughout Europe.

For more information please visit our website: www.nsms.org.uk. or contact Catherine Slater at c.slater@ncc.org.uk.

* Directorate General for health and consumer protection

EU developments

World Congress of Cardiology

On 4 September 2006, at the World Congress of Cardiology, the European Heart Network (EHN) and the European Society of Cardiology (ESC) organised a joint session on developments in the EU concerning diet and physical activity.

Mr Robert Madelin, Director General of the European Commission's Directorate General for Health and Consumer Protection, spoke about the European Platform for action on diet, physical activity and health, a multi-stakeholder forum with members from several sectors including the food and advertising industry, health and consumer NGOs and health professionals that was created in March 2005. Mr Madelin also spoke about the European Commission's Green Paper on "A European dimension for the prevention of overweight, obesity and chronic diseases".

Dr Francesco Branca, from the WHO European Region, talked about the WHO European strategy for the prevention and control of noncommunicable diseases and about the Ministerial Meeting on Obesity that will take place from 15 to 17 November 2006 in Istanbul, Turkey.

Dr Karen Lock spoke about how the European Union's agricultural policy may be put to good use promoting increased consumption of fruit and vegetables. Dr Lock noted that with an optimum consumption of fruit and vegetables (i.e. 600 g or more per person per day) in the European Union, 135 000 deaths from cardiovascular diseases could be avoided each year.

The session emphasised the importance of multi-sectoral cooperation in order to address effectively the major health burdens in Europe, in particular cardiovascular diseases.

The WHO European Region has a vital role in defining health strategies for all countries in Europe, whilst the European Commission focuses specifically on the countries that are Member States of the European Union (EU). Increasingly, the two organisations are working together to enhance each others' efforts.

The session demonstrated how the WHO recommendations, for instance on increasing consumption of fruit and vegetables, can be facilitated by the EU Common Agricultural Policy (CAP), the EU's largest policy area in terms of budget.

Several other policy areas which can have a beneficial impact on promoting cardiovascular health, such as clear and understandable nutrition labelling and regulation of advertising and marketing of so-called junk food to children, were also discussed.

Although the development of policies on diet and physical activity is often complex and confronted with significant barriers, the speakers highlighted the point that everyone has a role to play in the formation and implementation of policies, including the national heart foundations as traditionally strong advocacy voices, but also clinical cardiologists, who can counsel their patients and speak up as members of their communities.

Developments in the revised health action programme

In May 2006 the European Commission presented its revised proposal for a Public health action programme (see also Heart Matters 12 on this subject). This new proposal reflects the budget cut which was imposed by the EU finance ministers after their meeting in February 2006. In the first proposal, the Commission presented a budget of 968 million euros for the public health actions, whereas in the second proposal this budget was cut to 365.6 euros, i.e. a decrease of over 60%.

In the first proposal, the main objectives were to protect citizens from health threats, promote policies that lead to a healthier way of life, reduce incidence of major diseases and improve efficiency and effectiveness in the health system. In its revised proposal, the Commission addresses three main objectives: improving citizens' health security, promoting health to improve prosperity and solidarity, and improving knowledge concerning health.

The programme addresses concerns such as healthy ageing, health inequalities across the EU, gender health issues and cross-border issues including patient mobility. However, it does not deal with the topic of tackling Europe's major diseases, such as cardiovascular diseases, cancer, diabetes and respiratory diseases.

According to the new Commission text, "tackling the most important health determinants (such as tobacco, nutrition, physical activity, etc.) will have the effect of contributing to reducing the disease burden".[1] Several organisations, including the European Heart Network, published a statement in the wake of the Commission's revised proposal. These organisations expressed their concern that a health programme that does not address major diseases lacks the credibility it needs to convince citizens that Europe is really concerned with health issues.

[1] Amended proposal for a Decision of the European Parliament and the Council, establishing a second Programme of Community action in the field of Health and Consumer protection.

European Commission consultation on reform of the common market organisation for fruit and vegetables

During the summer, the European Commission launched a consultation document entitled "Towards a reform of the common market organisation for the fresh and processed fruit and vegetable sectors - Consultation document for impact assessment".

In July 2006, EHN submitted its response based on the findings of its 2005 study on "Fruit and vegetable policy in the European Union: its effect on the burden of cardiovascular disease".[2] The report examined the potential effect of the EU Common Agricultural Policy (CAP) fruit and vegetable regime on the burden of CVD. The findings show that low fruit and vegetable intake in the EU is a major cause of disability and death due to coronary heart disease and stroke. If all 25 countries in the expanded EU were able to increase fruit and vegetable intake to the minimum recommended levels of 400 g per person per day, this could prevent up to 7% of coronary heart disease (CHD) and 4% of stroke, or in total over 50 000 deaths each year. Moreover, the report showed that 135 000 deaths from coronary heart disease and stroke could be avoided each year if consumption of fruit and vegetables could be increased to an average of 600 g per person per day.

EHN therefore gives the following recommendations for the reform of the common market organisation for fruit and vegetables.

- **Increasing production and stimulating demand**
  Promoting healthy diets, including high consumption of fruit and vegetables and low consumption of saturated fats, is the most important food and nutrition issue that needs to be tackled at EU level. This requires a multisector approach with the agriculture and health sectors working together to simultaneously increase supply and demand. One policy instrument that could be used is influencing supplies to public bodies (schools, hospitals, airports etc.) by giving a suitable slant to calls for tender or to conditions for support.

  Furthermore, sufficient funds should be made available for interventions to increase fruit and vegetable consumption by both children and adults. Although fruit and vegetables are often promoted in both the health and agricultural sectors, there is little coordination of initiatives or resources for maximum effect.

- **Price elasticity**
  The consumption of fruit and vegetables is price sensitive for some consumers. This means that potentially people would eat more of them if prices were lower and availability increased. Therefore it is not in the consumers' interest to have prices of fruits and vegetables maintained at an artificially high level through the use of CAP price support measures. The new fruit and vegetable regime should promote the reduction and eventual phasing out of withdrawal compensation.

- **Removing CAP disincentives to fruit and vegetable growing**
  The June 2003 CAP reform introduced a single farm decoupled payment for growers of cereals, beef and several other commodities, allowing farmers to change the type of crop grown or not to grow anything at all without loss of subsidies (European Commission 2003).[3] However, fruit and vegetable growing is excluded. This means that farmers wishing to switch their land use to growing fruit and vegetables will be penalised (compared to farmers of other crops), as they are therefore not entitled to receive the new single payment. EHN recommends that the single farm payment scheme should be extended to include fruit and vegetables.

- **Using withdrawn produce for human consumption**
  It would be preferable if the EU did not intervene on the market by withdrawing fruit and vegetables at certain price levels. Furthermore, it is particularly important that the fruit and vegetable sector increases the amount of any withdrawn produce supplied for human consumption. It should particularly aim to target those who eat less fresh fruit and vegetables, such as children and low income groups. This could be achieved for instance through EU support of school fruit schemes.

[2] http://www.ehnheart.org/files/ehnfinal_2-095505A.pdf
[3] http://europa.eu.int/comm/agriculture/mtr/index_en.htm

New EHN publication: Stress and cardiovascular disease

The concept of stress has played a much more important role in ideas about cardiovascular disease among laymen than among experts. Stress is more difficult for health care practitioners to define and assess than widely accepted coronary risk factors such as physical activity, smoking, cholesterol and blood pressure. However, research has confirmed the importance of stress as an independent risk factor in the incidence and the course of CVD. Some of the mechanisms by which the body responds to stress have been clarified, and studies have looked at the physiology of stress and at particular aspects of working life and overall life conditions that act as stressors.

This new EHN publication, "Stress and cardiovascular disease",[4] surveys the major studies covering several aspects of stress and cardiovascular disease. Beginning with a working definition of stress as the non-specific reaction (energy mobilisation) that arises in demanding or challenging situations, it explains how the environment acts on individuals, who respond to stressors according to their individual coping programme, influenced by their genes and their experience, and produce reactions.

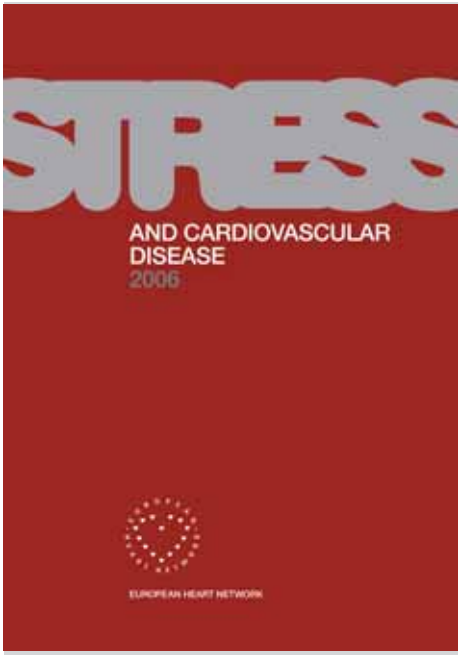
The paper explains how these and other physical stress reactions affect the heart. Some of the major studies on stress in the workplace and the interventions to alleviate this stress are summarised. Two models have influenced studies. The demand/control/support model theorises that the combination of high psychological demands and low decision latitude (job strain) is dangerous to health, with effects that are worsened by a lack of social support. However, high demands with high decision latitude (active work) may be associated with psychosocial growth and improved coping. Decision latitude involves the possibility of influencing decisions in daily work and the possibility of using and developing skills. The effort/reward imbalance model posits that high effort, intrinsic or extrinsic, is associated with health risk when it is not appropriately recognised with material, social and/or psychological rewards. Studies have produced convincing evidence that job strain is a risk factor for cardiovascular disease, independently of other risk factors.

In the industrialised countries, low social class is associated both with increased incidence of CVD and with several of the environmental risk factors that may give rise to increased prevalence of long-lasting stress. Some stressors, including poor working conditions, lack of social support and troubled family life, may contribute to stress reactions that could partly explain social inequity in cardiovascular health.

Whilst older literature on stress-related factors was dominated by studies of men, more inclusive recent studies are showing a different psychological profile for women who develop coronary heart disease at younger ages. A submissive passive coping pattern seems to be of greater significance for women than hostility and type A behaviour. Working women report much lower decision latitude at work than working men, mostly because they are less often promoted to supervisory positions, even at comparable education levels. In both managerial and blue collar positions, women and men who have the same jobs with the same level of responsibility report very similar levels of decision authority and skill discretion, so gender differences in work stress could result from the different roles the two genders still play in the workplace.

Women and men also differ in respect of social support. Although a wide circle of friends decreases the risk of CVD for men, evidence indicates that for women a large social network may correspond to a high psychosocial load and therefore increased risk.

The study discusses some of the biological mechanisms of stress, including regulation of cortisol levels, heart rate variability, blood pressure, plasma fibrinogen levels, inflammatory responses and other immune system reactions, and testosterone/oestrogen levels. Regeneration after stress is crucial, and sufficient high-quality deep sleep is essential for regeneration.



[4] http://www.ehnheart.org/files/StressReportweb-144302A.pdf

by Petra Scharf, Austrian Heart Foundation

ÖSTERREICHISCHER HERZFONDS

Children and obesity: Overview of the activities in Austria

Policy options

In the context of the project on "Children, obesity and associated avoidable chronic diseases", the Austrian Heart Foundation organised individual meetings on policy options in the fight against childhood obesity, inviting nine health organisations to cooperate in the project. The organisations together concluded that these were the policy options with the highest current priority in the field of childhood obesity:

- Increase teaching about food and health education in school;
- Improve health education in the media and community;
- Improve communal sports facilities;
- Improve training for health professionals;
- Control sales of foods in public institutions.

Facts

The first Austrian Obesity Report (published on 28 August 2006) shows that in Austria nearly 23% of men and nearly 24% of women are obese. Concerning children the report shows that 5% - 11% of the boys and 3% - 4% of the girls are obese. These figures show that, as in the rest of Europe, childhood obesity is a very important topic for preventing cardiovascular diseases.

What is the Austrian Heart Foundation doing?

The Austrian Heart Foundation distributed and published the report on the marketing of unhealthy food to children in Europe and made it available for everybody on its homepage (www.herzfonds.at) in German and English.

From October 2005 to June 2006 the Austrian Heart Foundation started the first phase of a pilot study in three schools in Vienna. In cooperation with the medical practitioners of the schools, questionnaires for the children aged 10 to 17 years were distributed and evaluated by the Austrian Heart Foundation. The evaluation shows that interventions are necessary in only one of the three schools. This school is a vocational school and more than 95% percent of the pupils are 14 to 17 years old. Some figures from the evaluation:

- 53.4% eat meals, sweets and snacks while watching TV, playing on the computer or doing homework;
- 43% buy sweets or fast food every day;
- 66.3% remembered seeing TV spots for unhealthy food;
- 66.7% eat sweets or snacks before going to bed;
- 75% do not do any physical activity;
- 37.1% are smokers.

In September the Austrian Heart Foundation will start interventions concerning nutrition habits (together with a nutrition expert) and smoking prevention with leaflets, posters and lectures. The programme will be financed by the Austrian Heart Foundation.

Other programmes in Austria

Some examples of other programmes in Austria which are also active in the fight against childhood obesity are:

"Teen Power 10/14" - a cooperation project between the Avomed, the city of Innsbruck and the health insurance fund of Tyrol. This 16-week programme for children from the ages of 10 to 14 is comprised of nutritional, psychological and physical activity components. One part of the programme is a special nutrition course for children and parents. A precondition for participation is a medical examination.

The organisation "F-I-T", located in Graz (Styria) offers summer and winter camps for overweight children from 9 to 15 years old under the slogan "FIT and FUN diet holidays". Its main objectives are long-term weight reduction, a long-term change in lifestyle habits and the motivation for the youngsters to take part in physical activity. The participants are supported by teachers, nutrition and sports experts; aftercare meetings are meant to help ensure the programme's success.

The Austrian Ministry of Health started a new obesity programme for children. Together with the university paediatric clinics in Vienna, Salzburg, Graz and Innsbruck a special programme was developed and started in July 2006 in a therapy centre in lower Austria. The programme started with eight girls from 13 to 17 years old who weighed between 84 and 127 kg. Within eight weeks of steady attendance 50% of the girls lost 8-10 kg. In September the next programme will start with eight obese boys.

"Die dicke Chance" - a special platform for obese adults - was founded. It is an Internet information platform that offers information about stomach stapling operations and similar possibilities, informs people about support groups, involves prevention and offers special courses. It is supported by the Austrian Ministry of Health.

Advertising on TV

In Austria there is no strong regulation of television advertising. The consumer association has published a number of articles on the topic of children and obesity and criticised the TV spots for promoting unhealthy foods. This shows that in Austria as well, food marketing and television advertising have become a subject for attention. The Austrian Heart Foundation, for example, is involved in the revision of the Television without Frontiers

Directive. Letters have been written to Austrian politicians to ask them to submit amendments asking for a ban on television advertising for unhealthy foods to children between 6 a.m. and 9 p.m., the hours when most children watch television.

Next steps

The Austrian Consumer Association is very active in the field of marketing of unhealthy food to children and has published articles in regional newspapers and on the Internet to draw the attention of the public to this topic. The Austrian Heart Foundation contacted the manager of this organisation and offered cooperation. A meeting in order to discuss the possibilities will take place in the autumn.

The newly founded Salzburg Section of the Austrian Heart Foundation plans to participate in an existing prevention programme in Salzburg. The project "SPICAN save your life" is a prevention project for children and adults. In addition to the topics "Stop cardiac death in the family", "cardiac research" and "risk factor management", prevention in childhood is the part in which the Salzburg Heart Foundation plans to collaborate. The "Healthy meals in elementary schools" project includes a food inventory of the school kitchens and the companies which cater for the schools, training of the cooks, nutrition education and cooking courses for parents as well as training courses for teachers to enable them to give nutrition and health lessons.

The Austrian Ministry of Education invited the Austrian Heart Foundation and other health organisations to participate in a new project for "health promotion in Austrian schools". The main aims of this project will be the creation of a strategy platform, the setting for an information and communication platform, exchange of experiences and better use of existing resources.

More information for parents and free school meals

The school is an important arena in which to combat overweight among children, say Danish organisations

When a wide range of Danish organisations met to discuss policy initiatives to combat childhood obesity, they identified school as the place that can really alter the threatening tendency towards greater overweight among children.

Besides appraising and discussing the joint policy options produced by the "Children, obesity and associated avoidable chronic diseases" project, the Danish participants in the debate also wished to add a number of highly specific policy demands, most of them intended for implementation in schools.

Health matters should have a prominent place in the school curriculum, both in the form of theoretical knowledge and practical instruction in healthy food and habits, as well as compulsory physical education. Physical activity should preferably be on the timetable every single day, according to the ambitous proposal. At present, most school pupils have just two 45-minute sports lessons every week.

Central to the debate was the demand for free, healthy school meals for all school pupils. In Sweden, this scheme has been practised for many years, but free school meals are not available to Danish schoolchildren.

The possibility of making physical activity a natural part of the daily routine was also among the extra proposals highlighted by the Danish debaters. It should be possible to get to and from school on foot or by bicycle, and the route to school must be made both healthy and safe for young road-users.

From 2007 onwards, the responsibility for combating obesity among Danish children will be placed in the hands of the municipalities, which are also responsible for running most of the country's schools. The Danish Heart Foundation consequently seeks to encourage close dialogue with individual local decision makers on the formulation of local preventive policies. This will occur via idea proposals and direct contact with the decision makers in selected local areas in the course of the autumn.

We need to spend more calories on solving a weighty problem

Scientists all over the world are warning of the epidemic of overweight, and have called for more calories to be spent on finding ways to stem the explosion in child obesity. Almost every fifth child in Denmark is now overweight, and there is no sign that the wave has peaked. Indeed, the concern is that the trend might go as in the USA, where 60 percent of adults and 40 percent of children are now overweight.

The Danish Heart Foundation has thus decided to launch a three-year research project to discover which factors determine the diet and exercise habits of children and young people. The Foundation will subsidise the project with around one million Danish kroner per year.

Prevention, and at an early age

"We have focused on children in particular, because efforts to prevent obesity are most effective with young children," said Dr Lars Ovesen, Health Executive with the Danish Heart Foundation. He added: "We actually know very little about why people act as they do with regard to their food and exercise habits. In fact, scientists can only explain one-third of the factors that determine our actions."

The one-third that we do know about indicates that advertising, portion sizes, prices and accessibility all influence each family's choices. We also know that children's ability to resist temptations depends on their habits, knowledge and self-image.

Lars Ovesen points out that accessibility, i.e. what we put on the table, and the eating and exercise habits of the parents are particularly important factors: "That means that it's no use aiming our information at children alone; the whole family must be involved. It is hard to alter family habits, but it's the only way to reach the children."

Beyond families and schools

This implies that the overweight problem cannot be solved without introducing legislation on, for example, marketing and pricing, so as to make healthy food cheaper than the unhealthy kind. Combating obesity is a social task which should be addressed by local authorities by implementing schemes to provide healthy food and fruit for children in schools and day care centres.

by Monika Tartu, Estonian Heart Association

Moving ahead in the right direction in Estonia

Increased media attention to children and risk factors

The "Children, obesity and associated avoidable chronic diseases" project has certainly pushed many topics to the forefront in Estonian media and society. The Estonian Heart Association's participation in this Europe-wide project has created a great deal of interest. As of today, the topics covered in the framework of the project are reflected much more than previously in the Estonian media. This project has helped Estonians to understand the scope and seriousness of childhood obesity on a different level.

Very often the Estonian Heart Association (EHA) has been requested to comment on various related topics. For instance, during two weeks in August 2006 the Association was asked by two different newspapers for reactions within the framework of the Children and Obesity project - one regarding the spread of childhood obesity and marketing of unhealthy foods, and the other on the recently accepted ban on junk food sales in schools in Latvia.

Breaking the dependency on sweets

Not too long ago the Estonian Heart Association found itself in a conflict with the biggest confectionery manufacturer in Estonia - Kalev. This huge company asked the Estonian Heart Association to participate in a sports event that they were sponsoring. Since the association's answer was a sound "no" Kalev became upset, and there was a critical article about the Estonian Heart Association's refusal in a daily newspaper.

The EHA's "no" to Kalev was an important step in the right direction in a country where the market is monopolised by large enterprises. It showed that it is important for people to exercise their voice no matter how small the organisation they represent, and to remain consistent in their messages. EHA also tied its refusal to Kalev to the messages represented by the Children and Obesity project, and this also generated discussion and media interest.

The fact that Kalev's complaint about the Estonian Heart Association's refusal to participate in their event was so readily published in Estonia's biggest daily newspaper is just one example of Estonia's politicised business environment.

Estonia continuing to partner with Finland

On a more positive note, the Estonian Heart Association is continuing its partnership with Finland, and in May 2005 there was a seminar where the guest of honour and main speaker was Mikael Fogelholm, director of the UKK Institute. Mikael Fogelholm introduced the most up-to-date physical activity concepts for children as well as adults. He also discussed the physical activity pie.

The main topics were supported by presentations:

- "Urho Kaleva Kekkonen and UKK - the individual and the institute as creators of values in society"
- "The reality of physical activity in Estonia - it is order and chaos based on examples of public sports events"

The seminar was supported by the President of Estonia as a patron of the Estonian Heart Association.

Progress on the Children and Obesity project

In the framework of the Children and Obesity project, the Estonian Heart Association also organised a meeting with seven other health organisations on the subject of childhood obesity. Specialists and organisations that contributed to the process all work with issues involving children and the protection of their best interests. The organisations that participated were the Estonian Consumer Protection Board, the Estonian Consumers Union, the Union of Kindergarten Teachers of South Estonia, the Estonian Association of Family Physicians, the Ministry of Agriculture, Food and Veterinary Department, the Social Affairs Committee of the Parliament of Estonia, and the Saue Parish Government.

The five most popular policy options selected by the people present at the meeting were:

- Food and health education;
- Improved health education in the media and community;
- Change planning and transport policies;
- Subsidies on healthy foods;
- Improve training for health professionals.

It is interesting to note that the options of **controlling sales of food in public institutions** and **controls on food and drinks advertising** were only assigned intermediate importance, even though both issues are becoming more and more reflected in the Estonian media.

Much work lies ahead in implementing the policy options selected. The Estonian Heart Association would like to share some of the actions that it is planning in order to put the top five options selected into practice.

In order to improve the current state of **food and health education**, the Estonian Heart Association will participate in the creation of a new national curriculum in process thanks to cooperation between the state, the National Examination and Qualification Center and Tartu University. The Estonian Heart Association sees this as a good opportunity for contributing suggestions for better food and health education. Secondly, EHA finds it very important to get the messages out by distributing relevant materials to schools, organisations, health institutions, etc. (i.e. translations of important material generated during the Children and Obesity project).

In addition, it is important to involve young people and students as they will be the main influencing force for future generations. Therefore, we will propose to Tartu University that students/ professors carry out a research project that will give an overview of the real situation of the extent and quality of food offered through school cafeterias, vending machines, etc.

In order to **improve health education in the media and community**, we will propose participation in a daily TV programme in cooperation with a popular chef and top nutrition specialists. There is a popular TV show called Terevisioon that airs every morning. The show consists of sections such as news, guest interviews, cooking and flower arrangement. So far the cooking section has been quite interesting but not geared towards healthy eating. The idea is to replace the section by a chef cooking from a pre-arranged menu (in cooperation with the nutrition specialist) as well as giving advice about different foods and their effect on health (i.e. salt, sugar, minerals, etc.)

In order to **change planning and transport policies** EHA will once again involve students in the process. The Association will propose a research project to sociology students with a goal of promoting more active transport (by foot, bicycle, public transport). This particular research could possibly include questions that would give an overview of what would make people use public transport, get around on foot or travel by bike more as a daily transportation method, etc. The results will be published in the media, and state officials, planners, architects, politicians will also be informed.

To promote the action toward **subsidising healthy foods** EHA will make a proposal to the political parties as it is a pre-election time. One of the proposals that would most likely be popular is coupons for young mothers to buy fresh produce.

In order to improve training for health professionals EHA will currently focus on translation, publishing, and distribution of important materials to relevant organisations, institutions, specialists, etc.

Although a great deal of work has been done, much more still remains ahead in Estonia's public health field. The Estonian Heart Association is calling on all Estonians, politicians, state officials, the food and advertising industry, and all other relevant organisations to take responsibility and work together in order to create an environment for Estonian children that promotes and enables them to lead the healthy lifestyle they deserve.

by Anna-Liisa Rajala, Finnish Heart Association

Preventing children's obesity in Finland

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

The Children and Obesity policy option meeting in Finland

Within the scope of the "Children, obesity and associated avoidable chronic diseases" project, on 24 January 2006, the Finnish Heart Association invited four other stakeholders (Cancer Society, Association of Clinical and Public Health Nutritionist, Finnish Centre for Health Promotion, Mannerheim League for Child Welfare) to discuss policy options in the field of childhood obesity. The participants agreed on five priorities:

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

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

Individualised dietary counselling helps maintain healthy weight among children

The Finnish STRIP project, a randomised heart disease risk factors intervention study, has shown that regular lifestyle counselling reduces children's exposure to the known environmental atherosclerosis risk factors and contributes to early prevention of coronary heart disease. The most recent publications of the project have shown that the intervention, i.e. a low-saturated-fat diet introduced in infancy and maintained during the first decade of life, is associated with enhanced endothelial function, especially in boys, whereas in girls the intervention succeeded in preventing overweight. The prevalence of overweight girls was smaller in the intervention group compared with the control group.

Action Plan for 2005 - 2011

The Finnish Heart Association has produced the Action Plan for Promoting Finnish Heart Health (2005 - 2011). The proposals in the Action Plan focus on heart health promotion during different phases of the life cycle. The Finnish Heart Association's policy aims at healthy lifestyles from the very beginning. Its campaign is a useful reminder that a child's growth and development are influenced by all parties the child has regular interaction with. The most important environments from the viewpoint of development include home, day care or school, and the world of play and friends in the immediate vicinity of the child's home. Parents and families have a major impact as providers of role models. Support for children's development should be aimed for in every environment.

The Finnish Heart Association focuses its activities on children and their families. Among the first activities are to implement the following action proposals:

- To develop a nation-wide model for child welfare clinics that focuses on monitoring heart health factors systematically and on strengthening the role of family-based lifestyle guidance.

Using the STRIP study and its good experiences as a basis, Finnish Heart Association has started a project whose aim is to develop a nation-wide model for child welfare clinics that focuses on strengthening the role of family-based lifestyle guidance. In particular, this project aims at providing support, tools and knowledge for personnel at child welfare clinics to promote good dietary and physical activity habits at the level of the entire family. This year, the model will be tested in ten maternity and child welfare clinics in different parts of Finland.

- To investigate how food is marketed to children and adolescents, to set restrictions on marketing strategies that are not consistent with health promotion messages, and to increase the marketing and advertising of products that promote heart health.

The national goal is for the different actors to reach an understanding on marketing regulations. Cooperation between public health authorities, consumer authorities and education authorities should strive to influence the activities of business life in agreement with these goals.

by Dr Andras Nagy, Hungarian Heart Foundation

Children and obesity highlighted in Hungary

Spreading the message

As the first phase of the project "Children, obesity and associated avoidable chronic diseases" has been completed, the Hungarian Heart Foundation (HHF) distributed the report to Ministries and other responsible government institutions and made it public on its website (http://www.mnsza.hu/program.htm).

This project helped the HHF to establish a network of non-governmental organisations collaborating in the same field. HHF initiated contacts with 14 civil society organisations. Of these, 10 organisations actually took part in the process of developing a national guideline. This coalition of organisations working together with the Hungarian Heart Foundation consisted of the Association for a Healthier Hungary, the Hungarian Society of Paediatrics, the József Fodor Society of School Health, the Make Quality Health Foundation, the National Association for Consumer Protection in Hungary, the National Association of Chief Caterers, the National Association of Hungarian Dieticians, the National Foundation of Diabetics, the National Network of Healthier Kindergartens and the Network for Healthier Schools.

Reservations about quick fix possibilities

Similar to other participating countries, a number of potentially applicable policy options were evaluated by the coalition members. The result helped the coalition to point out the most and least favoured options.

The use of medications to control body weight proved to be unpopular. It was regarded as an obvious post-hoc intervention in already obese people and not as a preventive measure. Rejection of this measure was also concurrent with the developing crisis of the national budget, where a huge deficit in the social security system's drug reimbursement budget is a substantial cause of the trouble; thus introduction of a new, long-term drug on a population level is seen with great reservations.

The increased use of synthetic fats and artificial sweeteners was rejected as there was no evidence that these products, although they have been available for a long period of time, have actually contributed to the reduction of obesity. Concerns were also raised about long-term safety in the event of more extensive use. The increased use of pedometers or other devices was also received sceptically.

Information and education about foods given top priority

Top priority options included mandatory nutritional information labelling for all processed food. This included simplified front-of-pack labelling, which is not traditional in Hungary. On the other hand, Hungary has had a long history of very detailed labels on a wide range of food products and consumers are very accustomed to the merits of this system. However, extensive labelling was enforced only until Hungary's accession to the European Union, and subsequently this ruling was diluted to the minimum present European level, leaving customers ill-informed compared to earlier times. This might explain why Hungarians would trust this method far more than many fellow European nations.

There was a general agreement among coalition members on the importance of food and nutritional health education among children. It was emphasised that even in kindergartens good results can be reached with children, who then themselves can become ambassadors of healthy messages at home.

The option to control sales of foods, especially fatty snacks, confectionery and sweet drinks, received outstanding support. This option has already been implemented in schools in Hungary, which was undoubtedly the most important development in Hungary since the start of the Children and Obesity project. The fierce resistance of some parts of the food industry was overcome by an elegant move. Rather than directly banning certain food categories at school kiosks, the National Institute for Food Safety and Nutrition (OETI) first issued a progressive, science-based set of recommendations. As the government's second step, contracts with school kiosk service providers were subjected to a revision and renewals were not allowed in the event that vendors failed to comply with the set of recommendations. Further to this, an endorsement by the school health service and parents boards must also be obtained concerning vendors' compliance.

This process started during mid-2006. Obviously, full renewal of all contracts will take a considerable amount of time. Further to that, it is evident that similar regulations are needed for other public areas, like hospitals and municipal institutions. A great advantage of this option is that its applicability has actually been proven in a real-life situation and its advantages are already measurable.

Thus, since the start of the project, many new developments have occurred in Hungary, including new national regulations. In the meantime, the food industry has launched a variety of counterbalancing manoeuvres to weaken the impact of the project. The outcome cannot be determined easily, but growing awareness is a clear achievement of the project.

by Maureen Mulvihill, Irish Heart Foundation and National Heart Alliance

Policy options - the way forward for Ireland

One in five Irish children is either overweight or obese (IUNA, 2005)[1] and Irish adults too are following international trends with 20% of adults obese (IUNA, 2001).[2]

Ahead of our European partners, the Department of Health and Children established a national taskforce (with representation from the Irish Heart Foundation), which undertook a year-long consultation process and in May 2005 published a report called "Obesity The policy challenges".[3] In summary it is a comprehensive account of the complexity of the problem, documenting the nature and extent of the 'toxic environment' which largely influences the development of obesity, leading to increasing levels of diabetes and heart disease.

The report, which was launched by the Prime Minister An Taoiseach, Bertie Ahern, suggested strong Government support for the eighty plus recommendations. However, the wheels of Government move slowly, and apart from committing some funding to treatment centres for obese patients there has been little tangible progress on implementing the report so far.

Irish Heart Foundation and National Heart Alliance hard at work

In the meantime the Irish Heart Foundation and National Heart Alliance* have been active on a number of fronts.

Both organisations made substantial submissions to the National Taskforce on Obesity in 2004 and have been active through the media in advocating for some of these initiatives. Some of the key policy recommendations relate to:

- restricting the marketing of unhealthy foods to children;
- improved food labelling in line with EHN recommendations;
- an assessment by the Department of Finance in relation to the anomalies where value added tax is higher on some healthier foods and lower on fast food for example;
- a number of recommendations in relation to supporting the school environment, such as expanding the physical education curriculum to embrace more non-competitive activities; providing more funding for physical education and sport equipment, more training for teachers and more guidance on health promoting school policies;
- a number of recommendations in relation to the built environment:
  - safe zones around schools;
  - Health Impact assessment of all Government and local authority policies;
  - more integrated planning and development by national, city and local authorities;
- support for initiatives in the home.

The essence of these submissions was incorporated into the Government's national obesity plan.

Prioritising the objectives

In conjunction with the EU-supported European Heart Network project "Children, obesity and associated chronic diseases", the Irish National Heart Alliance (NHA) organised a consultation meeting on policy options in the prevention of childhood obesity in February 2006 in Dublin. The top five policies selected were very much in line with key polices already identified by both organisations:

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

Since the Children and Obesity project was established, the National Heart Alliance, facilitated by core funding mainly from the Irish Heart Foundation, undertook to develop position papers on two priority areas in relation to obesity and children and young people.

NHA Paper 1
The Marketing of Unhealthy Foods to Children[4]

The paper on "Marketing of Unhealthy Foods to Children" was formally launched at a political and media briefing in November 2005, attended by 25 politicians and national media representatives.
A briefing with the Minister of State at the Department of Health and Children, Mr Sean Power, TD, had a very positive outcome, as it was agreed that guidelines being developed by the Department on nutrition policies at second level should take account of marketing of unhealthy food. There have been a number of follow-up meetings with several politicians, as well as some good media publicity.

In compiling this paper the Irish Heart Foundation also sought support from a number of key organisations, which have since joined the Alliance - the Diabetes Federation of Ireland and the Consumer's Association of Ireland; as well as support from Barnardos, the children's charity; the Irish National Teachers Organisation and Children's Rights Alliance.

[1] Irish Universities Nutrition Alliance (2005) National Children's Food Survey www.iuna.net
[2] Irish Universities Nutrition Alliance (2001) North/South Ireland Food Consumption Survey.
[3] National Taskforce on Obesity (2005) Obesity - the Policy Challenges. Department of Health and Children. Government Publications Office. Dublin. www.healthpromotion.ie
[4] National Heart Alliance (2005) "Position Paper on Marketing of Unhealthy Foods to Children". www.irishheart.ie
[5] National Heart Alliance (2006) Submission to Joint Committee on Health and Children on Marketing of Unhealthy Food to Children. www.irishheart.ie

Following this event the NHA was then invited to present to the Government's Joint Committee on Health and Children in July 2006. The submission[5] to the Government Committee makes the following key recommendations:

Action 1 - Protection from all sources of unhealthy food marketing

- Healthy food policies in all schools, pre-schools and third level institutions. Government need to provide funding and resources to help schools develop and implement these policies.

The Irish Heart Foundation in particular has called for increased funding for sports and physical education equipment to help schools be less reliant on commercial funding.

Action 2 - Protection from unhealthy food marketing on TV

- The Broadcasting Commission of Ireland (BCI) Children's Advertising Code should restrict advertising of unhealthy foods up to a 9 p.m. watershed. This option gives optimum protection to children.

Action 3 - Monitoring and Data Collection

- It is extremely difficult to know exactly the type and amount of food advertising to children, and more information and monitoring are needed in unregulated areas such as the Internet and text messaging both at national and European level.

Speaking at the presentation to the Government committee, the Chairman of the NHA, David Kennedy, said "in implementing the smoking ban Ireland showed that it can be courageous and take an international lead to implement good health promoting policy. There is an opportunity for the Irish Government to again show leadership in tackling obesity. Today we are highlighting some clear policy steps that can be taken to protect children from the marketing of unhealthy foods. This is just part of the overall solution on obesity, but each recommendation is readily achievable."

NHA Paper 2
Physical activity, young people and the built environment

A paper on the above topic looking at the evidence has been prepared (described in Heart Matters, May 2006) and is now being circulated for discussion and consideration of policies among key stakeholders, including planners, architects, transport and local authorities. An initial consultation meeting took place in May 2006 with some relevant stakeholders including the Department of the Environment, Culture and Heritage; Department of Transport, local authority representation, as well as relevant departments of universities and members of the NHA.

The paper will be published at a large consultation meeting in November 2006, following which key policy proposals will be presented to the Government.

Support from EU and EHN vital

The funding from the European Union and support from the European Heart Network, other heart foundations and other networks such as PORGROW has helped the Irish Heart Foundation and National Heart Alliance play a lead role in advocating for policy changes to tackle obesity and other chronic diseases. This work is ongoing and policies continue to be researched, re-evaluated and re-submitted. We are pleased to have been part of this important project and urge all partners to continue to support each other and play a role at both national and European level.

* The National Heart Alliance was established by the Irish Heart Foundation in 1998; it is partly funded by the EU and from the start aimed to look at policies to provide a healthier environment. To date almost 40 organisations are members.

by Sergio Oliveri, ALT, Italian Association against Thrombosis

Education, physical activity, diet and marketing: Key points for counteracting childhood obesity

The "Children, obesity and associated avoidable chronic diseases" project is coming to an end. ALT - the Italian Association against Thrombosis (Associazione per la Lotta alla Trombosi - Onlus), as Italian coordinator of the project, directed its efforts to adopting a national consensus statement on how to combat childhood obesity.

ALT, like other EHN member organisations, organised a stakeholder consultation to agree on priorities for policy options on childhood obesity. The stakeholders involved in this process were some of the members of the Italian Platform on Childhood Obesity which ALT initiated during the Children and Obesity project.

In particular, the stakeholders involved were:

- Cremona's Child Obesity Group (medical group);
- Altroconsumo (major consumer association);
- Italian Heart Foundation (non-governmental organisation);
- Lombardia Region "Health General Direction" (government institution);
- UPA - Associated Advertisers (major advertiser association);
- ALT - Italian Association for the Fight against Thrombosis (non-governmental organisation).

The top five priorities for combating childhood obesity in Italy selected were:

- Food and health education in schools;
- Improved communal sport facilities;
- Improved health education in the media and community;
- Controlling sales of foods in public institutions;
- Controls on food and drink advertising.

The most favoured option was "Food and health education in schools". Participants felt that nutrition and health education is currently insufficient in Italy. They stressed the importance of health education at every level, especially for children: schools should implement projects in synergy with NGOs and governmental institutions in order to make children aware of the importance of a healthy lifestyle and they should encourage physical activity. Schools should also provide information and education on counteracting the attitudes that are promoting obesity.

"Improved communal sport facilities" was chosen as the second policy option. After the consultation it was stated that sport facilities should be more accessible and available. The importance of playgrounds and parks in major cities, which give children the opportunity to play in open spaces, was also stressed.

"Improved health education in the media and community" was chosen as a priority, in combination with the first option: education has to be increased not only at school but also at a wider level. The media, especially TV, represents a very strategic way to influence children's attitudes.

When it comes to "controlling sales of foods in public institutions", it was stressed that it is not possible to accept the sale of junk food in public institutions: for instance vending machines selling food or drinks high in fat or sugar in hospitals is unacceptable. The importance of healthy meals in schools was also stressed: school canteens should serve healthy food, such as the Mediterranean diet.

The fifth among the most favoured options was "Controls on food and drink advertising". At national level there is no strict regulatory code to protect children from advertising. The participants that chose this option stressed that a self-regulation code is inadequate in protecting children from the promotion of unhealthy food.

Next step

The next step in the context of the Children and Obesity project is to develop national guidelines for putting the five policy options into concrete action. ALT has already started to contact its partners (members of the Platform on Childhood Obesity) in order to find out the goal to reach and concrete objectives that can be achieved.

Building partnerships

The Children and Obesity project allowed ALT to build new partnerships and to strengthen alliances with other national organisations. During the project ALT initiated the Italian Platform on Childhood Obesity which provided an opportunity to share experiences, best practices and competencies on the matter.

The partnership with Cremona's Child Obesity Group (medical group) should be mentioned as it represents an example of fruitful cooperation. In the city of Cremona (in Lombardia - northern part of Italy) the Municipality has worked with the District Council, the Local Health Corporation and Cremona's Child Obesity Group to implement interesting projects aiming at tackling childhood obesity, such as promoting healthy school meals in school canteens and promoting physical activity by encouraging children to walk to school.

This partnership with Cremona's Group allowed ALT to establish, in March 2006, a new base in Cremona which helps to increase ALT's prevention activities by reaching more citizens. In September-October 2007, the base of ALT in Cremona will promote several events (conferences, projects, marathon race) with the underlying theme of the fight against cardiovascular diseases and childhood obesity.

The objective is to build more and more partnerships involving institutions, non-governmental organisations, private companies and the whole of civil society in order to support common action against childhood obesity and associated avoidable diseases.

by Karen van Reenen, Netherlands Heart Foundation

Working to counteract childhood obesity in The Netherlands

Consulting with the organisations concerned

As part of the pan-European project on "Children, obesity and associated avoidable chronic diseases", the Netherlands Heart Foundation (NHF) has undertaken several important actions. One of them was the organisation of two external consultation meetings on policy options in the fight against childhood obesity that took place on 17 January and 14 February 2006.

The purpose of these meetings was to agree on priory actions by bringing together several Dutch health organisations that are active in combating childhood obesity. The Nutrition Centre, The Netherlands Institute for Sport and Physical Activity, The Netherlands Institute for Health Promotion and Disease Prevention, and the Dutch Consumers Organisation participated in this part of the project.

Prioritising the policy options

First an internal meeting at the Netherlands Heart Foundation was organised to which all the members of the department of Prevention and Promotion were invited. Policy options were prioritised and finally five policy options were chosen. At the meeting with like-minded organisations held on 17 January, an introduction to the project was given and the organisations were informed about the Children and Obesity project. Since further clarification was needed on the procedure and the ideas behind the policy options, a second meeting was arranged for 14 February 2006.

The leading policy options supported by the participating organisations at the second meeting were:

- Controls on food and drink advertising: e.g. tax or ban advertisements for unhealthy foods;
- Controlling sales of foods in public institutions: e.g. adopt standards for school meals, vending machines;
- Food and health education: increase teaching in schools about diet and exercise, cooking, food labels, advertisements;
- More research into prevention and treatment of obesity;
- Improve communal sports facilities: Improve provision of sports and recreational facilities in schools and communities.

The process of selecting these policy options and the final list of the most important policy options supported by all organisations that participated in the process will be presented to the partners of the platform on obesity when they meet at the end of October.

A priority emphasis: Controlling advertising aimed at children

With the further development of the project on children and obesity, a new insight developed in The Netherlands: the protection of children against food marketing was considered of the utmost importance. The existing situation in The Netherlands, with a well-developed and accepted system of self-regulation as the most important way of regulating advertising, a treaty on obesity with a large number of participants supported by the government and a platform on obesity with the Netherlands Heart Foundation as a participant led to the decision to prioritise action on children and food marketing. This would better shed light on the consequences of food marketing and children among stakeholders and was seen as a logical follow-up of phase 1 and 2 of the project on Childhood obesity and food marketing.

The Netherlands Heart Foundation, together with the Consumers Organisation and supported by the Nutrition Centre, decided to work on a publication called "Hollands Welvaren" with the subtitle "hoe kinderen worden beïnvloed door reclame over ongezonde voeding" (The prosperous Dutch: how children are influenced by advertising on unhealthy food). This publication is addressed to important stakeholders like the government and the food industry.

It contains a great deal of information on obesity, food marketing and food marketing techniques, and gives recommendations from the participating organisations on how to solve the problem of marketing of unhealthy food to children.

Cartoon figures join in the effort

On 5 September Dibbes, a popular cartoon figure together with a whole school class, presented the above mentioned publication to the Dutch Minister of Health, Welfare and Sports, Hans Hoogervorst. A Speakers Corner Session was organised on the effect of advertising for unhealthy foods to children with representatives from industry, an advertising agency, parents, a fast food company, the directors of both the Consumers Organisation and the Netherlands Heart Foundation, and other stakeholders.

In its press release of 5th of September, the Netherlands Heart Foundation presented our own recommendations to the Minister of Health. By presenting an attractive, readable booklet with all the facts about food marketing together with recommendations, the organisations hope to influence public, governmental and industrial opinion on food marketing to children in a positive way.
The recommendations are:

- no more advertising for unhealthy food during children's television hours (f.e. from 7 a.m. till 9 p.m.);

- no more food or health claims on products that contain high level of fat, sugar and/or salt;
- characters (like Sponge Bob) can only be used to promote healthy food;
- no more collecting actions for unhealthy food aimed at children.

Two National television stations dedicated two different 5 minute broadcastings to the subject that summarised our statements on advertising.

The publication and presentation of the booklet coincide with the one-year evaluation period of industry's self-regulatory food code. The FNLI (Netherlands Association of Food and drinks industry) stated they evaluated their own code and concluded that all members complied with the code; they could not detect any abnormalities on television advertising for food products and concluded that the food industry respected the new children's food code. Notwithstanding this positive self-evaluation, Minister Hoogervorst concluded that children should be protected more effectively from television advertising and urged the FNLI to take action. Following this remark from the Minister, the FNLI indicated it will revise the children's food code.

Also, new actions on the revision of the Television without Frontiers Directive and further developments in the field of food marketing and children will be developed in collaboration with the Dutch Consumers Organisation and the Nutrition Centre.

Working together toward healthier diets for children in Norway

In Norway, the NGOs that are concerned with nutrition and health have formed an alliance called Kostforum (Nutrition Forum). The aim of Kostforum is to promote healthy nutrition through advocacy. The Norwegian Health Association (NHA) has chosen to work through this alliance to promote healthier diets in Norway.

Established in 2002, Kostforum consists of five NGOs: the Norwegian Cancer Society, the Norwegian Diabetes Association, the Norwegian Association of Heart and Lung Patients, the Norwegian Association of Asthma and Allergy and the Norwegian Health Association. In addition to these organisations, the Directorate for Health and Social Affairs and nutrition experts are represented at the meetings.

Free fruit for children at school is a priority

From the beginning onwards, the main objective of the Kostforum has been to promote the idea of free fruit for school children every day.

The children in Norway eat less fruit than children in other European countries. About 10% of primary schools in Norway currently offer a subscription-based programme for fruit and vegetables. The fruit is partly paid for by the parents and participation is voluntary.

More fruit can mean fewer unhealthy snacks

Research has shown that free fruit in schools is an efficient measure for raising the total consumption of fruit, reducing social inequalities in fruit intake and reducing the intake of snacks and sweets. However, evaluation of the Norwegian subscription programme also shows that there is a social gradient: pupils who already consume higher quantities of fruits subscribe to the programme and raise their consumption, thus increasing social differences. This is why Kostforum advocates free fruit for all children.

The other main objective for Kostforum has been to promote the idea of a signposting scheme similar to the Swedish keyhole system (see Heart Matters 13 - May 2006).

Priority objectives of the alliance

While working with the Children and Obesity project the members of Kostforum have been important partners to NHA, and its main partners in discussing the principal objectives for reducing child obesity.

The NGOs agreed upon the following objectives:

- Subsidies on healthy foods;
- Changing planning and transport policies;
- More physical education in schools;
- Food and health education;
- Taxes on obesity-promoting foods;
- Controlling sales of food in public institutions.

Norway to launch a national action plan for a healthy diet in December 2006

In December 2006 the Norwegian government will launch its action plan for a healthy diet. Eleven ministries are involved in this plan, which will have a five-year duration. The aim of the plan is better health and quality of life through a healthful diet.

The Ministry of Health has proposed 11 areas for the plan:

- Communication;
- Quality;
- Healthy diet for small children;
- Healthy diet in kindergarten and schools;
- Food and health in the workplace;
- Healthy diets during leisure activities;
- Healthy diets for elderly people;
- Nutrition in hospitals and nursing homes;
- Increased knowledge of nutrition;
- Establishing local partnerships;
- Research and surveillance.

In June more than 150 stakeholders, governmental agencies, NGOs, retailers and industry representatives were invited to comment on the plan.

Kostforum welcomes the main areas and objectives listed in the plan. However, Kostforum commented upon the need, in particular, for free fruit for school children, signposting of healthful foods, taxes on obesity-promoting foods and subsidies on healthy foods.

The government's action plan is related to the Nordic Plan of Action for better health and quality of life through diet and physical activity which was signed by the Nordic Council of Ministers in July this year. This plan presents common Nordic standpoints that will be put forward in the coming discussions on the Commission Green Paper on "Promoting healthy diets and physical activity" and on a number of issues regulated at the EU level. It will also provide a Nordic perspective to the WHO ministerial conference on Counteracting Obesity in Istanbul in 2006 and to the formulation of the WHO-Europe Strategy on non-communicable diseases that was adopted on 11 September by WHO the Regional Committee for Europe in September 2006. For more information see: http://www.norden.org/pub/sk/showpub.asp?lang=6.

Activities that promote physical activity and healthy eating

For the past two years the Norwegian Health Association has offered an educational programme called Petter Puls to pupils in the fourth to sixth grades (ages 9-12). This is based upon the **Artie Beat** programme designed by The British Heart Foundation and on the Swedish Heart-Lung Foundation's Pelle Pump. The aim of the programme is to teach children how the heart functions and how the heart is affected by physical activity, diet and tobacco.

The programme has been evaluated and the teachers report that they spend more time on teaching health than they used to before and that it has led to an increase in physical activity for children.

In the spring the NHA organised a jump rope competition which was very successful. More than 40 000 pupils participated in the competition that lasted for two weeks.

This fall NHA will launch the Petter Puls cooking club for children aged 6-12. The children will learn how to cook, and the recipes are of course both healthful and fun. The club is after school hours and will be organised by our local branches.

The Slovenian Heart Foundation is expanding its prevention programme for children and youth

A balanced diet that meets all the body's physiological requirements is essential for optimal growth and development of children and youth, and it also satisfies the social and cultural requirements indispensable for harmonious development. Here not only a "healthy diet" is meant, but also the "nutritional culture".

Proportion of overweight children in Slovenia is on the increase

A study carried out in Slovenia (2004-2005) revealed that the prevalence of overweight among five-year-old children is 18.4% in boys and 20.9% in girls. The prevalence of obesity in boys reaches 9.0% and in girls 7.9%. Among adolescents, the percentage of overweight is 17.1% in boys and 15.4% in girls and the percentage of obesity is 6.2% in boys and 3.8% in girls. It is important that over 20 years (1983-2003) the proportion of obese children and adolescents, aged 7 to 19 years, more than tripled.

The Slovenian Heart Foundation observed in one of its studies carried out in 2004 that the Foundation's activities are attended by 8% of Slovenes below 35 years of age. Many things have changed since then.

Concluding stage of the European international Children and Obesity research (2004-2006) - Slovenia

The policy measures that might contribute to lower prevalence of overweight and obesity in children and youth were selected at the concluding stage of the "Children, obesity and associated avoidable chronic diseases" project, during the meeting in Ljubljana in January 2006. The meeting was attended by the representatives of non-governmental and governmental organisations and institutions working in this field and involved in the topic of Children and Obesity research (Ministry of Health; Ministry of Labour; Family and Social Affairs; Ministry of Education, Science and Sports: National Education Institute of the RS; Institute for Health Protection; Municipal Assembly of Ljubljana; Slovene Nutritionists Association; Slovene Consumers' Association; Institute of Public Health Ljubljana; University Children's Hospital; College of Nursing Studies; Primary School Ledina; Medical Chamber of Slovenia; CINDI Slovenia; Slovenian Olympic Committee; Slovenian Diabetes Association).

The organisations selected the following priority options, and the Slovenian Heart Foundation committed itself to perform the following activities:

Health and nutrition aspects and promotion of healthy lifestyles should be part of the curriculum in primary schools.
Parents have to receive sufficient information about proper dietary practices for themselves and for their children and about adequate physical activity.
The Slovenian Heart Foundation will therefore expand its current programme to:

- lectures, workshops, cooking courses, contests, prize games about healthy diet and physical activity in primary schools. Informative educational activities will be intended for children, their parents and teachers;
- stimulating local and national governmental structures to arrange recreational surfaces, parks, pavements, cycle tracks, etc.;
- stimulating the government to introduce a regulatory policy which would introduce daily physical education into the school curriculum and stimulating the government to create and adopt the national programme for physical activity of children and youth.

Better health care education and supplying information to the public - permanent information and education supplied to the general Slovene population about healthy lifestyle and the importance of regular and sufficient physical exercise.
The Slovenian Heart Foundation is publishing leaflets, brochures and affordable books within the scope of its "For the Heart" collection. Members are organising workshops for healthy dietary practices and healthy lifestyle and offering individual consultations via "For the Heart" consultancy offices, the forum on the website and a telephone line continuously staffed by physicians. Furthermore, the Slovenian Heart Foundation is also informing the public through monthly press conferences, offering information to the public on the website of the Slovenian Heart Foundation, and identifying health-friendly food products with the "Protects health" label (performing this activity for 14 years with over 220 food products having been labelled in this way).

Control on the advertising and promotion of food and drink products.
It has been established that advertising has an impact on children's food preferences, purchasing behaviour and consumption at both brand level and category levels and is independent of other factors.

The Slovenian Heart Foundation will stimulate Members of the European Parliament and national governmental structures to adopt decisions and statutory regulations restricting the way unhealthy food and drink products are advertised in all media.

Subsidies on healthy foods.
In Slovenia, health-friendly food products are more expensive than food products with lower nutritional value. Families from lover socio-economic groups cannot afford to buy them or buy them very rarely. Fruit and vegetables are so expensive that they cannot be included in the recommended quantities in the daily diet by all people. The Slovenian Heart Foundation will stimulate national governmental structures to adopt the decision on public subsidies to help reduce the price of more health-friendly food products, fruit and vegetables, so that these products will become more easily accessible.

Controlling sales of foods in public institutions.
The Slovenian Heart Foundation will promote the adoption of the law controlling the sales of snacks that are very high in fat, of sweets and sweet drinks in public institutions (e.g. in schools and hospitals) and prohibiting vending machines selling this type of food and will stimulate responsible persons to order more health-friendly food and/or food ingredients for preparing meals for the pupils in primary schools.

Activities of the Slovenian Health Foundation performed during the research on Children and Obesity

The Slovenian Heart Foundation expanded its activities to the field of nutrition and healthy lifestyle of children and youth by:

- organising the round table "Healthy is cool" in autumn 2005;
- organising a large number of press conferences;
- publishing several articles dealing with this topic;
- introducing the Science Day called "Valentine's Heart";
- organising several recreational events for pupils, parents and teachers;
- setting up new projects in the field of working with children and youth;
- printing education and information materials (the brochure on children and obesity, the brochure called Slim Waist);
- publishing a regular column in the journal "For the Heart" called "The Heart's Core";
- preparing a manual for pupils of Slovene primary schools based on the English version of the manual "Eat your words";
- strengthening the contacts between non-governmental and governmental organisations and professional institutions.

In the years of carrying out the research on Children and Obesity (2004-2006) some major changes in the field of dietary practices came about at the national level in Slovenia:

- In 2005 the national programme was adopted covering the 2005 - 2010 dietary policy for children and youth;
- In 2005 all education units (kindergartens, primary schools) received the "Guidelines of healthy dietary practices" and were informed about the 2006 plans;
- In 2005 the draft was prepared of the education programme for food caterers and other staff involved in preparing meals in training and education institutions;
- Research activities in the field of dietary practices, physical exercise and body weight have expanded (e.g. in 2004 research was done on the prevalence of overweight and obesity in five-year-old children and in 15 or 16-year-old adolescents in Slovenia, as well as research on the impact of dietary habits on overweight of eight-year old children in Slovene families);
- The number of publications in Slovene media related to the topic of overweight in children, diet and physical activity has considerably increased.

HJÄRT LUNGFONDEN

Policy options for childhood obesity in Sweden

Policy Work

With a view to combating child obesity, the Swedish Heart Lung Foundation (SHLF) organised a consultation meeting on policy options on 31 October 2005 in the context of the "Children, obesity and associated avoidable chronic diseases" project. The purpose of the meeting was to agree on priority actions by bringing together several national health organisations that are active in the field of childhood obesity.

Five organisations participated in the meeting: The Swedish Heart Lung Foundation (SHLF), National Food Administration (NFA), the National Institute of Public Health (NIPH), Stockholm County Council (SCC), Stockholm Consumer Cooperative Society (SCCS). The organisations that were not able to attend were: University College of Physical Activity and Sports Division of Paediatrics, Department of Clinical and Molecular Medicine Faculty of Health Sciences Linköping University.

According to the participants in the meeting, the following policy options were to become priorities in the fight against childhood obesity:

- Reform of the EU's Common Agricultural Policy;
- Change planning on transport policies;
- Health communication to parents at for example maternity clinics and children's health care centres;
- More obesity research;
- Health education on nutrition and physical activity and supportive environments in schools.

Continuous work in Sweden on the fight against marketing of unhealthy foods to children.

During the "Children, obesity and associated avoidable diseases" project, Janina Blomberg at the Swedish Heart Lung Foundation has developed a national alliance among organisations also engaged in the area of food marketing to children. Two of the most active organisations in this alliance are Kfs - Stockholm's Cooperative Consumer Society and The Swedish Consumers Association. This article will summarise what two of these alliance members have been working on within this subject during the last year.

Kfs - Stockholm's Cooperative Consumer Society

In May/June 2005, Konsumentföreningen Stockholm (KfS - Stockholm's Cooperative Consumer Society) investigated 55 food products that are marketed to children in grocery stores (soft drinks, chips, fruit drinks, and ice cream were not included in the survey). The purpose of the study was to look at the entire market in order to follow changes in the products' nutritional contents and the companies' future marketing strategies. Points of view from the KfS Parents jury were presented to the food industry in the winter of 2005/2006. The same evaluation was done again during the summer of 2006 so that the results can be compared to each other. The results from the 2006 evaluation are not yet available. Some of the conclusions from the study carried out in 2005 are:

- Breakfast cereals are the food most frequently marketed to children in Sweden, followed by dairy products, for example, milk drinks, medium-fat milk, flavoured milk, cream cheese, and yogurt.
- Of the breakfast cereals investigated, all but three contained 20 percent or more of some type of sugar. Most contained 30-50 percent of some type of sugar and had a low fibre content. Just about all of the 17 dairy products studied were sweetened. All of the cookies and crackers in the investigation (nine varieties) were sweet and fatty, with low fibre contents.
- During the last year, several companies made changes in their product range; for example, they decreased the amount of sugar and increased the fibre content. They also made certain changes in their marketing. However, KfS believes that much more remains to be done.

For more information about these surveys please contact louise.ungerth@konsumentforeningenstockholm.se

The Swedish Consumers' Association

The Swedish Consumers' Association is leading a project focusing on surveying the situation regarding food marketing to children through different channels. The project is financed by the Nordic Council of Ministers and The Swedish Consumers' Agency. The Swedish Consumers' Association is responsible for the project and the Centre for Media and Communication Studies at the University of Lund has undertaken to produce a scientific method and perform a solid evaluation. A national expert panel group has been established with representatives from the Swedish Consumers' Agency, member organisations of the Swedish Consumers' Association, opinion leaders and media scientists.

Until now three advertising channels have been scanned - children's magazines, advertisements directed to homes and advertising on the Internet. Below are some of the results from the Internet-based survey:

- The Internet contains large amounts of advertising for unhealthy food directed towards children.
- The advertising on many websites seeks to make children loyal consumers of unhealthy food, thereby putting their physical health in danger.

An ethical Internet policy involving health issues should be as natural as one on safety issues, says Jan Bertoft, Secretary-General of The Swedish Consumers' Association.

In total, 93 websites were selected for inclusion in a scientific analysis. Of these, 37 are sites commonly visited by children, so-called 'communities', and 56 belong to companies in the food industry. A total of 277 screenshots containing food advertising that could be seen as aimed towards children below the age of 12 were recorded. These were then analysed by media researchers at the University of Lund.

The results show that of all the advertising identified on the relevant websites, as much as fifty percent promotes candy, crisps, soda drinks, ice cream and cookies. Seven out of ten websites further contained animated figures, 'children's clubs', contests, games, 'birthday party tips', 'fun stories' and other similar material available for download.

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by Jane Landon, National Heart Forum UK

Obesity and advertising in the UK

As obesity rates in Britain continue to spiral, television advertising for food and drinks to children is high on the policy agenda this year. At the request of the government, the British broadcast regulator, Ofcom, is due to recommend new controls on TV advertising in the autumn, following public consultation. The course of the consultation has been extraordinary, triggering a legal challenge from health and consumer organisations, and a massive public campaign calling for tough new rules.

Restricting television advertising seen as crucial

The National Heart Forum (NHF) first identified tackling the promotion to children of foods high in fat, sugar and salt (so-called HFSS or 'junk' foods) as an important policy objective in our young@heart report in 2002.[1] The recommendations of the NHF alliance include a total restriction on TV advertising for HFSS products until after 9 p.m.

Although controls on TV advertising on their own will not be sufficient, TV is an extremely influential media with high advertising expenditure for food products, chain restaurants and soft drinks. In 2005, £862 million (€1,280 million) was spent on food and beverage advertising in the UK, with TV the main media for this marketing. On average, children aged 4-15 watch 15.8 hours of TV every week and see 95 million advertising impacts.[2] Almost 80% of the time spent watching TV by 10 to 15-year-olds is outside children's dedicated airtime, and among 4 to 9-year-olds this figure is over 57%.

Ofcom recommendations not on target

The National Heart Forum welcomes this opportunity to strengthen TV advertising codes, but was extremely disappointed by the options for consultation put forward by Ofcom. It is important that controls only target junk foods, so that healthy foods can still be advertised. Yet two out of the three Ofcom options target all foods. It is crucially important that restrictions protect all children, and apply to the times that we know children are watching TV. Yet Ofcom's options only target programming intended for children under nine years of age, when viewing data clearly shows that far more children, of all ages, watch early evening soap operas than watch Saturday morning children's programmes. Most disappointing of all, Ofcom ruled out consulting on a restriction on junk food advertising up to 9 p.m., despite a likely reduction in advertising impacts of 82%, compared to less than 40% from Ofcom's preferred options.

NHF challenges Ofcom

After seeking legal advice the NHF believes it was not lawful for Ofcom to exclude a 9 p.m. restriction from the consultation, and that the regulator's reasoning was unfair. In May 2006, the National Heart Forum started legal proceedings to request a decision from the courts on Ofcom's exclusion of the 9 p.m. option. Under threat of judicial review, Ofcom made significant concessions to permit consultation on a 9 p.m. restriction for junk food advertising and published supplementary documents part-way through the public consultation period which took account of the NHF's complaint; a victory for public interest organisations.

The litigation has been a 'lightning conductor' for a public debate, helping the NHF to galvanise support for the 9 p.m. option among a broad coalition of health, consumer and child welfare organisations, as well as many parents, and ensuring these views were represented in the consultation responses (see box below).

Increasing support for limiting TV advertising

Running in parallel to this legal challenge, letter-writing campaigns by the consumer watchdog Which?, by Sustain (the alliance for better food and farming) and by the National Federation of Women's Institutes kept the issue firmly in the public eye and in the news over recent weeks. Hundreds of parents, teachers and others have sent in their views to Ofcom.

During the consultation period, opinion surveys by the British Heart Foundation and by Which? showed levels of parental support for controls on advertising when children were most likely to be watching television (up to 9 p.m.) to be between 68% and 79%. The campaign also gained strong support from parliamentarians. Over 100 MPs in Westminster signed a motion calling for a ban on junk food advertising before 9 p.m. and a similar motion has been tabled in the Scottish Parliament.

Revising regulations at EU level

As EU Member States, such as the UK, introduce regulation on food and drink advertising to children, so the competence of EU regulation to underpin rather than undermining that national regulation will be tested. The revision of the Audiovisual Media Services Directive[3] presents a vital opportunity. Jointly with the British Heart Foundation NHF members have written to the British Members of the European Parliament on the committees which are scrutinising the Directive, inviting them to consider amendments that would protect children from junk food advertising before 9 p.m.

NHF is extremely grateful for the public statements of support and campaigning from members and other organisations. Without this commitment and 'esprit de corps' NHF would not have been successful in pursuing this case. Thanks and congratulations go to: British Medical Association, the Royal College of Physicians, the British Heart Foundation, Diabetes UK, the National Children's Bureau, The Royal Society for Health, the Faculty of Public Health, the National

[1] National Heart Forum. 2002. Towards a generation free from coronary heart disease: Policy action for children's health and well-being. NHF. London.

[2] One impact = one advertisement seen by one child.

[3] Formerly called the Television Without Frontiers Directive

Union of Teachers, the Northern Ireland Chest, Heart & Stroke, Sustain, the International Obesity Task Force, the National Federation of Women's Institutes, the British Dental Health Foundation, the Health Education Trust, the Office of the Children's Commissioner and Which? (formerly the Consumers' Association).

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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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