Danish National Action Plan against Obesity

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National Action Plan against Obesity

- Background
- Process
- Recommendations
- Future Perspectives
Background

- **Prevalence of overweight in Denmark**

  - BMI > 25  30-40%  ca. 1.3 mio.
  - BMI > 30  11-13%  ca. 400,000
  - BMI > 35  3-4%   ca. 100,000

- Since 1987 a rise of 75%
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- **EU Conference on Obesity, Copenhagen**
  11-12 September 2002:

  **ACT NOW!**

- EU Council Conclusions
  - Focus on obesity prevention in all national health policies and in common EU policies
  - Strengthen research in obesity
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- PERSPECTIVE:
  - Common scientific and professional platform

NO EXCUSES!
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  - Private persons:
    - Experts don’t agree
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    - Experts **do** agree: **ACT NOW!**
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  - Professionals
    - Lack of consensus
      - existing evidence
      - lack of evidence
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  - Private persons:
    - Experts don’t agree
    - Experts do agree: ACT NOW!
  
  - Professionals
    - Lack of consensus
      - existing evidence
      - lack of evidence
    - Consensus
      - existing evidence: ACT NOW!
      - lack of evidence: RESEARCH!
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- **A COMMON PLATFORM**
  - Documentation
  - Recommendations
  - Organisation of initiatives
  - Group of experts (February 2002)
  - Launching (March 2003)

- **AIM**
  - Prevention of development of obesity (BMI > 30)
  - Reduction of the number of persons with obesity
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- **NOT**
  - ideals of appearance
  - slimming diets

- **BUT**
  - obesity as a health problem
  - lasting life style changes
  - avoidance of discrimination and stigmatization
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- **BALANCE**
  - Weight stability
  - Physical fitness
  - Balanced diet
  - Energy intake vs. energy expenditure
  - Obesity vs. eating disorders
  - Individual responsibility vs. political responsibility
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- **Target Groups**
  - Children and adolescents (in general)
  - Children and adolescents with obesity or high risk of obesity
  - Adults (in general)
  - Adults with overweight (BMI 25-30) and/or high risk of obesity and/or diseases associated with obesity
  - Adults with obesity (BMI>30)
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- Stakeholders
  - State
  - County
  - Municipality
    - day care
    - schools,
    - recreation facilities
  - Voluntary bodies
  - Work places
  - Industry/Trade
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- Focus
  - Diet
  - Physical Activity
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- What can be done by the individual?
- What can be done by the local community?
- What can be done by the authorities?
66 Recommendations

• Structural improvements
• Politics for healthy food and physical activity
e.g.
  • Access to healthy food and fresh drinking water
  • No candy and soft drink vending machines in schools
e.g.
  • Physical activity as a natural part of life
  • Environment supportive of physical activity
  • Traffic around schools
• Education/qualification of professionals
• Information activities
• Development of methodology
Recommendations (examples)

**DIET (Children):**

- **Recommendation 6:**
  
  Adopt and secure the implementation of nutrition policies for
  day care, schools, out-of-school care, and secondary schools
  - Access to healthy food
  - Social norms and physical environment
  - Teaching
  - Adults as role models

- **Recommendation 8:**
  
  Develop courses in nutrition and cooking for the training of
  teachers and educators
Recommendations (examples)

**PHYSICAL ACTIVITY (Children):**

- **Recommendation 12:**
  Implement policies for physical activity in day care, schools, and out-of-school care
  - Stimulate the use of play grounds
  - Stimulate physical activity during lessons and otherwise
  - Organise excursions

- **Recommendation 15:**
  Adopt traffic policies which secure, that children and adolescents have the opportunity of active transport to and from day care, school, out-of-school care, sports and leisure associations
  - Establish car free zones near schools
  - Establish safe foot and cycle paths separated from car traffic near schools
Recommendations (examples)

**PHYSICAL ACTIVITY (Adults):**

Recommendation 39:

> Secure the establishing of bath rooms and changing rooms in the work place in order to motivate and support staff who walk or cycle to work

Recommendation 41:

> Make staircases inside buildings more attractive and use conspicuous signs to promote use of stairs

Recommendation 46:

> Integrate opportunities for promoting physical activity in connection with building projects and urban renewal projects – including planning of leisure areas
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Challenges

- Barriers across sectors/ministries
- Lack of effective methodology
- Lack of professionalism

PATIENCE!
Follow up 2003

- National Board of Health:
  - e.g.
    - Campaign on physical activity ("30 minutes a day")
    - Handbook on physical activity directed at medical doctors
    - Pool allocated at development of prevention methods
    - Web site directed at stakeholders
    - Creation of network and cross collaboration among stakeholders
    - Focus on education and qualification of health professionals
    - Case studies / Target group analyses
    - Development of instruments and methods for identification and management of high risk groups
Key words

- Cross collaboration
- Qualification
- Attitude change
- Action and Research - Hand by Hand

- ACT NOW!

- there are no excuses for a delay!
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