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**Opinions of the City of Stockholm concerning the Green Paper on "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases"**

**IV.3.2.**

*On which areas related to nutrition, physical activity, consumer behaviour and the development of tools for the analysis of related disorders is more research needed?*

**Answer:** More research and follow-up is needed regarding advice on and promotion of physical activity in primary care. Regarding the health care providers who today prescribe physical activity, to what extent do they follow up their recommendations? Do individuals who are prescribed physical activity remain more physically active in the long-term, or is it just a short-term effect after the prescription? Why do some people follow physical activity advice, and others not?

**IV.4.3.**

*How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socio-economic distribution of this condition?*

**Answer:** A database needs to be created and integrated into the existing journal system, in which individuals' height and weight data are kept. These details should be directly retrievable during contacts with the health services, along with population data on, for example, BMI (body-mass

index). Such a database would contain data "from the cradle to the grave" and allow research into the causes of overweight and obesity. It would also allow the effects of targeted actions to be monitored, so that comparisons could be made between the European countries. The European Platform for Action emphasises the need for "binding and verifiable commitments aimed at halting and reversing current overweight and obesity trends". Educating parents has an important role to play here, as does monitoring children's height and weight within the health sector (the present child health-care clinics and the school nurse health service). A coherent health system for children and adolescents offers more likelihood of continuity in this work.

*How can the programme contribute to raising awareness amongst decision makers, health professionals, the media and the public at large of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases?*

**Answer:** Increased awareness is created through active participation, through everyone taking ownership of the question. Present reports, create opportunities for interpretation, networks, education, discussions and development of action plans. The action plans should permeate all levels within society's structures, and there should be follow-up on the same levels. There should also be an investment in educating parents from the outset, i.e. during antenatal health care and child health care, so that when children start school they have already acquired good eating habits at home. Also important is the need to raise the skills of those responsible for purchasing/planning school meals.

*Which are the most appropriate dissemination channels for the existing evidence?*

**Answer:** Those where authorities are found, e.g. within the health services. Those with a high profile and credibility, e.g. the media. Municipalities and health care services where there is public interest.

## **V.1.2.**

*Are voluntary codes ("self-regulation") an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods? What would be the alternatives to be considered if self-regulation fails?*

**Answer:** Risk labelling could be done in the same way as for tobacco products, with warnings on goods that are energy-dense and that are meant to be consumed as they are. Cooking oil, for example, which is not meant

to be drunk as it is, would not need a warning text, but soft drinks with a high sugar content would.

## V.2.1.

*How can consumers best be enabled to make informed choices and take effective action?*

**Answer:** School and pre-school is the ideal arena for educating both target groups, i.e. children and parents. However, it is essential that the basic information be given early, during child health-care sessions. Weight problems start early in life. Even in children of 3 or 4 years of age the first signs of weight problems are often already visible, and 70% of children who are overweight at the age of 5 will go on to become obese adults. Personnel such as teachers and school meals staff need to be taught the necessary skills. The schoolchildren too need to be taught about the nutritional content of different foods, the importance of physical activity, etc.

## V.3.2.

*What are good examples for improving the nutritional value of school meals, and how can parents be informed on how to improve the nutritional value of home meals?*

**Answer:** Within the City of Stockholm we have improved the nutritional content of school meals by introducing "model menus". Simple and practical information material on the importance of a balanced, nutritional diet is being developed for parents, to help them make informed choices on the food they feed their children.

*What is good practice for the provision of physical activity in schools on a regular basis?*

**Answer:** Sweden has a project ongoing (the "Bunkefloprojektet" = the Bunkeflo project), where all children have physical activity every day within the school framework, often arranged in collaboration with local clubs and associations. And the City of Stockholm is experimenting with a scheme known as "walking school buses" (explanation: parents take turns on a rota system to walk a group of children to school, thus giving them fresh air and exercise while guaranteeing their safety). Excitingly-designed school playgrounds and equipment, combined with committed school staff, also motivate children to get involved in physical activity.

*What is good practice for fostering healthy dietary choices at schools, especially as regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?*

The first, simple answer is that sugary snacks, sweets, crisps and soft drinks should not be allowed in school at all. One problem that continues to be underestimated is the canteen environment and the way meals are presented and served. Many children choose not to have school dinners and instead buy things in local shops – often sweets. The first and most important measure is therefore to get children to want to eat in school. To do this, it is important to have a good, noise-free canteen environment. This will often mean having to divide today's premises up into smaller rooms and making them more attractive. In many schools it will also mean building additional canteen facilities so that children can have their lunch at the right time. It means always providing a proper salad buffet, which should be positioned before the other dishes. It means providing two hot dishes to choose from, so that no child chooses to go to the local shop "because the school food is disgusting". It means educating parents in advance in order to prevent children becoming picky about what they will eat. It means serving the meals tastefully and having adults present to give lunchtime a pedagogical content. In Sweden, conflicts with the unions about compulsory lunch duty for teachers will therefore need to be resolved. It also means ensuring the development of skills among catering staff within the child care system and school.

#### **V.4.1.**

*What measures would encourage and facilitate the practice of physical activity by workers during breaks, and on the way to and from work?*

**Answer:** Provide bicycle stands, bikes for loan, Nordic walking poles for loan, physical exercise campaigns, activity days, conferences with active elements, encourage staff to have "walking meetings" i.e. to hold meetings over an outdoor walk rather than in the office, provide lunch-break aerobics programmes and keep-fit time. Participation and involvement are important. Find out what the staff want.

#### **V.5.1.**

*Which measures are needed, and at what level, to ensure efforts to promote healthy diets and physical activity are better integrated into health services?*

**Answer:** Clear requirements and a shouldering of responsibility throughout the health care sector. Today, every unit in the health care

system can choose whether, for example, to operate a policy of prescribing physical activity. The benefits of physical activity and of good diet must be given greater prominence in the training of doctors.

## V.6.1.

*In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?*

**Answer:** Develop public health programmes within the local authority and healthcare sectors. Develop central and local action plans and set up services that have responsibility within municipalities and the health services. The lines of responsibility should be clearly drawn, all the way from the central administration to the grass roots.

*Which measures are needed to foster the development of environments that are conducive to physical activity?*

**Answer:** All urban planning schemes should show the location of facilities for exercise and all forms of physical activity, for example play areas and community areas. Environments for physical activity must be attractive, practicable and easily accessible.

## V.7.1.

*Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?*

See our earlier proposal concerning a national database recording individuals' heights and weights, integrated into an electronic journal system. The height and weight information collected "from the cradle to the grave" would be directly available for consultation whenever the patient visits a healthcare service, and should not simply be stored by an authority. An overweight parent who can see that his/her weight problem started at the age of 3 will no doubt be very strongly motivated not to pass on this "social" inheritance to his/her own children.

Central units should be created in each Member State to ensure the quality of health-promoting work. The unit should take the form of a health section and should cover all the skills that exist today within the maternity, child, school and adolescent health care systems, as well as representation of the pedagogic skills found in preschool and school.

*How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?*

**Answer:** Through targeted interventions aimed directly at these groups, through discussion, dissemination of knowledge and active involvement.

## **V.8.**

*Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?*

Daily physical activity must be made an integral part of school life. As regards activity in school, there are various good examples for children of different ages, such as the "Röris" physical exercise programme. Schools should also allow sports organisations to organise various types of sporting activities after school hours in the sports facilities, but not simply for children with special sporting talents. Rather, the aim should be to give all children a chance to engage in general physical activity. Sports lessons in schools should be designed to give all children the opportunity to engage in meaningful and positive physical activity commensurate with their abilities.

Evidence from various research projects shows that the degree of physical activity indulged in during leisure time varies from one social group to another. There is also evidence that physical activity is perhaps the most important factor for a healthy lifestyle. These combined factors mean that schools have a great responsibility, and an opportunity, to compensate for social differences and to help students have a healthy lifestyle irrespective of parental input. The same applies to the school's role in general. It means that schools can improve their provision of physical activity not only by involving voluntary organisations but also by expanding their timetables.

School playgrounds should be designed in such a way to stimulate the children and provide the opportunity for physical activity. And traffic planners should ensure that children can walk and cycle to school in safety.

When allocating contributions to sports associations, municipalities should give priority to those associations that focus on sport for all and should pay special attention to issues that restrict access, such as gender, ethnic factors and cultural factors, as well as to the provision of sports opportunities for mentally handicapped children and adolescents.

*Which role at national and at Community level?*

**Answer:** Produce programme brochures, develop strategies, create the right conditions, provide resources for targeted initiatives and provide follow-up.

## **V.10.2**

*Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? And through which means?*

**Answer:** Draw up public health programmes, develop horizontal strategies, collect and spotlight good examples, give contributions without involving too much red tape, provide follow-up. Make public health a regular item on agendas and take the issue seriously. Dare to employ a long-term approach. Learn what methods have been successful. Work at community, group and individual levels through the municipal and health-care structures. Create a spirit of commitment, whereby the abovementioned structures take ownership of this question and take responsibility.

## **V.11.**

*Are there issues not addressed in the present Green paper which need consideration when looking at the European dimension of the promotion of diet, physical activity and health?*

**Answer:** To ensure long-term health-promoting work, society's public structures must take responsibility for the question.

There are four health promotion criteria that need to be taken into account:

1. Focus on encouragement
2. Arena /system approach (The arena/connection. The role of individuals, work groups and organisations from a health viewpoint)
3. Participation (Necessary for success and for legitimacy and commitment. Feeds pedagogic insight and takes time to develop)
4. Process-oriented work (Mode of procedure)