



Commission of the European Communities Green Paper

"Promoting healthy diets and physical activity: a European dimension
for the prevention of overweight, obesity and chronic diseases"

Brussels, 08.12.2005
COM(2005) 637 final

The National Coalition for Active Ageing brings together key agencies and stakeholders in the UK to act as a collective voice and champion the cause of promoting physical activity with older people of all interests, abilities and ages.

Introduction

Background

There is a significant and growing body of evidenceⁱ which suggests that diseases and conditions (including, for example CHD and Stroke) which are the primary cause of loss of function and independence in later life are preventable and that physical activity can play an important part. The evidence is clear that physical activity can confer immediate and long-term physiological and social benefits particularly for certain conditions directly associated with old age. Whilst the preventative effects of physical activity remain a priority, there is increasing evidence of its potential contribution towards maintaining mobility and independence in later life and an improved quality of life through social integration, enhanced self esteem and positive images of successful ageing.ⁱⁱ

Yet for a range of reasons, not all older people are able to experience such benefits. The reasons are many and varied and include a lack of opportunity or understanding of the benefits, an absence of role models, concerns for personal safety, a loss of confidence and inappropriate or inaccessible provision of services. Together with a lack of recognition of the importance of physical activity among national agencies and providers, this has meant that physical activity is not an integral part of the life of every older person.

Today, across Europe, the growth of the ageing population is a reality. This provides us with two challenges; that older people are a valuable resource who can make an important contribution towards society, but also that ageing will make increasing social and economic demands.

Currently, every 3 minutes someone in the UK has an osteoporosis related bone fracture at a cost of £5 million per day to the Health Service and UK Government. The accumulative health costs of inactivity including coronary heart disease, stroke treatment, obesity, and diabetes exceeds £9 billion per year. This is in addition to the £6.5 billion per year spent on mental health and the £8.5 billion cost to industry of lost working days. 'There is overwhelming evidence of the importance of Physical activity for the older person, including the immediate and long-term physiological, psychological and social benefits, for certain conditions directly associated with old age, but most importantly in assisting older people to maintain their independence in old age.'

British Heart Foundation Active for Later Life Resource 2004 - Recommended Levels of Physical Activity for Health

Current UK Government guidelines suggest that adults should accumulate at least 30 minutes of a moderately intense activity on five or more days of the week. The Chief Medical Officer endorses this recommendation for older adults

and in addition recommends specific activities that promote coordination, balance and strength.

However, there is little or no action by Governments across much of Europe to promote physical activity for older adults. Addressing this is of paramount importance

General Trends

According to findings from the 2003 Health Survey for England, 81% of men and 87% of women aged 55 years and over do not reach the recommended levels of physical activity to benefit health. There is also a sharp decline in levels of activity with increased age.

The percentage of men achieving the recommended levels of physical activity reduces from 32% at 55 - 64 years of age, to 9% of those aged 75 and above.

The 2000 Health Survey for England found that 86% of women and 78% of men who were residents of care homes were classified as inactive. Functional capacity declines with age. Strength, endurance capacity, bone density, and flexibility are lost at approximately 10% per decade and muscle power even faster at 30%.

This loss impacts upon an older person's ability to maintain independence:

- In England, approximately 1 in 4 women and 1 in 14 men aged 50 years and over do not have the strength and power in their leg muscles to climb the stairs without needing assistance. 20% of women and 14% of men aged 50 years and over do not have the flexibility to wash their hair comfortably.
- Participation rates in sport, games and physical activities (excluding walking) consistently decreases with age after 16 years of age. This decrease occurs across all socio-economic groups, although it occurs earlier and more suddenly amongst women, people with a disability and black and ethnic minorities
- The lowest levels of activity were found in the Bangladeshi community, 85% of men and 92% of women aged over 55 years reported less than one 30 minute session of moderate or vigorous activity per week.

Active Living

Traditional sports and exercise activities do not play a large part in the overall activity levels of people aged 50 years and above.

Participation in sporting activities of an intensity likely to produce a health benefit declines with age:

- 18% of men and 20% of women aged 50 to 54 participate in sports and exercise activities at least once a week compared to 9% of men and 4% of women aged 80 years and over.
- Few men or women aged 50 years and over participate in sports and exercise more than once or twice a week and only 3% of men and 2% of women participate at least five times a week at an intensity likely to produce a health benefit.

While physical activity is now used as a generic umbrella term, it is often used to describe more specific forms of activity more closely identified with active living eg walking to the shops, cycling to work or climbing the stairs. Evidence suggests that activities such as walking and cycling are popular among older people. The NCAA is working to promote this form of active living.

Travel Patterns and Sedentary Behaviour

The proportion of trips walked decreases with age until people reach their 50's when it starts to increase again:

- In 2002, people aged over 70 made 28% of their trips on foot, compared with only 18% of people in their 40's.

The UK Time Use Survey (2002) highlighted the amount of time people spent doing sedentary such as using the Internet or a computer, reading, listening to music and watching television or videos:

- Men and women aged 65 years and over, spend approximately 3.75 hours a day on sedentary activities, over 75% of this time was spent watching television or videos.

About the National Coalition for Active Ageing

The National Coalition for Active Ageing has been established to bring together key UK agencies and stakeholders to act as a collective voice and champion the cause of promoting physical activity with older people of all interests, abilities and ages. The members of the National Coalition for Active Ageing include Help the Aged, the British Heart Foundation and the British Heart Foundation, Age Concern, National Centre at Loughborough University; British Geriatrics Society; Medau movement; Profane; NAPA; Later Life Training; and Research into Ageing.

It's purpose is to:

- a) provide a single voice giving leadership, direction and coherence to the development of opportunities for all older persons to be able to chose to be physically active

- b) work with older people, key national and regional agencies and stakeholders (including government) to influence policy, strategy and programming by highlighting priority areas and campaigning on key issues
- c) build capacity, partnership and understanding among member organisations through the development of leaders and champions, the exchange of information, best practice and joint working
- d) raise public awareness of the benefits of physical activity for older people through educational and campaigning activities
- e) ensure that older people are included as equal stakeholders who can make a valuable contribution to a society that values active ageing.

Older people and physical activity – Core values

The work of the National Coalition for Active Ageing is underpinned by the following guiding principles which represent the values and beliefs of older people relating to an active way of life.

We believe that

- Older people should be placed at the centre of development and this principle should underpin the promotion of physical activity.
- It is recognised that physical activity is essential for daily living and a cornerstone of health, well being and quality of life.
- Through co-ordination, collaboration, consistent messages, and appropriate programme planning, physical activity will have a significant impact on society and lead to positive long-term change.
- Older people should be encouraged to participate in decision-making and leadership positions in all phases of programme planning, service development and delivery.

We wish to see

- more positive attitudes towards ageing, with realistic images that depict older people as respected, valued and physically active contributors to society.
- The interests and needs of older people in their community being identified, and accessible, affordable activities and programmes designed to meet these needs.
- Active ageing and learning as lifelong processes, but a recognition that, for some, pre-retirement may be a key time to focus on physical activity and well-being.
- Society as a society for all ages which accommodate older people's choices (including the choice to be with others).

Response

1. The National Coalition for Active Ageing (NCAA) welcomes the opportunity to respond to the EC Green Paper "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases".
2. The NCAA welcomes the EC's commitment to increasing the levels of physical activity amongst the population. We are pleased to have the opportunity to comment on the consultation paper.

Health across EU Policies

3. The NCAA welcome the work being undertaken at a Commission level to ensure that health is taken into consideration in other community policy areas, however, we believe that much more needs to be done to highlight the impact of decisions made in other directorates on the physical activity levels amongst older people. Amongst others, decisions on planning, transport, education, and the physical environment should consider the impact on physical activity.

Public Health Action Programme

4. The NCAA believes that the voluntary sector must play a key part in disseminating evidence around public health. However, in order to do so, the sector must be adequately funded.

There is much good work taking place at a local level, with many initiatives to support activity programmes for older people. However, there is no coherence or integration at this level and as a result. In many ways, work on older people and physical activity at a local level is a long way ahead of national work and government thinking. We believe that sport and recreation policy at a local level should be a statutory service.

5. There is a need for much more comprehensive age related information about the levels of physical activity by older people.

Consumer Information, advertising and marketing & Consumer Education

6. The most important messages are:

- A combination of improved nutrition, decrease in food intake and exercise is the most effective way of controlling weight, improving health and ensuring a longer and healthier life
 - Exercise can take the form of a variety of different activities; including walking, dance, yoga, competitive sport and play.
 - There is something for everyone and most activities can be found close to your home.
 - Small changes can have big effects
 - More regular exercise will not only help your physical health but can also improve your mental health by reducing stress, providing social interaction and improving your personal confidence.
7. To ensure the maximum reach of healthy living messages a number of organisations must be involved, including: the EU, national governments, local healthcare providers, commercial fitness sector, commercial and national sports team, local sport and recreation clubs, the educational sector, food retailers and both print and broadcast media.
8. Government sponsored public information on healthy lifestyles has already seen a decline in the purchase of unhealthy food¹, and popular television programmes in the UK, such as 'Jamie's School Dinners', 'You are What you Eat' and 'Celebrity Fit Club' have added to public awareness.

A focus on Children and Young People

9. The National Coalition is concerned that a heavy emphasis is often placed on the *school*. Although we recognise that this is an extremely important setting through which physical activity can be promoted, we would like to see 'education' being used as more inclusive term. This should include opportunities for *lifelong learning*, thereby taking into consideration the whole population, including adults and older people, rather than merely the pre-16 age group. The University of the Third Age (U3A) is an example of a voluntary organisation and network which promotes learning amongst older adults, particularly semi-retired and retired individuals. Many U3A activities include forms of physical activity, such as walking groups, sailing, bowls etc. As this section stands, this is an ideal opportunity to target a large population group which currently has been neglected. At a national level, work to promote

¹ *The Independent* newspaper, 3 March 2006, reported the necessary closure of 25 MacDonald's restaurants in the UK due to falling sales and cited an AC Nielsen report that more UK supermarket shoppers are buying fresh fruit and vegetables.

lifelong learning is supported by NIACE who in partnership with many other organisations continues to champion the needs of the older learner.

Links between the school and community – intergenerational activity

10. An exciting opportunity exists to further develop the often repeated need to develop links between the school and the broader community in the development of intergenerational opportunities for physical activity. Current work undertaken by organisations such as Age Concern Ageing Well and The Beth Johnstone Foundation has demonstrated the value of closer links between young people in schools and the older population. Such links have significant potential for the promotion of physical activity for young and old alike.
11. The National Coalition would like to see a more inclusive approach to education with greater emphasis on the opportunities within the framework for lifelong learning to continue to physically educate the older person and enable older people to become physically active.

Education facilities as a community resource

12. Much of physical activity provision for young people is currently focused around the school environment and in many local communities, especially in rural areas, the school is a valuable community resource. Proposals to increase access for the wider community should look at how appropriate opportunities can be made available to older people.

Whilst the focus upon schools makes delivery of services easier for a range of partner and statutory bodies, it does raise questions about how broader community activities can be best delivered. Opportunities for older people to become physically active are unlikely to be developed through current school based mechanisms e.g. the School Sports Partnerships programme and the work of School Sports Coordinators. Alternative models engaging and supporting the voluntary sector are required so that community opportunities taking place both in and outside of schools are available to older people

The NCAA advocates a change in thinking from individual education to a more ecological approach which incorporates the social, cultural and environmental influences on health behaviour.

Food availability, physical activity and health education at the workplace

13. Delivering activity through the workplace is an eminently good idea and would undoubtedly benefit future generations of older people. However, the current generation of older people are unlikely to benefit significantly from incentives in this area with the employment rate of people aged 50-65 being 14% below the 82% rate for the 25-49% group. The average retirement age is currently 62.
14. Age discrimination is one of the key reasons for early departure from the workforce with a person made redundant after age 50 being eight times less likely to return to work than a person made redundant at a younger age. The encouragement of continuing employment gives greater choice for individuals as to the nature of their life in older age. Evidence suggests that work, as opposed to unemployment, brings with it better health and greater self-esteem as well as income.ⁱⁱⁱ Far from denying the 'right to retirement', the removal of a number of obstacles and the creation of full and fulfilling employment opportunities has the potential to provide more secure and active futures. Therefore, action on age discrimination must form part of any strategy to increase choice and opportunity for activity amongst older people.

Employers are going to need to think more carefully about the needs of an ageing workforce. A point that Help the Aged has argued elsewhere is the case for periodic 'in the round' assessment of people's health, wealth and well-being – not a medical consultation to identify a specific problem but an interesting and rewarding stock-take of what is working or not working. If this becomes a workplace service, as natural as an annual appraisal, and was linked with the provision of certain sporting or exercise opportunities, it could play a valuable role in the whole concept of healthy ageing, as well as supporting the employer's need for a healthy active workforce.

The National Coalition would like to see more of a commitment to developing pre-retirement programmes as well as the needs of the older worker being addressed within workplace programmes.

Building overweight and obesity prevention and treatment into health services

15. The NCAA agree that it is vital that obesity prevention overweight and obesity prevention plays a part in national health services.

Addressing the Obesogenic environment

16. The NCAA feel that the influence that the environment has on health behaviour is not taken into consideration to a sufficient extent within the Green paper. The main emphasis of the document has been placed on individual's responsibility for behaviour change and pays insufficient attention to social, cultural and physical environmental influences on health behaviour. Interventions that simultaneously influence these multiple levels (eg. individual, organisational and governmental) and multiple settings may be expected to lead to greater and longer-lasting changes in behaviour and the maintenance of healthy habits (US Department of Health and Human Service, 1996). If we consider the ecological approach to health promotion, enabling people to choose activity is more complex than the goal of providing information.

This point is emphasised by intelligence from a number of local programmes working with older people (e.g. Age Concern – Ageing Well) who indicate that many older people are aware of the benefits of regular physical activity but lack opportunity through a lack of trained leaders or teachers and are unable to find appropriate provision. Others committed to regular walking are discouraged by poor environments and real or perceived concerns for personal safety.

Crime or fear of crime provides a significant barrier for older people to make journeys by foot. Perceptions that an area is unsafe acts as a serious barrier to older people, who are not prepared to make short trips from their home. There is in addition, a clear link between enhanced pedestrian activity and increased perceptions of personal safety. Crime is also likely to be reduced in areas of higher pedestrian activity.

Local Authorities should be required to carry out work to improve the pedestrian environment in the immediate vicinity of the main housing conurbations, shopping areas and bus corridors. This would seem vital to taking forward an integrated approach to the development of sustainable transport.

The UK Government's Walking and Cycling Action Plan, could play a major part in reducing the barriers to walking and cycling, however, there still needs to be a much greater focus on the needs of specific users such as older people, the disabled and children.

We believe that there is a need for detailed walking and accessibility statements to precede all new public-building projects. Whilst this might also be part of the planning process through a transport impact assessment, a pre-emptive initial feasibility stage would allow early rejection of sites with very poor pedestrian accessibility. Higher thresholds should be used for facilities that are more heavily used by older people and other low car ownership groups.

The fundamental issue in relation to the promotion of walking is the quality of the pedestrian environment focused on removing existing barriers and major enhancements in design quality. Among the particular barriers to older people are: -

- Uneven and badly maintained paving
- Lack of opportunities to sit and rest, which are needed by particularly frail and elderly people under taking even short-journeys by foot.
- Poor street lighting
- Generally poor maintenance or vandalism leading to the perception that an area is unsafe
- Narrow pavements where less mobile older people come into conflict with other faster moving pedestrians.
- Pinch points can be a particular problem near bus stops.
- Close proximity to high volumes of fast moving traffic, e.g. greater than 30 Mph
- Insufficient time at crossing points.
- Poor access to some modern developments where access is designed primarily by car.
- Over passes and under passes pose a particular barrier for older people.
- Accessing recreational walking routes away from city centres due to limited or non-existent public transport.
- Failure to clear snow or ice from pedestrian areas.

All of the above factors are common throughout Europe and must become the focus of sustained action at a local level. In this regard the strategy must mark a sea change in the attitude of both local and national government. Whilst specific reference to the above factors may not be appropriate in an over arching national strategy, they are the sort of elements that could be tackled in a local audit process.

In 1949 34% of miles travelled using a mechanical mode were by bicycle. Today only 1-2% of miles are covered by bike. Increased levels of cycling, like walking, could produce significant health

benefits for older people. There are no age barriers to cycling yet some older people are put off riding because they worry about falling off or the risks of injury, whilst others face the same problems as younger cyclists (pollution, lack of cycle routes, excessive traffic etc). A reduction in the barriers to cycling to older people could have a significant positive impact on the health of the older population and as a result we urge the Department of Health and DCMS to ensure that older people's needs are included in cross-governmental strategic planning in this area.

Socio-economic inequalities

17. The older population is not a homogenous group. The diversity within the older population itself creates considerable challenges within the much broader challenge of reducing health inequalities across the population. Indeed, there is mounting evidence of considerable health inequalities within the older population, following similar lines to that already documented among the working age population. Older women, for example, are more likely to spend a larger proportion of their later lives with poor health or disability than older men. Evidence also points to socio-economic differences among the older population, with self assessed general health more likely to be described as good, or very good among non-manual social classes^{iv}.

Within the UK, the NCAA has welcomed the development and publication of the cross-Government action plan to tackle health inequalities^v. However, we remain disappointed that this strategy has not placed a high priority on actions to tackle health inequalities and health deprivation among older people, except on the specific issues of fuel poverty and falls.

Most new activity provision is aimed at the higher social classes, with the goal of private provision being to sign up these groups of people to Direct debits. However, affordability of private provision is an issue which may get worse rather than better for older people.

It is clear that it does not matter how old or 'dependent' a person may be for physical activity to be important. For example, provision of physical activity in care homes, sheltered communities and other settings can be very poor, with older people 'written off' because of their levels of dependency.

The National Coalition suggests that a framework should be developed which provides guidance on the differentiation of the needs of older people as guidance to local providers.

This would assist in developing a range of partnerships involving a variety of agencies e.g. the voluntary sector, residential and supported living settings, church and faith groups, to play their part in developing opportunities for older people. In particular, it would enable the many agencies that work in the care and residential sector to be able to contribute to opportunities for older people.

In relation to older people, this section on *Enabling an Active Community* should recognise different communities within the community. Whilst many older people are able to remain independent and live in their own homes, others are supported within a variety of sheltered, supported and residential settings all of which should be considered as potential active communities. In spite of the enthusiasm and innovation of many who work in such settings, recreational opportunities are limited by lack of appropriate facilities and a lack of capacity to work with this group. The work of a number of national charities (e.g. the National Association of providers of activities for Older People, the Keep Fit Association, Extend, Excel2000) has been successful in addressing some of these issues, but work is often fragmented and dependent upon local infrastructures.

The National Coalition would like to see that the specific needs of residential settings and communities and the capacity of volunteers and professionals to provide appropriate programming and opportunities are addressed within this framework.

Recommendations for nutrient intakes and for the development of food-based dietary guidelines

18. Not relevant for the National Coalition for Active Ageing

Other issues

19. Older People as a Priority Group

The focus upon older people as a priority group in the community is welcomed by the National Coalition but this section must recognise the wide range of different needs of a this population group.

20. Overcoming barriers

The National Coalition suggests that work to further investigate the specific barriers that this group faces should be complimented with a consideration of a life stage approach which would consider at what moments in life e.g. retirement, grandparenting, changes of residence, becoming a carer, the onset of illness and other significant life events can be used as successful triggers to lifestyle change and participation in physical activity.

21. Independence and mobility as a key policy driver

An opportunity is missed to connect these proposals with current government policies designed to promote independent living among older people and engage additional potential contributors to local and national partnerships. Sustained independence and mobility are also known to be powerful motivators for older people themselves and should feature in promotional strategies).

The National Coalition would like to see independence and mobility highlighted as a key policy driver for the promotion of physical activity with older people.

22. Volunteering

UK Government policy on older volunteers is high in rhetoric but low in content. Support for volunteering by the over 50s is very poor and the Experience Corp, the Government's much vaunted initiative for older volunteers has lost its significant Home Office funding. There is no UK Government priority for older volunteers but many programmes for younger people.

Older volunteers played a vital part in the running of sport and, for example, the London Olympic bid will rely on older volunteers for it to be a success (as did the Manchester Commonwealth Games). Volunteering is a good way of helping increase the activity levels of the older population, yet age discrimination still exists. There is a need to extend the forthcoming Age Discrimination in employment regulations to volunteers as well as paid employees. At the same time, the Home Office must develop a comprehensive strategy for the promotion and development of older volunteers.

Another barrier to participation of older people as volunteers is the insurance issue. Some organisations have age limits to volunteering and blame insurance as an issue. We are unconvinced that in most cases, insurance is a real barrier to volunteering and believe that it is often used as an artificial barrier to participation by older volunteers.

23. National Governing Bodies

An 80 year old centre forward in a German veteran team was recently awarded a prize of goal of the year^{vi}. This decision led to the German Football federation making a positive attempt to find ways to entice older citizens back onto the football field and the authority developed minor changes to the rules of the sport to make it more accessible to older people. There is a role for Government to encourage the National Governing Bodies to be as proactive as the German Football Federation in this field. There is a shortage of trainers and peer mentors for older people. Again the governing bodies should actively seek out and develop the skills of older trainers and professionals.

24. Involving Older People

There needs to be a strategy for involving older people in all forms of physical activity and consulting them on the content of this strategy. This needs probably two approaches: opening up existing opportunities to active older people (who don't need special provision but do need to know about the opportunities available and see these as 'for them' and to be able to afford these) and encouraging the less active to make a start on walking, dancing, swimming or other forms of activity.

There is a huge collective benefit in shifting public policy towards the prevention agenda and we believe that that better resourceing of physical activity programmes will be cost effective for Government. Help the Aged recently published "Our Neglected Assets" which considers this issue in more detail. A copy is attached with this response.

Falls represent the most frequent and serious type of accident in the over-65s age group. Falls destroy confidence, increase isolation and reduce independence. The after-effects of even the most minor fall can be catastrophic for an older person's physical and mental health.

Around 30% of over 65s living in the community will fall in a year. This rises to approximately half of those aged 85 and over. An estimated 1,500 older people die each year as a result of a fall in the home.

There is a strong consensus that up to a 30% reduction in falls can be achieved if local health and social care communities work together. Falls cost the NHS an estimated £581 million a year. Reducing falls by 30% would reduce the bill by £174.3 million.

Hip fractures due to falls cost the NHS £910 million per year. There are an estimated 70,000 osteoporosis-related hip fractures each year at a cost of £13,000 each to the NHS. Reducing falls by 30% would mean 21,000 fewer hip fractures and would reduce the bill by £273 million.

Personal social services for long term care resulting from a fall costs an estimated £400 million. Falls are a major factor leading to premature admission to permanent residential care. Reducing falls by 30% would reduce the bill by £120 million.

Evidence is clear that physical activity and muscle strength are a major protective factor against injury resulting from falls in older age.

A more holistic service for later life would be the ideal delivery vehicle for the messages on exercise, medicines checks and diet which are an important part of falls prevention. Messages delivered by a nationally recognised service for later life would be less stigmatised than more traditional delivery vehicles.

The NCAA would like to see: The development of physical activity guidelines that are appropriate for older people

25. Enabling an active community

Significant progress has been made in the development of opportunities for young people to become active by increased resources and funding which have built local infrastructures and coherence among providers from the voluntary and statutory sector, coordinated through local partnerships. This significant investment has been welcomed. Whilst it is clearly vital to focus efforts on the young, there is a need for a shift of some resources towards people at other life stages (mid life, pre retirement, retirement etc). This would assist in the development and support

of local infrastructures (similar in bringing together different players and partners, developing coherent local programmes, equipping leaders, coaches and instructors) that are required to ensure that all older people have the opportunity to become active. The national programme of Department of Health funded Local Exercise Action Pilots that focus upon older people, are developing such models of local partnership working and similar support mechanisms are required elsewhere.

Providers of activities for older people do not currently have the capacity to meet the physical activity and health related needs of older people and some investment in the development of a skilled workforce is required, particularly among the voluntary sector.

The National Coalition suggests that consideration is given to the ways in which investment of resources can assist in the development of coherent and strategic local partnerships to promote physical activity for older people and in particular, build the capacity and skills of teachers, leaders and coaches who work with older people.

ⁱ Chief Medical Officer. At least five a week: Evidence on the impact of physical activity and its relationship to health

ⁱⁱ See memorandum by Bob Laventure, British Heart Foundation National Centre for Physical Activity and Public Health to the Health Select Committee. (2001).

ⁱⁱⁱ Help the Aged and Third Age Employment Network (2003). Work after 60.

^{iv} Office for National Statistics (2001) Health Survey for England 2000: The General health of older people and their use of health services.

^v Department of Health (2003) Tackling Health Inequalities: A Programme for Action.

^{vi} German Football Federation 2004

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.