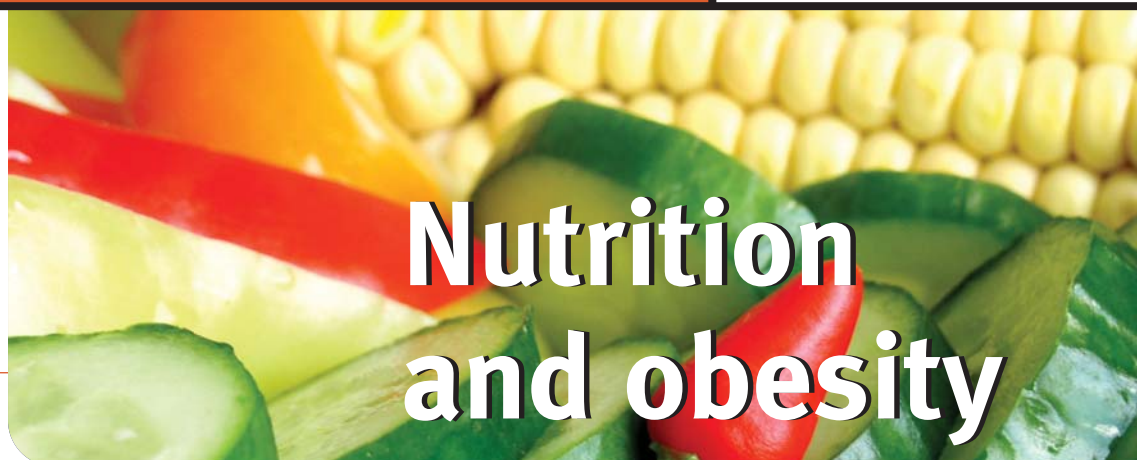


TEN KEY FACTS ABOUT NUTRITION AND OBESITY



Nutrition and obesity

- European Union citizens are **moving too little and consuming too much**: too much energy, too many calories, too much fat and sugar, and salt. The main consequence is a **sustained, acute EU-wide increase in overweight¹ and obesity²**. The increase is particularly severe for **children and adolescents**. This trend is increasing ill health and shortening lives. The human cost is unacceptable. The budgetary and economic cost is also severe.
- Obesity causes a range of **chronic diseases**, including diabetes, cancers and heart diseases. Up to **7% of national health budgets** in the EU are each year spent on diseases that can be linked to obesity. Added to this are the wider economic costs caused by sickness, social exclusion and premature death.
- The **prevalence of obesity has more than trebled** in many European countries since the 1980s, according to the World Health Organisation. Childhood obesity is of particular concern. An estimated **three million European schoolchildren are now obese³** and some 85,000 more children become obese each year – a rate that is causing great alarm. Childhood obesity means that many are contracting “adult onset” diseases such as type II diabetes.
- The rise in obesity runs parallel to the growing proportion of **overweight** people. It is estimated that **half of the adult population is overweight in the EU** and a quarter of schoolchildren. Overweight youngsters tend to retain excess weight throughout their adult lives and are more likely to become obese. **Lifestyle** is the main driving force for these trends, which represent a time bomb for the sustainability of EU health care systems. Across the EU-15, people were consuming around 300 calories more per day in 1999 than in 1970⁴.
- Studies show that **1 in 3 Europeans do not exercise** at all in their free time and the average European spends over **5 hours a day sitting down**. Furthermore, 2 in 3 adults do not exercise sufficiently to get any health benefits from it⁵. The economic cost of physical inactivity (from health care costs and lost productivity) is estimated at €1.2 billion.⁶

1. Overweight commonly refers to a body mass index (BMI) among adults of over 25 (BMI=weight in kg/height in m squared). BMI>25 among adults.

2. Obesity commonly refers to a BMI of over 30.

3. International Obesity Task Force briefing paper, March 2005:
http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/iotf_en.pdf

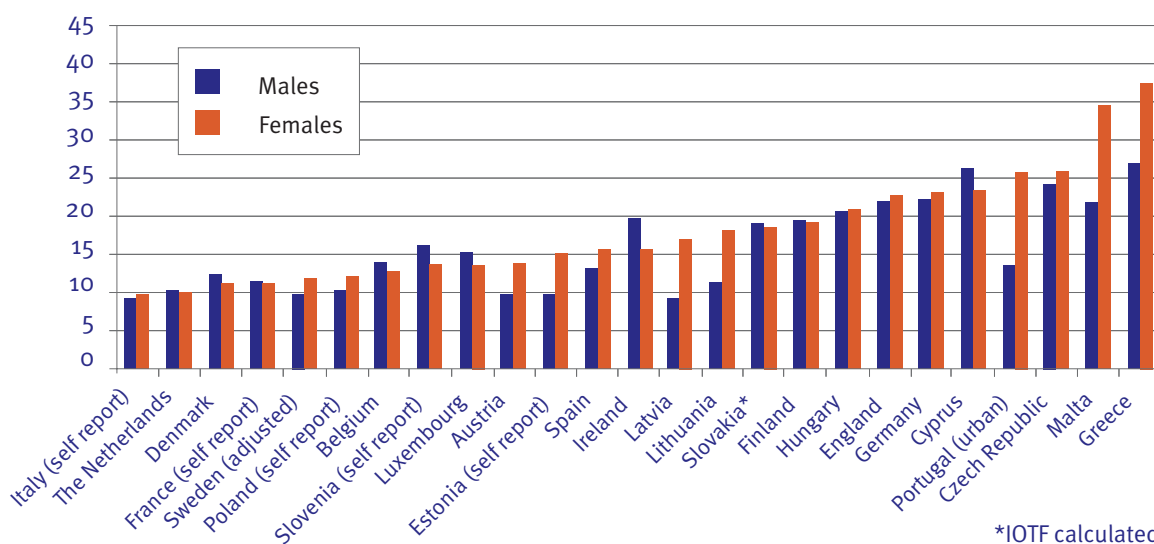
4. Key data on health, Eurostat, 2002:
http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-08-02-002/EN/KS-08-02-002-EN.PDF

5. HEPA Europe Booklet “Physical activity and health: from evidence to action” Draft FOUR final (June 2006).

6. Game Plan: a strategy for delivering Governments sport and physical activity objectives. London: Strategy Unit 2002.



Obesity in European Adults (BMI \geq 30)⁸



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Source: International Obesity Taskforce

- **Coordination at EU level** takes place to exchange best practice and define common projects to promote better nutrition and healthy living. The problem is very complex and it is vital to **pool a wide range of expertise**.
- In an **EU-wide consultation** on promoting healthy lifestyles conducted in early 2006⁷, most of the almost 300 contributions called for a **multi-sector approach**, involving action across a range of EU policies. Many respondents also called for special attention to be paid to **childhood obesity**, and for better consumer information on nutrition.
- Concrete steps have already been taken with the launch of the **EU Platform for Action on Diet, Physical Activity and Health in 2005**. This Platform brings together the food industry, NGOs and advertisers. These organisations have each set out voluntary actions to tackle obesity trends, including; a halt on advertising sugary drinks to children; providing better nutritional information in restaurants; reformulation of recipes to lower salt, sugar and fat levels; and the promotion of sports in schools.
- On the regulatory front, ensuring clear and informative **labelling** is currently the main priority. New rules to ensure that **health and nutrition claims** (such as “low-fat”, “reduced sugar” etc) on food are accurate will soon be in place. Furthermore, the Commission is currently investigating the best ways to make all food labels easier to use.
- Finally, a number of **obesity and nutrition-related projects are financed** by the Commission’s Public Health Action Programme and its Research Framework Programmes. For instance, the European Heart Network has been awarded €1.7 million for its project “Children and Obesity and Associated Chronic Diseases”, while the HELENA (Healthy Lifestyle in Europe by Nutrition in Adolescence) project involves studying food choices and obesity prevalence among young people.



7. Report on the contributions to the Green Paper “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”, September 2006: http://ec.europa.eu/health/ph_determinants/life_style/nutrition/green_paper/nutrition_gp_rep_en.pdf

8. Age range and year of data in surveys may differ. With the limited data available prevalences are not age standardised. Self reported surveys may underestimate true prevalence.