

# Danish National Action Plan against Obesity

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- 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%

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

#### PERSPECTIVE:

Common scientific and professional platform



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- \* Private persons:
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    - \* lack of evidence
  - \* Consensus
    - \* existing evidence : ACT NOW!
    - \* lack of evidence: RESEARCH!

#### A COMMON PLATFORM

- \* Documentation
- \* Recommendations
- \* Organisation of initiatives
- \* Group of experts (February 2002)
- ★ Launching (March 2003)

#### ATM

- \* Prevention of development of obesity (BMI>30)
- \* Reduction of the number of persons with obesity

#### NOT

ideals of appearance slimming diets

#### BUT

obesity as a health problem
lasting life style changes
avoidance of discrimination and stigmatization

#### BALANCE

- \*Weight stability
- \*Physical fitness
- \*Balanced diet
- \*Energy intake vs.

  Energy expenditure
- \*Obesity vs.

  Eating disorders
- ★Individual responsibility vs. Political responsibility



#### 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)



#### Stakeholders

- State
- County
- Municipality
  - day care
  - schools,
  - recreation facilities
- Voluntary bodies
- Work places
- Industry/Trade



- Focus
  - \*Diet
  - \*Physical Activity



- 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



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# 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



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# Recommendations (examples)

#### PHYSICAL ACTICVITY (Children):

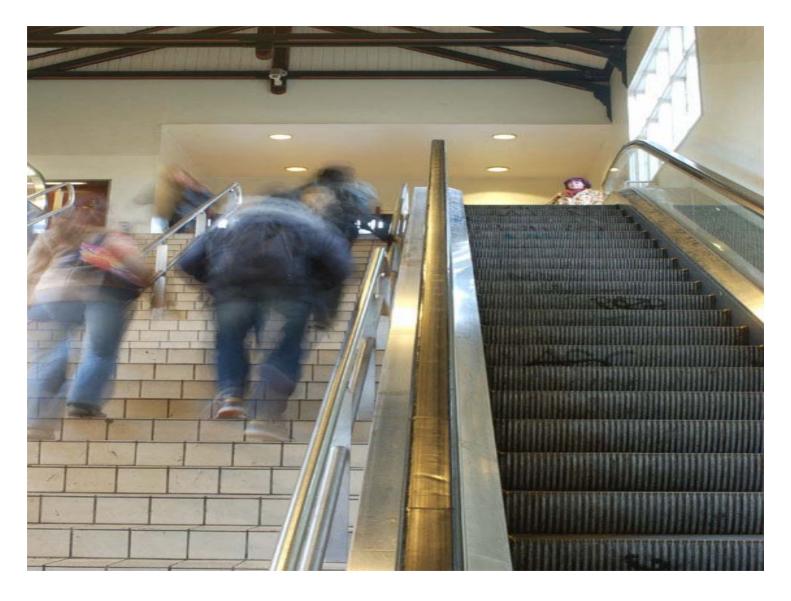
Recommendation 12:

Implement policies for physical activity in day care, schools, and out-of-schoole 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 conspicious signs to promote use of stairs

#### Recommendation 46:

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

### **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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